12 South Sewall's Point Road

<u>6643</u> BOATLIFT

т	OWN OF SEWALL'S	POINT
Date 3/19/04		BUILDING PERMIT NO. 6643
Building to be erected for	SCHECODNIC	Type of Permit Deck+ Bearler
Applied for by T.C.		
Subdivision HERITAGER		
Address 12 S. Sew		
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Type of structure	DOALLPI	A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
	000018090000	
Amount Paid 264.00 C	heck # 49 72 Cash	Other Fees REVIEW 240C
Total Construction Cost \$10,1		TOTAL Fees 264.0
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Signed M. KUVY	Signe	de lene Summons Re
Applicant		Town Building Official
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	PERMIT	
PLUMBING DOCK/BOAT LIFT	ROOFING DEMOLITION	
SCREEN ENCLOSURE		
FILL TREE REMOVAL	 HURRICANE SHUTTER STEMWALL 	RS C RENOVATION
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Claip Registration Number: Martin County License Number: Points ARCHITECT: EARSE: Phone Number: Type Street: LLQ Street: LLQ Street: Street: Street: Street: Zip, 3 ENGINEER: Phone Number: Street: Street: Zip, 3 AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch. Carport: Total Under Roof Wood Deck: Accessory Building: Type Sewage: Septic Tank Permit Number From Health Depart. Weil Permit Number: FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Abo COST AND VALUES Estimated Cost of Construction or Improvements: LLD 500.0D Estimated Fair Market Value (FMV) To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO SUBCONTRACTOR INFORMATION Electrical: License Number: Plumbing: I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOIL State: License Number: I understand that a separate permit from th		
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CERTIFICATE HOLDER	CANCELLATION
Town of Sewall's Point 1 South Sewall's Point Road Sewall's Point, Florida 34996	EXAULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPERTION DATE THEREOF. THE ISSUED INSURER WILL EFIGEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CORTIFICATE HOLDER NAMED TO THE LEFT, BLT FALLRE TO DO DO SHALL DEPOSE NO OBUGATION OR LIABILITY OF ANY RING LEON THE INSURER ITS AGENTS OR
Fax: 220-4765	AUTHORIZED AEPRESENTATINE

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05-23-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	09/14/2002	EXPIRATION DATE	09/13/2004
PERSON .	GUIDICE	MICHAEL	
SSN	089-62-7399		
FEIN	650753315		
BUSINESS	TREASURE COAST BAR 5835 MAPP ROAD PALM CITY	DGE INC FL 34990	

NOTE: Pursuant to Chapter 440.10(1), (g), 2, F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

2003-2004 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (772) 288-5604 UCENSE 2003-125-030 CERT SP01521 UCENSE 2005-030 CERT SP01521	- · -
CHARACTER COUNTS IN MARTIN COUNTY	
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TO BE COMPLETED WHEN CONSTRUC		
PERMIT #	TAX FOLIO # <u>01-38-41-013-00</u>	0-00180-9
C.	NOTICE OF COMMENCEMENT	¥.
STATE OF FLORIDA	_ COUNTY OF	MARTIN
THE UNDERSIGNED HEREBY GIVES I IN ACCORDANCE WITH CHAPTER 713 TICE OF COMMENCEMENT.	NOTICE THAT IMPROVEMENT WILL BE MADE T 3, FLORIDA STATUTES, THE FOLLOWING INFOR	MATION IS PROVIDED IN THIS NO.
LEGAL DESCRIPTION OF PROPERT	Spt. Rd, Sewalls,	Pt_P1.
	DVEMENT: CONSTRUCT DOCK & I	
OWNER: GARY & REBEN	CCA SCHECODNIC	
ADDRESS: 1 RIVERCREST (COURT / STURRET, FL 34996	
PHONE #(172) 781-2515	FAX #:	
CONTRACTOR: T.C.B.I		Ê -
ADDRESS: 1200 CUFOFF 1	Rd. Stuart, FE 34994	
PHONE #:	/	
SURETY COMPANY(IF ANY)		
ADDRESS:		
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LENDER:		-
ADDRESS:		Ņ 4
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PERSONS WITHIN THE STATE OF FI MAY BE SERVED AS PROVIDED BY SE	LORIDA DESIGNATED BY OWNER UPON WHOM CCTION 713.13(1)(A)7., FLORIDA STATUTES:	
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OF713.13(1)(B), FLORIDA STATUTES.	TO RECEIVE A COPY OF THE LIENOR'S NO	OTICE AS PROVIDED IN SECTION
PHONE #: EXPIRATION DATE OF NOTICE OF CO	FAX #:	-
	YEAR FROM THE DATE OF RECORDING UNLESS	A DIFFERENT DATE IS SPECIFIED
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NOTARY SIGNATURE	MIMI BENTON MY COMMISSION # DD 139024	
/data/gmd/bzd/bldg_forms/Noc.aw	EXPIRES: August 5, 2006 Bonded Thru Notary Public Underwriters	12/01/99



DEPARTMENT OF THE ARMY JACKSONVILLE DISTRICT CORPS OF ENGINEERS STUART REGULATORY OFFICE 218 ATLANTA AVENUE STUART, FLORIDA 34994

Regulatory Division South Permits Branch 200301920(LP-JES)

JUN 03 2003

Mr. Gary Schecodnic 1 Rivercrest Court Stuart, Florida 34996

Dear Mr. Schecodnic:

This is in reference to your request for a permit to perform work in or affecting navigable waters of the United States. Upon recommendation of the Chief of Engineers, pursuant to Section 10 of the Rivers and Harbors Act of 1899 (33 U.S.C. 403), you are authorized to construct a 4-foot by 492-foot access pier, a 8foot by 20-foot terminal platform and install a boat lift as shown on the enclosed drawings. The project is located at lot 18, S. Sewall's point Rd. in the Indian River, Section 1, Township 38 South, Range 41 East, Martin County, Florida in accordance with the enclosed drawings and conditions that are incorporated in, and made a part of, the permit. In addition, the permittee must comply with the following special conditions:

- 1. The permittee shall comply with the attached Standard Manatee Construction Precautions.
- The new construction will have a spacing of no less then 0.5 inches between deck boards.
- 3. Turbidity screens shall be installed to completely surround and isolate the work from adjacent waters until turbidity has settled.
- 4. Within 60 days of the authorized work, the attached Self-Certification Statement of Compliance must be completed and submitted to the U.S. Army Corps of Engineers. Mail the completed form to the Regulatory Division, Enforcement Branch, Attention: Ms. Ivette McGraw, Post Office Box 4970, Jacksonville, Florida 32232-0019.
- 5. The permittee understands and agrees that, if future operations by the United States require the removal, relocation, or other alteration of the structures or

work herein authorized, or if, in the opinion of the Secretary of the Army or his authorized representative, said structure or work shall cause unreasonable obstruction to the free navigation of the navigable waters, the permittee will be required, upon due notice from the Corps of Engineers, to remove, relocate, or alter the structural work or obstructions caused thereby, without expense to the United States.

Enclosed is a Notice of Authorization, which should be displayed at the construction site. When you begin work, you must notify the District Engineer's representative, at the appropriate area office as shown on the enclosed map, of:

a) The date of commencement of work;

b) The dates of work suspensions and resumptions if work is suspended over a week; and,

c) The date of final completion.

If the work authorized is not completed on or before June 3, 2008 this authorization, if not previously revoked or specifically extended, shall cease and be null and void. Please refer to the attached form, Notification of Administrative Appeal Options and Process, concerning your options on acceptance of this permit.

If you have any questions regarding this permit authorization, please contact Jon Soderberg at the letterhead address or by telephone at 772-781-8087.

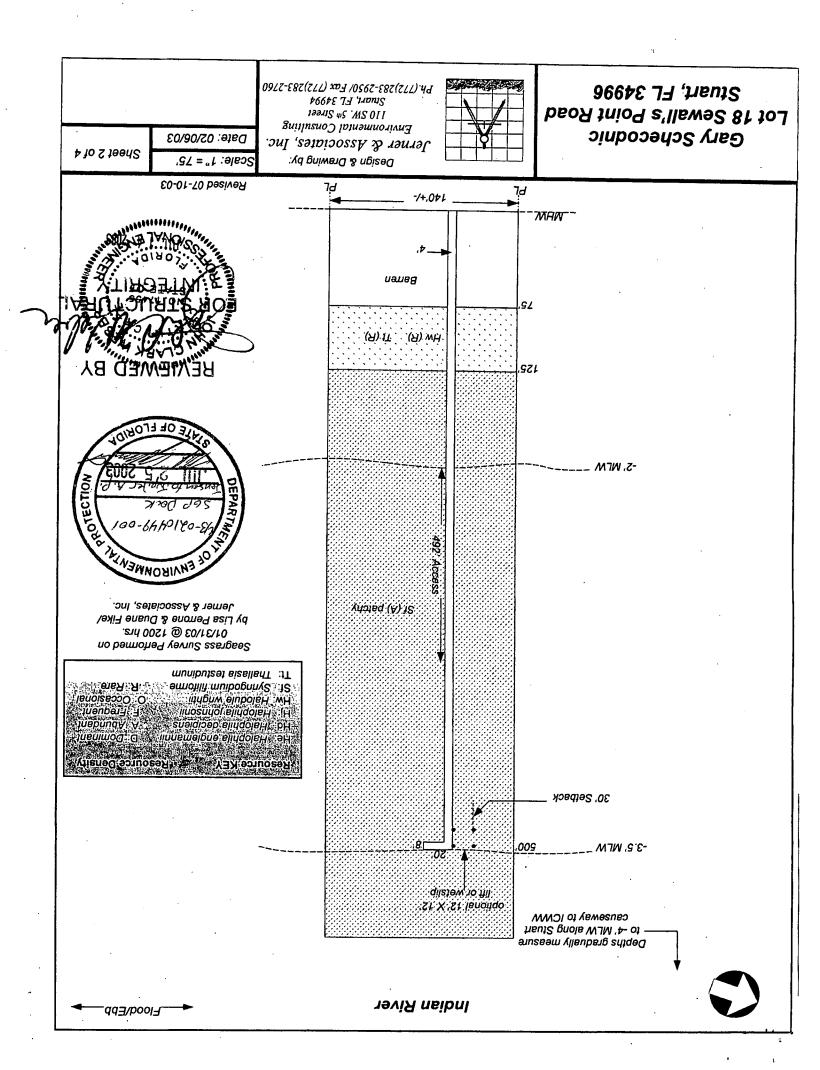
BY AUTHORITY OF THE SECRETARY OF THE ARMY:

Mular

Colonel, U.S. Army District Engineer

Enclosures

Copy Furnished Jerner & Associates



Department of

Environmental Protection

Port St. Lucie Branch Office 1801 SE Hillmoor Drive, Suite C-204 Port St. Lucie, FL 34952 (772)398-2806 Fax # (772)398-2815

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Covernor Jeb Bush

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BETURN RECEIPT REQUESTED CERTIFIED MAIL

Gary Schecodnic I Rivercrest Court Stuart, FL 34996

Dear Mr. Schecodnic:

Enclosed is Standard General Permit Number 43-0210449-001 issued pursuant to Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code.

Appeal rights for you as the permittee and for any affected third party are described in the text of the permit along with conditions which must be met when permitted activities are undertaken. Please review this document you are responsible for compliance with these conditions. Please ensure that all construction personnel associated with your activity review and understand the approved drawings and conditions. Failure to comply with this permit may result in liability for damages and restoration, and the imposition of civil penalties up to \$10,000 per violation per day, pursuant to Sections 403.141 and 403.161, F.S.

In addition, please ensure the construction commencement notice and all other reporting conditions are forwarded to the appropriate office as indicated in the specific conditions. A permit review checklist is enclosed to assist you in tracking the monitoring and reporting requirements outlined in the permit.

If you have any questions about this document, please contact me at the phone number listed above.

Sincerely,

Mark Youmans Environmental Specialist Submerged Lands and Environmental Resources Program

Enclosure

snommi2 anad BUILDING OFFICIAL DATE: 3/17/04 REVIEWED FOR CODE COMPLIANCE THESE PLANS HAVE BEEN TOWN OF SEWALL'S POINT FILE COPY

Secretary

David B. Struhs

"More Protection, Less Process"

Printed on recycled paper.

Environmental Protection Department of

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

Governor leb Bush

LEIP.

Secretary David B. Struhs (772)398-2806 Fax # (772)398-2815

NOITAZIAOHTUA CONSOLIDATED ENVIRONMENTAL RESOURCE PERMIT AND SOVEREIGN SUBMERCED LANDS

Project: Private single family dock County: Martin County Expiration Date of: July 25, 2008 Date of Issue: July 25, 2003 Permit/Authorization No.: 43-0210449-001

Stuart, FL 34996 I Rivercrest Court Gary Schecodnic PERMITTEF/AUTHORIZED ENTITY:

Chapter 62-113, F.A.C., the Department is responsible for reviewing and taking final agency action on this activity. Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Administrative Code (F.A.C.). The activity is not exempt from the requirement to obtain an Environmental Resource Permit. This permit is issued under the authority of Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida

VCLINITY DESCRIPTION:

The entire access walkway shall be constructed with handrails and at an elevation of at least 5' above mean high water. with handrails and ending in a platform measuring 8' by 20' one associated mooring area which can accommodate a boatlift. The purpose of the project is to construct a 2,128 square foot dock with an access measuring 4' wide by 492' long

ACTIVITY LOCATION:

Beach, Martin County, Latitude 27° 12' 4.97"N, Longitude 80° 11' 56.60"W. Jupiter Inlet Aquatic Preserve (O.F.W.), Class III Waters of the State (Section 1, Township 38 South, Range 41 East), Jensen The project is located at P.I.N. 1-38-41-013-000-00180-90, Lot 18, S. Indian River Drive, in the Jensen Beach to

This permit also constitutes certification of compliance with water quality standards under Section 401 of the Clean Water Act, 33 U.S.C. 1341.

PROPRIETARY REVIEW: GRANTED

accordance with Chapter 253 and 258 F.S., Chapter 18-20, 18-21, and Section 62-343.075, F.A.C. as referenced in Chapter 62-113, F.A.C. In addition to the above, this proprietary authorization has been reviewed in with Section 18-21.0051, and the Operating Agreements executed between the Department and the water management districts, Department has the responsibility to review and take final action on this request for proprietary authorization in accordance and Sections 253.002 and 253.77, F.S. The activity is not exempt from the need to obtain a proprietary authorization. The by the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, This activity also requires a proprietary authorization, as the activity is located on sovereign submerged lands owned

pursuant to Chapter 253.77, F.S., to perform the activity on the specified sovereign submerged lands. boundaries as described herein and is consistent with the terms and conditions herein. Therefore, consent is hereby granted, the activity qualifies for a consent to use sovereign, submerged lands, as long as the work performed is located within the As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that

"More Protection, Less Process"

Permittee: Gary Schecodnic File Number: 43-0210449-001 Page Two

This permit constitutes a determination, pursuant to Section 380.0651(3)(e), F.S., that the facility is located so that it will not adversely impact Outstanding Florida Waters of Class II Waters, and will not contribute to boat traffic in a manner that will adversely impact the manatee.

FEDERAL REVIEW: NOT GRANTED

Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the Department and the U.S. Army Corps of Engineers (Corps). The agreement is outlined in a documental Protection State Programmatic Between the U.S. Army Corps of Engineers and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown in the attached drawings, the proposed project is <u>not</u> consistent with the SPGP program. A copy of your application has been sent to the U.S. Army Corps of Engineers (the Corps) who may require a separate permit. Failure to obtain their authorization prior to construction could subject you to enforcement action. For further information, contact the Corps directly.

You are hereby advised that authorizations also may be required by other federal, state, and local entities. This authorizations.

The above named permittee is hereby authorized to construct the work shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof. This permit and authorization to use sovereign submerged lands is subject to the limits, conditions, and locations of work shown in the attached drawings, and is also subject to the attached [19] General Conditions, [12] General Conditions, which are a binding part of this permit and authorization. You are advised to read and understand these drawings and conditions prior to commencing the authorized activities, and to ensure the work is conducted in understand these drawings and conditions prior to commencing the authorized activities, and to ensure the work is conducted in understand these drawings and conditions, and drawings. If you are utilizing a contractor, the contractor also should read and understand these drawings and conditions, prior to commencing the authorized activities, failure to comply with all drawings and conditions and conditions prior to commencing the authorized activities. Failure to comply with all drawings and conditions prior to commencing the authorized activities. Failure to comply with all drawings and conditions shall constitute grounds for revocation of the permit and authorized activities. Failure to comply with all drawings and conditions shall constitue prior to commencing the authorized activities. Failure to comply with all drawings and conditions shall constitute grounds for revocation of the permit and appropriate enforcement actor also should read and authorized in a standard the authorized activities. Failure to comply with all drawings and conditions shall constitue at a conditions prior to commencing the authorized activities. Failure to comply with all drawings and conditions shall constitue at a conditions prior to commencing the authorized activities.

Operation of the facility is not authorized except when determined to be in conformance with all applicable rules and with the general and specific conditions of this permit/certification/authorization, as specifically described below.

GENERAL CONDITIONS:

- (1) All activities authorized by this permit shall be implemented as set forth in the plans, specifications and performance criteria as approved by this permit. Any deviation from the permitted activity and the conditions for
- (2) This permit or a copy thereof, complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete mentions attachments, exhibits, and modifications shall be kept at the work site of the permitted activity.
- the work site of the permitted activity. The complete permit shall be available for review at the work site upon request by the Department staff. The permittee shall require the contractor to review the complete permit prior to commencement of the activity authorized by this permit. (3) Activities approved by this neumit shall be contractor to review the complete permit prior to
- Activities approved by this permit shall be conducted in a manner which does not cause violations of state water quality standards. The permittee shall implement best management practices for erosion and pollution control to prevent violation of state water quality standards. Temporary erosion control shall be implemented prior to and during construction, and permanent control measures shall be completed within 7 days of any construction activity. Tubidity barriers shall be installed and maintained at all locations where the possibility of transferring suspended solids into the receiving waterbody exists due to the permitted work. Turbidity barriers shall remain in place at all locations until construction is completed and soils are stabilized and vegetation has been established.

Page Three File Number: 43-0210449-001 Permittee: Gary Schecodnic

(†)

The permittee shall notify the Department of the anticipated construction start date within 30 days of the date that or shoaling that causes adverse impacts to the water resources. Thereafter the permittee shall be responsible for the removal of the barriers. The permittee shall correct any erosion Regulation, 1988), unless a project-specific erosion and sediment control plan is approved as part of the permit. Land Development Manual; A Guide to Sound Land and Water Management (Department of Environmental All practices shall be in accordance with the guidelines and specifications described in Chapter 6 of the Florida

Report Forms shall be submitted the following June of each year. Department on an annual basis utilizing an "Annual Status Report Form No. 62-343.900(4), F.A.C.). Status When the duration of construction will exceed one year, the permittee shall submit construction status reports to the (ç) (Form No. 62-343.900(3), F.A.C.) indicating the actual start date and the expected completion date. permittee shall submit to the Department an "Environmental Resource Permit Construction Commencement" notice

this permit is issued. At least 48 hours prior to commencement of activity authorized by this permit, the

- discovered during the certification process, the certification must be accompanied by a copy of the approved permit Department that the system is ready for inspection. Additionally, if deviation from the approved drawings are completed in compliance with permitted plans and specifications. This submittal shall serve to notify the on-site observation of construction or review of as-built drawings for the purpose of determining if the work was Professional" (Form No. 62-343.900(5), F.A.C.). The statement of completion and certification shall be based on authorized by law, utilizing the supplied "Environmental Resource Permit As-Built Certification by a Registered statement of completion and certification by a registered professional engineer or other appropriate individual as Within 30 days after completion of construction of the permitted activity, the permittee shall submit a written (9)
- system by the Department, the permittee shall initiate transfer of the permit to the approved responsible operating until the operation phase of the permit becomes effective. Following inspection and approval of the permitted maintenance of the system. The permit shall not be transferred to such approved operation and maintenance entity Within the South Florida Water Management District - August 1995, accepts responsibility for operation and in accordance with Sections 9.0 and 10.0 of the Basis of Review for Environmental Resource Permit Applications system to be in compliance with the permitted plans and specifications; and the entity approved by the Department Construction Phase to Operation Phase" (Form No. 62-343.900(7), F.A.C.); the Department determines the requirements of condition (6) above, has submitted a "Request for Transfer of Environmental Resource Permit The operation phase of this permit shall not become effective: until the permittee has complied with the () must be clearly labeled as "as-built" or "record" drawing. All surveyed dimensions and elevations shall be certified by a registered surveyor. drawings with deviations noted. Both the original and revised specifications must be clearly shown. The plans
- For those systems that will be operated or maintained by an entity that will require an easement or deed restriction maintenance of the phase or portion of the system to a local government or other responsible entity. (6) in accordance with the permitted plans and permit conditions prior to transfer of responsibility for operation and served by that portion or phase of the system. Each phase or independent portion of the system must be completed plans and permit conditions prior to the initiation of the permitted use of site infrastructure located within the area Each phase or independent portion of the permitted system must be completed in accordance with the permitted (8) the permittee shall be liable for compliance with the terms of the permit.

entity if different from the permittee. Until the permit is transferred pursuant to Section 62-343.110(1)(d), F.A.C.,

- establishment and authority of the operating entity must be filed with the Secretary of State where appropriate. For unit sales or prior to the completion of the system, whichever occurs first. Other documents concerning the Resource Permit Applications Within the South Florida Water Management District - August 1995, prior to lot or operation and maintenance documents required by sections 9.0 and 10.0 of the Basis of Review for Environmental deed restriction must be recorded in the public records and submitted to the Department along with any other final in order to enable that entity to operate or maintain the system in conformance with this permit, such easement or
- permittee remaining liable for carrying out maintenance and operation of the permitted system and any other permit accepted by the local government entity. Failure to submit the appropriate final documents will result in the maintenance documents must be received by the Department when maintenance and operation of the system is those systems which are proposed to be maintained by the county or municipal entities, final operation and

Permittee: Gary Schecodnic File Number: 43-0210449-001 Page Four

- (10) Should any other regulatory agency require changes to the permitted system, the permittee shall notify the Department in writing of the changes prior to implementation so that a determination can be made whether a permit modification is required.
- (11) This permit does not eliminate the necessity to obtain any required federal, state, local and special district authorizations prior to the start of any activity approved by this permit. This permit does not convey to the permittee or create in the permittee any property right, or any interest in real property, nor does it authorize any entrance upon or activities on property which is not owned or controlled by the permittee, or convey any rights or privileges other than those specified in the permit and Chapter 40E-4 or Chapter 40E-40, F.A.C. (12) The permittee is hereby advised that Section 253 77 F.S. states that a permittee is necessary.
- (12) The permittee is hereby advised that Section 253.77, F.S. states that a person may not commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, the title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund without obtaining the required lease, license, easement, or other form of consent authorizing the proposed use. Therefore, the permittee is responsible for obtaining any necessary authorizations from the Board of Trustees prior to commencing activity on sovereignty lands or other state-owned lands.
- (13) The permittee is advised that the rules of the South Florida Water Management District require the permittee to obtain a water use permit from the South Florida Water Management District prior to construction dewatering, unless the work qualifies for a general permit pursuant to subsection 40E-20.302(4), F.A.C., also known as the "No Notice" rule.
- (14) The permittee shall hold and save the Department harmless from any and all damages, claims, or liabilities which may arise by reason of the construction, alteration, operation, maintenance, removal, abandonment or use of any system authorized by the permit.
 (15) Any delineation of the extent of a wetland or other surface write when wheth and all damages, claims, or liabilities which are the lineation.
- (15) Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered binding unless a specific condition of this permit or a formal determination under section 373.421(2), F.S., provides otherwise.
 (16) The permittee shall notify the Department in writing within 20 dom after submitted as part of the permittee.
- (16) The permittee shall notify the Department in writing within 30 days of any sale, conveyance, or other transfer of ownership or control of a permitted system or the real property on which the permitted system is located. All transfers of ownership or transfers of a permit are subject to the requirements of section 62-343.130, F.A.C. The permittee transferring the permit shall remain liable for corrective actions that may be required as a result of any violations prior to the sale, conveyance or other transfer of the system.
- (17) Upon reasonable notice to the permittee, Department authorized staff with proper identification shall have approved by the permit.
 (18) If historical or archaeological artifacts are disconsed at the system to insure conformity with the plans and specifications (18)
- (18) If historical or archaeological artifacts are discovered at any time on the project site, the permittee shall immediately (19)
 The permittee shall immediately notify the Department in writing of any previously submitted information that is

19) The permittee shall immediately notify the Department in writing of any previously submitted information that is later discovered to be inaccurate.

GENERAL CONSENT CONDITIONS:

- No activities other than those set forth in this permit are authorized. Any additional activities on state-owned sovereignty submerged lands must receive further consent from the Governor and Cabinet, sitting as the Board of Trustees of the Internal Improvement Trust Fund (hereinafter the "Board") or their properly designated agent.
- (2) Grantee agrees that all title and interest to all lands lying below the historical mean high water line or ordinary high water line are vested in the Board, and shall make no claim of title or interest in said lands by reason of the occupancy or use thereof.

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- (3) Grantee agrees to use or occupy the subject premises for those purposes specified herein, and Grantee shall not permit the premises or any part thereof to be used or occupied for any other purpose or knowingly permit or suffer any nuisances or illegal operations of any kind on the premises.
- (4) Grantee agrees to maintain the premises in good condition in the interest of the public health, safety and welfare. The premises are subject to inspection by the Board or its designated agent at any reasonable time.
 (5) Grantee agrees to indemnify defend and hold harmless the Board or its designated agent at any reasonable time.
- (5) Grantee agrees to indemnify, defend and hold harmless the Board and the State of Florida from all claims, actions, lawsuits and demands arising out of this consent.
- (6) No failure, or successive failures, on the part of the Board to enforce any provision, waiver or successive waivers on the part of the Board of any provision herein, shall operate as a discharge thereof or render the same inoperative or impair the right of the Board to enforce the same in the event of subsequent breach.
- (7) Grantee binds itself and its successors and assigns to abide by the provisions and conditions set forth herein. In the event drantee fails or refuses to comply with the provisions and conditions of this consent, the consent of use may be terminated by the Board after written notice to the Grantee. Upon receipt of such notice, the Grantee shall have thirty (30) days in which to correct the violation. Failure to correct the violations within this period shall result in the automatic revocation of this Letter of Consent.
- (8) All costs, including attorneys' fees, incurred by the Board in enforcing the terms and conditions of this consent shall be paid by the Grantee. Grantee agrees to accept service by certified mail of any notice required by Chapter 18-14, Florida Administrative Code, at the address shown on page one of this Agreement and further agrees to notify the Board in writing of any change of address at least ten days before the change becomes effective.
- (9) Grantee agrees to assume responsibility for all liabilities that accrue to the sovereignty submerged land or to the which are now or may be hereafter lawfully assessed and levied against the property during the effective period of this consent.
- (10) Grantee agrees that any dispute arising from matters relating to this consent shall be governed by the laws of Florida and initiated only in Leon County, Florida.
- (11) The Letter of Consent associated with these General Consent Conditions as well as these conditions themselves are subject to modification after 5 years in order to reflect any applicable changes in statutes, rule or policies of the Board or its designated agent.
- (12) In the event that any part of the structure(s) consented to herein is determined by a final adjudication issued by a court of within 60 days from the date of the adjudication. Failure to comply shall constitute a material breach of this consent and within 60 days from the date of the adjudication. Failure to comply shall constitute a material breach of this consent and within 60 days from the date of the adjudication. Failure to comply shall constitute a material breach of this consent and within 60 days from the date of the adjudication.

SPECIFIC CONDITIONS:

- (1) The project drawings, sheets 1 through 4; the 1-page Permit Review Checklist; the 4-page Manatee Exhibit; and DEP forms 62.343.900(3), (4), (5), and (7) are attached to and become part of this permit.
- (2) Prior to commencement of construction the permittee shall field stake the corners of the terminal platform and mooring areas and contact the Southeast District Branch Office for a pre-construction meeting.
- (3) Best management practices for erosion control shall be implemented and maintained at all times during construction to prevent siltation and turbid discharges in excess of state water quality standards pursuant to Rule 62-302, F.A.C. Methods shall include, but are not limited to the use of state day bales, staked filter cloth, sodding, seeding, and mulching; staged construction; and the installation of turbidity screens around the immediate project site. The permittee shall be responsible for ensuring that erosion control devices/procedures are inspected and maintained daily during all phases of construction authorized by this permit until all areas that were disturbed during construction are sufficiently stabilized to prevent erosion, siltation, and turbid discharges.

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"B

The following measures shall be taken immediately by the permittee whenever turbidity levels within waters of the state surrounding the project site, exceed 0 NTUs above background.

Immediately cease all work contributing to the water quality violation.

b. Stabilize all exposed soils contributing to the violation. Modify the work procedures that were responsible for the violation and install more turbidity containment devices and repair any non-functioning turbidity containment devices.

c. Notify the Southeast District Branch Office within 24 hours of the time the violation is first detected. Construction shall cease until a response has been received from the Department regarding the water quality violation.

(4) Only one vessel shall be docked at this structure at any one time and shall moor only within the approved mooring area. The vessel shall maintain a minimum of one foot of clearance between the deepest draft of the vessel(s) and the top of submerged resources. Vessels utilizing this structure shall have a maximum draft of 14" with the motor in the down position.

No liveaboards are permitted at this facility.

(6) All storage or stockpiling of tools or materials (e.g., humber, pilings, etc.) shall be limited to uplands or within the impact areas authorized by this project. Construction debris/scraps shall not be discarded into or adjacent to surface waters.

(7) All work vessels associated with the dock construction shall maintain a minimum of one (1) foot clearance between the deepest draft of the vessel and the top of submerged resources.

(8) If historical or archaeological artifacts, such as, but not limited to, Indian cances, arrow heads, pottery or physical termains, are discovered at any time within the project site the permittee shall immediately stop all activities which disturb the soil and contact the Bureau of Historic Preservation, Division of Historical Resources, R.A. Gray Building, 500 South Bronough, Tallahassee, FL 32399-0250.

(9) Within 10 days of completion of dock construction the permittee shall install and maintain mghttime reflective devices at four (4) completion of the terminal platform.

(10) There shall be no fish cleaning stations, boat repair facilities and fueling facilities on any structure that is over or discharges to the water. Wo overboard discharges of trash, human or animal waste, or fuel shall occur at the dock.

(11) Within 10 days of completion of dock construction, handrails shall be installed along both sides of the entire access pier and "No Mooving" signs shall be posted on both sides of the access pier. Handrails shall be constructed so that they eliminate access to the pier by boaters and shall be maintained for the life of the facility. No mooring is authorized along any portion of the access pier other than the area specifically designated by this permit.

(12) No dock shall be constructed or maintained in any manner that would cause harm to wildlife.

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RIGHTS OF AFFECTED PARTIES

This permit and consent to use sovereign submerged lands is hereby granted. This action is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition, this action will not be final and administrative hearing is administrative freezing in administrative freezing is administrative freezing is administrative freezing is attined with the Clerk of the Florida Statutes as provided below. If a sufficient petition, this action will not be final and administrative freezing in the reversal or the final and administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because an administrative hearing may result in the reversal or substantial modification of this action of the application, this action will not be final and administrative construction or other activities until the deadlines noted performent. Because an administrative hearing may result in the reversal or substantial modification of this action for applicant is advised not to commence construction or other activities until the deadlines noted modification of this action for an administrative hearing or request for an extension of this action for an administrative hearing or request for an extension of time have expired.

Mediation is not available.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under rule 62-110.106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition mult the request is acted upon. If a request for extension of time shall toll the running of the time period for filing equesting party showing that the failure to file a request for extension of time shall toll the running of the time period for filing excurable neglect.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rules 28-106.111(2) and 62-110.106(3)(a)(4), petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, publication of the notice or within 14 days of receipt of the written notice. Petitions filed by any persons other than the applicant, the florida Statutes must be filed within 14 days of receipt of the written notice. Petitions filed by any persons other than the applicant, publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes must be filed within 14 days of the Florida Statutes for the occurs first. Under section 120.60(3) of the Florida Statutes first. Under section 120.60(3) of the Plorida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the order of the Written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes for the written within 14 days of the Written W

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

Permittee: Gary Schecodnic File Number: 43-0210449-001 Page Bight

- (b) The name, address, and telephone number of the peritoner; the name, address, and telephone number of the proceeding; peritoner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing must be dismissed

by the agency if the petition does not substantially comply with the above requirements or is untimely filed. This permit constitutes an order of the Department. Subject to the provisions of paragraph 120.68(7)(a) of the Florida Statutes, which may require a remand for an administrative hearing, the applicant has the right to seel individuant of the

Statutes, which may require a remand for an administrative hearing, the applicant has the right to seek judicial review of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Statutor 35, Tallabassee, Florida, 32399-3000; and by filing a copy of the notice of appeal under rule 9.110 of the Florida Rules of frees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the Office of General Counsel, 3900 Commonwealth Boulevard, Mail frees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the order is filed with the Clerk of the Department.

Executed in Port St. Lucie, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Submerged Lands & Environmental Resources Program Program Administrator Timothy Rach

TR/MY

Copies furnished to:

U. S. Army Corps of Engineers, Shart

Permittee: Gary Schecodnic File Number: 43-0210449-001 Page Nine

CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this permit and authorization to use sovereign submerged lands, including all copies, were mailed before the close of business on

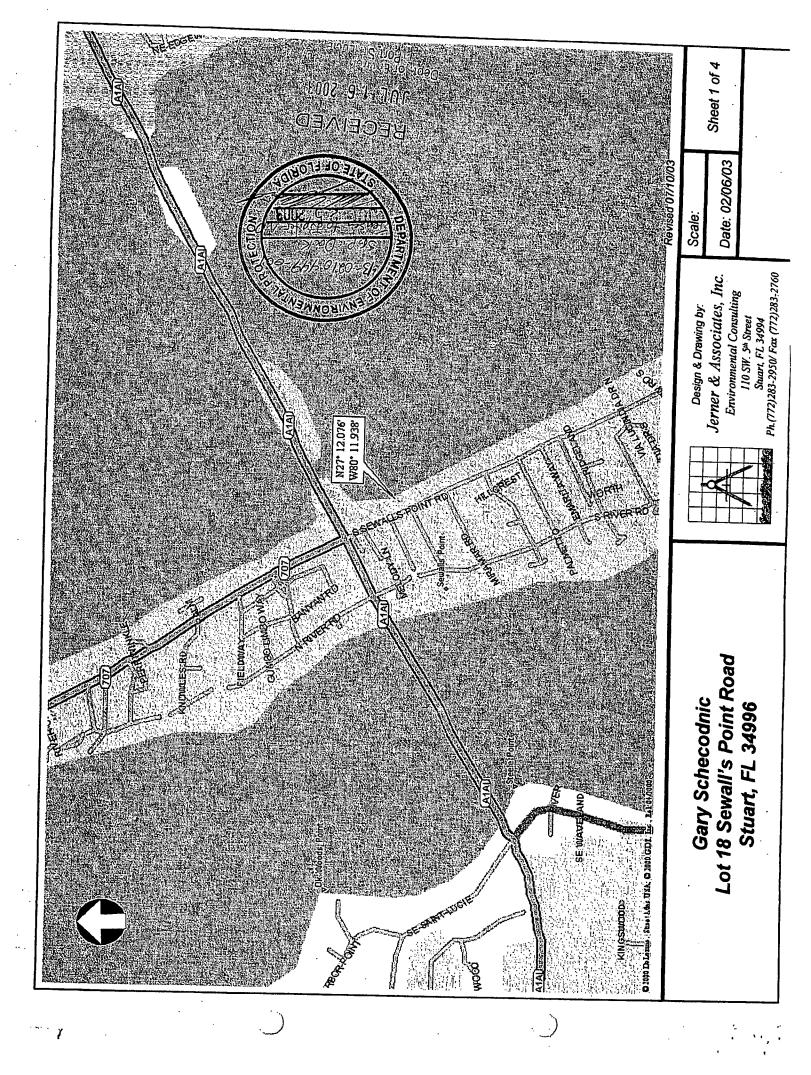
FILING AND ACKNOWLEDGMENT

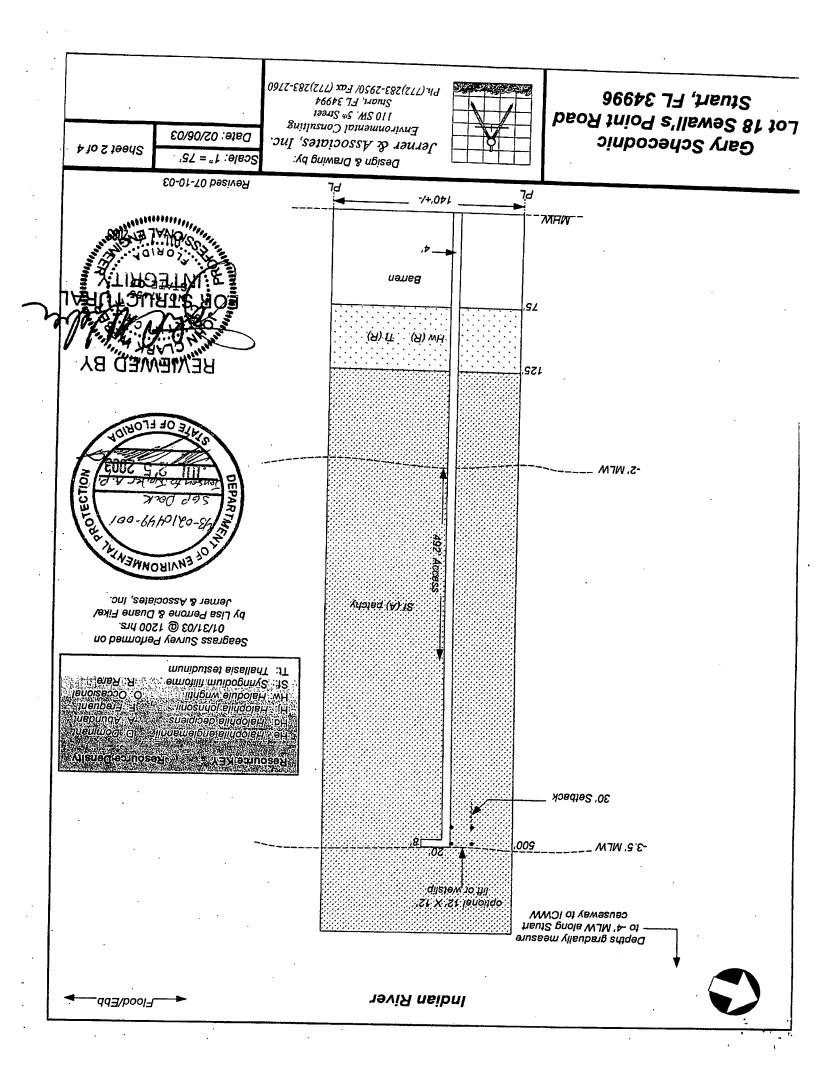
FILED, on this date, under 120.52(7) of the Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

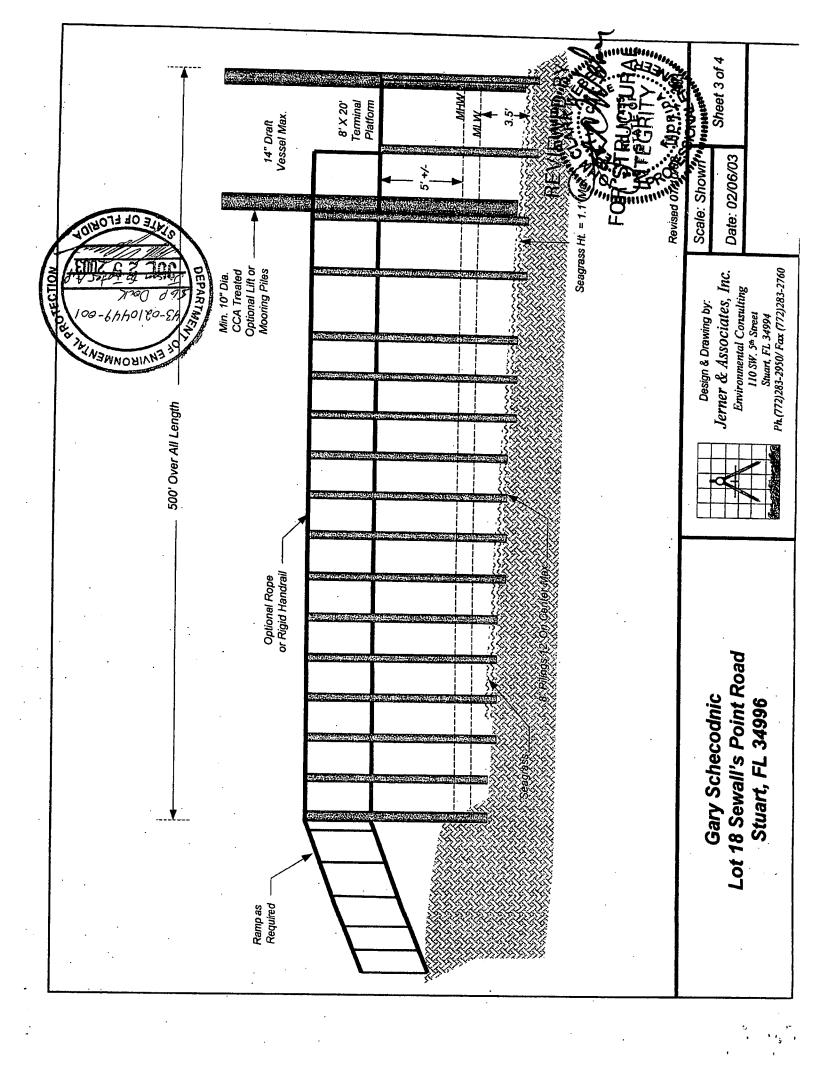
Jate 100/1

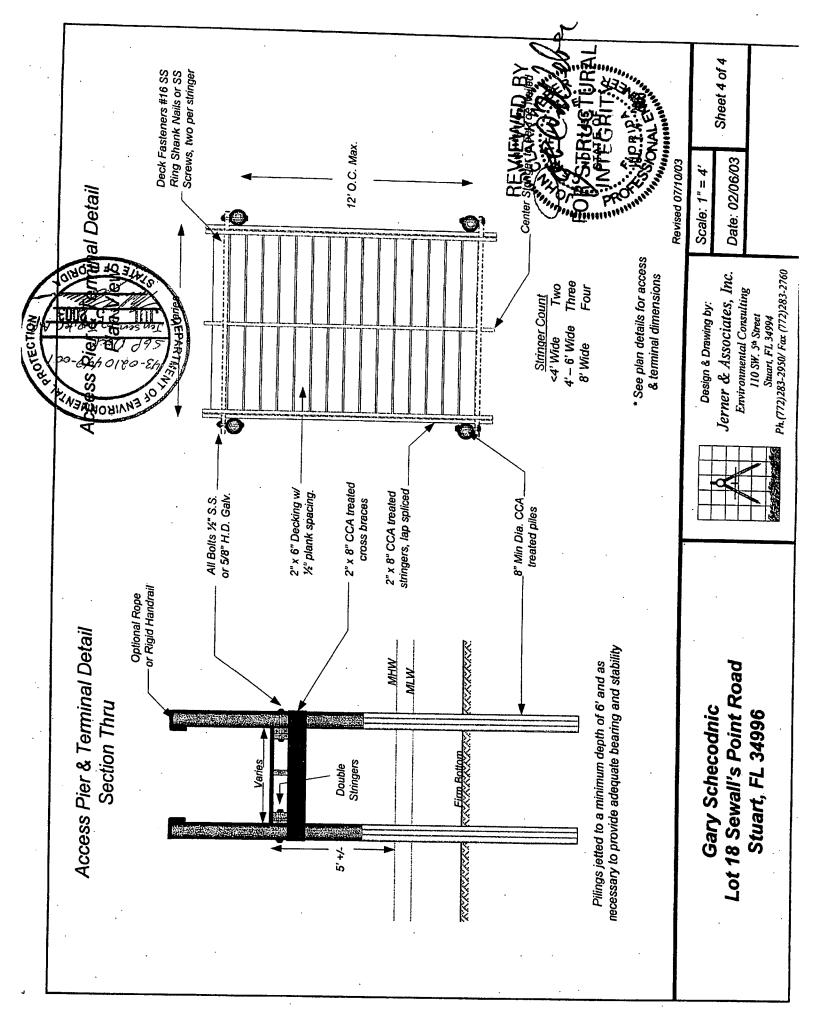
Prepared by Mark Youmans

11 pages attached.









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TOWN OF SEWALL'S POINT

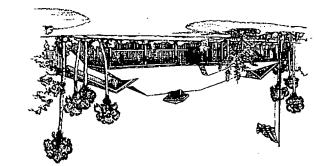
MARC S. TEPLITZ MARC S. TEPLITZ

Vice Mayor

E. DAVIEL MORRIS Commissioner

THOMAS BAUSCH Commissioner

RICHARD L. BARON Commissioner



To: Mayor and Commissioners

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Date: March 8, 2004

Re: Request for Dock and Boatlift Variance for Gary & Rebecca Schecodnic located at 12 South Sewall's Point Road

Attached please find the following documents:

- 1. Notice of appeal from denial of dock permit
- 2. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
- 3. Florida Department of Environmental Protection Permit or Exemption Letter
- 4. Survey

The above permit application for a dock and boatlift located at 12 South Sewall's Point Road has been denied due to the fact the proposed dock does not meet the length requirement of 250 feet as outlined in the Town of Sewall's Point Ordinance 62-171. This request is for an extension of **250 feet** from the permitted dock length of **250.0** feet. The Florida Department of Environmental Protection requires the additional **250 feet** length. The proposed length as established by the Florida Department of Environmental Protection requires the additional **250 feet** length. The Schecodnics' as established by the Florida Department of Environmental Protection for this dock is **500** feet. The Schecodnics' are requesting an additional **250 feet** to accommodate their proposed dock and boatlift.

The application and submitted documents for permit are complete and thereby only lacks Commission approval for the extension of the dock. Your assistance in this matter is highly appreciated. Upon approval I will issue the permit to Mr. and Mrs. Schecodnic.



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

Town Manager JOSEPH C. DORSKY

UOAN H. BARROW Town Clerk

LARRY E. McCARTY Chief of Police

GENE SIMMONS Building Official

JOSE TORRES, JR. Maintenance

TOWN OF SEWALL'S POINT APPLICATION FOR NOTICE OF APPEAL FROM DENIAL OF DOCK PERMIT

NOTICE IS HEREBY GIVEN, pursuant to Section 62-154. Code of Ordinances of the Town of Sewall's Point, Florida, that the applicant identified below will appeal to the Town Commission of the Town of Sewall's Point, Florida, from the denial of a permit for the construction of a dock on the property located at the street address given below for the reasons indicated below at a meeting of the Sewall's Point Town Commission at the Sewall's Point, Florida, from Hall, One South Sewall's Point Road, Sewall's Point, Florida or as soon thereafter as the Sewall's Point Town Town Commission at the Sewall's Point Town Hall, One South Sewall's Point Road, Sewall's Point, Florida or as soon thereafter as is possible.

NAME OF APPLICANT: GARY SCHECODWIC AND REFECCE SCHECODWIC

STREET ADDRESS OF PROPERTY: 12 5. Sewell's Point Rd.

REASON FOR DENIAL OF DOCK PERMIT:

- () Building Official error
- () Failure to obtain letters of no objection from adjacent upland riparian owners.
- () Objection of neighbors unreasonable
- (X) Failure to comply with the standards and criteria for docks in the following respects:
- () Design:
- () Construction:
- _____:Sitting: ()
- () Extreme Hardship

OMPORTO

DATE AND TIME OF MEETING:

(19nwO to 91utangi2)

(19nwO to 91u16nDi

The completed application for the permit to construct the dock may be inspected at the Town Hall during regular business hours. All interested parties may appear at the meeting and may be heard with respect to any appeal. If any person decides to appeal any decision made by the Town Commission with respect to any matter considered at the meeting or hearing, he will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

This notice shall be posted on the Town Hall bulletin board and shall be sent by certified mail, return receipt requested, by the applicant and at the applicants expense, to all record owners of upland riparian property located adjacent to the property involved in the appeal, with the date of mailing being at least fifteen (15) days before the date of the hearing. At or before the public hearing, the applicant shall present proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to the element.

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JOAN H. BARROW, Town Clerk

DOCK PERMIT

LETTER OF NO OBJECTION

We, كمدهدوانث ٦ آدم، عمل عمل المختلل آدم، والمعربي المنافعة عمل عمل عمل عمل المختلل آدم، ومحمد المحالية المحمد المحم محمد المحمد المح

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LO-12-01 **WY COMMISSION EXPIRES:** MANNONE 91 70-16-01 .qx3 .mmoD yM SAXET RO ETATS **NOTARY PUBLIC** TO NAUL ESOL 50 50 10 186 () _day SWORN TO AND SUBSCRIBED before me this 18 COUNTY OF ŚŊĴĿ **JO JTAT2** SEX Signature

DOCK PERMIT

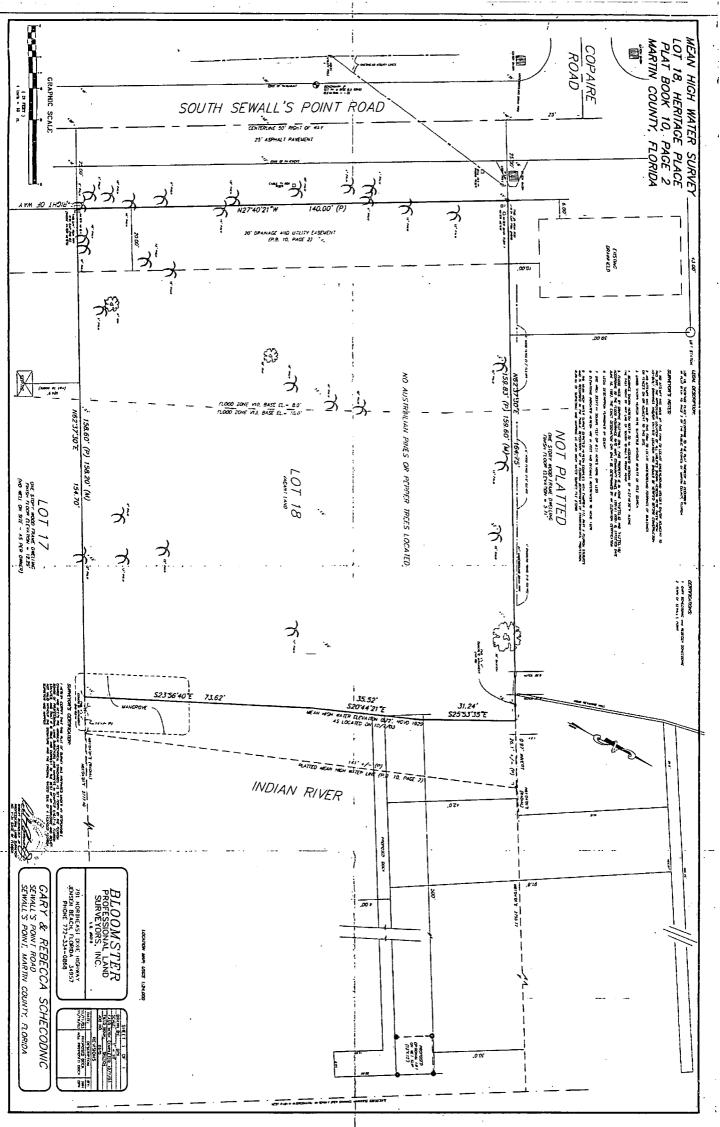
LETTER OF NO OBJECTION

We, <u>داونار با المحمد</u> and <u>abutting the owner (s) of certain property adjacent to and abutting the</u> property of <u>حموب جلاح محداحده محدالحده مما</u> ... who have applied for a dock permit for construction, have read and reviewed the drawing of the dock and We (I) have no objection to the proposed dock pursuant to the plan attached herein.

Signature

Slavine H. Willie

RIA **MY COMMISSION EXPIRES: JIJAU9 YAATON** 50 03 ło SWORN TO AND SUBSCRIBED before me this _day COUNTY OF **JO JTATE** Signature



INSPECTION LOG.XIS ويتدفئ ويعافر والمتحاد والمتحاد والمتحاد **JIHER INSPECTOR:** \mathcal{A} ANANS SURAN NOTES/COMMENTS: STJUS BRESULTS MATER ADDRESS CONTR. INSPECTION TYPE NSPECTOR DO NOT REMOVE THIS TAG INSPECTOR DATE: _ NOTES/COMMENTS: STJU call for an inspection. INSPECTOR: until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon Mese premises ς^{\prime} NOTES/COMMENTS: · STJU **NSPECTOR: NOTES/COMMENTS:** STJU SHMALN INSPECTOR NOTES/COMMENTS: STJU INSPECTOR: KANDARS HANIA att shu NOM GAINIELED NPI LOOH .əms HIZION - HILZY the following violations of the City, County, and/or State laws governing **STURES** JLTS I have this day inspected this structure and these premises and have found INSPECTOR: ON LOS, MAMES'S **ADDRESS:** 7, **COBBECTION NOTICE** (772) 287-2455 NOLES/COMMENLS STJU Sewall's Point, Florida 34996 Page 10 5 **X**0 One South Sewall's Point Road **301** noi TOWN OF SEWALL'S POINT **LNIO**

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DDES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS. ON State of Florida, County of:	I HEREBY CERTIFY THAT THE INFORMATION HAVE FURNISHED O KNOWLEDGE AND I AGREE TO COMPLY WITH AC APPLICABLE CO OWNER OR AGENT SIGNATURE (Required) State of Florids, County of: DY
South Florida Building Code (Structural, Mechanical, Plumbing, Cas)	National Electrical CodeFlorida Energy Code
ECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, SSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE	I understand that a separate permit from the Town may be required for EL HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCES REMOVAL AND RELOCATIONS.
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CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

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

This certifies the individual level below has elected to be exempt from

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CONSTRUCTION INDUSTRY EXEMPTION

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|                                                                | 956hE                                                                                                                       | בטמוזב<br>בטמוכ<br>ירממצבעהרן                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CONTRACTOR. [2010 25/20 2012<br>PHONE # (722) 781 - 2515<br>OWNER: CARY & REBELLE<br>CENERAL DESCRIPTION OF IMPROVEMENT.<br>CENERAL DESCRIPTION OF IMPROVEMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                | 956hE                                                                                                                       | בטמוזב<br>בטמוכ<br>ירממצבעהרן                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CONTRACTOR. L'22 CONTRACTOR. L'22 CONTRACTOR. L'22 CONTRACTOR. CONTRACTOR. L'22 CONTRACTOR. CONTRACTOR                                                                                                                                                                                                                                                                                                                                                    |
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# Department of

# Environmental Protection

West Paim Beach, Florida 33401 .400 N. Condress Ave. Suite 200 southeast District

Secrement David B. Struhs

Vailloil

FEB 26 2004

Governor leb Bush

:9A

Stuart, FL 34996 I Rivercrest Court Gary Schecodnic

File Name: Schecodnic, Gary File No.: 43-0210449-002

Dear Mr. Schecodnic:

(Section 8, Township 38 South, Range 41 East) in Martin County (N 27° 11' 5.21" / W 80° 15' 35.32"). and mangroves. The project is located on the St. Lucie River, Class III Waters, adjacent to 570 Manor Drive, Stuart 140-lineal ft. retaining wall, with two 8-ft. return walls at each end, at 5-ft. landward of Mean High Water (MHW) On lanuary 28, 2004, we received your application for an exemption to perform the following activity: construct a

the authorizations, refer to the specific section dealing with that authorization for advice on how to obtain it. project may not have qualified for all three forms of authorization. If your project did not qualify for one or more of The authority for review and the outcomes of the reviews are listed below. Please read each section carefully. Your authorization, (2) proprietary authorization (related to state-owned submerged lands), and (3) federal authorization. may be necessary for work in wetlands or waters of the United States. The kinds of authorization are (1) regulatory Your application has been reviewed to determine whether it qualifies for any of three kinds of authorization that

#### 1. Regulatory Review. - [NOT REQUIRED]

Department and the water management districts, as referenced in Chapter 62-113, F.A.C. 62, Florida Administrative Code (F.A.C.), and in accordance with operating agreements executed between the The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F.S.), Title

uplands. Therefore, no further authorization is required. Department, pursuant to Chapter 373, Florida Statutes (F.S.), because all of the construction will take place on Based on the information you submitted, we have determined that your project is not within the jurisdiction of the

wetland species occur as defined in Rule 62-340, Florida Administrative Code. during project construction. The Department's jurisdiction may extend above mean high water where listed No temporary dredging or filling, slope grading or equipment access is allowed in jurisdictional waters Any modifications to your plans should be submitted for review, as changes may result in permits being required.

Proprietary Review (related to state-owned lands). - [NOT REQUIRED]

F.A.C. review your project under Chapters 253 and 258, F.S., Chapters 18-20 and 18-21, F.A.C., and Section 62-343.075, and issues certain authorizations for the use of sovereign submerged lands. The Department has the authority to The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (Board of Trustees)

authorization from the Board of Trustees is not required. Your project will not occur on sovereign submerged land. Therefore, pursuant to Chapter 253.77, F.S.,

Coordination Agreement Between the U.S. Army Corps of Engineers and the Florida Department of Environmental Department and the U.S. Army Corps of Engineers (Corps). The agreement is outlined in a document titled Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the 3. Federal Review (State Programmatic General Permit). - [GRANTED]

"More Protection, Less Process"

Page 2 FDEP File No.: 43-0210449-002 Page 2

Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown on the attached drawings, the proposed project is consistent with the SPGP program. The attached Corps general conditions apply to your project. No further permitting for this activity is required by the Corps.

The determinations in this letter are based solely on the information provided to the Department and on the statutes and rules in effect when the application was submitted. The determinations are effective only for the specific activity proposed. These determinations shall automatically expire if site conditions materially change or if the governing statutes or rules are amended. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required. In any event, this determination shall expire after one year.

This letter does not relieve you from the responsibility of obtaining other permits (federal, state, or local) that may be required for the project.

#### NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

This letter acknowledges that the proposed activity is exempt from ERP permitting requirements. This determination is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed, this determination automatically becomes only proposed agency action subject to the result of the administrative review process. Therefore, on the filing of a only proposed agency action subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. The timely and sufficient petition, this action will not be final and effective until further order of the Department. The procedures for petitioning for a hearing are set forth in the attached notice.

This determination is based on the information you provided the Department and the statutes and rules in effect when the application was submitted and is effective only for the specific activity proposed. This determination shall automatically expire if site conditions materially change or the governing statutes or rules are amended. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required. In any event, this determination shall expire after one year.

Be advised that your neighbors and other parties who may be substantially affected by the proposed activity allowed under this determination of exemption have a right to request an administrative hearing process is decision that the proposed activity qualifies for this exemption. Because the administrative hearing process is designed to redetermine final agency action on the application, the filing of a petition for an administrative hearing may result in a final determination that the proposed activity is not authorized under the exemption.

The Department will not publish notice of this determination. Publication of this notice by you is optional and is not required for you to proceed. However, in the event that an administrative hearing is held and the Department's determination is reversed, proceeding with the proposed activity before the time period for requesting an administrative hearing has expired would mean that the activity was conducted without the required permit

If you wish to limit the time within which all substantially affected persons may request an administrative hearing, you may elect to publish, at your own expense, the enclosed notice (Attachment A) in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place. A single publication will suffice.

If you wish to limit the time within which any specific person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A.

For the purposes of publication, a newspaper of general cuculation means a newspaper meeting the requirements of sections 50.011 and 50.031 of the Florida Statutes. In the event you do publish this notice, within seven days of publication, you must provide to the following address proof of publication issued by the newspaper as provided in

Bruce lerner, lerner & Associates, Inc., 110 SW  $5^{\hat{\mathbf{h}}}$  Street, Stuart, FL 34994 USACOE – Palm Beach Gardens, Sharon Niemczyk :00

Enclosures

Resources Program Submerged Lands & Environmental Environmental Manager layne E. Bergstrom

Jayne & Dugotion

Sincerely,

When referring to your project, please use the FDEP file name and number listed above. If you have any questions, please contact lennifer Smith at 561/681-6633 or at jennifer.k.smith@dep.state.fl.us.

West Palm Beach, FL 33401

400 N. Congress Ave., Suite 200

Submerged Lands & Environmental Resources Program

Southeast District

Florida Department of Environmental Protection

provide to the following address a copy of the direct written notice. section 50.051 of the Florida Statutes. If you provide direct written notice to any person as noted above, you must

> Page 3 FDEP File No.: 43-0210449-002 File Name: Schecodnic, Gary

#### A tasmdsattA

#### File No.: 50-02210449-002

#### STATE OF PLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION NOTICE OF DETERMINATION OF EXEMPTION

The Department of Environmental Protection gives notice that your project to construct a 140-lineal ft. retaining wall, with two 8-ft. return walls at each end, at 5-ft. landward of Mean High Water (MHW) and mangroves. The project is located on the St. Lucie River, Class III Waters, adjacent to 570 Manor Drive, Stuart (Section 8, Township 38 South, Range 41 East) in Martin County (N 27° 11' 5.21" / W 80° 15' 35.32"), has been determined to be exempt from requirements to obtain an environmental resource permit.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

#### Mediation is not available.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rules 28-106.111(2) and 62-110.106(3)(a)(4), petitions for an administrative hearing must be filed within 21 days of publication of the notice or receipt of written notice, whichever occurs first. Under rule 62-110.106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000 prior to the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon. Upon motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect, the Department may also grant the requested extension of time.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that right.

A petition that disputes the material facts on which the Department's action is based must contain the following

intornation:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the proceeding; and an petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant

reversal or modification of the agency's proposed action; (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are information as set forth above, as required by rule 28-106.301.

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing shall be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

Complete copies of all documents relating to this determination of exemption are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, at the Southeast District office, 400 North Congress Avenue, West Palm Beach, Florida.

4. Reevaluation of Permit Decision: This office may reevaluate its decision on this permit at any time the circumstances warrant. Circumstances that could require a reevaluation include, but are not limited to, the following:

a. You fail to comply with the terms and conditions of this permit.

 D. The information provided by you in support of your permit application proves to have been false, incomplete, or inaccurate (see 3 above).

 c. Significant new information surfaces which this office did not consider in reaching the original public interest decision.

Such a reevaluation may result in a determination that it is appropriate to use the suspension, modification, and revocation procedures contained in 33 CFR 325.7 or enforcement procedures such as those contained in 33 CFR 209.170) 326.4 and 326.5. The referenced enforcement procedures provide for the initiation of legal action where appropriate. You will be required to pay for any corrective measures ordered by this office, and if you fail to comply with such directive, this office may in certain situations (such as those specified in 33 CFR 209.170) accomplish the corrective measures by contract or otherwise and bill you for the cost.

When the structures or work authorized by this permit are still in existence at the time the property is transferred, the transfer of this permit and the associated liabilities associated with compliance with its terms and conditions, have the transferre sign and date below.

(TRANSFEREE-SIGNATURE)

(DATE)

(NAME-PRINTED)

(ADDRESS)

#### Manatee Conditions for Federal Authorization

 The permittee shall instruct all personnel associated with the project of the potential presence of manatees and the need to avoid collisions with manatees. All construction personnel are responsible for observing water-related activities for the presence of manatee(s).

2. The permittee shall advise all construction personnel that there are civil and criminal penalties for harming, harassing, or killing manatees which are protected under the Marine Mammal Protection Act of 1972, the Endangered Species Act of 1973, and the Florida Manatee Sanctuary Act of 1978. The permittee and/or contractor may be held responsible for any manatee harmed, harassed, or killed as a result of construction activities.

3. Siltation barriers shall be installed and shall be made of material in which manatees cannot become entangled, shall be properly secured, and shall be monitored regularly to avoid manatee entrapment. Barriers shall not block manatee entry to or exit from essential habitat.

4. All vessels associated with the project shall operate at "no wake/idle" speeds at all times while in water where the draft of the vessel provides less than four feet clearance from the bottom and that vessels shall follow routes of deep water whenever possible.

5. If a manatee is sighted within 100 yards of the project area, all appropriate precautions shall be implemented by the permittee/contractor to ensure protection of the manatee. These precautions shall include the operation of all moving equipment no closer than 50 feet of a manatee. Operation of any equipment closer than 50 feet to a manatee shall moving necessitate immediate shutdown of that equipment. Activities will not resume until the manatee(s) has departed the project area of its own volition.

6. Any collision with and/or injury to a manatee shall be reported immediately to the "Manatee Hotline" at 1-800-404-FWCC (1-800-404-3922). Collision and/or injury should also be reported to the U.S. Fish and Wildlife Service in Vero Beach (1-561-562-3909) in south Florida.

7. Temporary signs concerning manatees shall be posted prior to and during construction/dredging activities. All signs are to be removed by the lessee/grantee upon completion of the project. A sign measuring at least 3 feet by 4 feet which reads Contion: Manatee Area will be posted in a location prominently visible to water related construction crews. A second sign should be posted if vessels are associated with the construction, and should be placed visible to the vessel operator. The scond sign should be posted if vessels are associated with the construction, and should be placed visible to the vessel operator. The scond sign should be posted if vessels are associated with the construction.

Caution: Manatee Habitat. Idle speed is required if operating a vessel in the construction area. All equipment must be shutdown if a manatee comes within 50 feet of the operation. A collision with and/or injury to a manatee shall be reported immediately to the Florida Marine Patrol at 1-800-DIAL-FMP (1-800-343-5367) and the U.S. Fish and Wildlife Service at (1-561-562-3909) for south Florida.

#### **GENERAL CONDITIONS FOR FEDERAL AUTHORIZATION FOR SPGP III-RI**

**Ceneral Conditions** 

1. The time limit for completing the work authorized ends on June 17, 2004.

2. You must maintain the activity authorized by this permit in good condition and in conformance with the terms and conditions of this permit. You are not relieved of this requirement if you abandon the permitted activity, you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you must obtain a modification of this permit from this office, which may require restoration of the area.

3. If you discover any previously unknown historic or archeological remains while accomplishing the activity authorized by this permit, you must immediately notify this office of what you have found. We will initiate the Federal and State coordination required to determine if the remains warrant a recovery effort or if the site is eligible for listing in the National Register of Historic Places.

4. If you sell the property associated with this permit, you must obtain the signature and mailing address of the new owner in the space provided below and forward a copy of the permit to this office to validate the transfer of this authorization.

5. You must allow representatives from this office to inspect the authorized activity at any time deemed necessary to ensure that it is being or has been accomplished in accordance with the terms and conditions of your permit.

#### Further Information:

1. Limits of this authorization.

a. This permit does not obviate the need to obtain other Federal, State, or local authorizations required by law.

b. This permit does not grant any property rights or exclusive privileges.

c. This permit does not authorize any injury to the property or rights of others.

d. This permit does not authorize interference with any existing or proposed Federal projects.

 Limits of Federal Liability. In issuing this permit, the Federal Government does not assume any liability for the following:

a. Damages to the permitted project or uses thereof as a result of other permitted or unpermitted activities or from natural causes.

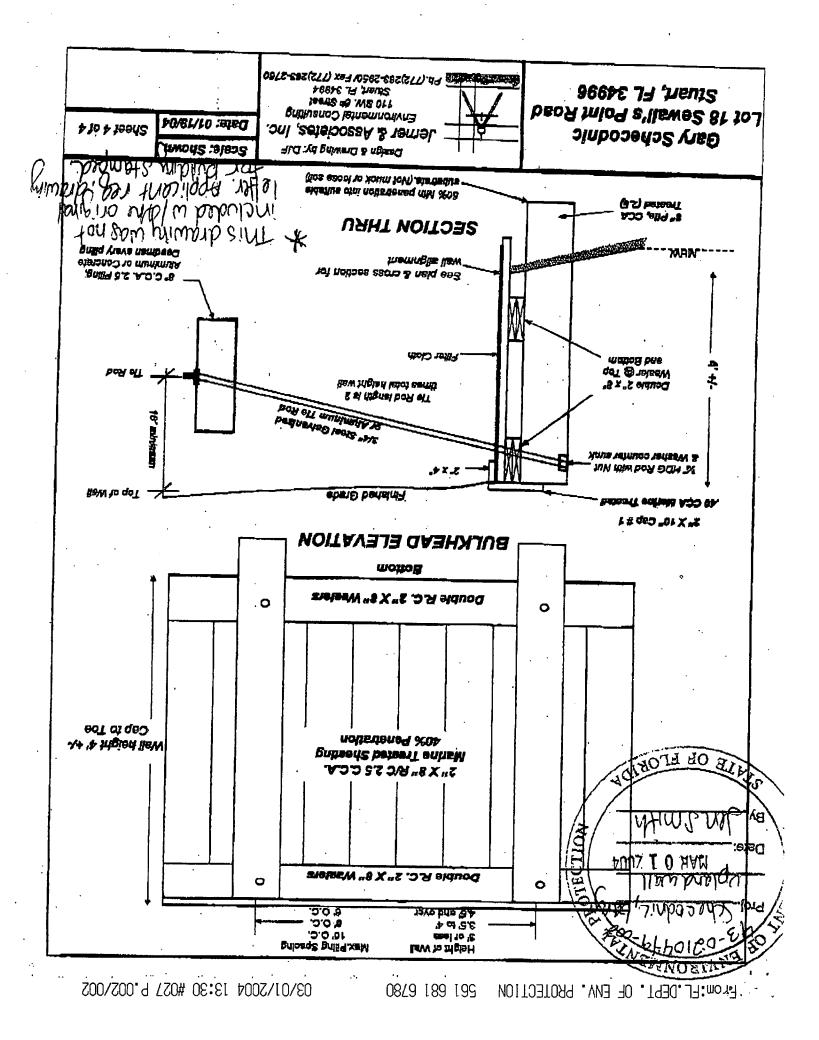
 Damages to the permitted project or uses thereof as a result of current or future activities undertaken by or on behalf of the United States in the public interest.

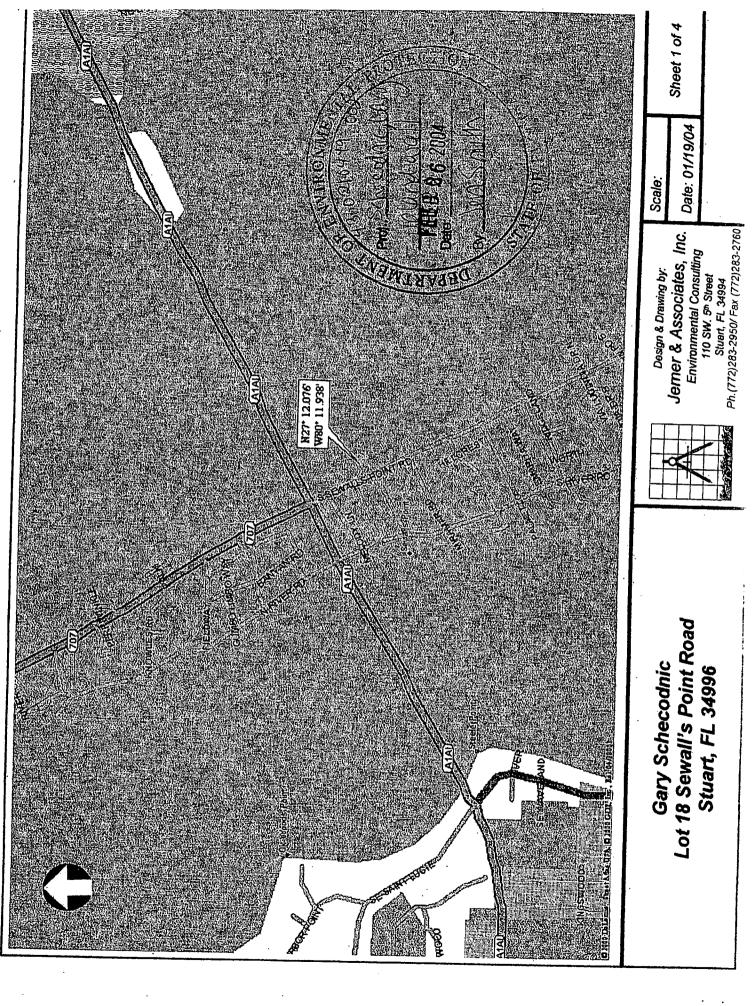
 c. Damages to persons, property, or to other permitted or unpermitted activities or structures caused by the activity authorized by this permit.

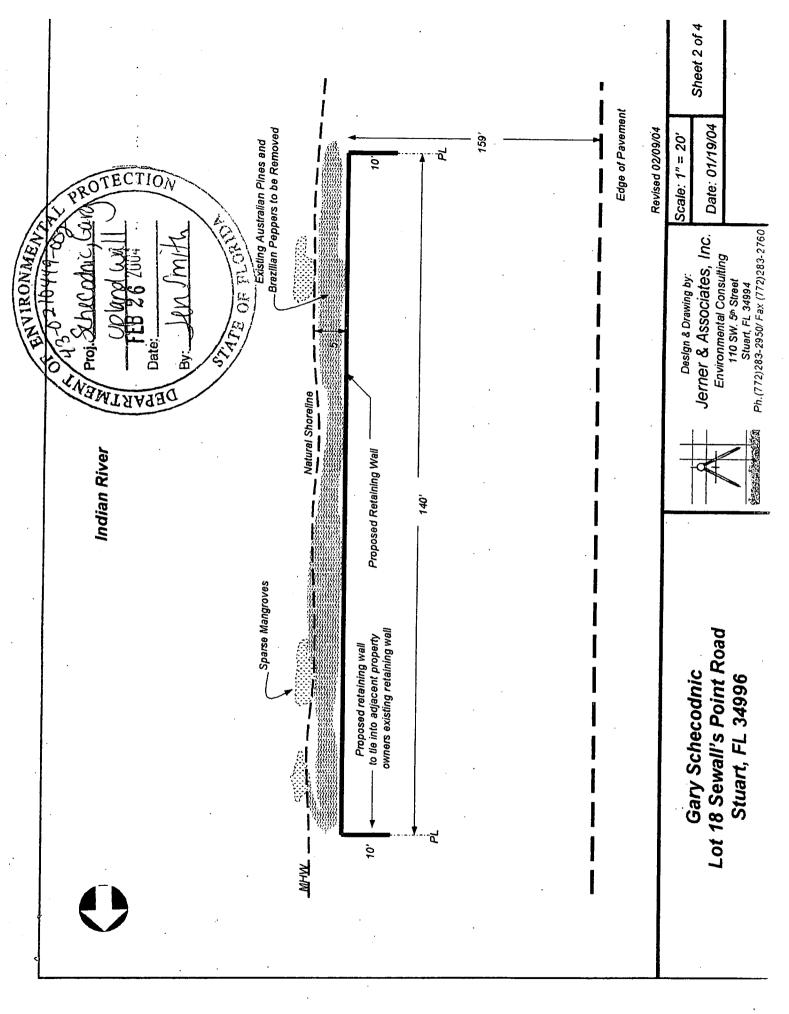
d. Design or construction deficiencies associated with the permitted work.

e. Damage claims associated with any future modification, suspension, or revocation of this permit.

3. Reliance on Applicant's Data: The determination of this office that issuance of this permit is not contrary to the public interest was made in reliance on the information you provided.

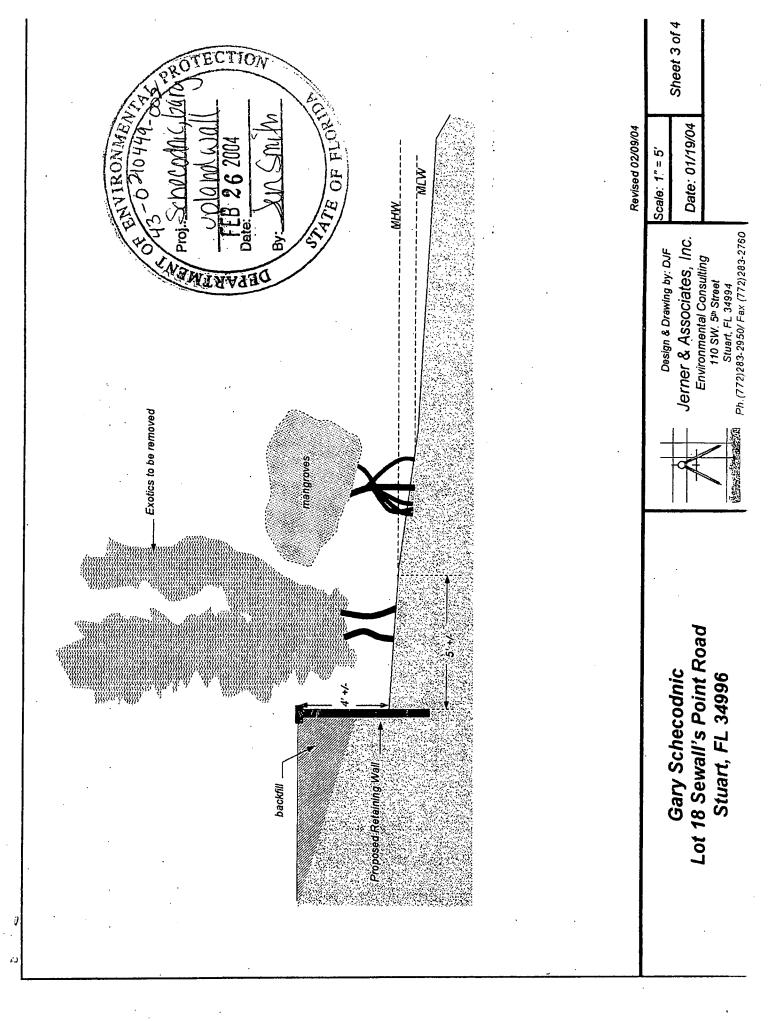




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## Department of

Environmental Protection

West Paim Beach, Horida 33401 400 N. CONGLESS AVE. SUITE 200 Southeast District

Secretary Colleen M. Castille

**TANO** 

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Jep Bush

Covernor MAY 0 3 2004

Stuart, FL 34996 1 Rivercrest Court Gary Schecodnic

Modification of File No.: 43-0210449-002 File No.: 43-0210449-003 းချွ

Dear Mr. Schecodnic:

stricken: project description is hereby modified to read as follows. Please note that additions are underlined and deletions are This office has completed the review of your request to modify the referenced file number 43-0210449-002. The

35,32"). Drive, Stuart (Section 8, Township 38 South, Range 41 East) in Martin County (N 27º 11' 5.21" / W 80º 15' (MHW) and mangroves. The project is located on the St. Lucie River, Class III Waters, adjacent to 570 Manor 140-lineal ft. retaining wall, with two 8 10-ft. return walls at each end, at 5 10-ft. Iandward of Mean High Water On January 28, 2004, we received your application for an exemption to perform the following activity: construct a

expected to result in any additional or significant water quality/biological resource degradation. Florida Statutes (J.S.A), because all of the construction will take place on uplands. The proposed modification is not Your modified project is still exempt from the need for an environmental resource permit pursuant to Chapter 373,

modifications. This letter and accompanying drawing(s) must be attached to the original authorization. your project. By copy of this letter and the attached drawing(s), we are notifying all necessary parties of the All conditions and other authorizations included in the original authorization, dated February 26, 2004, still apply to

"9VOUS jennifer.k.smith@dep.state.fl.us. When referring to your project, please use the FDEP file name and number listed required for the project. If you have any questions, please contact lemitler Smith at 561/681-6633 or at This letter does not relieve you from the responsionly of obtaining any local or federal permits which may be

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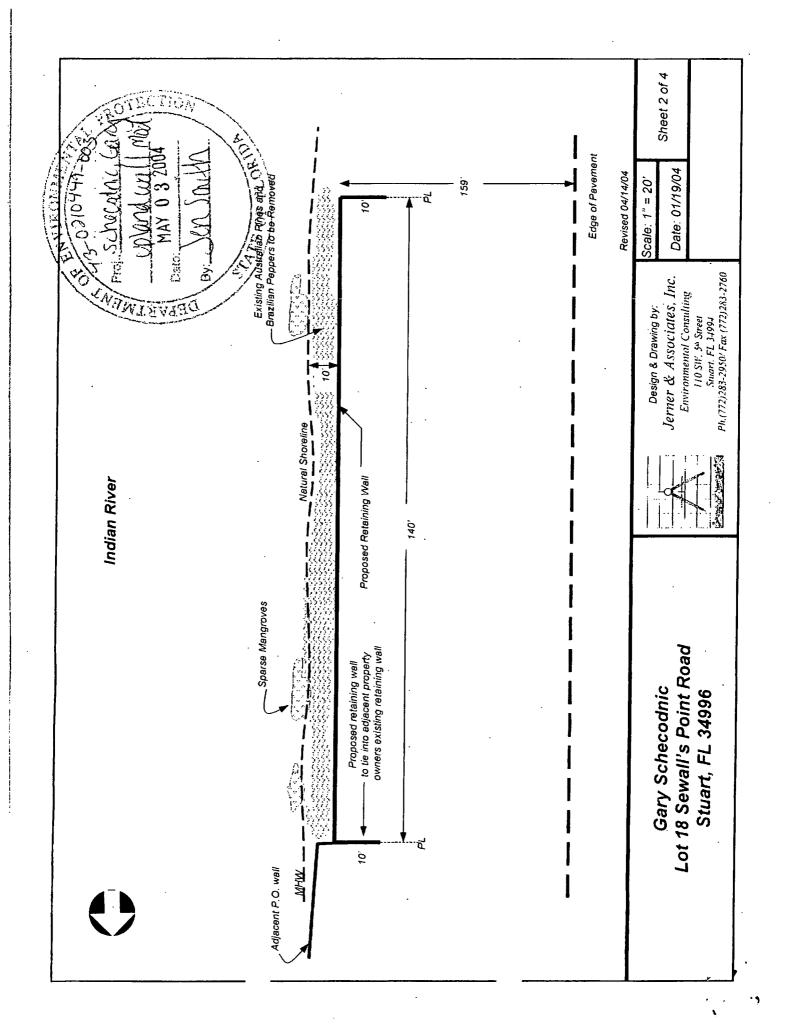
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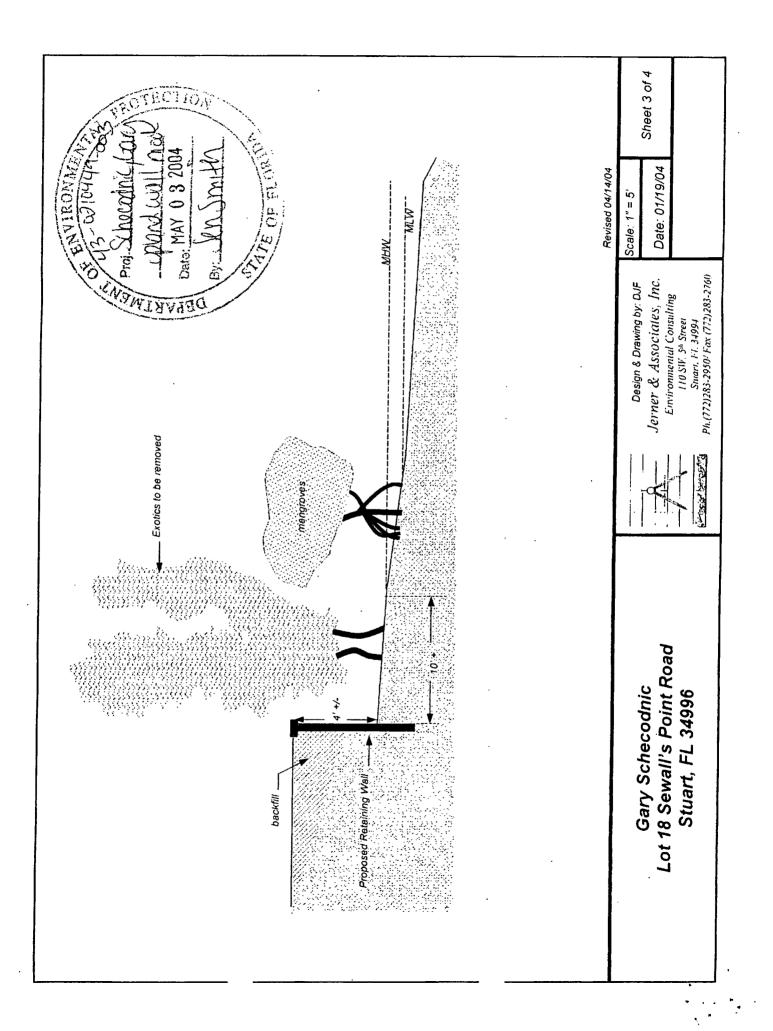
Duane Fike, Jerner & Associates, Inc., dfike@bellsouth.nct USACOE - Palm Beach Gardens, Sharon Niemczyk :00

snommi2 anaD BUILDING OFFICIAL ::3TAO 10/01 REVIEWED FOR CODE COMPLIANCE THESE PLANS HAVE BEEN TOWN OF SEWALL'S POINT FILE COPY

"Nore Protection, Less Process"

Printed on recycled poper.





DO NOT REMOVE THIS TAG INSPECTOR : **JTA** call for an inspection. until the above violations are corrected. When corrections bave been made, You are hereby notified that no work shall be concealed upon these premises 21/1074 >/#//C MAM ONICI same

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

OR LOS, MARAS'S **VDDKESS:** 

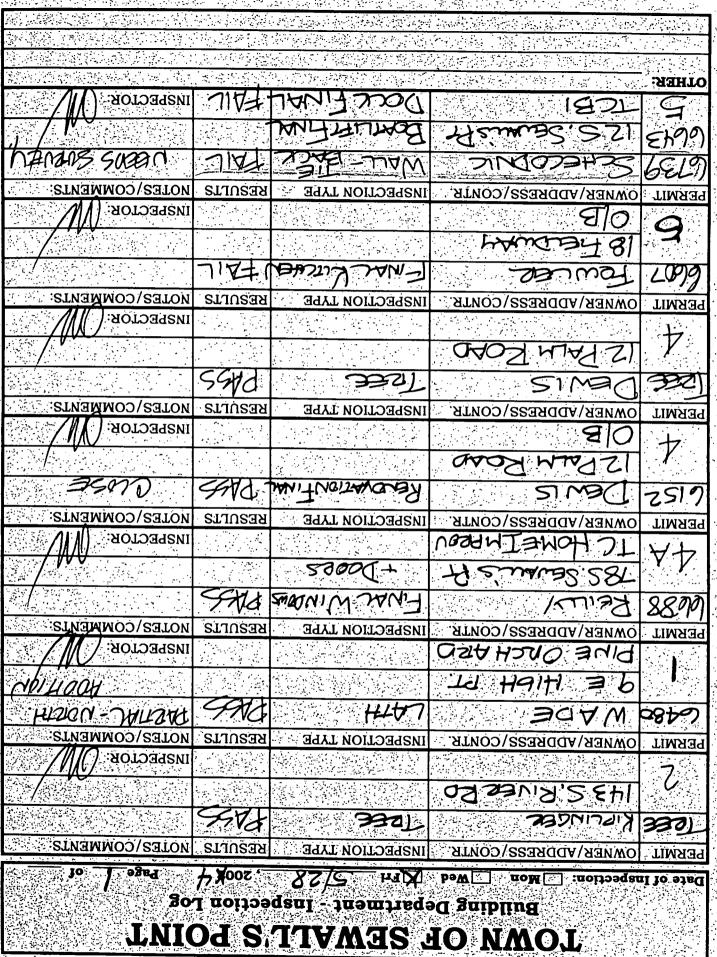
### **COBRECTION NOTICE**

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

TOWN OF SEWALL'S POINT



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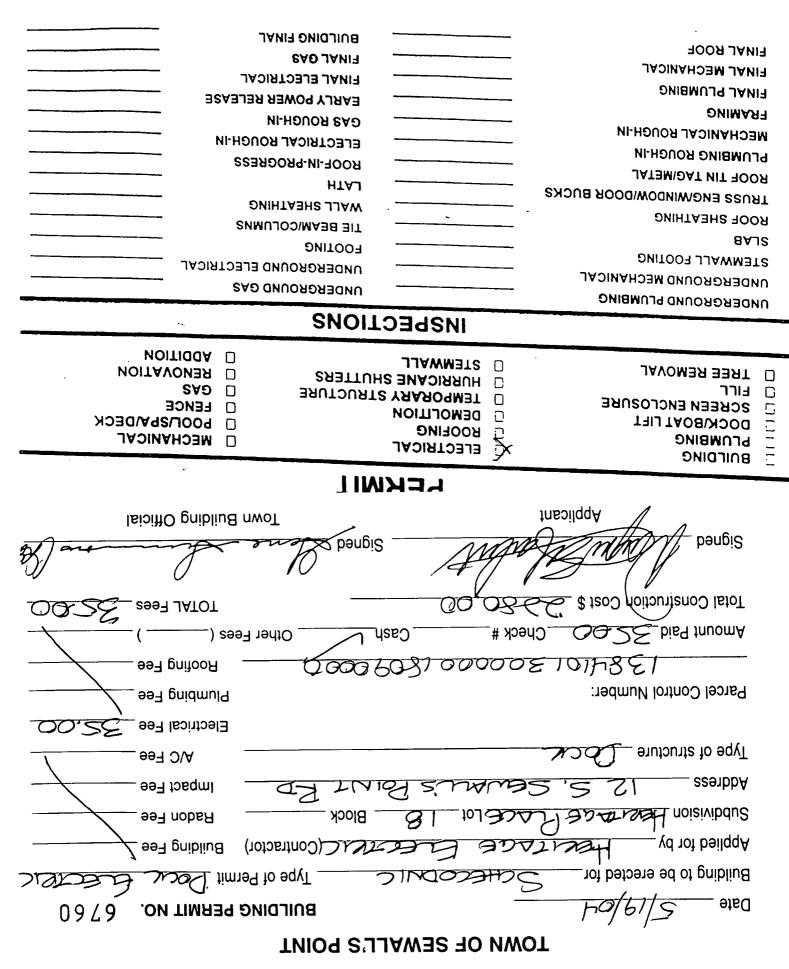


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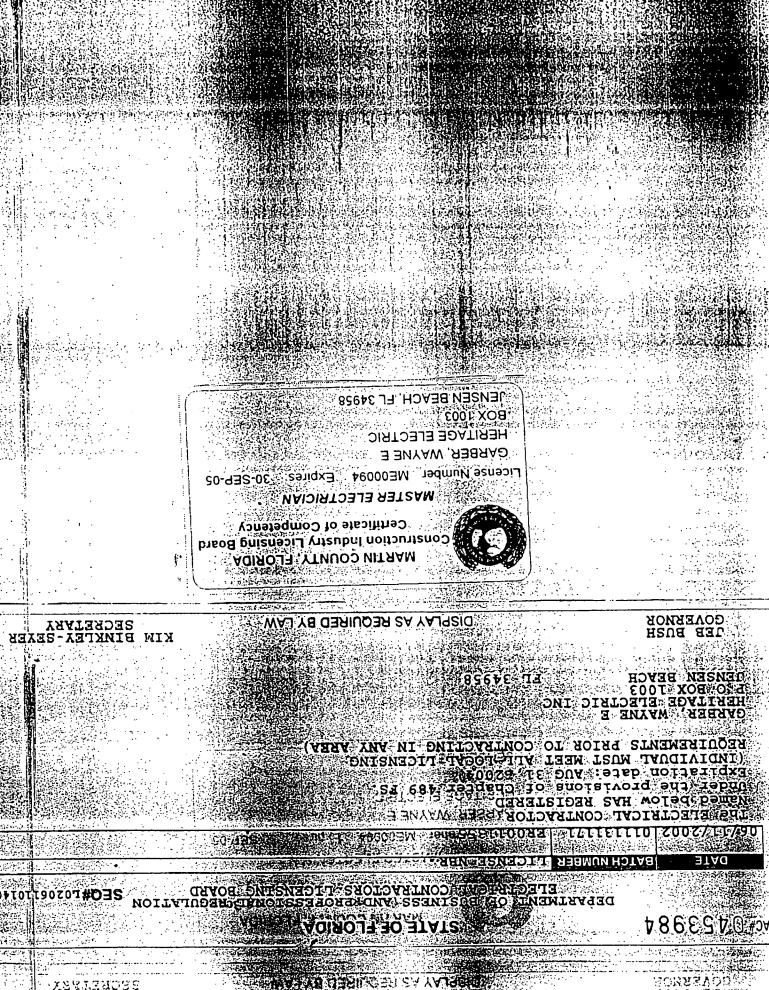
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| Commission Expires:                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Idug Ynefol                                                       | blic                       |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                     | As identification                                                                                             | -Allo                                                             |                            |
| identification.                                                                                                                                                                                                                                                                                                                                                                                   | Known to me or preduc                                                                                         |                                                                   | $\frac{1}{2}$              |
| own to me or produced                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | 0 11/2 ~ -                                                        | Mo SU - 20 - 232           |
| who is personally                                                                                                                                                                                                                                                                                                                                                                                 | Maganner                                                                                                      |                                                                   |                            |
| is the                                                                                                                                                                                                                                                                                                                                                                                            | HE and sint                                                                                                   | day of Man                                                        | 7007                       |
| ate of Florida, County of:                                                                                                                                                                                                                                                                                                                                                                        | On State of Florida, Co                                                                                       | NIZAVIN : 10 Atu                                                  | ^                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   | BANAT                                                                                                         | 1AAM                                                              |                            |
| VAER OR AGENT SIGNATURE (required)                                                                                                                                                                                                                                                                                                                                                                | CONTRACTOR SIGN                                                                                               |                                                                   |                            |
| EREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED C<br>IOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE C                                                                                                                                                                                                                                                                                     | S APPLICATION IS TRI<br>NANIDRO DI ANDIORDINAN ,                                                              | ES DURING THE BUILDING                                            | NG PROCESS.                |
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| being a very more than a separate permit from the Town may be required                                                                                                                                                                                                                                                                                                                            | ECTRICAL PLUMBING                                                                                             | MECHANICAL, SIGNS, PO(                                            | 3113/01/3100               |
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| DATRACTOR/Company: HERHAGE ELETER                                                                                                                                                                                                                                                                                                                                                                 | КЕЕ :əuoud                                                                                                    | ·····                                                             |                            |
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| DUTRACTOR/Company: HELHAGE CLORY: Yes                                                                                                                                                                                                                                                                                                                                                             | ent the fill out the<br>Phone: ععب الم                                                                        | ·····                                                             | tor sections below         |
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| vner Address (if different):<br>scription of Work To Be Done: WIERT OF a contract<br>NUTRACTOR/Company: HEETHE CONTRACTOR?: Yes                                                                                                                                                                                                                                                                   | City:<br>City:<br>(If no, fill out the                                                                        | State:State:                                                      | Zip:<br>tor sections below |
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| vner Address (if different):<br>scription of Work To Be Done: WLANT OF aled Ricola<br>ILL OWNER BE THE CONTRACTOR?: Yes<br>ONTRACTOR/Company: HEETHAGE ELECTEN                                                                                                                                                                                                                                    | City:<br>City:<br>(If no, fill out the                                                                        | State:                                                            | Zip:<br>tor sections below |
| D Site Address: Lof LO, Havider Place<br>gal Desc. Property (Subd/Lov/Block) LZ & Sweelle D<br>vner Address (if different):<br>scription of Work To Be Done: WIENN OF electron<br>ILL OWNER BE THE CONTRACTOR?: Yes<br>NITL OWNER BE THE CONTRACTOR?: Yes<br>NATRACTOR/Company: HEETHAGE ELECTEN                                                                                                  | <u>ک</u> Parcel Number: ک<br>دانه: City:<br>(۱۴ no, ۴۱۱ out the                                               | State:                                                            | tor sections below<br>     |
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| BUILDING PER<br>WILEYTTLEHOLDER WAME: SCHECCLARC<br>D'Site Address: Lof LO, Howler, SCHECCLARC<br>gal Desc. Property (Subd/Lov/Block) LZ & Swells D<br>whet Address (if different):<br>scription of Work To Be Done: WIEMS OF QLOCK) CARCE<br>ILL OWNER BE THE CONTRACTOR?: Yes<br>MILL OWNER BE THE CONTRACTOR?: Yes<br>MILL OWNER BE THE CONTRACTOR?: Yes<br>MILL OWNER BE THE CONTRACTOR?: Yes | Phone (Day)<br>City:<br>City:<br>City:<br>City:<br>City:<br>City:<br>Parcel Number:<br>City:<br>City:<br>2339 | State: 26 Z                                                       | tor sections below<br>     |
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| BBEL NOITAROAROO GROOA @              |                                                                                                    |                                  |                                           | (79/T) 2-25 ORODA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |  |  |
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|                                       |                                                                                                    | SI                               | TIGPECIAL PROVISION                       | HICLES/EXCLUSIONS ADDED BY ENDORSEMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DESCRIPTION OF OPERATIONS/LOCATIONS/ |  |  |
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|                                       | <u>,</u>                                                                                           |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | язито '                              |  |  |
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| <u> </u>                              | E.L. DISEASE - EA EMPLOYEE                                                                         | J                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| S                                     | E.L. EACH ACCIDENT                                                                                 | ]                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EMPLOYERS' LIABILITY                 |  |  |
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| \$                                    |                                                                                                    | ]                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RETENTION S                          |  |  |
| \$                                    |                                                                                                    | 1                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEDUCTIBLE                           |  |  |
| \$                                    |                                                                                                    | ļ                                |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| S                                     | AGGREGATE                                                                                          |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| 2                                     | EACH OCCURRENCE                                                                                    |                                  | <u> </u>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EXCESS FIVEIFUL                      |  |  |
| <u> </u>                              |                                                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| \$                                    | OTHER THAN EA ACC                                                                                  |                                  | {                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTUA YNA                             |  |  |
| \$                                    | AUTO ONLY - EA ACCIDENT                                                                            |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CARAGE LIABLITY                      |  |  |
| \$                                    | (Per eccident)                                                                                     |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| \$                                    | Per accident)<br>(Per accident)                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2011а ПЭМИО-ИОИ X                    |  |  |
| \$                                    | (Per person)<br>BODILY INJURY                                                                      |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X SCHEDILED AUTOS                    |  |  |
| s 300°000                             | (Es accident)<br>COMBINED SINGLE LIMIT                                                             | \$0/10/2                         | 70/10/2                                   | 00-702-787-56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |  |  |
|                                       |                                                                                                    | ·                                | <u> </u>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| 000*000\$                             | PRODUCTS - COMP/OP AGG                                                                             | -                                | {                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -089                                 |  |  |
| 200°000 s                             |                                                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| * 300,000                             |                                                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
| * T0°000                              |                                                                                                    | -                                |                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | נרעואז אינטב א סככיש                 |  |  |
| * T00*000                             |                                                                                                    | 50/10/z                          | <b>70/10/</b> 2                           | 70-7874682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | V                                    |  |  |
| \$ 300°000                            |                                                                                                    | 10/10/0                          | /0/10/0                                   | 70 68278902                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |  |  |
|                                       | BTIMU                                                                                              | POLICY EXPIRATION                | DATE (MMDDUC)                             | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TR TYPE OF BUSURANCE                 |  |  |
| RO GEURSE ER YAI                      | M ETACHRITHEC ZIHT HOU                                                                             | HESPECT TO WH<br>TO ALL THE TEAM | CLAIMS.                                   | BELOW MAYE BEEN ISSUED TO THE IN:<br>DIFTO TO THAT SEEN ISSUED TO THE IN:<br>DIFTO TO THAT CONTRACT OF OTHER<br>DIFTO TO THAT SECURED BY AND MINING TO THE IN:<br>DIFTO TO THAT SECURED BY AND TO THE IN:<br>DIFTO TO THE DIFTO TO THE IN:<br>DIFTO TO THE DIFTO TO THE IN:<br>DIFTO TO THE IN IN INC.<br>DIFTO TO THE IN INC.<br>DIFTO TO THE IN INC.<br>DIFTO TO THE | POLICIES. ACCRECATE LIMITS SHOW      |  |  |
|                                       |                                                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COVERAGES                            |  |  |
|                                       |                                                                                                    |                                  | INSURER E:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |  |  |
|                                       |                                                                                                    |                                  | INSURER D:                                | 28-1003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |  |  |
|                                       | INSURER C:                                                                                         |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E 0 Box 1003                         |  |  |
|                                       | Insurance Co.                                                                                      | •                                | •                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Heritage Electric Inc.               |  |  |
| · · · · · · · · · · · · · · · · · · · | ers Insurance C                                                                                    |                                  | S :A REURUS                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | O3HUSN                               |  |  |
|                                       | FFORDING COVERAG                                                                                   |                                  |                                           | 89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Jensen Beach, Fl. 349                |  |  |
| E CERTIFICATE                         | 70 fisttam a sa dsi<br>11t noqu 2thdir (<br>12ma ton 2300 st<br>12ma ton 2300 st<br>14t y8 d3d7033 | HIS CERTIFICA                    |                                           | .anī sh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P O Box 1849                         |  |  |
| 70-60-E                               |                                                                                                    |                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRODUCER                             |  |  |
| (YVYOUWN) 3TAO                        | -                                                                                                  | -DNARUC-                         | 2NI YTL                                   | ICATE UF LIABIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACORD, CERTIN                        |  |  |

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|                                  |                                |                       |                                     | OOF OF INSURANCE ONLY.                                                                                                                                                                    | IS CERTIFICATE IS FOR PR                                            |
|----------------------------------|--------------------------------|-----------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                                  |                                | SNG                   | NISPECIAL PROVISIO                  | EHICLES/EXCLUSIONS ADDED BY ENDORSEME                                                                                                                                                     | N/SNOITADOJ/SNOITAMAG 40 NOIT4MJ64                                  |
|                                  |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |
|                                  |                                |                       |                                     |                                                                                                                                                                                           | отнек                                                               |
| 200'005                          | E.L. DISEASE - POLICY LIMIT    |                       |                                     |                                                                                                                                                                                           |                                                                     |
| 000'00T s                        | E.L. DISEASE - EA EMPLOYE      |                       |                                     |                                                                                                                                                                                           |                                                                     |
| 000'00T s                        | E.L. EACH ACCIDENT             |                       |                                     |                                                                                                                                                                                           |                                                                     |
|                                  | HTO OTAT2 OW<br>TOT STIMILYROT | \$00Z/0T/20           | £00Z/0T/20                          | £0219£‡00000660                                                                                                                                                                           | WORKERS COMPENSATION AND                                            |
| S                                |                                |                       |                                     |                                                                                                                                                                                           | RETENTION \$                                                        |
| S                                |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |
| S                                |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | <b>BTADBA</b>                  |                       |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | EACH OCCURRENCE                |                       |                                     |                                                                                                                                                                                           | EXCESS LIABILITY                                                    |
|                                  |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |
| \$                               | OTHER THAN EA ACC              |                       |                                     | 1                                                                                                                                                                                         | ОТЛА УИА                                                            |
| S                                | AUTO ONLY - EA ACCIDENT        |                       |                                     |                                                                                                                                                                                           | SARAGE LIABILITY                                                    |
| s                                | (Per accident)                 |                       |                                     |                                                                                                                                                                                           |                                                                     |
|                                  |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |
| s                                | (Per accident)                 |                       |                                     |                                                                                                                                                                                           | SOTUA ДЭИМО-ИОИ                                                     |
|                                  |                                |                       | 1                                   |                                                                                                                                                                                           | 2010А ДЭЯІН                                                         |
| \$                               | (Per person)                   |                       |                                     |                                                                                                                                                                                           | SOTUED AUTOS                                                        |
|                                  |                                |                       |                                     |                                                                                                                                                                                           | ALL OWNED AUTOS                                                     |
| s                                | (Ea accident)                  |                       |                                     |                                                                                                                                                                                           | ОТЦА ҮИА                                                            |
|                                  |                                |                       |                                     | <u> </u>                                                                                                                                                                                  |                                                                     |
|                                  | <u> </u>                       |                       |                                     |                                                                                                                                                                                           |                                                                     |
| <u> </u>                         | PRODUCTS - COMP/OP AGG         |                       | 1                                   |                                                                                                                                                                                           | GEN'L AGGREGATE LIMIT APPLIES PER:                                  |
| S                                | GENERAL AGGREGATE              |                       |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | YAULNI VOA & JANO2A39          |                       |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | WED EXP (Any one person)       | -                     |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | FIRE DAMAGE (Any one fire)     | 1                     |                                     |                                                                                                                                                                                           |                                                                     |
| S                                | EACH OCCURRENCE                | (YY/QQ\MM) JTAQ       | (YY/QQ/MM) JTAQ                     |                                                                                                                                                                                           |                                                                     |
| S.                               | רואוב                          |                       | POLICY EFFECTIVE                    | POLICY NUMBER                                                                                                                                                                             | R TYPE OF INSURANCE                                                 |
| SSUED OR                         | IS CERTIFICATE MAY BE 13       | ECT TO WHICH TH       | UMENT WITH RESP<br>UNENT SUBJECT TO | BELOW HAVE BEEN ISSUED TO THE INSI<br>100 OF ANY CONTRACT OR OTHER DOC<br>20ED BY THE POLICIES DESCRIBED HER<br>20ED BY THE POLICIES DESCRIBED ALD<br>20 MAY HAVE BEEN REDUCED BY PAID CL | ANY REQUIREMENT, TERM OR CONDIT<br>MAY PERTAIN, THE INSURANCE AFFOF |
|                                  |                                |                       |                                     |                                                                                                                                                                                           | OVERAGES                                                            |
|                                  |                                |                       | INSURER E:                          |                                                                                                                                                                                           | 1                                                                   |
| - îliei                          | <u> </u>                       |                       | INSURER D:                          |                                                                                                                                                                                           |                                                                     |
| 1002 g                           | io                             | _ <u></u> ,,          | INSURER C:                          | 85                                                                                                                                                                                        | Jensen Beach, FL 349                                                |
|                                  |                                |                       | INSURER B:                          |                                                                                                                                                                                           | PO Box 1003                                                         |
|                                  | alty Insurance                 | siceas rodust         | INSURER A:                          |                                                                                                                                                                                           | suяɛp Heritage Electric, I                                          |
| E C                              | итеокрис сочекаб               | A 2737U2NI            |                                     | 22                                                                                                                                                                                        | lensen Beach, FL 34958-08                                           |
|                                  |                                |                       |                                     |                                                                                                                                                                                           | 0'0' 80X 877                                                        |
| <b>XTEND OR</b>                  | DOES NOT AMEND, E              | <b>TADIFITABD SIF</b> | ногрев. ті                          | (-)                                                                                                                                                                                       | 160 Ν.Ε. Dixie Highway                                              |
| IFICATE                          | TAES BHT NOOU STHE             | CONFERS NO RIC        |                                     | FAX (772)334-7742                                                                                                                                                                         | ick Carroll Insurance Age                                           |
| £00Z/LT/LO                       | ANI TO RETTAM A 24 C           |                       | · · · · · · · · ·                   |                                                                                                                                                                                           |                                                                     |
| (YY/QQ\MM) 3TAQ<br>5005\ 7 L\ 70 |                                | NAAUSI                |                                     | FICATE OF LIAB                                                                                                                                                                            | ACORD CERTI                                                         |
|                                  |                                |                       |                                     |                                                                                                                                                                                           |                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S55-5 (7(97) FAX: 220-6765                        | ACOR |  |  |
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| зноиср виу ог тне явоуе резсявер роцісієя ве саисесьер вегояе тне<br>ехріватіои рате тнеяеог, тне іззиіна сомраиу will емреачов то маіс<br>вит ғацияе то маіс зисн иотісе то тне сеятігісате ногрея иамер то тне сеят,<br>вит ғацияе то маіс зисн иотісе знаць імрозе ио овсісатіои ов libenity<br>ог рауз written uotice shall infose no obcication or libenity<br>вит ғацияе то маіс зисн иотісе занась імрозе ио овсісатіон ор libenity<br>вит ғацияе то маіс зисн иотісе занась імрозе ио овсісатіон ор libenity<br>вит ғацияе то маіс зисн иотісе занась імрозе ио овсісатіон ор libenity<br>вит ғацияе то маіс зисн иотісе занась імрозе ио овсісатіон ор libenity<br>ог раз веряезентатіче<br>Кейth Carroll/LAC |                                                   |      |  |  |
| CANCELLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: | сект |  |  |
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334-4675 -Seen Beach, FL - 34958-<del>snommi2 ອກອວ</del> b 0 80× 1003 BUILDING OFFICIAL ninge Clean ... 191 DATE: 5 LI <del>70</del>4 REVIEWED FOR CODE COMPLIANCE N338 BVAH SNAJS BEEN TOWN GE SEWALL'S POINT TTOM FILE COPY XOR 5×8×8 Po to soome 1 1 #10dr 1 # 8 N 1 # 8 N 2 # C +HM Dock Dock 0 2 802 ( ÷ DAd , b/ . they weet to porty of inte 9₽ (1#1+ V#1 NHHAT 1 ## C 300 l Yourd good of . MOTHER CONSTRUCTION Jos sta the ୧ଟ frood 1021 Shi 02 50 Yanod Jw# 561 JE HUAN YONAY 30

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From: dweyant1@aol.com

Sent: Wednesday, May 04, 2005 8:10 AM

To; DeWald, Angeline M

Subject: Re: Schecodnic retaining wall

ANGELINE DEWALD:

THIS IS TO CONFIRM THAT"THE RETAINING WALL FOR THE SCHECODNIC DRAINFIELD SYSTEM IS DESIGNED TO WITHSAND LATERAL EARTH FORCES UNDER SATURATED CONDITIONS AND TO PREVENT SEEPAGE"

05-05-05 05-05-05

----Original Messagge-----From: Angeline\_DeWald@doh.state.fl.us To: dweyant1@aol.com Sent: Tue, 3 May 2005 14:46:39 -0400 Subject: Schecodnic retaining wall

In regard to your drawing: Sheet A-1, Job No. 02, 1636

Please confirm:

is the retaining wall "designed to withstand lateral earth forces under saturated conditions and to prevent see

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2005 4 - YAM

RE VED

Your e-mail replay will be attached with the drawing for reference.

bloWsO snilsgnA.M

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| INSPECTOR                  |           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                            |           |                                        | 20 7251/01/184                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y          |
|                            | SAL       | 3921                                   | NESLOOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3921       |
| NOTES/COMMÉNTS:            | RESULTS   | INSPECTION TYPE                        | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ERMIT      |
| INSPECTOR:                 |           |                                        | 7121742                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | +7         |
| 1 3907 ahic c              |           |                                        | 4 STHAMAS'SOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Y          |
| AN OUN NETON               | SAT       | 17 MHDAINI                             | SZAMQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EILO       |
|                            | RESULTS   | INSPECTION TYPE                        | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ERMIT      |
| INSPECTOR:                 |           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\bigcirc$ |
| ////                       |           |                                        | 15 KNOMES ISD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ø          |
|                            | SSYA      | 392                                    | TACKEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1920       |
| NOTES/COMMENTS:            | RESULTS   | INSPECTION TYPE                        | OMNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ERMIT      |
| INSPECTOR:                 |           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| /VV~                       |           | · · ·                                  | BILISMAN SHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| h                          | SAL       | 792)                                   | ASOUNAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9271       |
| NOTES/COMMENTS:            | RESULTS   | INSPECTION TYPE                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TIMAE      |
|                            |           |                                        | acon Frazz Bay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TIMES      |
| ////                       |           |                                        | OF SMANDS IN HE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6          |
| 290MD                      | CCH       | FENCE                                  | Kanzam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8EL        |
| NOTES/COMMENTS:            | KESULTS   | INSPECTION TYPE                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                            |           | EGYE KORAJAGNI                         | ATION SSAGUTIANMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TIMA       |
| /////                      |           |                                        | LINDH'M LC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ر/ ا       |
| 1 servi                    | Cent      | ma Joz WN24                            | 1772                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1000       |
| NOTES/COMMENTS:            | KESULTS 1 | LAND SCOLON TYPE                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6800       |
| NOLES ( ON VENUE)          |           | AGVT NOITY AGSNI                       | OWNER/ADDRESS/CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TIMA       |
| ALL REAL                   | 81:81     | tels ugili ponro                       | LISMANA CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| ·n II mun                  | Cen-L     |                                        | -3.501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in Ourse   |
| NMI FD/<br>NOLES/COMMENTS: | ZXVO      | Here The Cyclin and                    | MAR REAL PROPERTY AND A PROPERTY AND |            |
| Pageof                     |           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                            |           | אני בןשו                               | spection: Mon Ved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | al to su   |
| · · ·                      | • •       | partment - Inspe                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| LNI                        | Od S      | SEMALL                                 | TOWN OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |

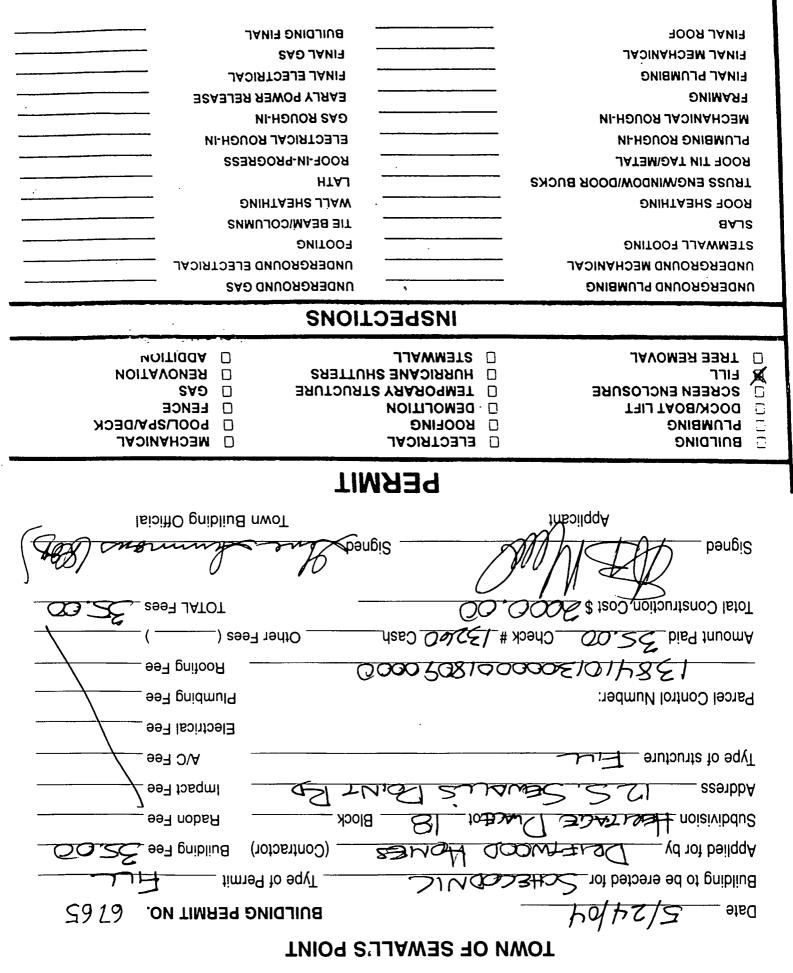
INSPECTION LOG.XIS

# **EILL SZ7**

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**.ON TIMA39 A3TEAM** 



| PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK-UP PROFEMENT 28, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 69LL96 204 William # CC 967169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| se identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| known to me or produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| photo 200 200 10 kg month by the town of t |
| trove only sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (1/1/10/14 in the interview of the inter |
| OWNER OR AGENT GIGNATURE (required) CONTRACTOR SIGNATURE (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY<br>KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001<br>National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS,<br>FURMACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Carport:Accessory Building:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Garage: Covered Patios: Screened Porch:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Street:State:Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Roofing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Piumbing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Mechanical:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Electrical:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SUBCONTRACTOR INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| COST AND VALUES: Estimated Cost of Construction or Improvements: \$200.05 (Notice of Commencement needed over \$2500)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| State Registration Number: NEODSC785 State Certification Number: Martin County License Number: 46000 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Street: 2/ (23 DINE 21D SE ST CITY TENSCH State R ZIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CONTRACTOR/COMPANY DATE PHONE 334-217 PHONE 334-2677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| WILL OWNER BE THE CONTRACTORS: Yes No (If no, fill out the Contractor & Subcontractor sections below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Description of Work To Be Done: F/LL DEALT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Owner Address (if different): / iverent er city: STUTAT State: Fig. Sug 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| reday Desc. Property (Subd/Lov/Block) Hove Hove Hove Hove Red Number: 1384101 500000 8040000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Legal Desc. Property (Subd/Lot/Block) Huthord Lot 18 Parcel Number: 1384101 500000 8090000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Legal Desc. Property (Subd/Lot/Block) Huthord Lot 18 Parcel Number: 1384101 500000 8090000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Legal Desc. Property (Subd/Lot/Block) Huthord Det 18 Parcel Number: 1384101 500000/8040000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Legal Desc. Property (Subd/Lot/Block) Without At 2000000 City: Swither P1 (Fax)<br>Job Site Address: 12 5 5 5 6 0 00 180 40 10 1 5 0 000 180 400000<br>Legal Desc. Property (Subd/Lot/Block) Without At 2010 180 400000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| · · ·              | TI A CENTS OR REPRESENTATI                                                                                                              | орои тне імуляея, і<br>Эмтатизеяяе      |                   | I South Sewell's Point Road<br>Sewell's Point, FL 34996 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| YTIJIBAIJ 90 NO    | DITADIJBO ON BEORMI JJAHE B                                                                                                             | E TO MAIL SUCH NOTIC                    |                   | Jnio9 2'llews2 to mol                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    | AAN 930JOH STADIRITASD SHT                                                                                                              |                                         | **                |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    | פאטואס ואאטאנא אורר באסבא                                                                                                               |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| THE SEFORE THE     | RIBED POLICIES BE CANCELLEE                                                                                                             |                                         |                   | <u>.</u>                                                | IFICATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | רבעו       |
|                    | · · · · · · · · · · · · · · · · · · ·                                                                                                   |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1922       |
|                    |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         | SNOIS                                   | NDA9 JAIDERS I TH | S I EXCLUSIONS ADDED BY ENDORSEMEN                      | PTION OF OPERATIONS / LOCATIONS / VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | вессин     |
|                    |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         | язнт                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
| 9                  | EL DISEASE - POUCY LIMIT                                                                                                                |                                         |                   |                                                         | Ves, describe under<br>Wolge ZMDISIVORE Jabba<br>HTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| \$                 | EL DISEASE - EA EMPLOYEE                                                                                                                |                                         |                   |                                                         | FFICER/MEMBER EXCLUDED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| \$                 | E C EACH ACCIDENT                                                                                                                       |                                         |                   |                                                         | MPLOYERS' LIABILITY<br>MPLOYERS' LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ₩.         |
|                    | NC STMITS ES                                                                                                                            |                                         |                   |                                                         | ONA NOTARUSA COMPENSATION AND ONA NOTARUSA COMPENSATION AND UNITED TO UNITED |            |
| 5                  |                                                                                                                                         |                                         |                   |                                                         | SETENTION S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| \$                 |                                                                                                                                         |                                         |                   | ł                                                       | CECNCUARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| 5                  |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| \$                 |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 2<br>              | 50¥                                                                                                                                     |                                         | <u></u>           |                                                         | EXCESSION BEELLALING IN TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| <u>-</u>           | 204 AB WAHI SEHTO<br>YUNO OTUA                                                                                                          |                                         |                   |                                                         | 0104 704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| 5                  | NEGIODA AB - YUNO OTUA                                                                                                                  |                                         |                   |                                                         | CARACE LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ł          |
|                    | (Fer accident)                                                                                                                          |                                         |                   |                                                         | · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1          |
| ŝ                  | BOAMAG YIRBADRA                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| S                  | (Fer academ)                                                                                                                            |                                         |                   |                                                         | SOTUA OSWWOJYON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         | SULTY CEAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| s                  | (Bet person)<br>BODICK IMJUBK                                                                                                           |                                         |                   |                                                         | SOTLA GEUUGEHOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    |                                                                                                                                         |                                         |                   |                                                         | SOTUA GEINNO JJA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 1                  | (Ea accidant)<br>Combined Single Limit                                                                                                  |                                         |                   |                                                         | OTUA YIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| · · · · · ·        |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 2,000,000          | BRODUCTS - COMP/OP AG6                                                                                                                  |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| z 5'000'000        | GENERAL ACCRECATE                                                                                                                       |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 000'000'T s        | YRULMI VOA 8 JAMORREG                                                                                                                   | ]                                       |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1          |
| pəpn[ɔxȝ s         | MED EXP (Any one person)                                                                                                                |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 000'00T s          | DRANGE TO REWIED                                                                                                                        |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 000'000'T s        |                                                                                                                                         | 007/02/00                               |                   | 04023394                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|                    | רואנג                                                                                                                                   | POLICY EXPIRATION                       | OLICY EFFECTIVE   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | adai R2    |
|                    |                                                                                                                                         |                                         | SEIN IS SUBJEC    | BY THE POLICIES DESCRIBED HE                            | ZEQUIREMENT, TERM OR CONDITION (<br>PERTAIN, THE INSURANCE AFFORDED<br>CIES, AGGREGATE LIMITS SHOWN MA'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YAM        |
|                    |                                                                                                                                         |                                         |                   |                                                         | OLICIES OF INSURANCE LISTED BELC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THE P      |
| ····               |                                                                                                                                         |                                         | - <u>-</u>        |                                                         | SES SES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OVER       |
| ·                  |                                                                                                                                         | · - · · · · · · · · · · · · · · · · · · | IS VENDSNI        |                                                         | Irric - I furna unau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
|                    | •                                                                                                                                       |                                         | O SESSIONI        |                                                         | 2163 Pine Ridge St<br>Jensen Beach, FL 34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|                    | ואפתצבע כ:<br>ואפתצבע פי                                                                                                                |                                         |                   | P                                                       | d/b zimon 8 morris d/b/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
|                    | Kuedwoj Kilensej                                                                                                                        | Jneni JnoD-b                            |                   |                                                         | orqmI & zemoH boowffind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | assos      |
| # DIAN             | ERAGE                                                                                                                                   | FFORDING COVI                           | A SABAUSNI        |                                                         | BEACH, FL 32960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VERO       |
| ICIES BELOW.       |                                                                                                                                         |                                         |                   |                                                         | E 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
| SXTEND OR          | E DOES NOT AMEND,                                                                                                                       | TADIFITAED 21H                          | HOLDER            |                                                         | INDIAN RIVER BLVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|                    | ED AS MATTAM A 2A DE<br>NEC STANNES STATES S |                                         |                   | ₩C<br>X (112)118-1416                                   | ER (772)557-1188 ERVICES II<br>ITT INSURANCE SERVICES II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| 11/11/2003         |                                                                                                                                         |                                         |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| (TTTTO (MM/DD/TTT) | =                                                                                                                                       |                                         | 2NI YT            | ATE OF LIABILI                                          | CORD CERTIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>)</b> . |
| <u> </u>           | t                                                                                                                                       |                                         |                   | 200-100                                                 | 9864                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |

Robert Schlitt Jr. /LAR

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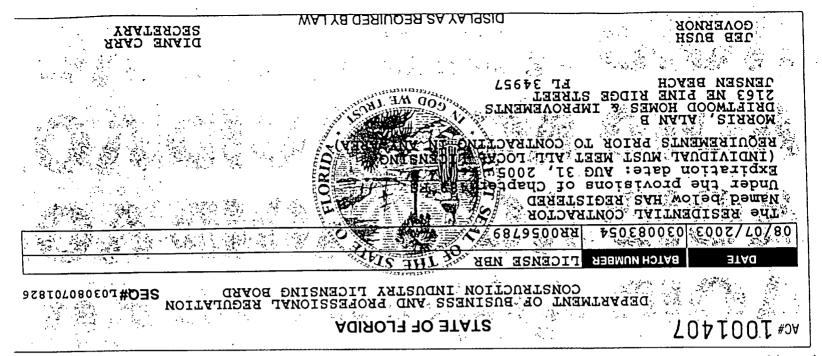
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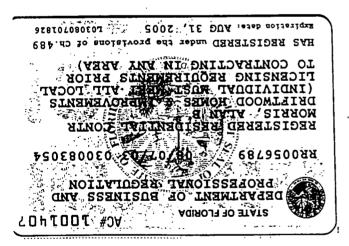
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| ED BEFORE THE                  | INBED FOLICIES BE CANCELL  |                                                                                |                     | STITONAL INSURED; INSURER LETTER:                                                                                                                                                      |                                                      |
|--------------------------------|----------------------------|--------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
|                                |                            |                                                                                |                     | ROOF OF INSURANCE ONLY.                                                                                                                                                                | 9 ROA 21 JTAJIAITRAJ 21                              |
|                                |                            |                                                                                |                     | VENICLES/EXCLUSIONS ADDED BY ENDORSEN                                                                                                                                                  |                                                      |
|                                |                            | SNC                                                                            | ENTISPECIAL PROVIDE |                                                                                                                                                                                        |                                                      |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | 1                                                    |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | ОТНЕК                                                |
| 00S S                          | ELL DISEASE - POLICY UNIT  |                                                                                |                     |                                                                                                                                                                                        |                                                      |
| \$ 100                         | E.L. DISEASE - EA EMPLOYEE |                                                                                |                     |                                                                                                                                                                                        |                                                      |
| 00T 5                          |                            |                                                                                |                     |                                                                                                                                                                                        | UNA NORKERS COMPENSATION AND<br>ENPLOYERS' LIABILITY |
|                                | MC STATU- OTH-             | 5002/22/70                                                                     | \$002/22/\$0        | 6FR13U8-9546A20-5-04                                                                                                                                                                   | BELEVITON S                                          |
| \$                             |                            |                                                                                |                     |                                                                                                                                                                                        |                                                      |
| \$                             |                            | 4                                                                              |                     |                                                                                                                                                                                        |                                                      |
| \$                             |                            |                                                                                |                     |                                                                                                                                                                                        | OCCINE CLAINS MADE                                   |
| <u>s</u>                       |                            |                                                                                | l I                 |                                                                                                                                                                                        |                                                      |
| 5                              |                            |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | TTUIBAIL BOARAD                                      |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | SOPERTY DAMAGE             |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | (າກອວວຣ ໝ                  | e l                                                                            |                     |                                                                                                                                                                                        | SOTUA GENERAL                                        |
|                                | S ODITA INTREA             |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | ,et bercon)                | 4)<br>                                                                         |                     |                                                                                                                                                                                        |                                                      |
|                                | 2 אאטרא אאטעא              | B                                                                              |                     |                                                                                                                                                                                        | OTUA YNA                                             |
| •                              | B Bccident)                |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | אשואבם פואפרב רואון        |                                                                                |                     |                                                                                                                                                                                        | 501 100 100                                          |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | GENT AGGREGATE LIMIT APPLIES PER-                    |
|                                | S DONCTS - COMPIOP AGG S   |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | S BURGRECATE S             | 19                                                                             |                     |                                                                                                                                                                                        |                                                      |
|                                | REONAL & ADV INJURY S      |                                                                                |                     |                                                                                                                                                                                        |                                                      |
|                                | S EXP (Any one person) S   |                                                                                |                     |                                                                                                                                                                                        | COMMERCIAL GENERAL LIABILITY                         |
|                                | 2 (Any are fire) 30AMAG 31 |                                                                                |                     |                                                                                                                                                                                        | CENERAL LINBRUTY                                     |
|                                |                            | ULLIGGININO ELV                                                                |                     | POLICY MUNBER                                                                                                                                                                          | TYPE OF INSURANCE                                    |
| ATANDING<br>PD OR<br>HOUE 70 2 |                            | רע דובד במיואלדוטא<br>דינר במיואלדוטא<br>ער דוב דבאמג, באכו<br>דינד במיואלדוטא | IN IS SUBJECT TO M  | ELOW HAVE BEEN ISSUED TO THE INSU<br>NO OF ANY CONTRACT OR OTHER DOCU<br>DED BY THE POLICIES DESCRIDED HERE<br>DED RY THE POLICIES DESCRIDED HERE<br>YAY HAVE BEEN REDUCED BY PAID CLA | KEOOKEWEN' I NEWAKIODAN                              |
|                                | <u></u>                    |                                                                                | ואצחנאבא בי         |                                                                                                                                                                                        | Jensen Beach, FL 3495                                |
|                                |                            |                                                                                | INSURER D:          | 2 ר                                                                                                                                                                                    | 2163 Pine Ridge Stree                                |
| MGURER B:<br>MGURER C:         |                            |                                                                                |                     | Semoli boowsfind :A80                                                                                                                                                                  |                                                      |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | Priftwood Homes, LLC                                 |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | 7180-82645 JT , H2698 n98                            |
|                                | SEDING COVERAGE            | INSURERS AFFC                                                                  |                     |                                                                                                                                                                                        | 778 xo8 .                                            |
|                                |                            | AFRAGE MLOID                                                                   | VILLER THE CO       |                                                                                                                                                                                        | KEWHETH BTXID . J.N (                                |
|                                |                            |                                                                                |                     |                                                                                                                                                                                        | <u>сагго]] Insurance Agend</u><br>(772)334-3181      |
|                                | I UPON THE CERTIFICA       |                                                                                |                     | TATT-AEE(577) XAT                                                                                                                                                                      |                                                      |
|                                |                            | שב וב וביב בופע אם                                                             |                     | CATE OF LIABI                                                                                                                                                                          |                                                      |

| 8881 NOITANOAROD GRODA®                                                                                                                  | 2974-025 :XA7 (7617) 2-22 A700           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|--|--|
| AUTHORIZED REPRESENTATIVE Kuch-Candon 1910                                                                                               | I SEWALLS POINT ROAD<br>STUART, FL 34996 |  |  |  |  |
| BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLICATION OR LIABILITY<br>OF ANY KIND UPON THE COMPANY, ITS ACENTS OR REPRESENTATIVES.  | TOWN OF SEWALLS POINT                    |  |  |  |  |
|                                                                                                                                          |                                          |  |  |  |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE<br>EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL |                                          |  |  |  |  |
|                                                                                                                                          | CERTIFICATE HOLDER                       |  |  |  |  |



DETACH HERE



MORRIS, ALAN B DRIFTWOOD HOMES & IMPROVEMENTS 2163 NE PINE RIDGE STREET JENSEN BEACH FL 34957



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

S6ET-L87 (058)

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

STATE OF FLORIDA

# DOCK BEPAIR

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|                            | _                                     | Date // H/ OS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Type of Permit Dock Report | NOODAHJE                              | Building to be erected for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| (Contractor) Building Fee  | E/0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Block Radon Fee            | 81 to1-10                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                            | A Straw                               | S S C uoisivipans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| A/C Fee                    |                                       | Standard Sta |  |  |  |
| Electrical Fee             |                                       | Type of structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
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|                            | 10000021                              | Parcel Control Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| and manager 101            |                                       | alb &C/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                            | sck #Cas                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| TOTAL Fees                 | 00'0                                  | Total Construction Cost \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| (500) 0 70                 | 6                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| and around and beneis      | when                                  | panel bang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Town Building Official     |                                       | traniga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                            | РЕВІ                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
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|                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                            |                                       | 🔀 ДОСК/ВОРТ ГІЕТ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                            | 2 YAAAO9M3T 🛛                         | <ul> <li>LILL</li> <li>SCREEN ENCLOSURE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| NOITIDDA 🗌                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| INSPECTIONS                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| ОИДЕВЕВОЛИД ЕГЕСТЯІСАГ     | · · · · · · · · · · · · · · · · · · · | UNDERGROUND MECHANICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| FOOTING                    |                                       | STEMWALL FOOTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                            | . <u></u>                             | BAJS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                            |                                       | ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| ROOF-IN-PROGRESS           |                                       | ROOF TIN TAG/METAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| ЕГЕСТЯІСАГ КОЛСН-ІМ        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                            |                                       | MECHANICAL ROUGH-IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| ЕАЯLY РОЖЕЯ RELEASE        |                                       | БИМАЯЗ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|                            | ······                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                            |                                       | FINAL MECHANICAL<br>FINAL ROOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |

|    | UNDERGROUND GAS         UNDERGROUND ELECTRICAL         FOOTING         FOOTING         TIE BEEMICOLUMNS         WALL SHEATHING         MALL SHEATHING         ROOF-IN-PROGRESS         ROOF-IN-PROGRESS         ELECTRICAL ROUGH-IN         GAS ROUGH-IN         FINAL ELECTRICAL         FINAL ELECTRICAL         FINAL GAS         BUILDING FINAL | · · · · · · · · · · · · · · · · · · ·                                                                                     | аиреяевоиир рецивние<br>иреяевоиир меснамісае<br>теммаге гоотімс<br>соб Sheathing<br>лоб Sheathing<br>лоб тім тасматироw/door bucks<br>визе емемлироw/door bucks<br>визе емемлироw/door bucks<br>гоор тім тасматис<br>гимвіме Roughja<br>ласта<br>пас Roughja<br>ласта<br>пас Roughja<br>ласта<br>пас Roughja<br>ласта<br>гооб така<br>пас Roughja<br>гооб така<br>гооб br>гооб така<br>гооб така<br>гооб така<br>гооб така<br>гооб така<br>гооб така<br>гооб така<br>гооб така<br>гооб<br>гооб така<br>гооб<br>гооб така<br>гооб<br>гооб<br>гооб<br>гооб<br>гооб<br>гооб<br>гооб<br>гоо |  |  |
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| ſ  | INSPECTIONS                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|    | STRUCTURE DEOLSPAIDECK                                                                                                                                                                                                                                                                                                                              | ЕСЕСТЯІСАІ         В КООFING         В РЕМОLITION         ПЕМРОКАВІ         ПЕМРОКАВІ         В ТЕМРАLL         В ТЕМРАLL | BUILDING<br>PLUMBING<br>SCREEN ENCLOSURE<br>SCREEN ENCLOSURE<br>TREE REMOVAL<br>TREE REMOVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| ſ  | PERMIT                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|    | Defe 2992 ATOT                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | Total Construction Cost 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|    | at Other Fees (1222) Other 200                                                                                                                                                                                                                                                                                                                      | ф # <del>С9</del><br>19000051                                                                                             | Parcel Control Number:<br>/ 공동 식 / 그<br>Amount PaidChe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| No | BUILDING PERMIT NO. 7200<br>BUILDING PERMIT NO. 7200<br>(Contractor) Building Fee, 240.00<br>Block Ree, 240.00<br>Block Ree, 240.00                                                                                                                                                                                                                 | 250100000<br>197-101<br>2000<br>200000000000000000000000000000                                                            | Date United for Date Date Date Date Date Date for by Subdivision Hearing to be erected for Date Date Date Date Date Date Date Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|    | ON TIMAAA AATSAM                                                                                                                                                                                                                                                                                                                                    | MA OF SEW                                                                                                                 | • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |

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| INTERNAL TIMARA FROM APPROVAL NOTFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIJ99A TIMA39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Sietzaward Areion und Sietzawar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| NOISY PAREND L OF SEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| As identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | as identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Allenosiad si onw 21 NOO2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SI have ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 01 TANUARY 2005 This the day of 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yeb AW SIAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| On State of Florida, County of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State of Florida, County of:_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| (bained) 391114919 goto (gto (gto )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER OR AGENT SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY<br>THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BUILDING PROCESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAUT VOITOPO VODOPUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TAT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Florida Accessibility Code: 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE EDITIONS IN EFFEC<br>National Electric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| arate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURMACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| NO (Notice of Commencement needed over \$2000)<br>Estimated Fair Market Value prior to improvement: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| معاد المعادية المعادي<br>مامانة: المعادية المعاد<br>المعادية المعادية المعادي<br>معادين المعادية المعادي<br>معادين ا   | People Desc. Property (Suborn):<br>Dwner Address (if different):<br>Description of Work To Be D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Age Pley Red       City 512 or 1       State: FL. Zip.34996         Age Pley Red       City 512 or 1       State: FL. Zip.34990000         Age Pley Book Device Red       Parcel Number: J384101300000/8090000         Construction of Instruction of Improvements: State: Zip.         Batimated Cost of Construction of Improvements: S 2 H 00, D0         No         No         (Notice of Commencement needed over \$2500)         Robic of Commencement needed over \$2500)         Robic of Commencement needed over \$2500)         Robic of Commencement needed over \$2500)         NO         Robic of Commencement needed over \$2500)         Robic of Commencement needed over \$2500)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DWNER/TITLEHOLDE<br>Downer Address: الله الجريلة<br>Lob Site Address: الله الجريلة<br>Muer Address (if different):<br>Conner Address (if different):<br>Description of Work To Be D<br>WILL OWNER TE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



## Environmental Protection

David B. Suruhs Secretary Port St. Lucie Branch Office (772)398-2806 Fax # (772)398-2815 (772)398-2806 Fax # (772)398-2815

Covernor Jeb Bush

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Gary Schecodnic I. Rivercrest Court Stuart, FL 34996

Эсат Мг. Schecodnic:

Enclosed is Standard General Permit Number 43-0210449-001 issued pursuant to Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code.

Appeal rights for you as the permittee and for any affected third party are described in the text of the permit along with conditions which must be met when permitted activities are undertaken. Please review this document you are responsible for compliance with both the general and specific conditions contained herein. As the permittee, associated with your activity review and understand the approved drawings and conditions. Failure to comply with this permit may result in liability for damages and restoration, and the imposition of civil penalties up to \$10,000 per violation per day, pursuant to Sections 403.141 and 403.161, F.S.

In addition, please ensure the construction commencement notice and all other reporting conditions are forwarded to the appropriate office as indicated in the specific conditions. A permit review checklist is enclosed to assist you in tracking the monitoring and reporting requirements outlined in the permit.

If you have any questions about this document, please contact me at the phone number listed above.

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| BUILDING OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REVIEWED FOR CODE COMPLIANCE                 |                         |
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| DATE: 3/17/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                         |
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| A BEA EVAN & ALA E E E A CONTRACTOR A CONTRA | ans<br>tal Specialist                        | muoY ArsM<br>Environmen |
| TOWN OF SEWALL'S POINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                         |
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Printed on recycled paper.



# Environmental Protection

David B. Struhs Secretary Port St. Lucie Branch Office 1801 SE Hillmoor Drive Suite C-204 Port St. Lucie, FL 34952 (772)398-2806 Fax # (772)398-2815

ANDERIONA MURANDAR

Governor Jeb Bush

CONSOLIDATED ENVIRONMENTAL RESOURCE PERMIT AND SOVEREICN SUBMERCED LANDS

Permit/Authorization No.: 43-0210449-001 Date of Issue: July 25, 2003 Expiration Date of: July 25, 2008 Project: Private single family dock

PERMITTEE/AUTHORIZED ENTITY: Cary Schecodnic I Rivercrest Court I Rivercrest Court

This permit is issued under the authority of Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code (F.A.C.). The activity is not exempt from the requirement to obtain an Environmental Resource Permit. Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C., the Department is responsible for reviewing and taking final agency action on this activity.

#### **VCLINITY DESCRIPTION:**

The purpose of the project is to construct a 2,128 square foot dock with an access measuring 4' wide by 492' long with handrails and ending in a platform measuring 8' by 20' one associated mooring area which can accommodate a boatlift. The entire access walkway shall be constructed with handrails and at an elevation of at least 5' above mean high water.

#### ACTIVITY LOCATION:

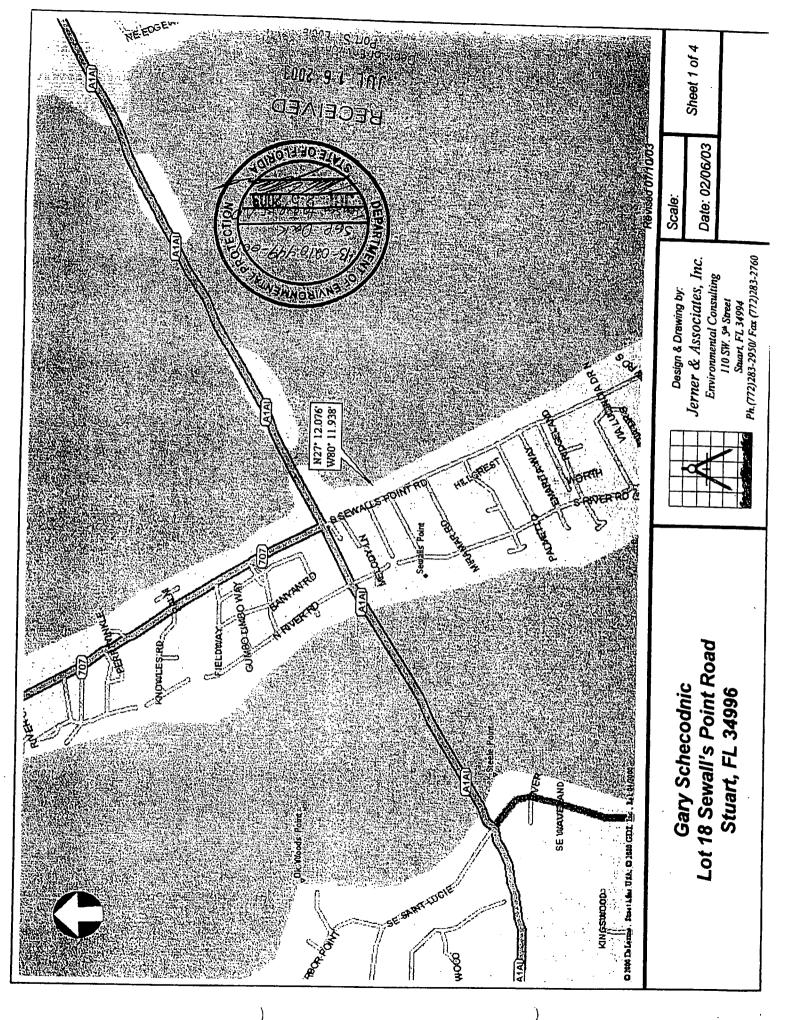
The project is located at P.I.N. 1-38-41-013-000-00180-90, Lot 18, S. Indian River Drive, in the lensen Beach to Jupiter Inlet Aquatic Preserve (O.F.W.), Class III Waters of the State (Section 1, Township 38 South, Range 41 East), lensen Beach, Martin County, Latitude 27° 12' 4.97"N, Longitude 80° 11' 56.60"W.

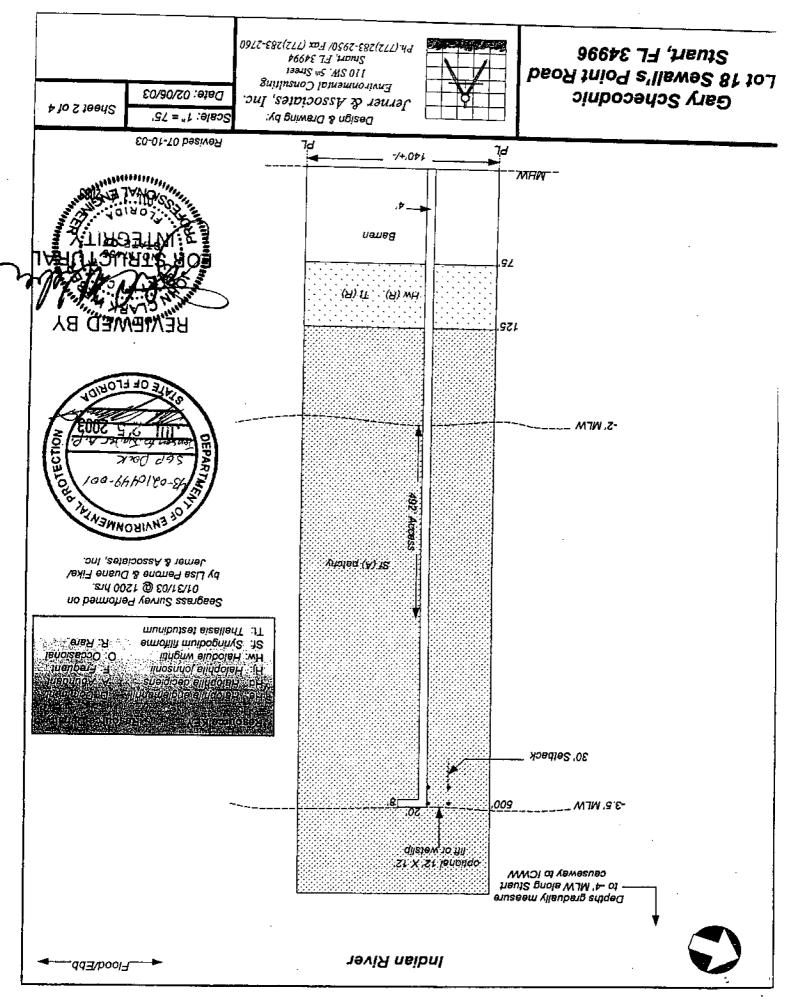
This permit also constitutes certification of compliance with water quality standards under Section 401 of the Clean Water Act, 33 U.S.C. 1341.

#### PROPRIETARY REVIEW: GRANTED

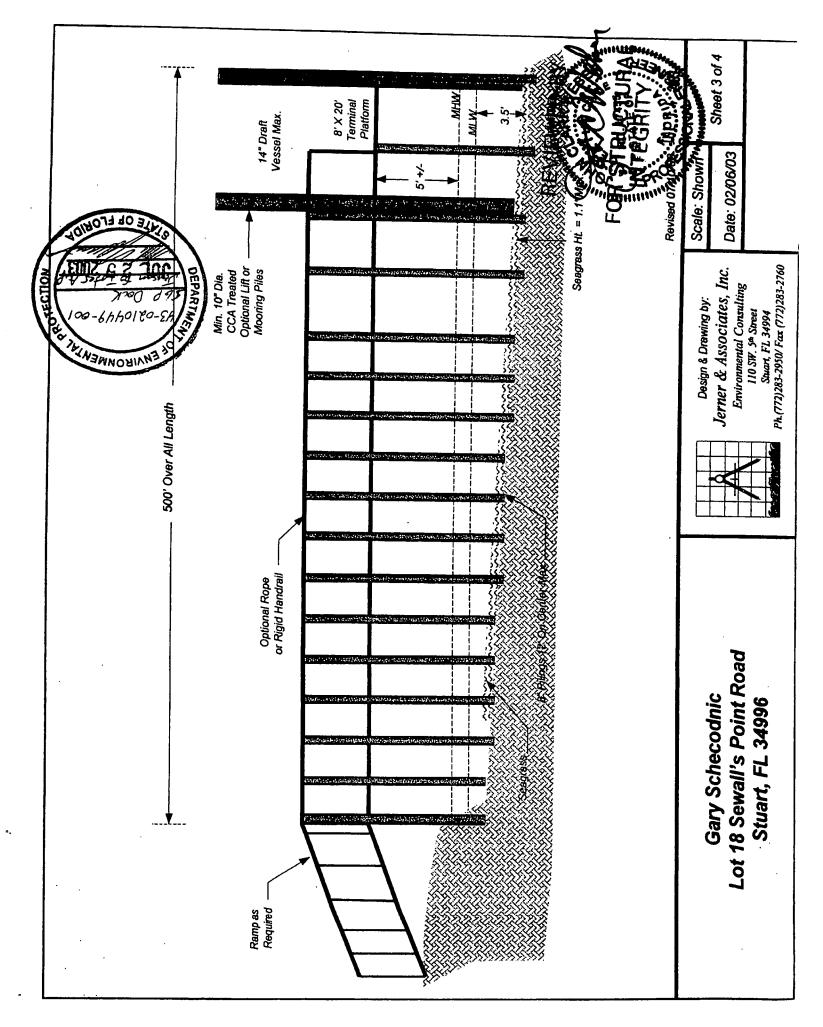
This activity also requires a proprietary authorization, as the activity is located on sovereign submerged lands owned by the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, and Sections 253.002 and 253.77, F.S. The activity is not exempt from the need to obtain a proprietary authorization. The With Section 18-21.0051, and the Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C. In addition to the above, this proprietary authorization in accordance ascordance with Chapter 523 and 258 F.S., Chapter 18-20, 18-21, and Section 62-343.075, F.A.C.

As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that the activity qualifies for a consent to use sovereign, submerged lands, as long as the work performed is located within the boundaries as described herein and is consistent with the terms and conditions herein. Therefore, consent is hereby granted, pursuant to Chapter 253.77, F.S., to perform the activity on the specified sovereign submerged lands.



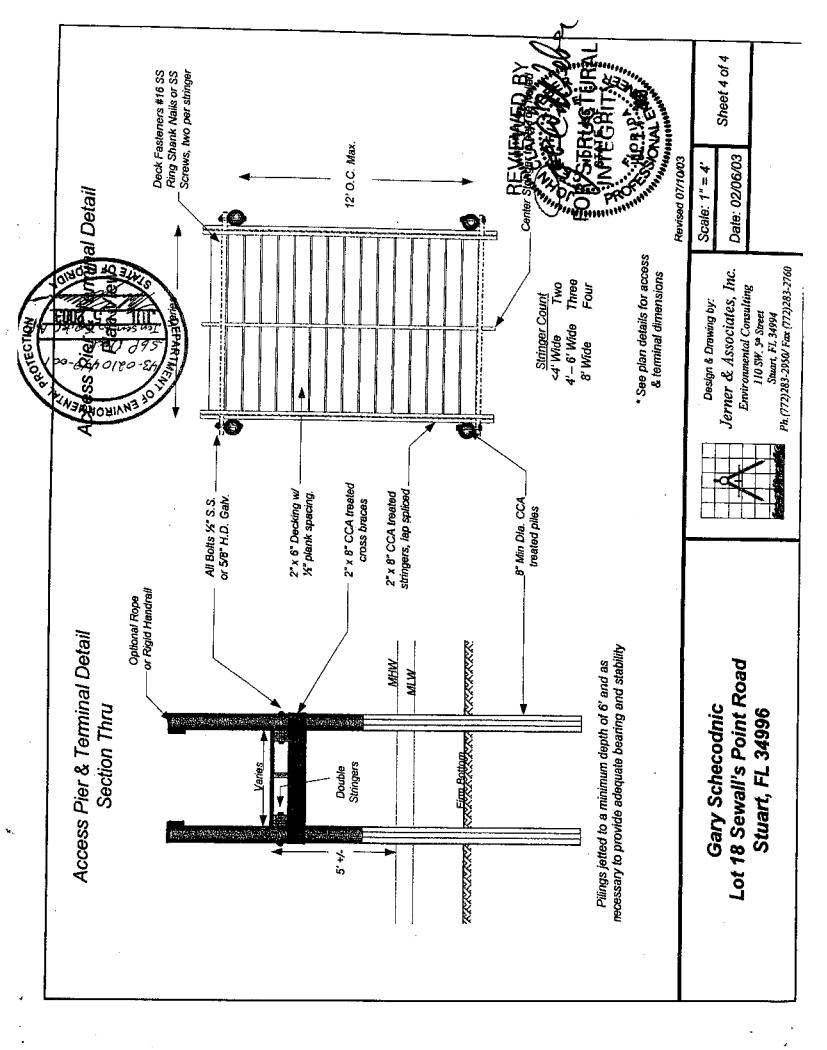


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# 2FR 7842

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| Plumbing Fee                    | Parcel Control Number:                  |
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| A/C Fee 200                     | Type of structure                       |
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| Block Radon Fee S98.20          | Subdivision Heartand noisivibdu?        |
| CONTRACTOR Building Fee OTS2.00 | Applied for by DelEmood Howe            |
| Type of Permit 2000,051,1       | Building to be erected for Schecopy IC  |
|                                 | Date                                    |
| TNIO4 ST                        | TOWN OF SEWAL                           |
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|                                 |                                         |

ord ... nask vision schoft 100 I APPROVAL NOTIFICATION - PLEASE PICK UP YOUR BERNIE PROMITY I JB9A TIMA39 iO2 EXPIRESegiar £310-865 (10+) 61175500 # NOISSIWWOD AW Wy Commission Expression W PriqxE noissimmoD YM AN REALE MEKE HELEN NOTAR PUBLIC SNOTON 17 .noutsoititnebi as mo ALV A . noitsoitinebi zA 1994 known to me or produce known to me or produce UNE (POMIC Allenosiad si onw NOHO λq mallen who is personally  $\mathcal{M}$ 5002 eni sint to yeb day of edt sidT NHL 500  $\mathcal{H}$  $\mathcal{M}$ On State of Florida, County of: State of Floridak County of: 14200  $\overline{\mathcal{N}}$ (behiupen) ERU A ANVER OWNER CONTRACT HI VADIS 2 КИОМГЕДСЕ АИД I АСВЕЕ ТО СОМРЕХ МІТН АГГ АРРЕІСАВЕЕ СОДЕЗ, LAWS А<del>НО ОРДИДАНСЕ</del>З ДИВІИС ТНЕ ВИІЕДІИС РЯОСЕЗЗ. I HEREBY CERTIFY THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY Florida Energy Code: 2001 Vational Electrical Code: 2002 Florida Accessibility Code: 2001 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, \_\_\_\_\_\_ ;'nοϥາεϽ \_ Total Under Roof Pccessory Building Wood Deck 5.2% LH:6UINIT 78 Carage: 54 AREA SQUARE FOOTAGE – SEWER – ELECTRIC ASS Screened Porch: .covered Patios. \_\_\_\_\_ Street:\_ LAMISINA MS 986L suns Fred S HAFFE ENGINEER Phone Number: よらのカン 5-0ZZ \_\_\_\_\_\_ Stree Gone or DOGA M <u>77: diz</u> A\_:91612 JU105 **ARCHITECT** · 4 H ~0520J Phone Number: 500/500 228-822 ========== ნიჩიიგ ROOFIUU State: つけってし License Number: A) NEWANC THA HINOS քուղուղ State: License Number: ۰, RIVDUSS Mechanical State: \_inedmuM sensoiJ マッチ Electrical License Number: State: JB12217 7941123y SUBCONTRACTOR INFORMATION: \_\_\_\_\_ State Registration Number: 220023 Martin County License Number: Machine County State Certification Number: TILE RIVERIDGEST Street: CITY JEWSON 13(H State: 215-0074 (ETC ͺͺϗͷͼϥ**moϽ**\ЯΟΤϽΑЯΤͶΟϽ Sahuh County 120 heE \_\_\_\_\_ (If yes, Owner Builder Affidavit must accompany application) ethod of Determining Fair Market Value: (If no, fill out the Contractor & Subcontractor sections below) ls improvement cost 50% or more of Fair Market Value? ON **SBX** Estimated Fair Market Value prior to improvement: \$ **SEY** (Notice of Commencement needed over \$2500) ON Estimated Cost of Construction or Improvements: \$ 1120,000.00 WILL OWNER BE THE CONTRACTORS: **COST AND VALUES:** Description of Work To Be Done: NEN SINPIE Lalay 27~261221 Owner Address (if different): 1 R) NEr Crest Ct. 2-7:sisie LIDATS :410 96662 :diz Legal Desc. Property (Subd/Lov/Block) 207 18 Histinge Marce Parcel Number: 61384101300001805 ∷aa∋ıbbA əti≳ dol 021 12 manos 5 21 City: Seward Pr State: 7551E diz 21 OWNERTITLEHOLDER NAME GARAGE CARE SAN CPRONE (Day) 486-231 Ç\_:∋j6Ū BUILDING PERMIT APPLICATION 90 Permit Number: thing a liswed to nwo T h582

|               |                                                   | SNOISIAG                                           | MENT / SPECIAL PRO                    | I EXCLUSIONS ADDED BY ENDORSE | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES                                  |
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| <u> </u>      |                                                   |                                                    |                                       |                               | SPECIAL PROVISIONS below<br>If yes, describe under                             |
|               |                                                   |                                                    |                                       |                               | ANY PROPRIETOR/PRARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?                  |
| \$            |                                                   |                                                    |                                       |                               | WORKERS COMPENSATION AND<br>EMPLOYERS' LIBBILITY                               |
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|               | (Per accident)                                    |                                                    |                                       |                               | ·                                                                              |
| :             | 2 EDAMAG YTRAPORG                                 |                                                    |                                       |                               |                                                                                |
|               | (Per accident)                                    |                                                    |                                       |                               | NON-NON CONTRACTOR                                                             |
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|               | (Let berson)                                      |                                                    |                                       |                               | SCHEDULED AUTOS                                                                |
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| 000'000'τ     | PERSONAL & ADV INJURY \$                          |                                                    | 1                                     |                               |                                                                                |
|               | MED EXP (Any one person) \$                       | _                                                  |                                       |                               |                                                                                |
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| 000'000'τ     | EACH OCCURRENCE 5                                 | 5002/E1/90                                         | 002/13/2004                           | 16805500070+0                 |                                                                                |
|               | LIMIT                                             | POLICY EXPIRATION<br>(YY)DD/YY)<br>DATE (MM/DD/YY) |                                       |                               |                                                                                |
|               |                                                   |                                                    | CLAIMS.                               | AVE BEEN REDUCED BY PAID      | YY PERTAIN, THE INSURANCE AFFORDED BY<br>DLICIES. AGGREGATE LIMITS SHOWN WY H. |
|               | I HIS CERTIFICATE MAY BE                          | FSPECT TO WHICH                                    | ОСОМЕИТ МІТН КІ                       | ANY CONTRACT OR OTHER DC      | IV REQUIREMENT. TERM OR CONDITION OF                                           |
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|               | Vneqmo) Vjľeuze                                   |                                                    |                                       |                               | RED Driftwood Homes, LLC                                                       |
|               |                                                   |                                                    |                                       |                               | 30 BEVCH' ET 32960                                                             |
| NAIC #        | ERAGE                                             | FFORDING COVI                                      | INSURERS A                            |                               | Life 300                                                                       |
| TIES BELOW.   |                                                   | TA JUANAGE AF                                      |                                       | · •                           | 13 INDIVN KIVER BLVD                                                           |
| YIFND OK      | E DOES NOT AMEND, E                               | TADIFITAED SIH                                     | НОГОЕВ. Т                             |                               | LITT INSURANCE SERVICES INC                                                    |
|               | IGHTS UPON THE CERT                               | CONFERS NO R                                       |                                       | 91+1-822(222)                 | ΠCEK (172)567-1188 FAX                                                         |
| TIFICATE      | NI 10 XI I AM A 64 UI                             |                                                    |                                       |                               |                                                                                |
| TIFICATE      | NI TO RETTAM A 24 DE                              |                                                    |                                       |                               | ADIATIFICA                                                                     |

| 8861 NOITAROARDO CIRODA®                                                                                                                                                                                                                                                                                                                                                                                   | ACORD 25 (2001/08) FAX: 220-4765                                                  |
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| CANCELLATION                                                                                                                                                                                                                                                                                                                                                                                               | CERTIFICATE HOLDER                                                                |
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| Eeel NOITAROA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROD GRODAD                            | _                                     | 1                |                                         | OKD 25-5 (3/93)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DA         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FORDING COVERAGE                      | COMPANIES AF                          |                  | FL 349570877                            | NSEN BEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ЭŅ         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                       |                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17         |
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| CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RIGHTS UPON THE                       | CONFERS NO                            | ONLY AND         |                                         | DUCER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ояч        |
| SO-11-90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO RETTAM A 24 DE                     |                                       |                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ******     |
| (W/QQ/MM) JTAQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                       |                  | ICATE OF INSU                           | Coko (Ceraina)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4          |

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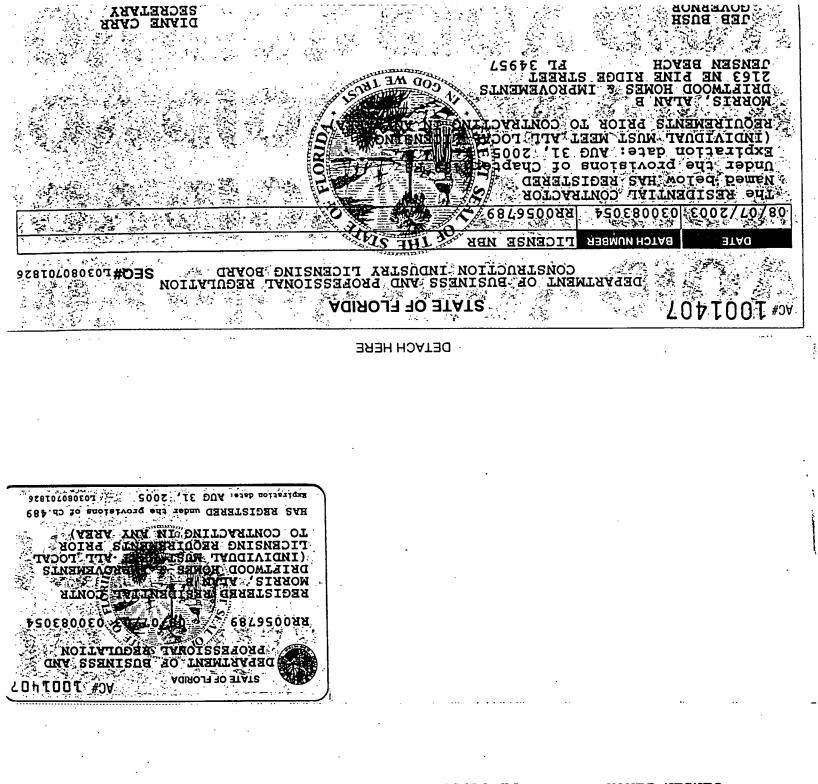
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ACORD CERTIFICATE OF ADARANCE

> TOWN OF SEWALLS POINT I SEWALLS PI. ROAD STUART FL SOINT

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JENSEN BEACH DRIFTWOOD HOMES & IMPROVEMENTS 2163 NE PINE RIDGE STREET MORRIS, ALAN B



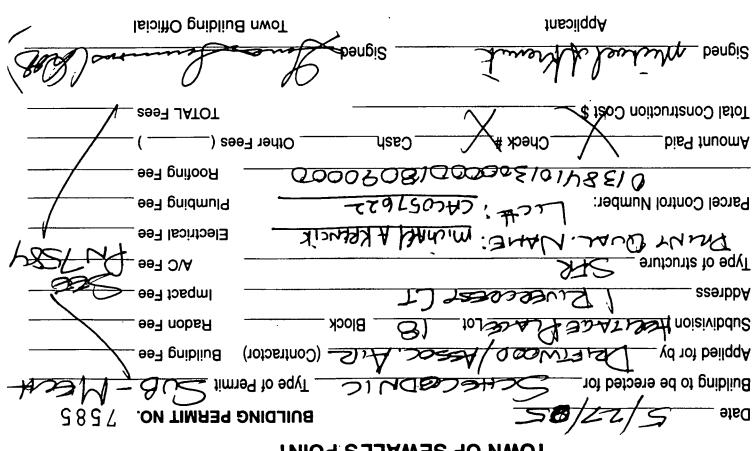
CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MOUROE STREET TALLAHASSEE FL 32399-0783

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

S6ET-784 (028)

**ADIROLF FLORIDA** 





## PERMIT

**SNOITDERCTIONS** 

HURRICANE SHUTTERS

TEMPORARY STRUCTURE

STEMWALL

DEMOLITION

ELECTRICAL

ROOFING

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FINAL ROOF

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FINAL MECHANICAL

MECHANICAL ROUGH-IN

TRUSS ENGMINDOW/DOOR BUCKS

NLHOUOR ONIBMUJ9

**JATEM DAT NIT ROOR** 

**ROOF SHEATHING** 

STEMWALL FOOTING

JAVOMBR BBRT

DOCK/BOAT LIFT

PLUMBING

BUILDING

UNDERGROUND MECHANICAL

UNDERGROUND PLUMBING

**SCREEN ENCLOSURE** 

FINAL PLUMBING

- POOL/SPA/DECK MECHANICAL
- D **LENCE**
- SAD
- RENOVATION
- NOITINGA

.

- WALL SHEATHING TIE BEAM/COLUMNS

UNDERGROUND ELECTRICAL

**SAÐ GNUORÐABGNU** 

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**EOOTING** 

- ROOF-IN-PROGRESS

- **NHOUOR EAD**

- EINAL GAS
  - FINAL ELECTRICAL
  - - - EARLY POWER RELEASE

BUILDING FINAL

- ELECTRICAL ROUGH-IN

|                       |                                                                                         | SNOIS             | IENT / SPECIAL PROVI | S I EXCLUSIONS ADDED BY ENDORSEM                       | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE                                                                                                                                                                   |
|-----------------------|-----------------------------------------------------------------------------------------|-------------------|----------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
|                       |                                                                                         |                   |                      |                                                        | ОТНЕЯ                                                                                                                                                                                                             |
| S                     | E.L. DISEASE - POLICY LIMIT                                                             |                   |                      | · · · · · · · · · · · · · · · · · · ·                  | SPECIAL PROVISIONS below                                                                                                                                                                                          |
| S                     | E.L. DISEASE - EA EMPLOYEE                                                              |                   |                      |                                                        |                                                                                                                                                                                                                   |
| S                     | E.L. EACH ACCIDENT                                                                      |                   |                      |                                                        | EMPLOYERS' LIABILITY                                                                                                                                                                                              |
|                       | WC STATU-<br>83 STIMU Y 801                                                             |                   |                      |                                                        | MORKERS COMPENSATION \$                                                                                                                                                                                           |
| \$                    |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| <u> </u>              |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| <u> </u>              | AGGREGATE                                                                               |                   |                      |                                                        | оссли Сгума маде                                                                                                                                                                                                  |
| S                     | EACH OCCURRENCE                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| s                     | AUTO ONLY: AGG                                                                          |                   |                      |                                                        |                                                                                                                                                                                                                   |
| \$                    | OTHER THAN EA ACC                                                                       |                   |                      |                                                        |                                                                                                                                                                                                                   |
| S                     | AUTO ONLY - EA ACCIDENT                                                                 |                   |                      |                                                        |                                                                                                                                                                                                                   |
| \$                    | PROPERTY DAMAGE<br>(Per accident)                                                       |                   | •                    |                                                        |                                                                                                                                                                                                                   |
| \$                    | (Per accident)                                                                          |                   |                      |                                                        | SOTUA GANNO-NON                                                                                                                                                                                                   |
|                       | ΒΟΟΙΓΑ ΙΛΊΠΕΑ                                                                           | 1                 |                      |                                                        | 20105 работ 20102<br>Никер Алтоз                                                                                                                                                                                  |
| s                     | (Per person)<br>BODILY ואטעא                                                            |                   |                      |                                                        |                                                                                                                                                                                                                   |
| ·······               |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| s                     | (Ea accident)<br>COMBINED SINGLE LIMIT                                                  |                   |                      |                                                        |                                                                                                                                                                                                                   |
|                       |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| 000'000'T s           | PRODUCTS - COMP/OP AGG                                                                  |                   |                      |                                                        | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                                                                                                |
| 000'000'I s           | GENERAL AGGREGATE                                                                       |                   |                      |                                                        |                                                                                                                                                                                                                   |
| s 200'000 s           |                                                                                         |                   | 1                    |                                                        | А Ссымя маре Х оссия                                                                                                                                                                                              |
| 2 TO'000<br>2 300'000 | BREMISES (EA occurence)                                                                 |                   |                      |                                                        |                                                                                                                                                                                                                   |
| <u>300'000 s</u>      |                                                                                         | S00Z/0T/20        | \$00Z/0T/20          | 2Cb384T58602                                           |                                                                                                                                                                                                                   |
|                       |                                                                                         | POLICY EXPIRATION | POLICY EFFECTIVE     | POLICY NUMBER                                          |                                                                                                                                                                                                                   |
|                       | 1 1 AM 3 1 AU1111 M3U 6161 H                                                            | FSPECT TO WHICH   | EREIN IS SUBJECT     | ANY CONTRACT OR OTHER D<br>BY THE POLICIES DESCRIBED H | COVERAGES<br>THE POLICIES OF INSURANCE LISTED BELO<br>ANY REQUIREMENT, TERM OR CONDITION C<br>MAY PERTAIN, THE INSURANCE AFFORDED<br>POLICIES, AGGREGATE LIMITS SHOWN MAY<br>POLICIES, AGGREGATE LIMITS SHOWN MAY |
|                       |                                                                                         | <u></u>           | INSURER E:           |                                                        |                                                                                                                                                                                                                   |
|                       |                                                                                         |                   |                      |                                                        |                                                                                                                                                                                                                   |
| ┝                     |                                                                                         |                   |                      |                                                        | Port St. Lucie, FL 34952                                                                                                                                                                                          |
|                       |                                                                                         |                   | :ย หวิชกรงเ          |                                                        | 1538 SE Niemeyer Circle                                                                                                                                                                                           |
|                       | <b>Υτ</b> Υ Company                                                                     | ryland Casua      | 6M :A ABAUSNI        | t. Lucie, Inc.                                         | изичее Азоставно и кака и к                                                                                                   |
| AAIC #                | ERAGE                                                                                   | FFORDING COV      | А 29390201           |                                                        | P.O. Box 3488<br>Vero Beach, FL 32964-3488                                                                                                                                                                        |
|                       | ED AS A MATTER OF II<br>LIGHTS UPON THE CER<br>LE DOES NOT AMEND,<br>FORDED BY THE POLI | R CONFERS NO SIH  |                      | £144-152(277) X                                        | PRODUCER (772)231-2828 FA<br>Felten & Associates<br>2911 Cardinal Drive (32963)                                                                                                                                   |
| DATE (MM/DD/1111)     | 1                                                                                       | ОКАИСЕ            | SNI YTI.             | ATE OF LIABIL                                          | ACORD CERTIFIC.                                                                                                                                                                                                   |
|                       |                                                                                         |                   |                      |                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                             |

| оғ амү кімо иром тие імзияек, ітз адемта оқ керяеземтатіves.<br>Витновідео керкеземтатіve<br>Kenneth D. Feîten, LUTCF/LB | CITY OF SEWALL'S POINT<br>I SEAWALL'S POINT ROAD<br>SEWALL'S POINT, FL |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| ЕХРІЯРАТІОМ РАТЕ ТНЕЯЕОР, ТНЕ ІЗЗUING INSURER WILL ЕИЛЕАVОR TO MAIL<br>                                                  |                                                                        |
| CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE                                       | ABOLOH BTADIFITABO                                                     |
|                                                                                                                          |                                                                        |

Certificate of Insurance

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

| educed before the                     |                                         |                |                      |                                    | late is continuous or extend                                  | *If the certificate expiration of                                        |
|---------------------------------------|-----------------------------------------|----------------|----------------------|------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|
| με επρίογεες οί αυγ οίμει             | s) on such policy(ies), not to t        | Named Insured( | ployees of the       | במכתוג סמוץ נס לאכ <del>כ</del> וח | nion policy(ies) provide(s) summory b                         | דווב מסטיפ ופלפופונפל שטלגפוז' כסווקפתגנ<br>בתקוסאפו:                    |
|                                       |                                         |                |                      |                                    | Air of Port St. Lucle Inc.                                    | bajaioozza esset                                                         |
|                                       | S0/I/I                                  | tive Date:     | 59IIJ                |                                    |                                                               | Employees Leased To:                                                     |
|                                       |                                         |                |                      |                                    |                                                               | Оґрег:                                                                   |
| Each Person                           | Bodily Injury By Disea<br>\$ 2,000,000  |                |                      |                                    |                                                               |                                                                          |
| se<br>Policy Limit                    | Bodily Injury By Disea<br>\$ 2,000,000  | ]              |                      |                                    |                                                               |                                                                          |
|                                       | Bodily Injwy By Accide<br>\$ 2,000,000  |                | 10233049             |                                    | 9002-1-1                                                      | Workers'<br>Compensation                                                 |
| rs Liadility                          | Employer                                |                |                      |                                    |                                                               |                                                                          |
| sjim                                  | ùЛ                                      | SL.            | oquin <sub>N</sub> A | гойоч                              | Certffcate Exp. Date<br>Continuous<br>Extended<br>Policy Term | Type of Insurance                                                        |
| rance afforded by the                 | riod indicated. The insu                |                |                      |                                    |                                                               | The policy(ies) of insurance liste<br>policy(ies) described herein is su |
| urance Co.,<br>Daal Group, Inc. (AIG) | erican Home Ass<br>American Internation | Member o       |                      |                                    |                                                               | Coverages:                                                               |
| Coverage                              | Insurer Affording                       |                | [                    |                                    |                                                               | Bradenton, Florida 34205                                                 |
|                                       |                                         | J              |                      |                                    |                                                               | 600 301 Boulevard West                                                   |
|                                       |                                         |                |                      | 6 (                                |                                                               | LP; Gevity HR XI, LLC; Ge                                                |
|                                       | ISAAM                                   |                |                      |                                    |                                                               | Gevity HR IV, LP; Gevity HR VIII, LP; Gevity HR VIII                     |
| •                                     |                                         |                |                      |                                    |                                                               | limited to Gevity HR, LP; Govin H                                        |
|                                       |                                         |                |                      |                                    |                                                               | Gevity HR, Inc and its wholl                                             |
|                                       |                                         |                | L                    |                                    |                                                               | Named Insured(s):                                                        |

certificate expiration date. However, you will not be notified annually of the continuation of coverage.

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

Certificate Holder:

Michael C. Weiss Michael C. Wine

Authorized Representative of Marsh USA Inc.

Date Issued 5007/1/1

Phone (866) 443-8489

Stuart, FL 34996 1 Sewalls Point Rd City of Sewalls Point

STATE OF FLORIDA

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DEPERTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04081304065

| DIANE CARR<br>SECRETARY | WAJ Y8 DIRIUDIR 2A YAJ921D                       | COAEKNOK<br>LEB BACH                                                      |
|-------------------------|--------------------------------------------------|---------------------------------------------------------------------------|
|                         |                                                  | RRENCIK, MICHAEL<br>3072 SE MORNINGS1<br>7072 SE MORNINGS1<br>PT ST LUCIE |
|                         | AUG 31, 2006 + 489 FS.<br>AUG 31, 2006 - 489 FS. |                                                                           |
|                         | ONDITIONING CONTRACTOR                           | The CLASS B AIR C                                                         |
|                         | 84 C¥C021622                                     | 08/13/2004 0401359                                                        |
|                         | RES LICENSE NBR                                  | DATE BATCH NUN                                                            |

| 8E4000 1052                    |                                                                           |               |
|--------------------------------|---------------------------------------------------------------------------|---------------|
|                                | AO TEUDUA                                                                 | ັ9            |
| L 21 LUCIE FL 34952            | A LISTED EQUIL THE BERICO BE CITATION OF THE                              | u <b>v 30</b> |
| AND AND ANTENEXES CISCLE       | INL. NI K. COND. CONLASCINES. B.                                          | 10,           |
| ( DANYON KUTHONY (OUN OUNT)    | 99:52 TV101                                                               |               |
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|                                | 00° CZ 5 334 301 00°                                                      | 4 'A3         |
|                                | · · 00 · · · · · · · · · · · · · · · ·                                    |               |
|                                | RACTER COUNTS IN MARTIN COUNTS                                            | YH            |
| ISJO ZE NIEWELEK CIK BZF       |                                                                           |               |
|                                | C. O'Steen, Tax Collector, P.O. Box 5011, Stuert, FL 24995 (773) 258-5604 |               |
| 112100 ON 38802-SEE(195) Mond  | SOOM A OCCUPATIONAL LICENSE                                               |               |
| LICENSE 1 980 - 520 - 205 CENT | 4-2005 MARTIN COUNTY ORIGINAL                                             | იი            |

Loan Number: 140071241 West Palm Beach, FL 33401 205 Datura Street C/O: WICHELLE MILLER FIDELITY FEDERAL BANK & TRUST 🖌 RELARN LO



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PERMIT NO.

recordation.

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RECORDED BY S Phoenix

MARSHA EWING

CLERK OF MARTIN COUNTY FLORIDA

RECORDED 04/01/2002 02:11:36 PM

08 68 01888 60 0233 INSLE # 1832148

accordance with Section 713.13, Florida Statutes, the following is provided in this Notice of Commencement. This Notice shall be void and of no force and effect if construction is not commenced within ninety (90) days after The undersigned hereby give Notice that improvements will be made to certain real property, and in

EOLIO NO: 013841013000001809

COUNTY OF Martin STATE OF FLORIDA

NOTICE OF COMMENCEMENT

IN PLAT BOOK 10 PAGE 2 PUBLIC RECORDS OF MARTIN COUNTY FLORIDA LOT 18 HERITAGE PLACE ACCORDING TO THE PLAT THEREOF AS RECORDED 3004 ADIROIT , TRAUTS

General description of improvement:

3(a). The owner: IMPROVEMENTS

CARY SCHECODNIC and REBECCA SCHECODNIC :smeN

TWO STORY SINGLE FAMILY RESIDENCE WITH ALL OTHER RELATED

Description of the property: 12 S. SEWALLS POINT ROAD

STUART , FL 34996 I RIVERCREST COURT :ssərbbA

SIS2-181-211 Phone Number:

NOTCIM

DELETWOOD HOMES LLC

3(c). Fee simple title holder (if other than owner): Name:

2163 PINE RIDGE STREET , JENSEN BEACH, FL 34957

Phone Number: 772-334-2577

Contractor:

:ssərbbA

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 Surety: Address: Phone Number: Amount of Bond: A Copy of the payment bond (if any) is attached hereto.

 6. Lender (Persons or entities making a loan for construction of improvements): FIDELITY FEDERAL BANK & TRUST 205 DATURA STREET, WEST PALM BEACH, FL 33401 Phone Number: 561-803-9745 (Construction Department)
 Fax Number: 561-803-9745 (Construction Department)

 Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7): Name:

Address:

:əuoyd

- The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as FIDELITY FEDERAL BANK & TRUST
   205 DATURA STREET
- Fax Number 561-803-9745 (Construction Department) Fax Number 561-803-9739 (Construction Department)
- 9. Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless different date is specified): 5/31/2006

The recording of this Notice of commencement does not constitute a lien, cloud or encumbrance on the Florida real property, but gives constructive notice that claims of lien may be filed under Chapter 713 of the Florida Statutes.

NOTC2M

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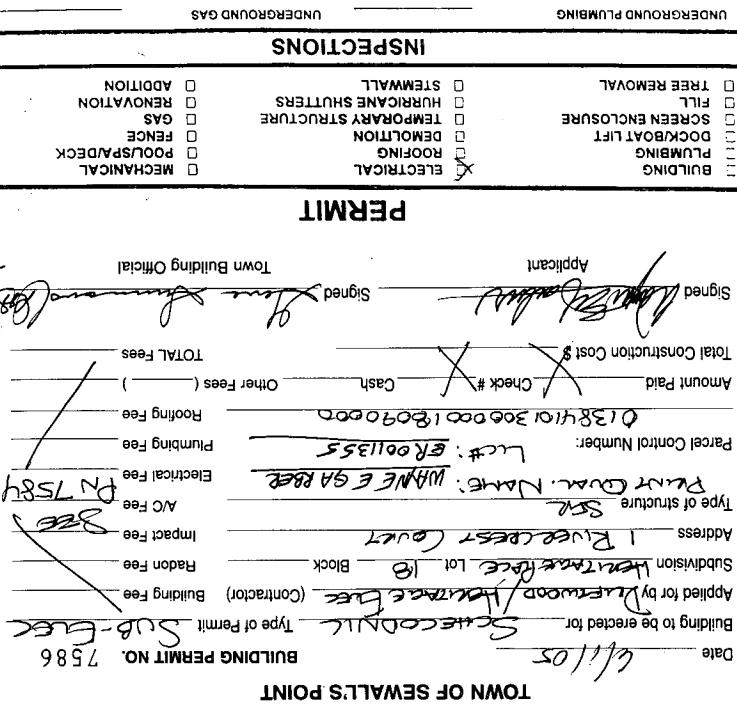
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| Notary Commission Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Printed Name of Notary Public    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 26<br>STATE OF FLORIDA<br>MARTIN COUNTY<br>THIS IS TO CERTIFY THAT THE<br>FOREGOING<br>PROEG IS A TRUE<br>FOREGOING<br>PROEG IS A TRUE<br>PROEG IS A TRUE<br>PROE A | known togae or who has produced  |
| funnaciad as any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Known togine or who has produced |
| Owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Print Name:                      |
| Очлег:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Print Name:                      |
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| ,<br>   | NI-HOUOA EAO        |               | MECHANICAL ROUGH-IN           |  |
|         | ЕСЕСТRICAL ROUGH-IN | <b>-</b>      | РЕОМВІИЄ КОЛЕН-ІМ             |  |
|         | ROOF-IN-PROGRESS    | <u> </u>      | ROOF TIN TRG/METAL            |  |
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|                       | 9                                               | ce K. Kearm                        |                                  |                                                                     |                                                     |  |
|                       | <u> </u>                                        |                                    | VITATNESEAGER<br>IGER DESIROHTUA | 59                                                                  | Fax to: 772 220-47                                  |  |
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|                       |                                                 | 8                                  | SPECIAL PROVISION                | CLESTEXCLUSIONS ADDED BY ENDORSEMENT                                | DESCRIPTION OF OPERATIONSALOCATIONS/VEH             |  |
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|                       | E.L. DISEASE - POLICY LANIT                     | <u> </u>                           | +                                |                                                                     | ОТНЕВ                                               |  |
|                       | E.L. DISEASE · EA EMPLOYEE                      | {                                  |                                  |                                                                     |                                                     |  |
| 5                     | E.L. EACH ACCIDENT                              | 1                                  | · ·                              |                                                                     |                                                     |  |
|                       | TOPY LIMIT 9                                    | 1                                  |                                  |                                                                     | ONA NOREAS COMPENSATION AND<br>EMPLOYERS' LIABILITY |  |
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| · \$                  |                                                 | ]                                  |                                  | · · ·                                                               | ЭТВЦОЛСИВГЕ                                         |  |
| 2                     |                                                 | 4                                  | 1                                |                                                                     |                                                     |  |
| S                     | <b>TADERDOA</b>                                 | 1                                  |                                  |                                                                     | OCCUR CLARKS MADE                                   |  |
| \$                    | EACH OCCURAENCE                                 |                                    |                                  |                                                                     | EXCESS FINBILITY                                    |  |
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| \$                    | AUTO ONLY - EA ACCIDEMT                         |                                    |                                  |                                                                     | E CARACE LIABILITY                                  |  |
| \$                    | PROPERTY (DAMAGE<br>(Per accident)              |                                    |                                  | 1                                                                   |                                                     |  |
|                       | (Per accident)                                  | 4                                  |                                  |                                                                     |                                                     |  |
| \$                    | YRUNI Y IOOB                                    |                                    |                                  |                                                                     |                                                     |  |
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| \$                    | YRUNI Y 1008                                    | 00-10-70                           | CO-10-70                         |                                                                     | SOLINA DAMED ALTOS                                  |  |
| 200°000 s             | (mabcos s3)                                     | 05-01-09                           | 50-10-20                         | 00-702-767-56                                                       |                                                     |  |
|                       | COMBINED SINGLE FIMIL                           |                                    |                                  |                                                                     | AUTOMOBILE LIABILITY                                |  |
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| \$ 300°000            | GENERAL AGGREGATE                               | · ·                                |                                  |                                                                     |                                                     |  |
| * 300*000<br>* 10*000 | YAULW VAA & NO PARAON<br>YAULW VAA & ADV INJURY | Į                                  |                                  |                                                                     |                                                     |  |
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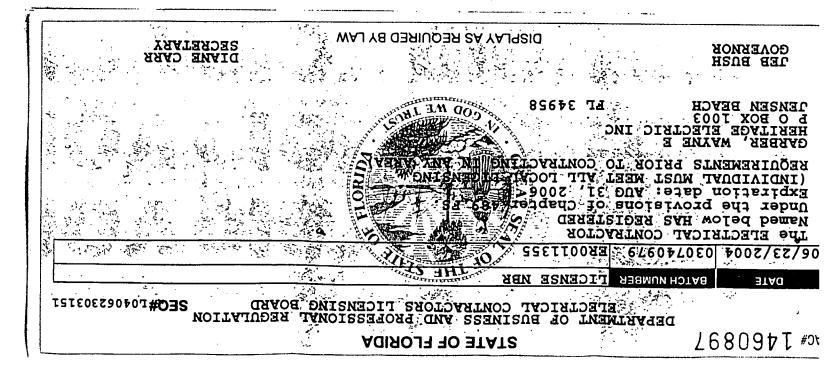
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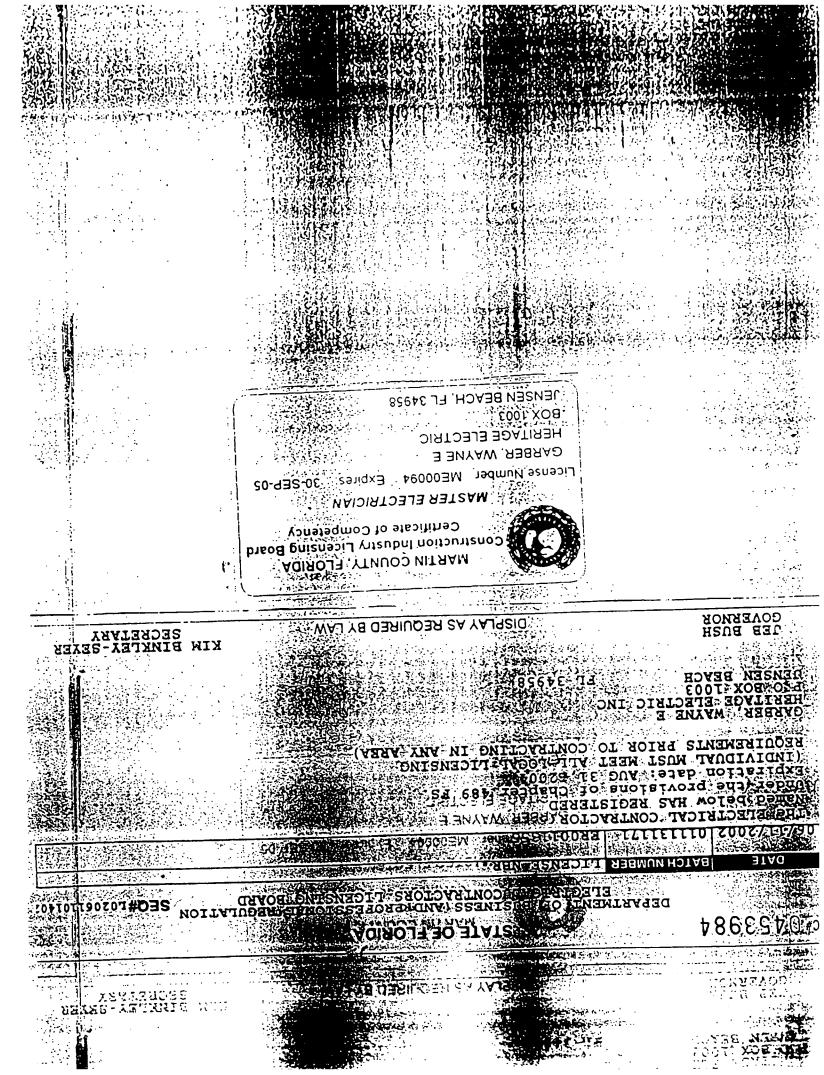
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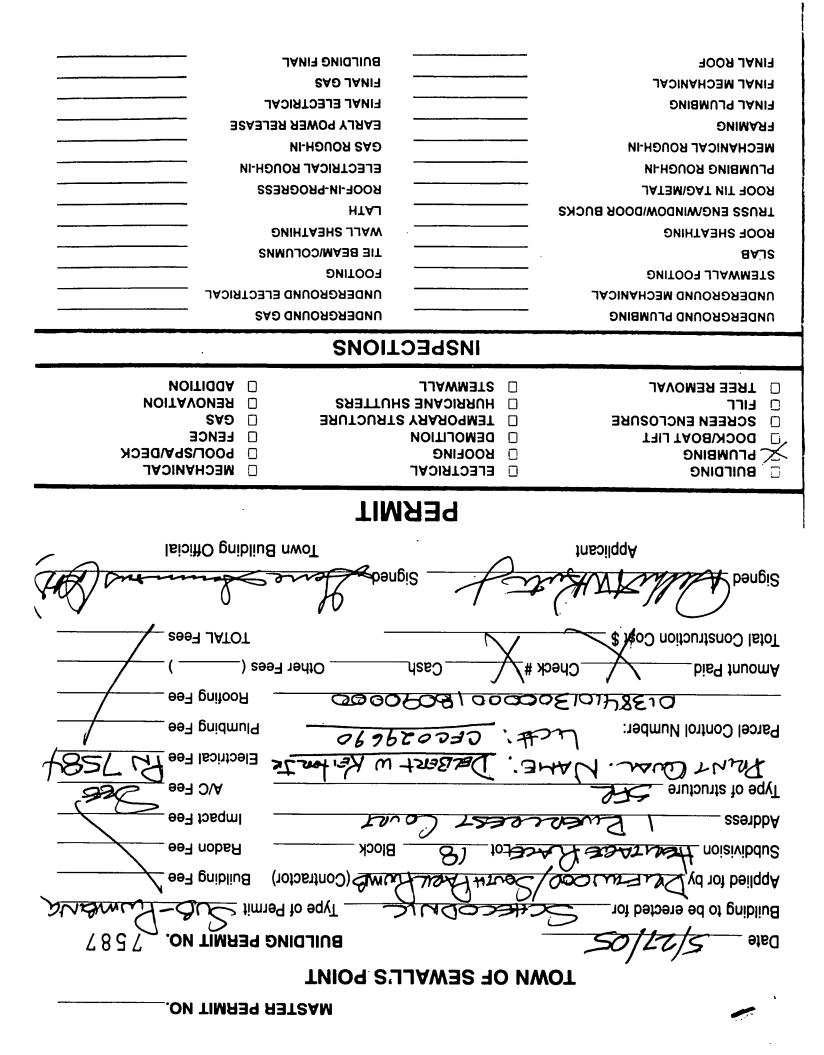
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| 6                              | EL DISEASE - POLICY LIMIT       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       | нт        |
| ŝ                              | EL EACH ACCIDENT                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        | DAKERS COMPENSATION AND               |           |
|                                | WC STATU- OTH-                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | l                                      | MROT AJJERBMU WAHT REHTO              |           |
| 6                              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        | MBO3 4 LIBERILLA FORM                 |           |
| \$                             | 3TAD3RDDA                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
| \$                             | EACH OCCURRENCE                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | ļ                                      |                                       |           |
| \$                             | <b>JTADJRDDA</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
| \$                             | EACH ACCIDENT                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        | 0104 YNA                              |           |
|                                | YUNO OTUA NAHT REHTO            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       | GA        |
| \$                             | AUTO ONLY · EA ACCIDENT         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
| \$                             | BDAMAD YTRB90R9                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
|                                |                                 | Į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                        | NON-OWNED AUTOS                       |           |
|                                | BODILY INJURY<br>(Per accident) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       | _         |
| \$                             | (Per person)<br>BODILY INJURY   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       | !         |
|                                |                                 | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | 1                                      | OTUA YNA                              |           |
| 5                              | COMBINED SINGLE LIMIT           | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                        |                                       |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
| \$                             | MED EXP (Any one person)        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | 1                                      | BUSINESSOWNER'S POLICY                | x         |
| • 20'000                       | (enit eno yna) 3DAMAG 3RI3      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                        | TORY 2'ROTOARTNOO & CONTRACTOR'S PROT |           |
| * 1'000'000                    | EACH OCCURRENCE                 | 00/10/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | 017/016                                |                                       | - ∀       |
| • 1'000'000                    | YRULNI VOA & JANOSRAG           | 90/10/90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 90/10/90         | 0127210                                |                                       | <b>*</b>  |
| <ul> <li>\$`000'000</li> </ul> | PRODUCTS - COMP/OP AGG          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                        |                                       | GEN       |
| * 2'000'000                    | GENERAL AGGREGATE               | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | ······································ |                                       |           |
| 5                              | נואוד                           | POLICY EXPRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POLICY EFFECTIVE | POLICY NUMBER                          | I YPE OF INSURANCE                    | о:<br>ВТВ |
|                                |                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | SUCH POLICIES. LIMITS SHOWN MAY H      | TO SNOLLIGNOD GNA SNOISOL             |           |
| ALL THE TERMS,                 | HEREIN IS SUBJECT TO            | רורובא הבארעומנה                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | NAY PERTAIN, THE INSURANCE AFFOI       | I RO DEUSSI ER YAM ETADIAIT.          | CEB.      |
|                                | TUSTESH HITW TNSMUUU            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I NOD YNA HO N   | VY REQUIREMENT, TERM OR CONDITIO       | A DUIDNATSHTIWTON CATAD               | IUNI      |
|                                | ANT ROA 3VO8A DAMAN             | OTO THE INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | אער אררא וככוורי | ICIES OF INSURANCE LISTED BELOW H      | AGES                                  | RAVO      |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |                                       |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMPANY          |                                        |                                       |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 70640                                  | PORT ST LUCIE FL                      |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | С                |                                        |                                       |           |
|                                |                                 | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                        | LUCIE COUNTY INC                      |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMPANY          |                                        | SOUTH PARK PLUME                      | ดาหยอ     |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 534-062-6                              |                                       |           |
|                                | AL INSURANCE COMPA              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | MISSISSINI                             | Phone: 507-455-5200                   |           |
|                                | AFFORDING COVERAC               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | DECENEU                                | 00022 NM , snnotswO                   |           |
|                                | FFORDED BY THE PC               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | 328                                    | Home Office: P.O. Box                 |           |
| ID' EXIEND OK                  | TE DOES NOT AMEN                | ADIAITRAD SIH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HOLDER. T        | YNA9MOD JONARU                         | FEDERATED MUTUAL INS                  |           |
| JIAUHINAD B                    | HT NOAU STHDIA (                | ON SHEERS NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INA YJNO         |                                        | н                                     | 130000    |
|                                | O ATTAM A SA DI                 | THE PART OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTI |                  |                                        |                                       |           |
| 04/28/02                       |                                 | HON 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ISNI AL          | ICATE OF LIABILI                       | SURD CERTIF                           | 7₽        |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        | <u>, y</u>                            |           |
|                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        | -                                     |           |

| 8861 NOITAROAR        | RESIDENT O ACORD CO                                                                                            |                                     |                                                                                                                |                                                                                                                                                                                   | CORD 25-5 (1/95)                                         |
|-----------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                       | por in the second second second second second second second second second second second second second second s |                                     | ЧЭР ОЭХІРОНТОА                                                                                                 |                                                                                                                                                                                   |                                                          |
| REPRESENTATIVES.      | AND STUDY ALE ACENTS OR                                                                                        | IND UPON THE CO                     | OF ANY K                                                                                                       |                                                                                                                                                                                   |                                                          |
|                       | UCE SHALL IMPOSE NO OBLIC                                                                                      | TO HOUR JIAM OT                     | BUT FAILURE                                                                                                    |                                                                                                                                                                                   | STUART FL 34996                                          |
| . ТНЕ СЕРТО ТНЕ СЕРТ. | и наотон этарникара ант (                                                                                      | MULLEN NOTICE TO                    | SYAD OF                                                                                                        | 08.                                                                                                                                                                               | I S SEWALLS POINT                                        |
| NAM OT ROVABONE       | ISSUING COMPANY WILL B                                                                                         | рате тнекеоғ, тне                   | NOITARIAX3                                                                                                     |                                                                                                                                                                                   | BUILDINGS DEPT                                           |
| CELLED BEFORE THE     | ESCRIBED POLICIES BE CAN                                                                                       | O SVOBA SHT 70 Y                    | NA GUUDHS                                                                                                      | 5 POINT 50                                                                                                                                                                        | TOWN OF SEWALLS                                          |
|                       |                                                                                                                |                                     | CANCELLAT                                                                                                      |                                                                                                                                                                                   | ERTIFICATE HOLDER                                        |
| [                     |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                | ICLES/SPECIAL ITEMS                                                                                                                                                               | ESCRIPTION OF OPERATIONS/LOCATIONS/VEH                   |
|                       | ······································                                                                         |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   | отнея                                                    |
|                       | EL DISEASE - EA EMPLOYEE                                                                                       |                                     |                                                                                                                |                                                                                                                                                                                   | OFFICERS ARE: EXCL                                       |
|                       |                                                                                                                | 1                                   |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       | EL EACH ACCIDENT                                                                                               | -                                   |                                                                                                                |                                                                                                                                                                                   |                                                          |
| •                     |                                                                                                                | {                                   |                                                                                                                |                                                                                                                                                                                   | EMPLOYERS' LIABILITY                                     |
|                       | -HTO -UTAT2 2W<br>-HTO -UTAT2 2W<br>-HTO -UTAT2 2W                                                             | l                                   | <u> </u>                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                             | MROP AUJERBINU WAHT REHTO                                |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
| \$                    | AGGREGATE                                                                                                      | -                                   |                                                                                                                |                                                                                                                                                                                   |                                                          |
| 6                     | EACH OCCURRENCE                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
| \$                    | 3TAD3RDDA                                                                                                      |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
| \$                    | EACH ACCIDENT                                                                                                  |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       | YUNO OTUA NAHT R3HTO                                                                                           |                                     |                                                                                                                |                                                                                                                                                                                   | OTUA YNA                                                 |
| \$                    | AUTO ONLY - EA ACCIDENT                                                                                        |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
| \$                    | 3DAMAO YTA390A9                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       | (Per accident)                                                                                                 | -                                   |                                                                                                                |                                                                                                                                                                                   | NON-OWNED AUTOS                                          |
| \$                    |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   | SOTUA DIRIH                                              |
|                       |                                                                                                                | 4                                   | ·                                                                                                              |                                                                                                                                                                                   |                                                          |
| \$                    | (Per derson)<br>BODILY INJURY                                                                                  |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                | -                                   |                                                                                                                |                                                                                                                                                                                   | OTUA YNA                                                 |
| e                     | COMBINED SINGLE LIMIT                                                                                          |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       | MED EXP (Any one person)                                                                                       |                                     |                                                                                                                |                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                    |
| \$                    | (911 9no Ynd) 3DAMAD 3RI3                                                                                      | 4                                   |                                                                                                                |                                                                                                                                                                                   |                                                          |
| * 20'000              |                                                                                                                | -                                   |                                                                                                                |                                                                                                                                                                                   |                                                          |
| * 1'000'000           | EACH OCCURRENCE                                                                                                |                                     | +0/10/00                                                                                                       | 017/016                                                                                                                                                                           |                                                          |
| 000'000'1 \$          | YAULNI VOA & JANOZRES                                                                                          | 90/10/90                            | t0/10/90                                                                                                       | 0157210                                                                                                                                                                           |                                                          |
| • 5'000'000           | PRODUCTS - COMP/OP AGG                                                                                         |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
| * 5'000' <u>000</u>   | GENERAL AGGREGATE                                                                                              |                                     |                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                             |                                                          |
| 2                     | רואוב                                                                                                          | VOITARIAX3 YOUO9<br>(YYYOQ/MM) 3TAD | POLICY EFFECTIVE                                                                                               | POLICY NUMBER                                                                                                                                                                     | О ТҮРЕ ОF INSURANCE                                      |
|                       | HEREIN IS SUBJECT TO                                                                                           | LICIES DESCRIBED                    | HINOD YNA HO NO<br>OG BHT Y8 DBDR                                                                              | ICIES OF INSURANCE LISTED BELOW P<br>VY REQUIREMENT, TERM OR CONDITIO<br>MAY PERTAIN, THE INSURANCE AFFO<br>VAY POLICIES. LIMITS SHOWN MAY P<br>SUCH POLICIES. LIMITS SHOWN MAY P | INDICATED, NOTWITHSTANDING AI                            |
|                       |                                                                                                                |                                     | COMPANY                                                                                                        |                                                                                                                                                                                   | ·                                                        |
|                       |                                                                                                                |                                     | 2                                                                                                              | 34952                                                                                                                                                                             | PORT ST LUCIE FL                                         |
|                       |                                                                                                                |                                     | COMPANY                                                                                                        |                                                                                                                                                                                   | LUCIE COUNTY INC<br>LUCIE COUNTY INC<br>PO 19041194 1466 |
|                       |                                                                                                                |                                     | B                                                                                                              | BING OF ST                                                                                                                                                                        | SOUTH PARK PLUM                                          |
|                       |                                                                                                                |                                     |                                                                                                                | -534-095-                                                                                                                                                                         | OJARO                                                    |
|                       | CE INSURANCE COMPA                                                                                             |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       | AL INSURANCE COMPAN                                                                                            |                                     |                                                                                                                |                                                                                                                                                                                   | Phone: 507-455-5200                                      |
|                       | AFFORDING COVERAC                                                                                              |                                     |                                                                                                                | (<br>070 Y                                                                                                                                                                        | Home Office: P.O. Bo<br>Owatonna, MM 55060               |
| TICLES BELOW.         | ТЕ DOES NOT AMEN<br>FFORDED BY THE PC                                                                          | A JOARAGE A                         |                                                                                                                | L INAUNCE COMPANY                                                                                                                                                                 |                                                          |
| 21401411830 3         | HI NOYU STHORA (                                                                                               | ON SHEFERS NO                       |                                                                                                                |                                                                                                                                                                                   |                                                          |
| NOITAMROANI :         | T NOT A 24 DE                                                                                                  | IFICATE IS ISSU                     | THIS CERT                                                                                                      |                                                                                                                                                                                   | IODCER                                                   |
| 04/13/04              |                                                                                                                |                                     | de la seconda de la contra de la | ICATE OF LIABILI                                                                                                                                                                  | ACORD, CERTIF                                            |
| (YYYQQ/MM) JTAQ       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   |                                                          |
|                       |                                                                                                                |                                     |                                                                                                                |                                                                                                                                                                                   | ·                                                        |

| ORD 25-5 (7/97)<br>ORD 25-5 (7/97)                                                                   | C 077                                                                                                                                                                                                                             |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8861 NOITAROAR    |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                                                                                                      | 3370                                                                                                                                                                                                                              |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                 |
| 249 TAAUTS                                                                                           | 966                                                                                                                                                                                                                               | ITATNESERGER<br>BR DESIROHTUA |                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
| I SOUTH SEWALL                                                                                       |                                                                                                                                                                                                                                   |                               |                 | Y OF ANY KIND UPON THE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20454, 115 405415 |
| BUILDING DEPAR                                                                                       | <b>TNENT</b>                                                                                                                                                                                                                      |                               |                 | я иммер то тне left, вил я<br>108, то тне left, вил я                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| TOWN OF SEWALL                                                                                       | TVIOA 2.                                                                                                                                                                                                                          |                               |                 | JIAM OT ROVABURE VILLE ENDERVOR TO MULT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | BED POLICIES BE CANCELLET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
|                                                                                                      | INSURED; INSURER LETTER:                                                                                                                                                                                                          |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      |                                                                                                                                                                                                                                   | 201120/110                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -014 FO.5         |
| 13V/2NOITACO//2NOITAA390 30 NOIT9/303                                                                | HICLES/EXCLUSIONS ADDED BY ENDO                                                                                                                                                                                                   |                               | SN              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>          |
| ОТНЕЯ                                                                                                |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      |                                                                                                                                                                                                                                   | <b>_</b> _                    |                 | TIMIJ YOLOG - BSABSIO .J.B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000'005s          |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | E.L. DISEASE - EA EMPLOYE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 000'0055          |
|                                                                                                      | 8L0T9LLOM                                                                                                                                                                                                                         | S0-T0-T0                      | 90-10-10        | E.L. EACH ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 000'005s          |
| WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY                                                     |                                                                                                                                                                                                                                   |                               | -               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| RETENTION S                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                             |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | <b>JTADJADDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s                 |
| EXCESS LIABILITY                                                                                     |                                                                                                                                                                                                                                   |                               |                 | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                 |
| OTUA YNA                                                                                             |                                                                                                                                                                                                                                   |                               |                 | OTHER THAN EA ACC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | AUTO ONLY - EA ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | PROPERTY DAMAGE<br>(Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                |
| SOTUA DENWO-NON                                                                                      |                                                                                                                                                                                                                                   |                               |                 | (Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| SOTUA GERIH                                                                                          |                                                                                                                                                                                                                                   |                               |                 | BODILY INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | funding in th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | (Per derson)<br>Bodilly Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | (Es scopeul)<br>COMBINED SINCLE FIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s                 |
| YTIJIBAI E LIABILIT                                                                                  | =                                                                                                                                                                                                                                 |                               |                 | THUL I PURE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| GEN'L AGGREGATE LIMIT APPLIES PER:                                                                   |                                                                                                                                                                                                                                   |                               |                 | PRODUCTS - COMPIOP AGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | GENERAL AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | YAULNI VOA & JANOSABA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s                 |
|                                                                                                      |                                                                                                                                                                                                                                   | ŀ                             |                 | MED EXP (Any one person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | FIRE DAMAGE (Any one fire)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                 |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| TYPE OF INSURANCE                                                                                    | POLICY NUMBER                                                                                                                                                                                                                     | (YY\OOVMM) 91AG               | (YY\00\MM) 31A0 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| NY REQUIREMENT, TERM OR CONDI<br>IAY PERTAIN, THE INSURANCE AFFOR<br>OLICIES, AGGREGATE LIMITS SHOWN | арагаа сарана и така обоса от 2000 года и така обоса и така и<br>И така и HEREIN IS SUBJECT 1           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|                                                                                                      | TO BELOW HAVE BEEN ISSUED TO TO                                                                                                                                                                                                   |                               | VE FOR THE POUC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| <b></b>                                                                                              | <u></u>                                                                                                                                                                                                                           | 3 ABRUSNI                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| PORT ST LUCIE,                                                                                       | EF 34953                                                                                                                                                                                                                          | INSURER D:                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| 6941 HERITAGE                                                                                        |                                                                                                                                                                                                                                   | INSURER C:                    |                 | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| T LUCIE COUNT                                                                                        |                                                                                                                                                                                                                                   |                               |                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · ·           |
| POOTH AVER ATOOS                                                                                     |                                                                                                                                                                                                                                   |                               | WAT X 7 M 7 P 7 | A HOME ASSURAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
|                                                                                                      | TO DUTAN                                                                                                                                                                                                                          |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| 0 EOX 410<br>0 EOX 410                                                                               | 0140-6                                                                                                                                                                                                                            |                               |                 | AFFORDING COVERAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                 |
| O BOX 410<br>OKKEKS: COMPENSATION<br>DUCER                                                           | и еколь, іис.                                                                                                                                                                                                                     |                               | HIS CERTIFICE   | ed as a matter of<br>prights upon the<br>prights not ameni<br>pright pright pright<br>pright pright pright pright<br>pright pright pright pright pright<br>pright pright  CERTIFICATE       |
|                                                                                                      |                                                                                                                                                                                                                                   |                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 002/12/21         |
| ACORD, CERTIF                                                                                        | ICATE OF LIAB                                                                                                                                                                                                                     | <b>AAN 1</b>                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |

ACORD 25-5 (7/97)

|                                                                                                                                                                         | LIFIED<br>LIFIED<br>LOG 31, 2005<br>FOST ANNORK, THIS ALLOWS<br>TO 31, 2005<br>FOST ANNORK, THIS ALLOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Αυ <u>Ω</u> ει<br>Οίθινος<br>Α.:Θιεί |
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|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
|                                                                                                                                                                         | Ο ΟΒΟΟΤΦΘΘΟ Α                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 570820                               |
|                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AMUN HOTA                            |
| SEC4010383                                                                                                                                                              | RIMENT OF BUSINESS AND PROFESSIONAL REGULATIC<br>CONSTRUCTION INDUSTRY LICENSING BOARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |
| N                                                                                                                                                                       | TATUT OF BUSINESS AND PROFESSIONAL REGULATI(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGAO                                 |
|                                                                                                                                                                         | AGIROAT TO STATS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |
| DEPARTMENT OF BUSINESS AND<br>PROFESSIONAL REGULATION<br>426656 04/07/05 040818085<br>TFIED PLUMBING CONTRACTOR<br>ERCORN, JASON THOMAS<br>PARK PLUMBING TINC OF MARTIN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| CFC1426656 04/0<br>CFC1426656 04/0<br>CERTIFIED PLUMBIN<br>WINTERCORN, JASON<br>90UTH PARK PLUMBI                                                                       | IS CERTIFIED under the R<br>state of FLOHDA<br>BERPARTMENT OF<br>PROFESSIONAL<br>OB0014990 04/<br>QB0014990 04/<br>QB0014990 04/<br>QB0014990 04/<br>QB0014990 04/<br>CERNES<br>SOUTH PARK PLUMB<br>TCALOWS COMPANY TC<br>ALLOWS COMPANY TC<br>IT HAS A LICENSE TC<br>ALLOWS COMPANY TC<br>IT HAS A LICENSE TC<br>Sublified under the<br>supiration date: AUG 31, 2<br>Supiration date |                                      |

GOVERNOR JEB BUSH DIANE CARR 3 3 . : ' TAAUTS FL 34997 SOUTH PARK PLUMBING INC OF MARTIN COUNTY AN Oak 23 COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.) SI SIHL) Expiratio Under the Vamed bel The BUSIN 500Z/L0/70 31AQ 

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD 2EO# P0204010053 -÷

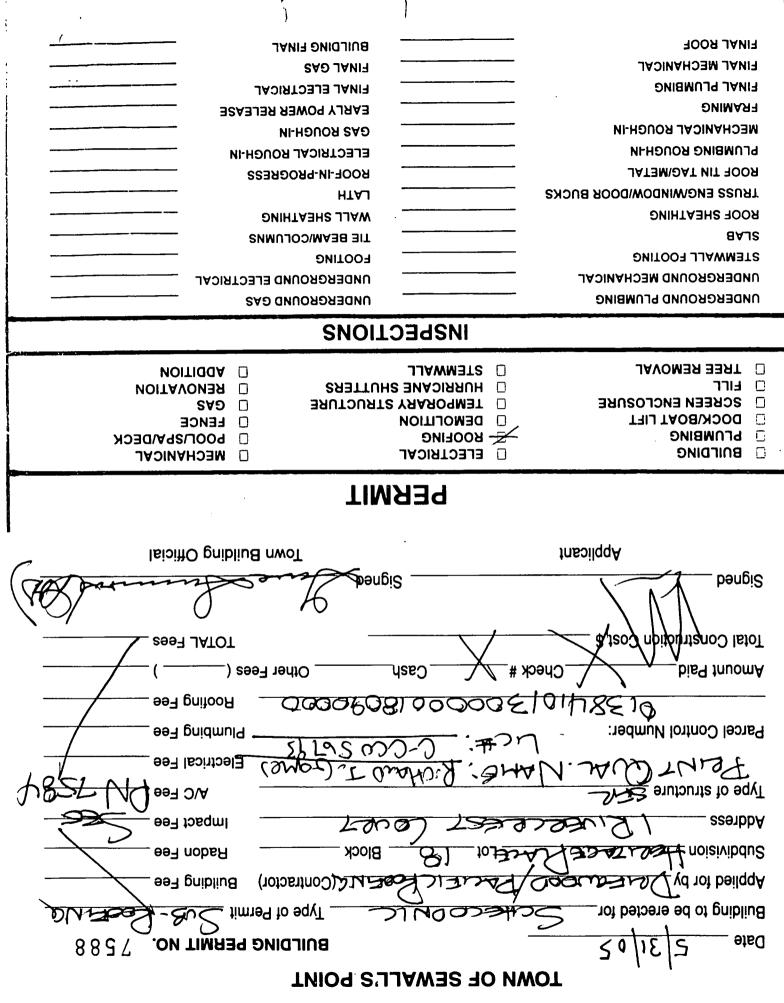
|      | provisions of Chapter 489 PS.<br>D date: AUG 31, 2006 | өлд төблU<br>ојјатідхЗ<br>ЯООХЗТИІW<br>ЯАЧ НТUO2 |
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SECRETARY





| 5/13/500¢<br>Le (WW.DOULU) |               |                                                                                     | ОКАИСЕ            | SNI YTI.                           | IIBAIJ 70 3TA:                                              | CORD CERTIFIC                                                                                                                            | Å              |  |
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| ICATE<br>ICATE             | AITA<br>IXA , | IED AS A MATTER OF<br>VIGHTS UPON THE CE<br>TE DOES NOT AMEND<br>FFORDED BY THE POL | HIS CERTIFICA     |                                    | 0<br>XX (201)/ <del>4</del> 0-8288                          | <del>به (561)746-4546 F</del><br>sta Agency, Inc.<br>S. US Highway One,5te 30                                                            | ∎np∋T          |  |
| AAIC #                     |               |                                                                                     |                   |                                    |                                                             | esta, FL 33469<br>Hicks-Veumann                                                                                                          | -              |  |
|                            |               |                                                                                     | notenix           | ЭJ :A ЯЗЯИЗИІ                      | изияер Расігіс Коогінд Согр., Ілс.                          |                                                                                                                                          |                |  |
|                            |               |                                                                                     |                   | INSURER B:                         | 7692 xo8 09                                                 |                                                                                                                                          |                |  |
|                            | INSURER C:    |                                                                                     |                   | INSURER C:                         | Stuart, FL 34994                                            |                                                                                                                                          |                |  |
|                            | INSURER D:    |                                                                                     |                   |                                    |                                                             |                                                                                                                                          |                |  |
|                            |               |                                                                                     |                   | INSURER E:                         |                                                             |                                                                                                                                          |                |  |
|                            |               |                                                                                     |                   |                                    |                                                             | SAGES                                                                                                                                    | COVE           |  |
| SSUED OR                   | 8E 18         | YAM ETADIAITAED SIHT H                                                              | ESPECT TO WHICH   | R HTIW TNEMUOO<br>EREIN IS SUBJECT | OF ANY CONTRACT OR OTHER D<br>D BY THE POLICIES DESCRIBED H | POLICIES OF INSURANCE LISTED BEL<br>SEQUIREMENT, TERM OR CONDITION<br>PERTRIN, THE INSURANCE AFFORDEI<br>SIES. AGGREGATE LIMITS SHOWN MA | i yna<br>i yam |  |
|                            | S             |                                                                                     | POLICY EXPIRATION | POLICY EFFECTIVE                   | POLICY NUMBER                                               |                                                                                                                                          | NSK ADD        |  |
| 000'000'T                  | \$            | EACH OCCURRENCE                                                                     | 12/12/2002        |                                    | CLB11192004                                                 |                                                                                                                                          |                |  |
| 000'00T                    | \$            | DAMAGE TO RENTED                                                                    |                   |                                    |                                                             |                                                                                                                                          |                |  |
| bebufox3                   | \$            | (noetog eno YnA) 9XE DEM                                                            |                   |                                    |                                                             |                                                                                                                                          |                |  |

| 100,000<br>100,000<br>100,000 | האראוזצרא לבש סכסונגטכנו                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ц,,      | <b>7</b> 2/12/200 <del>4</del> | CCB11192004 |                                                        |            |
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|                               | האראוזצרא לבש סכסונגטכנו                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r-1 I    |                                |             |                                                        | - 1        |
|                               | (noetog eno YnA) 9XB GBM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1        |                                |             |                                                        |            |
|                               | PERSONAL & ADV INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -        |                                |             |                                                        |            |
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| 00'000'Z                      | 2 224 40/4MOD - 272UD084                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                |             | GEN'L AGGREGATE LIMIT APPLIES PER:                     |            |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                |             |                                                        |            |
| •                             | (Ea accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                |             |                                                        |            |
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|                               | ber berson)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -<br>>   |                                |             |                                                        | i          |
|                               | Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                |             | 2010А СТОР<br>2010А СОМИЕД ВОТОЗ<br>2010А СОМИЕД ВОТОЗ |            |
|                               | PROPERTY DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                |             |                                                        |            |
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|                               | CTHER THAN EA ACC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4        |                                |             |                                                        |            |
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|                               | ЕАСН ОССИВЯЕИСЕ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | J J      |                                |             |                                                        |            |
|                               | CGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7        |                                |             | осслы сгыма маре                                       |            |
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|                               | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -        |                                |             |                                                        |            |
|                               | WC STATU-<br>10 VC STATU-<br>10 VC STATU-<br>10 VC<br>10 VC |          |                                |             |                                                        |            |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4        |                                |             | PLOYERS' LIABILITY                                     | EW1        |
|                               | 2 BEASE - EA EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -i       |                                |             | Y PROPRIETORVPARTNERVEXECUTIVE                         |            |
|                               | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3        |                                |             | es, describe under<br>ECIAL PROVISIONS below           | SPE<br>SPE |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                |             | нек                                                    | 110        |
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| 8861 NOITAAOAAOO OAOOA©                                                    | 200RD 25 (2001/08) FX3 (2012) 220-476 |
|----------------------------------------------------------------------------|---------------------------------------|
| Mark Kasten/DEBBIE Mondon                                                  |                                       |
|                                                                            | Sewalls Pont, FL 34996                |
| OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.               | L Sewalls Point Road                  |
| BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY    | Jq9D pribling Iniog 21[5w92           |
| <b>IO</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, |                                       |
| EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL         |                                       |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE         |                                       |
| CENCELLETION                                                               | CERTIFICATE HOLDER                    |

| SSS | MA | 00:11 | MED | DEC-'08-2004 |  |
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EAX NO. 5124535256

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| SSET NOITASO                                                                   | CORD CORI                        |                            |                |                                                                           |                     | (LUL) 9-5Z                          | CORD                                   |
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|                                                                                | Round.                           | 2                          |                |                                                                           |                     |                                     |                                        |
|                                                                                |                                  | SED NEWSER.                |                |                                                                           | 96615               | alla Point, FL                      | e                                      |
| NO ETHEOM 2TT , P.2                                                            | STICKER SHILL HOURD CHIDI ANY 30 |                            |                |                                                                           |                     |                                     |                                        |
| NOTICE TO THE CERTIFICATE HOLDER MANNED TO THE LEFT, BUT FALUEE TO DO BO SHALL |                                  |                            |                | osd<br>Department                                                         | סדָ שב אַ<br>זמד של | ing aniog ellews<br>Y ellews2 dauo2 | l.<br>ac                               |
| NELLIMA BAVO                                                                   | ANT ENDERAGE TO NAL 30           | RESOR, THE LEAVING INFURER | DATE TH        |                                                                           | •                   |                                     |                                        |
|                                                                                | D CONCIER BE CANCELLED BEFOR     |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                |                                  | NOLLATION                  | CANC           | SUTTLE REPORT AND THE LEFT                                                | ×00                 | ICATE HOLDER                        | HT 83:                                 |
|                                                                                |                                  |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                |                                  |                            |                | OVER ROSTER. ***                                                          |                     | SHOATTA BES BRAN                    |                                        |
| NOITA                                                                          | IEIC RODEINE COREON              | AMS leased to PAC          | jo eaaloi      | pplites to 100% of the empl                                               |                     | 12/01/2004                          |                                        |
|                                                                                |                                  |                            |                | caff Leastng, Inc. 2. Thi<br>witch AMS. Coverage is no                    |                     |                                     |                                        |
|                                                                                |                                  | litcy as a co-employ       | ideil era      | era Compensation & Employe                                                | d Vork              | abrolle ei basue                    | . I v                                  |
|                                                                                | 4                                | SNO(BAC                    | BIT/BPECIAL PR |                                                                           |                     | TOH OF OPERATIONELOC                | 1483353                                |
|                                                                                | S SINC                           |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                | 1                                |                            |                |                                                                           |                     | l<br>HEM                            |                                        |
| 0000001                                                                        | S LIPITATION - 25Y3SIO T 3       |                            |                |                                                                           |                     |                                     |                                        |
| 1000000                                                                        | E T DEERE EVERIOLEE 2            |                            |                |                                                                           |                     |                                     |                                        |
| 000001                                                                         | S THEODOM HOME 19                |                            |                |                                                                           |                     | AUTION                              |                                        |
|                                                                                |                                  | 5002/1/21 00               | 15/1/21        | AC0100086                                                                 |                     | DEREST CONFERENCION                 | ×                                      |
|                                                                                | <u>۲</u>                         |                            |                |                                                                           |                     | \$ HOMM3138<br>919101090            |                                        |
|                                                                                | \$                               |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                | ACORECATE S                      |                            |                |                                                                           | 307791 634          | 00018 001                           | -1                                     |
|                                                                                | EACH OCCURRENCE \$               |                            |                |                                                                           |                     | CLESS INGERILL                      | 0                                      |
|                                                                                |                                  |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                |                                  |                            |                |                                                                           |                     | OTUA WA                             | _                                      |
|                                                                                |                                  |                            |                |                                                                           |                     |                                     |                                        |
|                                                                                | SROPERTY DAMAGE                  |                            |                |                                                                           |                     |                                     | -                                      |
|                                                                                | (Per accent)                     |                            |                |                                                                           |                     | BOTUA GENNO HOR                     |                                        |
|                                                                                | BOORTY MURY                      |                            |                |                                                                           |                     | HERED MITOS                         |                                        |
|                                                                                | (Lear berson)<br>BOOIT A IMINEA  |                            |                |                                                                           |                     | SCHEDULED MITOS                     | -                                      |
|                                                                                |                                  |                            |                |                                                                           |                     | ALL DWNED , UTOS                    | _                                      |
|                                                                                | (Es scipau)<br>COMEMED ZMETE TML |                            |                |                                                                           |                     |                                     | -                                      |
|                                                                                |                                  |                            |                |                                                                           | 201                 | - Sal Nuch                          |                                        |
|                                                                                | PRODUCTS - COMPROPAGC \$         |                            |                |                                                                           | 334 697             | AL ACCRECATE LAST                   | 2C                                     |
|                                                                                | CENERAL ACCRECATE \$             | 1                          |                |                                                                           |                     |                                     | _                                      |
|                                                                                | PERSONAL & NOV BLUEY 5           |                            |                |                                                                           | ສາລາວ               | 3071 5970                           | -1                                     |
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| 80 030551                                                                      | THIS CERTIFICATE MAY BE          | 1 АШН ИЕВЬЕСТ ТО АНИСН     | S DOCIMEN      | EIHTO FIO TOATTACT OR OTHER                                               | DIS COM             | REGURDENT, TERM                     | YNA                                    |
| SURGINATERIT                                                                   | V REBIOD INDICATED. NOTING       | ED VEONE FOR THE FOLIC     | TVN QERETRA    | BEFOR HVAE BEEN ISSNED 10 TOB                                             |                     |                                     |                                        |
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|                                                                                |                                  |                            | RELEASE        | 5056-£8Z                                                                  | (ZLL) :             | 283-1663 Fax                        | (ZLL)                                  |
|                                                                                |                                  | ਹ <u>ਲ</u>                 | BULEN          |                                                                           |                     | 1669E 14 'L                         | AAUTS                                  |
|                                                                                |                                  | 88                         | RELEA          | N                                                                         | DITARO              | R DIXIZ HAN                         |                                        |
| INFANCE COMPA                                                                  | BERTY & CASUALTY INS             | PRA PROVIDENCE PRO         | BUURN          |                                                                           |                     |                                     | <b>URBINSH</b>                         |
|                                                                                | LEORDING COVERAGE                | N SABANSN                  |                |                                                                           |                     | un                                  | / <b></b>                              |
| MOTH ON                                                                        | EFORDED BY THE FOLL              |                            |                | 0507-700                                                                  | 2261 :              | xey 200-107<br>161-0965             |                                        |
| BULLIO OK                                                                      | (DIENVION 8300 31)               | LOER THIS CERTIFICA        | OH             |                                                                           |                     | Dallas Parkway                      | 09111                                  |
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| V 55-28-16 9002/8                                                              |                                  | INSUKANCI                  | ורונג          | FICATE OF LIAB                                                            | ITA:                | OKT CE                              | NA                                     |
| LING / TOP SALE                                                                |                                  |                            | / Label 11     |                                                                           | a diasta Vigilia    |                                     |                                        |

(INI) 9-67 (INO)

Cartificate Number: AC94-7966615-176426

### **EMPLOYEE ROSTER** CERTIFICATE OF LIABILITY INSURANCE

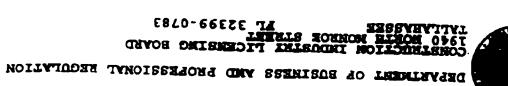
Attached roster includes employees paid through 11/28/2004. To verify employee's who may have been added since 11/28/2004, please call 1-800-728-6623,

WOODS, GARY S MEVAEN SCOLL WEAVER, RYAN Weaver, Demus V NVTHE 'LENISTON VELASQUEZ JR., ROBERT ANTINETVA ZEKTIVA Torres, Pedro TORRES, JUAN M LIBGE MILLS' IVICE H AUASON MAUL , EAVDR NAUL , EOMAR RAMOREZ JOHNNUE Pincet, Cancriso Nickerson, James MEYER, RICHARD P ADVDOZA, ERUCK E NUEDINO' BREAME MO WVACETVE' VTEONOO Lovid, Bomie KAREZ CESAR NOREPH, JEAN IVILLEGA' CHIGALIME IN SELVY YOUR Heynapiana, Richard Hermodez, Martin HERNVRDES' LEFEDY Comer, Richard John CORNEL Mario COMES' DAVIN E EVR' DEVINY b EDCECONS' DESMOND C Destine, Magelot (modoy, Gary COCKERNING BENNED Centro, Reinaldo BUCHOLZ JOHN YnoT AutorA hodox, AutoriA ARANDALE, SHAWN G T NINELE, GLENN T O ZINI 'NVIIDOV ENPLOYER LIST: \* Please note employee restar for this client is updated on a WEEKLY basis.

| DIVAR CVKK                                                              |                                                                    | JEB BUGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                         | 566 <b>7</b> 5                                                     | PODES RICHARD JOHN<br>PACIFIC ROOFING CORP<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUART<br>STUA |
|                                                                         | CIA<br>CIA<br>CIA<br>CIA<br>CIA<br>CIA<br>CIA<br>CIA<br>CIA<br>CIA | The ROOFING CONTRACTOR<br>Named below IS CERTIFI<br>Under the provisions o<br>Expiration date: AUG 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| BING BOARD SECRETON<br>SOURL RECULATION                                 | NELECTION INDUSTRY LICENS                                          | ZMTRAGEO<br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| DEDVELIGENT RECOLVIION                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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5664E 7A BUUART PO BOX 2697 COMES, RICHARD JOHN GOMES, RICHARD JOHN

001-02-580-1 15:03 bb



S6ET-18# (058)

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BUCIFIC ROOFING

10 1012 COCK 582 195

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PACIFIC ROOFING CORP FOMES, RICHARD J PO BOX 2697 STUART FL, 34995 STUART FL, 34995

Contractor ID: AP01080463 License Type: CCC



*!!* .

Phone (772)288-5326 Fax (772)288-5388 Pevelopment Department Phone (772)288-5326 Fax (772)288-5388

2

BUCIEIC BODEINE

10/1013 5856 582 195



WATER QUALITY RETENTION WILL BE PROVIDED

III CONCENSION:

 $A^{b} = (30, X \text{ I}, X \text{ 120}) \div 23 = 66.6 \text{ CUBIC YARDS}$ 

II. VOLUME OF RETENTION PROVIDED =  $V_p$ 

 $\Lambda^{L} = (0.21 \text{ X } 1688) + 51 = 60 \text{ CUBIC } \text{KVBDS}$ 

 $\Lambda^{L} = (0.21 \text{ X AREA IMPERVIOUS}) \div 27 = CUBIC YARDS REQUIRED$ 

I. AOLUME OF RETENTION REQUIRED =  $V_{t}$ 

OPEN PERVIOUS SPACE: 14,689 SQUARE FEET = 66%

BUILDING AND DRIVEWAY: 7,688 SQUARE FEET = 34%

TOTAL LOT AREA: 22,377 SQUARE FEET = 100%

RETENTION FOR WATER OUALITY

#### **12 SOUTH SEWALL'S POINT ROAD**

#### **CARY SCHECODNIC RESIDENCE**

#### STORMWATER RETENTION ANALYSIS

MAY 20, 2005

10B NO. 02 1636

Eax 772-335-0866 Phone 772-335-0772 WPB 561-832-9094

Civil & Structural Engineers 201 SW Port St. Lucie Blvd., Suite #104 Port St. Lucie, FL 34984

## Weyant Engineering, Inc.

ï

**ASSOCIATED AIR OF PSL inc.** *EXACT SAM* Project Summary

1238 NIEWEXEK CIK" FORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

#### Project Information

Phone: 334-2577 Fax: 334-5877 S163 NE BINE RIDGE 21' JENZEN BEACH' FL

TOT 18/HERITAGE PL/SEWALLS PT R-30/R-5

:setoN

:10F

#### Design Information

West Palm Beach, FL, US :TethesW

#### Summer Design Conditions

:χ8

:qop:

20-6-5 :916G

SCHECODNIC

| ∂t∖jp | 29 | Moisture difference |
|-------|----|---------------------|
| %     | 90 | Relative fumidity   |
|       | ٦  | Daily range         |
| ч°    | 91 | Design TD           |
| ц°    | SZ | db əbiznl           |
| ٦°    | 16 | Ortside db          |

#### Sensible Cooling Equipment Load Sizing

| -4-6 -543                              | - |  |
|----------------------------------------|---|--|
| Structure<br>Ducts<br>Blower<br>Blower | - |  |
|                                        |   |  |

| unig 🛛 | 2434J | bsol əldiznəs tnəmqiup∃ |
|--------|-------|-------------------------|
| • • •  | 96'0  | gte/swing multiplier    |
|        | ŭ     | eied s jaimpeinueur aso |

#### Latent Cooling Equipment Load Sizing

| beol letot tnemginp3                                                 | 29493                       | 4nt8         |
|----------------------------------------------------------------------|-----------------------------|--------------|
| Structure<br>Ducts<br>Central vent (49 cfm)<br>Equipment latent load | 2123<br>161<br>1382<br>1823 | 4nia<br>4nia |
|                                                                      |                             |              |

| Equipment total load<br>Req. total capacity at 0.70 SHR | 5.9<br>29493 |              |
|---------------------------------------------------------|--------------|--------------|
| Central vent (49 cfm)<br>Equipment latent load          | 5153<br>1912 | <b>Y</b> hja |
| Ducts                                                   | 1382         | Чma          |

#### Cooling Equipment Summary

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|-------------------|------------|
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| factor            | Woll 11A   |
| wolt ji           | e leutoA   |
| նսյօ              | oo letoT   |
| 6uiloo:           | o tristell |
| e cooling         | Sensible   |
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| TWE037E13         | lioC       |
| 1A3E02ATTS        | puog       |
| XK12              | Trade      |
| Trane             | Make       |
|                   |            |

£8.0 N2H UI 0.00 duia/mio 740.0 ໝ່ວ 0911 4018 00292 10860 Btuh 25340 Btuh **13 SEER** 

Space thermostat 07H 1 00.0 Static pressure 0.061 cfm/Btuh

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

1160 cim

10 20230 B4n4

YINA 0 1<u>00 E</u>FF

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WITULE TO CARE TWO DECHECODNIC. The Main Street Representation = SW Contentiation = SW Co

WIGHT Suite Residential 5.9.56 RSR20246

vote

use manufacturer's data

Average beiliquis

20230 Btuh

1324 Btuh 899 ctm

52 % 50 % 50 %

4nia 22621

YMB 0

unia 0

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|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| pnilooD                                                                                                            | Heating                                                                                               |                                                                    |

Infiltration

Yeating Summary

Winter Design Conditions

#### Heating Equipment Summary

| input<br>ature rise<br>ature vise | Efficien<br>Heating<br>Heating<br>Heating<br>Petual<br>S leuto<br>Moli flow |
|-----------------------------------|-----------------------------------------------------------------------------|
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| e/u                               | Make<br>Trade                                                               |

Fireplaces

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Structure

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Construction quality

bsol insmqiup3

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(mto 04) they lating

SSOCIATED AIR OF PSL inc. *ADDE RATER ZONE* Duct System Summary

:Xg 0-6-6 : 9160 10D: SCHECODNIC

1538 NIEWEXER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

:To 7

#### Project Information

DRIFTWOOD CONST.

Phone: 334-2577 Fax: 334-5877 2163 NE PINE RIDGE ST, JENSEN BEACH, FL

**366 ft** Total effective length (TEL) mb 0011 Actual air flow 11001/ui 051.0 Lowest friction rate O2H ni 00.0 \ 00.0 Supply / return available pressure 0.00 in H2O Available static pressure 02H ni 00.0 Pressure losses O2H ni 00.0 External static pressure Heating

#### Supply Branch Detail Table

| Trunk<br>Aðta<br>Aðta                | 575.0<br>275.0<br>275.0               | נון (נן)<br>25.0<br>גר (לל)          | Mati<br>VIF×<br>VIF×         | (ni) szi2<br>0 x0<br>0 x0            | 2<br>2<br>(ui)   | ЯЯ<br>021.0<br>021.0<br>021.0    | (cfm)<br>180<br>180             | 0<br>0<br>0<br>(ctm) | 2085<br>2085<br>2085<br>2085 | 2<br>2                | 9 <b>mgn</b><br>A-D38 T2AA<br>B-D38 T2AA<br>B-D38 T2AA<br>B-D38 T2AA |
|--------------------------------------|---------------------------------------|--------------------------------------|------------------------------|--------------------------------------|------------------|----------------------------------|---------------------------------|----------------------|------------------------------|-----------------------|----------------------------------------------------------------------|
| Ačta<br>Ačta<br>Ačta                 | 512<br>512<br>0.275<br>0.275<br>0.275 | 18.4<br>22.2<br>19.4                 | VIE×<br>VIE×                 | 0 ×0<br>0 ×0<br>0 ×0                 | <b>v</b>         | 051.0<br>021.0<br>021.0          | 180<br>72<br>7                  | 0                    | 146<br>426                   | 3<br>3<br>3           | IC 5<br>IC 1                                                         |
| st10<br>st10<br>st11<br>st11<br>st11 | 570.0<br>270.0<br>270.0<br>270.0      | 52.1<br>32.0<br>32.6<br>32.6<br>32.5 | AIE×<br>AIE×<br>AIE×<br>AIE× | 0 ×0<br>0 ×0<br>0 ×0<br>0 ×0<br>0 ×0 | 9<br>9<br>9<br>9 | 051'0<br>051'0<br>051'0<br>051'0 | 132<br>132<br>133<br>133<br>133 | 0<br>0<br>0<br>0     | 5849<br>5849<br>5801<br>5801 | 0<br>0<br>0<br>0<br>0 | tejik<br>A-htab<br>Htab<br>A-b<br>B                                  |

#### Supply Trunk Detail Table

| sts<br>Sts<br>Sts | Vinifix<br>Vinifix<br>Vinifix<br>Vinifix | 0 x 0<br>0 x 0<br>0 x 0<br>0 x 0 | 0 8<br>51<br>15 0<br>19<br>10 | 173<br>725<br>726<br>831 | 0.150<br>0.150<br>0.150<br>0.150 | 022<br>970<br>125<br>1160 | 0<br>0<br>0<br>0 | Реак АVF<br>Реак АVF<br>ЧVА Уб9Ч<br>ТVA Уб9Ч<br>ТVA Уб9Ч | st5<br>st10<br>A5ts<br>ft11 |
|-------------------|------------------------------------------|----------------------------------|-------------------------------|--------------------------|----------------------------------|---------------------------|------------------|----------------------------------------------------------|-----------------------------|
| μιυκ              | Duct<br>Material                         | Rect Duct<br>Size (in)           | msiQ<br>(ni)                  | (mqì)<br>Veloc           | Design<br>FR                     | Clg<br>(cfm)              | Htg<br>(cfm)     | Type<br>Trunk                                            | əmsN                        |

nobbittovo ylleunem nood oven zoulev olitati/blo&

mto 0011

O2H ui 00.0 / 00.0

1001/ni 021.0

0.00 in H2O

02H ni 00.0

OSH ni 00.0

pnilooJ

WIGHTSOFF Regidential 5.9.56 RSR20246



1538 NIEWEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

#### Project Information

byoue: 334-5217 Fax: 334-5877 2163 NE BINE RIDGE ST, JENSEN BEACH, FL DRIFTWOOD CONST.

T9 2JJAW32L9 3DATI93H/81 TOJ R-30/R-5

:sajoN

:TOF

#### Design Information

West Palm Beach, FL, US Weather:

#### Summer Design Conditions

| ∂t∖jp    | <u>7</u> 8 | Moisture difference |
|----------|------------|---------------------|
| %        | 09         | Relative frumidity  |
|          | Ĩ          | Daily range         |
| ٦.       | 91         | Design TD           |
| <u> </u> | ŠΖ         | db abian            |
| E.       | 16         | Outside db          |
|          |            |                     |

#### Sensible Cooling Equipment Load Sizing

| etch s'ranitacturem aal l | u     |       |
|---------------------------|-------|-------|
| Blower                    | 0     | 4mg   |
| Central vent (61 cfm)     | 0801  | yma . |
| Ducts                     | 1854  | yma   |
| Structure                 | 18537 | 4ma   |

### Latent Cooling Equipment Load Sizing Rate/swing multiplier Equipment sensible load

| bsol lstot tnemqiup∃                                                 | 26331                        | Auta         |
|----------------------------------------------------------------------|------------------------------|--------------|
| Structure<br>Ducts<br>Central vent (61 cfm)<br>Equipment latent load | 6178<br>8852<br>8761<br>0361 | ynia<br>ynia |

| Cooling Fauloment Summery                                                      |                      |      |  |
|--------------------------------------------------------------------------------|----------------------|------|--|
| Equipment total load<br>Red. total capacity at 0.70 SHR                        | 5.5<br>26331         |      |  |
| Central vent (61 cfm)<br>Ducts<br>Ducts vent (61 cfm)<br>Equipment latent load | 2119<br>2386<br>1973 | ynig |  |

| Cooling Equipment Summary |                                                         |  |  |  |
|---------------------------|---------------------------------------------------------|--|--|--|
| not 2.5<br>Auta ton       | Equipment total load<br>Req. total capacity at 0.70 SHR |  |  |  |
| 2110 BMP                  | Ducts<br>Central vent (61 cfm)<br>Equipment latent load |  |  |  |

| 13    | CV                        | nsioi           |
|-------|---------------------------|-----------------|
|       | TWE031E13                 | lī              |
|       | 1A0E02ATTS                | pu              |
|       | XK12                      | ÷ρε             |
|       | Trane                     | ike             |
| smmu2 | fooling Equipment         |                 |
| 5.5   | AHS 07.0 te vitisedes let | oj .p:<br>mqiuj |

| offer tead aldian | 03 PEO    |
|-------------------|-----------|
| essare            | Static pr |
| Tactor            | WOIL TIA  |
| ir flow           | Actual a  |
| bujo              | oo letoT  |
| ອີບຫຼວັດ          | o trete L |
| ອດທີ່ອຸດ          | Sensible  |
| . Ac              | Efficienc |
| TWE031E13         | Coil      |
| 1A0E0SATTS        | puoD      |
| 219X              | Trade     |
| Trane             | Make      |
| audunha fuucaa    |           |

Load sensible heat ratio

ອາອກ ຮົ່ງວ່າກາວຍາກມ່ອງນີ້ ວັດດັ

61.0 OZH ui 00.0 ctm/Btuh 940.0 ່ໝູ່ວ 076 30000 Btuh YM8 0006 21000 Btuh SEER

> 20612 Btuh 96.0

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Space thermostat Static pressure Air flow factor Woll lie leutoA emperature nse indino pribabi Heating input Efficiency

e/u

e/u

Air changes/hour Equiv. AVF (cfm)

Construction quality

Equipment load

Humidification

(mto 18) inev lettineO

Area (ft²) Area (ft²)

Fireplaces

роцэм

**Piping** 

Stoud

Structure

**OT ngiseO** db spizni

db sbistuO

Yeating Equipment Summary

Infiltration

Yeating Summary

Winter Design Conditions

IsboM

**J**rade

Make

Printout certified by ACCA to meet all requirements of Manual J 8th Ed. nebbtrievo vilaunam need evan seulev cilati/blog

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OSH ni 00.0

nutalmto 740.0

12

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32

0 Average

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1151 1523 16523

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4m8 16812

4148 7831 m12 245

4118 66881

25 °F 70 °F

4. St

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4ma 0

100 EFF

mia 049

UNA LEGIZ

**S**9

0.24

16523 1517

Reating



1538 NIEWEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

#### Project Information

Phone: 334-2577 Fax: 334-5877 SI63 NE PINE RIDGE ST, JENSEN BEACH, FL :10F

T9 SJJAW3S/J9 30ATI93H/81 TOJ S-70/R-5

:setoN

Design Information

West Palm Beach, FL, US :TethseW

#### Summer Design Conditions

| ∂ı,ıp   | 29 | Moisture difference |
|---------|----|---------------------|
| %       | 05 | Relative humidity   |
|         | Ĩ  | Daily range         |
| <u></u> | 91 | Design TD           |
|         | ŠŻ | db abian            |
| Ч.      | 16 | db ebistuO          |

#### Sensible Cooling Equipment Load Sizing

| eteh s'rarittreturem asi i                            | u                          |                              |
|-------------------------------------------------------|----------------------------|------------------------------|
| Structure<br>Ducts<br>Central vent (92 cfm)<br>Blower | 0<br>1910<br>3223<br>72234 | 4n18<br>4n18<br>4n18<br>4n18 |
|                                                       |                            |                              |

#### Equipment sensible load 4m3 87085 Rate/swing multiplier 96.0 າອາເມລະເບເລີ້າ ອີ

#### Latent Cooling Equipment Load Sizing

| hsol lstot triamning                                                 | 56767                          | 4148         |
|----------------------------------------------------------------------|--------------------------------|--------------|
| Structure<br>Ducts<br>Central vent (92 cfm)<br>Equipment latent load | 7885<br>3578<br>71401<br>71401 | unia<br>unia |

| Memmig transing puiloo?                                 |                       |             |  |
|---------------------------------------------------------|-----------------------|-------------|--|
| Equipment total load<br>Req. total capacity at 0.70 SHR | 7.4<br>20404          | ton<br>Btuh |  |
| Ducts<br>Central vent (92 cfm)<br>Equipment latent load | 2942<br>3578<br>29417 | ųnia        |  |

| Cooling Equipment Summary                               |                       |             |
|---------------------------------------------------------|-----------------------|-------------|
| Equipment total load<br>Req. total capacity at 0.70 SHR | 7.4<br>20404          | ton<br>Auta |
| ⊔ucts<br>Central vent (92 cfm)<br>Equipment latent load | 21401<br>8292<br>2462 | ynja        |

| Make<br>Trade<br>Make | Trane<br>XR12<br>L909059115                |              |   |
|-----------------------|--------------------------------------------|--------------|---|
|                       | Cooling Equipment                          | ewwns        | ٦ |
| Equipme<br>Reg. tot   | beol lotat need<br>AHS 07.0 te vicedes let | 7.4<br>20494 | • |

| H 4 00 0  | 0112201     | a sitet2 |
|-----------|-------------|----------|
| mto 840.0 | factor      | Woft TiA |
| ujo 0081  | woff til    | Actual a |
| P18 00509 |             | Total co |
| 18120 BIN | ອີບມູອິອະ   | Latent c |
| 45320 841 | e cooling   | Sensible |
| 13 SEEL   | c À T       | Ēţliciën |
|           | TWE049E13   | lioD     |
|           | 180302ATTS  | puoc     |
|           | <b>XR12</b> | Trade    |
|           | Trane       | Make     |
|           |             |          |

| cfm<br>cfm/Btuh<br>cfm/Btuh<br>in H2O | 00.00<br>0.00<br>0.00<br>0.00<br>0.80 |
|---------------------------------------|---------------------------------------|
| 4nt8                                  | 00909                                 |
| duta                                  | 18120                                 |
| Чnia                                  | 45320                                 |
| SEER                                  | 136                                   |

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Static pressure Static pressure Actual air flow Air flow factor 191 1426 Bhuh l emperature nse ำทุปมาง อุการ์ Judni gnuseh Filiciency

Heating Equipment Summary

Infiltration

Heating Summary

Winter Design Conditions

671

0.30

29443 2158 2158

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ILade

Make

e/u

e/u

Air changes/hour Equiv. AVF (cfm)

Construction quality

beol insmipped

Humidification

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(<sup>c</sup>ff) əmuloV

(<sup>s</sup>f) sərA

Fireplaces

роцэм

Piping

Sionā

Structure

OT ngiseO

db sbizni db sbistuO

nebbimevo vilaunem need even zeulev silati/bioß

Static pressure Load sensible heat ratio

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

WIGHTSOLF Right-Suite Residential 5.9.56 RSR20246

02H ni 00.0

dut8/mto 200.0 mio 0081

4n18 0

08

0 Average

91.0

29443 8512 Soling

beiniqmic

31456 8405

448 67522

52 °F 70 °F

unia 0

ynia ö 1377 cfm

100 EFF



Actual air flow

Pressure losses

Lowest friction rate

Available static pressure

External static pressure

ASSOCIATED AIR OF PSL inc. SECOND FL ZONE Duct System Summary

:y8 20-9-6 :916G 10b: SCHECODNIC

1238 NIEWEXEK CIK'' 50KL ST. LUCIE' FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

#### Project Information

:10-I

Phone: 334-2577 Fax: 334-5877 2163 NE PINE RIDGE ST, JENSEN BEACH, FL DRIFTWOOD CONST

Total effective length (TEL) 312 H mbo 0081 mb 0081 1001/ui 051.0 11001/ui 051.0 Supply / return available pressure O2H ni 00.0 \ 00.0 O2H 4 00.0 / 00.0 0.00 in H2O 02H ni 00.0 02H ni 00.0 O2H ni 00.0 02H ni 00.0 O2H ni 00.0 **Cooling** Peating

#### Supply Branch Detail Table

|       | 0:0       | 0.0         |             |           |      |        |             |       |          |          |           |
|-------|-----------|-------------|-------------|-----------|------|--------|-------------|-------|----------|----------|-----------|
|       | 0.0       | 0.0         | VIEX        | 0×0       | 8    | 031.0  | 538         | 0     | 8712     | С        | רו∧       |
|       | 0.0       | 0.0         | VIEX        | 0×0       | 8    | 0.150  | 238         | 0     | 8215     | С        | LIV-C     |
| [     | 0.0       | 0.0         | <b>VIEX</b> | 0 ×0      | 8    | 051.0  | 538         | 0     | 8215     | Э        | 8-AI7     |
|       | 0.0       | 0.0         | <b>NIEX</b> | 0 ×0      | 8    | 0.150  | <b>238</b>  | 0     | 8215     | Э        | רו∧-∀     |
| 6ts   | 165.0     | 9.44        | VIEX        | 0×0       | 8.   | 051.0  | 23 <b>4</b> | 0     | 1609     | С        | FOYER     |
| 61S   | 165.0     | 45.8        | <b>VIEX</b> | 0×0       | 8    | 051.0  | 234         | 0     | 1605     | Э        | A-ABYOR   |
| ZIS   | 0.261     | 8.21        | AIEX        | 0×0       | S    | 051.0  | <b>78</b>   | 0     | 6281     | С        | BEDRM 3   |
| Sta   | 0.201     | <b>S</b> .6 | AIFx        | 0×0       | 4    | 051.0  | 6           | 0     | 182      | Э        | E HTAB    |
| Zts   | 0.261     | 6.6         | <b>VIEX</b> | 0×0       | 1    | 051.0  | 07          | 0     | 898      | С        | . BEDKM 4 |
| Et2   | 0.261     | 7.e1        | <b>VIEX</b> | 0×0       | 1    | 0.150  | 591         | 0     | 3283     | Э        | GUEST RM  |
| Zis   | 0.261     | 1.el        | <b>NIEX</b> | 0×0       | 4    | 0.150  | L           | 0     | 146      | ວ        | MIC 4     |
| 5t3   | 0.201     | 13.4        | <b>NIEX</b> | 0×0       | 4    | 051.0  | 11          | 0     | 536      | С        | G MIC     |
| 5t3   | 0.201     | 7.01        | VIFx        | 0×0       | 4    | 0.150  | 7           | 0     | 63       | <b>D</b> | DKESS     |
| st3   | 0.261     | 8.11        | VIFx        | 0×0       | 4    | 051.0  | 56          | 0     | 029      | Э        | 4 HTA8    |
| ZIS   | 0.861     | 4.41        | <b>VIEX</b> | 0 ×0      | 4    | 0.150  | 52          | 0     | 633      | С        | SOTS 9U   |
| Lrunk | (וָן) (וָ | (וָן) רי    | цеМ         | (ui) əziS | (ui) | ΕВ     | (mtɔ)       | (ctm) | (មូណូទ្យ | )        | əmsN      |
|       | vp∃.gt-   | Actual      | 15uC        | Rect      | msiQ | Design | Clg         | , DiH | ubisə    |          |           |

#### Supply Trunk Detail Table

| <b>5</b> †4 | Vinifix<br>Vinifix<br>Vinifix | 0 × 0<br>0 × 0<br>0 × 0 | 1 7 5 L      | 098<br>860<br>877<br>870 | 031.0<br>0.150<br>0.150<br>0.150 | 697<br>697<br>507<br>121 | 0<br>0<br>0<br>0 | Peak AVF<br>Peak AVF<br>Peak AVF<br>TVA Year | St2<br>St3<br>St4<br>St4<br>St9 |
|-------------|-------------------------------|-------------------------|--------------|--------------------------|----------------------------------|--------------------------|------------------|----------------------------------------------|---------------------------------|
| Jruni       | Duct<br>Material              | Rect Duct<br>Size (in)  | msiQ<br>(ni) | (fpm)<br>V∈loc           | Design<br>FR                     | (mtɔ)<br>Clg             | (ctm)<br>Htg     | Lype<br>Trunk                                | əmsN                            |

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### Duct System Summary MAIN ZONE ASSOCIATED AIR OF PSL inc.

1238 NIEWEXEK CIK'' 60KT 21' FOCIE' EF 34865 64006: 112-332-1088 Eax: 112-332-1208

#### Project Information

:Ya

Date: 5-9-05

10D: SCHECODNIC

For: DRIFTV

Phone: 334-2577 Fax: 334-5877 2163 NE PINE RIDGE ST, JENSEN BEACH, FL DRIFTWOOD CONST.

|                      | 380 H |          |             | Total effective length (TEL)       |
|----------------------|-------|----------|-------------|------------------------------------|
| mtə <b>040</b>       |       | ctm      | 076         | Actual air flow                    |
| 1001/ui <i>051.0</i> |       | 11001/ni | 051.0       | Lowest friction rate               |
| 02H ni 00.0 \ 00.0   |       | in H2O   | 00.0 / 00.0 | Supply / return available pressure |
| 02H ni 00.0          |       | in H2O   | 00.0        | Available static pressure          |
| O2H ri 00.0          |       | in H2O   | 00.0        | Pressure losses                    |
| O2H ni 00.0          |       | in H2O   | 00.0        | External static pressure           |
| pnilooJ              |       | poites   | ЭН          |                                    |
|                      |       |          |             |                                    |
|                      |       |          |             |                                    |

#### Supply Branch Detail Table

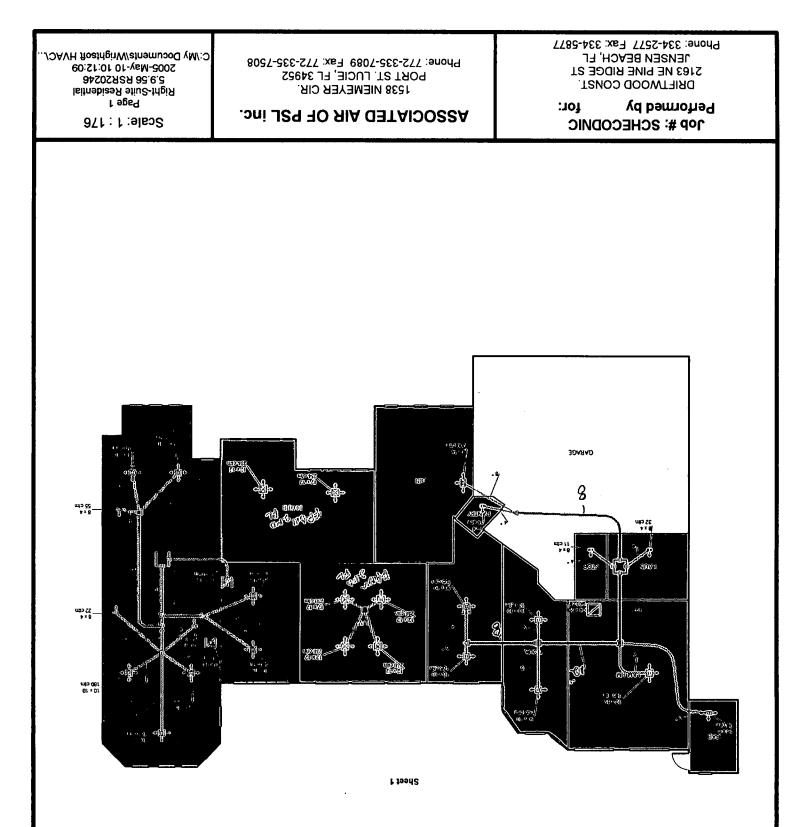
| Trunk | vp∃.gf刊<br>(Ħ) пJ  | Actual<br>(ft) nJ | Duct<br>Duct | Rect<br>Size (in) | msiQ<br>(ni) | ngisəD<br>FR | (ctm)<br>(ctm) | (ctm) | Btuh)<br>esign |          | əmsN   |
|-------|--------------------|-------------------|--------------|-------------------|--------------|--------------|----------------|-------|----------------|----------|--------|
| tts   | 200 <sup>°</sup> 0 | 5.61              | VIFx         | 0 ×0              | 2            | 051.0        | 162            | 0     | 8785           | c        | МЯ МАЭ |
|       | 0.86               | 4'3               | <b>NEX</b>   | 0 ×0              | 1            | 051.0        | 32             | 0     | <b>Z89</b>     | <b>b</b> | NUAJ   |
|       | 0'96               | 4.3               | <b>VIEX</b>  | 0 ×0              | 4            | 051.0        | 11             | 0     | 247            | Э        | STOR   |
| ∑‡s   | 0.862              | 30.0              | VIFx         | 0×0               | S            | 051.0        | 901            | 0     | 2622           | Э        | NOOK   |
| ∑‡s   | 0.862              | 5.92              | <b>VIFx</b>  | 0×0               | S            | 051.0        | 901            | 0     | 2525           | Э        | NOOK-A |
| ATta  | 340.0              | 36.0              | <b>VIEX</b>  | 0×0               | S S          | 051.0        | 102            | 0     | 5284           | Э        | KIT-A  |
| ATte  | 340.0              | 39.5              | <b>NIEX</b>  | 0×0               | S            | 051.0        | 301            | 0     | 2284           | Э        | אוד    |
| 9te   | 134.9              | 9.72              | VIFx         | 0 ×0              | 4            | 051.0        | 14             | 0     | 315            | Э        | үятиая |
| 9te   | 134.9              | 2.15              | <b>VIFx</b>  | 0 ×0              | 8            | 031.0        | <b>200</b>     | 0     | 4334           | Э        | DIA    |
| Цs    | 8.E0S              | 32.6              | VIFx         | 0 ×0              | S S          | 051.0        | 96             | 0     | 202            | С        | CAB    |

#### Supply Trunk Detail Table

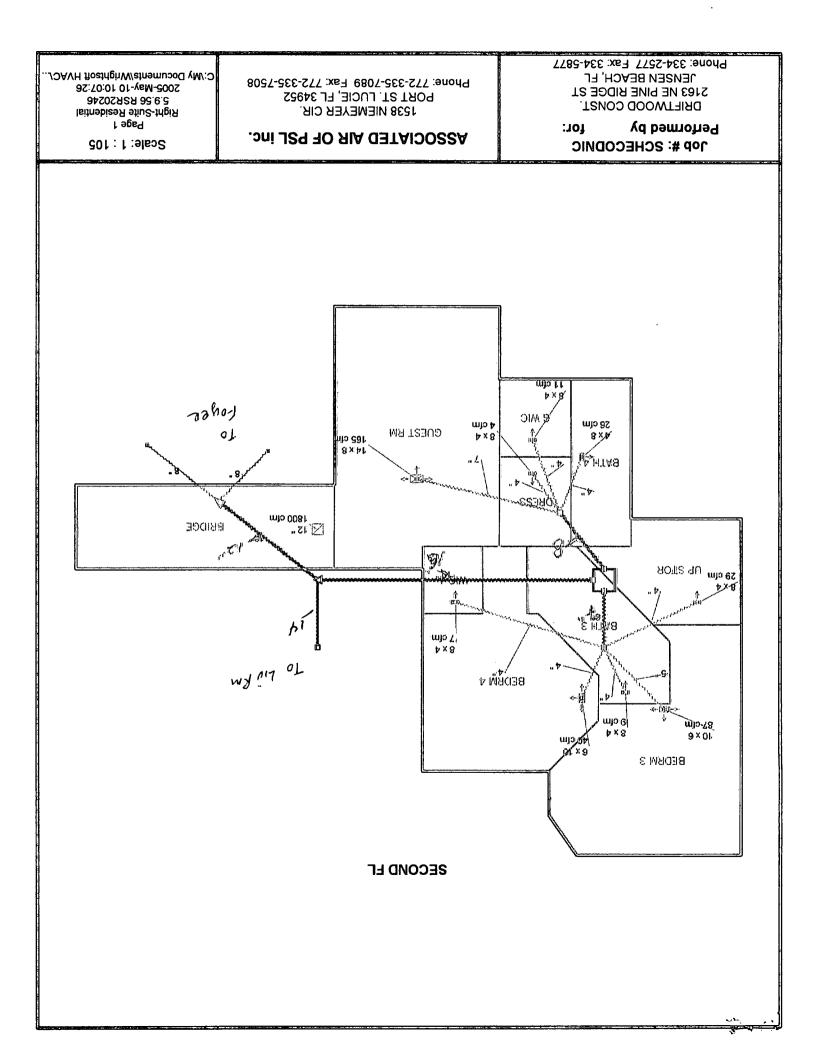
| Lunk       | Material<br>VinIFlx | 0 × 0          | (in)<br>(ni)               | (mdì)             | רא<br>0.150           | 683<br>(ctm)      | 0<br>(cţw)  | Peak A∨F<br>Type                 | Sme<br>St1         |
|------------|---------------------|----------------|----------------------------|-------------------|-----------------------|-------------------|-------------|----------------------------------|--------------------|
| tts<br>St7 | ViniFix             | 0 × 0<br>0 × 0 | 4<br>8<br>8<br>7<br>8<br>7 | 477<br>887<br>108 | 051.0<br>0150<br>0150 | 514<br>511<br>455 | 0<br>0<br>0 | Peak AVF<br>Peak AVF<br>TVA As99 | ∑te<br>A∑te<br>Əte |

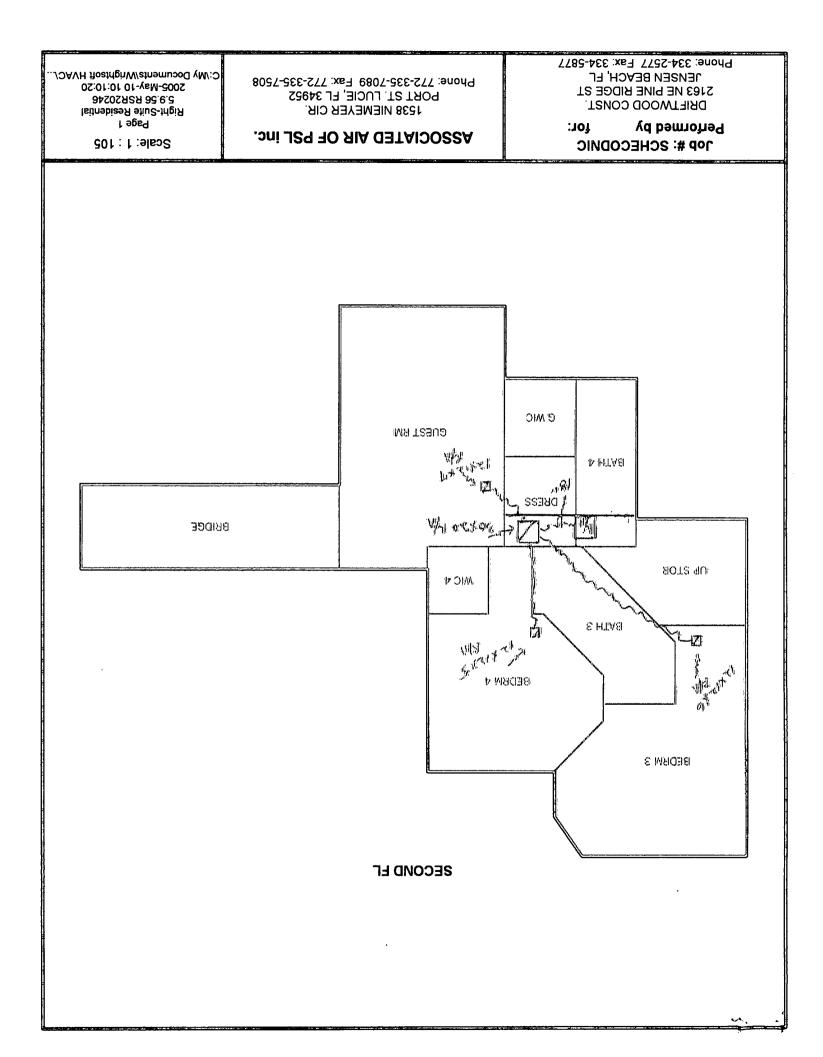
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# SECOND FL ZONE Right-J Worksheet

SSOCIATED AIR OF PSL inc.

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:eteQ

Jop:

90-6-9 SCHECODNIC 1238 NIEWEXER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

| 57<br>529                              | 598<br>598                              |                        |                                                                      | 0081<br>2806£                                                                                                                                                                                                                                                                                                                  | 72682<br>7800                                                                                                               |                                                                                                                 |                                                      |       |                                                              | ····· |                                                                                                                              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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

C:/My Documents/Wrightsoft HVAC/DRIFTWOODSCHECODNIC.np Calc = MJ8 Orientation = SW



### **ASSOCIATED AIR OF PSL inc.** SECOND FL ZONE Right-J Worksheet

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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

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### **ASSOCIATED AIR OF PSL inc.** SECOND FL ZONE Right-J Worksheet

1238 NIEWEXEK CIK'' FORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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1238 NIEWEXER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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| 0                                                                                           | 0                          |                                                                                             | 0                                                                                                       | 0                                                                                              | 0                                                                          | 0<br>0<br>0                                                                                      | 0                                                                                           | 44.38                                                              | SL.15                                                         | 95<br>95<br>95                          | 029.1                                                                                                                                 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| 857                                                                                         | 085                        | 521<br>0                                                                                    | 521                                                                                                     | 95L<br>0                                                                                       | 261<br>0                                                                   | 5 <u>7</u><br>0                                                                                  | 52<br>0                                                                                     | 20.2                                                               | 57.15                                                         | əs<br>ə                                 | 501.0<br>072.1                                                                                                                        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|                                                                                             | 0                          | 0                                                                                           | 0                                                                                                       | 121                                                                                            | 169H<br>160                                                                | 19                                                                                               | 19<br>(1022                                                                                 | 2.07                                                               | 189H<br>2.63                                                  | əu                                      | 201.0                                                                                                                                 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## ASSOCIATED AIR OF PSL inc. SECOND FL ZONE Right-J Worksheet

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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| E80E                                                                                        | S90S                                                                                        |                                                     |                                                                                             | 12252                                                                                                                                                     | <b>#0121</b>                                                                                                                                                                     |                                                                    |                                                                    |                                                                                                                                                                                               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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

WIND Decuments/Wrightsoft HVAC/DRIFTWOODSCHECODNIC.mp Calc = MJ8 Orientation = SW

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1538 NIEWEXEK CIK', PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

CALC C:/My Documents/Wrightsoft HVAC/DRIFTWOODSCHECODNIC.mp Calc = MJ8 Orientation = SW

By:

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90-6-9 SCHECODNIC



1538 NIEWEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

| 500<br>4334                                                                                      | 128<br>1287                                                                                                                |                                                                                                   |                                                                    | 91<br>212           | 764<br>797                              |                  |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                        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1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

WICH Decompositie Residential 5.9.56 RSR20246 Ciential S.9.66 RSR20246 Cientation = SW



1538 NIEWEKER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

| 541<br>11422                                                                                     | 505<br>7818                                                                                                                                                                                       |                                                                                             |                                                                                               | 1160<br>24488                                                                                                               | 0911<br>97881                                                                                     |                                                     |                                                                                                  |                                                                                                                                        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#### Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

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1538 NIEWEYER CIR., PORT ST. LUCIE, FL 34952 Phone: 772-335-7089 Fax: 772-335-7508

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 1        |
| ре   | гој  | neter | Area<br>or perin |                                                                                   | n <b>i8</b> )<br>Loa                                                                                           | neter (ft)<br>Az)                                                                           | ) Area (<br>or perin                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or                       | əulev-U<br>(T'- <sup>z</sup> fi\dula)                              | Construction<br>number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ٨ı               |          |
|      |      |       |                  | 1000/                                                                             | hear                                                                                                           | 0.21<br>A<br>x 0.21                                                                         | Room name<br>Exposed wall<br>Ceiling height<br>Room area<br>Room area<br>Room area                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

WTGDTCS/Wy Documents/Wrightsoft HVAC/DRIFTWOODSCHECODNIC.np Celc = MJ8 Orien(ation = SW

By:

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90-6-9 SCHECODNIC

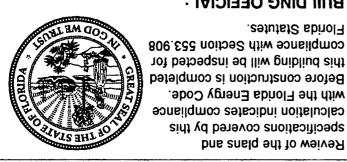
## FOR BUILDING CONSTRUCTION FLORIDA ENERGY EFFICIENCY CODE

Florida Department of Community Affairs

Residential Whole Building Performance Method A

| I. New construction |                | — wə <i>N</i><br>vlime1 steni2                | 12. Cooling systems | 14/itt81 () 65 .us() |
|---------------------|----------------|-----------------------------------------------|---------------------|----------------------|
| Climate Zone:       | South          | <u>, , , , , , , , , , , , , , , , , , , </u> |                     |                      |
| :JanwO              | SCHECODNIC     |                                               | Jurisdiction Num    |                      |
| City, State:        | SEWALLS PT, FL |                                               | Permit Number:      |                      |
| :ssənbbA            | HERITAGE PLACE |                                               | Permitting Office   |                      |
| Project Name:       | DRIFTWOODSCHEC | SODNIC                                        | :nebling            | DRIFTWOOD            |
|                     |                |                                               |                     |                      |

|       | SSA9                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | oq sliud-ss lstoT<br>Total asse poi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 81.0 :s   | Glass/Floor Are                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MZ-C' | dits<br>ry, Solar<br>heat pump)<br>s tan,<br>de Thermostat,<br>s cooling, | <ul> <li>12. Cooling systems</li> <li>a. Central Unit</li> <li>b. Central Unit</li> <li>c. Central Unit</li> <li>c. Central Unit</li> <li>ia. Electric Strip</li> <li>b. Electric Strip</li> <li>d. Hot water systems</li> <li>d. Hot water systems</li> <li>d. Hot water systems</li> <li>i. HVAC credits</li> <li>i. HVAC credits</li> <li>i. HVAC credits</li> <li>i. HVAC credits</li> <li>i. MAL-C-Multizond</li> <li>MZ-C-Multizond</li> </ul> | <pre>// Vitmeñ elgeni2<br/>// Vitmeñ elgeni2<br/>// Communication<br/>// Communication</pre> | Е=Х<br>=Х | Vall types<br>foncrete, Int Insul, Exterior<br>rame, Wood, Adjacent<br>//A<br>feiing types<br>foter Attic<br>//A | 3.     4.     7.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     2.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     3.     < |



Energy Code. by this calculation are in compliance with the Florida I hereby certify that the plans and specifications covered

:**JTA** -5 :Y8 G3AA93A9

: **JTA** 

:TN3DA/A3NWO compliance with the Florida Energy Sede I hereby certify that this building, as designed is

5-6

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EnergyGauge@ (Version: FLRCSB v3.30)

: **JTA** 

Florida Statutes.

**BULLDING OFFICIAL:** 

Phenote and the plans and

# Residential Whole Building Performance Method A

Class 3 Rating Registration No. 0 Climate: South

SCHECODNIC HERITAGE PLACE SEWALLS PT, FL

2/10/2002

| sbsoJ gnibling |                      |               |            |  |  |  |  |  |  |
|----------------|----------------------|---------------|------------|--|--|--|--|--|--|
| fliu8-sA ssea  |                      |               |            |  |  |  |  |  |  |
| stniog 021421  | :19mmu <b>&amp;1</b> | nioq 232282.1 | Summer:    |  |  |  |  |  |  |
| stniog 1819    | Winter:              | stniog 0264   | :TetriW    |  |  |  |  |  |  |
| stnioq 9558    | Hot Water:           | stnioq eɛɛଃ   | Hot Water: |  |  |  |  |  |  |
| stniog 078171  | :letoT               | stnioq 248641 | :letal:    |  |  |  |  |  |  |

| Cooling: 58254 po |  |  |  |  |
|-------------------|--|--|--|--|
| Base              |  |  |  |  |
|                   |  |  |  |  |

00.1 :oitsЯ-9 **PASS** 

EnergyGauge@(Version: FLRCSB v3.30)

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## SUMMER CALCULATIONS

## Residential Whole Building Performance Method A - Details

:# TIMA39

| 1.24011              |                           |                    | 9.8263   |                   |              |            | :lstoT fliu8-2A               | 14602.3     |         | 9.8263          | :le1:                            | oT esea  |
|----------------------|---------------------------|--------------------|----------|-------------------|--------------|------------|-------------------------------|-------------|---------|-----------------|----------------------------------|----------|
| 1.478                |                           | 00.1               | 1.478    | 0.11              |              |            | Frame, Wood, Adjacent         | 2.82751     | 07.2    | 5.14802         |                                  | Exterior |
| 0.69101              |                           | 2.00               | 2.4802   | 0.8               |              |            | Concrete, Int Insul, Exterior | 1.478       | 00. F   | 1.478           |                                  | tn936[bA |
| Points               | =                         | MAS X              | К вэлА   | euls/             | eulsV-Я      |            | Ţype ´                        | Points      | = M928  | Х вэлА          | TYPES                            | WALL     |
| 6.63784              |                           |                    | £.£78    |                   |              |            | :lstoT filu8-zA               |             |         |                 |                                  |          |
| 9.828                | 97.0                      | 21.0               | eo.o     | 0.6               | 12.0         | ЗS         | Shingle, SC=0.43              |             |         |                 |                                  |          |
| 7. <b>4</b> 22       | 0`36                      | 18.6               | r 0.81   | 2.0               | 12.0         | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 384.0                | 74.0                      | 86.93              | 12.1 6   | 8.3               | 15.0         | S          | Single, Clear                 |             |         |                 |                                  |          |
| 8.88                 | 64.0                      | £6 <sup>.</sup> 99 | 3.1 E    | 5.1               | 15.0         | S          | Single, Clear                 |             |         |                 |                                  |          |
| 6.409                | 0.42                      | 18.6               | 0.81     | 0.8               | 14.0         | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 6 <sup>.</sup> 741   | 65.0                      | 18.6               | 7 8.A    | 1.5               | 0.41         | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 7.468                | 95.0                      | £6 <sup>-</sup> 99 | 54'0     | <b>5</b> .7       | 0.8          | S          | Single, Clear                 |             |         |                 |                                  |          |
| 1.8151               | 00.1                      | 14.6               | 7 0.81   | 0.71              | 5.1          | MS         | Single, Clear                 |             |         |                 |                                  |          |
| 7.8 <del>1/</del> 5  | 86.0                      | 14.5               | 7 8.A    | 9.01              | 5.1          | MS         | Single, Clear                 |             |         |                 |                                  |          |
| 17571                | 00.1                      | 18.6               |          | 5.91              | 5.1          | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| T.TET1               | 00.1                      | 24.8I              |          | 0.61              | 5.f          | MN         | Single, Clear                 |             |         |                 |                                  |          |
| 622.0                | 00.1                      | 09.5               |          | 0.91              | 5.1          | MN         | 54.0=02 , algni2              |             |         |                 |                                  |          |
| 164.2                | S7.0                      | 24.8               |          | 5.5               | 5.1          | MN         | Single, Clear                 |             |         |                 |                                  |          |
| 0 <sup>.</sup> 747.0 | 00.1                      | 09.6               | r 0.84   | 0 <sup>.</sup> EZ | S.I          | MN         | Single, SC=0.43               |             |         |                 |                                  |          |
| 1.284                | 00.1                      | 24.8               |          | 13.5              | 5.1          | MN         | Single, Clear                 |             |         |                 |                                  |          |
| 1525.3               | <b>Þ</b> 6.0              | <b>24.8</b>        |          | S.8               | 5.1          | MN         | Single, Clear                 |             |         |                 |                                  |          |
| L'8996               | 1.00                      | 18.6               |          | 0.91              | 5. L         | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 7.08401              | <i>1</i> 6 <sup>.</sup> 0 | 18.6               |          | 5.6               | 5.f          | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 7.206                | 00.1                      | 21.0               |          | 2.81              | 5.f          | ЗS         | Single, SC=0.43               |             |         |                 |                                  |          |
| 4.717                | 00. I                     | 18.6               |          | 13.5              | 5.1          | ЗS         | Single, Clear                 |             |         |                 |                                  |          |
| 5631.4               | 26 <sup>.</sup> 0         | 18.6               |          | S.9               | 5. r         | ΞS         | Single, Clear                 |             |         |                 |                                  |          |
| 1308.8               | 86.0                      | 19.5               |          | 0.01              | 5.1          | ЭN         | Single, Clear                 |             |         |                 |                                  |          |
| 1334.6               | 26.0                      | 17.8               |          | 0.6               | 5.1          | Э          | Single, Clear                 |             |         |                 |                                  |          |
| 7.8404               | 26.0                      | 18.9               |          | 0.6               | 5.1          | -<br>3S    | Single, Clear                 |             |         |                 |                                  |          |
| 5.9111               | S6.0                      | £6 <sup>-</sup> 99 |          | 0.6               | 5.1          | S          | Single, Clear                 |             |         |                 |                                  |          |
| 2.9521               | 96.0                      | 14.6               |          | 0.6               | 5.1          | MS         | Single, Clear                 |             |         |                 |                                  |          |
| 1.807                | 96°0                      | 14.5               |          | 0.6               | 5.1<br>2.1   | MS         | Single, Clear                 |             |         |                 |                                  |          |
| 302                  | 96'0                      | 8.42               |          | 0.8               | 5.1<br>3     | MN         | Single, Clear                 |             |         |                 |                                  |          |
| 9.6691               | 26'0                      | 24.8I              |          | 0.6               | 5.1          | MN         | Single, Clear                 |             |         |                 |                                  |          |
| 6.057                | Z6'0                      | 18.6               |          | 5'9               | SI           | SE         | Single, Clear                 | 9.93082     | 5.60    | ۰<br>د          | 9624                             | 8L.      |
|                      |                           |                    |          |                   |              |            |                               | 0 0 2 0 0 0 |         |                 | 5027                             | 01       |
| stnio9 =             | SOF                       | X M9               | Area X S |                   | uəŋ<br>Gueya | evO<br>fmO | Type/SC                       | stnic       | 9d = Wd | ISB X ban<br>Ba | 8 TYPES<br>Condition<br>Floor An |          |
|                      |                           |                    | 1-       | IINa              | -SA          |            |                               |             |         | BASE            |                                  |          |

## SUMMER CALCULATIONS

### Residential Whole Building Performance Method A - Details

PERMIT #:

| <b>21829.2</b><br>154364.5<br>12436.4<br>24438.6 | 0.950 0.950                                                    | 038.1 k         050.1 k         050.1 k         050.1 k           1 x         231.1 x         070.1 k         042           1 x         231.1 x         070.1 k         042           1 x         231.1 x         070.1 k         042 | 124120'3 0".<br>124120'3 0".                    | <b>58253.6</b>                                  | 0.4566                                | 136553.2               |
|--------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------------|------------------------|
| = Cooling<br>r Points                            | ( System X Credit<br>Multiplier Multiplie                      | k Duct X<br>Bilo Multiplier<br>MA×DSM×DHI                                                                                                                                                                                             |                                                 | pniloo⊃ =<br>Points                             | X System<br>Multiplier                | Total Summer<br>Points |
| 154150.3                                         |                                                                | :stnio9 tliu                                                                                                                                                                                                                          | Summer As-B                                     | 136553.2                                        | e Points:                             | Summer Bas             |
| 8.91106                                          | 67.81 0.3674                                                   |                                                                                                                                                                                                                                       |                                                 | 8.91106 97.8                                    | L 0'9624                              |                        |
| stnio9 =                                         | МЧС Х вэлА                                                     |                                                                                                                                                                                                                                       |                                                 | stnio9 = M9                                     | Area X BS                             | ИОІТАЯТІОИ             |
| 6.8978-                                          | 9.664                                                          |                                                                                                                                                                                                                                       | As-Built Total:                                 | -6333.0                                         | · · · · · · · · · · · · · · · · · · · | Base Total:            |
| 1.23.1<br>0.0982-                                | 0:0 50 <del>4</del> ∶2(b -50:00<br>0:0 50 <del>2</del> /3 0:60 |                                                                                                                                                                                                                                       | Raised Wood, Adjacent<br>Slab-On-Grade Edge Ins | 0.0 <u>68</u> 2- 0.0<br>0.5 <del>11-</del> 81.9 |                                       | sised Slab             |
| = Points                                         | Mq2 X ธอาA อบl                                                 | ьV-Я                                                                                                                                                                                                                                  | Type                                            | stnio9 = M9                                     | 28 X senA                             | FLOOR TYPES            |
| Þ.1686                                           | 6.0788                                                         |                                                                                                                                                                                                                                       | :IstoT fliu8-2A                                 | 9.8666                                          | 9.0738                                | Base Total:            |
| Þ.1080                                           | 00.1 X 77.2 0.0775 0.0                                         | 96                                                                                                                                                                                                                                    | Under Attic                                     | <b>2.86</b> 60 08.                              | 3670.9                                | Under Attic            |
| stnio9 = N                                       | Area X SPM X SCA                                               | aulsV-A                                                                                                                                                                                                                               | Type                                            | stnio9 = M9                                     | 28 X sənA é                           | CEILING TYPES          |
| 0.511                                            | 9.71                                                           |                                                                                                                                                                                                                                       | :IstoT tliu8-zA                                 | 0.211                                           | 8.7t                                  | Base Total:            |
| 0.211                                            | 0 <del>4</del> .8 8.71                                         |                                                                                                                                                                                                                                       | Exterior Insulated                              | 0.0 00.<br>0.211 04.                            |                                       | Adjacent<br>Exterior   |
| = Points                                         | M92 X B91A                                                     |                                                                                                                                                                                                                                       | Type                                            | stnio9 = M9                                     | Area X BS                             | DOOR TYPES             |
|                                                  |                                                                | 8-2A                                                                                                                                                                                                                                  |                                                 |                                                 | <b>3</b> 8A8                          |                        |

## WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

:# TIMA39

| r.ef03       |               |                  | 9.8363  |             |                         |    | :lstoT tliu8-2A               | 8.78 <b>4</b> £ |       |      | 9.8969  | :te                                  | stoT 9264 |
|--------------|---------------|------------------|---------|-------------|-------------------------|----|-------------------------------|-----------------|-------|------|---------|--------------------------------------|-----------|
| 0.754        |               | 05.0             | 1.478   | 0.11        |                         |    | tnessibA ,booW ,emeri         | 7.020E          | 09    | 0    | 5.4805  |                                      | xterior   |
| 0.9724       |               | 06.0             | S.14802 | 5.0         |                         |    | Concrete, Int Insul, Exterior | 0.764           | 05.   |      | 1.478   |                                      | tnecent   |
| Points       | =             | M9W X            | вэлА    | ənisV       | -A                      |    | Type                          | Points          | = Wd  | ВM   | Х вэлА  | LAPES                                | אארר ו    |
| 4623.5       |               |                  | £.£78   |             |                         |    | :lstoT tliu8-sA               |                 |       |      |         |                                      |           |
| 8.224        | 76. I         | 5.54             | 0.09    | 0.6         | 12.0                    | ЗS | Single, SC=0.43               |                 |       |      |         |                                      |           |
| 155.2        | <b>5</b> 9' l | 4.22             | 0.81    | 2.0         | 15.0                    | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 1.97         | 0Þ. f         | 64.49            | 1.21    | £.8         | 15.0                    | S  | Single, Clear                 |                 |       |      |         |                                      |           |
| 1.02         | 44.I          | 64.4             | 1.5     | 2.1         | 12.0                    | S  | Single, Clear                 |                 |       |      |         |                                      |           |
| 1.511        | 64.1          | 4.22             | 0.81    | 0.8         | 0.41                    | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 33.4         | S9.1          | 4.22             | 4.8     | r.s         | 0.41                    | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 137.4        | 72. I         | 64.49            | 24.0    | <b>S</b> .7 | 0.8                     | S  | Single, Clear                 |                 |       |      |         |                                      |           |
| 0.16         | 00. f         | 90.2             | 0.81    | 0.71        | 2.1                     | MS | Single, Clear                 |                 |       |      |         |                                      |           |
| 24.3         | 00.1          | 90.8             | 8.4     | 9.01        | 5.t                     | MS | Single, Clear                 |                 |       |      |         |                                      |           |
| 0.140        | 10.1          | 4.22             | 22.0    | 5.91        | <b>C.1</b>              | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 515.6        | 00.1          | 00.9             | 36.0    | 0.61        | 5.1                     | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 521.6        | 00. I         | 06.30            | 0.04    | 0.91        | S.1                     | MN | 54.0=02 ,9lpni2               |                 |       |      |         |                                      |           |
| 26.5         | 86.0          | 00.9             | 5.4     | 2.5         | S.1                     | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 305.1        | 00.1          | 6.30             | 0.84    | 23.0        | 2.1                     | MN | Single, SC=0.43               |                 |       |      |         |                                      |           |
| 6'69         | 00. I         | 00'9             | 0.01    | 13.5        | 5.1                     | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 0.181        | 66.0          | 00.9             | 0.72    | S.8         | <b>2.1</b>              | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 512.2        | 10.1          | 4.22             | 120.0   | 0.61        | S.1                     | SE | Single, Clear                 |                 |       |      |         |                                      |           |
| 583.4        | 20.1          | 4.22             | 132.0   | S'6         | <b>2.</b> †             | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 6.731        | 10.1          | <del>7</del> 5'S | 30.0    | 2.81        | 5.1                     | ЗS | Single, SC=0.43               |                 |       |      |         |                                      |           |
| <b>38.</b> 6 | 20.1          | 4.22             | 0.6     | 3.51        | <b>č.</b> †             | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 7.721        | 40.1          | 4.22             | 36.0    | <u>6.5</u>  | 5°1                     | SE | Single, Clear                 |                 |       |      |         |                                      |           |
| 0.041        | 00.1          | <b>5.84</b>      | 24.0    | 0.01        | S.1                     | ЯN | Single, Clear                 |                 |       |      |         |                                      |           |
| 9.48         | 10.1          | 77.A             | 5'Z1    | 0.6         | 5.1                     | Э  | Single, Clear                 |                 |       |      |         |                                      |           |
| 2.725        | £0.1          | 4.22             | 5.22    | 0.6         | S.1                     | ЗS | Single, Clear                 |                 |       |      |         |                                      |           |
| 9.87         | 00.1          | 4,49             | 5.71    | 0.6         | 3.1                     | S  | Single, Clear                 |                 |       |      |         |                                      |           |
| 7.88         | 00.1          | 90°S             | 5.71    | 0.6         | 5.1                     | MS | Single, Clear                 |                 |       |      |         |                                      |           |
| 2.02         | 00.1          | 90.8             | 0.01    | 0.6         | 5. f                    | MS | Single, Clear                 |                 |       |      |         |                                      |           |
| 8.74         | 00.1          | 00.9             | 0.8     | 0.8         | S.1                     | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 515.1        | 00.1          | 00.9             | 36.0    | 0.6         | 5. I                    | MN | Single, Clear                 |                 |       |      |         |                                      |           |
| 8.64         | 40.1          | 4.22             | 0.01    | <u>5.</u> 9 | S'1                     | SE | Single, Clear                 | £.7£02          | 2     | 5.36 | 0       | 9627                                 | 81.       |
| nio9 = 7     | IOM           | мъм х            | Х вэлА  |             | гэл<br>Спелте<br>Спелте |    | J2\9qYT                       | stnio           | d = V | MPN  | 8 X bən | <b>TYPES</b><br>Conditio<br>Floor Ar |           |
|              |               |                  | 1.1     | IN8.        | ·SΑ                     |    |                               |                 |       |      | BASE    |                                      |           |

## WINTER CALCULATIONS

### Residential Whole Building Performance Method A - Details

PERMIT #:

| 4680.4<br>3716.8<br>4680.4 | 000.1 000.1 (A1.1 × 751.1 × 99<br>000.1 000.1 (A1.1 × 751.1 × 99<br>000.1 (A1.1 × 751.1 × 99)<br>000.1 (A1.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × 751.1 × | 20.1) <del>1</del> 2.0 2.0819                          | 7.2016 4723.0 0.0364                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eniteaH =<br>≥tnio9        | Duct X System X Credit<br>Multiplier Multiplier<br>× DSM × AHU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | Total Winter X System = Heating<br>Points Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ð.08fe                     | :si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Winter As-Built Poin                                   | Winter Base Points: 4950.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8.782-                     | 90.0- 0.9674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        | 8.785- 80.0- 0.96.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| = Points                   | МЧW Х вэлА                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        | stniog = M9W8 X sonA NOITARLINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6.333-                     | 9.664                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :IstoT tliu8-sA                                        | Base Total: -675.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5.18<br>4.818-             | 19.0 20 <del>6</del> .1 0.30<br>01.2- q) <del>2</del> .4.5(p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Raised Wood, Adjacent<br>Slab-On-Grade Edge Insulation | 4,818- 1.2- (q)2.45(p) -2.1 -618.4<br>Aaised 206.1 -0.28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| = Points                   | MqW X səiA əulsV-Я                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type                                                   | Price X BWPM = Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1.785                      | 6.0785                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | :lstoT tliu& sA                                        | f.73E 6.073E :lstoT 9268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1.73E                      | 00.1 X 01.0 6.0725 0.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Under Attic                                            | 1.725 01.0 0.0726 bith 19bnU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| = Points                   | R-Value Area X WPM X WCM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Type                                                   | CEILING TYPESArea X BWPM = Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3.15                       | 9.71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :letoT thu&-zA                                         | 8.15 8.71 :lefoT 9268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5.1E                       | 08.1 2.71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Exterior insulated                                     | O.0         O.0         O.0         O.0         O.0         O.0         D.0         D.0 <thd.0< th=""> <thd.0< th=""> <thd.0< th=""></thd.0<></thd.0<></thd.0<> |
| = Points                   | MGW X 691A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type                                                   | stnio9 = M9W8 X Break 23977 9000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                            | TJIU8-2A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        | ASAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

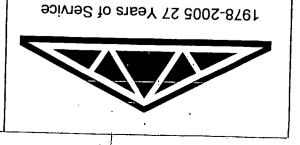
| 9.9778 |                      |              |                  |                         | :16)             | toT tliu8-eA   |        |   |            |           |                                            |
|--------|----------------------|--------------|------------------|-------------------------|------------------|----------------|--------|---|------------|-----------|--------------------------------------------|
| 9.9772 | 00.1                 | S1.4441      | 00. f            | 4                       | <del>9</del> 9.0 | 0.02           | 0.9746 |   | S369.00    |           | 4                                          |
| IstoT  | Credit =<br>Credit = | Multiplier X | X ank X<br>Ratio | Number of X<br>Bedrooms | ΞΞ               | Tank<br>Volume | Total  | = | Multiplier | X<br>LING | A <b>3H A3TAW</b><br>fo n9dmuM<br>2m00nb98 |
|        | TJIU8-SA             |              |                  |                         |                  |                |        |   | ₹          | 8         |                                            |

| SUTATS | CODE COMPLIANCE |  |
|--------|-----------------|--|
|        |                 |  |

| \$1707          |   | LLLS                |   | 13078             |      | 61860             | 20835           |   | 9476                |   | 3106               |   | 28254             |
|-----------------|---|---------------------|---|-------------------|------|-------------------|-----------------|---|---------------------|---|--------------------|---|-------------------|
| Total<br>Points | = | Hot Water<br>Points | + | g∩its9H<br>≥tnio9 | +    | Cooling<br>Points | IstoT<br>Points | = | Hot Water<br>Points | + | BointseH<br>Points | + | Cooling<br>Points |
| TJIU8-2A        |   |                     |   |                   | BASE |                   |                 |   |                     |   |                    |   |                   |







## CHAMBERS TRUSS INC

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800-551-5932 In Florida moo.azuntanadmarto@lism \ moo.azuntanadmarto.www 112-465-8711 XA<sub>1</sub> 772-569-2012 Vero Beach Stuart 772-286-3302 772-465-2012 Fort Pierce 3105 Oleander Avenue, Fort Pierce, Florida 34982-6423

For 61G15-31.003 section 5 where a Truss Design Engineer seals the Truss Design Drawings.

## JTONA DAAMUUN ARI

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|     |           | JATOT<br>245 | 10      | 0             | 12          | 50        | ROOF LOAD      |
|-----|-----------|--------------|---------|---------------|-------------|-----------|----------------|
|     | HOLEFOILD | NTOT         | B/C D/F | B/C 1/1       | TIC DIL     | וכ רור.   | T              |
|     |           |              |         | 28 2005 MiTek | 1qA S.8 D38 | SU MARĐOF | I A A TU A MOD |
|     |           |              |         | A COUNTY      | IITAAM      | TNEMTAA   | BUILDING DEF   |
|     |           |              |         | RESTRICTIVE   | NONII       |           | VONAGUODO      |
|     | 17/18     | 55 21        |         |               |             | ЭC        | BUILDING COL   |
|     | 00        | 77 61        | 1       | NI SSUAT SABB | CHAME       | YNA       | TRUSS COMP.    |
| HBC | 51. 4NO   | イ ヨフトョ       | 1 SNOO  | N CONTRACTOR  | HERKEN      |           | COUNTY         |
|     | - #       | 01040        |         |               | CCHEL       | SSESS     | PROJECT/ADI    |
|     |           | M/X74        |         |               |             |           |                |

## WIND SPEED: 140 WIND DESIGN: ASCE 7-98

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FLOOR LOAD

#### BCSI 1-03 replaces HIB-91 in truss drawing references as of 1/1/04. This package includes this truss index sheet and 31 truss drawings.

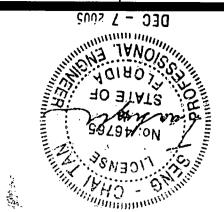
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61C15-31.003. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI professional engineering responsibility solely of the truss components shown. Sealing engineer is the Truss Design Engineer as defined by Professional Engineers, where a Truss Design Engineer seals truss engineering drawings. The seal on these drawings indicate acceptance of As witness my seal, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003, of the Florida Board of

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| <b>DATE</b><br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11 | NO TRUSS ID<br>4 FGB<br>18 FGF<br>12 FL2<br>20 FLF<br>24 FLM<br>28 FLP | <b>BTAD</b><br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11 | NO TRUSS ID<br>3 FGA<br>7 FGE<br>11 FL1<br>15 FLA<br>19 FLE<br>23 FLL<br>23 FLL<br>31 FLS | <b>91A0</b><br>60/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11<br>20/21/11 | 30 EFB<br>58 EFO<br>55 EFR<br>18 EFD<br>14 EFF<br>10 EGW<br>5 EGD<br>5 EGS | 90/91/11<br>90/91/11<br>90/91/11<br>90/91/11<br>90/91/11<br>90/91/11<br>90/91/11 | EEQ<br>EEU<br>FEC<br>FEC<br>FEC<br>FEC<br>FEC<br>FEC<br>FEC<br>FEC |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| DATE                                                                                            | NO TRUSSING                                                            | <b>JTA</b> D                                                                                                | OI SSUAT ON                                                                               | DATE                                                                                                        |                                                                            | DATE                                                                             | EG1                                                                |

trusses are braced per BCSI & properly nailed to straps & hangers. trusses are installed to brace the top chords. Do not stand on trusses until Information" for handling and bracing of trusses. Apply plywood sheathing as collapse of trusses. Refer to TPI/WTCA "Building Component Safety IMPORTANT NOTE: Contractor/Truss Installer is to install bracing to prevent



West Palm Beach, FL 33405

345 Alhambria PL

License No. 46765

SENG-CHAI TAN, P.E.

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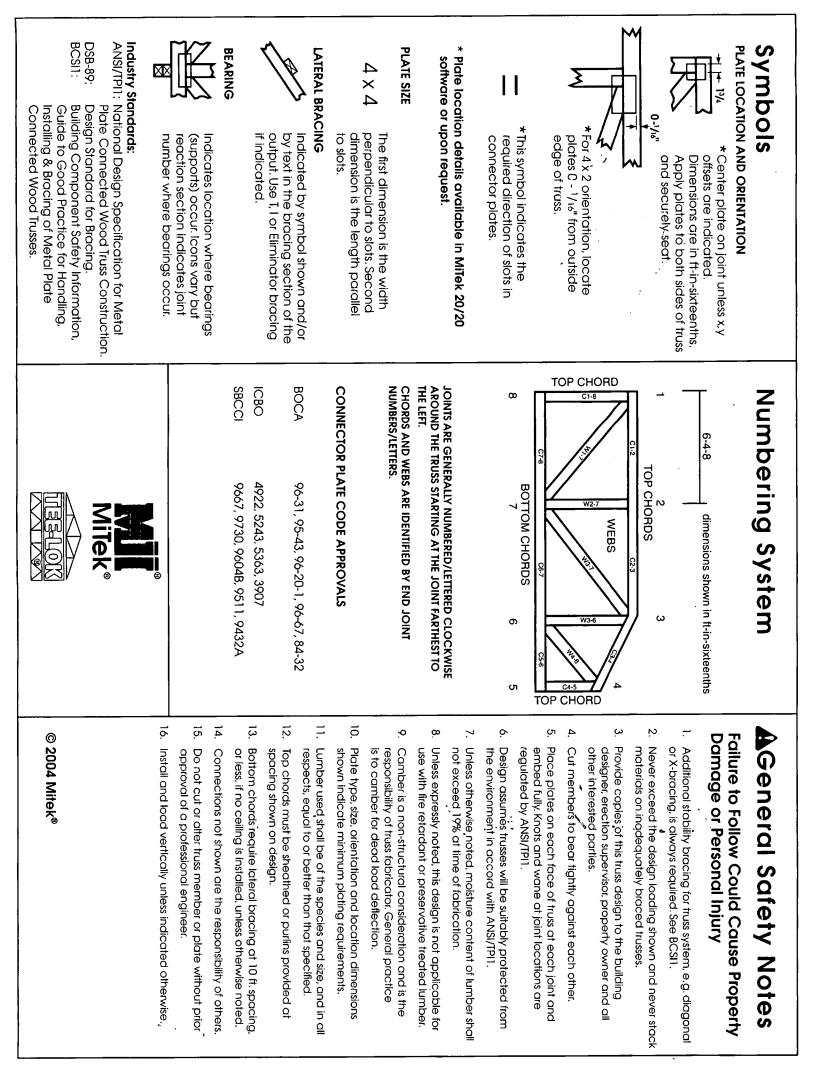
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Chesterfield, MO 63017

Suite #300 14515 N. Outer Forty,

NIIGK

erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding tablication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Critieria, DSB-89 and BCSI1 Building Component tablication, quality control storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Critieria, DSB-89 and BCSI1 Building Component tablication, quality control table from Truss Plate Institute, 583 D'Onotrio Drive, Madison, WI 53719. is for idated support of individual web members only Additional temporary bracing to insure stability during construction is the responsibility of the Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer, bracing shown Design volid for use only with Milek connectors. The design is based only upon parameters shown, and is for an individual building component.



## CHAMBERS TRUSS INC

# ALL HANGER/CONNECTOR SCHEDULE JOB NUMBER 64876 ALL HANGERS ARE U46 EXCEPT AS NOTED

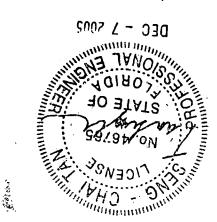
| 12-16d Common              | 6-16d Common   | 9 <b>7</b> 0H | FGG                 | FLL        |
|----------------------------|----------------|---------------|---------------------|------------|
| 12-16d Common              | 6-16d Common   | 970H          | <u>ี 253</u><br>วชอ |            |
| 12-16d Common              | 6-16d Common   | 970H          | <u>୍ୟୁ</u><br>ଅନ୍   |            |
| 12-16d Common              | 6-16d Common   | 9¢∩H          | <u></u><br>ਹਮੁਤ     | FLA1       |
| 20-16d Common              | 8-16d Common   | HGUS26-2      |                     |            |
| 20-16d Common              | 8-16d Common   | HGN256-2      | <u></u>             | FGM        |
| 20-16d Common              | nommon bat 8   | HGUS26.2      | FGA                 | 551        |
| 20-16d Common              | R-16d Common   | HGUS26-2      | FGA                 | FGF TOT    |
| 18-Titen 1/4"x2-3/4" Screw | nommoO b01-01  |               | FG1                 | <u>FG2</u> |
| 8-16d Common               | 8-16D COMMON   | <u>HN410</u>  |                     | FG1        |
| NAILS/FASTENERS            | NAILS/FASTNERS | 970           | 000011              |            |
| CARRIER                    |                |               | SSUAT               | TRUSS      |
|                            |                | HANGER        | <b>SARRIER</b>      | CARRIED    |

Guide tabs or domes in the hanger angle nails for toe nailing. Do not bend over or flatten guide tabs or domes in hanger.

Fasten End Jacks to Hip Carriers with 3-10d Common Nails Top Chord to Top Chord and Bottom Chord to Bottom Chord (6 nails in all). Fasten 7' Set Back (9' 10-%" span) or less King Jack (Comer Jack Carrier) to Hip Carrier at Top Chord with 2 10d Common Nails on each face of the King Jack (4 nails in all), Bottom Chord with 16" strap (MTS16 or equal) with 12 10d Common Nails or Hanger by installer capable of carrying 899lbs. Fasten Valley Member to Trusses by applying 6" Wedge nailed to Truss or have and horder by installer capable of carrying 699lbs.

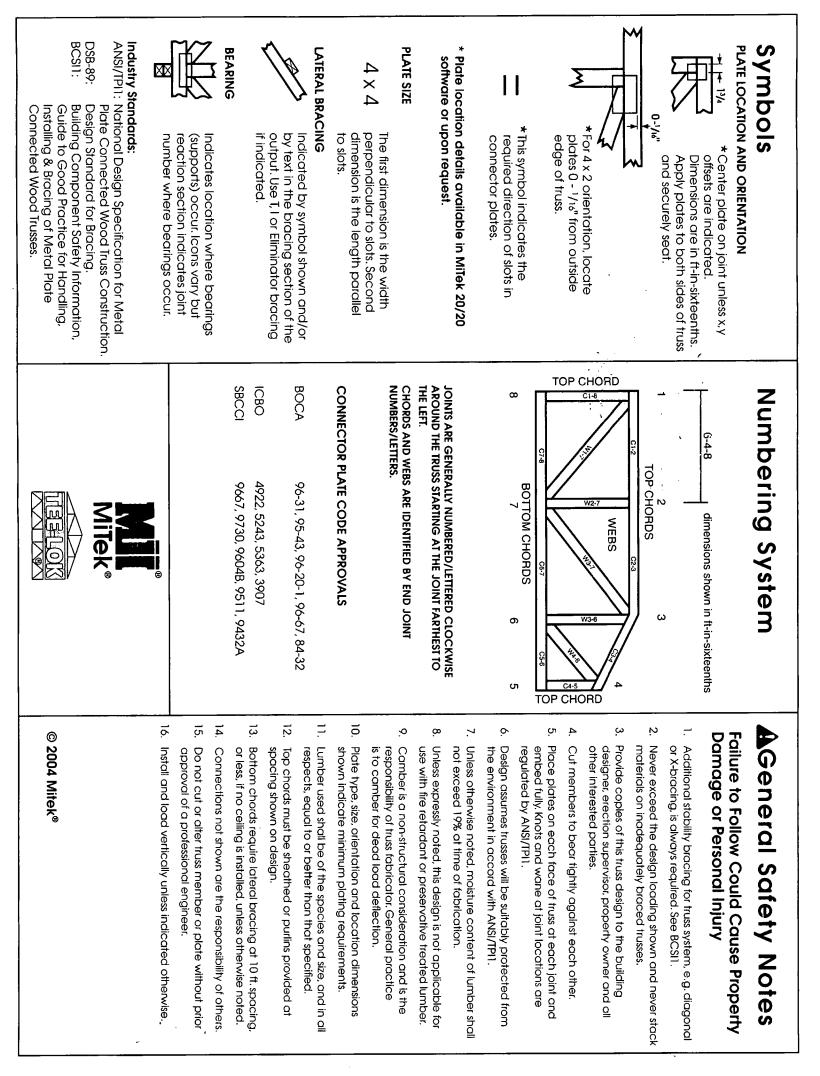
Fasten Valley Member to Trusses by applying 6" Wedge nailed to Truss or bevel cut valley Member bottom chord, 2 hurricane clips or a MTS18 strap at 48" on center to truss below with a minimum of 10 10dx1-1/2" nails. Valley members connected to the top chord of trusses below replace sheathing as bracing when a minimum of 2 8d nails is used at each connection.

SENG-CHAI TAN, P.E. License No. 46765 345 Alhambra PL West Palm Beach, FL 33405





MARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE. Design valid for use only with Milek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer. not truss designers forsing shown be for use only with Milek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of the building designer on truss designers for the exponsibility of building designer. For general guidance inspecting the erector. Additional permanent is for consult ANSI/TFI1 Quality of the building designer. For general guidance and the fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality during construction is the responsibility of the fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality Criteria. D58-89 and 8C511 Building Component fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality Criteria. D58-89 and 8C511 Building Component fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality Criteria. D58-89 and 8C511 Building Component fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality Criteria. D58-89 and 8C511 Building Component fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TFI1 Quality fabrication, quality and erection and bracing, consult ANSI/TFI1 Quality fabrication, and erection and bracing, consult ANSI/TFI1 Quality fabrication, and the fabrication fabrication and and the antion and and and and antion fabrication, and and and and and and and and a





# **CHAMBERS TRUSS INC**

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For 61G15-31.003 section 5 where a Truss Design Engineer seals the Truss Design Drawings.

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|                           |       |         | 28 2005 MiTek | ED 6.2 Apr | SU MARBO | СОМРИТЕЯ РР        |
|                           |       |         | Α COUNTY      | 11TAAM     |          | BUILDING DEP/      |
| West Palm Beach, FL 33405 |       |         | estrictive    |            |          | <b>ОССИРАИСҮ</b>   |
| 345 Alhambra PL           |       |         | A BUILDING CO |            | Э        | BUILDING COD       |
| License No. 46765         |       | C       | NI SSUAT SABI |            | ٨N       | A9MOD SSUAT        |
| SENG-CHAI TAN, P.E.       |       |         |               | 11TAAM     |          | СОЛИТҮ             |
|                           |       |         | ODNIC KERIDE  |            | SSES     | <b>PROJECT/ADD</b> |
|                           | 64070 |         |               |            |          |                    |

This package includes this truss index sheet and 51 truss drawings.

WIND SPEED: 140 WIND DESIGN: ASCE 7-98

BCSI 1-03 replaces HIB-91 in truss drawing references as of 1/1/04.

1-1995 Section 2. 61G15-31.003. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI professional engineering responsibility solely of the truss components shown. Sealing engineer is the Truss Design Engineer as defined by Professional Engineers, where a Truss Design Engineer seals truss engineering drawings. The seal on these drawings indicate acceptance of As witness my seal, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61016-31.003, of the Florida Board of

| Р3              | 48  | 12/02/02    | ЪS         | 24 | 00/20/21 |          | <u> </u> | 20/20/07 | 101        | 07 |
|-----------------|-----|-------------|------------|----|----------|----------|----------|----------|------------|----|
|                 |     |             |            |    | 12/02/02 | ۲٩       | 97       | 12/02/02 | Ь          | SÞ |
| KID             | 44  | 12/02/02    | KIC        | 43 | 12/02/02 | K19C     | 45       | 15/05/02 | KJEA       | 14 |
| KJ4             | 40  | 12/02/02    | KJ3A       | 36 | 12/02/02 | ar       | 38       | 15/05/06 | 18<br>18   | 28 |
| AL              | 36  | 12/02/02    | 10B        | 35 | 12/02/02 | Aal      | 34       | 12/02/02 | 90         | εē |
| ገፋ              | 32  | 12/02/02    | 13B        | 15 | 12/02/02 | 15B      | 30       | 12/02/02 | ASL        | 67 |
| 15              | 28  | 12/02/02    | скр        | 22 | 12/02/02 | GRF1     | 92       | 12/02/02 | GRF<br>GRF | 52 |
| GRE2            | 24  | 12/02/02    | 6RE1       | 53 | 12/02/02 | GRE      | 52       | 12/02/06 | GRD        | 12 |
| SRS             | 50  | 15/05/02    | ARD        | 46 | 12/02/02 | D        | 81       | 15/05/02 | 220        | 21 |
| C3              | 91  | 12/02/02    | C2         | 91 | 15/05/02 | 10       | 14       | 90/20/21 | 20         | ει |
| 68              | 15  | 12/02/02    | 88         | 11 | 15/05/02 | 28       | 01       | 90/20/21 | С<br>В4    | 6  |
| 83              | 8   | 15/05/02    | 82         | Z  | 12/02/02 | 18       | 9        | 90/20/21 | 8          | ç  |
| 9TA             | 4   | 15/02/02    | <b>STA</b> | 3  | 12/02/02 | 8A       | z        | 15/20/21 | 7A         | 3  |
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| di oblicit      | 011 | DATC 1      | di soliat  |    | DATE     | TRUSS ID | . ON     | atag     | al seurt   | ON |
|                 |     |             |            |    |          |          |          |          |            |    |

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trusses are braced per BCSI & properly nailed to straps & hangers. trusses are installed to brace the top chords. Do not stand on trusses until Information" for handling and bracing of trusses. Apply plywood sheathing as collapse of trusses. Refer to TPI/MTCA "Building Component Safety IMPORTANT NOTE: Contractor/Truss Installer is to install bracing to prevent

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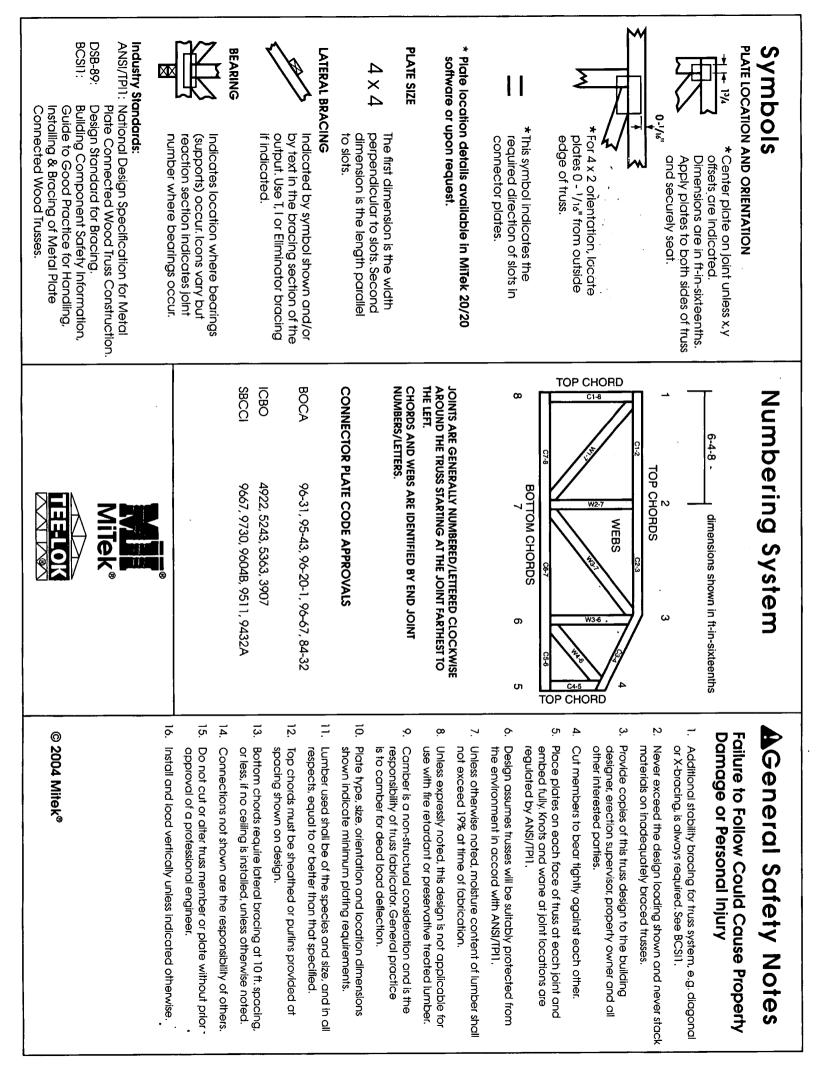
**DATE** 

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erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regrating fabrication, un 53719. Safety Information available from Truss Plate Institute, 583 D'Onofilo Drive, Madison, WI 53719. is for lateral support of individual web members only Additional temporary bracing to insure stability during construction is the responsibility of the Applicability of design parameters and proper incorporation of companent is responsibility of building designer or to truss designer. Bracing shown Design valid or use only with Milek connectors. This design is based only upon parameters shown, and is for an individual building component.



# CHAMBERS TRUSS INC CHAMBERS TRUSS INC CHAMBERS TRUSS INC CHEDULE S2349 JOB NUMBER 62349 ALL HANGERS ARE HUS26 EXCEPT AS NOTED

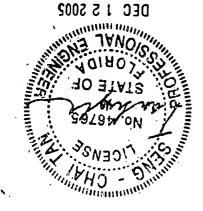
| 14-16d Common              | nommoO b3t-3              | 9ZSUH  |         |         |  |
|----------------------------|---------------------------|--------|---------|---------|--|
| CARRIER<br>NAILS/FASTENERS | CARRIED<br>NAILS/FASTNERS |        | SSUAT   | SSUAT   |  |
|                            |                           | HANGER | CARRIER | CARRIED |  |

Guide tabs or domes in the hanger angle nails for toe nailing. Do not bend over or flatten guide tabs or domes in hanger.

Fasten End Jacks to Hip Carriers with 3-10d Common Nails Top Chord for Top Chord and Bottom Chord to Bottom Chord (6 nails in all). Fasten 7'Set Back (9'10-%" span) or less King Jack (Conner Jack Carrier) to Hip Carrier at Top Chord with 2 10d Common Nails on each face of the King Jack (4 nails in all), Bottom Chord with 16" strap (MTS16 or equal) with 12 10d Common Nails or Hanger by installer capable of carrying 899lbs. Fasten Vallev Member to Trussee by applying 6" Modeo Top Top Common Nails or Hanger by installer capable of carrying 899lbs.

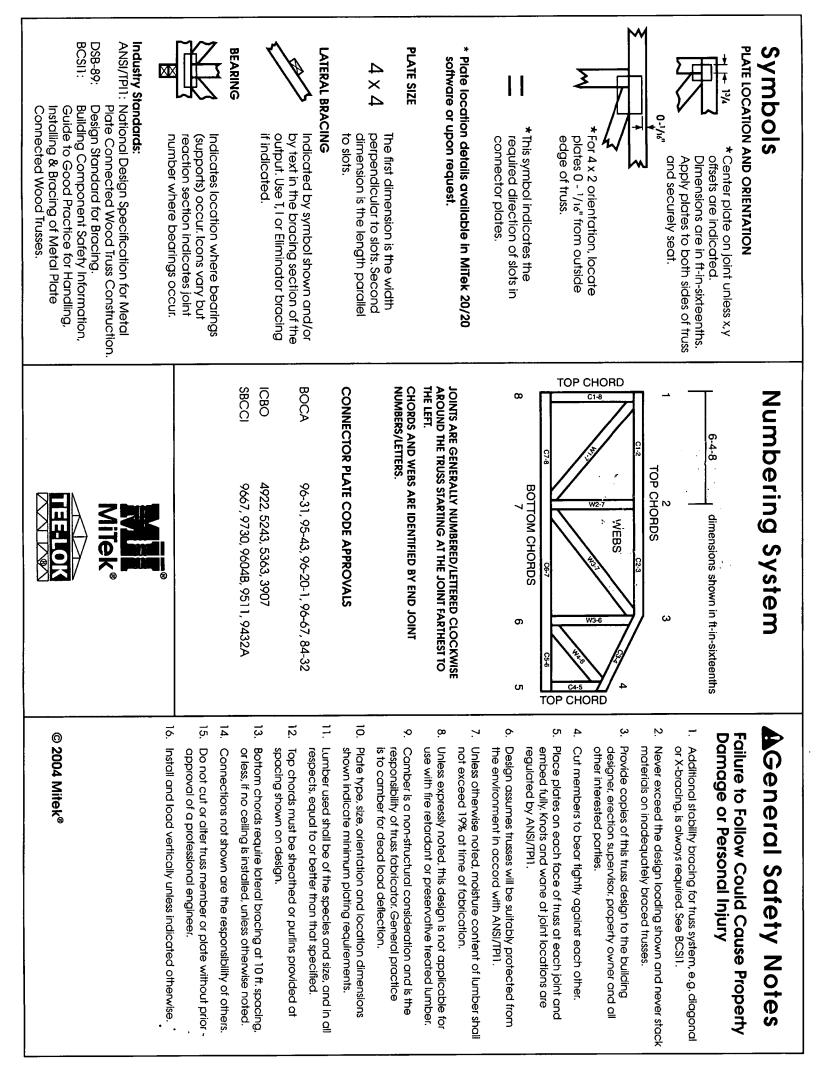
Faster Valley Member to Trusses by applying 6" Wedge nailed to Truss or bevel cut valley Member bottom chord. 2 hurrisane clips or a MTS18 strap at 48" on center to truss below with a minimum of 10 10dx1-1/2" nails. Valley members connected to the top chord of trusses below replace sheathing as 48" on center to truss below with a minimum of 10 10dx1-1/2" nails. Valley members connected to the top chord of trusses below replace sheathing as brain mumicane of trusses below replace sheathing as

SENG-CHAI TAN, P.E. License No. 46765 345 Alhambra PL West Palm Beach, FL 33405





ARRNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE. Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for on individual building designer for constraints of the exponsibility of the building designer for constraints of the responsibility of the building designer for constraints of the responsibility of the building designer. For general guidance regarding tection, and is for on individual building component is the cosponsibility of the building designer. For general guidance regarding tection, and its control, storage, delivery, erection and bracking consult ANSI/IPI1 Quality Culleria, DSB-69 and BCSI1 Building Component for the component is the responsibility of the building designer. For general guidance regarding the for parameters and practing of the corporation of temporary bracking to insure stability of the constraints of the responsibility of the constraints designer is the responsibility of the constraints designer is the responsibility of the constraints designer. For general guidance regarding tecting the temporary bracking to individual building designer. For general guidance regarding the trans designer is the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the constraints during the responsibility of the responsibility of the responsibility of the respon



8062-275 (205) XA7 1062-275 (205) MIAMI, FLORIDA 33130-1563 140 WEST FLACLER STREET, SUITE 1603 METRO-DADE FLACLER BUILDING MIAMI-DADE COUNTY, FLORIDA



PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE (BCCO)

F.E.C.P. Corporation - Cast-Crete Division **NOTICE OF ACCEPTANCE (NOA)** 

Tampa, Florida 33623 P.O. Box 24567

SCOPE:

(IHA) nonoidenul gniveH vinodiuA oht by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted This NOA is being issued under the applicable rules and regulations governing the use of construction materials.

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

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

DESCRIPTION: "Cast-Crete" 8 inch High Strength Precast and Prestressed Concrete Lintels

the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division. 1996, revision #5 dated March 24, 2003, all bearing the Miami-Dade County Product Control Revision stamp with tiled "Cast-Crete 8" Lintel Safe Load Tables", sheets 1 & 2 of 2, prepared by Craig Parrino, P.E., dated June 7, prepared by Craig Parrino, P.E., dated June 7, 1996, revision #2 dated January 28, 2003, and Drawing No. LT8, APPROVAL DOCUMENT: Drawing No. FD8, titled "Cast-Crete 8" Lintel Fabrication Details", sheet 1 of 1,

MISSILE IMPACT RATING: Large and Small Missile Impact

LABELING: Each lintel shall bear a permanent label with the manufacturer's name or logo and the Miami-Dade

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no County logo..

change in the applicable building code negatively affecting the performance of this product.

materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the

with any section of this NOA shall be cause for termination and removal of NOA. product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors be done in its entirety.

The submitted documentation was reviewed by Helmy A. Makar, P.E. This NOA revises NOA # 01-0209.03 & consists of this page 1 as well as approval document mentioned above. and shall be available for inspection at the job site at the request of the Building Official.

Holm H. M. Lo Holm H. M. Lo

l age l Approval Date: 08/07/2003 Expiration Date: 05/21/2006 20.2000-20 on AON





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

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## **NOTICE OF ACCEPTANCE (NOA)**

PGT Industries 1070 Technology Drive Nokomis, FL 34274

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Series C-740 Aluminum Casement Window - Impact

APPROVAL DOCUMENT: Drawing No. 7045-8, titled "Aluminum Casement Window, Impact", sheets 1 through 12 of 12, dated 12/17/02 with revision C dated 7/10/03, prepared by manufacturer, signed and sealed by Lucas A. Turner, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product. For sales, advertising or any other number of any product.

match as, use, and/or maintacture of the product of process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

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

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

This NOA revises NOA # 02-1224.02 consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Manuel Perez, P.E.

NOA No 03-0611.02 Expiration Date: May 22, 2008 Approval Date: October 9, 2003 Agge 1

MIAMI, FLORIDA 33130-1563 8062-276 (305) XAT 1022-276 (305)

METRO-DADE FLAGLER BUILDING

140 MEST FLAGLER STREET, SUITE 1603



WETRO-DADE FLAGLER BUILDING **WIWII-DYDE** COUNTY, FLORIDA

8062-275 (205) XAA 1062-275 (205) **WIAMI, FLORIDA 33130-1563** 140 WEST FLAGLER STREET, SUITE 1603 WELKO-DVDE EFVEFEK BOITDING BUILDING CODE COMPLIANCE OFFICE

8522-275 (205) XAT 722-255 (205) CONTRACTOR LICENSING SECTION

8062-275 (205) XAA 8962-275 (205) CONTRACTOR ENFORCEMENT DIVISION

6EE9-ZLE (SOE) XVJ ZO6Z-SLE (SOE) **LEODUCT CONTROL DIVISION**  Your application for Notice of Acceptance (NOA) of:

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Valencia Spanish "S" Concrete

Pompano Beach, JJ, dasad onaqmo<sup>4</sup>

**Entegra Roof Tile Corporation** 

1201 N.W. 18 Street

**JOAGIMAIN** 

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

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

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

EXPIRES: 06/07/2006 **ACCEPTANCE NO.: 01-0417.08** 

نې م BULLDING CODE & PRODUCT REVIEW COMMITTEE **SNOLLIGNOD** THIS IS THE COVERSHEET, SEE ADDITIONAL PACES FOR SPECIFIC AND GENERAL

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

Manaue Munibas

Chief Product Control Division

mm

Raul Rodriguez

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

#### **VPPROVED: 06/07/2001**

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PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE (BCCO)

#### NOTICE OF ACCEPTANCE (NOA)

Nokomis, FL 34275 1070 Technology Drive PGT Industries

SCOPE:

the Authority Having Jurisdiction (IHA). by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted This NOA is being issued under the applicable rules and regulations governing the use of construction materials.

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

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

DESCRIPTION: Series "PW-701" Aluminum Picture Window-LMI

number and approval date by the Miami-Dade County Product Control Division. L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance 10 of 10, prepared by manufacturer, dated 7/14/03, with revision "A", dated 12/15/03, signed and sealed by Robert APPROVAL DOCUMENT: Drawing No. 4259-4, titled "Aluminum Picture Window, Impact", sheets I through

#### MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by with any section of this NOA shall be cause for termination and removal of NOA.

be done in its entirety. the expiration date may be displayed in advertising literature. It any portion of the NOA is displayed, then it shall

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

.9Y005 This NOA consists of this page 1 and evidence pages E-1 and E-2. as well as approval document mentioned

The submitted documentation was reviewed by Theodore Berman, P.E.

I age I Approval Date: February 19, 2004 Expiration Date: February 19, 2009 10'5011-E0 ON VON

MIMI, FLORIDA 33130-1563 8092-275 (205) XA3 1092-275 (205)

WELKO-DADE FLAGLER BUILDING MIAMI-DADE COUNTY, FLORIDA

140 MERL FLAGLER STREET, SUITE 1603



BRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE (BCCO)

### **NOTICE OF ACCEPTANCE (NOA)**

PGT Industries P.O. Box 1529 Vokomis, FL 34274

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Series FD-101 Outswing Aluminum French Door w/ Sidelites - Impact

APPROVAL DOCUMENT: Drawing No. 972, titled "Aluminum French Door w/ Sidelites", sheets 1 through 8 P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration.

MISSILE IMPACT RATING: Large and Small Missile Impact

following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

with any section of this NOA shall be cause for termination and removal of NOA. ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be diverging of receded by the words Miami-Dade County, Florida, and followed by

the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA revises & renews NOA # 02-0702.01 and, consists of this page I as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.

ИОД И0 02-0927.13 Expiration Date: February 13, 2003 Approval Date: February 13, 2003 Page 1

E305-275 (205) XA7 1022-275 (205) 8092-275 (205) XA7 1092-275 (205)

METRO-DADE FLAGLER BUILDING

140 WEST FLACLER STREET, SUITE 1603



MIMMI-DADE COUNTY, FLORIDA METRO-DADE FLACLER BUILDING 140 WEST FLACLER STREET, SUITE 1603 MIAMI, FLORIDA J3130-1563 MIAMI, FLORIDA J3130-1563 MIAMI, FLORIDA J375-2908



EBODACT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE (BCCO)

#### NOTICE OF ACCEPTANCE (NOA)

PGT Industrics P.O. Box 1529 Nokomis, FL 34274

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (HAJ).

This MOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately tevoke, modify, or suspend the use of such product or material may immediately to revoke this accepted manner, the reserves the right needed to react the right of revoke this accepted reserves if it is determined by Miami-Dade County Product Control Division that this product or material fails to perform in the revoke this accepted reserves if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the right.

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

DESCRIPTION: 1"x Heavy Wall-Aluminum Tube Clipped Mullion

APPROVAL DOCUMENT: Drawing No. 6621, titled "1" Heavy Wall Mullion Arrangement Detail", sheets I through 6 of 6, prepared, signed and scaled by Robert L.Clark, P.E., dated 5/24/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

with any section of this NOA shall be cause for termination and removal of NOA. **ADVERTISEMENT:** The NOA number preceded by the words Miami-Dade County, Florida, and followed by the explicition date may be displayed in advertising literature. If any portion of the NOA is displayed then it shall

the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA revises NOA # 01-0323.02 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.

NOA No 02-0701.09 Expiration Date: June 28, 2006 Approval Date: July 12, 2002 Page I





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

## **NOTICE OF ACCEPTANCE (NOA)**

Vokomis, FL 34274 P.O. Box 1529 PGT Industries

#### SCOPE:

the Authonty Having Jurisdiction (AHJ). by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted This NOA is being issued under the applicable rules and regulations governing the use of construction materials.

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

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

#### DESCRIPTION: Series "SH-701" Aluminum Single Hung Window

expiration date by the Miami-Dade County Product Control Division. bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and 5, prepared by manufacturer, dated 2/9/98 with revision on 6/3/03, signed and sealed by Robert L. Clark, P.E., APPROVAL DOCUMENT: Drawing No.4040, titled "Aluminum Single Hung Window", sheets 1 through 5 of

#### MISSILE IMPACT KATING: Large and Small Missile Impact

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

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

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

with any section of this NOA shall be cause for termination and removal of NOA.

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

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

This NOA revises NOA # 02-0702.04 and, consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Theodore Berman, P.E.

I age I Approval Date: November 06, 2003 Expiration Date: November 01, 2006 10.4120-E0 on AON

(305) 375-2901 FAX (305) 375-2908 MIAMI, FLORIDA 33130-1563

METRO-DADE FLAGLER BUILDING MIAMI-DADE COUNTY, FLORIDA

140 MEST FLAGLER STREET, SUITE 1603

2000/91/01

## Code Compliance Checklist

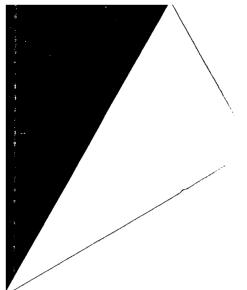
Residential Whole Building Performance Method A - Details

|       | :# LINA BEBMIL #:                                                              | A ,TA SJJAW       | GE PLACE, SEI   | ADDRESS: HERITA           |
|-------|--------------------------------------------------------------------------------|-------------------|-----------------|---------------------------|
|       | CHECKRIST                                                                      | ОМРСІАИСЕ         | REDUCTION C     | 64-21 INFILTRATION        |
| CHECK | S FOR EACH PRACTICE                                                            | IN A MARKEMENT    | SECTION         | COMPONENTS                |
|       | /sa.ft. window area; .5 cfm/sg.ft. door area.                                  | mto 6.:mumixeM    | 606.1.ABC.1.1   | Exterior Windows & Doors  |
|       | eritherstrip of seal detween: windows/doors & frames, surrounding wall;        | -                 | r.s.r.da.r.a0a  | Exterior & Adjacent Walls |
|       | l sole or sill plate; joints between exterior wall panels at corners; utility  | lew & noitebnuot  |                 |                           |
|       | ween wall panels & top/bottom plates; between walls and floor.                 | penetrations; bet |                 |                           |
|       | ame walls where a continuous infiltration barrier is installed that extends    | EXCEPTION: Fi     |                 |                           |
|       | ed to, the foundation to the top plate.                                        | from, and is sea  |                 |                           |
|       | nings >1/8" sealed unless backed by truss or joint members.                    | Penetrations/ope  | 606.1.ABC.1.2.2 | Floors                    |
|       | ame floors where a continuous infiltration barrier is installed that is sealed | EXCEPTION: FI     |                 |                           |

|   | URES (must be met or exceeded by all residences.)                                             | ISAAM AVITAIA   | 6A-22 OTHER PRESC             |
|---|-----------------------------------------------------------------------------------------------|-----------------|-------------------------------|
|   | have combustion air.                                                                          |                 |                               |
|   | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA,          | £.1.08A.1.909   | stper noitertifini lenoitibbA |
|   | Air barrier on perimeter of floor cavity between floors.                                      | 606.1.ABC.1.2.5 | Rulti-story Houses            |
|   | conditioned space, tested.                                                                    |                 |                               |
|   | sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from     |                 |                               |
|   | Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a    | 606.1.ABC.1.2.4 | Recessed Lighting Fixtures    |
|   | installed that is sealed at the perimeter, at penetrations and seams.                         |                 |                               |
|   | attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is            |                 |                               |
|   | soffits, chimneys, cabinets sealed to continuous air barrier, gaps in gyp board & top plate;  |                 |                               |
|   | Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases,  | 6.5.1.28A.1.909 | sgniliaC                      |
|   | to the perimeter, penetrations and seams.                                                     |                 |                               |
| 1 | EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed   |                 |                               |
| Ì | Penetrations/openings >1/8" sealed unless backed by truss or joint members.                   | S.S.1.D8A.1.809 | Floors                        |
|   | from, and is sealed to, the foundation to the top plate.                                      |                 |                               |
| } | EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends      |                 |                               |
|   | penetrations; between wall panels & top/bottom plates; between walls and floor.               |                 |                               |
| 1 | foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility |                 |                               |
| ł | Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall;        | 1.2.1.28A.1.909 | Exterior & Adjacent Walls     |
|   | Maximum:3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.                                    | 606.1.ABC.1.1   | Exterior Windows & Doors      |

| ("COOLIONICOL 110 40 | 1 NANAAAVA IA 19111 AR 18NIII) AR1IAAU |  |
|----------------------|----------------------------------------|--|
| I 2970901291 HR VO   | 1 nanaajya ja tam an telimi cabilca    |  |
| / II                 | ASURES (must be met or exceeded t      |  |

|                          |              | Common celling & floors R-11.                                                                 | 1     |
|--------------------------|--------------|-----------------------------------------------------------------------------------------------|-------|
| Insulation               | 604.1, 602.1 | Cellings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides.                            |       |
| HVAC Controls            | 1.703        | Separate readily accessible manual or automatic thermostat for each system.                   |       |
|                          |              | Ducts in unconditioned attics: R-6 min. insulation.                                           |       |
|                          |              | attached, sealed, insulated, and installed in accordance with the criteria of Section 610.    |       |
| Air Distribution Systems | 1.018        | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically           | 1     |
| Shower heads             | 612.1        | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.              |       |
|                          |              | efficiency of 78%.                                                                            |       |
|                          |              | must have a pump timer. Gas spa & pool heaters must have a minimum thermal                    |       |
| seq2 & sloo9 pnimmiw2    | 1.218        | Spas & heated pools must have covers (except solar heated). Non-commercial pools              |       |
|                          |              | breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. |       |
| Water Heaters            | 1.218        | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit           | Í     |
| COMPONENTS               | SECTION      | REQUIREMENTS                                                                                  | CHECK |



EnergyGauge™ DCA Form 600A-2001

EnergyGauge@/FlaRES'2001 FLRCSB v3.30

# DIZALAY CARD ENERGY PERFORMANCE LEVEL (EPL)

### ESTIMATED ENERGY PERFORMANCE SCORE\* = 82.8

The higher the score, the more efficient the home.

#### SCHECODNIC, HERITAGE PLACE, SEWALLS PT, FL,

|                                       | (gnitesh snozitiuM-H-SM                |              |   | 345.1 <del>(</del>     |                 | 2 Others                                  | ۰q         |
|---------------------------------------|----------------------------------------|--------------|---|------------------------|-----------------|-------------------------------------------|------------|
|                                       | gniloos snositluM-D-SM                 |              | — | z₩ 0.5€1 ,0.8=         | Sup. R          | Sup: Unc. Ret: Unc. AH: Attic             | .8         |
|                                       | PT-Programmable Thermostat,            |              |   |                        |                 | Ducts                                     | П.         |
|                                       | HF-Whole house fan,                    |              |   |                        |                 | V/N                                       | .о         |
|                                       | (CF-Ceiling fan, CV-Cross ventilation, |              |   |                        |                 | ∀/N                                       | .d         |
| · · · · · · · · · · · · · · · · · · · | AVH credits                            | ۶۱.          |   | ₽U 6.072£ ,0.0         | £=3             | Under Attic                               | .б         |
|                                       | DHP-Dedicated heat pump)               |              | — |                        |                 | Ceiling types                             | .01        |
|                                       | (НК-Неат гесочегу, Solar               |              |   |                        |                 | ∀/N                                       | .э         |
|                                       | Conservation credits                   | .э           |   |                        |                 | ∀/N                                       | .р         |
|                                       |                                        |              |   |                        |                 | A/M                                       | .Э         |
|                                       | V/N                                    | .d           |   | 2U 1'728 '0'11         | =Я              | Frame, Wood, Adjacent                     | .d         |
| EE: 0.55                              |                                        |              |   | 2 <b>₩ 5.4802 ,0.2</b> | =¥              | Concrete, Int Insul, Exterior             | .6         |
| 20.02 snolleg 0.02                    | Natural Gas                            | .8           |   |                        |                 | Wall types                                | ·6         |
|                                       | Hot water systems                      | ' <b>†</b> I |   |                        |                 | ¥/N                                       | .Э         |
| COP: 1.00                             |                                        |              | _ | ft (q)2.4.5 ,0.0       | В=0             | Slab-On-Grade Edge Insulation             | .d         |
| Cap: 34.0 kBtu/hr                     | Electric Strip                         | .э           | _ | =19.0, 205.1ft2        | -¥              | Raised Wood, Adjacent                     | . <b>B</b> |
| COP: 1.00                             |                                        |              | _ |                        |                 | Floor types                               | .8         |
| Cap: 27.0 kBtu/hr                     | Electric Strip                         | .d           |   |                        |                 | Tint/other SHGC - double pane             | .b         |
| COP: 1.00                             |                                        |              |   | z₩ 0`0                 | z₩ 0.871        | Tint/other SHGC - single pane             | .о         |
| Cap: 34.0 kBtu/hr                     | Electric Strip                         | .в           |   | 2₩ 0.0                 | 50 Uz           | Clear - double pane                       | ·q         |
|                                       | Heating systems                        | 13'          |   | z₩ 0.0                 | <b>™ £.</b> 263 | Clear - single pane                       | .6         |
| SEER: 13.00                           |                                        |              |   | Double Pane            | Single Pane     | Glass area & type                         | Ľ          |
| Cap: 36.2 kBtu/hr                     | tinU lenter                            | .э           |   | ell 96 <i>L</i> 7      |                 | Conditioned floor area (ft <sup>2</sup> ) | .9         |
| SEER: 13.00                           |                                        |              |   | ٥N                     |                 | Is this a worst case?                     | ٠ç         |
| Cap: 30.0 kBtu/hr                     | Central Unit                           | .d           |   | <b>†</b>               |                 | Number of Bedrooms                        | 4.         |
| ZEEK: 13.00                           |                                        |              |   | I                      |                 | Number of units, if multi-family          | .Е         |
| Cap: 59.0 kBtu/hr                     | Central Unit                           | . <b>B</b>   |   | yimat signiZ           |                 | Single family or multi-family             | .2         |
|                                       | Cooling systems                        | 15.          |   | wəN                    |                 | New construction or existing              | .ι         |

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

SMIM

:smoH wsM to searbbA

Builder Signature:

:qiS JA/ytiO Date: <u>D</u>



\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is <u>not</u> a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergySta<sup>th</sup> designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction,

contact the Department of Community Affairs at 850/487-1824. EnergyGauge® (Version: FLRCSB v3.30)

DH 4012' IO/01 (Erevious Edicions May Be Used) P IO I BDEG SIGNATURE: : ETAG ] ETOOR/Edut Ofher (Specify) Þ ε Ζ No Jnamizildstel Area Sqft Table 1, Chapter 64E-6, FAC Bedrooms Type of JINU 10 .OV Commercial/Institutional System Design **BUTPTIN** BUILDING INFORMATION [X] RESIDENTIAL [ ] CONVERCIAL 1-127 10? (12) OL RINDS 521 SEWARS DIRECTIONS TO PROPERTY: MONTELE ALT OL HING/ (12 PROPERTY ADDRESS: 12 ENAUS 2 I SEWER AVAILABLE AS PER 381.0065, FS? [ DISTANCE TO SEWER: PROPERTY SIZE: , 5 / ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ / <=2000GPD [ ]>2000GPD PROPERTY ID #: I/M OR EQUIVALENT: [ Y / N ] BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ O'L :TOI 23-72-7: GETTAJA 3747 PROPERTY INFORMATION PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED WAILING ADDRESS: : TNEDA TELE PHONE : ſ : TNADIJIGAA тібдея [ ] JnemnobnsdA ] ٦ Temporary ] ] шөтеүг мөй  $\mathbf{N}$ ] ποηελς δυτηετκα [ ] нотдтид Талк [ evijsvonni [ 1 APPLICATION FOR: APPLICATION FOR CONSTRUCTION PERMIT 8560-50 MATZYZ PL :# TUIEDER ONSITE SEWAGE TREATMENT AND DISPOSAL : GIVA EEE DEPARTMENT OF HEALTH : DIAT ETAD 0-01-٤ STATE OF FLORIDA +6CEOSSEN PERMIT NO.

(Stock Number: 5744-003-4015-1) [ostds\_eval\_4015-3] DH 4015, 03/97 (Obsoletes previous editions which may not be used) Page 3 of 3 : **J**TAO SITE EVALUATED BY: 50/9/ MA REMARKS/ADDITIONAL CRITERIA: DRAINFIELD CONFIGURATION: [ X TRENCH )OTHER (SPECIFY) SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: DEPTH OF EXCAVATION: ~ 59.0/8.0 INCHES 0 [ 🔏 ] ИО INCHES DEPTH: V/A NOTTLING: [ ] YES INCHES [ JCLON ] EXISTING GRADE. ŋ INCHES [ BELOW ] EXISTING GRADE 11 TYPE: ( APPARENT OBSERVED WATER TABLE: USDA SOIL SERIES: · mait OWAING USDA SOIL SERIES: 07 07 07 ΓO 60 07 07 07 67 of ٤ 212 へしのか 11 2115 26077-51 8,07 9 11 116 loj. 9 07 0 O FO 113 Munsell #/Color Texture рерቲћ exture Munsell #/Color дерth SOIL PROFILE INFORMATION SITE 2 SOIL PROFILE INFORMATION SITE 1 SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [ ] NO 10 YEAR FLOOD ELEVATION FOR SITE: \_\_\_\_\_\_\_ FT NGVD SITE ELEVATION: EL NGAD ٤ on [ $\gamma$ ] 10 YEAR FLOODING? ) XES PROPERTY LINES: SUILDING FOUNDATIONS: ΕL POTABLE WATER LINES: ĒĪ ΕL LIMITED USE: 2010 FT PRIVATE: 2010 FT NON-POTABLE: MELLS: PUBLIC: ~// ΤЭ ЕL NORMALLY WET? [ ]YES [ X ]NO THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES: SURFACE WATER: 7 FT DITCHES/SWALES: 201 FT NORMALLY WET? ( )YES ( X )NO TT \_\_\_\_\_\_ : SALANZ\SHDTID ] [ Scross] BENCHWERK/REFERENCE POINT saucus ] ELEVATION OF PROPOSED SYSTEM SITE IS ANDE ON EDITE OF LOAD BENCHMARK/REFERENCE POINT LOCATION: rain ssit UNOBSTRUCTED AREA REQUIRED: 2001/87800 056 TJQ2 UNOBSTRUCTED AREA AVAILABLE: TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOW: M) TOTAL ESTIMATED SEWAGE FLOWAGE CALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE] PROPERTY SIZE CONFORMS TO SITE PLAN: [X] YES [ ] NO ACRES : 318AJIAVA A3AA 318A20 T3N ALL ITEMS. MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ENCINEES, 2 TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. SUBDIVISION: HERITAGE PLACE --- :#dI BLOCK: BI :TOJ PROPERTY OWNER, PROPERTY OWNER AGENT: 95-00 APPLICANT: SCHECODNIC, GARY AND REBECCA SITE EVALUATION AND SYSTEM SPECIFICATIONS ONSITE SEWAGE DISPOSAL SYSTEM OSTDSNBR : 05-0238-N DEPARTMENT OF HEALTH CENTRAX #: 43-55-07297 ADIROLF FLORIDA 10-71.5 S.O-St.G. 07085690: =FMD11

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April 11, 2005

Martin County Health Department Stuart, FL 34994 Re: 12 South Sewall's Point Dr.

Dear Mrs. DeWald,

I have drawn to scale the required 875 sq. ft of drain field meeting the set backs. I feel using the EQ-36 quick cut chamber will give us a better flow lay out. If you are in agreement please accept this to issue a permit for construction.

If you have any questions regarding this matter, please do not hesitate to call me.

Jub, wol Sincerely,

David Whiteside Accurate Septic Service, Inc.

| · · · · · · · · · · · · · · · · · · ·  | <u> </u>    |                                       | <u> </u>             |          |
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DO NOT REMOVE THIS TAG INSPECTOR :**JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises Suttera to uned Hill VIZZNIANA WOUL SAR ALARD IS SUITH the tur Dals HARA NO GHATS OBDENZTI. TERS MEDG & GH75"

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



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Ed h' hind where tion loc xis **OTHER:** 3132 LOND SENOR INSPECTOR GAOD 23JWONS nonist HIND JANIT 1/15 UNDAAN PERMIT INSPECTION TYPE OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: 00:11 TRUNAUE CONST **INSPECTOR:** PANT O JS NSLE Ever Lourn 2055 GH-53945 JM3) Madtosan MIM 156 printal RESULTS INSPECTION TYPE OWNER/ADDRESS/CONTR. PERMIT NOTES/COMMENTS: BUBAM SOTAWOUS INSPECTOR 15,32,402) 11 159 WNYMO 01.61 ATTEN 9249 OWNER/ADDRESS/CONTR. NOTES/COMMENTS PERMIT INSPECTION TYPE RESULTS 500 2500 NSPECTOR/ AJSAMMUZ 1 SAU NI HDUDS 96 5910 NAMPOD INSPECTION TYPE PERMIT **NOTES/COMMENTS:** OWNER/ADDRESS/CONTR. RESULTS 2=mon 200maral NSPECTOR 7.S.Semenis Pr 71NQ003425 4585/ OWNER/ADDRESS/CONTR. PERMIT RESULTS INSPECTION TYPE **NOTES/COMMENTS:** NSPECTOR. えいわへわがれいろ NOLLHINGAT YHUOTOCI. 06EL TIMAA **INSPECTION TYPE** OWNER/ADDRESS/CONTR. **NOTES/COMMENTS** RESULTS INSPECTOR: WAW ATLANDIL I angt sol That we d STACKY) DAR NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE. PERMIT Date of Inspection: Mon Wed Med Page 9007 " 1150 Building Department - Inspection Log **LOWN OF SEWALL'S POINT** 

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December 2, 2005

Via Fax: 772-334-5877

Driftwood Homes Attn: Alan Morris 2163 Pine Ridge St. Jensen Beach, FL 34957

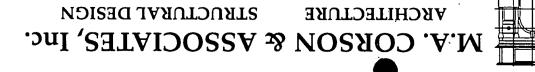
Dear Mr. Morris: Sewells Point, FL Schecodnic Residence *‡*əı 3714

Pursuant to your request, we have reviewed our design and calculations and are hereby approving the following modifications that you made during construction to the above referenced project.

- Your request to interrupt the pour in the concrete beams to allow for a cold joint at the approximate mid-height of the beam.
- 2. The placement of the reinforcing steel in the cantilevered concrete deck for the A/C equipment at an elevation of 3" above the bottom of the slab.
- 3. Providing 3" clearance on the bottom reinforcing steel in the main deck.

Very truly yours, **ΤΗΕ \$ΗΑΓΓΕΕR GROUP, ΙΝC.** 

Fredrick D. Shaffer P.E. President e-mail: fshaffer@theshaffergroup.com Fla. Reg. No. 26694 Ohio Reg. No. 41903



Date: 12/6/05

To: Sewall's Point Building Department

Permit # Lot #18 Heritage Place, Sewall's Point Pe: Schecodnic Residence

This office approves of the following:

- 1. The size of the poured concrete intermediate tie beams (B2) at the Breakfast nook openings is 8"x32" with the top at 14'4" a.f.f.
- 2. The three intermediate tie beams at the Living Room openings shall be poured beams (B2) in lieu of composite beams (B1) as shown on the permitted plans. The size of the beams are 8"x16" with the top at 11'0" a.f.f.

Thank you for your time and consideration. If you have any questions please call.

Mark A. Corson A.I.A. · Sincerely,

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| O TIMAE | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE | RESULTS       | NOTES/COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2C      | 810                   |                 |               | INSPECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| זן      | MAN DIANNG H          | • •             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 17      | Burow                 | IN AMMAN        | TITLE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 1773    | MADEX.                | Revalt Alc      | 7185          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | 11 STANAS'S 71        |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | FG 3, 111-53 5 61     |                 | -             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DING    | DINOODSHEES           | AWARAAN Secol   | SAVO.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| וו י    | 14 RIVERVIEN DR       |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| J 390   | BUSCAIMO              | Free            | SSUT          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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DO NOL BEWOAE THIS TAG INSPECTOR : **JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises SUNI N əmsə the following violations of the City, County, and/or State laws governing I have this day inspected this structure and these premises and have found **VDDKESS:** 2055 21 **CORRECTION NOTICE** (772) 287-2455 Sewall's Point, Florida 34996 One South Sewall's Point Road TOWN OF SEWALL'S POINT

INSPECTION LOG.XIS

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|                   | NH       | WIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -21NO029H25                                                                                        | .h85/           |
| NOTES/COMMENTS: / | RESULTS  | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OWNER/ADDRESS/CONTR.                                                                               | TIMAJ           |
| INSPECTOR         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | START ROOF NG                                                                                      | 1               |
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|                   | GAD      | N-YOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BURKHARD                                                                                           | 2202            |
| NOTES/COMMENTS:   | RESULTS  | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OWNER/ADDRESS/CONTR.                                                                               | JERMIT          |
| іигьестов:        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EN STAM JOHNNA                                                                                     | 71              |
| ////              |          | MAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 273mm 258                                                                                          |                 |
| 1 33070           | Fitt -   | FINAL BETAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 324                                                                                                | 6SLL            |
| NOLES/COMMENLS    | RESULTS  | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OWNER/ADDRESS/CONTR.                                                                               | JERMIT          |
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|                   | 7184     | FINAL DEMMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Kucter                                                                                             | 9408            |
| NOLES'COMMENLE:   | RESULTS  | ويهوهم ويختر الأركاري ويتعاد بالمراجع والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج والمحاج و | OWNER/ADDRESS/CONTR.                                                                               | ERMIT           |
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| · · · · ·         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AZZI 01 251                                                                                        |                 |
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|                   | GGHB     | MAMMA12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CUMINIACS                                                                                          | 10.8/           |
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| INSPECTOR         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (PACIFIC) OWNER                                                                                    | Q               |
| SEAMON GRINNIA    | 2        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DIS. RIVERCO                                                                                       |                 |
| MANAI MAD         |          | Courtesy loost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Parter                                                                                             | 7298<br>0 RE V. |
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DO NOL BEWOAE THIS TAG **INSPECTOR** : **HATE**: call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises agritusion & AXA SPAS (41) '70) 24 anissalladi nellan vana DAAN

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

**ADDRESS:** 2255 **CORRECTION NOTICE** (772) 287-2455 Sewall's Point, Florida 34996 One South Sewall's Point Road TOWN OF SEWALL'S POINT

INSPECTION LOG. XIS

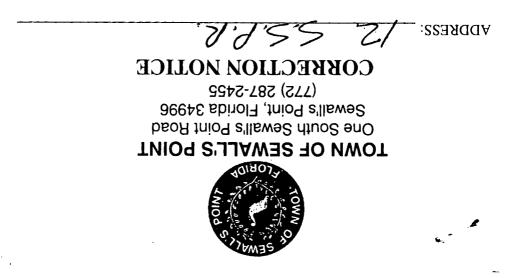
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| THE                 | WINDOW PACK                                                                                     | Johndol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                               |
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|                     | 5090-628-195                                                                                    | PR CLEPHUNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Z                                                                                                                                                                                                                                                                             |
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DO NOT REMOVE THIS TAG **NSPECTOR** :**JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises 32012014 NAC M THIRDADA MA HANDS IH ANISGIW aq-fitte əmbə the following violations of the City, County, and/or State laws governing

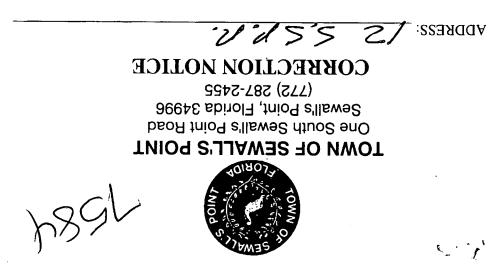
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing



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### DO NOT REMOVE THIS TAG INSPECTOR :**JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises 5-103

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



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| STRUCTURAL DESIGN  | ARCHITECTURE |  |
|--------------------|--------------|--|
| & ASSOCIATES, Inc. | M.A. CORSON  |  |

Date: 4/14/06

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To: Sewall's Point Building Department

Permit # Re: Schecodnic Residence Lot #18 Heritage Place, Sewall's Point 12. 5.5. P.R.

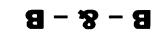
This office approves of the following:

'steel column as shown on the permitted plans.  $\lambda^{*}$  It is acceptable that the steel column in the garage is  $4^{*}x^{4}$  in lieu of the 5  $\lambda^{*}x^{5}$ 

Thank you for your time and consideration. If you have any questions please call.

A.I.A înosto.O. Mark A Sincerely,

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706 South 7<sup>m</sup>. Street Ft. Pierce, Fl. 34950 Tel. (772) 708 7785 Fax (863) 467 1292

Octoper 11, 2006

| Foun of Sewalls Point Building Department                          | To:      |
|--------------------------------------------------------------------|----------|
| Schecodnid Residence at, 12 S Sewalls Point Road, Stuart, FL 34997 | Project: |
| (MUHZLIGRAT CERLIFICATION) == 17E                                  |          |
| DBA - IN INSPECTION                                                |          |
|                                                                    |          |

Client: Pacific Roofing Corp. 808 S.E. Dixie Hwy. Stuart FL 34994

#### Background.

On October 9, 2006 B & B Engineering Inc. was requested by Pacific Roofing Inc. a Licensed Roofing Contractor to certify the installation of the roof dry-in for the above project.

#### Certification:

B & B Engineering Inc Certify that the above re-roof dry-in has been properly installed, according to the 2004 F.B.C., the Tow of Sewalls Point Building Department Code and the Manufactures' recommendations. The 30# felt dry-in and 90# ASTM hot mopped tile underlayment were properly installed. Dry-in felt was properly supported with the Tin Tags and Metals, drip edges were nailed 4" staggered and Tin Tags were spaced 6" in lap, 12" in field and secured to the roof structure. To the best of our knowledge and professional ability, it is B & B Engineering Inc. opinion that the work was properly done.

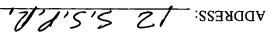
#### Limitations.

Our professional services have been performed, our finding obtained and our opinions prepared in accordance with general accepted structural engineering principles and practices. This Company is not responsible for the conclusions, opinions or recommendations made by others based on our findings. The scope of the on-site inspection performed on October 9, 2006 was intended to evaluate the installation of the dry-in and to assure its integrity.

FL License # 55141 Oscar M. Bermudez, PE ,bproved,

DO NOT REMOVE THIS TAG **INSPECTOR** ::HTAG call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upor these premises VELOGI al VERHER SAROGI ~} ANN HUANAS <u> ABLH M</u> DD 91111 AHAAI  $\mathcal{T}$ 

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



#### **CORRECTION NOTICE**

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

TOWN OF SEWALL'S POINT



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authorized under prescribed terms and conditions; and, 26M9ILS holut' electic book-nb iou rae griud prijarija obergrious guja joj kan barbase gujae a valia prijave d

at the above designated construction now in progress under a valid building permit; and équipment and completion of WHEREAS, the above named responsible persons, firms or corporations have requested an electrical hook-up of

#### TAHT SAITAA9 AHT NAAWTA8 ONA Y8 OAANDA 21 TI AROAAAHT WON

- responsible persons, firms, corporations. The parties to this agreement are John Adams, Building Official, Town of Sewall's Point, and the above named Ľ
- address the Building Official hereby agrees to grant an electrical hook-up permit. 2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction
- This electrical hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion. 31
- until a Certificate of Occupancy is issued. The electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building ٠Þ

|                                               | SOTOANTNOO JARABA OF GENERAL CONTRACTOR          |
|-----------------------------------------------|--------------------------------------------------|
| hooostw Myoffithon                            | amat                                             |
|                                               |                                                  |
| greement to be executed this day of VUV, 2006 | N WITNESS WHEREOF the parties have caused this a |

building operations as herein above described.

SIGNATURE OF GENERAL CONTRACTOR

SIGNATURE OF OWNER

JOHN ADAMS, BUILDING OFFICIAL

DO NOT REMOVE THIS TAG INSPECTOR :**HATE**: call tor an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises SANTIME & STUMIAND HATAMOD . 3015 ALAOS MAIN GAINIBLEN SH STAN 31419Nous 9115 Audu 'UFT' 219NA . ntigat. - nood front and and HSINIA. FORTHER (NI GAD O XAMON DAFORDXO State I tagan I'd SALTANO LAHAO ATABARES GAISSIM, " NZOMNIZAHA MA AZAA

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

U.d.5'5 21 **ADDRESS:** 

#### **CORRECTION NOTICE**

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

TOWN OF SEWALL'S POINT

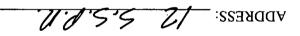


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**DO NOT REMOVE THIS TAG INSPECTOR** :**JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises WH an STANG LANSINT 4MIGISSAME Vez 2002 LAN SI UNGA, THE HEALT LA LANNOTSIU LAZA NAMA NO NATUHO ZUISFLINDS SAMALA UNON 7/H AUNAS

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#### **COBRECTION NOTICE**

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

TOWN OF SEWALL'S POINT



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|                             | SEPTIC SYSTEMS          |                          | •                |                       |                               |           |
|                             | 90/82/11                | : JTAG                   | 8400             | J Mut                 | :WOX                          | मन        |
| 2012 FAX: (772) 220-4765    | EMALLS POINT (772) 287  | 8810-5+5 (ZLL) :         | 2) 242-0130 FAX  | (11) <b>UNV'ISI</b> ( | JUPITER                       |           |
| 8865-882 (217) :XA3 8262-88 | CITY OF STUART (772) 28 | 1165-887 (ZLL) :X        | 13) 588-2016 E∀  |                       | TTRAM _                       |           |
|                             |                         | <b>BECTIONS:</b>         | IMENI INS        | NG DEFAR              | naliua o                      | L         |
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Martin County Health Department (772) 221-4090 Fax. (772) 221-4967



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| Page of 2                             | 5006<br>5100 Pog | artment - Inspec                        |                        | leni lo ste |
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| J.N.                                  |                  | CENTATT'C                               | TOWN OF                |             |

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INSPECTION LOG. XIS

#### DIZALAY CARD ENERGY PERFORMANCE LEVEL (EPL)

#### ESTIMATED ENERGY PERFORMANCE SCORE\* = 82.8

The higher the score, the more efficient the home.

#### SCHECODNIC, HERITAGE PLACE, SEWALLS PT, FL,

|                    | annoor snormhrin o ann<br>(gnirsen enorithuM-H-SM |            |   | 1.242.1 ft          | v dno       | Sup: Unc. Ret: Unc. AH: Attic<br>2 Others | -  |
|--------------------|---------------------------------------------------|------------|---|---------------------|-------------|-------------------------------------------|----|
|                    | M2-C-Multizone cooling.                           |            | _ | ₽¥ 0.551 ,0.3=      | a ans       | Ducts                                     |    |
|                    | PT-Programmable Thermostat,                       |            |   |                     |             | A/M<br>atom                               |    |
|                    | HF-Whole house fan,                               |            |   |                     |             | V/N<br>∀/N                                |    |
|                    | CF-Ceiling fan, CV-Cross ventilation,             |            |   | M. C. O. C. C. (0:0 | C )1        | Under Attic                               | -  |
| ' <del>)</del> -ZW | PAPC credits                                      | SI         |   | ₽¥ 6.072£ ,0.0      | 2=a         | Ceiling types                             |    |
|                    | DHP-Dedicated heat pump)                          |            |   |                     |             |                                           |    |
| _                  | (HR-Heat recovery, Solar                          |            |   |                     |             | ∀/N                                       |    |
|                    | Conservation credits                              | э.         | _ |                     |             | ∀/N                                       | -  |
|                    |                                                   |            |   |                     |             | V/N                                       |    |
| —                  | V/N                                               | Υ.         | _ | ₩ I.478 ,0.11       |             | Frame, Wood, Adjacent                     |    |
| EF: 0.55           |                                                   |            | _ | 5.0, 5084.5 ft      | =8          | Concrete, Int Insul, Exterior             |    |
| Zap: 50.0 gallons  | sed letute N                                      |            |   |                     |             | Wall types                                |    |
|                    | Hot water systems                                 | 14.        | _ |                     |             | V/N                                       |    |
| COP: 1.00          |                                                   |            |   | A (q)2.462 ,0.0     |             | Slab-On-Grade Edge Insulation             |    |
| Cap: 34.0 kBtu/hr  | Electric Strip                                    | . <b>ว</b> |   | =19.0, 205.1ft      | -X          | Raised Wood, Adjacent                     |    |
| COP: 1.00          |                                                   |            |   |                     |             | Floor types                               | -  |
| Cap: 27.0 kBtu/hr  | Electric Strip                                    | P.         |   |                     |             | Tint/other SHGC - double pane             |    |
| COP: 1.00          | _                                                 |            |   | <del>c</del> ₩ 0.0  | z₩ 0.871    | Tint/other SHGC - single pane             |    |
| Cap: 34.0 kBtu/hr  | Electric Strip                                    |            |   | ₅£ 0.0 ft²          | 5₽ 0.0      | Clear - double pane                       |    |
|                    | Heating systems                                   | 13.        |   | τ <sup>θ</sup> 0.0  | -₩ E'S69    | Clear - single pane                       |    |
| ZEEK: 13.00        |                                                   |            |   | Double Pane         | Single Pane | Glass area & type                         | .Γ |
| Cap: 36.2 kBtu/hr  | finU letter                                       | .э         |   | H 9614              |             | Conditioned floor area (ft2)              | .9 |
| ZEEK: 13.00        |                                                   |            |   | ٥N                  |             | Second a worst case?                      | ۶. |
| Cap: 30.0 kBtu/hr  | Central Unit                                      | P.         | - | 4                   |             | Number of Bedrooms                        | 4  |
| SEER: 13.00        |                                                   |            | _ | I                   |             | Number of units, if multi-family          | .5 |
| Cap: 59.0 kBtu/hr  | Central Unit                                      |            |   | Yimaî elgniZ        |             | Single family or multi-family             | 5. |
|                    | Cooling systems                                   | .21        | _ | woN                 |             | New construction or existing              | .1 |

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise a new EPL Display Card will be completed based on installed Code compliant features.

:emoH weN to aserbbA

Builder Signature:

City/FL Zip: Date:  $\underline{\mathcal{J}}$ 



\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is <u>not</u> a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE Energy Gauge Rating your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.

EnergyGauge@ (Version: FLRCSB v3.30)

Arbogas Enterprises LLC d/b/a

Grebe Sprinklers

SSES-929 (STT) :کھ5 - 1050 - 1050 (STT) :کھ3 - 1050 (STT) :کھ3 ma⊃.los@SS188godhs.WWW

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То Whom It May Солсста.

P.O. Box 13630

Fort Pierce, Florida 34979-3630

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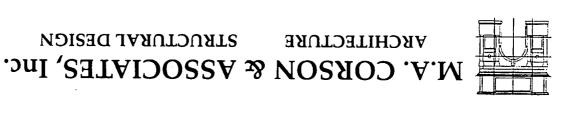
In regaurds to address 12.5 Sewalls Point Rd all of the sprinkler heads are low gallon noveles. If you have any questions regaurding this matter or any other sprinkler needs please feel free to give us a call at anytime.

The second second

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W. Crebe Kobcrr

Grebe Sprinklers December 7, 2006



Date: 12/5/06

To: Sewall's Point Building Department

Re: Schecodnic Residence Lot #18 Heritage Place, Sewall's.Point Permit #

This office approves of the following:

- It is acceptable that the septic berm is back-filled against the frangible block wall on the south side of the house.
- Dydrostatic vents have been added into the garage space as per FEMA requirements. The garage has 796 sq. feet of floor space and requires 796 sq. inches of venting. Three vents equaling 806 sq. inches of venting has been installed in the garage.

Thank you for your time and consideration. If you have any questions please call.

Sincerely,

Mark A. Corson A.I.A CM Y VY

ခုပ္ပ :၁၁

STATE LIC# CAC026432 PHONE (772) 335-7089 FAX (772) 335-7508 PORT ST. LUCIE, FL. 34952 **1238 S.E. NIEMEYER CIRCLE ASSOCIATED AIR OF PORT ST LUCIE, INC.** 



TO WHOM IT MAY CONCERN,

PROPER UNIT EFFICIENCIES WILL ALSO BE ACHIEVED. WARRANTS PROPER UNIT OPERATION WILL BE ACHIEVED AND THE UNITS CAN BE ACHIEVED WITH 11" OF CLEARANCE. ASSOCIATED AIR ONE OF THREE SURROUNDING WALLS, PROPER AIRFLOW TO CONDENSING FROM TRAVE, ASSOCIATED AIR HAS DETERMINED THAT BY REMOVING **KECOMMENDS 15... VELEK DISCOSSION MITH A SERVICE REPRESENTATIVE** UNITS WERE SET WITH 11" BETWEEN UNITS AND WALLS. TRANE DKILLMOOD HOWES' BECAUSE OF LACK OF SPACE THE CONDENSING CONDITIONING EQUIPMENT AT THE SCHECODNIC RESIDENCE FOR ASSOCIATED AIR HAS INSTALLED TRAVE 13 SEER AIR

**THANKS** 

**MIKE KKENCIK (AICE-FRES)** 

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g) Highest adjacent (finished) grade (HAG)

#### **ELEVATION CERTIFICATE**

Expires February 28. 2009 OMB No. 1660-0008

|                            | 966                                                          | CODE State FL ZIP Code348                          |
|----------------------------|--------------------------------------------------------------|----------------------------------------------------|
| Company NAIC Number        | t., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. | Parter Address (including Ap<br>BUBLL'S POINT ROAD |
| Policy Number              |                                                              | 3 RAAD emsV s'renvô gnibliug                       |
| For Insurance Company Use: | SECTION A - PROPERTY INFORMATION                             |                                                    |
|                            | Important: Read the instructions on pages 1-8.               | al Flood Insurance Program                         |

| Rico only)                            | oneu9) znetem 🔲                                   | 1991 🔀 🛛 🕹 🖞         |                   | (D)                          | AJ) əbsıg (bədei   | ni)     Lowest adjacent (fin                | ļ            |
|---------------------------------------|---------------------------------------------------|----------------------|-------------------|------------------------------|--------------------|---------------------------------------------|--------------|
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|                                       | oheur) zneters (Puerto                            |                      |                   | l ent pnicivies tnemqiu      | machinery or eq    |                                             |              |
| (Vino only)                           | oheu9) zietem 🔲 🗌                                 | 1991 🛛 🛛 <u>00.8</u> |                   |                              | (dels to q         | <ul><li>b) Attached garage (to</li></ul>    | )            |
| s (Puerto Rico only)                  | nətəm 🔲 🦷 yəət [                                  |                      | (Ajuo s           | enoZ V) tedmem lstut         | t horizontal struc | eewol ant to mottod (c                      | )            |
| Rico only)                            | ohau9) znatem 🔲                                   | 1991 🛛 🖸 1661        |                   |                              | er floor           | ngin txen ent to qoT (o                     | 1            |
| Rico only)                            | oheud) aeters (Puerto                             | 1991 🛛 🔀 feet        | re toor).         | crawl space, or enclosi      | ,tnemesed gnib     | Top of bottom floor (inclu                  | (8           |
| .beau ine                             | heck the measurem                                 | ci                   |                   |                              |                    | _                                           |              |
|                                       |                                                   |                      |                   |                              |                    | _ stnemmoO\noistevnoO                       | 1            |
|                                       |                                                   |                      |                   |                              | muted lecitreV     | Benchmark Utilized                          |              |
| •                                     |                                                   |                      |                   | 7A meti ni beritoeqe         | e mengeib gnibliu  | below according to the b                    |              |
| 8-6.52 smattetetens C2.8-9            | HAVAA,0EA-FAVAA                                   |                      |                   |                              |                    |                                             |              |
|                                       |                                                   |                      |                   |                              |                    | official contervation Certific              |              |
| Kinished Construction                 | *onstruction*                                     | C 1960 Under C       | ] "ទៜ៲            | iiwsi0 nottointenoD 🗌        | :uo pase           | d ere aroitevele gribliu                    | C1'          |
| (0:                                   | JRVEY REQUIRE                                     | IS) NOITAMAOT        | NI NOITAVE        | A C - BUILDING EL            | SECTIO             | "                                           |              |
| <del></del>                           | , <del>, , , , , , , , , , , , , , , , , , </del> |                      |                   |                              |                    |                                             |              |
|                                       |                                                   | A90 🔲                | ୍ର ଅନ୍ୟ           |                              |                    | Designation Date                            |              |
| ON SƏY                                | S(AGO) serA be                                    | r Otherwise Protect  | O BERS) area o    | er Resources System          | n a Coastal Barri  | Is the building located in                  | B12.         |
|                                       | Other (Describe)                                  | ] 8861 OVAN [        | D 1929            | NGN 🔯 🛛 :68 mətl n           | n used for BFE i   | Indicate elevation datur                    | .118         |
|                                       |                                                   | ] Other (Describe)   | - pəu             | 🗖 Community Determ           | N FIRM             | elford SIF                                  |              |
|                                       | .95                                               |                      | -                 |                              | -                  | Indicate the source of the                  | .01 G        |
| A.C.                                  | [                                                 | 7                    |                   |                              | 1                  | 1                                           |              |
| AC, use base flood depth)<br>0.0      | Xone(s)                                           | Revised Date         |                   | 10/4/02                      | E                  | 12085C-0154                                 |              |
| B9. Base Flood Elevation(s) (Zone     | 50013.88                                          | Ravisod Date         |                   | Xebni MRIFI.88               | XUINS .CB          | - Map/Panel Number                          | hal          |
|                                       |                                                   | 1                    |                   |                              |                    | A                                           |              |
| ך.<br>פופוס בימ                       |                                                   | c                    | County Nam        |                              |                    | MA OF SEWALL'S                              |              |
| 13. State                             | 3                                                 |                      | County Mano       | B B                          | N vtinummo 3 &     | NFIP Community Name                         | 18           |
|                                       |                                                   |                      |                   |                              |                    | •                                           |              |
|                                       | NOITAMROJNI (                                     | MAIA) 9AM BTA        | A BONAAUS         | ION B - FLOOD IN             | SECT               |                                             |              |
| ni pa 4.308 d.eA ni aprined           | I net stes of flood op                            |                      | ui pa             | <u> </u>                     | u sfunnada poo     |                                             |              |
|                                       | a evods toot 0.1 nin                              | · · <u> </u>         |                   |                              |                    | To serve the leto T (c)                     |              |
| egenings in the attached garage       |                                                   |                      |                   | bove adjacent grade          |                    |                                             |              |
|                                       | nostis to epstoot en                              |                      | u be              |                              |                    | b) No. of permanent                         |              |
| ed garage, provide:                   |                                                   |                      | ft pa             |                              |                    | a) Square footage of                        |              |
| sehivera energy be                    | doette de dtim paibli                             | AQ Eorabi            |                   | ehivora (s)europa            | ·                  |                                             | .8A          |
|                                       | .eou                                              | ยามราก อออก กายาดอ   | ni nasn fillian s | ະ ລາຂວາມນາລຸດ ລະມາ ຫຼື ຄົນແກ |                    | Mulding Disgram Wund<br>Mund mengaging Mumb |              |
|                                       |                                                   | crucei boolt dietdo  | et beau poied :   |                              |                    |                                             |              |
| E861 DAN 🕅 7261 DAN 🗖                 | :muted letnozinoH                                 |                      | <u>.</u>          |                              |                    | ten retrude/Longitude: Lat                  |              |
|                                       |                                                   | JAITNEOISE           | R (.ote .viozse   | aidential. Addition. Acc     | idential, Non-Re   | seЯ ,.g.s) esU gnibliu8                     | . <b>Þ</b> A |
| · · · · · · · · · · · · · · · · · · · |                                                   | <u> </u>             | 3E S              | PLAT BOOK 10 PA(             | <u>ب</u> ت         | 1 18 HERITAGE PLAC                          | 07           |
|                                       |                                                   | scription, etc.)     | iber, Legal Der   | nbers, Tax Parcel Nun        | ot and Block Nur   | Property Description (L                     | .EA          |
|                                       |                                                   |                      |                   |                              |                    | City STUANT State FI                        |              |
|                                       |                                                   |                      |                   |                              |                    | SEWELL'S POINT ROAL                         | 15           |
| Company NAIC Number                   | •                                                 | Route and Box No.    | O. 9 10 (.0N .6   | Unit, Suite, and/or Bld      |                    | Building Street Address                     |              |

| ECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION |  |
|-----------------------------------------------------------|--|
|                                                           |  |

<u>4</u>.70

₹.2

| Check here if comments are provided on back of form.                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. |
|                                                                                                                                                                                                                                                                                                                                                                               |



🛛 teet 🔲 meters (Puerto Rico only)

🛛 teet 🔲 meters (Puerto Rico only)

| Replaces all previous editions | 4 'U              | side for continuatio | See reverse         | S       | FEMA Form 81-31, February 2006 |
|--------------------------------|-------------------|----------------------|---------------------|---------|--------------------------------|
|                                | •                 | 8980-455-374 anon    | dələT 30/r2/rr əl   |         | BrgCAA Barneußis               |
|                                | Zip Code 34957    | State FL             | City JENSEN BEACH   | 11      | Address 797 NE DIXIE HIGHWAY   |
|                                | d Surveying, Inc. | Bloomster Prof. Lan  | Company Name ROBERT |         | Title PRESIDENT/OWNER          |
|                                | 4134              | License Number       |                     | דבא, אפ | Certifier's Name ROBERT BLOOMS |

| Check here if attachment                                |                                                                                                                | · · · · · · · · · · · · · · · · · · · | **************************************                     |                                                                                                               |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                         |                                                                                                                |                                       |                                                            | ₩~,************************************                                                                       |
|                                                         |                                                                                                                |                                       |                                                            | Comments                                                                                                      |
|                                                         | <u> </u>                                                                                                       | Date                                  |                                                            | Signature                                                                                                     |
|                                                         | ອນວນຸດ                                                                                                         | · · · · · · · · · · · · · · · · · · · |                                                            | οιταινικά Νάπο                                                                                                |
|                                                         |                                                                                                                | elhiT                                 |                                                            | Local Official's Name                                                                                         |
|                                                         |                                                                                                                |                                       | ה מנ מוב מתומשה אורם:<br>המונג היה מתומשה אורם:            | niboolt to rtsgeb (OA enoZ ni) to 338.66                                                                      |
|                                                         | — mutsol (PR) Datum<br>— meters (PR) Datum                                                                     |                                       |                                                            | 36. Elevation of as-built lowest floor (incl<br>26. BEE of (in Zono AO) don'th of floodin                     |
|                                                         | tnemevo                                                                                                        | nqml Isitnstadu2 🔲                    | 🔲 New Construction                                         | 37. This permit has been issued for:                                                                          |
| beuzzi yonsquooO\eon                                    | G6. Date Certificate Of Complia                                                                                |                                       | G5. Date Permit Issued                                     | G4. Permit Number                                                                                             |
|                                                         |                                                                                                                |                                       |                                                            | 33. 🔲 The following information (Item                                                                         |
|                                                         | o of the elevation data in the Com<br>is a FEMM-issued or community-is                                         |                                       |                                                            |                                                                                                               |
| surveyor, engineer, or architect who                    | s beaneoil a γd belses bna bengie                                                                              | need sed that noitetne                | as taken from other docume                                 | w O notoes ni notermotrion The Ction C w                                                                      |
|                                                         |                                                                                                                |                                       |                                                            | The local official who is authorized by law<br>and G of this Elevation Certificate. Comp                      |
|                                                         | (DANOIT90) NOIT                                                                                                |                                       |                                                            |                                                                                                               |
| Check here if attachmen                                 |                                                                                                                |                                       |                                                            |                                                                                                               |
|                                                         |                                                                                                                |                                       |                                                            | comments                                                                                                      |
|                                                         | enonqeleT                                                                                                      | Date                                  |                                                            | Signature                                                                                                     |
| SIP Code                                                | etet2                                                                                                          | City                                  |                                                            | ssətbA                                                                                                        |
|                                                         |                                                                                                                |                                       | ameN s'avitatnasarqaA b                                    | Property Owner's or Owner's Authorize                                                                         |
| -issued or community-issued BFE)                        |                                                                                                                |                                       | bns ,8 ,A snoitce2 ni stnen                                | The property owner or owner's authoriz<br>or Zone AO must sign here. The staten                               |
| NOITA                                                   | EPRESENTATIVE) CERTIFIC                                                                                        | S (OR OWNER'S RE                      | F - PROPERTY OWNER                                         | SECTION                                                                                                       |
|                                                         |                                                                                                                |                                       | Duknown. The local offi                                    |                                                                                                               |
| or Li below the HoG.<br>מחשחונץ's floodplain management | evated in accordance with the co                                                                               |                                       |                                                            | E4. Top of platform of mothing to qo T                                                                        |
|                                                         | . DAH ent woled                                                                                                | 🗌 meters 📋 above oi                   | ] teet []                                                  | E3. Attached garage (top of slab) is                                                                          |
| ructions), the next higher floor<br>(G.                 | tizn i o 8 agsg ees) € ro\bns 8 arr<br>AH eht woled □ to evods □ ar                                            | vided in Section A Iter               |                                                            | E2. For Building Diagrams 6-8 with p<br>(elevation C2.b in the diagrams)                                      |
| ove or 🔲 below the LAG.                                 | bds [] 21950m [] 1991 []<br>dds [] 21919m [] 1991 []                                                           | nclosure) is                          | ossement, crawl space, or e<br>pasement, crawl space, or e | gias teawol hold bue (OAH) elast adja<br>ginuloni) foor foottoot foor (is<br>di Top of bottoot foor (ioor (i) |
|                                                         |                                                                                                                |                                       | the following and check the                                | E1. Provide elevation information for                                                                         |
|                                                         |                                                                                                                |                                       |                                                            | For Zones AO and A (without BFE), co<br>and C. For Items E1-E4, use natural g                                 |
| (378 TUOHTIW) A BNOS O                                  | NA OA BNOZ ROJ (DBRIUC                                                                                         | (SURVEY NOT REC                       | NOITAMAOANI NOITA                                          | SECTION E - BUILDING ELEV                                                                                     |
| Check here if attachmenta                               |                                                                                                                | Oate                                  |                                                            | Signature                                                                                                     |
| *****                                                   |                                                                                                                |                                       |                                                            |                                                                                                               |
|                                                         | ╾╴╷╴╾╕╕╕┉┑╋┲╌╎┲╖╴╸╶╴╴╴╌┲╌┇╶╡╼╌╷╴╴╴╴╌┱╺╼┯╼╸╌╴╌┥╸╬┥┿╪┿┿                                                          |                                       |                                                            |                                                                                                               |
|                                                         | 999-999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19 |                                       | EAKAWAY.                                                   | Comments SARGE WALLS ARE BRI                                                                                  |
| Ľ.                                                      | enwo gnibliud (5) bus ,yneqmool                                                                                | ial, (2) insurance agen               |                                                            | Copy both sides of this Elevation Certif                                                                      |
| (αθυν                                                   | CT CERTIFICATION (CONT                                                                                         | <b>ТЕЕР, О</b> АРСНІТЕ                | D - SURVEYOR, ENGIN                                        | SECTION                                                                                                       |
| Company NAIC Number                                     | ,                                                                                                              |                                       |                                                            | 60465 9boD GIZJ 9486 TAAUTS (15)                                                                              |
| Policy Number                                           |                                                                                                                | טר איטי אטענפ אחם א                   |                                                            | Building Street Address (including Apt.<br>12 SEWALL'S POINT ROAD                                             |
| For Insurance Company Use:                              |                                                                                                                |                                       |                                                            | IMPORTANT: In these spaces, c                                                                                 |

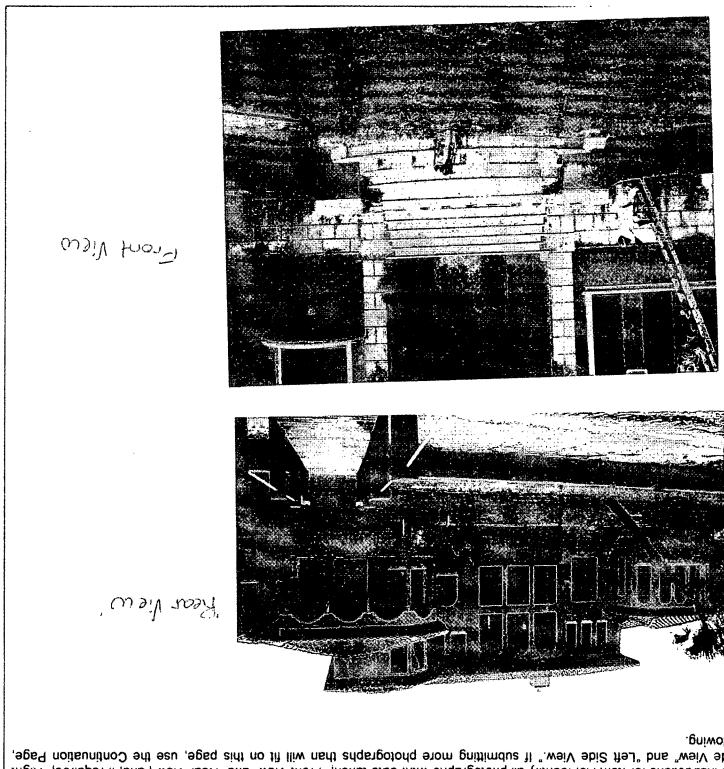
1

#### **Building Photographs**

See Instructions for Item A6.

| taphs below according to   | potodo priblind owt teel te xi | te to obtain NFIP flood insurance, aff      | If using the Elevation Certifica  |
|----------------------------|--------------------------------|---------------------------------------------|-----------------------------------|
| Company NAIC Number        | JPPCode<br>SIP Code            | 5tate<br>تر ل                               | City Stuckt                       |
|                            |                                | Point Road                                  | 12 Sewall's                       |
| Policy Number              | O. Route and Box No.           | g.Apt., Unit, Suite, and/or Bldg. No.) or F | Building Street Address (includin |
| For Insurance Company Use: |                                |                                             |                                   |

.pniwollot Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, the instructions for Item A6. Identify all photographs with: date taken, "Front View" and "Rear View" and, if required, "Right



# SUBTERRANEAN TERMITE CONTROL LIMITED WARRANTY. (EXCLUDES FORMOSAN TERMITES) SOUTHCOAST PEST CONTROL, INC

| reatment Address 12 SO. SEWALL'S POINT RD. STUART, FL. 34996 FINAL | STUART, FL. 34996 FINAL SPRAY 12.5         |
|--------------------------------------------------------------------|--------------------------------------------|
| Driginal Treatment Date 8 / 2 4 / 0 5                              | Annual Renewal Commences on 8/24/06        |
| o be incr                                                          | N/A                                        |
| contract # 707857                                                  | Area Treated Under This Contract 900 SO FT |

GARAGE ONLY

YOUR LIMITED WARRANTY

IN consideration of sums received and to be received by us for treating the above premises for Subterranean Termites, we guarantee to inspect annually the above premises and to apply any necessary treatment to said premises, AT NO EXTRA COST, CIRCUMSTANCES, UNLESS PROVIDED IN WRITING, will damage repair be covered under this limited warranty Subterranean Termite infestation is found therein during the period that this Limited Warranty remains in force. UNDER NO

# **TERMS AND CONDITIONS**

Pest Control, Inc. reserves the right to adjust the annual renewal rate, if necessary, to offset ever increasing operating costs said renewal date, this Limited Warranty shall terminate and become null and void as of the renewal date on which said payment is due. Southcoast annually for a period of Limited Warranty shall be for\_ renewal date of each subsequent year. If such annual renewal payments are made without lapse during said additional period, this commencing on the date of the initial treatment. In addition to initial period you may, at your option, renew this Limited Warranty Treatment," receipt of which is hereby acknowledged. Initial period of the Limited Warranty shall be Initial payment under this Limited Warranty for termite treatment performed by us is the amount stated above under "Initia N/A NLA year(s) from the date of initial treatment. If annual renewal payment is NOT made on or before additional years by making the above annual renewal payments on or before said ONE year(s)

outside treated areas or that occur as a result of wood in direct contact with the soil adjust the annual renewal payment/ Southcoast Pest Control, Inc. will not be held responsible for termite damage which enter structures from agreement shall have been entered into by the owner for the Company to re-inspect the premises, provide additional treatment if necessary and/or modified, altered, or otherwise changed after the date of initial treatment, this Limited Warranty shall terminate, unless a prior written THIS limited Warranty covers the premises as of the date of initial treatment and in the event the premises are structurally

BY OWNER OR AGENT

SOUTHCOAST PEST CONTROL, INC.

(772) 225-0999 • 370-4120

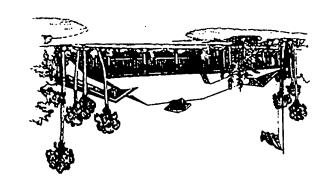
#### TOWN OF SEWALL'S POINT

KOBERT KELLOGG

UOAN H. BARROW Town Clerk

Chief of Police

SMADA NHOL IsibifiO gnibliu8



E. DANIEL MORRIS

PAMELA M. BUSHA

Vice Мауог

THOMAS P. BAUSCH Commissioner

Commissioner NEIL SUBIN

DON OSTEEN Commissioner

### **CERTIFICATE OF OCCUPANCY**

| ERS USED: NA   | Зъвіикг<br>Зъвіикг    |                                               |                                | ОССПРАИТ LOAD:            |
|----------------|-----------------------|-----------------------------------------------|--------------------------------|---------------------------|
| ACY: RI        | /4N779M               | 1                                             | 10, 04 TYPE:-                  |                           |
| E issue: مرارم | D 3TAO : TOY : DATE O | AFFERE RENEWAL PERM<br>23-71/05; RENEWAL PERM | HS Q37H<br>L: DATE OF 195UE: L | PERMIT NO: 758            |
|                | TLICICERT NO: AC      | 2017                                          | SODAM REFE                     | ARCHITECT OR ENGIN        |
| -28520C        | - гісісевт ио: ЕС     | a smolt bo                                    | authind :00                    | <b>БЕИЕКА</b> L СОИТКАСТО |
| Aac            | APTICAL NOIS          |                                               | гот <u>1</u> 8                 | LEGAL DESCRIPTION:        |
| D.H. www       | . <u>mg.261</u> .2    | езяраа үтяэчояч                               | JÍNDO                          | D342:ADE                  |
|                |                       | □ Ofper                                       | ly Residence                   | imeR algni $\mathbb{R}$   |

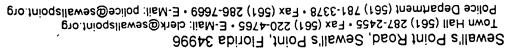
The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

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

Entered at Sewéll's Point, Florida, this \_ made to take 1061 , 2006. 137

John R. Adams, CBO

Building Official, Town of Sewall's Point





|                                                               |                                                        |                                                 |                              |                                         | Dan                  | meaning                                                     |                       |
|---------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|------------------------------|-----------------------------------------|----------------------|-------------------------------------------------------------|-----------------------|
|                                                               |                                                        | ne 772-334-0868                                 |                              | Date 11/21/06                           |                      | 1777                                                        | tengi2                |
| hEINS70                                                       | ZIP Code 34957                                         |                                                 |                              |                                         | YAW                  | PIT BIXIE AN LOL SS                                         |                       |
| 20/12/11                                                      |                                                        | License Number 413<br>loomster Prof. Land Si    | A TAFROA a                   | meN vienmo?                             |                      | RESIDENT/OWNER                                              |                       |
| In alary                                                      |                                                        | the rod muld concoil                            | ···                          |                                         |                      | B TABBOR smsN sta                                           |                       |
| - Aller                                                       |                                                        |                                                 | 4                            |                                         |                      | reck here if comments                                       |                       |
| 0 9/0                                                         | .eldelieve eteb                                        | efforts to interpret the                        | ants my best                 | enden etecitihe) zu                     | no notermotri        | ation. I certify that the<br>rstand that any false s        | mom                   |
|                                                               |                                                        | R, OR ARCHITECT                                 |                              |                                         |                      | etification is to be sign                                   | This a                |
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| ο ουίλ)                                                       | – meters (Puerto Ric                                   | <u>4</u> .2 ⊠ feet                              |                              | (9                                      | beng (LAd            | (Describe type of eq<br>Lowest adjacent (fin                | Û.                    |
|                                                               | □ meters (Puerto Ric<br>□ meters (Puerto Ric           |                                                 | pniblind e                   | ipment servicing the                    | machinery or equ     | Lowest elevation of                                         | (ə                    |
| (λίπο ο                                                       | 🗌 meters (Puerto Ric                                   | 19-0 <u>0 🛛 🖾</u> feet<br>19-0 <u>0</u> 🖾 feet  | (Kjuo səi                    | ural member (V Zon                      |                      | Bottom of the lowes<br>Attached garage (to                  | (p<br>(ว              |
|                                                               | Di meters (Puerto Ric<br>Di meters (Puerto Ric         |                                                 | sure floor)_                 | rawl space, or enclo                    |                      | p of bottom floor (inclu<br>Top of the next high            | (q<br>loj (e          |
| .besu                                                         | n themenuseem ent theme                                | ID CI                                           |                              |                                         |                      |                                                             |                       |
|                                                               |                                                        |                                                 |                              | 6761 (1ASN                              |                      | nchmark Utilized <u>Q 23</u><br>Bryersion/Comments <u>E</u> |                       |
| 6-8-70 suppression                                            |                                                        |                                                 |                              | .YA mail ni bañioaq                     | le mengelb gnibliu   | low according to the b                                      | əq                    |
| P-6.23 email etelqmo3 .0A                                     |                                                        | .etelomos si pr                                 | n of the buildir             | e when construction                     | ate will be require  | new Elevation Certific                                      | ∀₊                    |
| Finished Construction                                         | ·                                                      | Dipling Under C                                 |                              | Construction Drav                       |                      | ilding elevations are b                                     | CI, Bu                |
| · <u> </u>                                                    |                                                        | ISI NOLLAWAU                                    |                              | C - BUILDING F                          | SECTION              |                                                             |                       |
| ои[] ≈эү[]                                                    | S(A9O) seiA be                                         | a or Otherwise Proted                           | ыс (СВКS) аны<br>П СВКS) аны | er Resources Syster                     | e nastal Barrie.     | s the building located in<br>esignation Date                |                       |
|                                                               | Other (Describe)                                       | ] 8861 OVAN 🔲                                   | 6261 QVS                     | Item B9: 🛛 🛛 N                          | n used for BFE in    | ndicate elevation datur                                     | -                     |
|                                                               |                                                        | a meti ni beretne diqet<br>Describe: (Describe) |                              | o eteb (378) noiteve<br>Community Deter |                      | ndicate the source of ti<br>TS Profile                      | B10. II               |
| 0'6                                                           | AE/VE                                                  | 10/4/02                                         |                              | 10/4/02                                 | F                    | 15082C-0124                                                 |                       |
| 9. Base Flood Elevation(s) (Zone<br>OA, use base flood depth) | B8. Flood B                                            | FIRM Panel<br>ve/Revised Date                   |                              | B6. FIRM Index                          | xmu2.28              | Nap/Panel Number                                            | B4. N                 |
| 91610                                                         | EL<br>B3.5                                             |                                                 | B2. County Na<br>MARTIN      |                                         |                      | FIP Community Name                                          |                       |
|                                                               |                                                        |                                                 |                              |                                         |                      |                                                             |                       |
|                                                               | NOITAMAOANI (                                          | MAIA) 9AM 3TAA                                  | ASURANCE                     | ON B - FLOOD II                         | 2ECT                 |                                                             |                       |
|                                                               | inedo boofi to sers fen                                |                                                 | i bs                         | -                                       |                      | c) Total net area of f                                      |                       |
| ings in the attached garage                                   | · · · · ·                                              | D.ON (d                                         |                              |                                         | ni zgninago boolt    | b) No. of permanent                                         |                       |
|                                                               | ilding with an attached g<br>ine footage of attached ( |                                                 | pe <u>2.8185</u>             |                                         | • •                  | For a building with a c<br>a) Square footage of             | .8A                   |
|                                                               | nce.                                                   | enueni booff niestdo of l                       | oəsn Guləq si                | ercompace of the Certificate            |                      | vttach at least 2 photog<br>JmuN mergeng Dumbliut           |                       |
| E861 DAN 🛛 7261 DAN                                           | Horizontal Datum:                                      |                                                 |                              | 7.85 '11 080 W .eno                     | N 27 12' 04.2" L     | atitude/Longitude: Lat                                      | A5. L                 |
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| Mil                                                           |                                                        | Description, etc.)                              |                              | Pers, Tax Parcel Ni<br>LAT BOOK 10 P    |                      | 18 HERITAGE PLAC                                            | <u>Р. 5А</u><br>1 ТОЈ |
| IIIX                                                          | IN/4)                                                  |                                                 |                              |                                         |                      | IT etais TRAUTS (ii:                                        | 0                     |
| Many MAIC Mumber                                              |                                                        | O. Route and Box No.                            | Idg. No.) or P.              | a rothins , and/or B                    | i (including Apt., l | senbbA teet Bribliu                                         | 12 SE                 |
| licy Number                                                   |                                                        |                                                 |                              |                                         |                      | ameN shanwO gniblius                                        |                       |
| r Insurance Company Use:                                      |                                                        | АМЯОЧИІ ҮТЯЭ9С                                  |                              |                                         |                      |                                                             |                       |
| ····                                                          |                                                        |                                                 |                              |                                         | -                    |                                                             |                       |
| Expires February 28. 2009                                     | e-۲ sət.<br>2-۲ sət.                                   | patructions on pag                              | i edt beeR                   | Important                               |                      | l Emergency Managen<br>I Flood Insurance Pro                |                       |

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| request, complete Sections A, B,<br>ars.<br>bove or Delow the highest adjacent<br>above or Delow the HAG.<br>structions), the next higher floor<br>structions), the next higher floor<br>HAG. | to support a LOMA or LOMR-F-<br>In Puerto Rico only, enter meter<br>show whether the elevation is at<br>the elevation is at<br>the field in meters is<br>the field of the<br>set is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/or 9 (see page 8 of In<br>the field is and/ | If the Certificate is intended<br>heck the measurement used.<br>sock the appropriate boxes to s<br>ce, or enclosure) is<br>ings provided in Section A Ite<br>ings the building is<br>feet meters above o<br>teet meters above o | omplete Items E1-E5.<br>grade, it available. Cl<br>r the following and che<br>acent grade (LAG).<br>basement, crawl spar<br>basement, crawl spar<br>basem | For Zones AO and A (without BFE), c<br>and C. For Items E1-E4, use natural g<br>E1. Provide elevation information for<br>grade (HAG) and the lowest adja<br>a) Top of bottom floor (including<br>b) Top of bottom floor (including<br>celevation C2.b in the diagrams)<br>(elevation C2.b in the diagrams)<br>(row of slab) is<br>(elevation C2.b in the diagrams)<br>(row of slab) is<br>(row of s |
| (378 TUOHTIW) A BNOS GN                                                                                                                                                                       | A OA BNOZ ROF (DARIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TION (SURVEY NOT RE                                                                                                                                                                                                             | AMROANI NOITAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SECTION E - 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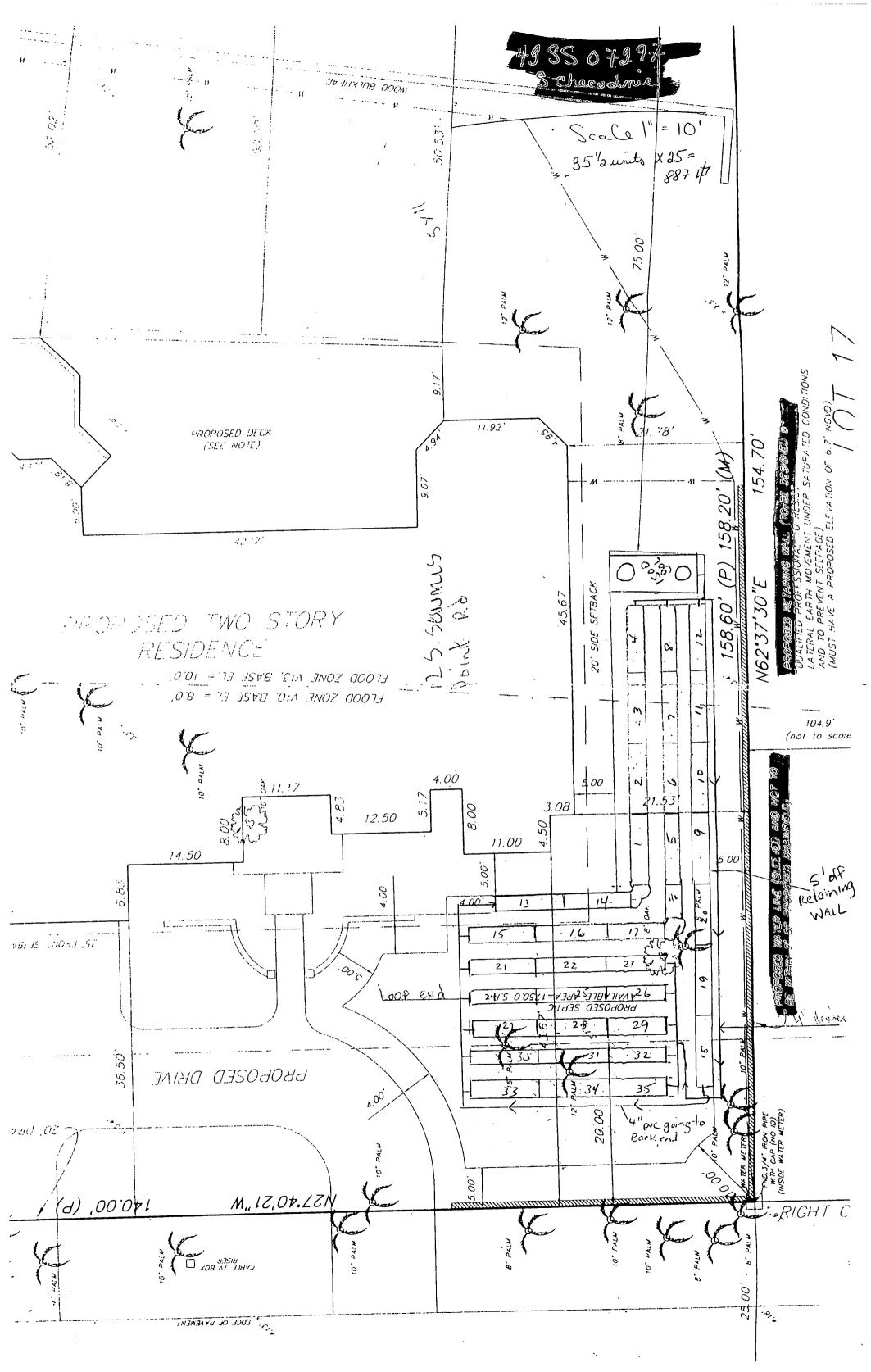
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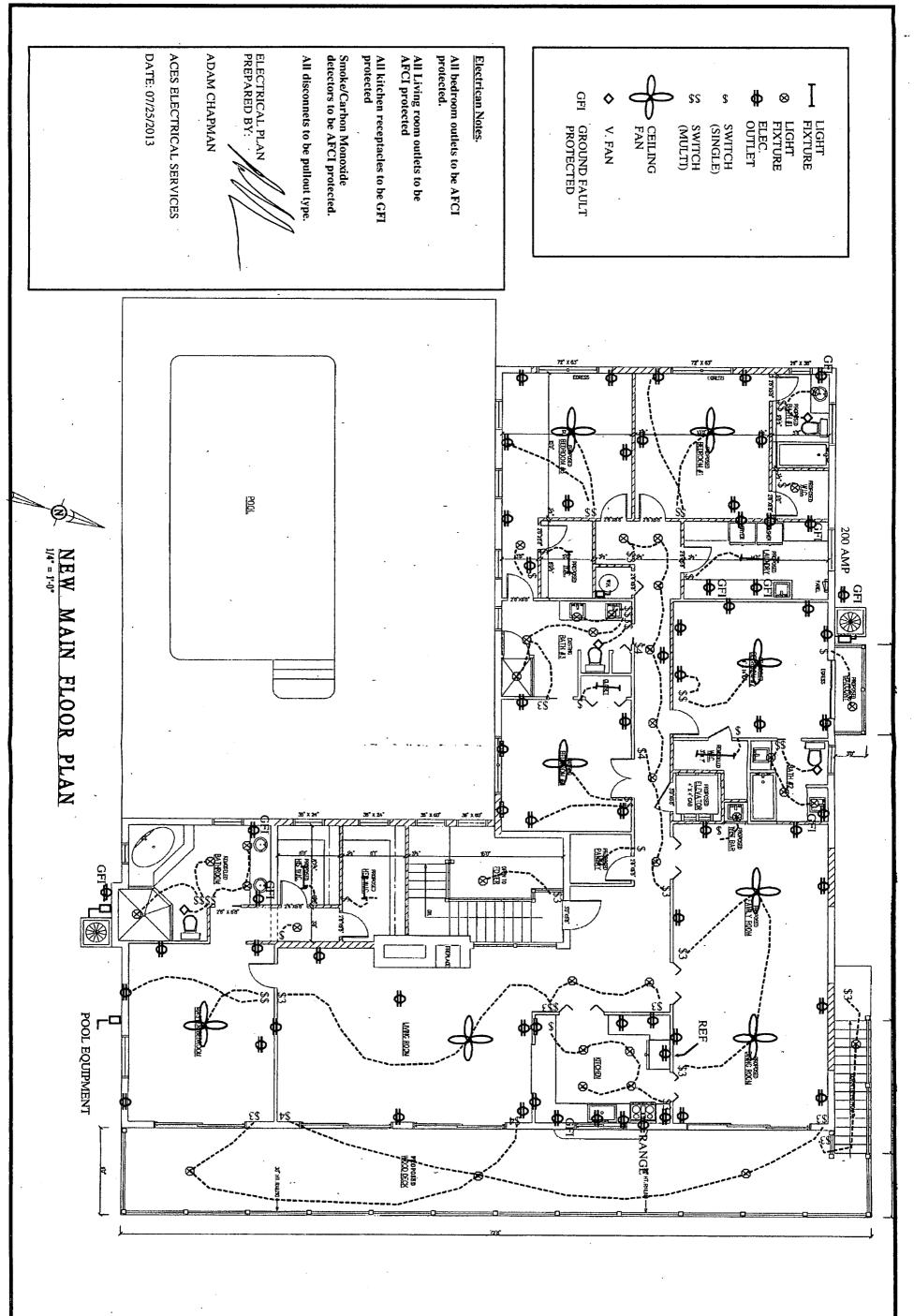
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| OF SEWALL'S POINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NMOL                                                                                |
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| rihar                                                                            | Porida, County of:                         | To State of F                                                                     | · —                                                  | O (LOC) - ito Vir                                                                            | State of Florida, Cour   |
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| e ning king sama ng king si king si k                                            | <u> </u>                                   |                                                                                   |                                                      |                                                                                              |                          |
| וכא סג אבאסטצר, אטנ זאנד<br>גר, אופאט, Pools, Wells,<br>וסא סג אבאסטאר, אאט דאבב | UMBING, MECHANICA<br>SAND OR FILL ADDIT    | ND RELOCATIONS.                                                                   | SEA WALLS, ACC                                       | s separate permit from the Tow<br>s separate permit from the Tow<br>S, HEATERS, TANKS DOCKS, | FURNACE, BOILER          |
| :6ı                                                                              | Accessory Buildin                          | ;yəə(                                                                             | ] booW                                               | ai Under Roof                                                                                | Carport:Tot              |
| ScreenedPorch:                                                                   | Covered Patios:                            | ;egele9                                                                           | :6uiviJ                                              | TAGE - SEWER - ELECTRIC                                                                      |                          |
|                                                                                  |                                            |                                                                                   |                                                      |                                                                                              |                          |
|                                                                                  |                                            |                                                                                   |                                                      |                                                                                              |                          |
| :diz Z :ətelş                                                                    | s support                                  | City:                                                                             |                                                      | Kart and I'ld                                                                                | Street:                  |
|                                                                                  | Phone Number:                              |                                                                                   |                                                      | - interestant                                                                                |                          |
|                                                                                  |                                            | 222555555555555555555555555555555555555                                           |                                                      |                                                                                              |                          |
| :qiZ:91616                                                                       | s                                          | C!!                                                                               |                                                      |                                                                                              | Street:                  |
|                                                                                  |                                            |                                                                                   |                                                      |                                                                                              |                          |
|                                                                                  | nodenili onodQ                             |                                                                                   |                                                      |                                                                                              | _ TOETIHORA              |
|                                                                                  |                                            |                                                                                   |                                                      |                                                                                              |                          |
| mber                                                                             | License Nun                                | State:                                                                            |                                                      |                                                                                              | :ნიჩიარ                  |
| mber:                                                                            | License Nur                                | State:                                                                            |                                                      |                                                                                              | Plumbing:                |
| nber.                                                                            | nuN əsnəoid                                | :etet2                                                                            |                                                      |                                                                                              | Mechanical:              |
|                                                                                  | nuN sensoi                                 |                                                                                   |                                                      |                                                                                              | Flectrical:              |
|                                                                                  |                                            | State:                                                                            |                                                      |                                                                                              | Flectrical #             |
|                                                                                  |                                            |                                                                                   |                                                      | <b>:NOITAM</b> ROANI AC                                                                      | SUBCONTRACTO             |
| mencement needed over \$250                                                      |                                            |                                                                                   |                                                      |                                                                                              |                          |
|                                                                                  |                                            | 222222222222222222222222222222222222222                                           |                                                      | ES: Estimated Cost of Construct                                                              |                          |
| Sense Number:                                                                    | BS Martin County Lice                      | mber ( 200398,                                                                    | uN notectification Nu                                | nber:St                                                                                      | State Registration Nun   |
| 1916: AS : GIZ 210: 3181                                                         | is prompt                                  | ≥<br>≤≥:tyi⊃                                                                      |                                                      | Honus 5+                                                                                     | Street:                  |
| Z939-884 :xe                                                                     | = 0209-98Y                                 | Z:enoda                                                                           | 450                                                  | Todatio Auedwo                                                                               | окотоаятиоо              |
|                                                                                  |                                            |                                                                                   |                                                      |                                                                                              |                          |
| woled enotices rotacitinocdus                                                    | 2 Sout the Contractor & COCO)              | III 'ou II) ON                                                                    | 50A                                                  | : ГНЕ СОИТААТНОЭ ЭНТ                                                                         |                          |
|                                                                                  |                                            |                                                                                   | 12010                                                | Be Done: Swimine                                                                             | Oescription of Work To   |
|                                                                                  |                                            |                                                                                   | 1000                                                 |                                                                                              | = · · · · · · · · ·      |
| 26446:di7 767:                                                                   | aleis (ment                                | <u></u> .(μ)                                                                      |                                                      |                                                                                              | אווכו עסמובפי (וו מווובי |
| HOBAC: diz 72                                                                    |                                            | -                                                                                 |                                                      | rent):                                                                                       |                          |
|                                                                                  | nber                                       |                                                                                   | itas, Place                                          | Leur):<br>Dbeux: Y-0+18 / Y-                                                                 | ng to noitqripsed lege.  |
|                                                                                  | nber:                                      |                                                                                   | Hell Scher                                           | Leur):<br>Dbeux: Y-0+18 / Y-                                                                 | egal Description of Pro- |
|                                                                                  | nper:                                      | Parcel Nur                                                                        |                                                      | Leur):<br>Dbeux: Y-0+18 / Y-                                                                 | lob Site Address:        |
| here y and                                                                       | uper:<br>1961:<br>1962-2931                | <b>AT APPLICAT</b><br>Phone (Day<br>(Day: 24)<br>Phone (Day<br>(Day<br>Parcel Nur | Repered<br>DING PERN                                 | LDER NAME: Barya                                                                             |                          |
| here y and                                                                       | uper:<br>1961:<br>1962-2931                | Phone (Day                                                                        | Repered<br>DING PERN                                 | Lent):                                                                                       | DWNER/TIT/EHO            |
| 5298-582 (XEJ)                                                                   | uper:<br>1961:<br>1962-2931                | <b>AT APPLICAT</b><br>Phone (Day<br>(Day: 24)<br>Phone (Day<br>(Day<br>Parcel Nur | Repered<br>DING PERN                                 | LDER NAME: Barya                                                                             | ob Site Address:         |

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|                      | THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTRUDING<br>ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS CERTERATE MAY RE |            |                                                                          |  |  |  |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|--|--|--|--|
|                      |                                                                                                                                                                                                                                                        |            | COVERAGES                                                                |  |  |  |  |
|                      |                                                                                                                                                                                                                                                        | INSURER E: |                                                                          |  |  |  |  |
|                      |                                                                                                                                                                                                                                                        | о язяоги   | Olympic Pools of Stuart Corp<br>2839 SE Monroe Street<br>Stuart FL 34997 |  |  |  |  |
|                      |                                                                                                                                                                                                                                                        | INSURER C: | Olympic Pools of Stuart Corp                                             |  |  |  |  |
| 8876T                | Ameriaure Ins Company                                                                                                                                                                                                                                  | INSURER B: |                                                                          |  |  |  |  |
| 53396                | Ameriaure Mutual Ins. Co                                                                                                                                                                                                                               | INSURER A: | INSURED                                                                  |  |  |  |  |
| MAIC #               | AFFORDING COVERAGE                                                                                                                                                                                                                                     | INSURERS   | Ebone: 407-849-0490 Eax: 407-648-0197                                    |  |  |  |  |
|                      |                                                                                                                                                                                                                                                        |            | Orlando FL 32805                                                         |  |  |  |  |
| S BELOW.             | HE COVERAGE AFFORDED BY THE POLICIE                                                                                                                                                                                                                    | ALTERTI    | 1339 Arlington Street                                                    |  |  |  |  |
|                      | THIS CERTIFICATE DOES NOT AMEND, EXT                                                                                                                                                                                                                   |            | P.O. Box 540569                                                          |  |  |  |  |
|                      | D CONFERS NO RIGHTS UPON THE CERTIF                                                                                                                                                                                                                    |            | Insurance By Ken Brown, Inc.                                             |  |  |  |  |
|                      | TIFICATE IS ISSUED AS A MATTER OF INFOR                                                                                                                                                                                                                | THIS CER   | PRODUCER                                                                 |  |  |  |  |
| 01/30/06<br>01/30/06 | BANCE OLAR OLAR                                                                                                                                                                                                                                        | اX INSI    | ACORD. CERTIFICATE OF LIABILIT                                           |  |  |  |  |

|                                                             | CED BY PAID CLAIMS. | UOBA NEEB EVAH YA    | POLICIES. AGGREGATE LIMITS SHOWN N |
|-------------------------------------------------------------|---------------------|----------------------|------------------------------------|
| SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH | SESCRIBED HEREIN IS | ED BY THE POLICIES C | MAY PERTAIN, THE INSURANCE AFFORD  |
|                                                             |                     |                      |                                    |

|  | BEEN REDUCED BY PAID CLAIMS. | I EVAH YAM WWOHS STIMIJ ETADERi | POLICIES. AGG |
|--|------------------------------|---------------------------------|---------------|

| 000.000.523  | EACH OCCUBBENCE                   |          |                 |               | EXCESS/IIMBBELLA LIABILITY         | 1    |     |
|--------------|-----------------------------------|----------|-----------------|---------------|------------------------------------|------|-----|
| \$           | SDA :YJNO ONLY:                   |          |                 |               |                                    |      |     |
| 5            | OTHER THAN EA ACC                 |          |                 |               | ОТЛА ҮНА                           |      |     |
| 5            | AUTO ONLY - EA ACCIDENT           |          |                 |               | CARAGE LIABILITY                   |      |     |
| S            | PROPERTY DAMAGE<br>(Per accident) |          |                 |               |                                    |      |     |
|              | (Per accident)                    |          |                 |               | RON-DANED AUTOS                    |      |     |
| •            | ΒΟDILY ΙΝJURY                     |          |                 |               | . готла дзян                       | 7    | İ   |
|              | (Per person)                      |          |                 |               | SCHEDULED AUTOS                    | 1    |     |
| )            |                                   |          |                 |               |                                    | 1    |     |
|              | (Ea accident)                     |          |                 |               | ОТЛА ҮИА                           | 1    |     |
| 5            | COMBINED SINGLE LIMIT             |          |                 |               |                                    | 1    |     |
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| \$2,000,000  | PRODUCTS - COMPADP AGG            | ]        |                 |               | GEN'L AGGREGATE LIMIT APPLIES PER: | 7    |     |
| \$2,000,000  | GENERAL AGGREGATE                 | ]        |                 |               | X DD BYI                           | 1    | 1   |
| 000'000'T \$ | PERSONAL & ADV INJURY             | 1        |                 |               |                                    | 1    |     |
| 000'5\$      | MED EXP (Any one person)          |          |                 |               | СГУІМЗ МУДЕ 🗶 ОССЛИ                | 1    |     |
| 000'05 \$    | PREMISES (Ea occurance)           | L0/10/20 | 02/07/00        | CPP138541804  |                                    | 1    | A   |
| 000'000'τ:   |                                   |          |                 |               |                                    | 1    |     |
| S            |                                   |          | DATE (MM/DD/YY) | POLICY NUMBER | TYPE OF INSURANCE                  | DARN | נדפ |

02/01/00

02/01/06

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

MC201193102

CLAIMS MADE CU201289903

**OTHER** 

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SPECIAL PROVISIONS below If yes, describe under

ЕМРLOYERS COMPENSATION AND WORKERS COMPENSATION AND

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ANY PROPRIETOR/PRATMER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

000'0T\$

| 8861 NOITAROAROC QROCK @                                                                                                                                                                                                                                                                                                                                                          | <b>.</b> | ······                                                   | ACORD 25 (2001/08) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|--------------------|
| зноиго алу ор тне авоуе резсяјвер роцсјез ве самсецер вероке тне ехрікатіом<br>рате тнекеор, тне іззчімо імзикей міль та прелуок то мац. <u>10</u> рауз мизіттем<br>иотісе то тне сектірісате ноцоек мамер то тне церт, вит раццике то ро зо знацц<br>імрозе мо овцеатіон ок цавцітту ор аму кімо иром тне імзике, ітз асемта ок<br>веркезентатічез.<br>алтноятісю яеряеземтатіче | SITTMES  | Sewalla Point Rd.<br>Sewalla Point Rd.<br>Point FL 34996 | HANOS I            |
|                                                                                                                                                                                                                                                                                                                                                                                   | 1        | ······································                   | CERTIFICATE HOLDER |

E.L. DISEASE - POLICY LINUT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000

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E.L. EACH ACCIDENT

AGGREGATE

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GOVERNOR JEB BUSH

**YAATAADA**E DIANE CARR

> SMITH, KIM S OLYMPIC POOLS OF STUART CORP 3331-B SW 42ND AVENUE PALM CITY PALM CITY FL 34990

Named below IS CERTIFIED The COMMERCIAL POOL/SPA CONTRACTOR

Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2006

**002/11/2004** 

569906050 CPC039888 BATCH NUMBER LICENSE NBR **3TA**D

DEPERTMENT OF BUSINESS AND PROFESSIONAL REGULATION DAACH DUISNESLI YATEUDUI NOITSURTENCE 39070TT90707#D3S

0689**77**7 #3V

AGIROJF FLORIDA

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DETACH HERE

apiretion dete: AUG 31, 2006 104001103066 IS CERTIFIED under the provisions of Ch. 489 82. ۰ <sup>1</sup> • ... OLYMPIC POOLS OF STUART CORP CERT COMMERICAL POOL/SPA CONTR 5L990L0E0 \$0/TT/90 CPC439888 PROFESSIONAL REGULATION DEPARTMENT OF BUSINESS AND AGINOLA NO BTATE ⊔₽89ኯኯፒ#ጋ∀

PALM CITY FL 34990 SMITH, KIM S OLYMPIC POOLS OF STUART CORP 3331-B SW 42ND AVENUE

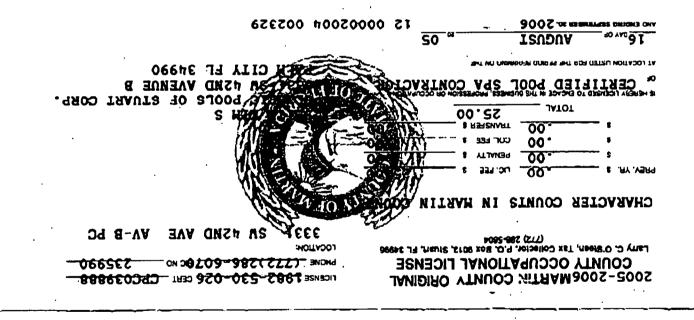


CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MOUROE STREET TALLAARSSEE FL 32399-0783 TALLAARSSEE FL 32399-0783

S6ET-187 (058)

NOITAJUDER LANOISSERORY ONA SCHUIZUE TO THEMTRAGED

ADIROLF OF FLORIDA



#### TOWN OF SEWALL'S POINT

#### RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

|                                                                                                                | Ztime Smith                     |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|
| TTE OWNER'S SIGNATURE & DATE                                                                                   | CONTRACTOR'S SIGNATURE & DA     |
| Auce alle alle                                                                                                 |                                 |
| * (2 1/                                                                                                        |                                 |
| Chapter 775, F.S. A                                                                                            |                                 |
| 002\$ of du send the second degree, punishable by fines up to \$500                                            | considered as committing a n    |
| poses, will constitute a violation of Chapter 515, F.S. and will be                                            | is completed for contract pur   |
| e of the above installed at the time of final inspection, or when the pool                                     | I understand that not having or |
|                                                                                                                | the floor or deck               |
| ing devices with release mechanisms placed no lower than 54" above                                             | closing, self-latch             |
| g direct access from the home to the pool are equipped with self-                                              | nibivorg providin               |
|                                                                                                                |                                 |
| that has a minimum sound pressure rating of 85 decibels at 10 feet                                             | mele tive de dtiw               |
| dows providing direct access from the home to the pool are equipped                                            | niw bus stoop IIA               |
| (sqr                                                                                                           | T toH bns ,seqS                 |
| Performance Specification for Safety Covers for Swimming Pool,                                                 | bnst2) 16-84517                 |
| MTSA main an approved safety pool cover that complies with an approved safety pool cover that complete with an |                                 |
|                                                                                                                |                                 |
| ants of Florida Statue 515.29                                                                                  |                                 |
| be from access to the home by an enclosure that meets the pool                                                 | etelosi si loog edT             |
| rents of Chapter 515, Florida Statues.                                                                         |                                 |
|                                                                                                                |                                 |
| v swimming pool, spa or hot tub has been constructed or installed at                                           |                                 |
| te halletani jo hataujtanoa naed aed dut tod jo ena loon primmiwa i                                            | wor a toat oppowerses (even 1   |
| TOF REQUIREMENT COMPLINACE                                                                                     | <b>TIVADIAA</b>                 |
|                                                                                                                |                                 |

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION

Lorda Notiny Arson abror

COMING DD0227754

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BONDER BIN (800) 45 POLO

VAATON

EDIM STREET O OWNER PERSONALLY KNOWN

PUBLIC

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LABE (800 435 4324) Florida NO.

AS TO CONTRACTOR ARERSONALLY KNOWN

NOTARY PUBLIC, STATE OF FLORIDA

ALIWS ALEVAL

Florida Energy Code – Section 612.1.ABC.2.3

On-off switch required

Cover designed to minimize heat loss

Time clocks - run during off-peak electric demand periods

Ladders and Steps Provide Pool Barrier

(sedoni St

benches/swimouts in deep end More than 5 foot depth must have ladders, stairs or underwater

COLDEL If diving equipment is used swimouts must be recessed or located in the

Water depth more than 24 inches must have ladder or steps (ma. step rise

Show ladder detain. Detail electric bonding and compliance to NEC

Skimmers must contain the following:

Surface skimmers are required

One (1) per 1000 square feet of surface area

Minimum Flow rate of 25 GPM per skimmer

Iniod teaps of the belieter of the deepest point

Inlet Fitting must contain the following:

One per 150000 gallons

Show side detail with electric bonding and compliance to manufacturer specifications Where more than one (1) is required must be a minimum of 10 feet separation

......

Show handhold locations when required

Provide Electric diagram

Provide GFI outlet located per NEC

Equipment Foundation and Enclosures

Must be on one (1) concrete base or slab

All heating and electrical equipment must be protected from the weather

Foundation or thicken edge section showing thickness of deck and what material is to Pool Deck

spacing of balusters Step details showing tread and riser dimensions as well has handrails with height and pəsn əq

ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE

(TNADIJ99A TO BRUTANDI2)

2012115

:DATE SUBMITTED:

WB.20 N/2000 Spid/brd/base/ 00/10/61 LOUGH HOUSE VIEW "LOUGH -ZEN (MAR) RULE DEBUID NOTARY SIGNATURE TYPE OF ID\_ NG//900001 PRODUCED ID SPANON & NETS PERSONALLY KNOWN  $(\mathcal{X})$ BA FOR SCHED BELOKE WE LAIS ΤΟ ΥΛΟΓ SIGNATURE OF OWNER וי הש ומרכס **ABOVE**. THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED EXPIRATION DATE OF NOTICE OF COMMENCEMENT: FAX # **PHONE #:** 713.13(1)(B), FLORIDA STATUTES. TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION IN ADDITION TO HIMSELF, OWNER DESIGNATES inag up/4 FAX #: (125-45E PHONE #: h600-512 **ADDRESS** NAME: MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES. PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS 0.0 LINDOS Зg 4114 :# XA3 FHONE #: WYBERTY EMING AND CORRECT COPY OF THE ORIGINAL ADDRESS <u>ONEGOING</u> **LENDER** THIS IS TO CERTIFY THAT THE COLLOS BOND AMOUNT: { J 6W 1 (obne (ase E9 2423 1811003 OK BK 05115 60 5453 KECD 05/12/5009 10:23:44 94 FHONE # + ATCHI ADDRESS SURETY COMPANY (IF ANY) :# XA3 ZIBI-881 «Log.982 HOME \* YERAEL ADDRESS CONTRACTOR FAX #: 332-8200 x-984 FHONE # VDDRESS Sch ceod nic OWNER ママシン タン ARE CENERAL DESCRIPTION OF IMPROVEMENT: Jast Sau 16 B 2. LECAL DESCRIPTION OF PROPERTY(INCLUDE STREET ADDRESS IF AVAILABLE): 0/4+1200 K(0) hd(S) TICE OF COMMENCEMENT. IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NO-THE UNDERSIGNED HEREBY CIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND COUNTY OF STATE OF 7. 10] -4-101 NOTICE OF COMMENCEMENT 7-08100-000-510-12-35-10 A OLIOF XAT PERMIT # TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

|                 |                               |                  |                                                                                               | <u> </u>      |
|-----------------|-------------------------------|------------------|-----------------------------------------------------------------------------------------------|---------------|
|                 |                               |                  |                                                                                               |               |
| . 1             |                               |                  |                                                                                               | OTHER:        |
| INSPECTOR:      |                               |                  | OLYMPIC POOL                                                                                  | li            |
| /////           |                               |                  | Alenduze.251                                                                                  |               |
| _/              | GAA                           | for Start Buc    | S HECODUIC                                                                                    | <b>た908</b>   |
| NOTES/COMMENTS: | RESULTS                       | INSPECTION TYPE  | OWNER/ADDRESS/CONTR.                                                                          | PERMIT        |
| INSPECTOR       |                               |                  | Commercial Conc.                                                                              | 9             |
|                 |                               | TUNT             | 20 1221 Ord Eti                                                                               |               |
| BONP            | GIUD                          | CONCERTE FERE    | SINET                                                                                         | h862          |
| NOLES/COMMENLS: | RESULTS                       | INSPECTION TYPE  | OWNER/ADDRESS/CONTR.                                                                          | PERMIT        |
| INSPECTOR       |                               |                  | PACIFIC RODFING                                                                               | +             |
|                 |                               | (NO121007)       | and must S                                                                                    | Y             |
| /               | Add.                          | FINAL BOOF       | Mason                                                                                         | 1582          |
| NOTES/COMMENTS: | RESULTS                       | INSPECTION TYPE  | المراجع المتحالة المتحادية المحادي والمحادي والمحادي والمحاد والمتعين والمحاد والمحاد والمحاد | PERMIT        |
| INSPECTOR:      |                               |                  | ALIFIC ROOFING                                                                                | +>            |
|                 |                               | (BELICH NIAM)    | 2 Parm Board                                                                                  |               |
| 3°M             | AND                           | FUREPOOL         | Magan                                                                                         | L708          |
| NOTES/COMMENTS: | RESULTS                       | INSPECTION TYPE  |                                                                                               | PERMIT        |
| INSPECTOR:      |                               |                  | Pacific Roopine                                                                               | 9             |
|                 |                               |                  | A Sward S. S. M                                                                               |               |
|                 | GGHÐ                          | TINA POOL        | 13#12-V                                                                                       | LLLL          |
| NOTES/COMMENTS: |                               | INSPECTION TYPE  |                                                                                               | PERMIT        |
| INSPECTOR:      |                               |                  | DN7002 MODA JA                                                                                | $\mathcal{G}$ |
|                 |                               |                  | 117 Hill                                                                                      |               |
|                 | SAV                           | IN Peor Boot     | HASIOGWA                                                                                      | 1208          |
| NOLES/COMMENLS: | RESULTS                       | INSPECTION TYPE  |                                                                                               | PERMIT        |
| INSPECTOR:      | •                             |                  | Lowers                                                                                        |               |
|                 |                               |                  | 7 avril EN LA                                                                                 | L             |
|                 | -                             | Γ                | Maren                                                                                         | 786/          |
| NOLES/COMMENLS: | RESULTS                       | INSPECTION TYPE  | OWNER/ADDRESS/CONTR.                                                                          | PERMIT        |
| Fage of         | <sup>-</sup> 300 <del>0</del> | 77.17 HIL        | spection: Mon X Wed                                                                           | al lo sted    |
| 80              | sction L                      | partment - Inspe | Building De                                                                                   |               |
|                 | _                             | SEWALL           | •                                                                                             |               |
|                 |                               |                  |                                                                                               |               |

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|--------------------------------------------------|---------------------|-----------------|--------------------------|------------------|
| INSPECTOR:                                       |                     |                 |                          |                  |
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|                                                  |                     |                 |                          |                  |
| NOTES/COMMENTS:                                  | RESULTS             | INSPECTION TYPE | OWNER/ADDRESS/CONTR.     | TIM              |
| INSPECTOR:                                       |                     |                 |                          |                  |
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|                                                  |                     |                 |                          |                  |
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| INSPECTOR:                                       |                     |                 | 9'0                      | •                |
| -/WU                                             |                     |                 | OGINDOGINDOS             |                  |
| <u>/</u>                                         | 7/7/2               | JANEL PERKE     | ZODGNIGU                 | E                |
| NOTES/COMMENTS:                                  | RESULTS             | INSPECTION TYPE | OWNER/ADDRESS/CONTR.     | TIN              |
| INSPECTOR                                        |                     |                 | SINDOM NAND              |                  |
|                                                  |                     |                 | Udsis Lh                 |                  |
|                                                  | SGAT                | 1447            | haruto                   | 22               |
| NOTES/COMMENTS:                                  | RESULTS             | INSPECTION TYPE | OWNER/ADDRESS/CONTR.     | TIN              |
| INSPECTOR:                                       |                     |                 | 'THE THENLON             | t                |
| Z_V₩_\                                           |                     |                 | Inled Halt 2             | Y                |
|                                                  | SSHA                | <i>aau</i> t    | rether                   | Ð,               |
| NOLES/COMMENTS:                                  | RESULTS             | INSPECTION TYPE | OWNER/ADDRESS/CONTR.     | TIN              |
| INSPECTOR:                                       |                     |                 | OUMPIC Pools             |                  |
| <u>, / / / / / / / / / / / / / / / / / / /</u>   |                     |                 | 521                      | K                |
| i                                                | sstd-               | Fac Pumbinic    | DINGODDIC                | ろ                |
| NOLES/COMMENLS:                                  | RESULTS             | INSPECTION TYPE | OWNER/ADDRESS/CONTR.     | TIN              |
| INSPECTOR:                                       |                     |                 | 20                       | $\left  \right $ |
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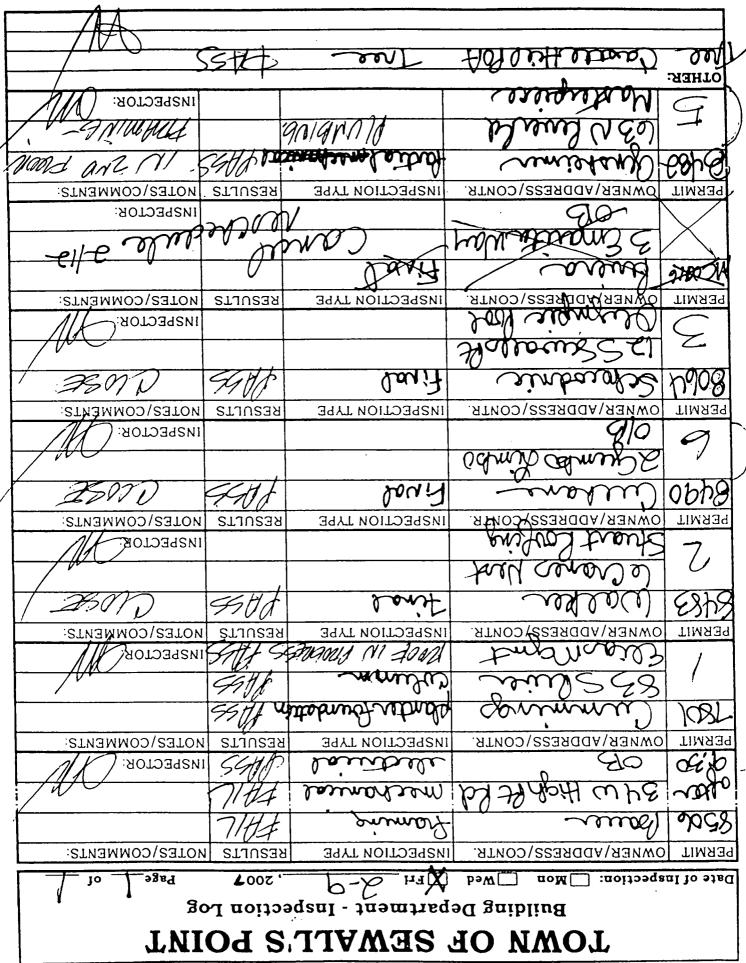
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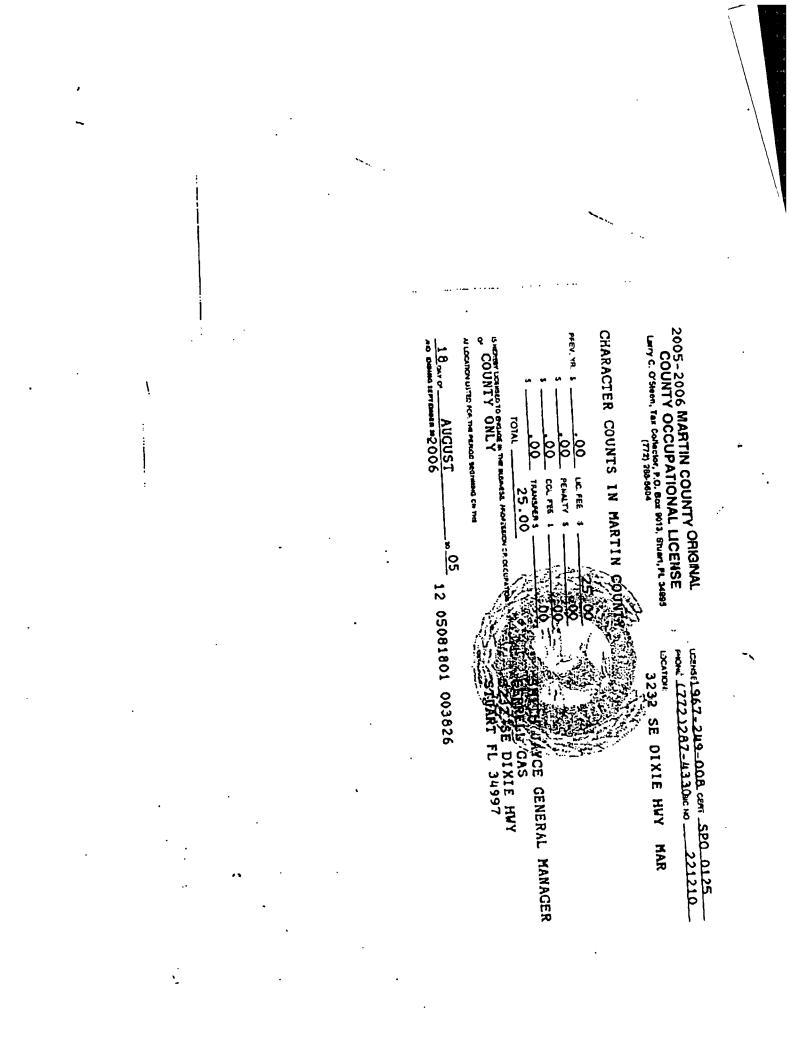
# <u>8155</u> BAK & LINES

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|                                  | 9           |                                        | <b>ESENTATIVE</b>                     | ЧЭЯ ОЗХІЯОНТИА        |                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
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|                                  |             |                                        |                                       | CANCELLATIO           | TIONAL INSURG, INSURA LETTER:                                        |                | 1610ATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INE          |
|                                  |             |                                        |                                       |                       |                                                                      | ll             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
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|                                  |             |                                        | SN                                    | ORIVORA LAIDERVISIO   | HICLES/EXCLUSIONS ADDED BY ENDORSEMEN                                | AV2NOILA:      | IPTION OF OPERATIONS' OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
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|                                  |             | 000'001\$                              | 9007/10/80                            | \$007/10/80           | L€6₽⊅6L0H ∀SI                                                        |                | тнея<br>Суксо                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
| 000'000'1                        |             | E.L. DISEASE · POLICY LIM              | · · · · · · · · · · · · · · · · · · · |                       |                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Τ            |
| 000'000'1                        | EE 2        | E.L. DISEASE - EA EVIPLOY              |                                       |                       |                                                                      | 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| 000,000,1                        | \$          | E.L. EACH ACCIDENT                     | 9007/10/80                            | \$007/10/80           | 2CE C+t333251(MI)                                                    | ł              | WPLOYERS' LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
|                                  | +i          | X MC STATL OT                          | 9007/10/80                            | \$007/10/80           | MLR C4433351A (AOS)                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> ^</u>    |
| XXXXXXX                          | s<br>s      |                                        |                                       |                       |                                                                      | ,              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _            |
| XXXXXXXX                         |             |                                        |                                       |                       |                                                                      | ชาาวรช         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _            |
| XXXXXXX                          | 5           | AGGREGATE                              |                                       |                       | NOT APPLICABLE                                                       | <b>BOAM 2M</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -            |
| XXXXXXX                          | 5           | EACH OCCURRENCE                        |                                       |                       |                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3            |
| XXXXXXX                          | s e         |                                        | · · · ·                               |                       |                                                                      | <u> </u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | +.           |
| XXXXXXX                          | s D         | OA A3 NAHT REHTO                       |                                       |                       | NOT APPLICABLE                                                       |                | ОТЛА ҮМА                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ٦.           |
| XXXXXXX                          | S I         | AUTO ONLY - EA ACCIEEN                 |                                       |                       |                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | อ            |
| xxxxxxx                          | s           | PROPERTY DAMAGE<br>(Per accident)      |                                       |                       |                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -            |
| xxxxxx                           | s           | BODILY INJURY<br>(Per accident)        |                                       | -                     |                                                                      |                | 20104 дэян 💙<br>20104 дэимо-ион 🔰                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| xxxxxxx                          | \$          | (Per person)<br>BODILY (NURY           |                                       |                       |                                                                      |                | 2010 В ОТОВ<br>2010 В ОТОВ<br>2010 В ОТОВ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| 000 <b>,</b> 000,£               | s           | COMBINED SINGLE LINIT<br>(Ea accident) | 9007/10/80                            | \$007/10/80           | LE6t⊅6L0H ASI                                                        |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X V          |
|                                  |             |                                        |                                       |                       |                                                                      |                | POLICY DECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |
| popolog()                        | \$ 9<br>\$  | PRODUCTS - COMPIOP AG                  |                                       |                       |                                                                      | 1 -939 231J    | (XI) (500,000,01)<br>(XI) (200,000,000)<br>(XI) (XI) (XI) (XI)<br>(XI) (XI) (XI) (XI) (XI)<br>(XI) (XI) (XI) (XI) (XI) (XI)<br>(XI) (XI) (XI) (XI) (XI) (XI) (XI)<br>(XI) (XI) (XI) (XI) (XI) (XI) (XI) (XI) |              |
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| 000 000 2                        | s           | MED EXP (Any one person)               |                                       |                       |                                                                      | нироо Г        | CLAIMS MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $\dashv$     |
| 000'000'1                        | s (         | FIRE DAMAGE (Any one fire              | 9007/10/80                            | \$007/10/80           | X2F 051/31/45                                                        | หมาเลขา        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | x I          |
| 3,000,000                        | s           | EACH OCCURRENCE                        |                                       |                       |                                                                      | 1              | דע נואפאנ עאפונעד<br>דיין                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5            |
|                                  | SL          | n                                      | POLICY EXPRANOUN TAG                  | POLICY EFFECTIVE      | POLICY NUMBER                                                        | 1              | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - B          |
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| n denssi er v                    | E WW        | ICH THIS CERTIFICATI                   | RESPECT TO WH                         | DOCUMENT WITH         | BELOW HAVE BEEN ISSUED TO THE 103<br>TION OF ANY CONTRACT OR OTHER [ | E LISTED I     | POLICIES OF INSURANC<br>REQUIREMENT, TEAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HE I         |
|                                  |             |                                        |                                       |                       | ₩2                                                                   | <b>L</b> EO(   | ERCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
|                                  |             |                                        |                                       | INSURER E             | ,                                                                    |                | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|                                  |             |                                        |                                       | INSURER C             |                                                                      | ·              | LIBERTY, MO 6406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
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| ٨٢                               | 1AA1        | INSURANCE CON                          | E AMERICAN                            | <u> ОА : А язяиги</u> |                                                                      |                | PFERRELLGAS, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )592<br>204E |
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| <b>TACIFICATE</b><br>, EXTEND OF | END<br>HE   | T NOAU STHEIR (<br>MA TON SEOD ET)     | on Srjanoj<br>Ajititrijo sif          | ONLY AND              |                                                                      |                | רסכאנסת כסתףפתופא<br>גרפפל, א7לא Street,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | οπαοι        |
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(TeNT) 2-25 GRODA



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PILII SD 20 AON

Tallahassee, Florida 32399-6720 P.O. Box 6720 Bureau of LiqueTed Petroleum Gas Florida Department of Agriculture and Consumer Services

License Number: 01237

Licensed Location Address

Segnation Page 2012118

95522-7681C JA . 19AUTS 3335 SE DOOLE HANK FERGETTCAS \$2229 8252-70242 JA .TRAUTS 3232 SE DIXIE HMA FERRELLGAS #5539

original license fee and must be paid before the licensee may resume operations. ant of leupe si eareail e to noiterateer tot eat ent. Warren of allure to eareage equal to the All LP Gas licenses must be renewed annually. Any license allowed to expire shall become lessed at the address on the license. Each business location of a company must be ficenseal. vneqmos ent vol YJNO bilev a mot ant to mottod ant te eansoil are musioded beiteupil ert

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

conections to: tim NOITAOG ABGUE and the used location address and return the UPPER PORTION with For future correspondence, please make any needed corrections or changes to your business

Tallahassee, Florida 32399-6720 P.O. Box 6720 Bureau of Liquefied Petroleum Gas Florida Department of Agriculture and Consumer Services

ON HOLD

State of Florida

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Department of Agriculture and Consumer Services

Type and Class: 0601 00.6 5+3 : : 5+3 sensor Date of lasue: Sec surber 1, 2(105 BOOS . IE Ist 0 JAI : Biel noiserigx3 License Number: 01217



CONSPICUOUSLY POST LICENSE

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Liquefied Retroleum Gas License

CATEGORY I LP GAS DEALER

This license is issued under suthority of Section \$27.02, Florida Statules, to: COOD FOR ONE LOCATION

STUART, FL 34997-5239

3232 SE DIXIE HMA FERRELLOAS #6639

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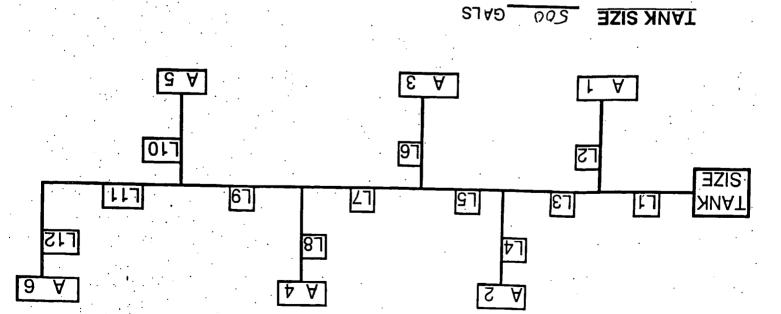
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\*THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC/FUEL CAS TABLE NO. NO, YOZ ( عد )

|                                       |                                   |                       | APPLIANCE)                                        |
|---------------------------------------|-----------------------------------|-----------------------|---------------------------------------------------|
| THE GAS SOURCE TO THE                 | MORT HT                           | - PIPE LENG           | (LENGTH BASED ON THE TOTAL                        |
|                                       |                                   | 000'SH                | APPLIANCE #6: FIREPLACE                           |
|                                       | WE UTE                            | 0.00,25               | APPLIANCE #5: WARD HEARD                          |
|                                       | <u>∿</u> € UT8_                   | 32,000                | APPLIANCE #4: COOKTOP                             |
| A *DIV BLE SC EL'FENCLH               |                                   | 32,000                | APPLIANCE #3: 6/11                                |
| A *DIV DIDE A C EL FENCLH             | DIE UTE                           | 000'00h               | APPLIANCE #2: 800 HEATER                          |
| A *DIA PIPE 25 FT LENGTH              | ETU 3/                            | 595'262               | APPLIANCE #1: 6EMERATOR                           |
|                                       | NA AGYT :                         | APPLIANCE             | CAS APPLIANCE SPECS: (LIST                        |
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| : ОТНЕЯ:                              | ··s ·s /                          | - DITRAJA E           | СОРРЕВ РОГУЕТНУГЕМ                                |
| C22L                                  | л-кисто —                         |                       | IBON 2CH 40                                       |
|                                       | (LIA)                             |                       | <b>DIDEVIORING SPECS.</b> (CHECK A                |
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| · · · ·                               | (201                              | SELES                 | CAS SPECS: (SEE FBC/FUEL G/                       |
| LINE: 10 FT.                          |                                   |                       |                                                   |
|                                       |                                   | T. BUI<br>ING EILE OK | BUILDING: 10 FT. ADJOIN                           |
|                                       |                                   |                       | TANK DISTANCE: (MINIMUM)                          |
| · · · ·                               |                                   |                       | TANK DISTANCE: MINIMUM                            |
| OTHER:                                | ₩E:                               | NSA<br>NSA            | Т.О.С : ЭТҮРЕ: D.O.T.                             |
|                                       |                                   | <b>VBOAE GRO</b>      | SIZE: 200 GALS                                    |
|                                       |                                   |                       | TANK SPECS:                                       |
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| a a a a a a a a a a a a a a a a a a a | EHTO                              | TY GAS                |                                                   |
|                                       |                                   |                       | HOOK UP:                                          |
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|                                       | · 171                             | COMMERC               | <b>KESIDENTIAL:</b>                               |
| ·                                     |                                   |                       | · <del>· · · · · · · · · · · · · · · · · · </del> |
| . · · ·                               | <u> </u>                          |                       |                                                   |
|                                       |                                   | 540                   | CONTRACTOR: FERRELL                               |
|                                       |                                   | <u> </u>              | SIP CODE:                                         |
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|                                       |                                   | LNION STI             | 10B ADDRESS: 12 5 25 WE                           |
| DATE: 3-28-06                         |                                   |                       | OWNER: 504 EC 201NC                               |
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| LSITXOTHO                             | ペタイノ エエア                          |                       | VIAT                                              |

MARTIN COUNTY GAS CHECKLIST

# GAS PIPING SCHEMA



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| Ω.          | T8_ | 0.20'5 8. |
| N.          | T8_ | 52,000    |
| <u>୍</u> ମ. | ra_ | 090'00h   |
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# APPLIANCE- TYPE/SIZE

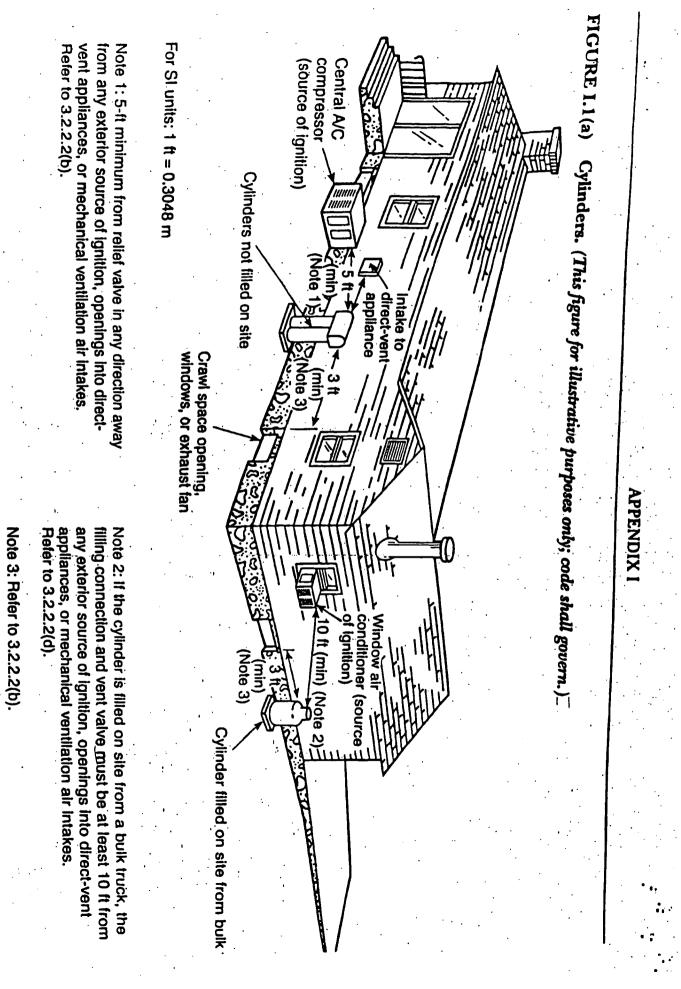
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| פני ון         | <b>€</b> ⊁                                                                           |
| POUL HEATER    | Š۵                                                                                   |
| PENEDRATOR     | ۲A                                                                                   |
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# FBC/FUEL GAS CODE - TABLE 402( 32-PIPE SIZE WAS TAKEN FROM THE 2004

# PIPING LENTH & SIZE

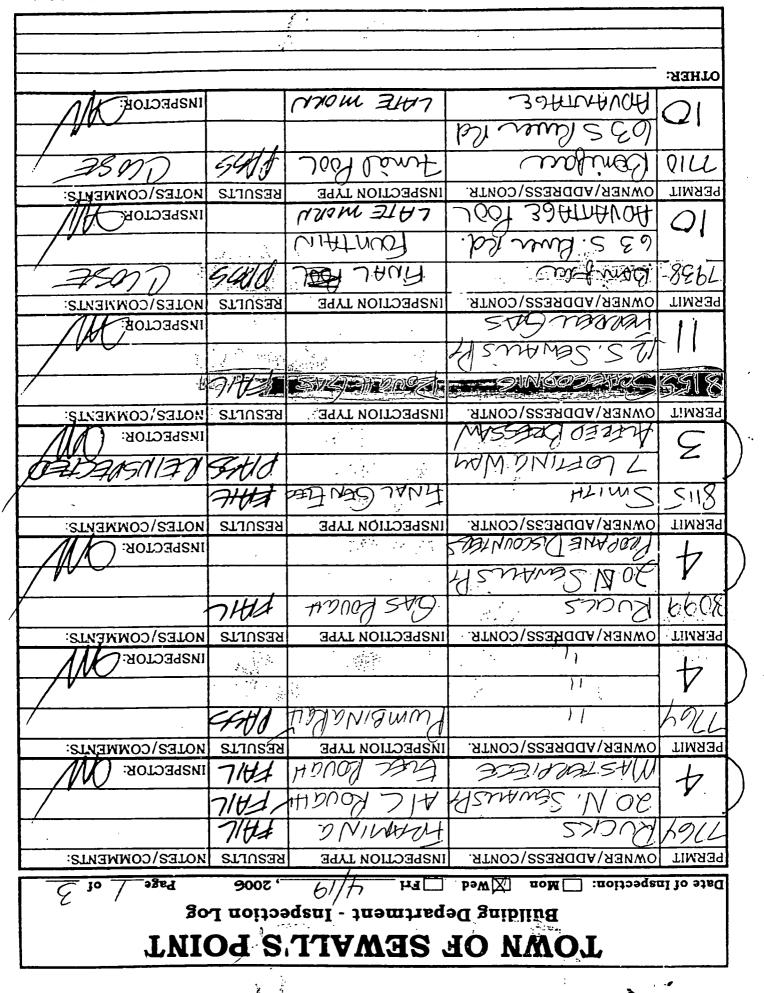
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| 3/7 INCH DIV   | SE FT.         | L1          |
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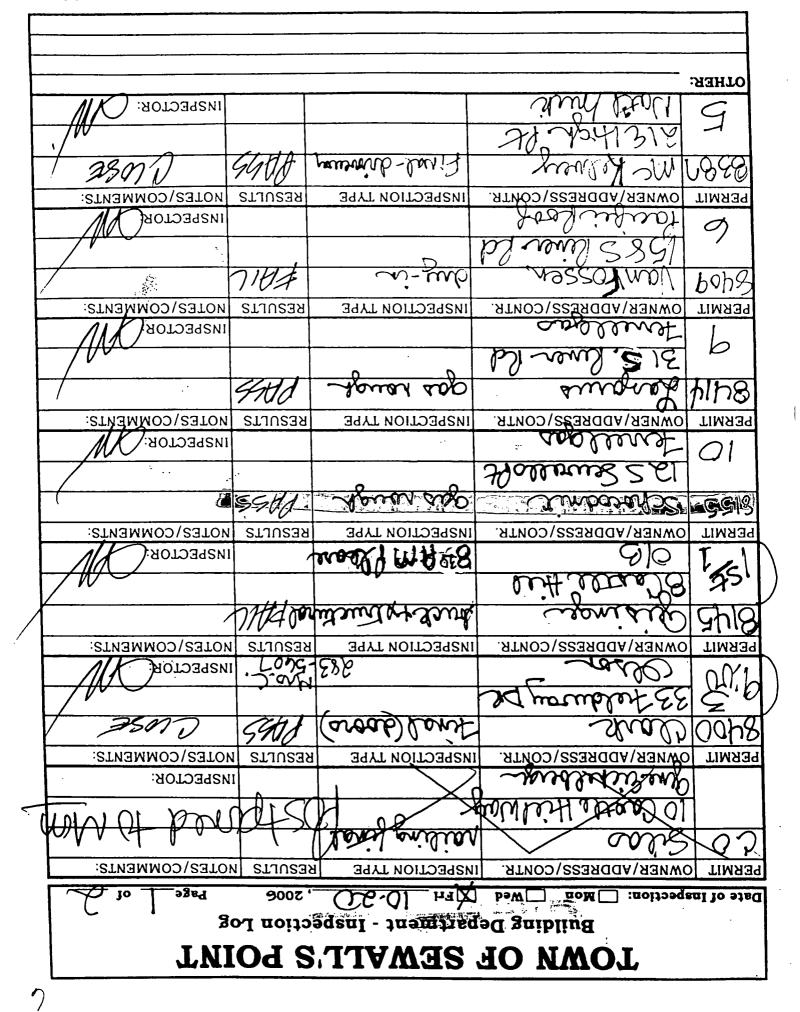
DO NOT REMOVE THIS TAG INSPECTOR : **HATE**: call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises ISAAA 20 3015 IN CANANC SPACE ON IL A SHA NO GEODA ST 9MODENTS 780041000 589 891, the following violations of the City, County, and/or State laws governing I have this day inspected this structure and these premises and have found 711 55 **VDDKESS: CORRECTION NOTICE** (772) 287-2455 Sewall's Point, Florida 34996 One South Sewall's Point Road TOWN OF SEWALL'S POINT

INSPECTION LOG. XIS



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**INSPECTION LOG. XIS** 

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**DO NOT REMOVE THIS TAG** INSPECTOR :**JTA** call for an inspection. until the above violations are corrected. When corrections have been made, You are hereby notified that no work shall be concealed upon these premises 9NISSIW ][[[ 2002 the following violations of the City, County, and/or State laws governing I have this day inspected this structure and these premises and have found 12 55 21 **VDDKESS: CORRECTION NOTICE** (772) 287-2455Sewall's Point, Florida 34996

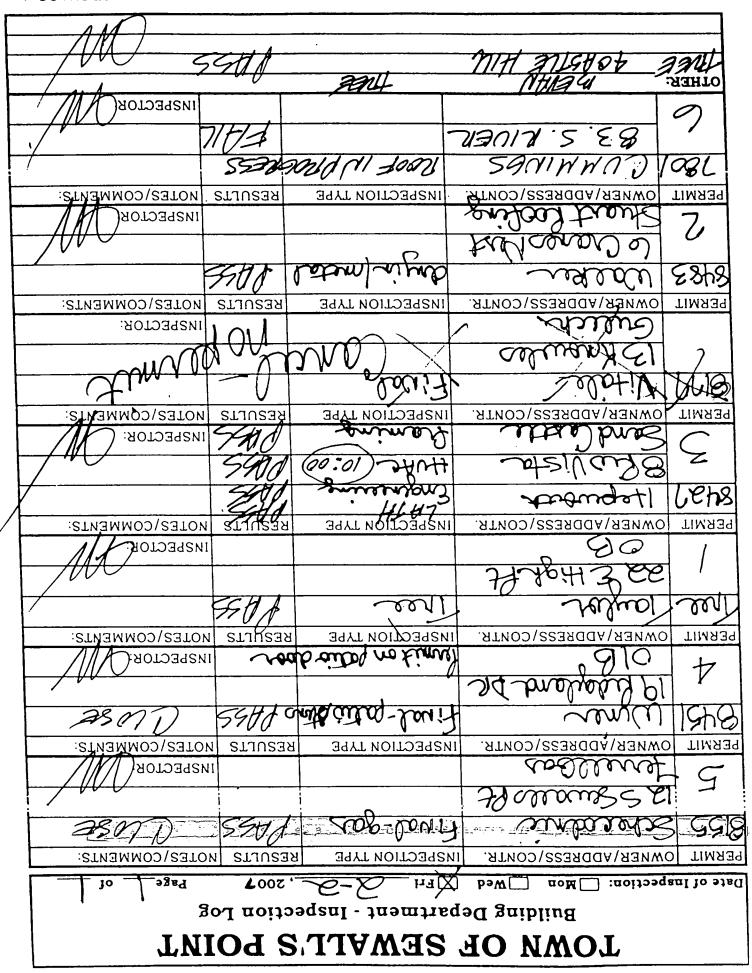
TOWN OF SEWALL'S POINT One South Sewall's Point Road



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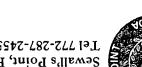


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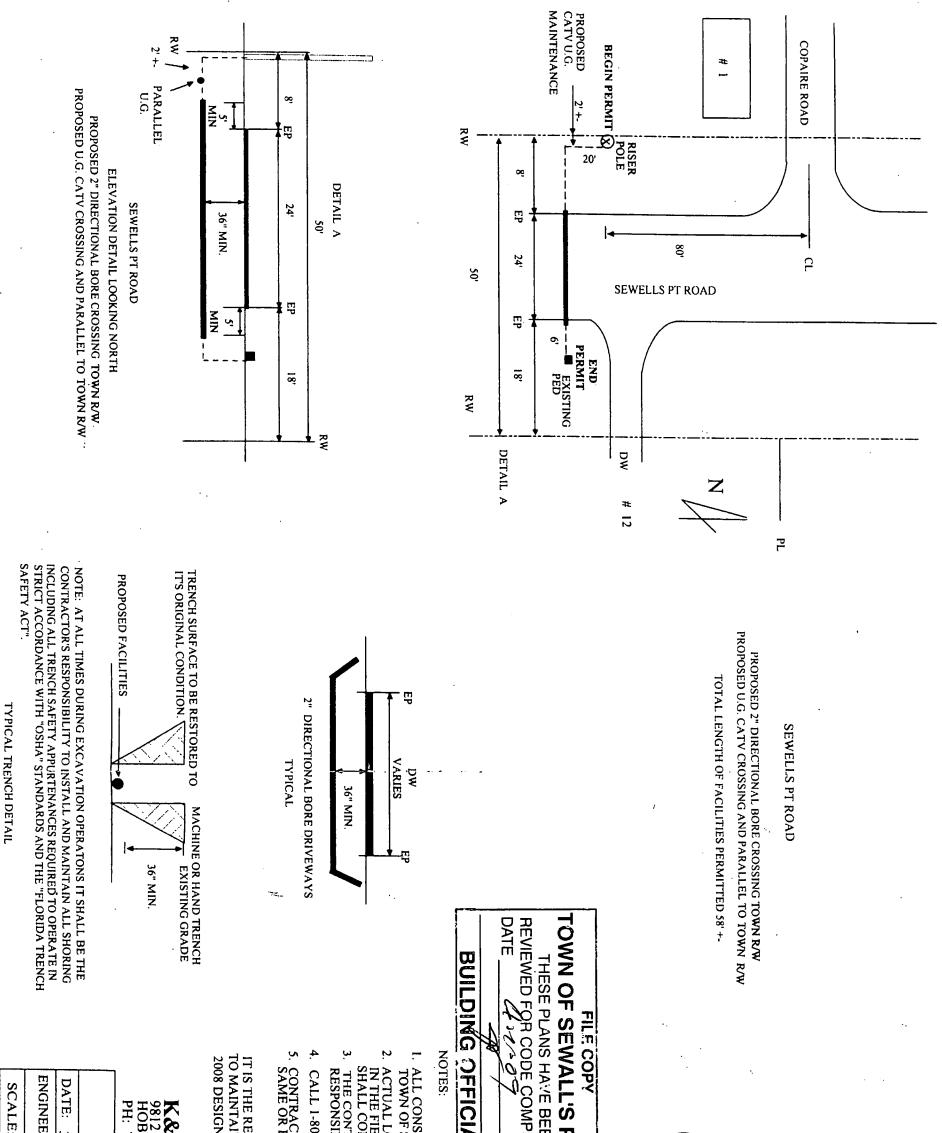
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| ЕИСЕМЕИТ. А<br>7 РЕЗИLT IN YOUR<br>561-662-8792         | APRIL 2, 2009<br>ATEND TO OBTAI<br>SUBDIVISION                                              | DATE ISSUED:<br>A NOTICE OF CON<br>A<br>CONTACT PHOR<br>A<br>CONTACT PHOR<br>CONTACT PH | S CATV<br>S CATV<br>S CATV<br>S S SEWALLS P<br>S S SEWALLS P<br>S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                            | 9133<br>REPLACE UC<br>PRESS:<br>MUMBER:<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST<br>MCAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PERMIT NUMBER:         WARNING TWOTEFORIN         CONTRACTOR:                                                                                       |
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A<br>FINENCING, CONSULT                  | APLL PERMIT<br>APRIL 2, 2009<br>WIENDIVISION<br>WENCEMENT ME<br>UNDIVISION                  | S REQUIRED FC<br>DATE ISSUED:<br>A NOTICE OF CON<br>CONTACT PHOI<br>S<br>CONTACT PHOI<br>CONTACT PHOI<br>F<br>CONTACT PHOI<br>F<br>CONTACT PHOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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TELEC<br>МСАST<br>ВЕЕL TELEC<br>ООВ FAILO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| ENCEMENT. A<br>SGI-662-8792<br>561-662-8792             | APRIL 2, 2009<br>NMENCEMENT MA<br>NMENCEMENT MA<br>SUBDIVISION                              | ECORDING YOUR<br>PATE ISSUED FC<br>CONTACT PHOI<br>T RD<br>CONTACT PHOI<br>45<br>CONTACT PHOI<br>45<br>CONTACT PHOI<br>7<br>8<br>CONTACT PHOI<br>7<br>8<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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A<br>SGI-662-8792<br>561-662-8792             | APRIL 2, 2009<br>NMENCEMENT MA<br>NMENCEMENT MA<br>SUBDIVISION                              | S REQUIRED FC<br>DATE ISSUED:<br>A NOTICE OF CON<br>CONTACT PHOI<br>S<br>CONTACT PHOI<br>CONTACT PHOI<br>F<br>CONTACT PHOI<br>F<br>CONTACT PHOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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A<br>SGI-662-8792<br>561-662-8792             | NOUS PLACE I<br>NMENCEMENT MA<br>APRIL 2, 2009<br>SUBDIVISION<br>SUBDIVISION<br>SUBDIVISION | DATE ISSUED FC<br>PRIOR TO BEGI<br>PATE ISSUED:<br>CONTACT PHOI<br>T RD<br>CONTACT PHOI<br>T RD<br>CONTACT PHOI<br>T RD<br>CONTACT PHOI<br>T RD<br>CONTACT PHOI<br>T RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Flotida 34996 Tel 772-287-2455 Fax 772-220-4765



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RTHPOINT PKWY,<br>Garage:<br>MITH<br>State Centification<br>State Centification<br>State Centification<br>ELECOMMUNICATI<br>State Centification<br>Company application<br>SMITH<br>SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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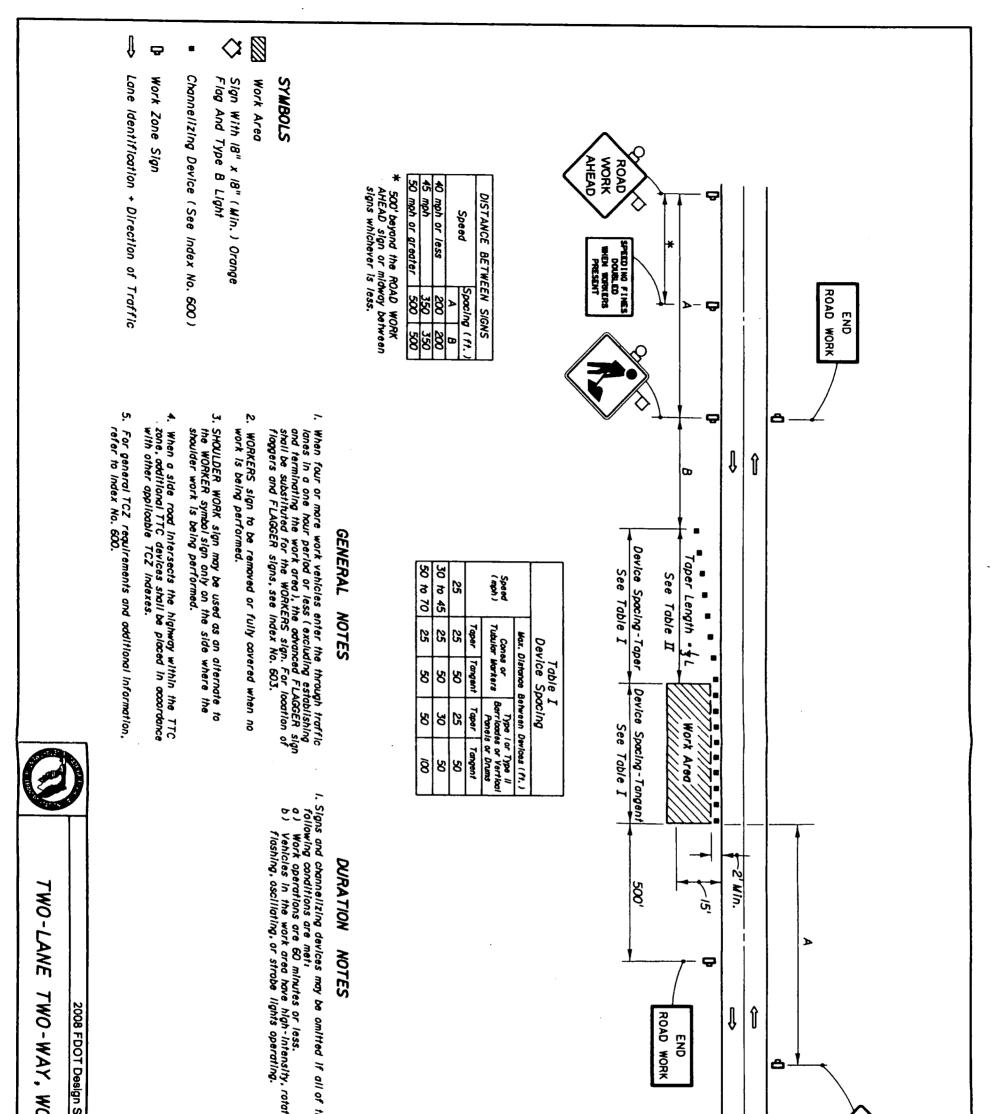
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| AIN<br>COPAIRE ROAD<br>HERITAGE WAY<br>HERITAGE WAY<br>HERITAGE WAY<br>HERITAGE WAY<br>R-4J T-37 S-1<br>LOCATION MAP<br>R-4J T-37 S-1<br>ANCE<br>ACTOR SHALL POINT ENGINEERING DEPT.<br>ACTOR SHALL PROTECT ALL UTILITIES TO BE DETERMINED<br>ACTOR SHALL BE RESPONSIBLE TO RESTORE THE AREA TO THE<br>E FOR ANY DAMANGE INCURRED DURING CONTRACTOR<br>A22-770 FOR UTILITY COMPANIES PRIOR TO CONSTRUCTION<br>ACTOR SHALL BE RESPONSIBLE TO RESTORE THE AREA TO THE<br>THER CONDITION.<br>A22-770 FOR UTILITY LOCATIONS.<br>A22-770 FOR UTILITY CONTRUCTION CONTRACTOR<br>ACTOR SHALL BE RESPONSIBLE TO RESTORE THE AREA TO THE<br>THER CONDITION.<br>ALL PROTECT ALL UTILITIES AND SHALL BE<br>E FOR ANY DAMANGE INCURRED DURING CONTRACTOR<br>A22-70 FOR UTILITY CONTRUCTION CONTRACTOR<br>A22-70 FOR UTILITY CONTRUCTION CONTRACTOR<br>ADD ROADWAY STANDARDS INDEX<br>2-546-2298<br>PROJECT NAME: SEWELLS PT RD @ COPAIRE RD<br>U.G. MAINTENANCE<br>PERMIT TYPE: SEWELLS POINT<br>CONTRENANCE<br>PERMIT TYPE: SEWELLS POINT<br>COMCAST | s                                                                                                                                                           | : NTS                                                                                                                  |
| ATIONS, INC.<br>ATIONS, INC.<br>PERMIT TYPE:<br>SEWELLS PT RD @ COPAIRE RD<br>U.G. MAINTENANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMCA                                                                                                                                                       | DRAFT:                                                                                                                 |
| ATIONS, INC.<br>ATIONS, INC.<br>ATIONS, INC.<br>ATIONS, INC.<br>ATIONS, MAINTENANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE: SEWELLS                                                                                                                                               | 3-2-09                                                                                                                 |
| OCATION MAP<br>R-4J T-37 S-1<br>R-4J T-37 S-1<br>RAJ T-37 S-1<br>RENNG DEPT.<br>TILLTIES TO BE DETERMINED<br>STRUCTION. THE CONTRACTOR<br>ATAMES PRIOR TO CONSTRUCTION.<br>COCATIONS.<br>OCATIONS.<br>DURING CONSTRUCTION<br>OCATIONS.<br>BLE TO RESTORE THE AREA TO THE<br>NSTRUCTION CONTRACTOR<br>ARDS INDEX<br>ARDS INDEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COPAIRE                                                                                                                                                     |                                                                                                                        |
| ROJECT<br>ROJECT<br>ROJECT<br>MAP<br>S-1<br>ITH<br>ITH<br>ITH<br>IE DETERMINED<br>THE CONTRACTOR<br>DURING CONSTRUCTION.<br>THES AND SHALL BE<br>DURING CONSTRUCTION.<br>THE AREA TO THE<br>ICONTRACTOR<br>WITH FDOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ATIONS,                                                                                                                                                     | <b>COMMUNIC</b><br>S.E. HIGHBORNE WAY<br>BE SOUND, FL 33455<br>772-546-2298                                            |
| AINED<br>TRACTOR<br>SHALL BE<br>ONSTRUCTION.<br>AREA TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (1) <b>Z</b> .                                                                                                                                              | ESPONSIBILITY OF THE CO<br>IN TRAFFIC CONTROL IN /<br>N AND ROADWAY STAND                                              |
| PROJECT<br>PROJECT<br>PROJECT<br>N MAP<br>V MAP<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1<br>S-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AREA TO                                                                                                                                                     | BETTER CONDITION                                                                                                       |
| ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TILITIES TO BE DETERMINED<br>ISTRUCTION. THE CONTRACTOR<br>APANIES PRIOR TO CONSTRUCTION.<br>CT ALL UTILITIES AND SHALL BE<br>INCURRED DURING CONSTRUCTION. | OCATION OF EXISTING U<br>3LD AT THE TIME OF CON<br>NTACT ALL UTILITY CON<br>TRACTOR SHALL PROTE<br>BLE FOR ANY DAMANGE |
| HERITAGE WAY<br>HERITAGE WAY<br>R-4J T-37 S-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORDANCE WITH<br>;RING DEPT.                                                                                                                                 | TRUCTION TO BE IN ACC<br>SEWELLS POINT ENGINER                                                                         |
| HERITAGE WAY<br>HERITAGE WAY<br>R-4J T-37 S-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .,                                                                                                                                                          |                                                                                                                        |
| HERITAGE WAY<br>NAVANAS<br>CN LNUOJ STITV MAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATION MAP<br>4J T-37 S-1                                                                                                                                    |                                                                                                                        |
| HERITAGE WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |                                                                                                                        |
| HERITAGE WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 011                                                                                                                                                         |                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·                                                                                                                                                           |                                                                                                                        |
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| ž        | Standarda | 2. ユ (J) K K                                                                     | sting.                                                    | W• Width<br>(comb<br>S• Post                                                               | d minimum                   |     | 8   | 55   | 8 5 | ĥð | 30        | 25         | Speed (mph)   |   | Tap                  |      | < | AHEAD | Ş |  |
|----------|-----------|----------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----|-----|------|-----|----|-----------|------------|---------------|---|----------------------|------|---|-------|---|--|
| SHOULL   |           | CON<br>WHERE ANY V<br>WORKERS OR<br>ENCROACH TH<br>THAN IS' BUT<br>2' TO THE ECC | TOWN OF<br>BUILDIN                                        | Width of total shoulder in feet<br>(combined paved and unpaved<br>Posted speed limit (mph) |                             |     | 173 | 147  | 133 | 12 | ধ্য হ     | 28         | 8'<br>Shidr.  |   | T<br>Taper Ler       |      |   |       |   |  |
| DER      |           | COND<br>ANY VEH<br>S OR TH<br>S OR TH<br>BUT NI<br>E EDGE                        | DING OF SE                                                | hal shou<br>paved o<br>eed lim                                                             | shoulder wid<br>of shoulder | 23  |     | 183  |     |    | 88        | 35         | 10'<br>Shidr. | 4 | Table II<br>Length - |      |   |       |   |  |
|          |           | NITIC<br>HEIR<br>ARE                                                             | DEPARTM<br>COPY                                           | ilder in<br>and unpo<br>it (mph                                                            | wiam<br>Ider taper          | 280 | 88  | 220  | 200 | 9  | 82<br>82  | <b>Å</b> 2 | 12'<br>Shidr. | , | Shoulder             |      |   |       |   |  |
| 07/01/07 | Ē         | QUIP<br>TNIT<br>CLOS<br>SER<br>AVEL                                              | OWN OF SEWALL'S POINT<br>BUILDING DEPARTMENT<br>FILE COPY | feet<br>wed width )<br>)                                                                   | in feet                     |     |     | L-WS |     |    | <u>80</u> |            | Notes         |   | ler                  |      |   |       |   |  |
|          | 0         | NENT,<br>TIES<br>ER<br>THAN<br>THAN                                              | L                                                         | C                                                                                          |                             |     |     |      |     |    |           |            |               |   |                      |      |   |       | , |  |
|          | °         | ·                                                                                |                                                           | · · · · · · · · ·                                                                          |                             |     |     |      |     |    |           | <u> </u>   |               |   |                      | <br> |   |       |   |  |

| WILTER OWNREWYODHERSKOMENERGED IN ONLINE     #ECOLUS     #ECOLUS       WILTER OWNREWYODHERSKOMENERGED IN ONLINE     #ECOLUS     #ECOLUS       SJUST SECONERCENCONERCEDE     #ECOLUS     #ECOLUS       SJUST SECONERCENCONERCEDE     #ECOLUS     #ECOLUS       SJUST SECONERCENCONERCEDE     #ECOLUS     #ECOLUS       SJUST SECONERCENCE     #ECOLUS     #ECOLUS       SJUST SECONERCEDE     #ECOLUS     #ECOLUS       SSECONERCEDE     #ECOLUS     #ECOLUS       SSECONERCEDE     #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTOR            |                   |                                       | · · · · · · · · · · · · · · · · · · · |                |
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| ate of Inspection Mon Tue Wed Thur AFri 222 2009 Page of Lot L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | For                  | 6328              |                                       | A Shart we                            |                |
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| TOWN OF SEWALL'S POINT Call 287-2455 - 8:00 A.M 5:00 P.M 40 SUNDAT WORK                |
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| Kind of Trees Lozi- (1900805)                                                          |
| APPLIED FOR BY ADULTO 12 CO. D. UNDANT (Contractor or Owner)                           |
| Dore 19 TREE REMOVAL PERMIT Nº 0456                                                    |
| TOWN OF SEWALL'S POINT, FLORIDA                                                        |

AN OF SEWALL'S PUINT WORK HOURS BOD AM. - SION P.M.--NO SI

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FLORIDA HOLLY TREE, AUST BE REMOVED BEFORE CONSTRUCTION BECINS: BRAZILIAN PEPPER,

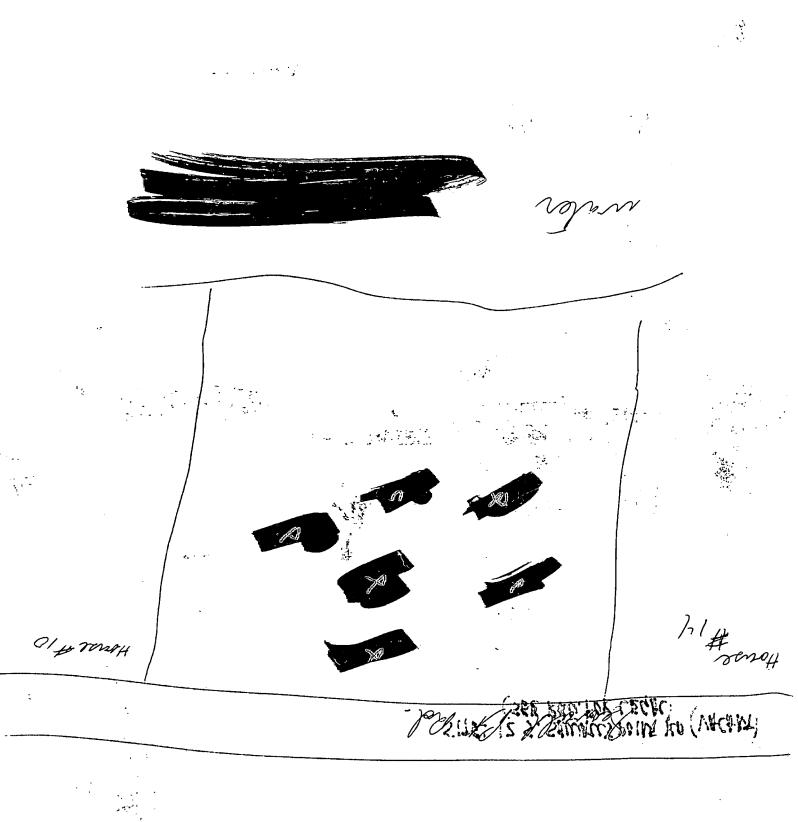
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT DEPRESSION PERENTIAL PLANT WHICH PERPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH PROVIDED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH

333 Checked by Date Completed Date Approved by Building Commissioner /٩/ Date Approved by Building Inspector 201 'YPƏ 1210161 DDDE LUCIDE - EDIG ୨ www.langered.co.co.co. Fee for renewal of expired permit is \$5.00 Permit good for one year. Plans approved, as marked Plans approved as submitted is dead, diseased, injured or hazardous to life or property.) & are required to be removed in order to provide utility service, nor for a tree which (No permit fee for trees which are relocated on property or lie within a utility easement 04'51 \$. 90:00:5 - paasoo 02 Tirst tree plus \$10.00 - each additional tree - not <del>~00~:::5)</del> Permit Fee S (IISC KINDS OF CEES): . Imper of trees to be replaced Number of trees to be relocated within 30 days(no fee)(list kinds of trees): saaso 9. Mumber of trees to be removed (list kinds of trees) 8/L おてろろ- きちし Contractor Mow Fils hue Br. Adress Co. Bur 523 Бропе Phone Redress P.O. 60x 557 (2015) 201. 102 202) OLAR SUE BARR scale drawing, or serial photograph, superimposed with lot links to scale, of all or replacement and a site plan which shall include the dimensional location on a survey. This application shall include a written statement giving reasons for removal, relocation BX / e ∂ beuesI staled 6 1002 6 T NNL Lermit . ONO CARO WAS BECENTED APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

TOWN OF SEMALL'S POINT

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# TOWN OF SEWALL'S POINT Building Department - Inspection Log

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

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

## No permit required for:

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

## Permit Fee:

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

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

## Application procedures:

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

Plans approved as revised/marked: bettimdue es bevorqqs enslq 40/7/2 stell Approved by Building Inspector: Fee: Date tnesilqqA to srutengiZ Written statement giving reasons: :ədxT **NITHIN 30 DAYS** No. of Trees: REPLACE Type: WITHIN 30 DAYS No. of Trees: RELOCATE Type: PRANUA WAY TYPE 574027 724 No. of Trees: REMOVE VERT Address 2/63 Phile Contractor Vidau Cref Clift / seal Reconstration ESHE-Soff anona for and the Datt Jaumo

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| (Tan (xan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bright of the cle<br>How cle<br>LEE \$                                                             | IoJ ,<br>2000X<br>N) 2YAG OE NIHTIW<br>2YAG OE NIHTIW<br>2YAG OE NIHTIW<br>2YAG OE NIHTIW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLACE                                  | Owner —<br>Sub-division —<br>Kind of Trees: REL<br>No. Of Trees: REL<br>No. Of Trees: REL<br>REMARKS —<br>Signed,    |              |
| CAO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Brignud<br>For former<br>EEE &<br>10 LEE)<br>Block                                                 | Lot<br>Lot<br>V Lot<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MOVE Ave B<br>PLACE                    | Sub-division ——<br>Kind of Trees: RE<br>No. Of Trees: RELC<br>No. Of Trees: RELC<br>REMARKS —<br>Signed, —           |              |
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| ractor or Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brildung<br>Form Cle<br>FEE \$<br>Pown Cle<br>Pown Cle<br>Pown Cle<br>Pown Cle<br>Contri<br>Contri | Lot<br>Lot<br>V Lot<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW<br>SYAG 0E NIHTIW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S.S.S.<br>MOVE Due P<br>PLACE          | AppLIED FOR BY<br>Sub-division<br>Kind of Trees: REL<br>No. Of Trees: REL<br>No. Of Trees: REL<br>REMARKS<br>REMARKS |              |
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| ractor or Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brildung<br>Form Cle<br>FEE \$<br>Pown Cle<br>Pown Cle<br>Pown Cle<br>Pown Cle<br>Contri<br>Contri | JIGNONELL<br>101,<br>20102<br>VITHIN 30 DAYS<br>VITHIN 30 DAYS<br>20025<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>20102<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2010<br>2 | S.S.S.<br>MOVE Due P<br>PLACE          | AppLIED FOR BY<br>Sub-division<br>Kind of Trees: REL<br>No. Of Trees: REL<br>No. Of Trees: REL<br>REMARKS<br>REMARKS |              |

| Owner U.S. S. S. W. M. M. M. M. M. M. M. M. M. M. M. M. 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| APPPLIED FOR BY       CONTRACTORY LE         Owner       U. 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| APPLIED FOR BY       Contractor or Owner         Owner       U. OF Trees: REMOVE         Sub-division       J. DA         No. OF Trees: REMOVE       WITHIN 30 DAYS (NO FEE)         No. OF Trees: REMOVE       WITHIN 30 DAYS (NO FEE)         Signed,       Applicant         Signed,       Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| APPLIED FOR BY Contractor or Owner<br>Owner Date Streed of Contractor or Owner)<br>Sub-division U. Of Trees: REMOVE U. WITHIN 30 DAYS (NO FEE)<br>No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)<br>No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)<br>No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)<br>REE \$ 45,00<br>Signed, Signed, Signed Street Advisor (No FEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| AppLIED FOR BY Contractor or Owner<br>Owner Livision, Lot, Block<br>No. Of Trees: REMOVE, Lot, Block<br>No. Of Trees: REMOVE, WITHIN 30 DAYS (NO FEE)<br>No. Of Trees: REPLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20 our                                                | - 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| APPLIED FOR BY Contractor or Owner<br>Owner L2: S S C C ONTROVIC (Contractor or Owner)<br>No. Of Trees: REMOVE L OAK<br>No. Of Trees: REMOVE L OAK<br>No. Of Trees: REPLACE WITHIN 30 DAYS (NO FEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| APPLIED FOR BY Contractor or Owner (Contractor or Owner)<br>Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| APPLIED FOR BY Contractor or Owner (Contractor or Owner)<br>Owner US Science Contractor or Owner)<br>Sub-division Lot Block (NO FEE)<br>No. Of Trees: REMOVE ONL<br>No. Of Trees: REMOVE ONL<br>No. Of Trees: REMOVE ONL<br>No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| APPLIED FOR BY Contractor or Owner (Contractor or Owner)<br>Owner Contractor or Owner)<br>Sub-division , Lot , Lot , Block<br>Kind of Trees: REMOVE CAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| APPLIED FOR BY COntractor or Owner<br>Owner Contractor or Owner)<br>Contractor or Owner)<br>Co |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |
| APPLIED FOR BY CONTractor or Owner<br>Owner Contractor or Owner<br>Owner Contractor or Owner<br>Sub-division , Lot , Lot , Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| APPLIED FOR BY CONTRECTION OF CONTractor or Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Dote JUNEI JE 2005 TREE REMOVAL PERMIT Nº 2503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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Of Trees: RELOCATE |
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| Date JUNE Pote Date No. Of Trees: RELOCATE No. Of Trees                                   |

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