

16 South Sewall's Point Road

4553

SFR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2-23-99

BUILDING PERMIT NO. 4553

Building to be erected for Dennis Fadden Type of Permit S.F. residence

Applied for by Strathmore (Contractor) Building Fee 3,028.80

Subdivision Heritage Lot 1 Block — Radon Fee 27.49

Address 16 S Sewall's Point Road Impact Fee 1508.20

Type of structure S.F. residence A/C Fee 120

12/2/99 FINAL COST (PER AFFID) \$345,000.
ADD'L BLDG. FEE \$283.20

Electrical Fee 120

Parcel Control Number: 13841013 000001050000 PK 12/2/99 Plumbing Fee 120

CK # 7263 \$283.20 Roofing Fee 120 X

Amount Paid 5044.49 Check # 0499 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 315,500 X TOTAL Fees 5044.49

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner's Name: DENNIS AND LIZBETH FADDEN Phone No. 219-440-1111

Owner's Present Address: 10 S. SEWALLS PT. ROAD, SEWALLS PT, FLORIDA

Fee Simple Titleholder's Name & Address if other than owner

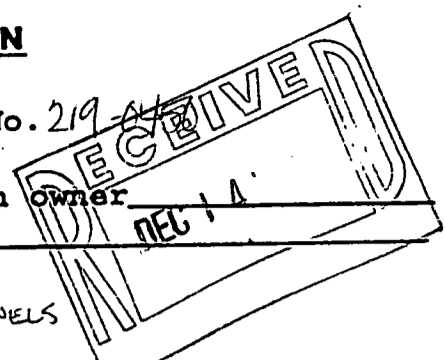
Location of Job Site: TYPE OF WORK TO BE DONE: INSTALL HURRICANE SHUTTER PANELS

CONTRACTOR INFORMATION Contractor/Company Name: STRATHMORE CONTRACTING Phone No. 501-781-1733

COMPLETE MAILING ADDRESS 5040 ORCHID BAY DR. PALM CITY, FL 34990

State Registration 120006684 State License

Legal Description of Property LOT 1 HERITAGE PLACE Parcel Number 0138410130000010



INST. BY OWNER SHUTTER SUBMITTAL = SHOP DRG.

ARCHITECT/ENGINEER INFORMATION

Architect Address Phone No.

Engineer GULFSTREAM ALUMINUM Address 197 S.E. MONTEREY ROAD STUART, FL 34994 Phone No. 787-6476

Area Square Footage: Living Area Garage Area Carport Accessory Bldg. Covered Patio Scr. Porch Wood Deck

Type Sewage: Septic Tank Permit # from Health Dept NEW electrical SERVICE SIZE AMPS

FLOOD HAZARD INFORMATION

flood zone minimum Base Flood Elevation (BFE) NGVD proposed finish floor elevation NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement 6,500.00 Fair Market Value (FMV) prior to improvement

Substantial Improvement 50% of FMV yes No Method of determining FMV

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

Electrical State License Mechanical State License# Plumbing State License# Roofing State License#

INCLUDED IN OWNER ACCEPTANCE. NO ADD'L FEE

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Lizbeth Fadden Sworn to and subscribed before me this 14 day of December, 1998 by Lizbeth Fadden who is personally known to me or has produced or has produced personally known and who did (did not) take an oath.

CONTRACTOR SIGNATURE Michael Tapan Sworn to and subscribed before me this 14 day of December, 1998 by Michael Tapan who is personally known to me or has produced personally known and who did (did not) take an oath.

Handwritten signatures and initials at the bottom of the page.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey

Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property. Stormwater retention plan, etc. Compliance with subdivision regulations also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

- 1. Floor Plan
- 2. Foundation Details
- 3. Elevation Views - Elevation Certificate due after slab inspection.
- 4. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- 5. Truss Layout
- 6. Vertical Wall Sections (one detail for each wall that is different)
- 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____
Approved by Town Engineer _____

SECTION E CERTIFICATION

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

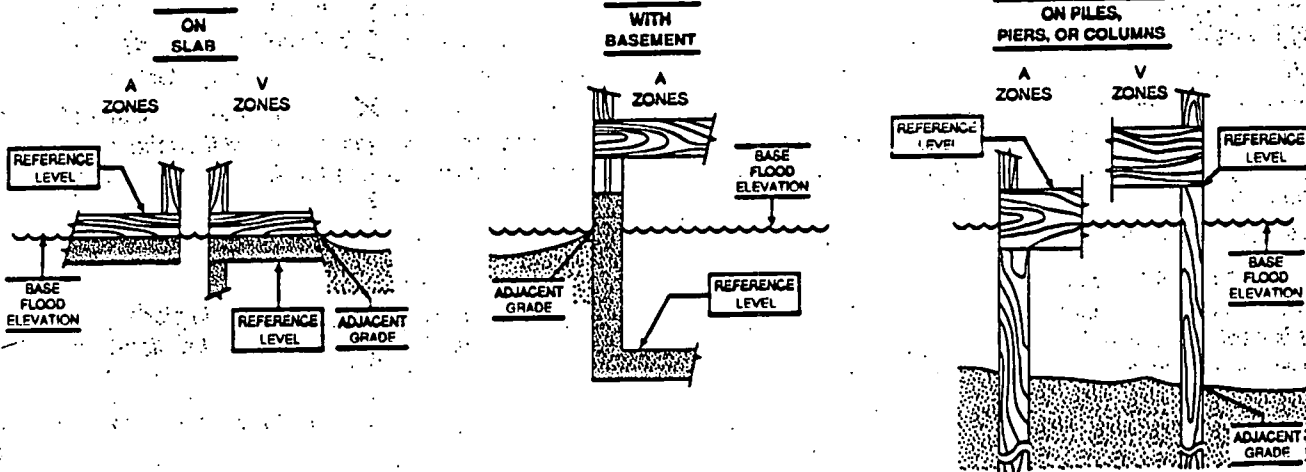
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under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

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Stephen J. Brown	LICENSE NUMBER (or Affix Seal) 4049
TITLE Land Surveyor	COMPANY NAME Stephen J. Brown, Inc.
ADDRESS 619 East 5th Street	CITY Stuart
STATE Florida	ZIP 34994
SIGNATURE <i>Stephen J. Brown</i>	DATE 4/28/99
PHONE (561) 288-7176	

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

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

CERTIFICATE OF INSURANCE

This certificate is provided as evidence of insurance under policy # EC83710518 of the company named herein.

Mortgagee Name and Address First Bank of Florida
Its Successors and/or Assigns, ATIMIA
P. O. Box 3515, West Palm Beach, FL 33401

Insured Name and Address Strathmore Contracting of Florida, Inc.
P. O. Box 2473
Palm City, FL 34991

Amount of Coverage Per Building
(Completed Value) \$ 339,170

Premium \$ 814.00

Effective Date (Date Construction Began) 12-31-98

Term: 12 Months


Description and Location of Property to be Insured One family dwelling under construction, located at:
16 South Sewalls Point Rd., Sewalls Point, FL 34996

\$500 Deductible All Other Perils except Wind - Wind deductible 1%

This is to certify that the above is an insured under a builders risk policy issued by a company of The Maryland Insurance Group, covering property identified above from the inception date shown, subject to all terms and conditions contained in the policy. Insurance as provided under the aforementioned policy is subject to all terms, conditions and limitations thereof and shall in no event extend beyond date of termination of the insured's interest in the articles described herein.

December 29, 1998

Date



Authorized Agent Susan M. Fines, Agent ams

Agency Producer Number	2731		
Agency Name	S. M. Fines Insurance Agency		
Mailing Address	1250 SE Port St. Lucie Blvd.		
City	Port St. Lucie	State FL	Zip Code 34992

WARNING

This Certificate is issued to protect the mortgagee only. Under the terms of the insured's policy, insured agrees to report all starts and pay the appropriate premium to Builders Risk Plan, P.O. Box 40846, Jacksonville, Florida 32203-0846. Insured must report all starts shown on this certificate prior to the end of the next month. If insured does not report within this time period, the insured will not be covered.

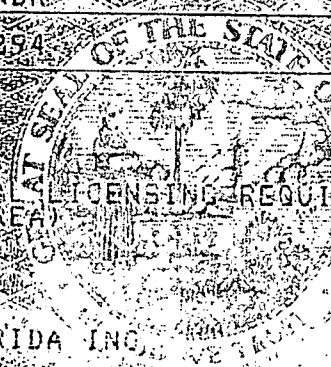
Insureds should check with their Construction Insurance Services agent to make sure they understand the reporting requirements.

Builders Risk Plan
P.O. Box 10197
Jacksonville, FL 32247-0197

STATE OF FLORIDA
Department of Business and Professional Regulation
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/21/1997	97900207	RF 0046894

The RESIDENTIAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 1999
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)



TRAFANI, MICHAEL
STRATHMORE CONTRACTING OF FLORIDA, INC.
1110 MITCHELL AVE
PT ST LUCIE FL 34952

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

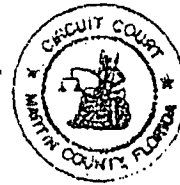
RICHARD T. FARRELL
SECRETARY

Post-it* Fax Note	7671	Date
To	<i>Mary</i>	From
Co./Dept.		Co.
Phone #		Phone #
Fax #	781-1644	Fax #

First Bank of Florida.

This instrument prepared by:
 Michelle Miller
 First Bank of Florida
 450 South Australian Avenue
 West Palm Beach, FL 33402

STATE OF FLORIDA
 MARTIN COUNTY
 THIS IS TO CERTIFY THAT THE
 FOREGOING 1 PAGES IS A TRUE
 AND CORRECT COPY OF THE ORIGINAL.
 MADE BY Michelle Miller, Clerk
 BY [Signature] C.
 DATE 1-6-99



NOTICE OF COMMENCEMENT

Permit #

Tax Folio #

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with SECTION 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. The Notice shall be effective for a period of 12 months from the date of recording.

Description of Property: **LOT 1, HERITAGE PLACE, ACCORDING TO THE PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR MARTIN COUNTY, FLORIDA RECORDED IN PLAT BOOK 10, PAGE 2; SAID LANDS SITUATE, LYING AND BEING IN MARTIN COUNTY, FLORIDA.**

Property Address: **16 S. SEWALLS POINT RD. SEWALLS POINT, FL 34996**
 General description of improvement: **TWO STORY CBS SINGLE FAMILY HOME**
 Owner: **DENNIS L. FADDEN**
 Address: **16 S. SEWALLS POINT RD. SEWALLS POINT, FL 34996**
 Owner's interest in site of the improvement: **Fee Simple**
 Fee simple title owner (if other than owner) Name:
 Address:
 Contractor: **STRATHMORE OF FLORIDA**
 Address: **5046 ORCHID BAY DR. PALM CITY, FL 34990**

Surety (if any) _____
 Address: _____ Amount of bond \$ _____

Construction Lender: **FIRST BANK OF FLORIDA**
 Address: **P. O. Box 3515, West Palm Beach, FL 33402-3515 Attention: Jennie Temple-Rodriguez**

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

Name: _____
 Address: _____

In addition to owner the following person shall receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Name: _____
 Address: _____

[Signature]
 DENNIS L. FADDEN (Owner)

[Signature]
 (Owner)

STATE OF FLORIDA
 COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 3rd day of December, 1998
 by DENNIS L. FADDEN AND LIZBETH L. FADDEN

ENDORSEMENT

IH-1011

This endorsement, effective, 12:01 A.M. 12/31/1998

forms a part of

policy No. EC83710518 issued to Strathmore Contracting of Florida, Inc.

by Assurance Co of America

POLICY IS AMENDED TO READ: Dennis L. and Lizabeth L. Fadden, 3693 SE Fairway East, Stuart, FI 34997 are added as Additional Insureds on property located at: 16 South Sewalls Point Rd., Sewalls Point, FI 34996.

THIS PERTAINS TO THIS PROPERTY ONLY.

S. M. Fines Insurance Agency 12/29/98
All other terms and conditions of this policy remain unchanged.


Susan M. Fines, Agent
.....
AUTHORIZED REPRESENTATIVE



Town of Sewall's Point

4553

Date 1/22/99

BUILDING PERMIT APPLICATION

to construct

[X] NEW CONSTRUCTION [] ADDITION [] ALTERATION [] DEMOLITION

[X] RESIDENTIAL [] COMMERCIAL _____ SF _____ CF

OTHER: _____ CONTRACT PRICE \$315,500.00

Owner's Name Dennis and Lizbeth Fadden

Owner's Address 3693 SE Fairway East Stuart, Florida 34997

Fee Simple Titleholder's Name (If other than owner) N/A

Fee Simple Titleholder's Address (If other than owner) N/A

City _____ State _____ Zip _____

Contractor's Name Strathmore Contracting of Florida, Inc.

Contractor's Address PO Box 2473 Palm City, Florida 34991

City _____ State _____ Zip _____

Job Name Fadden Residence

Job Address Lot 1/Heritage Place Sewells Point, Martin County

City Sewells Point State FL Zip _____

Legal Description see above South Sewells Point

Bonding Company N/A

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name Weyant & Associated, Inc.

Architect/Engineer's Address 201 SW Port ST. Lucie Blvd. Suite 104 Port St. Lucie, FL

Mortgage Lender's Name First Bank of Florida

Mortgage Lender's Address PO Box 3515 WPB, FL 33041

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

First Bank of Florida.

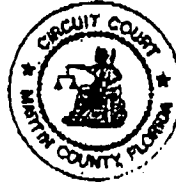
This instrument prepared by:
Michelle Miller
First Bank of Florida
450 South Australian Avenue
West Palm Beach, FL 33402

Post-it* Fax Note	7671	Date
To	<i>Mary</i>	From
Co./Dept.		Co.
Phone #		Phone #
Fax #	781-644	Fax #

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA MILLER, CLERK

BY *[Signature]* S.C.
DATE 1-16-99



NOTICE OF COMMENCEMENT

Permit #

Tax Folio #

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Property Address: 16 S. SEWALLS POINT RD. SEWALLS POINT, FL 34996
 General description of improvement: TWO STORY CBS SINGLE FAMILY HOME
 Owner: DENNIS L. FADDEN
 Address: 16 S. SEWALLS POINT RD. SEWALLS POINT, FL 34996
 Owner's interest in site of the improvement: Fee Simple
 Fee simple title owner (if other than owner) Name:
 Address:
 Contractor: STRATHMORE OF FLORIDA
 Address: 5046 ORCHID BAY DR. PALM CITY, FL 34990

Surety (if any) _____
 Address: _____ Amount of bond \$ _____

Construction Lender: FIRST BANK OF FLORIDA
 Address: P. O. Box 3515, West Palm Beach, FL 33402-3515 Attention: Jennie Temple-Rodriguez

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

Name: _____
 Address: _____

In addition to owner the following person shall receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Name: _____
 Address: _____

[Signature]
 DENNIS L. FADDEN (Owner)

[Signature]
 LIZBETH L. FADDEN (Owner)

STATE OF FLORIDA
 COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 3rd day of DECEMBER, 1998
 by DENNIS L. FADDEN AND LIZBETH L. FADDEN
 who is (are) personally known to me as the (owner/s) of the above described property



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT # : 43-SS-00186
DATE PAID: _____
FEE PAID : _____
RECEIPT : _____
OSTDSNBR : 98-0164-N

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: FADDEN, DENNIS & LIZBETH AGENT: 96-1256, BROWN STEPHEN

PROPERTY STREET ADDRESS: SOUTH SEWELL'S POINT SEWALLS POINT FL 34996

LOT: 1 BLOCK: _____ SUBDIVISION: HERITAGE PLACE

PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE ONE YEAR FROM THE DATE OF ISSUE. DOH APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

T [1050] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: [Y]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [500] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [N] STANDARD [N] FILLED [Y] MOUND [] _____
I CONFIGURATION: [Y] TRENCH [R] BED [] 4 Trenches x 41.7' L

F LOCATION TO BENCHMARK: Crown of Road 4.57'

E ELEVATION OF PROPOSED SYSTEM SITE [10.8] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L BOTTOM OF DRAINFIELD TO BE [5.2] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [45.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

OTHER REMARKS:

The top of the stubout pipe to be a minimum elev. of 25" ABOVE CR 4.57'. The top of the drainfield pipe to be a minimum elev. of 15" ABOVE CR 4.57'. The top of the septic tank to be a minimum elev. of 29" ABOVE CR 4.57'. The drainfield aggregate must be a least 17 feet from the property line(s). Install an approved outlet filter device in the septic tank. "See the attached special conditions list." ** Do not exceed 18" of cover on the top of the drainfield.*

SPECIFICATIONS BY: EDGARDO MORALES TITLE: Env. Specialist

APPROVED BY: Cross, Ray TITLE: Env. Supervisor Martin CHD

DATE ISSUED: 5/11/98 EXPIRATION DATE: 11/11/99

Permit # 4553

AHERN & ASSOCIATES, ARCHITECTS, P. A.

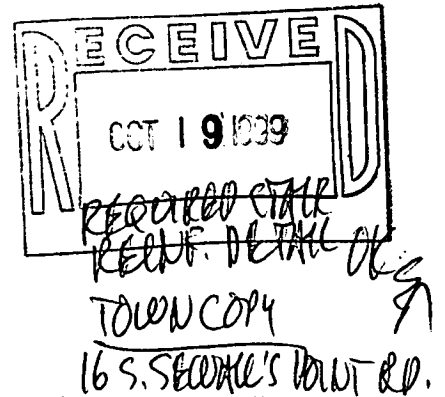
October 18, 1999

Strathmore Builders, General Contractor

Project: Fadden Residence, Sewall's Point, FL

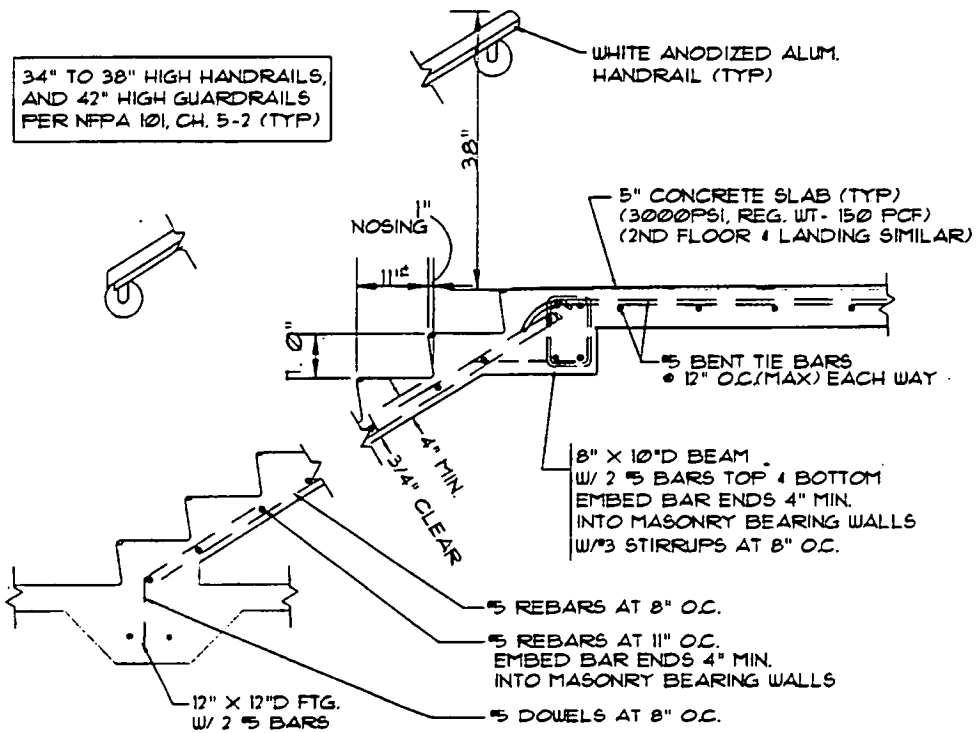
Permit: 4553

RE: Stair Detail



Dear Sirs:

On this stair detail please note that the rebar is embedded into the masonry walls, and that the attachment at the landing and the second floor are similar.



STAIR DETAIL

BOTH FLIGHTS SIMILAR

1/2" = 1'-0"

Thank you for your attentive inspections.

Sincerely,

John M. Ahern, Architect

cc: file

General Contractor

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: STRAT~11.RSR 10-16-98
 For: STRATHMORE OF FLORIDA
 5046 ORCHID BAY DR
 PALM CITY FL 34990
 781-1733

By: ASSOCIATED AIR OF PORT ST. LUCIE
 1538 NIEMEYER CIR.
 PORT ST. LUCIE FL 34952
 (561) 335-7089

Job #: FADDEN RES. / SEWALLS PT./MC
 Wthr: *Liv Rm + Bed Room* West Palm Beach AP FL
 Zone: ~~Entire House~~

WINTER DESIGN CONDITIONS

Outside db: 45 °F
 Inside db: 70 °F
 Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 30916 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 30916 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 35000 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 33250 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 690 Btuh
 Ventilation 0 Btuh
 Infiltration 5912 Btuh
 Tot Latent Equip Load 6602 Btuh
 Total Equip Load 41601 Btuh

	HEATING	COOLING
Area (sq.ft.)	1423	1423
Volume (cu.ft.)	17352	17352
Air Changes/Hour	1.0	0.5
Equivalent CFM	290	145

HEATING EQUIPMENT SUMMARY

Make RHEEM
 Trade RHEEM
 RBHA21J10+RCBA4876

Efficiency 80.0 AFUE
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 1600 CFM
 Htg Air Flow Factor 0.052 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make RHEEM MANUFAC
 Trade Rheem RAKA Series
 RAKA-048JA
 RBHA-21+RCBA-4882

Efficiency 10.2 EER
 Sensible Cooling 32200 Btuh
 Latent Cooling 13800 Btuh
 Total Cooling 46000 Btuh
 Actual Cooling Fan 1600 CFM
 Clg Air Flow Factor 0.046 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 84

MANUAL J: 7th Ed. Right-Suite: Ver 4.0.02 S/N RSR20246

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #: FADDEN RES. / SEWALLS PT./MC
 Zone: Entire House
 Procedure A - Winter Infiltration HTM Calculation*

File name: 10-16-98
 STRAT~11.RSR

1.	Winter Infiltration CFM					
	1.0 AC/HR x	17352	Cu.Ft. x 0.0167 =	290	CFM	
2.	Winter Infiltration Btuh					
	1.1 x	290	CFM x	25	Winter TD =	7969 Btuh
3.	Winter Infiltration HTM					
	7969 Btuh /	434	Total Window =	18.4	HTM	
			and Door Area			

Procedure B - Summer Infiltration HTM Calculation*

1.	Summer Infiltration CFM					
	0.5 AC/HR x	17352	Cu.Ft. x 0.0167 =	145	CFM	
2.	Summer Infiltration Btuh					
	1.1 x	145	CFM x	16	Summer TD =	2550 Btuh
3.	Summer Infiltration HTM					
	2550 Btuh /	434	Total Window =	5.9	HTM	
			and Door Area			

Procedure C - Latent Infiltration Gain

0.68 x	60	gr.diff. x	145	CFM =	5912	Btuh
--------	----	------------	-----	-------	------	------

Procedure D - Equipment Sizing Loads

1.	Sensible Sizing Load					
	Sensible Ventilation Load					
	1.1 x	0	Vent.CFM x	16	Summer TD	= 0 Btuh
	Sensible Load for Structure (Line 19)					+ 35000 Btuh
	Sum of Ventilation and Structure Loads					= 35000 Btuh
	Rating and Temperature Swing Multiplier					x 0.95 RSM
	Equipment Sizing Load - Sensible					+ 33250 Btuh
2.	Latent Sizing Load					
	Latent Ventilation Load					
	0.68 x	0	Vent.CFM x	60	gr.diff.	= 0 Btuh
	Internal Loads =	230	x	3	No. People	+ 690 Btuh
	Infiltration Load From Procedure C					+ 5912 Btuh
	Equipment Sizing Load - Latent					= 6602 Btuh

*Construction Quality is: a No. of Fireplaces is: 0

MANUAL J: 7th Ed. Right-Suite: Ver 4.0.02 S/N RSR20246

RIGHT-J WINDOW DATA

Job #	FADDEN RES. / SEWALLS PT./MC								File name	STRAT~11.RSR		10-16-98					
W N D W	S K Y	D I R	W A L	G L Z	L O W E	S T R A M	S H A D E	O V E R	N G L Z	A N G L E	S H A D E	O V E R	O V E R	W I N D O W	C O U R T Y A R D	W I N D O W	S H A D E
BED RM 2																	
a	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	23.0	0.0
a	n	n	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	27.0	23.0	0.0
BATH 2																	
a	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	7.0	0.0
BATH 3																	
a	n	n	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	27.0	7.0	0.0
BED 2 WIC																	
FRT BEDRM 3																	
a	n	n	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	27.0	14.0	0.0
a	n	w	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	32.0	0.0
LIV RM& FOYER																	
a	n	e	a	c	n	n	n	y	1	90	1.0	13.0	2.5	4.5	85.0	55.0	55.0
a	n	w	a	c	n	n	n	y	1	90	1.0	6.0	2.5	5.0	85.0	82.0	40.7
a	n	nw	a	c	n	n	n	y	1	90	1.0	6.0	2.5	5.0	60.0	14.5	0.0
a	n	sw	a	c	n	n	n	y	1	90	1.0	6.0	2.5	5.0	74.0	14.5	14.5
b	n	e	a	c	n	n	n	y	1	90	1.0	13.0	2.5	6.7	85.0	40.0	40.0
c	n	s	a	c	n	n	n	y	1	90	1.0	6.0	2.5	6.7	44.0	40.0	40.0
e	n	w	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	10.0	0.0
e	n	nw	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	60.0	4.0	0.0
e	n	sw	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	74.0	4.0	0.0
CROWS NEST																	
a	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	24.0	0.0
b	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	40.0	0.0

1	Name of Room			Entire House			BED RM 2			BATH 2			BATH 3			
2	Running Ft. Exposed Wall			157.5 Ft.			29.0 Ft.			6.0 Ft.			5.5 Ft.			
3	Room Dimensions, Ft.			0.0 t.			13.0 x 16.0 Ft.			6.0 x 14.0 Ft.			5.5 x 9.0 Ft.			
4	Ceilings, Ft	Condit. Option		12.1	heat/cool d		9.3	heat/cool		9.3	heat/cool		9.3	heat/cool		
	TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a 14B	3.6	1.8	1843	****	****	271	****	****	56	****	****	51	****	****
		b 13C	1.8	1.0	55	****	****	0	****	****	0	****	****	0	****	****
		c	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and Glass Doors Heating	a 1B	26.1	**	296	7733	****	46	1202	****	7	183	****	7	183	****
		b 8B	26.1	**	80	2090	****	0	0	****	0	0	****	0	0	****
		c 9A	23.4	**	40	935	****	0	0	****	0	0	****	0	0	****
		d 7D	25.9	**	0	0	****	0	0	****	0	0	****	0	0	****
		e 1B	26.1	**	18	470	****	0	0	****	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and Glass Doors Cooling	North	27.0		234	****	6323	23	****	621	0	****	0	7	****	189
		NE/NW	60.0		19	****	1110	0	****	0	0	****	0	0	****	0
		E/W	85.0		177	****	15073	23	****	1955	7	****	595	0	****	0
		SE/SW	74.0		4	****	296	0	****	0	0	****	0	0	****	0
		South	0.0		0	****	0	0	****	0	0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0	0	****	0	0	****	0
8	Other doors	a 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 14B	3.6	1.8	1409	5074	2496	225	809	398	49	176	86	44	159	78
		b 13C	1.8	1.0	55	99	54	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	2.1	1423	1885	3016	208	276	441	84	111	178	50	66	105
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors	a 22A	20.3	0.0	158	3189	0	29	587	0	6	122	0	6	111	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	18.4	5.9	434	7969	2550	46	845	270	7	129	41	7	129	41
13	Subtot Btuh Loss=6+8..+11+12				****	29444	****	****	3718	****	****	720	****	****	647	****
14	Duct Btuh Loss				0%	1472	****	5%	186	****	5%	36	****	5%	32	****
15	Total Btuh Loss = 13+14				****	30916	****	****	3904	****	****	756	****	****	680	****
16	Int. Gains:	People @	300	3	****	900	0	****	0	0	****	0	0	****	0	0
		Appl. @	1200	0	****	0	0	****	0	0	****	0	0	****	0	0
17	Subtot RSH Gain=7+8..+12+16				****	****	31818	****	****	3685	****	****	901	****	****	413
18	Duct Btuh Gain				12%	****	3182	10%	****	369	10%	****	90	10%	****	41
19	Total RSH Gain=(17+18)*PLF				1.00	****	35000	1.00	****	4054	1.00	****	991	1.00	****	455
20	CFM Air Required				****	1600	1600	****	202	185	****	39	45	****	35	21

1		Name of Room			BED 2 WIC			FRT BEDRM 3			LIV RM& FOYER			CROWS NEST		
2		Running Ft. Exposed Wall			0.0 Ft.			29.0 Ft.			57.0 Ft.			31.0 Ft.		
3		Room Dimensions, Ft.			6.0 x 5.5 Ft.			16.0 x 13.0 Ft.			32.0 x 21.0 Ft.			12.0 x 14.0 Ft.		
4		Ceilings, Ft			9.3			9.3			15.0			11.0		
		Condit. Option			heat/cool			heat/cool			heat/cool			heat/cool		
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg	
5	Gross Exposed Walls and Partitions	a 14B	3.6	1.8	0	****	****	270	****	****	855	****	****	341	****	****
		b 13C	1.8	1.0	0	****	****	0	****	****	0	****	****	55	****	****
		c	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and Glass Doors Heating	a 1B	26.1	**	0	0	****	46	1202	****	166	4337	****	24	627	****
		b 8B	26.1	**	0	0	****	0	0	****	40	1045	****	40	1045	****
		c 9A	23.4	**	0	0	****	0	0	****	40	935	****	0	0	****
		d 7D	25.9	**	0	0	****	0	0	****	0	0	****	0	0	****
		e 1B	26.1	**	0	0	****	0	0	****	18	470	****	0	0	****
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and Glass Doors Cooling	North	27.0		0	****	0	14	****	378	190	****	5135	0	****	0
		NE/NW	60.0		0	****	0	0	****	0	19	****	1110	0	****	0
		E/W	85.0		0	****	0	32	****	2720	51	****	4363	64	****	5440
		SE/SW	74.0		0	****	0	0	****	0	4	****	296	0	****	0
		South	0.0		0	****	0	0	****	0	0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0	0	****	0	0	****	0
8	Other doors	a 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 14B	3.6	1.8	0	0	0	224	805	396	591	2128	1047	277	997	491
		b 13C	1.8	1.0	0	0	0	0	0	0	0	0	0	55	99	54
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	2.1	33	44	70	208	276	441	672	890	1425	168	223	356
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors	a 22A	20.3	0.0	0	0	0	29	587	0	57	1154	0	31	628	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	18.4	5.9	0	0	0	46	845	270	264	4847	1551	64	1175	376
13	Subtot Btuh Loss=6+8..+11+12				****	44	****	****	3715	****	****	15807	****	****	4794	****
14	Duct Btuh Loss				5%	2	****	5%	186	****	5%	790	****	5%	240	****
15	Total Btuh Loss = 13+14				****	46	****	****	3900	****	****	16597	****	****	5033	****
16	Int. Gains: People @	300			0	****	0	0	****	0	3	****	900	0	****	0
	Appl. @	1200			0	****	0	0	****	0	0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16				****	****	70	****	****	4205	****	****	15826	****	****	6717
18	Duct Btuh Gain				10%	****	7	10%	****	421	10%	****	1583	10%	****	672
19	Total RSH Gain=(17+18)*PLF				1.00	****	77	1.00	****	4626	1.00	****	17409	1.00	****	7389
20	CFM Air Required				****	2	4	****	202	211	****	859	796	****	260	338

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: STRAT~12.RSR 10-16-98
 For: STRATHMORE OF FLORIDA
 5046 ORCHID BAY DR
 PALM CITY FL 34990
 781-1733
 By: ASSOCIATED AIR OF PORT ST. LUCIE
 1538 NIEMEYER CIR.
 PORT ST. LUCIE FL 34952
 (561) 335-7089
 Job #: FADDEN RES. / SEWALLS PT./MC
 Wthr: *Gathering Rm + Master* West Palm Beach AP FL
 Zone: *Entire House*

WINTER DESIGN CONDITIONS

Outside db: 45 °F
 Inside db: 70 °F
 Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 21181 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 21181 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 27745 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 26358 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 690 Btuh
 Ventilation 0 Btuh
 Infiltration 4144 Btuh
 Tot Latent Equip Load 4834 Btuh
 Total Equip Load 32580 Btuh

	HEATING	COOLING
Area (sq.ft.)	1279	1279
Volume (cu.ft.)	12165	12165
Air Changes/Hour	1.0	0.5
Equivalent CFM	203	102

HEATING EQUIPMENT SUMMARY

Make RHEEM
 Trade RHEEM
 RBHA17J10+RCBA3765
 Efficiency 80.0 AFUE
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 1200 CFM
 Htg Air Flow Factor 0.057 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make RHEEM MANUFAC
 Trade Rheem RAKA Series
 RAKA-037JA
 RBHA-17+RCBA-3765
 Efficiency 10.1 EER
 Sensible Cooling 24920 Btuh
 Latent Cooling 10680 Btuh
 Total Cooling 35600 Btuh
 Actual Cooling Fan 1200 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 85

MANUAL J: 7th Ed. Right-Suite: Ver 4.0.02 S/N RSR20246

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #: FADDEN RES. / SEWALLS PT./MC
 Zone: Entire House
 Procedure A - Winter Infiltration HTM Calculation*

File name: 10-16-98
 STRAT~12.RSR

1.	Winter Infiltration CFM						
	1.0 AC/HR x	12165	Cu.Ft. x 0.0167 =		203	CFM	
2.	Winter Infiltration Btuh						
	1.1 x	203	CFM x	25	Winter TD =	5587	Btuh
3.	Winter Infiltration HTM						
	5587 Btuh /	276	Total Window =		20.2	HTM	and Door Area

Procedure B - Summer Infiltration HTM Calculation*

1.	Summer Infiltration CFM						
	0.5 AC/HR x	12165	Cu.Ft. x 0.0167 =		102	CFM	
2.	Summer Infiltration Btuh						
	1.1 x	102	CFM x	16	Summer TD =	1788	Btuh
3.	Summer Infiltration HTM						
	1788 Btuh /	276	Total Window =		6.5	HTM	and Door Area

Procedure C - Latent Infiltration Gain

0.68 x	60	gr.diff. x	102	CFM =	4144	Btuh
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Procedure D - Equipment Sizing Loads

1.	Sensible Sizing Load						
	Sensible Ventilation Load						
	1.1 x	0	Vent.CFM x	16	Summer TD	=	0 Btuh
						+	27745 Btuh
	Sensible Load for Structure (Line 19)					=	27745 Btuh
	Sum of Ventilation and Structure Loads					x	0.95 RSM
	Rating and Temperature Swing Multiplier					+	26358 Btuh
	Equipment Sizing Load - Sensible						
2.	Latent Sizing Load						
	Latent Ventilation Load						
	0.68 x	0	Vent.CFM x	60	gr.diff.	=	0 Btuh
	Internal Loads =					+	690 Btuh
		230	x	3	No. People	+	4144 Btuh
	Infiltration Load From Procedure C					=	4834 Btuh
	Equipment Sizing Load - Latent						

*Construction Quality is: a No. of Fireplaces is: 0

MANUAL J: 7th Ed. Right-Suite: Ver 4.0.02 S/N RSR20246

RIGHT-J WINDOW DATA

Job #	FADDEN RES. / SEWALLS PT./MC								File name	STRAT~12.RSR		10-16-98					
W	S	D	W	G	L	S	S	O	N	A	S	O	O	W	C	W	S
N	K	I	A	L	O	T	H	V	G	N	H	V	V	H	H	N	H
D	Y	R	L	A	W	R	A	H	L	G	C	R	R	G	T	A	A
W			L	Z	E	M	D	G	Z	L	O	X	Y	T	M	R	R
KITCHEN																	
PANTRY																	
a	n	w	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	2.0	0.0
GATHERING RM																	
a	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	81.0	0.0
a	n	ne	a	c	n	n	n	y	1	90	1.0	4.0	2.5	5.0	60.0	28.0	0.0
b	n	n	a	c	n	n	n	y	1	90	1.0	10.0	1.5	8.0	27.0	48.0	0.0
MASTER BEDRM																	
a	n	e	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	32.0	0.0
a	n	n	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	27.0	32.0	0.0
IN WIC																	
OUT WIC																	
a	n	s	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	44.0	6.0	0.0
MASTER BATH																	
a	n	w	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	24.0	0.0
a	n	s	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	44.0	7.0	0.0
LAUNDRY RM																	
a	n	w	a	c	n	n	n	n	1	90	1.0	0.0	0.0	1.0	85.0	16.0	0.0

1		Name of Room			Entire House			KITCHEN			PANTRY			GATHERING RM		
2		Running Ft. Exposed Wall			122.0 Ft.			0.0 Ft.			13.0 Ft.			36.0 Ft.		
3		Room Dimensions, Ft.			0.0 t.			13.0 x 9.0 Ft.			13.0 x 4.0 Ft.			20.0 x 24.0 Ft.		
4		Ceilings, Ft			10.8			9.3			9.3			9.3		
		Condit. Option			heat/cool d			heat/cool			heat/cool			heat/cool		
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg	
5	Gross Exposed Walls and Partitions	a 14B	3.6	1.8	1168	****	****	0	****	****	121	****	****	335	****	****
		b 13C	1.8	1.0	0	****	****	0	****	****	0	****	****	0	****	****
		c	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and Glass Doors Heating	a 1B	26.1	**	228	5957	****	0	0	****	2	52	****	109	2848	****
		b 8B	26.1	**	48	1254	****	0	0	****	0	0	****	48	1254	****
		c 9A	23.4	**	0	0	****	0	0	****	0	0	****	0	0	****
		d 7D	25.9	**	0	0	****	0	0	****	0	0	****	0	0	****
		e 1B	26.1	**	0	0	****	0	0	****	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and Glass Doors Cooling	North	27.0		80	****	2160	0	****	0	0	****	0	48	****	1296
		NE/NW	60.0		28	****	1680	0	****	0	0	****	0	28	****	1680
		E/W	85.0		155	****	13175	0	****	0	2	****	170	81	****	6885
		SE/SW	0.0		0	****	0	0	****	0	0	****	0	0	****	0
		South	44.0		13	****	572	0	****	0	0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0	0	****	0	0	****	0
8	Other doors	a 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 14B	3.6	1.8	892	3210	1579	0	0	0	119	428	211	178	640	315
		b 13C	1.8	1.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	1.7	1279	1695	2169	117	155	198	52	69	88	480	636	814
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors	a 22A	20.3	0.0	122	2471	0	0	0	0	13	263	0	36	729	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	20.2	6.5	276	5587	1788	0	0	0	2	40	13	157	3178	1017
13	Subtot Btuh Loss=6+8..+11+12				****	20172	****	****	155	****	****	853	****	****	9285	****
14	Duct Btuh Loss				6%	1009	****	5%	8	****	5%	43	****	5%	464	****
15	Total Btuh Loss = 13+14				****	21181	****	****	163	****	****	896	****	****	9749	****
16	Int. Gains: People @	300			3	****	900	0	****	0	0	****	0	3	****	900
	Appl. @	1200			1	****	1200	1	****	1200	0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16				****	****	25223	****	****	1398	****	****	482	****	****	12907
18	Duct Btuh Gain				11%	****	2522	10%	****	140	10%	****	48	10%	****	1291
19	Total RSH Gain=(17+18)*PLF				1.00	****	27745	1.00	****	1538	1.00	****	530	1.00	****	14198
20	CFM Air Required				****	1200	1200	****	9	67	****	51	23	****	552	614

1		Name of Room			MASTER BEDRM			IN WIC			OUT WIC			MASTER BATH		
2		Running Ft. Exposed Wall			33.0 Ft.			0.0 Ft.			8.0 Ft.			23.0 Ft.		
3		Room Dimensions, Ft.			18.0 x 15.0 Ft.			8.0 x 8.0 Ft.			7.0 x 8.0 Ft.			11.0 x 12.0 Ft.		
4		Ceilings, Ft			10.3			9.3			9.3			9.3		
		Condit. Option			heat/cool			heat/cool			heat/cool			heat/cool		
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed	a 14B	3.6	1.8	340	****	****	0	****	****	74	****	****	214	****	****
	Walls and Partitions	b 13C	1.8	1.0	0	****	****	0	****	****	0	****	****	0	****	****
		c	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and Glass Doors	a 1B	26.1	**	64	1672	****	0	0	****	6	157	****	31	810	****
	Heating	b 8B	26.1	**	0	0	****	0	0	****	0	0	****	0	0	****
		c 9A	23.4	**	0	0	****	0	0	****	0	0	****	0	0	****
		d 7D	25.9	**	0	0	****	0	0	****	0	0	****	0	0	****
		e 1B	26.1	**	0	0	****	0	0	****	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and Glass Doors	North	27.0		32	****	864	0	****	0	0	****	0	0	****	0
	Cooling	NE/NW	60.0		0	****	0	0	****	0	0	****	0	0	****	0
		E/W	85.0		32	****	2720	0	****	0	0	****	0	24	****	2040
		SE/SW	0.0		0	****	0	0	****	0	0	****	0	0	****	0
		South	44.0		0	****	0	0	****	0	6	****	264	7	****	308
		Horz	0.0		0	****	0	0	****	0	0	****	0	0	****	0
8	Other doors	a 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8	9.2	0	0	0	0	0	0	0	0	0	0	0	0
9	Net Exposed	a 14B	3.6	1.8	276	993	489	0	0	0	68	246	121	183	658	324
	Walls and Partitions	b 13C	1.8	1.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	1.7	270	358	458	64	85	109	56	74	95	132	175	224
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors	a 22A	20.3	0.0	33	668	0	0	0	0	8	162	0	23	466	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	20.2	6.5	64	1295	415	0	0	0	6	121	39	31	627	201
13	Subtot Btuh Loss=6+8..+11+12				****	4987	****	****	85	****	****	761	****	****	2736	****
14	Duct Btuh Loss				5%	249	****	5%	4	****	5%	38	****	5%	137	****
15	Total Btuh Loss = 13+14				****	5236	****	****	89	****	****	799	****	****	2873	****
16	Int. Gains: People @	300	0	****	0	0	****	0	0	0	****	0	0	****	0	
	Appl. @	1200	0	****	0	0	****	0	0	0	****	0	0	****	0	
17	Subtot RSH Gain=7+8..+12+16				****	****	4945	****	****	109	****	****	519	****	****	3097
18	Duct Btuh Gain				10%	****	495	10%	****	11	10%	****	52	10%	****	310
19	Total RSH Gain=(17+18)*PLF				1.00	****	5440	1.00	****	119	1.00	****	571	1.00	****	3406
20	CFM Air Required				****	297	235	****	5	5	****	45	25	****	163	147

1		Name of Room		LAUNDRY RM									
2		Running Ft. Exposed Wall		9.0 Ft.				Ft.		Ft.		Ft.	
3		Room Dimensions, Ft.		9.0 x 12.0 Ft.				x Ft.		x Ft.		x Ft.	
4		Ceilings, Ft		9.3				heat/cool					
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed	a 14B	3.6	1.8	84	****	****		****	****		****	****
	Walls and Partitions	b 13C	1.8	1.0	0	****	****		****	****		****	****
		c	0.0	0.0	0	****	****		****	****		****	****
		d	0.0	0.0	0	****	****		****	****		****	****
		e	0.0	0.0	0	****	****		****	****		****	****
		f	0.0	0.0	0	****	****		****	****		****	****
6	Windows and Glass Doors	a 1B	26.1	**	16	418	****		****	****		****	****
	Heating	b 8B	26.1	**	0	0	****		****	****		****	****
		c 9A	23.4	**	0	0	****		****	****		****	****
		d 7D	25.9	**	0	0	****		****	****		****	****
		e 1B	26.1	**	0	0	****		****	****		****	****
		f	0.0	**	0	0	****		****	****		****	****
7	Windows and Glass Doors	North	27.0		0	****	0		****	****		****	****
	Cooling	NE/NW	60.0		0	****	0		****	****		****	****
		E/W	85.0		16	****	1360		****	****		****	****
		SE/SW	0.0		0	****	0		****	****		****	****
		South	44.0		0	****	0		****	****		****	****
		Horz	0.0		0	****	0		****	****		****	****
8	Other doors	a 11C	11.8	9.2	0	0	0						
		b 11C	11.8	9.2	0	0	0						
9	Net Exposed	a 14B	3.6	1.8	68	244	120						
	Walls and Partitions	b 13C	1.8	1.0	0	0	0						
		c	0.0	0.0	0	0	0						
		d	0.0	0.0	0	0	0						
		e	0.0	0.0	0	0	0						
		f	0.0	0.0	0	0	0						
10	Ceilings	a 16D	1.3	1.7	108	143	183						
		b	0.0	0.0	0	0	0						
		c	0.0	0.0	0	0	0						
11	Floors	a 22A	20.3	0.0	9	182	0						
		b	0.0	0.0	0	0	0						
		c	0.0	0.0	0	0	0						
12	Infiltration	a	20.2	6.5	16	324	104						
13	Subtot Btuh Loss=6+8..+11+12				****	1311	****	****	****	****	****	****	****
14	Duct Btuh Loss				5%	66	****	%	****	%	****	%	****
15	Total Btuh Loss = 13+14				****	1376	****	****	****	****	****	****	****
16	Int. Gains: People @		300		0	****	0		****	****		****	****
	Appl. @		1200		0	****	0		****	****		****	****
17	Subtot RSH Gain=7+8..+12+16				****	****	1767	****	****	****	****	****	****
18	Duct Btuh Gain				10%	****	177	%	****	%	****	%	****
19	Total RSH Gain=(17+18)*PLF				1.00	****	1943	****	****	****	****	****	****
20	CFM Air Required				****	78	84	****	****	****	****	****	****

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME:

!BUILDER: STRATHMORE

AND ADDRESS:

!PERMITTING

!CLIMATE

!OFFICE:

!ZONE: 7!_! 8!_! 9!_!

OWNER:

FADDEN

!PERMIT NO.

!JURISDICTION NO.

CK

1. New construction or addition	1. New Construction	-----
2. Single family detached or Multifamily attached	2. Single-Family	-----
3. If Multifamily-No. of units	3. 0	-----
4. If Multifamily, is this a worst case (yes/no)	4.	-----
5. Conditioned floor area (sq.ft.)	5. 2749.00	-----
6. Predominant eave overhang (ft.)	6. 2.00	-----
7. Porch overhang length (ft.)	7. 8.00	-----
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 637.7sqft	0.00sqft -----
b. Tint, film or solar screen	8b. 0.0sqft	0.00sqft -----
9. Floor type and insulation:		
c. Concrete, raised (R-value, area)	9c. R= 0.00 , 2589.00 sqft	-----
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 1809.00sqft	-----
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=11.00, 229.00sqft	-----
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 126.00sqft	-----
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 2749.00sqft	-----
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	-----
13. Cooling system	13. Type: Central A/C	-----
	SEER: 11.00	-----
13. Cooling system	13. Type: Central A/C	-----
	SEER: 11.00	-----
14. Heating System:	14. Type: Heat Pump	-----
	HSPF: 6.80	-----
14. Heating System:	14. Type: Heat Pump	-----
	HSPF: 6.80	-----
15. Hot water system:	15. Type: Electric	-----
	EF: 0.94	-----
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	-----
17. Infiltration practice: 1, 2 or 3	17. 2	-----
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	-----
19. EPI (must not exceed 100 points)	19. 98.30	-----
a. Total As-Built points	19a. 44545.24	-----
b. Total Base points	19b. 45315.54	-----

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

PREPARED BY: *Raymond J. Vanecko*
DATE: *10-19-98*

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER / AGENT:

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance in accordance with Section 553.908 F.S.

Robert Roth
2-6-99

BUILDING OFFICIAL:

DATE: _____ ! DATE: _____

Department of Community Affairs
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5050

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
PROJECT NAME: ! BUILDER: STRATHMORE
AND ADDRESS: ! PERMITTING ! CLIMATE
! OFFICE: ! ZONE: 71_! 81_! 91_!
OWNER: FADDEN ! PERMIT NO. ! JURISDICTION NO.

1. New construction or addition	1. New Construction	CK
2. Single family detached or Multifamily attached	2. Single-Family	----
3. If Multifamily-No. of units	3. 0	----
4. If Multifamily, is this a worst case (yes/no)	4.	----
5. Conditioned floor area (sq.ft.)	5. 2749.00	----
6. Predominant eave overhang (ft.)	6. 2.00	----
7. Porch overhang length (ft.)	7. 8.00	----
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 637.7sqft 0.00sqft	----
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	----
9. Floor type and insulation:		
c. Concrete, raised (R-value, area)	9c. R= 0.00 , 2589.00 sqft	----
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 1809.00sqft	----
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=11.00, 229.00sqft	----
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 126.00sqft	----
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 2749.00sqft	----
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	----
13. Cooling system	13. Type: Central A/C	----
	SEER: 11.00	----
13. Cooling system	13. Type: Central A/C	----
	SEER: 11.00	----
14. Heating System:	14. Type: Heat Pump	----
	HSPF: 6.80	----
14. Heating System:	14. Type: Heat Pump	----
	HSPF: 6.80	----
15. Hot water system:	15. Type: Electric	----
	EF: 0.94	----
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	----
17. Infiltration practice: 1, 2 or 3	17. 2	----
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	----
19. EPI (must not exceed 100 points)	19. 98.30	----
a. Total As-Built points	19a. 44545.24	----
b. Total Base points	19b. 45315.54	----

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

PREPARED BY: _____
DATE: _____

! Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance in accordance with Section 553.908 F.S.

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

! BUILDING OFFICIAL - _____

 SUMMER CALCULATIONS

=== BASE === | === AS-BUILT ===

GLASS----- |

ORIEN AREA x BSPM = POINTS | TYPE SC ORIEN AREA x SPM x SOF = POINTS

N	296.70	109.7	32548.0	SGL CLR		N	32.4	64.5	.85	1774.0
				SGL CLR		N	81.6	64.5	.85	4467.9
				SGL CLR		N	38.4	64.5	.54	1342.1
				SGL CLR		N	24.0	64.5	.54	838.8
				SGL CLR		N	27.2	64.5	.54	950.7
				SGL CLR		N	6.7	64.5	.79	342.2
				SGL CLR		N	23.2	64.5	.85	1270.3
				SGL CLR		N	23.2	64.5	.85	1270.3
				SGL CLR		N	40.0	64.5	.88	2267.5
E	54.70	109.7	6000.6	SGL CLR		E	6.7	136.3	.74	672.5
				SGL CLR		E	5.3	136.3	.61	439.5
				SGL CLR		E	32.4	136.3	.83	3655.6
				SGL CLR		E	10.3	136.3	.34	477.3
S	204.20	109.7	22400.7	SGL CLR		S	32.4	135.6	.77	3399.2
				SGL CLR		S	32.4	135.6	.37	1643.5
				SGL CLR		S	24.0	135.6	.48	1562.1
				SGL CLR		S	32.4	135.6	.37	1643.5
				SGL CLR		S	4.0	135.6	.56	303.7
				SGL CLR		S	16.2	135.6	.77	1699.6
				SGL CLR		S	23.2	135.6	.77	2434.0
				SGL CLR		S	21.0	135.6	.30	854.3
				SGL CLR		S	8.0	135.6	.56	607.5
				SGL CLR		S	10.6	135.6	.56	804.9
SW	11.60	109.7	1272.5	SGL CLR		SW	11.6	146.2	.40	676.3
W	43.30	109.7	4750.0	SGL CLR		W	23.2	136.3	.83	2617.6
				SGL CLR		W	6.7	136.3	.83	755.9
				SGL CLR		W	13.4	136.3	.67	1217.6
NW	27.20	109.7	2983.8	SGL CLR		NW	27.2	94.8	.64	1655.6

.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS | GLASS
 AREA AREA FACTOR POINTS POINTS POINTS

.15 2,749.00 637.70 .647 69,955.70 45,234.80 | 41,643.97

NON GLASS----- |
 AREA x BSPM = POINTS | TYPE R-VALUE AREA x SPM = POINTS

WALLS----- |

Ext	2038.0	1.6	3260.8	Ext NormWtBlock In	5.4	1809.0	1.92	3473.3
				Ext Wood Frame	11.0	229.0	2.70	618.3
Adj	126.0	1.0	126.0	Adj Wood Frame	11.0	126.0	1.00	126.0

DOORS----- |

Adj	18.0	2.6	46.8	Adj Insulated		18.0	2.60	46.8
-----	------	-----	------	---------------	--	------	------	------

CEILINGS----- |

UA	2589.0	.8	2071.2	Under Attic	19.0	2749.0	1.50	4123.5
----	--------	----	--------	-------------	------	--------	------	--------

FLOORS----- |

Rsd	2589.0	-2.2	-5592.2	Raised Concrete	.0	2589.0	.80	2071.2
-----	--------	------	---------	-----------------	----	--------	-----	--------

INFILTRATION----- |

	2749.0	14.7	40410.3	Practice #2		2749.0	14.70	40410.3
--	--------	------	---------	-------------	--	--------	-------	---------

===== |
 TOTAL SUMMER POINTS |

85,557.66 |

92,513.35

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=====
TOTAL  ×  SYSTEM  =  COOLING  |  TOTAL  ×  CAP  ×  DUCT  ×  SYSTEM  ×  CREDIT  =  COOLING
SUM PTS  MULT      POINTS  |  COMPO  RATIO  MULT      MULT      MULT      POINTS
-----
 85,557.66  .37  31,656.34 | 92,513.35  1.00  1.100  .310  .950  29,969.70
=====
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WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----				-----						
ORIEN	AREA	× BWPM =	POINTS	TYPE	SC	ORIEN	AREA	× WPM	× WDF	= POINTS
N	296.70	-.4	-118.7	SGL CLR		N	32.4	3.7	1.07	127.9
				SGL CLR		N	81.6	3.7	1.07	322.2
				SGL CLR		N	38.4	3.7	1.25	177.7
				SGL CLR		N	24.0	3.7	1.25	111.0
				SGL CLR		N	27.2	3.7	1.25	125.8
				SGL CLR		N	6.7	3.7	1.10	27.2
				SGL CLR		N	23.2	3.7	1.07	91.6
				SGL CLR		N	23.2	3.7	1.07	91.6
				SGL CLR		N	40.0	3.7	1.06	156.2
				E	54.70	-.4	-21.9	SGL CLR		E
SGL CLR		E	5.3					.1	10.54	5.6
SGL CLR		E	32.4					.1	4.67	15.1
SGL CLR		E	10.3					.1	22.04	22.7
S	204.20	-.4	-81.7	SGL CLR		S	32.4	-2.0	.69	-44.8
				SGL CLR		S	32.4	-2.0	-1.26	81.7
				SGL CLR		S	24.0	-2.0	-.34	16.3
				SGL CLR		S	32.4	-2.0	-1.26	81.7
				SGL CLR		S	4.0	-2.0	.27	-2.1
				SGL CLR		S	16.2	-2.0	.69	-22.4
				SGL CLR		S	23.2	-2.0	.69	-32.1
				SGL CLR		S	21.0	-2.0	-1.92	80.6
				SGL CLR		S	8.0	-2.0	.27	-4.3
				SGL CLR		S	10.6	-2.0	.27	-5.7
SW	11.60	-.4	-4.6	SGL CLR		SW	11.6	-2.1	-.56	13.6
W	43.30	-.4	-17.3	SGL CLR		W	23.2	.1	4.67	10.8
				SGL CLR		W	6.7	.1	4.67	3.1
				SGL CLR		W	13.4	.1	8.93	12.0
NW	27.20	-.4	-10.9	SGL CLR		NW	27.2	2.9	1.30	102.4

.15 × COND. FLOOR /	TOTAL GLASS =	ADJ. ×	GLASS =	ADJ GLASS	GLASS	
AREA	AREA	FACTOR	POINTS	POINTS	POINTS	
.15	2,749.00	637.70	.647	-255.08	-164.94	1,570.24

NON GLASS-----				-----						
AREA	× BWPM =	POINTS	TYPE	R-VALUE	AREA	× WPM =	POINTS			
WALLS-----										
Ext	2038.0	.3	611.4	Ext NormWtBlock In	5.4	1809.0	.86	1555.7		
				Ext Wood Frame	11.0	229.0	.60	137.4		
Adj	126.0	.5	63.0	Adj Wood Frame	11.0	126.0	.50	63.0		
DOORS-----										
Adj	18.0	1.3	23.4	Adj Insulated		18.0	1.30	23.4		
CEILINGS-----										
UA	2589.0	.1	258.9	Under Attic	19.0	2749.0	.30	824.7		
FLOORS-----										
Rsd	2589.0	-.3	-724.7	Raised Concrete	.0	2589.0	1.00	2589.0		
INFILTRATION-----										
	2749.0	1.2	3298.8	Practice #2		2749.0	1.20	3298.8		

TOTAL WINTER POINTS										

3,365.64 ;

10,062.28

```
=====
TOTAL  x  SYSTEM  =  HEATING  !  TOTAL  x  CAP  x  DUCT  x  SYSTEM  x  CREDIT  =  HEATING
WIN PTS  MULT      POINTS  !  COMPON  RATIO  MULT    MULT    MULT    POINTS
-----
  3,365.64  1.10    3,702.20  !  10,062.28  1.00  1.100    .500    .950    5,257.54
=====
```

 WATER HEATING

=== BASE === ; === AS-BUILT ===

NUM OF BEDRMS	×	MULT	=	TOTAL	;	TANK VOLUME	EF	TANK RATIO	×	MULT	×	CREDIT MULT	=	TOTAL
3		3319.0		9,957.00	;	40	.94	1.000		3106.0		1.00		9,318.00

 SUMMARY

=== BASE === ; === AS-BUILT ===

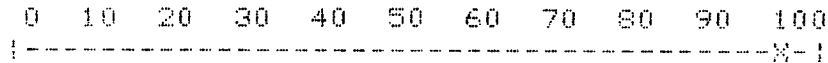
COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	;	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
31656.3		3702.2		9957.0		45,315.54	;	29969.7		5257.5		9318.0		44,545.24

 * EPI = 98.30 *

ENERGY GUIDE

For detailed information
of the EPI rating number
or for any ITEM listed,
ask your Builder for
DCA Form 600A-93
or Form 600B-93

EPI= 98.3



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency	High Efficiency
WINDOWS.....	Single Clear	SINGL CLR X-----	DBL TINT -----
INSULATION.....			
Ceiling R-Value.....	19.0	R-10 -----X-----	R-30 -----
Wall R-Value.....	5.4	R-0 -----X-----	R-7 -----
Floor R-Value.....	0.0	R-0 X-----	R-19 -----
AIR CONDITIONER.....			
SEER.....	11.0	10.0 SEER --X-----	17.0 -----
HEATING SYSTEM.....			
Electric HSPF.....	6.8	6.8 HSPF X-----	12.0 -----
WATER HEATER.....			
Electric EF.....	0.94	0.88 -----X-----	0.96 -----
Gas EF.....	0.00	0.54 -----	0.90 -----
Solar EF.....		0.40 -----	0.80 -----
OTHER FEATURES.....			
.....			

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Builder
Address: _____ Signature: _____ Date: _____

City/Zip _____



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Gulfstream Aluminum & Shutter
197 S.E. Monterey Rd.
Stuart FL 34994


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

Your application for Product Approval of:
Aluminum Storm Panel (5052-H32 Alloy)
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:
Applicant, along with Gulfstream Aluminum & Shutter Corp. Drawing No. 96-314, sheets 1 through 5 of 5, dated 10/07/96, revision #1 dated 01/15/98, signed and sealed on 01/16/98 by Walter A. Tillit Jr., P.E. (For listing, see Section 8 of this Notice of Acceptance)
has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

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

Acceptance No.: 97-0606.01

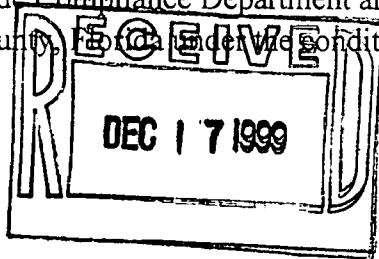
Expires: 02/19/01


Raul Rodriguez
Product Control Supervisor

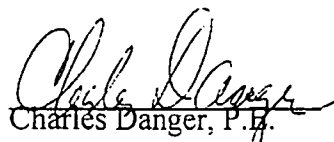
THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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



*165. S. SHAW'S POINT RD
TOWN COFF*


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

Approved: 02/19/98



MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *

E. D. = EDGE DISTANCE


MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **						APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		ZAMAC NAILIN		RAWL CALK-IN			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+65.0, -72.0	9"	N/A	5"	N/A	9"	N/A	1 (TOP)	9'-0" OR LESS
	9"	7 1/2"	9"	9"	9"	9"	1 (BOTTOM)	
	9"	N/A	8"	N/A	9"	N/A	2 (TOP)	
	9"	N/A	7"	N/A	9"	N/A	2 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	3 (TOP)	
	9"	7 1/2"	9"	9"	9"	9"	3 (BOTTOM)	
+50.6, -58.3	9"	N/A	6 1/2"	N/A	9"	N/A	1 (TOP)	>9'-0" TO 10'-0"
	9"	8"	9"	9"	9"	9"	1 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	2 (TOP)	
	9"	N/A	7 1/2"	N/A	9"	N/A	2 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	3 (TOP)	
	9"	8"	9"	9"	9"	9"	3 (BOTTOM)	

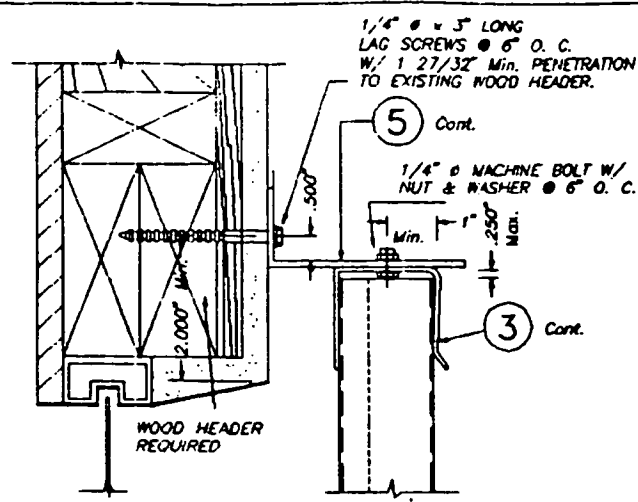
- * SEE SHEET 5 OF 5 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
- ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2". REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS.

ACTUAL E. D.	FACTOR	
	TAPCON/ZAMAC NAILIN	RAWL CALK-IN
3"	.86	.75
2 1/2"	.71	.50
2"	.50	-

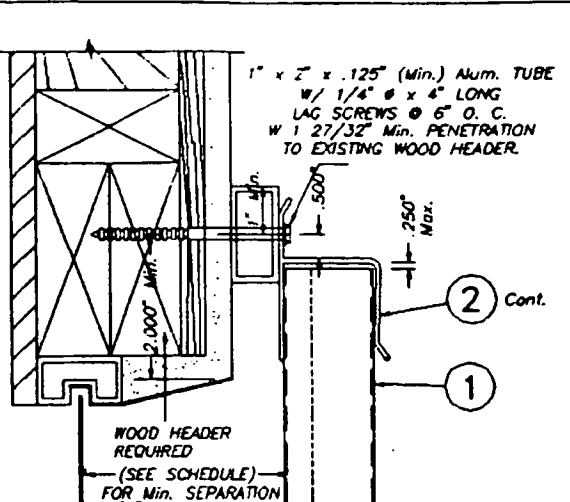
David Sub
9/10/98

DADE COUNTY

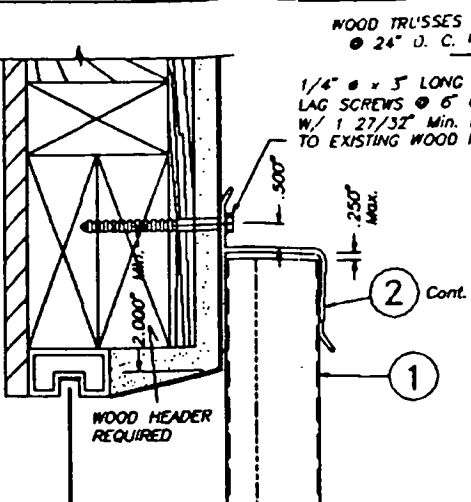
 TILECO INC. <small>TILIT TESTING & ENGINEERING COMPANY 8000 S.W. 38th St., Ste. 217, Miramar, Florida 33108 Phone: (305)871-1830 Fax: (305)871-1831 WALTER A. TILIT, Jr., P. E. FLORIDA Lic. # 44187</small>	STORM PANEL		SCALE
	GULFSTREAM ALUMINUM & SHUTTER CORP. <small>197 S.E. MONTEREY ROAD STUART, FL 34994</small>		10/7/98 DATE
	<small>REV. NO. DESCRIPTION DATE REV. No. DESCRIPTION DATE</small> 1 - - - 3 - - - 2 - - - 4 - - -		96 - 314 DRAWING No
SHEET 4-OF 5			



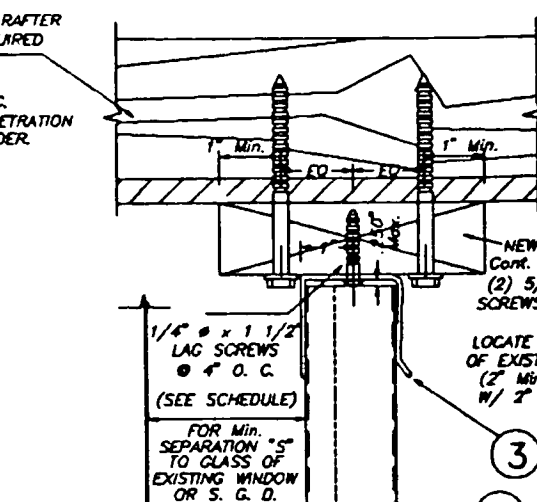
ALTERNATIVE 1



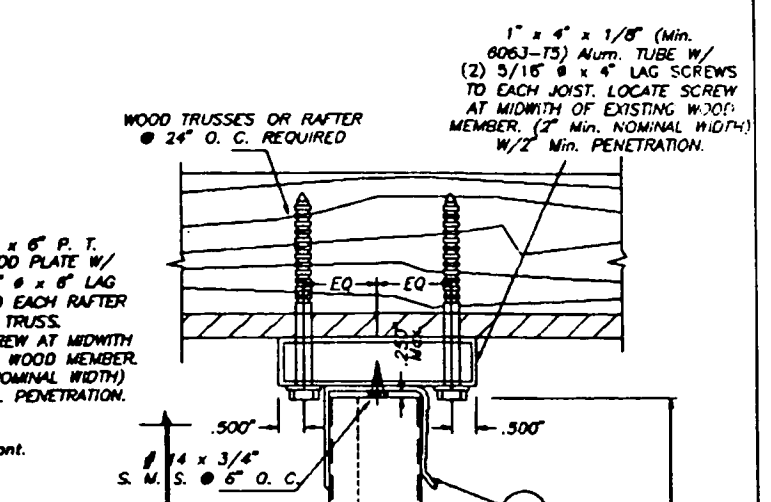
ALTERNATIVE 2



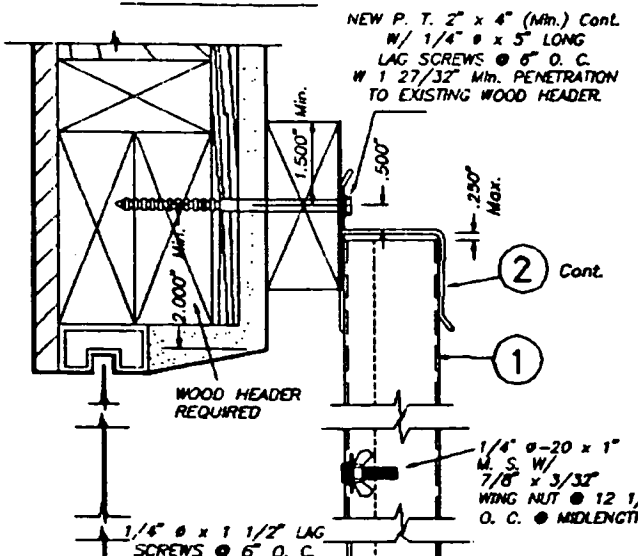
ALTERNATIVE 3



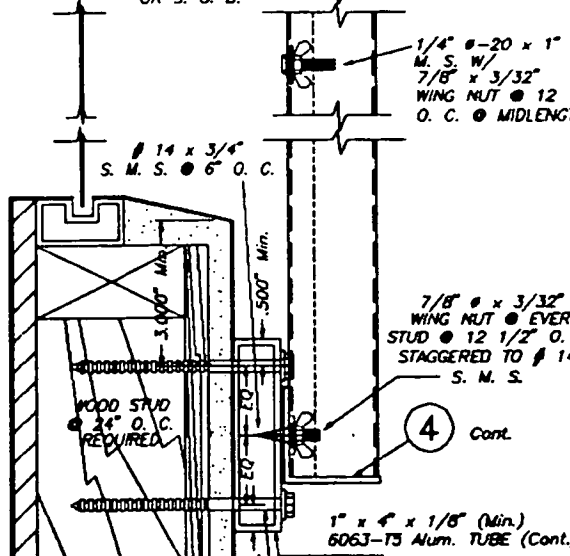
ALTERNATIVE 4



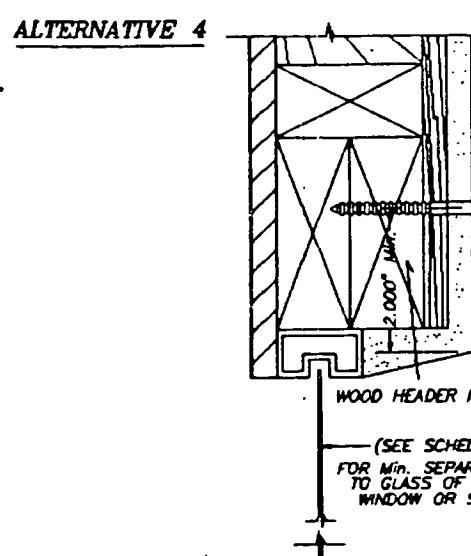
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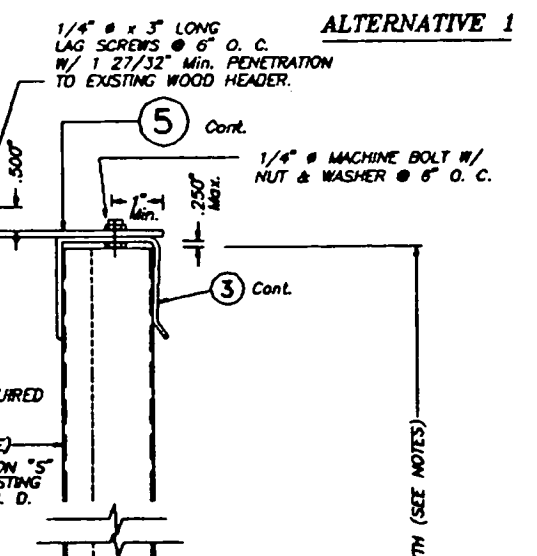
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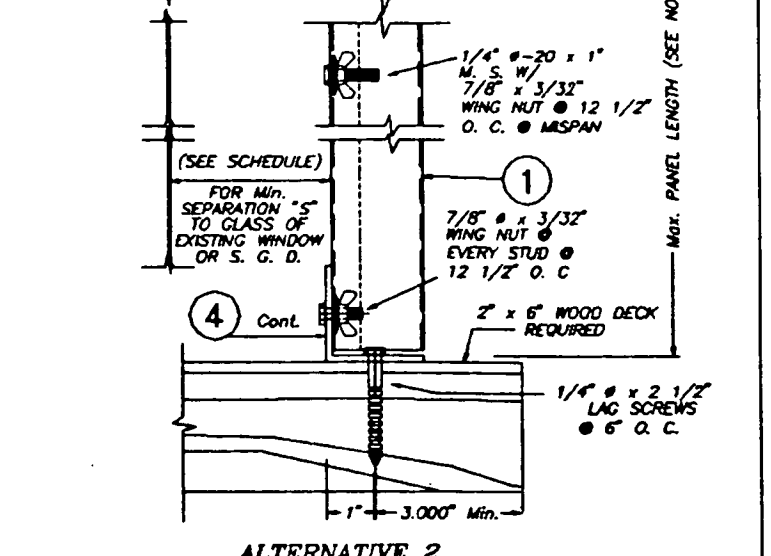
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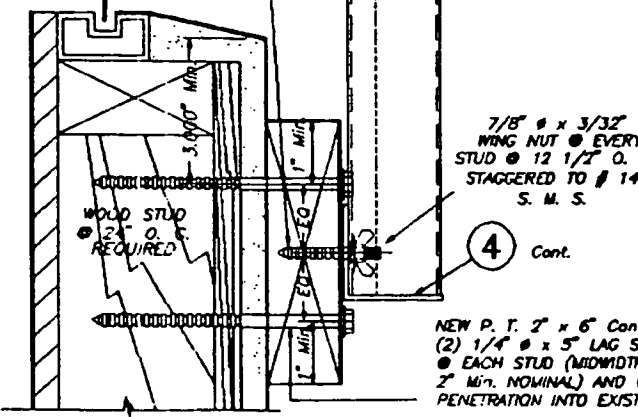
ALTERNATIVE 3



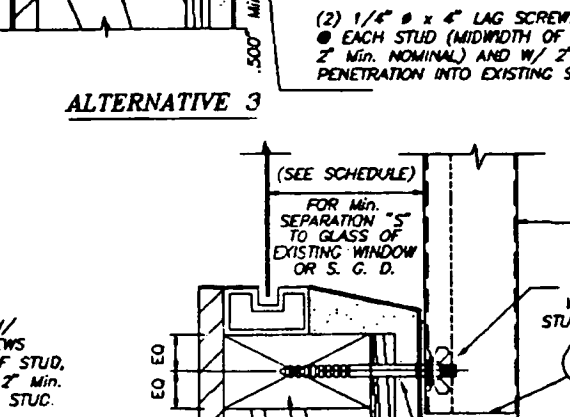
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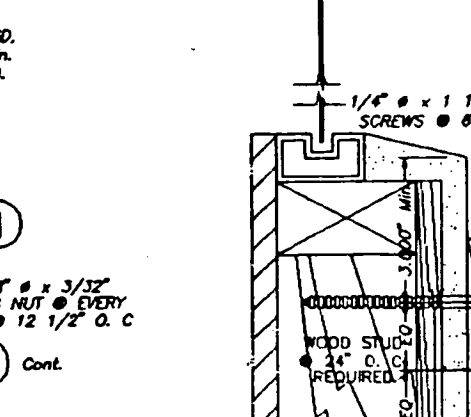
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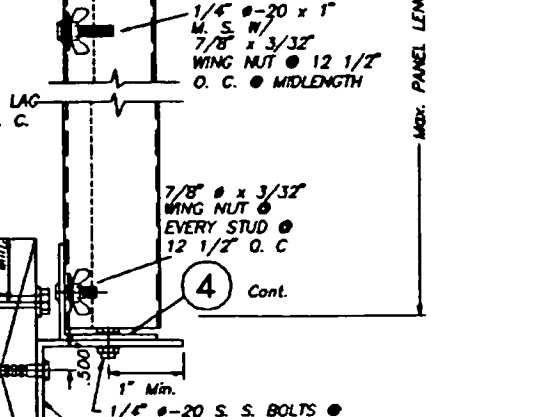
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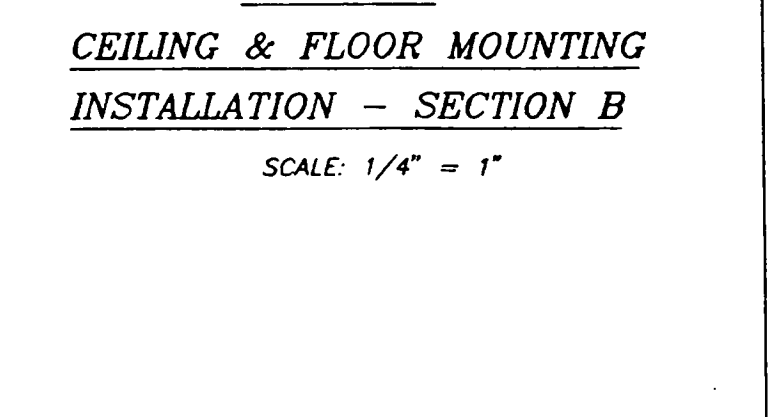
ALTERNATIVE 2



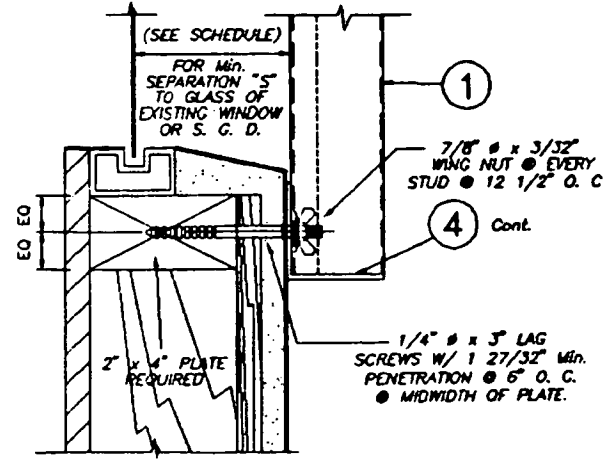
ALTERNATIVE 3



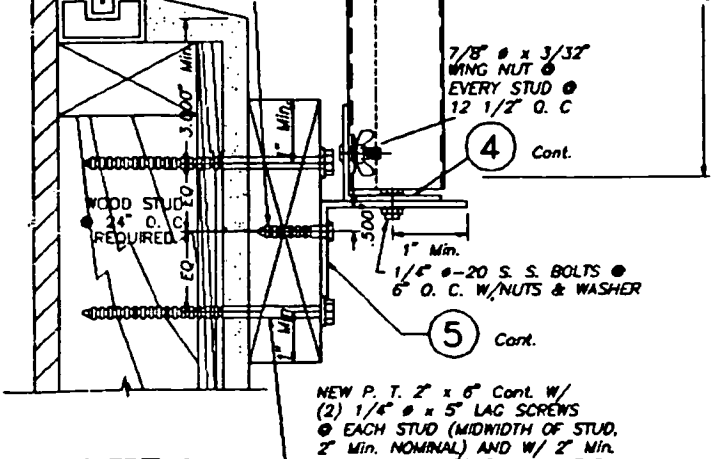
ALTERNATIVE 4



ALTERNATIVE 5



ALTERNATIVE 5



ALTERNATIVE 6

CEILING & FLOOR MOUNTING
INSTALLATION - SECTION B

SCALE: 1/4" = 1"

David B. [Signature]
2/10/96

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:
- INSTALLATIONS ARE ONLY VALID FOR BUILDINGS WITH DESIGN LOADS UP TO +65.0, -72.0 AND PANEL'S LENGTH UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. W. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

WALL MOUNTING INSTALLATION - SECTIONS A
INSTALLATION DETAILS ON
EXISTING WOOD BUILDINGS

SCALE: 1/4" = 1"

TILECO INC.
TILIT TESTING & ENGINEERING COMPANY
6506 N.W. 36th. Bl., Ste. 217 VIRGINIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
WALTER A. TILIT Jr., P. E.
FLORIDA Lic. 44167

STORM PANEL		AS SHOWN SCALE	
GULFSTREAM ALUMINUM & SHUTTER CORP.		10/7/96 DATE	
197 S.E. MONTEREY ROAD STUART, FLORIDA 34994		96 - 314	
REV. NO.	DESCRIPTION	DATE	DATE
1			
2			
		DRAWING No	
		SHEET 5 OF 5	

DADE COUNTY

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4553

OWNER: DENNIS L. GARDEN; ADDRESS: 16 S SEWALL'S POINT ROAD

PROJECT ADDRESS: 16 S. SEWALL'S POINT; LEGAL: LOT 1 BLK SUB HERITAGE PLACE

GENERAL CONTRACTOR: Strathmore; LIC/CERT No. RR 0066894

ADDRESS: 5046 Orndorff Bay Drive; TEL 781-1733; FAX

ELECTRICAL CONTRACTOR: Cook Electric, Inc; LIC/CERT No. ER0008060
ME00152

ADDRESS: ; TEL 287-0938, FAX

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of STRATHMORE OF FLA for the purpose of Keep wood Floor from Buckling at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

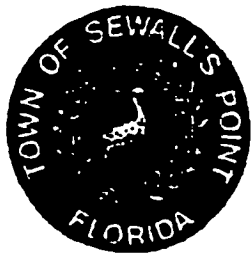
IN WITNESS WHEREOF the parties have caused this agreement to be executed this 15th day of DECEMBER, 1999.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
EDWIN B. ARNOLD, BUILDING OFFICIAL



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	6 ISLAND RD	STEEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4399	CASTLE Hill wy	ALL TRADES	OK	
	14	AC-RIBET		
		Plumb-FR		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4529	N.E. LAGOON ISL	TIE BEAM		
	PLANTATION	STEEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4309	S NE. LAGOON ISL	Pool		
	PLANTATION	STEEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S. Sewalls	TRMP		
	PT. RD	Power	OK	Call F.P.L.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 167 S RIVER MILEAGE: START _____
 _____ END _____

INSPECTOR: _____ DATE: 2-26-98

AHERN & ASSOCIATES, ARCHITECTS, P. A.

February 22, 1999

Strathmore Builders, General Contractor

Project: **Fadden Residence**

RE: Frangible Walls

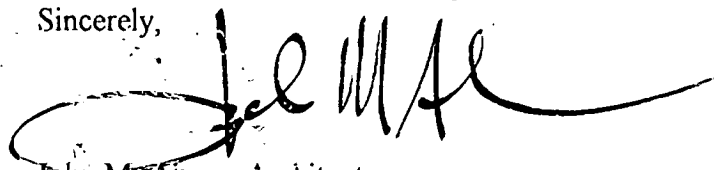
Dear Sirs:

Frangible Wall Sections shall meet requirements of the Coastal Construction Manual as published by the Federal Emergency Management Agency. They shall resist a minimum wind load of 10 PSF and shall break away in the event of flood water pressures.

If you have any questions or need further clarification, please call and I will assist you in any way I can.

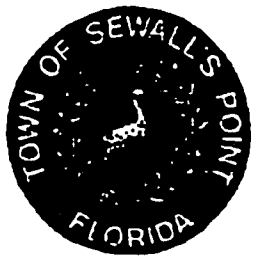
Thank you for your attentive inspections.

Sincerely,



John M. Ahern, Architect

cc: file
General Contractor



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4511	33 N. RIVER RD	TIE BEAM		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4255	5 LAGOON ISL. RD	FOOTING		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4383	24 SIMARA McKENNY	ALL TRADES	OK	RETAINING WALL FOOTING
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4552	1 WENDY LN	Pool		CANCEL -
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4454	CASTLE HILL WOOD	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4555	16 S. SEWALL RD	STEM WALL		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4460	21 PALM	Pool PLUMB	OK	

OTHER: _____ MILEAGE : START _____
 CHECK BOAT HOUSE @ 169 S. RIVER END
 RE-ROOF PERMIT? OK
 FENCE HEIGHT AT 6 MIDDLE RD. ?
 281 0530 STRATHMORE
INSPECTOR: _____ **DATE:** 3-1-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4379	JURJET.	INSULATION		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4488	1 MELODY LN	LANE POOL FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	6 PINEAPPLE LANE	FOOTING	OK	<u>FRI</u>
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4503	SABIE CT LUCIDO	FOOTINGS	OK	LEE - 284 1970
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4552	WENDY LN	POOL START	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	Palm RD FRICK	FOOTINGS WALL + GATE	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. Point RD	FOOTINGS	OK	

OTHER: _____ MILEAGE : START _____
 _____ END _____
 6 MIDDLE ROAD - _____

 INSPECTOR: _____ DATE: 3-3-98

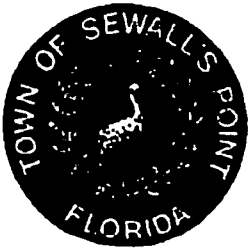


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	N. S.P. ROAD	ROOF SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4524	1 A.E. ISLAND CT.	ELECT	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4570	E. Hi. POINT	STAIRS + WALKS	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	N. S.P. RD	Beam + Columns	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8. ST LUCIE CT	STAIN WALL	X/10	NOT KENT POWER RE INSPECT FOR \$30.-
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 4-5-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4578	18 Palm Rd	Rough Plmk.	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4663	16 S.S. Pt. Rd	S/AB		NOT READY
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4383	29 SAMARA	Pool-SPA		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4534	1 CASTLE Hill wy.	SLAB		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4503	Root Stk SABIR CT	SHEDDING Roof	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 4-12-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4501	36 CASTLE HILL wy-	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4559	HILLCREST	FOOTINGS	OK	229-9751
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4569	23 S.S. POINT RD	TAMP RL.		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4551	14 HIGHL PT BICKER	FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	23 CASTLE HILL wy	GR ROCKIT	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4486	12 OAK HILL wy	DRIVEWAY	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. POINT RD	SLAB	OK	
		FORICORER	OK	

OTHER: _____

INSPECTOR: _____ **DATE:** 7-14-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	19 ABBY CT	S/LAB		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4572	23 W HI PT	RET WALL N. SIDE		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. PT. RD	TILE BRAMA		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4467	16 E. Hi. Point	FINAL PHASE I		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	CASTLE HILL 3 OAK HILL WY	CB ROUAVT		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	66 S.S. PT. ALLMAN	TIN TAG.		
			OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 7 MARGARITA -

INSPECTOR: _____ DATE: 4-30-99

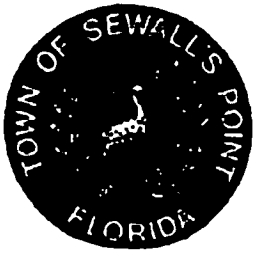


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. Pt. Rd.	Roof Nail on	NO	Not Nailed to CORIE RIP- INSPECT (FREE)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	128 N.S. Pt. Rd	Column STRAIL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4555	13 SIMARA	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4458	15 CASTLE Hill	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 6-21-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4383	29 SIMARA	C.O.	NO	HOT WATER-HEATER DRAIN -
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8 ST LUCIE CT	STEM WALL	OK	REMOVED RUBBER TREE 2833224
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4353	16 S.S. Pt ROAD	ROOF MACHINE	 	NOT READY
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	8 PALM COURT	TEMP POLE	OK	CALL F.P.L.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	15 MIDDLE RD	GROUND ROUGH	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 6-23-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4618	118 N.S. PT RD	Roof FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4623	171 S.S. PT RD	Roof FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	116 S.S. PT RD	Roof N/A	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	McKINNIE	FINAL	NO	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 6-29-99



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

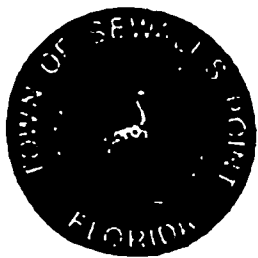
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 Hillcrest	INSULATION	OK	
4617	105 Hillcrest	POOL-STEEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. POINT RD	STRAPS-TIME DOWN		NO CONNECTOR SCHROUDS - ON SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	6 RIDGE/LAND	SEWER LINE	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	51 N. RIVER	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4613	8 PALM CT	BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	128 N.S. POINT RD	FOOTINGS- SLAB-	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 485-2326

335-1817 CO. ELECT

INSPECTOR: RY WAREY

DATE: 7-29-99



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

Fri. 8-20-99

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4587	Guard 104 Abbey Ct.	Roof - maintenance inspect.	PASSED (PTL)	ENTRY GABLE NOT FINISHED ADDL. INSP. - NO FEE
	STRATHMORE			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	Schroeder 4 Ridgeland	DRYWALL (GARAGE IHR SEPARATION)	PASSED	5/8" FIRECODE D/W SEPARATION OF GARAGE FROM LIVING AREA
	FACE 2000 340-7223			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4609	Walker	fire retain	OK/PASSED	NO RECORD OF TREE-TRUCK
4610	Walker 21 W. Pt. Rd.	walk (back & front)	PN 4609 PN 4610	imperfect; visible code in accordance w/ sugig.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	Foglia 105 H. Sewall Way	temp. pole	PASSED	FPL POWER RELEASE - "SHERI" 223-4208 11:10 8/20/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4622	Foglia 106 H. Sewall Way	temp. pole	PASSED	FPL POWER RELEASE - "SHERI" 223-4208 11:10 8/20/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4624	H. Muegel 11 Castle Hill Way	Garage slab + footer	FAILED -	2 ND ATTEMPT; 30.00 FEE
	STRATHMORE	Temp. pole	PASSED	FPL POWER RELEASE "SHERI" 223-4208 11:10 8/20/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Jardner 16 S. S. Pt. Rd.	Garage Slab inspect	PASSED	SEALED DOGS. NOT PD SIZE - NO FUTURE INSPECTIONS W/O PERMIT SET. BACK TO PROVIDE GARAGE SLAB SECTION
	STRATHMORE			

OTHER: 133 N. RIVER RD (SINTON) TREE REMOVAL PERMIT 252; CORRECTED FIELD & TOWN PERMIT ERROR. NO FEE

INSPECTOR: _____

DATE: _____



1998 - 1999

Town of Sewall's Point

Building Department - Inspection Log

Mar 8/23/99

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4534	Boston 1 Castle Hill Dr	Water/Telco Roof	???	METER SC 83 608 62 817 846 MID 0319613 FPL9F
4453	Schumpert 10 Oak Hill Dr Castle Hill	Final	FAILED	Inspected INSPECTION REPORT & NOTICE OF NON-COMPLIANCE ISSUED.
4453	Fadden 16 S. Sewall's Pt	Partial Elec Forklift	DID NOT PERFORM INSPECTION	FRAMING INSP. YES REQUIRED; NO PLANS / TRUSS ELEC ON SITE. NO RECORD OF PRIOR INSPECTION.
7646	Abbey Ln 108 ABBIE CT. SEWALL'S MEADOW	prel. plans inspect OLYMPIC- 286-6070	Passed	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** _____



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

WED 9/1 (PG. 2)

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellriegel 11 CASTLE HILL N STRATHMORE WAY	PLUMBING V/A ROUGH	PASSED	MAHU BLDG.
4553	FADDEN 16 S. SPR	TIE DOWN ON PORCHES & PARTIAL ELECTRICAL	X	CANCELLED BY CONTR. 9/1 1:30 PM
4652	VANCE 12 WENDY LANE	FOOTER & STEELE	FAILED	9:30 NOT READY 11:30 REINSPECT - not in accord w/cons. docs; step detail rep

OTHER: OFFICE MTG. W/TONY LAGANA RE: 23 S. SEWALL'S POINT RD (PN 4564)
 - CONTR. HAS REVIEWED ALL REPAIR ALTERNATIVES W/ARCHITECT; REQUESTS DEMOLITION
 OR STEM WALL/FIIS & RECOMMENDMENT OF WORK. PLAN REVISIONS (IF ANY) TO BE
 SUBMITTED FOR REVIEW & APPROVAL (PLAN REVIEW FEE); UPON APPL. DEMO PERMIT ASAP (#30.0)
 - CONSIDER PERMIT FILING EXTENSION FOR THESE STRUCTURAL DELAYS (60 DAYS? 6/30 8/30)

INSPECTOR: _____ **DATE:** 9/1/99



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

283-7778

FRI 9/3

PAGE 1 OF 2
4649

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	LINO 6 ISLAND WAY	FOOTER (PRIVACY WALLS)	PASSED	
S		+ PTL ELECT; 12 FC BACK PORCH		
4640	AMOS 114 S. SPR	FINAL	X	cancel 9/2/99
4668	Angela BECKER 12 ISLAND Sewall Way	framing	PASSED	MAIN HOUSE ALTERATIONS ONLY
4661	BENIHANA 3602 SE OCEAN W (SHOWER CONST.)	STUART F. D. JT. INSP ^{BOB} SMITH 11:00 AM 5/81	'BOB SMITH 'RUSI PROVENOM 'EBA	ESTABLISHED INSP. PROCEDURES (JOINT); REVIEWED OUTSTANDING BLDG ITEMS (ATTIC DRAFT BARRELS)
4553	Fachlan 16 S. Sewall	porch tie downs + elect on porch	PASSED	notation p/tl framing & rch elect. - porches only.
4651	Bermudez 19 Castle Hill Way	temp power pole	PASSED	DUMPSTER (PORTABLE ON SITE) WATER REQ. PRIOR TO CALL IN SERVICE
4579	Bal-Hitt 76 S. Sewall Pt. CLARK CONST Rd.	short. traced	CLARK COOK ELEC EBA	review ltr legal for power xch - EBA to provide formal repair

- OTHER:**
- ① 23 N. RIDGEVIEW RD - TREE REMOVAL PERMIT INSPECTION ✓ DONE
 - ② 8 PALM COURT - " RELOCATION " " " ✓ DONE
 - ③ 171 S. SEWALLS PT. RD - " REMOVE " " " ✓ DONE
 - ④ 23 W. HIGHTPOINT - PREINSPECT (request for 30 day equip. power release) ✓ DONE
 - ⑤ 19 BANYAN DR. - TREE REMOVAL PERMIT INSPECTION ✓ DONE

INSPECTOR: _____

DATE: _____



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

FRI-9/3

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Gabbert 2 East High Pt	Rough A/C CANCEL ON SITE	CANCEL	CONTR. ADVISED THAT NO INDIV. SUBGRADE ROUGHS WILL BE PERFORMED (FRAME ALL OR MEP prior to trans pier.
4553	Stathmore - bla 16 S S Pt. Rd. 2:00	tin tag + metal	PASSED	roof dry in required off
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____

DATE: _____




1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
~~9/10/99~~ **FRIDAY**

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Short 38 S. Sewall's Point Rd.	straps & anchors + TIE BM/COL	PASSED	
4579	Babbitt 76 S. Sewall's Point Rd.	electric verification	PASSED	TERMS OF TEMP. HOOKUP LETTER IN FORCE: 30 DAYS TO COMPLETE (10/10/99)
4650	SWISS AM 4 SE BANYAN 334-7730	TEMP. ELEC. SERV. FTG/SLAB	PASSED PASSED	FORWARD SURVEY/SOIL TREATMENT RCV. DENSITY TESTS FPL POWDER RELEASE 9/10 11:05 AM
4665	NICKLAS 21 CASTLE HILL WAY	TEMP. ELEC. SERV U/G PLUMB.	PASSED PASSED	TREE REMOVAL IN EXCESS OF PERM. FPL POWDER RELEASE 9/10 11:05 AM
4628	Hellnegel 11. Castle Hill	slab	FAILED (NO PER KENSP)	STC PLANT OK; BLK. CELLS OBSTRUCTED - BACK TO FIELD W/SPR AFTER CLEAROUT W/WH. LTR; THEN REINS
4628	Leaden 16 S. Sewall's Pt. Rd.	all trades	ON SITE - NO ONE ON SITE	2:00 built subs all off site - unable to perform inspection
4640	AMOS 114 S. SEWALL'S PT. RD	final - DOCK	PASSED	SEPARATE ELECTRICAL PERMIT REQ will call with gate code LANDSCAPER ACCESS -
4680	118 " " (WEIGAND)	BOAT LIFT	PASSED	

OTHER: 1. BOWAIL RUN; BP4619 PER P.O. COMPLAINT (LARKY) POSTED REQUEST TO CANCEL RE: CONTROL OF RAINWATER RUNOFF

INSPECTOR:  **DATE:** 9/10/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Fri., ~~9-24-99~~ PAGE 2 OF 2

N

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4683	Bruno/Andre's	final	FAILED	PM NOT READY - RESCHEDULE 9/27 AM (1ST) (NO REWSP. FEE)
	2710 E. Ocean Harbour Bay			

S

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4640	Amos	final dock	PASSED	* 7662
(DOCK) (ELECT)	42 S. Sewall's	1/2 dock	(PRIOR WSP)	code for gate
4654	114	electric	PASSED	

N

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	Conway	pl. (rough)	PASSED	AAA REQUEST AM (9/24 8:50)
	17 N.E. Lofting	10:30 PVC-ACC? REWSP 1:00 (QUEST CONCL.) PM	(ACC)	FIELD COPY (FORM BOARD SUBM) TO SITE (COMPLETION TESTS ON FILE) ✓

S

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden	all trades	PASSED	2:00 PM ✓
	16 S. Sewall's	260-3342	(FULL)	
	Pc. Rd.	TRIP	(FRAMING)	

S

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Gebbert	(c) pl, e.c.	ELECT. PASSED	9:00 PTC; REWSP. LATE AM
	2 E Hi. Pt.	MHC/PLMB	FAIL	CALL FOR REWSP. (NO FEE) CONTR. REP ON SITE

S

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4646	Kimmelman	pool deck	FAILED	PM ✓ (1:00) INCOMPLETE - NO ONE ON SITE
	19 Abbie			

N

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4665	Nicholas	slab	PASSED	AAA FORWARDED SURV. ON FILE NEED COMAP./SOIL TEST. RECV REQUEST 1:00 - 1:30 (9/24 8:45)
	21 Castle Hill			

OTHER: _____

INSPECTOR: [Signature] **DATE:** 9/24/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Wed, 9-29-99

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden 16 S. Sewall's Pt. Rd.	insulation	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4651	Demarkanan 19 Cattle Hill Way	rough pl.	PASSED	CONCR. TO BRING PERMIT DOCUMENTS TO OFFICE FOR INSP. ENTRY & REISSUE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Short 385 S.P. Rd.	window SHEATHING	PASSED PASSED	FIELD COPY OF WINDOW PAGE TO OWNER @ INSP.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy 3 Oak Hill	insulation tie beam (wall)	PASSED PASSED	AM INSP. REQ. (✓ 11:00)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4691	Wattle: 20 N. Ridgewiew	* temp. pole feeling, cancel (CONST. SERVICES NOT IN PLACE)	9:30 FAILED 1:15 PASSED	PASSED SERVICE HEAD TOO LOW (10' MIN) TEMP. ELECT/WATER/SAN DOMESTIC - ALL OK.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: * PN 4691 - 20 N RIDGEVIEW 9/29/99 1:55 PM "CAROL"
 FPC SERVICE ALTH. CANCEL IN

INSPECTOR: _____ **DATE:** _____



SOUTH

1998 - 1999

Town of Sewall's Point
 Building Department - Inspection Log

Wed, 10-13-99

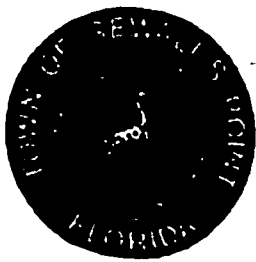
PAGE 1 OF 4

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden	stairs	FAILED	NO STRUCT. DUGS ON SITE (SIC. REINF. FOR STAIR)
	16 S. Sewall's Pt. Point Rd.			- NO ONE ON SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	Page	tie beam	CANCEL	NO REVISED DUGS. NO ONE ON SITE
	8 St Lucie Ct. Hillcrest			NO. LAWN ACCESS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	Kimmelman	meter final	FAILED	NO ONE ON SITE; NO ACCESS
	108 Abbie Crt. S. Meadow	(TEMP. RELEASE)		LEFT APPL. FORM IN PERMIT BOX
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4587	Gerard	insulation	PASSED	
	104 Abbie Crt. S. Meadow			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4657	Foglia	slab	PASSED	ARCH. CTR. REC. FIKERBERT
	105 H. Sewall S. Meadow	" bonding		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4658	Foglia	slab	PASSED	ARCH. CTR. REC. FIKERBERT
	103 H. Sewall S. Meadow	slab bonding		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4662	Foglia	undergr. pl.	PASSED	
	106 H. Sewall S. Meadow	" " el.		

OTHER:

INSPECTOR: _____

DATE: _____



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Town of Sewall's Point
Building Department - Inspection Log
 Wed. ~~10-20-99~~ SOUTH
 PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	Town S.P.	park electric	IN PROGRESS	- PERMIT APPL INCOMPLETE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Fadden 16 S.S.P. Rd.	interior stairway	PASSED	TRUSS COPY - STAIR REINF DETAIL TO SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4673	Foglia 110 # Sewall	fund. pl. ? fund. el }	PASSED	- NOTE ADDL DOWELS FOR PWR.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Laraway 15 Middle	door & window buck	PASSED	(PTL COMPUTER WINDOWS) TRUSS PLAN & APPROVED TEMP. SERV. RELOCATION TO JOB SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Gabbert 2 E. Hi. Pt.	HVAC	PASSED	Ron will be on site all day
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** _____



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

Mon, ~~12-13-99~~

2

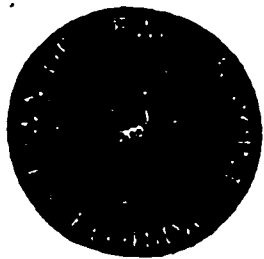
PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden	temp. meter	FAILED	PM if possible - need approval to access to panel.
	.16 S.S.P. Rd.			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4672	Foglia	tie beam	CANCELLED	NOT READY
	110 H Sewall		BY CONTRACTOR	(cancelled on site)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	Seely	pl. (undergr.)	PASSED	VERIFY PRESSURE TEST USED
	37 Lofting Way			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	CONWAY	pre-sheathing strap	9:30 NOT READY	
	17 Lofting		PASSED	(reinspect 1:30 PM)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER:

INSPECTOR:

DATE:



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

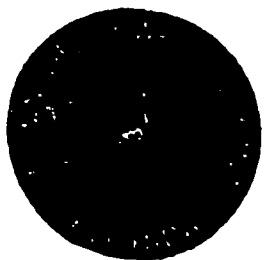
~~Wed, 12-15-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4745	Dembinski 4 Knowles Rd.	tin tag	PASSED	PM requested ✓ 3:00 PM
4621	Coverdale 51 N. River Rd (Int. Mt.)	final	PASSED	
4531	LIND E Island Rd.	pool deck	PASSED	SURVEY DEFERRED TO FINAL @ BDR'S RISK.
4753	Crimes 15 C. Hill Way	pool steel & bond	PASSED	survey req. prior to deck (1:15 12/16 Mtg w/ Board & Kelly @ office 10:00 AM)
4500	Shater 16 C. Hill Way	c.o.	X	
EXPIRED PERMIT	STRAITHMORE: 781-0530	CANCELLED & COMP. REVISED.		left message for MIKE TRAPANI called mtg @ 3.P. 11:07 12/16/99
4553	IF: dden 16 S Sp. Rd.	meter insp. (lamp)	PASSED (ltr. agent) revd.	DELOP re-inspect called mtg 12/15 8:55 AM ANURSA FPL (CAROL/STEPH) 223-4208
4628	Hallierial 11 C Hill Way	tie-beam	FAIL	NOT READY: UNSAFE SITE NO LINDER FOR INS P., EROSION CONTROL (MANDATORY) NOT IN PLACE

OTHER: _____

INSPECTOR: [Signature] **DATE:** 12/15/99



1998 - 1999
 Town of Sewall's Point
 Building Department - Inspection Log
 Wed. ~~12-22-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	Con way 17 N.E. Lofting	sheathing nailing for pool house	PASSED	
4589	De Goia 130 N. S. P	pre-pour steel for INSULATION stair	PASSED	AMT PM
4723	71 N. River Rd Koch	slab inspect.	PASSED	11:00 - REVISED FORMWORK SURVEY REQUIRED W/CONCRETE TOVO. DATA FOR F.F.E.
4554	Fadden	final for	PASSED	before 10: AM
4553	16 S.S.P	c.o.		CO. ISSUED W/CONCRETE LIT/AGENT - NOT STAMPING TRUCKS
4628	Helriegel 11 S. Hill Way	tie beam	PASSED	
4766	McCarthy 4 N. Ridgewood RIDGEVIEW	sheathing	PASSED ✓	PL. 10:00 AM PL. 12:00 OK TO COMPLETE & DRY-IN
4527	seeley 37 NE LOFTING WAY (GIBBEN CONST.)	column pads x 6	PASSED	

OTHER: _____

INSPECTOR: _____ DATE: _____

2000-1998-1999

page 1 of 2

Town of Sewall's Point Building Department - Inspection Log

Fri. 1-21-00

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4721	Smith 11 Simara	fence final	PASSED	CLOSE FILE
EBA-PM	(next to Read)			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4775	Compo 5 Paloma	footing SEA Gate Bldg owner upset	Passed WG	Partial Footing
WG-AM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4775	Stier 13 Knowles	footing (Wall)	Passed WG	prefer AM - POUR MOOR
WG-AM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4773	Dembinski 4 Knowles	final pool enclosure (REINSPECT)	Passed WG	Bond Hooked up & Replaced missing sc
WG-AM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fardon 16 Sewall's Field	Shutters	FAILED	INSUFFICIENT CLEARANCE TO WINDOWS (2nd fl - E.H.P.)
EBA-PM	16 S.			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4721	VAN WAGNER 3 Paloma Way	meter Inspection	Passed WG	NO WATER METER DEPOS WAS PAID 1-19-2000
WG-AM	Paloma	through	Passed	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGLIA 110 HENRY SEWALL	Truss	Passed	TRUSS ENG.
WG-AM			WG	

OTHER:

INSPECTOR: 

DATE: 1/21/00

117-4211

~~2000~~ 2000
Town of Sewall's Point
Building Department - Inspection Log

Wed. 2-2-00

PAGE 1 OF 2

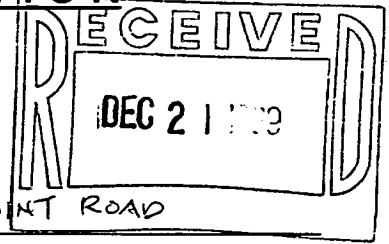
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4795	Downing	metal &	Passed	Rainwater
(5)	47 S.S.P. Rd.	underlayment	B.G.	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden	Shutters	PASS	INSTALLATION COMPLETE
(X)	16 S.S.P. Rd.	(one shutter)		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	Demarkarian	exterior	Passed	Front Posts
(1)	19 Castle Hill way	tie down	B.G.	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4723	Koch	tie beam	Partial	AM
(3)	71 N. River Rd. (Gual Run)	CALL FIRST	N. Side GARAGE + B.G.	call 287-0685
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4673	Foglia	tin tag &	Passed	Rainwater
(10)	112 H. Sewall way	metal	B.G.	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	footer	Passed	
(2)	3 Palama (Castle Hill)	slab/ground	B.G.	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	Campo	trees		(2:45)
(X)	5 Palama T/R PN 287	(AMEND T/R PERM.) PN 287 (ESA)		

OTHER: 1. T/R PERM. APPL. #6 RIDGEVIEW (VACANT) - OWNER: NOHEWIL 2 VIA LUCINDA
✓ July 2:00 PM confirmed markings of Florida Holly for removal

INSPECTOR: 

DATE: 2/2/00

STATEMENT OF INSPECTION



To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

OWNER: MR & MRS DENNIS FADDEN ; ADDRESS: 16 S. SEWALL'S POINT ROAD

PROJECT ADDRESS: SAME AS ABOVE ; LEGAL DESCRIPTION: LOT #1 HERITAGE PLACE BLK _____ SUB _____

GENERAL CONTRACTOR: STRATHMORE CONTRACTORS OF FLORIDA ; LIC/CERT No. RR 0006894

ADDRESS: 5046 ORCHID BAY DR., PALM CITY, FLORIDA ; TEL 781-1733 ; FAX 781-1644

ARCHITECT OR ENGINEER: JOHN M. AHERN ; Lic/REG No. AR 12958

ADDRESS: 2233 S. KANNER HWY., STUART, FL ; TEL 220 8907 ; FAX 220 8907

PERMIT No: 4553 ; DATE OF ISSUE: 23-FEB-99 ; DATE OF THIS STATEMENT: 21-DEC-99

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at Sewall's Point, this 21st day of DEC, 1999.

NAME: JOHN M. AHERN ; SIGNATURE: [Signature] ; Lic. No: AR 12958

STATE OF FLORIDA
COUNTY OF Martin

Sworn to and subscribed before me this 21st day of Dec, 1999, by J. M. Ahern, who is personally known to me or who has produced FL-d.l. as identification and who did not take an oath.

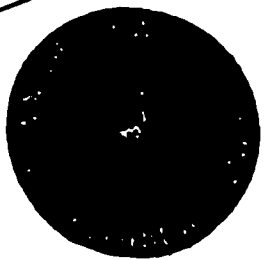
(NOTARY SEAL)



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]
Name Joan H. Barrow

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



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

~~Wed. 12-22-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	Con way 17 N.E. Lofting	sheathing nailing for pool house	PASSED	
4589	De Goia 130 N. S. P.	pre-pour insulation stair	PASSED	AM PM
4723	71 N River Rd Koch	slab inspect.	PASSED	11:00 - REVISED FORMS SURVEY REQUIRED W/CONTRACT NOVO. DATA FOR F.F.E.
4534	Fadden 16 S.S.P	final for c.o.	PASSED	before 10: AM C.O. ISSUED W/ COMPLIANCE LTR/AGMT - OUTSTANDING ITEMS.
4628	Helriegel 11 S. Hill Way	tie beam	PASSED	
4766	McCarthy 4 N. Ridgewood RIDGEWOOD	sheathing	PASSED ✓	P.L. 10:00 AM P.L. 12:00 OK TO COMPLETE & PAY-IN
4527	Seeley 37 NE LOFTING WAY (GRUBBEN CONST.)	column pads x 6	PASSED	

OTHER: _____

INSPECTOR: _____

DATE: _____

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN


BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

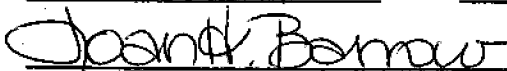
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 345,000.

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.



Affiant
Property street address:
16 S. SEWALL'S POINT RD
STUART, FL 34996

Sworn to and subscribed
before me this 21st day of
December, 1999.



Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

(NOTARY SEAL)

JON E. CHICKY, SR.
Mayor

TOWN OF SEWALL'S POINT

ROBERT M. WIENKE
Vice Mayor

JOAN H. BARROW
Town Clerk

DAWSON C. GLOVER, III
Commissioner

WILBUR C. KIRCHNER
Chief of Police

CYRUS KISSLING
Commissioner

EDWIN B. ARNOLD
Building Official

DONALD B. WINER
Commissioner

JOSE TORRES, JR.
Maintenance



CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: M/M DENNIS FADDEN ; PROPERTY ADDRESS: 16 S. SEWALL'S POINT RD.

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION HERITAGE PLACE

GENERAL CONTRACTOR: STRATHMORE CONTR. OF FLORIDA ; LIC/CERT No. RR 000 6894

ADDRESS: 5046 ORCHID BAY DR., PALM CITY, FL. ; TEL. 781-1733 ; FAX 781-1644


ARCHITECT OR ENGINEER: JOHN M. AHERN ; LIC/REG. No. AR 12958

ADDRESS: 2233 S. KADNER HWY., STUART, FL. ; TEL. 220-8907 ; FAX 220-8907

PERMIT No: 4553 ; DATE OF ISSUE: 2/23/99 ; RENEWAL PERMIT No: N/A ; DATE OF ISSUE: —

In accordance with the requirements of the South 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 Sewall's Point, Florida, this 22ND day of DECEMBER, 1999.


Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

cc: TOWN CLERK
CHIEF OF POLICE
~~BUDG. FILE W/ BUDG. COMPL. LTR.~~

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

JON E. CHICKY, SR.
Mayor

ROBERT M. WIENKE
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

CYRUS KISSLING
Commissioner

DONALD B. WINER
Commissioner

TOWN OF SEWALL'S POINT



JOAN H. BARROW
Town Clerk

WILBUR C. KIRCHNER
Chief of Police

EDWIN B. ARNOLD
Building Official

RICHARD L. MACEY
Building Inspector

JOSE TORRES, JR.
Maintenance

12/22/09

MICHAEL TRAMBI, V.P., ARCHITECT
STRATMORE OF FLORIDA
5046 ORCHID WAY DR.
TAMPA CITY, FLORIDA
RE: PADDEN RESIDENCE
16 S. SEWALL'S POINT RD.
SEWALL'S POINT, FLORIDA 34996
PO 4553

DEAR MIKE:

THIS LETTER WILL SERVE TO CONFIRM THAT THE FINAL INSPECTION FOR ISSUANCE OF A CERTIFICATE OF OCCUPANCY ~~ON~~ ON THE REFERENCED PROPERTY WAS PERFORMED TODAY. THE FOLLOWING CORRECTIONS/REVISIONS/DEFICIENCIES WERE NOTED:

1. STORM SHUTTERS - APPLICATION IN PROCESS; CONTRACTOR TO OBTAIN PERMIT & SUCCESSFULLY COMPLETE FINAL INSPECTION W/ 30 DAYS.
2. LANDSCAPING - SO TO BE PLACED (GRADING & RETENTION PERMITS) TO PREVENT EROSION & SOIL RUNOFF W/ 2 DAYS.
3. FINAL AS BUILT SURVEY - AERIAL SIDEYARD ENCROACHMENT OF AIR HANDLER UNITS; BLDG. RELOCATED FROM PERMIT SUBMITTALS AS APPROVED. UNITS TO BE PLACED IN COMPLIANCE W/ 60 DAYS.

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN RESCISSION OF THE CERTIFICATE OF OCCUPANCY.

SINCERELY,

BLDG OFFICIAL

READ, UNDERSTOOD & AGREED
STRATMORE

- BY:



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

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

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

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

[Signature] _____ 1/25/99
Owner or Agent Date

Michael [Signature] _____ 1/26/99
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 25 day of Jan. 1999 by Dennis KADON who: [] is/are personally known to me, or [] has/have produced PERSONALLY KNOWN as identification, and who did not take an oath.

Name: MARY D. KNIERIM

Typed, printed or stamped

(NOTARY SEAL)



MARY D. KNIERIM
MY COMMISSION # CC476490 EXPIRES
September 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

I am a Notary Public of the State of Florida having a
commission number of CC476490 and my
commission expires: Sept. 30, 1999

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 26 day of Jan 1999 by Maria Teapani who: [] is/are personally known to me, or [] has/have produced PERSONALLY KNOWN as identification, and who did not take an oath.

Name: MARY D. KNIERIM

Typed, printed or stamped

(NOTARY SEAL)



MARY D. KNIERIM
MY COMMISSION # CC476490 EXPIRES
September 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

I am a Notary Public of the State of Florida having a
commission number of CC476490 and my
commission expires: SEPT. 30, 1999

Certificate of Competency Holder

Contractor's State Certification or Registration No. RR 0066894

Contractor's Certificate of Competency No. MC 00331

APPLICATION APPROVED BY Robert A. Both Permit Officer

Building Commissioner

4764

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/14/99

BUILDING PERMIT NO. 4764

Building to be erected for OBONIS PADON

Type of Permit FENCE

Applied for by O/B

(Contractor)

Building Fee \$ 37.50

Subdivision HERITAGE PLACE Lot 1

Block _____

Radon Fee _____

Address 16 S. SEWALL'S POINT RD.

Impact Fee _____

Type of structure S.P.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Amount Paid \$ 37.50

Check # 7255

Cash _____

Other Fees (_____)

Total Construction Cost \$ 500.00

TOTAL Fees \$ 37.50

Signed _____

Applicant

Signed _____

Town Building Inspector STATE OFFICIAL

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 3/20/00

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

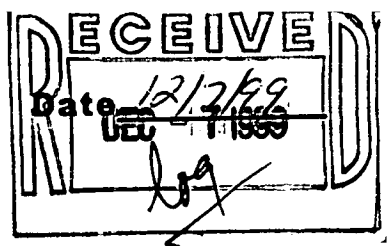
New Construction **Remodel** **Addition** **Demolition**

This permit must be visible from the street, accessible to the inspector.

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

Town of Sewall's Point
BUILDING PERMIT APPLICATION



Owner's Name: DENNIS L. FROST Phone No. 219-0450
Owner's Present Address: 3693 SE AIRWAY EAST, STUART, FL 34997
Fee Simple Titleholder's Name & Address if other than owner

Location of Job Site: 16 S. SEWALL'S POINT ROAD

TYPE OF WORK TO BE DONE:
CONTRACTOR INFORMATION
Contractor/Company Name: Home owner Phone No.
COMPLETE MAILING ADDRESS
State Registration State License
Legal Description of Property LOT 1 HERITAGE PLACE, PLAT BOOK 10, PAGE 2
Parcel Number LOT 1, HERITAGE PLACE

ARCHITECT/ENGINEER INFORMATION
Architect: yellow in site plan. COMPLETE FENCING WITH WHITE VINYL FENCING APPROXIMATELY 36 feet at edge of house shown in
Address Phone No.
Engineer Phone No.
Address

Area Square Footage: Living Area Garage Area Carport
Accessory Bldg. Covered Patio Scr. Porch Wood Deck
Type Sewage: Septic Tank Permit # from Health Dept.
NEW electrical SERVICE SIZE AMPS

FLOOD HAZARD INFORMATION
flood zone minimum Base Flood Elevation (BFE) NGVD
proposed finish floor elevation NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 5000
Fair Market Value (FMV) prior to improvement
Substantial Improvement 50% of FMV yes No
Method of determining FMV

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical State License
Mechanical State License#
Plumbing State License#
Roofing State License#

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE
Sworn to and subscribed before me this day of, 1998 by
who is personally known to me or has produced or has produced and who did (did not) take an oath.

CONTRACTOR SIGNATURE
Sworn to and subscribed before me this day of, 1998
by who is personally known to me or has produced and who did (did not) take an oath.

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

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

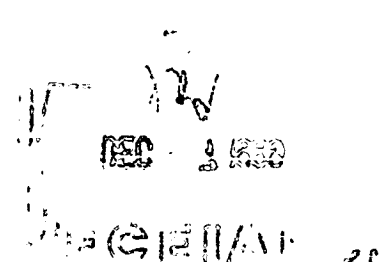
ADDITIONAL Required Documents are:

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

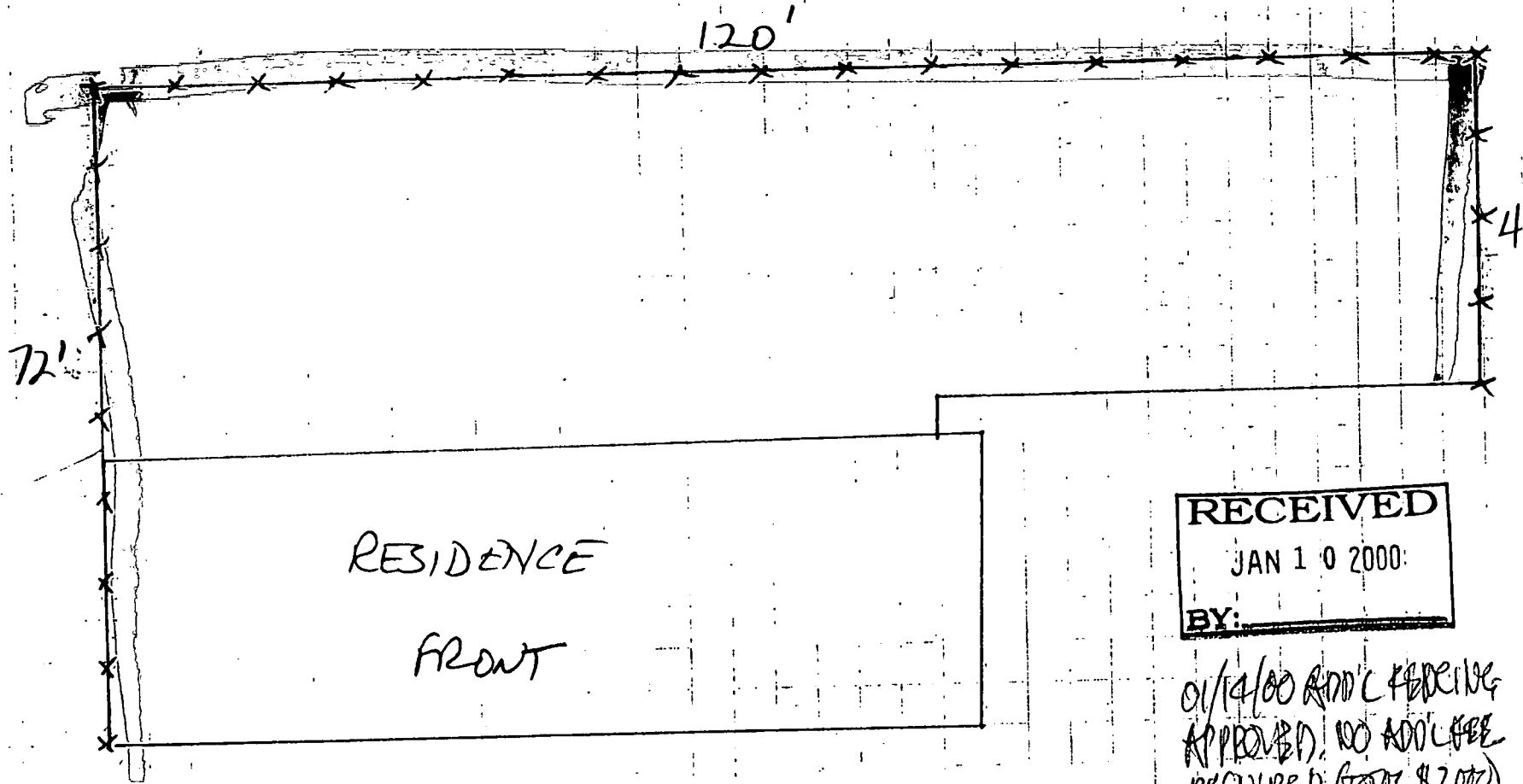
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state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

Approved by Building Official _____

Approved by Town Engineer _____



PVC 3'x8' Classic Dogear Picket Fence



01/14/00 ADD'L FENCING
APPROVED, NO ADD'L FEE
REQUIRED (TOTAL \$2000)

FENCE PERMIT EXTENSION

ADDITIONAL COST ~~\$1500~~ \$0

← NORTH

S. SEVENTH POINT ROAD

NOTE: OWNER TO VERIFY
FENCE TERMINATION
PT. TO STRUCTURE OR
NORTH PRIOR TO FENCE.



American Fence Contractors Inc.
 P.O. Box 13269 • Fort Pierce, FL 34979-3269
 (561) 340-4139 / 878-1650

LICENSES
 St. Lucie County #2151
 Indian River County #1060
 Martin County #00872
 State of Florida #RX0054663

FAX 878-2425 Date 11-1-99

Name <u>Fadden</u>	Job Name	
Address <u>16 S. Sewells PT Rd</u>	Job Address	
City <u>Sewells PT</u>		
Phones <u>219-0450</u>	Job Phone	Installation Date Week of:

LEGAL DESCRIPTION

Lot	Block	Section	Plat	Subdivision
-----	-------	---------	------	-------------

SPECIFICATIONS

- Top Rail Straight
 Follow Contour
 Split
 Knuckle Up
 Barb Up
 Lines Clear of Obstruction

CHAIN LINK

Total Footage 250' & 132'

Height 5' & 4'

Gauge Wire 9GA BIK.

Dia. Top Rail 1 3/8 BLK

Dia. Line Post 1 5/8 BLK

Dia. Terminal Post 2 1/2 BLK

Dia. Gate Post 2 1/2 BLK

Gates 1

Sizes 12' D/D x 5'

Tension Wire _____

Specialty Items _____

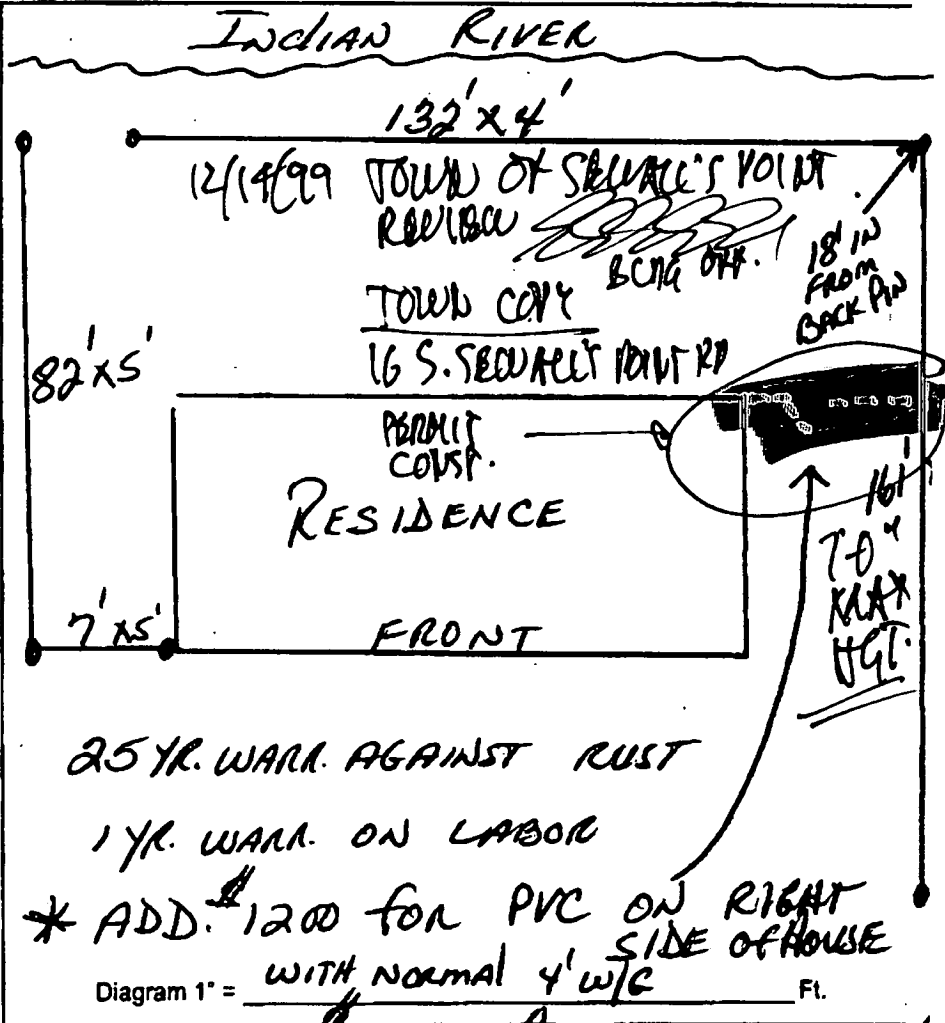
WOOD

Style _____

Height _____

Stain _____

Sections _____ In Out



All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practice. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry Fire, Tomado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance. THE FENCE REMAINS THE PROPERTY OF ALL AMERICAN FENCE CONTRACTORS INC. UNTIL CHARGES ARE COMPLETELY PAID. ALL AMERICAN FENCE CONTRACTORS INC. IS NOT RESPONSIBLE FOR PROPERTY LINES OR UNDERGROUND UTILITIES, INCLUDING SPRINKLER SYSTEMS.

Total Price 2,355.00 TAX & PERMIT Incl.

Deposit 1200

Balance Due on Completion _____

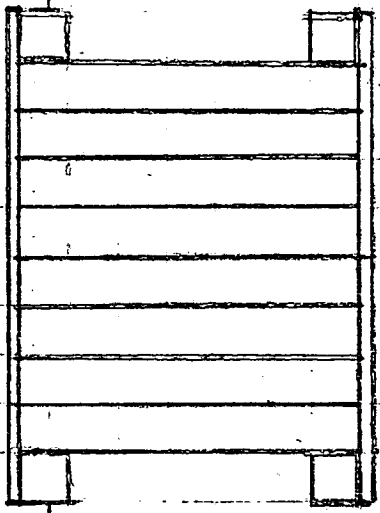
Authorize Signature [Signature]

ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted, you are authorized to do the work as specified. Payment will be made as outlined above.

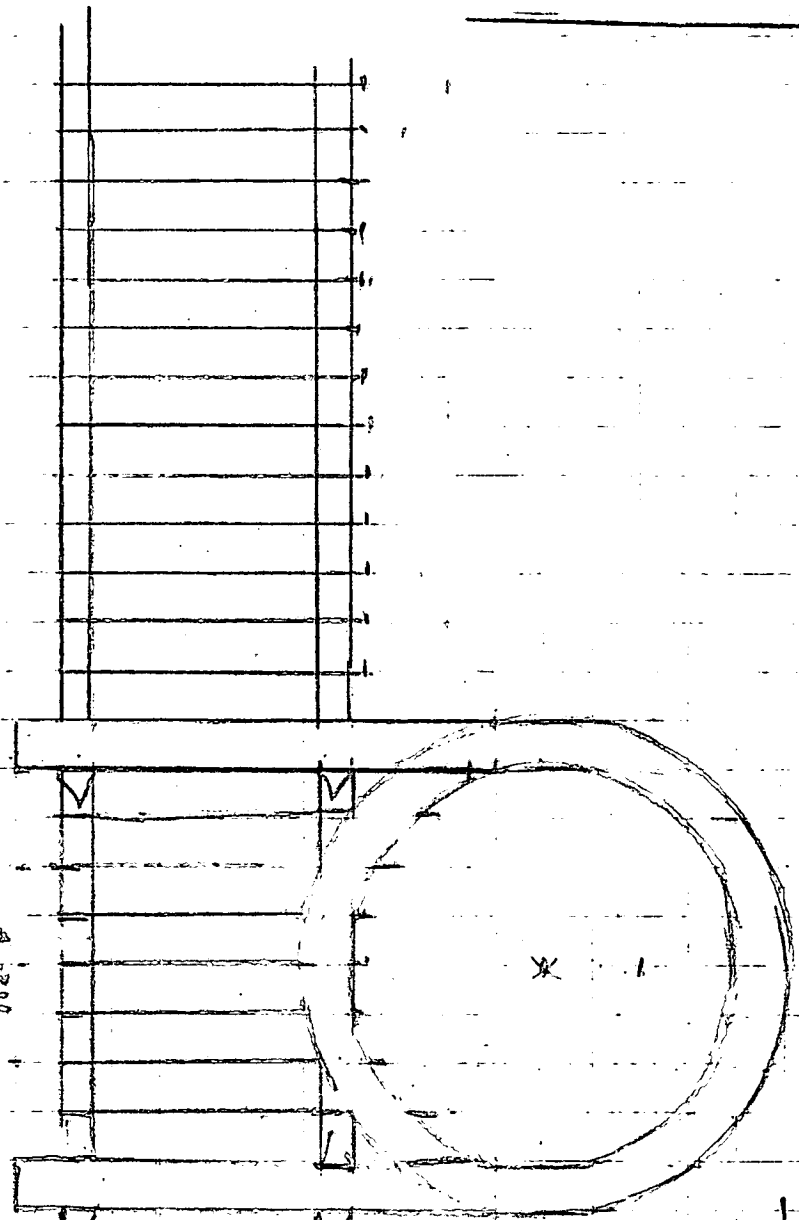
Date _____

Signature PN 4764

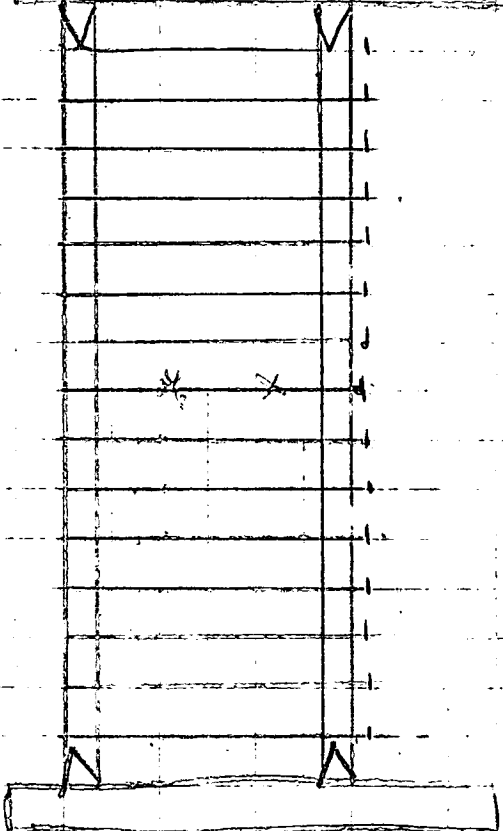
STREET ↓



48"



7'-0" MAX DEPT. TO FIN. GRADE



1 2 3 4 5 6 7 8 9

~~2000~~ **2000**
Town of Sewall's Point
Building Department - Inspection Log

FRI - 1-14-00

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Abbott 2 High Pt Rd	① driveway ② footers for well	PASSED	- PTL; SOUTH DRIVE 10:00 NOT READY RECDP. V.P.H
4589	DeGios 130 N.S.P. Rd	steel footer for front gate	PASSED	- WALL LIMIT & VEG. NOTS ONLY - MAKE POND NOTATIONS RE: WALL HGT & FTG: REINT. AS INSP.
4756	Cicoria 17.6 N.S.P. Rd.	shutter temp. power release	CANCEL	- NO SHUTTER PERMIT (CANT. DIL NOT PREC) PANEL "A" ELEV; FPL 223-4208 (CANT. SHUTTER)
4717	Zerro 124 N.S.P. Rd.	check utilities	CANCEL	
			BY CONTR 1/15 8:15	
4784	Blutner 23 W. High Pt	pool final	PASSED	PERMIT DCS (FIELD COPY) RTD. TO SITE.
4783	Hochstetler 72 S. River	fence FINAL	PASSED	5'-0" GATE @ S E 3'-6" @ NW N S. OK VERIFY 9'-0" HGT @ E
4785	Hansen 32 N.S.P. Rd	(grade) IN PROGRESS	PASSED	- NOON PREFER - POTEX AREA FOREMAN = "PERMANENT"

OTHER: ✓ 16 S. SEWALL'S POINT RD. - PD 4764 (FENCE); DELIVERED APPROVED FIELD COPY OF REVISION TO SITE.
 ✓ RICH DI GROSSA (ARCHIVED ELEC. TRAILER)
 ✓ WEST END RIDGE AND (TOWN SITE) NEED ERECT. METER LOCATION - VERIFY (w/ JOE CARLA) SERVICE LOCATION? NOTE: GROUND CLEAR (WHEN NECESSARY) (MUST BE MADE GRASS)

INSPECTOR: _____ **DATE:** _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 03/20, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4628 (6A)	Hellmead 11 Castle Hill PDC PN 4856 - ADVANTAGE	ground & steel		CANCELLED
N ✓ 4854 (7)	Kennedy 111 N.S.P. Rd. A&P BLDG CORP	dry-in & in progress sheathing	Passed BG	late AM ←
S ✓ 4767 (3)	Fadden 16 S.S.P. Rd. 0/13	fence final	Passed BG	
N ✓ 4737 (5)	Conroy NIGLOA 128 N.S.P. Rd. OLYMPIC DOCS	pool steel	Passed	VERIFY POOL P.N. 4737
S ✓ 4810 (2)	Durante 48 S.S.P. Rd. J.A. TAYLOR REG.	roof final	Passed BG	
N ✓ 4628 (6B)	Hellmead 11 Castle Hill STRAITHMORE.	lathie - final FRAMING	Passed Reject - BG	BG Wire LATH only. no plan on Permit on Job. 2nd Fl. Tub + Shower STILL HAS NO PLAN. Left CARD on Job.
S ✓ 4691 (1)	Wattles 20 N. Ridgeview DRUPTWOOD - ALAN MORRIS	framing re-inspect	Reject BG	NOT Ready. Waiting FOR Revised Plan.

OTHER: EBA I. T/R PERMIT APPL. - CLIFFORD; 20 N. RIVER RD. ✓
2 " " " - THOMPSON; 179 S, " " ✓

INSPECTOR (Name/Signature): _____

6017

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11-01-02

BUILDING PERMIT NO. 6017

Building to be erected for Randall Marsh

Type of Permit FENCE

Applied for by O/B (Contractor)

Building Fee 30.00

Subdivision HERITAGE Lot 1 Block _____

Radon Fee _____

Address 16 S. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410130000001050000

Plumbing Fee _____

Amount Paid 37.50 Check # _____ Cash 37.50 Other Fees (O/B) 7.50

Roofing Fee _____

Total Construction Cost \$ 500.00

TOTAL Fees 37.50

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

FENCE & TOPSOIL

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Randall Marsh City: Stuart State: FL Zip: 34996

Legal Description of Property: Heritage - Lot 1 Parcel Number: 138410130000001050000

Location of Job Site: 165 Sewalls Point Rd Type of Work To Be Done: Fence realignment, back and side yard even out fill to grade

CONTRACTOR/Company Name: to be determined/provided Phone Number: _____

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

State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

ARCHITECT: NONE Phone Number: _____

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

ENGINEER: NONE Phone Number: _____

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

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

Carpot: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION N/A Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$500⁰⁰ soil Estimated Fair Market Value (FMV) Prior

To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: N/A State: _____ License Number: _____

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

[Handwritten Signature]

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

OWNER OR AGENT SIGNATURE (Required)

State of Florida, County of: Martin

This the 22 day of March, 2002

by [Signature] My Commission CC9870980 is personally

known to me or produced as identification. Expires August 20, 2004

[Signature] Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: _____

This the _____ day of _____, 2002

by _____ who is personally

known to me or produced as identification.

Notary Public

My Commission Expires: _____

Seal

Seal

Warranty Deed

This Warranty Deed made this 7th day of January, 2002 between DENNIS L. FADDEN and LIZBETH L. FADDEN, husband and wife whose post office address is 1506 SW Balmoral Trace, Stuart, FL 34997, grantor, and RANDALL MARSH and TAMARA C. MARSH, husband and wife whose post office address is 16 S. Sewall's Point Road, Stuart, FL 34996, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida to-wit:

Lot 1, HERITAGE PLACE, according to the map or plat thereof, as recorded in Plat Book 10, page 2, of the public records of Martin County, Florida.

Parcel Identification Number: 1-38-41-013-000-00010-5000

Subject to taxes for 2002 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2001.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Kacy P. Del Bene
Witness Name: Kacy P. Del Bene

Stephanie A. Schwall
Witness Name: Stephanie A. Schwall

Dennis L. Fadden (Seal)
DENNIS L. FADDEN

Lizbeth L. Fadden (Seal)
LIZBETH L. FADDEN

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 7th day of January, 2002 by DENNIS L. FADDEN and LIZBETH L. FADDEN, who are personally known or have produced a driver's license as identification.

[Notary Seal]



Kacy P. Del Bene Notary Public
Commission # DD 068575
Expires Dec. 2, 2003
Bonded Thru Atlantic Bonding Co., Inc
My Commission Expires: _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

SURETY COMPANY(IF ANY): _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

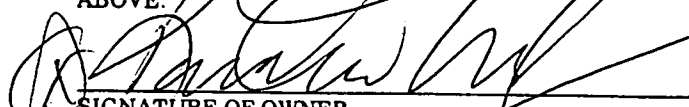
FAX #: _____

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

PHONE #: _____

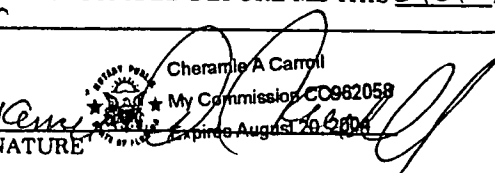
FAX #: _____

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


SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF October

19 2002

BY 
Cherangle A Carroll
My Commission CO962058
Expires August 29, 2004

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE

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

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

DISCLOSURE STATEMENT

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

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

Name: Randall A Marsh Date: 10-22-08

Signature: [Handwritten Signature]

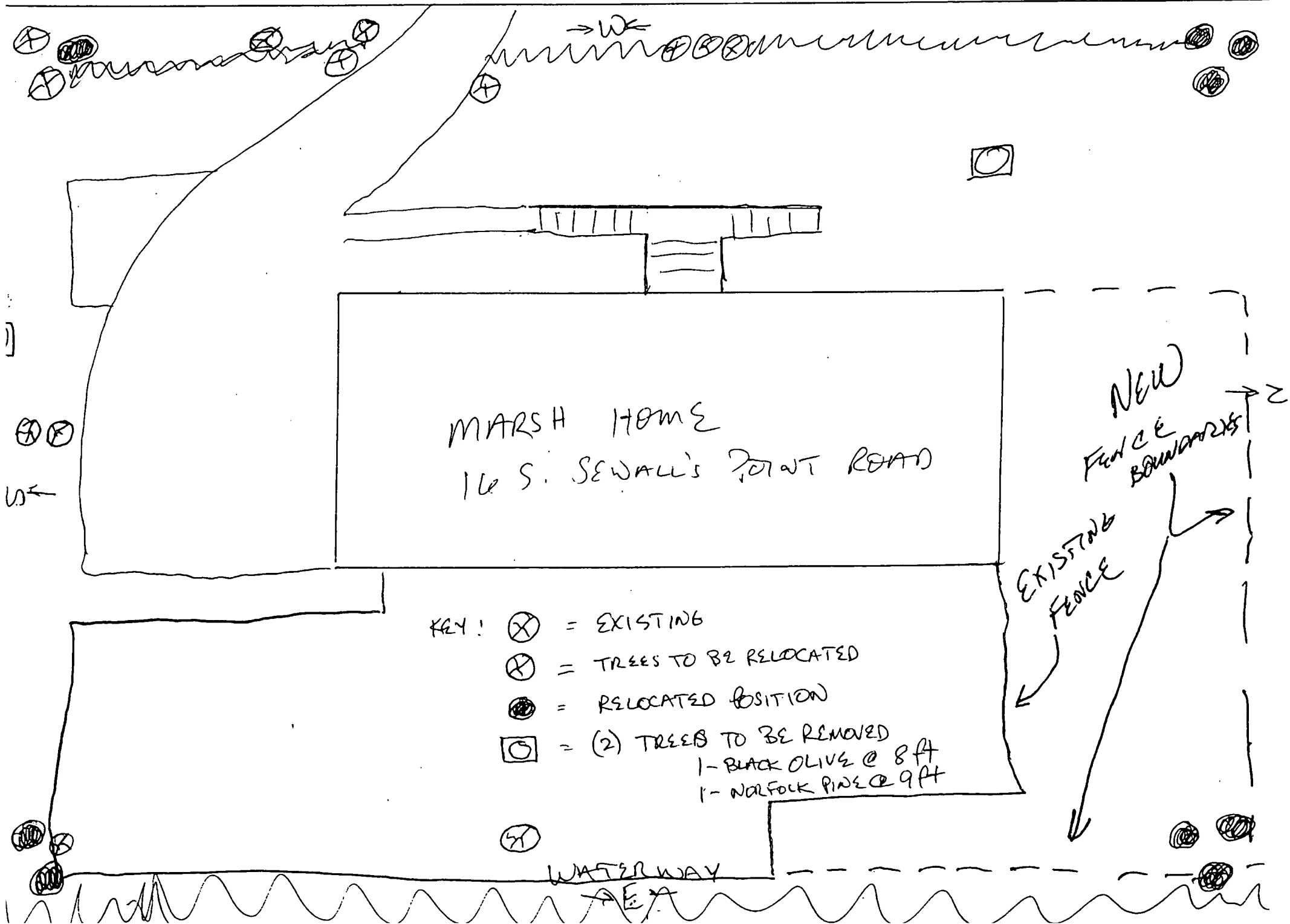
Address: 16 S Sewalls Point Rd

City & State: Stuart Florida 34996

Permit No. _____

This form is for all permits except electrical.

SEWALLS POINT ROAD



MARSH HOME
16 S. SEWALL'S POINT ROAD

- KEY!
- ⊗ = EXISTING
 - ⊕ = TREES TO BE RELOCATED
 - = RELOCATED POSITION
 - ⊠ = (2) TREES TO BE REMOVED
1- BLACK OLIVE @ 8 FT
1- NORFOLK PINE @ 9 FT
 - ☆ = [Symbol]

WATERWAY
A.E.A.

NEW FENCE BOUNDARIES

EXISTING FENCE

TOWN OF SEWALL'S POINT

MARC S. TEPLITZ
Mayor

JAMES D. BERCAW
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

February 18, 2003

Mr. Randall Marsh
16 S. Sewall's Point Road
Sewall's Point, FL 34996

RE: Permit #6017

Dear Mr. Marsh,

Our records indicate that building permit number 6017 for fence related work on your property at 16 S. Sewall's Point Road issued on 11/1/02 has expired without a final inspection by the Building Inspector. This means you have an open, expired permit. Information on open permits is available to the public, often requested during a title search, and could raise an issue for you when you proceed to sell your property.

We would like to assist you with closing this permit. To do this in most cases, we will ask you to post your permit (or copy from us) at the site, call for inspection, and, assuming the work passes, we will close the file. If the work is not finished, please do not proceed without renewing your permit!

Thank you in advance for your cooperation with this matter. Should you have any questions, or would like to call for an inspection, please call: 772-287-2455 ext. 13. Monday through Friday, 8am-3pm.

Sincerely,

Gene Simmons, CBO
Building Official



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

6036

FILL

TOWN OF SEWALL'S POINT

Date 11-26-02

BUILDING PERMIT NO. 6036

Building to be erected for RANDALL MARSH

Type of Permit Fill

Applied for by M^o TREE Service

(Contractor) Building Fee 35.00

Subdivision HERITAGE Lot 1 Block _____

Radon Fee _____

Address 16 S Sewall's Point Road

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410130000001050000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 2133 Cash ~~500.00~~

Other Fees (_____) _____

Total Construction Cost \$ 500.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Mobile - 436-5720 528-9900

~~TOPSOIL~~ TOPSOIL

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Randall Marsh City: Stuart State: FL Zip: 34991

Legal Description of Property: Heritage - Lot 1 Parcel Number: 13841013000000/050000

Location of Job Site: 16.5 Sewalls Point Rd Type of Work To Be Done: back and side yard even out fill to grade

CONTRACTOR/Company Name: to be determined/provided Phone Number: _____

Street: MC TREE SERVICE City: _____ State: _____ Zip: _____

State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

ARCHITECT: NONE Phone Number: _____

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

ENGINEER: NONE Phone Number: _____

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

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

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION N/A Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 500 soil Estimated Fair Market Value (FMV) Prior To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: N/A State: _____ License Number: _____

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)

State of Florida, County of: Martin

This the 22 day of March, 2002

by [Signature] My Commission CC9870480 is personally known to me or produced as identification. Expires August 20, 2004

[Signature] Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: _____

This the _____ day of _____, 2002

by _____ who is personally known to me or produced as identification.

Notary Public

My Commission Expires: _____

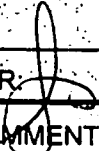
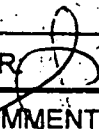

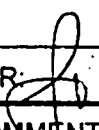
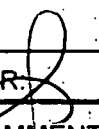
Seal

Seal

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/27/02, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6020	CAPLAN 10 E. High Pt. Rd Enimich	WIRE LATH	Passed	Just Please INSPECTOR: 
6046	Weber 12 Ridgeland Dr. MARZIO	ROOF-FINAL	Passed	 INSPECTOR: 
6036	MARZIO 16 S. Sewall's Pt Rd MCTREE	Fill/Trees	Passed Partial	 INSPECTOR: 
TREE	Lehman 6 Ridgeland Dr.	TREE	Passed	 INSPECTOR: 
5760	D'Alessandro 107 Abbie Court Francis	Strapping	Passed	 INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:

OTHER: _____

8690

SOFFITS



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8690	DATE ISSUED:	AUGUST 17, 2007
SCOPE OF WORK:	REPLACE SOFFITS		
CONDITIONS:	WILL NEED ENGINEERED DRAWINGS FOR ANY STRUCTURAL REPAIRS REQUIRED		
CONTRACTOR:	DRIFTWOOD HOMES		
PARCEL CONTROL NUMBER:	13841013000000105	SUBDIVISION	HERITAGE PL-LOT 1
CONSTRUCTION ADDRESS:	16 S SEWALLS POINT RD		
OWNER NAME:	MARSH		
QUALIFIER:	ALAN MORRIS	CONTACT PHONE NUMBER:	334-2577

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 7-25-07
TOWN OF SEWALL'S POINT

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

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Tamara Marsh Phone (Day) 403-6437 (Fax) _____

Job Site Address: 16 S. SEWALLS RD City: SEWALLS PT State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) HERITAGE PLACE LOT 1 Parcel Number: 01-38-41-013-000-00010-5

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

Scope of work: REPLACE SOFFITS

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 4,200.00
(Notice of Commencement required when over \$2500 prior to first inspection)

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

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
SUBJECT PROPERTY IS LOCATED IN FLOOD ZONE: V _____ A9 _____ A8 _____ X _____
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: DRIFTWOOD HOMES Phone: 334-2577 Fax: 334-5817

Street: 2163 PINE RIDGE ST. City: JENSEN BCH State: FL Zip: 34957

State Registration Number: RR0056789 State Certification Number: _____ Municipality License Number: MC00085

ARCHITECT [Signature] Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: 414 Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****
OWNER OR AUTHORIZED AGENT SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: Martin
This the 25th day of July, 2007
by Tamara Marsh who is personally

known to me or produced as identification.

My Commission Expires: _____

HELEN R. MORRIS
Comm# DD0357754
Expires 9/26/2008
Bonded thru (800)432-4254
Florida Notary Assn., Inc

On State of Florida, County of: Martin
This the 25th day of July, 2007
by ALAN MORRIS who is personally

known to me or produced as identification.

My Commission Expires: _____

VALERIE MEYER
Notary Public
COMMISSION # DD552119
EXPIRES: 08/27/2008

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

06/14/2007

PRODUCER (772)567-1188 FAX (772)778-1416
 SCHLITT INSURANCE SERVICES INC
 1717 INDIAN RIVER BLVD
 SUITE 300
 VERO BEACH, FL 32960

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

INSURED Driftwood Homes, LLC
 DBA: Alan B Morris d/b/a
 2163 Pine Ridge St
 Jensen Beach, FL 34957

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Casualty Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	04GL000677317	06/13/2007	06/13/2008	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER

Town of Sewell's Point
 1 South Sewell's Point Road
 Sewell's Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Robert Schlitt Jr./LAR *Robert Schlitt Jr.*

ACORD. CERTIFICATE OF INSURANCE

DATE (MMDDYY)

05-14-07

PRODUCER

RICK CARROLL INS AGCY
2160 NE DIXIE HWY

JENSEN BEACH

FL 349570877

2949J

INSURED

DRIFTWOOD HOMES LLC DBA
DRIFTWOOD HOMES & IMPROVEMENTS
2163 PINE RIDGE STREET
JENSEN BEACH FL 34957

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

COMPANIES AFFORDING COVERAGE

COMPANY

A FLORIDA W.C. JVA

COMPANY

B

COMPANY

C

COMPANY

D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	(UB-7261B31-6-07) MINIMUM PREMIUM POLICY	04-22-07	04-22-08	STATUTORY LIMITS N/A EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 SEWALLS PT RD
STUART

FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Charles J. Clarke


WITH THE FOLLOWING
CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter, please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

RESIDENTIAL CONTRACTOR MARTIN COUNTY
 License Number MC00089 Expires: 30-SEP-07

MORRIS, ALAN B
 DRIFTWOOD HOMES, LLC
 2163 NE PINE RIDGE ST
 JENSEN BEACH, FL 34957

DETACH HERE

2105207

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05072900790

DATE	BATCH NUMBER	LICENSE NBR
7/29/2005	050089330	RR0056789

The RESIDENTIAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2007
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

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



JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-38-41-013-000-00010-5

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

HERITAGE PLACE LOT 1 - 16 S. SEWALL PT RD SEWALL PT, FL

GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE SOFFITTS

OWNER: RANDAL Q TAMARA MARSH

ADDRESS: 16 S. SEWALL PT RD. SEWALL PT, FL 34996

PHONE #: 463-6437 FAX #: _____

CONTRACTOR: DRIPWOOD HOMES

ADDRESS: 2163 PINE RIDGE ST JENSEN BEACH, FL 34557

PHONE #: 334-2577 FAX #: 334-5877

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: N/A

ADDRESS: _____

PHONE #: _____ FAX #: STATE OF FLORIDA

INSTR # 2028417
OR BK 02266 PG 1083
Pg 1083; (1pg)
RECORDED 07/25/2007 10:40:13 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

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

NAME: N/A FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

ADDRESS: _____ MARSHA EWING, CLERK

PHONE #: _____ BY S Phoenix D.C. DATE 7-25-07

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF July
2007 BY Tamara Marsh

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
HELEN R. MORRIS
COMM # 0083708 ID
Expires 9/28/2008
Bonded thru (800)432-4254
Florida Notary Assn., Inc



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-10, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6179 2	Larsen 11 Lantana La United Fence	Final	PASS	CLOSE INSPECTOR: <i>OM</i>
8690	Norsh	Final - w/fit	PASS	CLOSE
7	16 S Sewalls Driftwood			INSPECTOR: <i>OM</i>
8689 4	Morales 10 N Ridgeway Driftwood	Final - deck	FAIL PASS	FAIL CLOSE INSPECTOR: <i>OM</i>
8545 5	Wattles 20 N Ridgeway Steve Conway	Final	FAIL	WILL RESCHEDULE INSPECTOR: <i>OM</i>
8595 8	Thersby 100 N. Sewalls Pt Piggs & Sons	Final	PASS	CLOSE INSPECTOR: <i>OM</i>
1801 6	Cunning 83 S River Rd Elia Elias Mont	Insulation basement	PASS	INSPECTOR: <i>OM</i>
8120 1	Arch 18 Palm Rd Latitude 27	Final Roof	PASS	CLOSE INSPECTOR: <i>OM</i>

OTHER:

9641

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9641	DATE ISSUED:	DECEMBER 1, 2010
SCOPE OF WORK:	AC CHANGEOUT - 2 SYSTEMS		
CONDITIONS:			
CONTRACTOR:	AZTIL		
PARCEL CONTROL NUMBER:	013841-013-000-000105	SUBDIVISION	HERITAGE PLACE-LOT 1
CONSTRUCTION ADDRESS:	16 S SEWALLS PT RD		
OWNER NAME:	MARSH		
QUALIFIER:	MARK VINES	CONTACT PHONE NUMBER:	561-433-2197

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

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

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

REQUIRED INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9641		
ADDRESS	16 S SEWALLS PT RD		
DATE:	12/1/10	SCOPE:	AC CHANGEOUT - 2 SYSTEMS

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	

When held to light, if circular watermarks are not present, do not cash. See back for additional security features.

AZTIL, INC.
 2540-S. MILITARY TRAIL
 WEST PALM BEACH, FL 33415

28631
 63-643/670
 BRANCH 88511

DATE 11-24-2010

PAY TO THE ORDER OF

Town of SEWALLS Point
eighty four ⁴⁴/₁₀₀

\$ 84.00

DOLLARS



VOID AFTER 30 DAYS

WACHOVIA
 Wachovia Bank, a division of Wells Fargo Bank, N.A.

Larry Sewall

FOR MARSH

⑈028631⑈ ⑆067006432⑆ 2000008308731⑈

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 9641

Date: 11-24-2010

OWNER/TITLEHOLDER NAME: MARSH, RANDALL Phone (Day) 772-463-6437 (Fax) _____

Job Site Address: 16 S SEWALLS POINT RD City: STUART State: FL Zip: 34992

Legal Description HERITAGE PL LOT 1 Parcel Control Number: 01-38-41-03-00010-5

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

SCOPE OF WORK (PLEASE BE SPECIFIC): A/C CHANGING OUT REACT REPLACEMENT

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3800.00 + 3750.00 = 7550
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X 7550
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: AZTIL inc Phone: 561-433-2197 Fax: 561-434-0018

Qualifiers name: MARK A VINE'S Street: 2540 S Military City: W.P. State: FL Zip: 33415

State License Number: CAC049253 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: SAM Phone Number: 561-433-2197

DESIGN PROFESSIONAL: _____ Fla. License # _____

Street: Jerome St City: Stuart State: FL Zip: _____ Phone Number: _____

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

Carport: _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE* _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 30% require a Non-Conversion Covenant Agreement

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

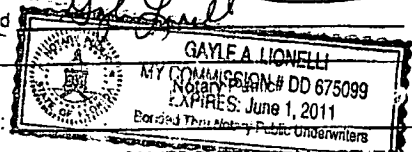
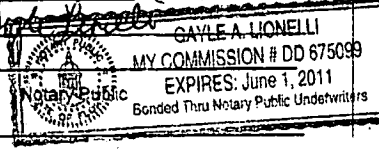
NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 106.4.1.1 - .5.

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

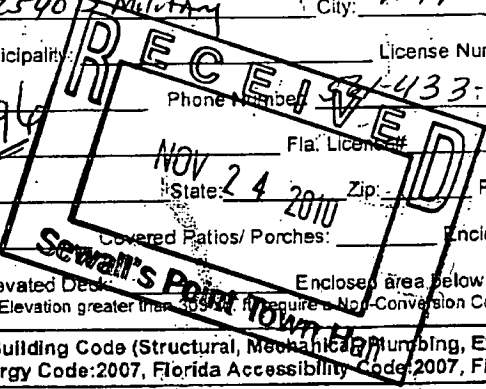
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of: P.B.C.
On This the 24 day of NOVEMBER, 2010
by TAMARA MARSH who is personally
known to me or produced [Signature]
As Identification, _____
My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
[Signature]
State of Florida, County of: P.B.C.
On This the 24 day of NOVEMBER, 2010
by MARK A VINE'S who is personally
known to me or produced [Signature]
As Identification, _____
My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.1) AND APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



INSTR # 2245937
OR BK 02488 PG 1692
Pg 1692; (1pg)
RECORDED 11/29/2010 12:30:04 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Oliveri

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 01-38-41-013-000 00105

SUBDIVISION HERITAGE PLACE BLOCK _____ TRACT _____ LOT 1 BLDG _____ UNIT _____
16 S SEWALLS POINT RD STUART FL 34996

2. GENERAL DESCRIPTION OF IMPROVEMENT:
A/C CHAIRS OUT 1-4 Tons R.H.R.M. 1-3 Tons R.H.R.M.

3. OWNER INFORMATION: a. Name MARSHA, TAMARA

b. Address 16 S SEWALLS POINT RD. c. Interest in property OWNER

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

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:
AZTEC INC 2540 S Military Trail W.P. FL 33415
772-463-6437

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT: _____

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER: _____

7. Persons within the State of Florida designated by Owner upon whom notices of ~~STATE OF FLORIDA~~ MARTIN COUNTY may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL



8. In addition to himself or herself, Owner designates the following to receive a copy of this ~~STATE OF FLORIDA~~ MARTIN COUNTY as provided in Section 713.13 (1) (b), Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER: _____

BY: [Signature] D.C.
DATE: 11-29-10

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): NOVEMBER, 26, 2010

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

[Signature]
Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Tamara Marsh
Print Name and Provide Signatory's Title/Office

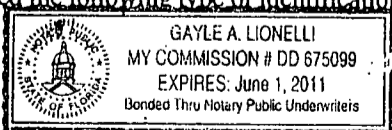
State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 24 day of NOVEMBER, 2010

By Mark A Vinas, as _____, (name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For Tamara Marsh (name of party on behalf of whom instrument was executed)

Personally known or _____ produced the following type of identification:



[Signature]
(Signature of Notary Public)

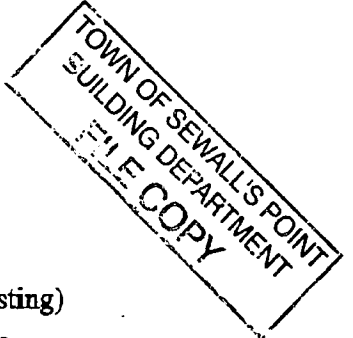
Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

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

By [Signature] By _____



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



Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# R14KLLHM352
Volts 240 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps 60 Wire gauge 6
Max. Breaker size 60 Min. Breaker size 60
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410
Location: Existing [X] New []
Attic/Garage/Closet (specify) CLOSET
Access:

Condenser: Mfg Rheem Model# 144JM36
Volts 240 SEER/EER 16 BTU's 36000
Min. Circuit Amps 30 Wire gauge #8
Max. Breaker size 35 Min. Breaker size 30
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410
Location: Existing [X] New []
Left/Right/Rear/Front/Roof
Condensate Location Ground

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# R13HA7J11
Volts 240 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps 60 Wire gauge 6
Max. Breaker size 60 Min. Breaker size 60
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 22
Location: Ext. [X] New []
Attic/Garage/Closet (specify) CLOSET
Access:

Condenser: Mfg BAnd Model# LHAS 36-1A
Volts 240 SEER/EER BTU's 36000
Min. Circuit Amps 30 Wire gauge #8
Max. Breaker size 40 Min. Breaker size 30
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 22
Location: Ext. [X] New []
Left/Right/Rear/Front/Roof
Condensate Location Ground

Certification:

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

Signature [Handwritten Signature]

Date 11-24-2010



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>RHeem</u> Model# <u>RHLL4M48Z</u>	<u>Condenser:</u> Mfg: <u>RHeem</u> Model# <u>14A3M49</u>
Volts <u>240</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw	Volts <u>240</u> SEER/EER <u>10</u> BTU's <u>48000</u>
Min. Circuit Amps <u>60</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>35</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410</u>	Refrigerant type <u>410</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location <u>Ground</u>

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>RHeem</u> Model# <u>RB4A2131</u>	<u>Condenser:</u> Mfg: <u>BAAD</u> Model# <u>LIAS49-1A</u>
Volts <u>240</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw	Volts <u>240</u> SEER/EER _____ BTU's <u>48,000</u>
Min. Circuit Amps <u>60</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>35</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>7/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>22</u>	Refrigerant type <u>22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location <u>Ground</u>

Certification:

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

Signature

Date

11-24-2010



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2010.

Certificate of Product Ratings

AHRI Certified Reference Number: 3799429

Date: 11/24/2010

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

Outdoor Unit Model Number: 14AJM49

Indoor Unit Model Number: RHLL-HM4821+RCSL-H*4821

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	46000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

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



Air-Conditioning, Heating, and Refrigeration Institute

©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129350855387710498

"United We Stand"



Licensed • Insured
CACO 49253

Palm Beach County
561-433-2197



Specializing in Full Service Air Conditioning
Heating and Duct Cleaning
24 Hour Emergency Service
8135 Pettway Hobe Sound, FL 33455
2540 S. Military West Palm Beach, FL 33415

Martin County
772-546-0889

Member
Better Business Bureau
Member
National Air Duct
Cleaning Assoc

SERVICE ORDER
INVOICE

#10 73227

CSR

Indian River County
772-567-9852

Broward County
954-670-6232

RADIO CODE	COMPLETE <input checked="" type="checkbox"/>	INCOMPLETE <input type="checkbox"/>	TIME DISPATCHED	TIME DEPARTED
------------	--	-------------------------------------	-----------------	---------------

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufactures' or suppliers' written warranty only. All labor performed by Aztıl is warranted for 30 days or as otherwise indicated in writing. Aztıl makes no other warranties, express or implied and its agents or technician are not authorized to make any such warranties on behalf of Aztıl. All electrical parts installed by Aztıl will not be refundable or removed. Issuance of a credit only with authorization from management. 1-1/2 % per week charge will be added to all bills not paid in full by due date. All collections will be referred to an Attorney after 90 days. Buyer will incur all attorney fees and fees incurred by Aztıl. All new equipment purchased that are cancelled will incur a \$150.00 restocking charge. All equipment sales financed by banking institutions are final. All maintenance agreement holders that incurred a running balance of unpaid invoices, Merchant has the right to cancel and forfeit maintenance plan, and all remaining services. All returned checks will have a \$30.00 charge added to invoice. Aztıl, Inc. is not responsible for electric bill increases. Aztıl, Inc. is not responsible for water damage & drywall damage. Aztıl, Inc. is not responsible or liable for copper line or underground freon leaks. Aztıl, Inc. is not responsible for ant rodent trapped in drainline resulting in leaking of water causing damage.

Aztıl assumes no responsibility for mold, mildew or fungus, plugged condensate drain lines or leaking roofs, ceilings or any water damage.

Any and all work performed that is funded through financing are Non-Cancellable.

PREVENTIVE MAINTENANCE CHECK	
CONDENSER	
HEAD PRESSURE	
SUCTION PRESSURE	
COMPRESSOR AMPERAGE	
MOTOR AMPERAGE	
VOLTS	
LUBRICATE MOTOR	
CLEANED COIL	
CHECK ELECTRICAL CONNECTIONS	
FREON CHECK <input type="checkbox"/> OK ADD ___ LBS.	
CHECK RELAY	
CHECK CONTACTOR	
EVAPORATOR	
MOTOR AMPERAGE	
VOLTS	
ALGACIDE TABLETS	
RUST ON UNIT	
CHECK ELECTRICAL CONNECTIONS	
LUBRICATE MOTOR	
CONDENSATE DRAIN LINE	
STRIP	
HEAT PUMP	
OTHER	
THERMOSTAT	
CHECKED	
CALIBRATED	
REPLACED	
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED

NAME	MARSH	DATE	11/24/10			
STREET	16 S SWALLS DR	CITY	FTO ZIR 34997			
PHONE HOME	463-6437	CALL BEFORE	<input type="checkbox"/> AM <input type="checkbox"/> PM			
MAKE	DAEEM	MODEL	2BH417TINUDA	SERIAL NUMBER	TM289904332	
	BO2A		HAS 36-1A		16SC99135952	
DESCRIPTION OF WORK PERFORMED						
QTY	OIL TOP UP				AMOUNT	2.01
	1-3TON 14T DAEEM					
	HORIZ SPLIT 10KW					4385
	FIX REBATE -					(585)
	SCREW FLOOR SWITCH					
	DT START					
EQUIPMENT RESTOCKING FEE ON CANCELLED ORDERS - \$150.00						
Aztıl retains ownership of all equipment and parts until invoice is paid in full. Aztıl reserves the right to remove equipment if invoice is not paid in full.					TOTAL	3800-
14 AM 36901					DEPOSIT	
RICK HM 38215A					BALANCE	
37600					Savings covered under maintenance agreement	
3805983					PREVIOUS INVOICE	
					PAYMENT	APR
					NEW BALANCE	3800
CK # VISA MASTERCARD #						
CUSTOMER'S SIGNATURE						

THIS IS YOUR INVOICE

P-7
Nov 24 2010 11:02AM HP LASERJET FAX

[Handwritten Signature]

"United We Stand"



Licensed • Insured
CACO 49253

Palm Beach County
561-433-2197



Specializing in Full Service Air Conditioning
Heating and Duct Cleaning
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RADIO CODE: COMPLETE INCOMPLETE TIME DISPATCHED TIME DEPARTED

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PREVENTIVE MAINTENANCE CHECK
CONDENSER
HEAD PRESSURE
SUCTION PRESSURE
COMPRESSOR AMPERAGE
MOTOR AMPERAGE
VOLTS
LUBRICATE MOTOR
CLEANED COIL
CHECK ELECTRICAL CONNECTIONS
FREON CHECK OK ADD ___ LBS.
CHECK RELAY
CHECK CONTACTOR
EVAPORATOR
MOTOR AMPERAGE
VOLTS
ALGACIDE TABLETS
RUST ON UNIT
CHECK ELECTRICAL CONNECTIONS
LUBRICATE MOTOR
CONDENSATE DRAIN LINE
STRIP
HEAT PUMP
OTHER
THERMOSTAT
CHECKED
CALIBRATED
REPLACED
FILTERS CLEANED REPLACED

NAME MARSH DATE 11/24/10
STREET 16 S SWALL SPOT CITY STU ZIP 34991
PHONE HOME 463643 BUSINESS CALL BEFORE AM PM
MAKE RHEEM MODEL ZBH421112004 SERIAL NUMBER N/A
BARD HAK 49-17 16SC993935
DESCRIPTION OF WORK PERFORMED
QTY AMOUNT
1K 4TON 14+ RHEEM
MOLT SPLIT 10KW 4980
RPL REBATE (780)
4200
1K NEW RETURN AIR 375
8 INCH FECK
1K LOWER STAIRS 175
1K 12x12 KLT CRILL + CAN
EQUIPMENT RESTOCKING FEE ON CANCELLED ORDERS - \$160.00
Aztli retains ownership of all equipment and parts until invoice is paid in full. Aztli reserves the right to remove equipment if invoice is not paid in full.
TOTAL 4750
DEPOSIT 1000
BALANCE 3750
Savings covered under maintenance agreement
PREVIOUS INVOICE
PAYMENT CHECK
NEW BALANCE 3750
C.O.D.
OK # VISA MASTERCARD #
CUSTOMER'S SIGNATURE

THIS IS
YOUR INVOICE

P. 8

Nov 24 2010 11:03AM HP LASERJET FAX

[Handwritten Signature]



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2010.

Certificate of Product Ratings

AHRI Certified Reference Number: 3805983 Date: 11/24/2010

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower
Outdoor Unit Model Number: 14AJM36
Indoor Unit Model Number: RHLL-HM3821+RCSL-H*3821
Manufacturer: RHEEM MANUFACTURING COMPANY
Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	37600
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

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Air-Conditioning, Heating, and Refrigeration Institute

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CERTIFICATE NO.: 129350854540506732

THE METAL SHOP

Custom Metal Manufacturer

ANCHOR CLIPS Installer's Guide

Consulting Engineer:

Douglas W. Lowe, P.E.
FLA# 13355
1206 Millenium Parkway
Brandon, FL 33511

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

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

CONSTRUCTION

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

PACKAGING DETAILS

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

INSTALLATION

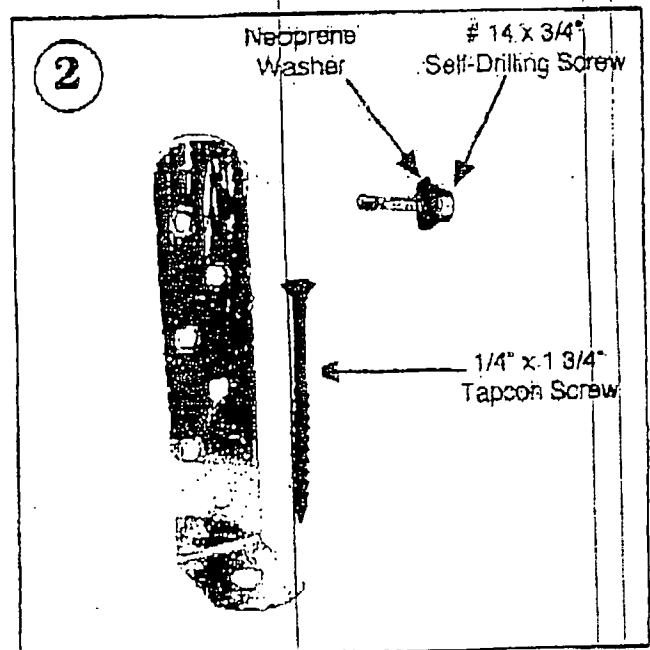
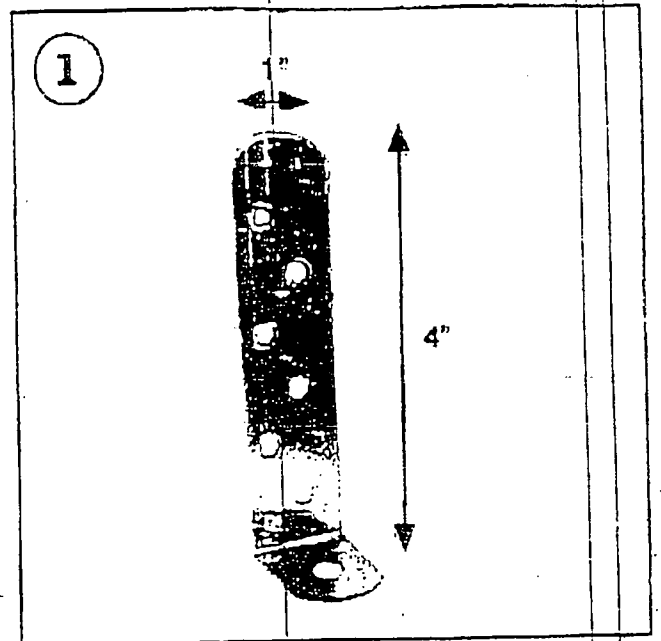
Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.
Locate the anchor clips to fit comfortably between condenser unit and pad.
Adjust clip accordingly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

FEATURES

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

NOTE

Above installation instruction suitable for up to 5 ton units.

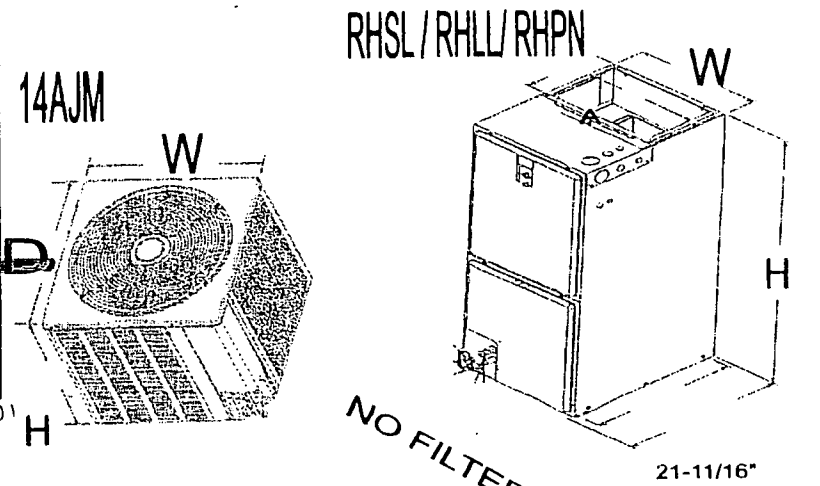


14AJM	PHASE FREQUENCY (HZ) VOLTAGE (VOLTS)	LOCKED ROTOR AMPS (LRA)	MINIMUM CIRCUIT AMPS	FUSE OR HACR CIRCUIT BREAKER		SIZE HEIGHT LENGTH WIDTH	STANDARD REFRIG. LINES LESS THAN 50FT. VERT LIFT	OPTIONAL LINE SIZE FOR FPL < 50FT.
				MINIMUM	MAXIMUM			
				AMPS	AMPS			
018A01	1-60-208/230	48	12/121	15/15	20/20	31-5/8 X 31-5/8 X 27-3/8	3/4 3/8	5/8 5/16
024A01	1-60-208/230	58.3	18/18	25/25	30/30	31-5/8 X 31-5/8 X 27-3/8	" "	5/8 5/16
030A01	1-60-208/230	64	17/17	30/30	25/25	31-5/8 X 31-5/8 X 27-3/8	" "	5/8 5/16
036A01	1-60-208/230	79	20/20	30/30	25/25	31-5/8 X 31-5/8 X 27-3/8	7/8 3/8	3/4 5/16
042A01	1-60-208/230	112	26/26	30/30	40/40	31-5/8 X 31-5/8 X 35-3/8	7/8 3/8	3/4 3/8
048A01	1-60-208/230	117	31/31	40/40	50/50	31-5/8 X 31-5/8 X 35-3/8	1-1/8 3/8	7/8 3/8
049A01	1-60-208/230	109	27/27	35/35	45/45	31-5/8 X 31-5/8 X 35-3/8	7/8 3/8	7/8 3/8
056A01	1-60-208/230	135	29/29	35/35	50/50	31-5/8 X 31-5/8 X 35-3/8	1-1/8 3/8	7/8 3/8
060A01	1-60-208/230	134	36/36	45/45	60/60	31-5/8 X 31-5/8 X 35-3/8	1-1/8 3/8	7/8 3/8

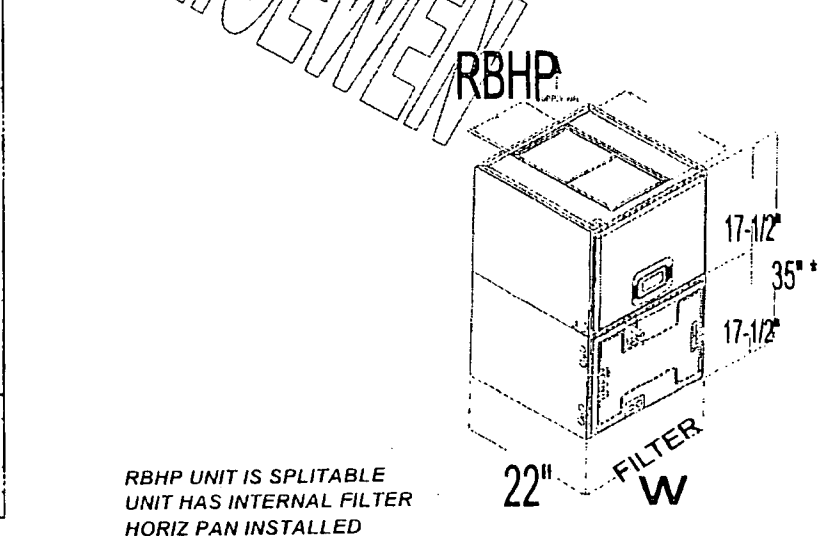
LIMITED WARRANTY: 14AJM HAD 10 YEAR PARTS AND COMPRESSOR ON COMPLETE SYSTEM WHEN REGISTERED RHEEM WITHIN 60 DAYS OF INSTALLATION AT registermyunit.com

QUICK SELECT GUIDE

TON	ECM motor for FPL Rebate	MODEL NUMBER	H	W	D	HEATER CIRCUIT	MAXIMUM PROTECTOR	HEATER MODEL NUMBER	WEIGHT
1.5	Yes	RBHP17J06SH1	35"	17-1/2"	22"	5.0	30/30	FAC, INSTALLED	99
2	Yes	RBHP17J06SH1	35"	17-1/2"	22"	5.0	30/30	"	99
2.5	Yes	RBHP21J07SH2	35"	21"	22"	7.0	40/45	"	99
3	Yes	RBHP21J11SH2	35"	21"	22"	10	60/60	"	99
3.5	Yes	RBHP24J11SH4	35"	24-1/2"	22"	10	60/60	"	117
4	Yes	RBHP24J11SH4	35"	24-1/2"	22"	10	60/60	"	117
5	Yes	RBHP25J11SH7	35"	24-1/2"	22"	10	60/60	"	134
1.5		RHALFR18PJN00A	36"	21-1/2"	17"	4.8	25/30	RXHJ21B05J	80
2		RHALFR24PJN00A	36"	21-1/2"	17"	4.8	25/30	RXHJ21B05J	80
2.5		RHALFR30PJN00A	36"	24"	21"	7.2	40/45	RXHJ24B08J	95
3		RHALFR36PJN00A	36"	24"	21"	9.6	50/60	RXHJ24T10J	95
1.5		RHSLHM1817JA	42-1/2"	17-1/2"	21-11/16"	4.8	25/30	RXBH17A05J	82
1.5	Yes	RHLLHM2417JA	"	"	"	"	"	"	"
2		RHSLHM2417JA	42-1/2"	17-1/2"	21-11/16"	4.8	25/30	RXBH17A05J	82
2	Yes	RHLLHM2417JA	"	"	"	"	"	"	"
2.5		RHSLHM3017JA	42-1/2"	17-1/2"	21-11/16"	7.2	40/45	RXBH17A07J	92
2.5	Yes	RHLLHM3617JA	"	"	"	"	"	"	"
3		RHSLHM3617JA	42-1/2"	17-1/2"	21-11/16"	9.6	50/60	RXBH17A10J	97
3	Yes	RHLLHM3617JA	"	"	"	"	"	"	"
3-3.5	Yes	RHLLHM3821JA	50-1/2"	21"	21-11/16"	9.6	50/60	RXBH24A10J	150
3.5		RHSLHM4221JA	50-1/2"	21"	21-11/16"	9.6	50/60	RXBH24A10J	150
3.5	Yes	RHLLHM4821JA	"	"	"	"	"	"	"
4		RHSLHM4821JA	50-1/2"	21"	21-11/16"	9.6	50/60	RXBH24A10J	150
4	Yes	RHLLHM4821JA	"	"	"	"	"	"	"
4		RHSLHM4824JA	55-1/2"	24-1/2"	21-11/16"	9.6	50/60	RXBH24A10J	162
4	Yes	RHLLHM4824JA	"	"	"	"	"	"	"
5	Yes	RHLLHM6024JA	55-1/2"	24-1/2"	21-11/16"	9.6	50/60	RXBH24A10J	181
5	Yes	RHKLHM6024JA	"	"	"	"	"	"	"
2	Yes	RHPNHM2421JC	42-1/2"	21"	21-11/16"	4.8	25/30	RXBH24A05J	106
3	Yes	RHPNHM3624JC	55-1/2"	24-1/2"	21-11/16"	4.8	30/35	RXBH24A05J	198
3	Yes	RHPNHM3624JC	55-1/2"	24-1/2"	21-11/16"	9.6	50/60	RXBH24A10J	198
4	Yes	RHPNHM4824JC	55-1/2"	24-1/2"	21-11/16"	9.6	50/60	RXBH24A10J	198
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RHSL/RHLL DOES NOT HAVE INTERNAL FILTER UNIT HAS INTERNAL HORIZ PAN INSTALLED NEW FRONT RETURN



RBHP UNIT IS SPLITABLE UNIT HAS INTERNAL FILTER HORIZ PAN INSTALLED

THE METAL SHOP

Custom Metal Manufacturer

ANCHOR CLIPS Installer's Guide

Consulting Engineer:

Douglas W. Lowe, P.E.
FLA# 13355
1206 Millennium Parkway
Brandon, FL 33511

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

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

CONSTRUCTION

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

PACKAGING DETAILS

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

INSTALLATION

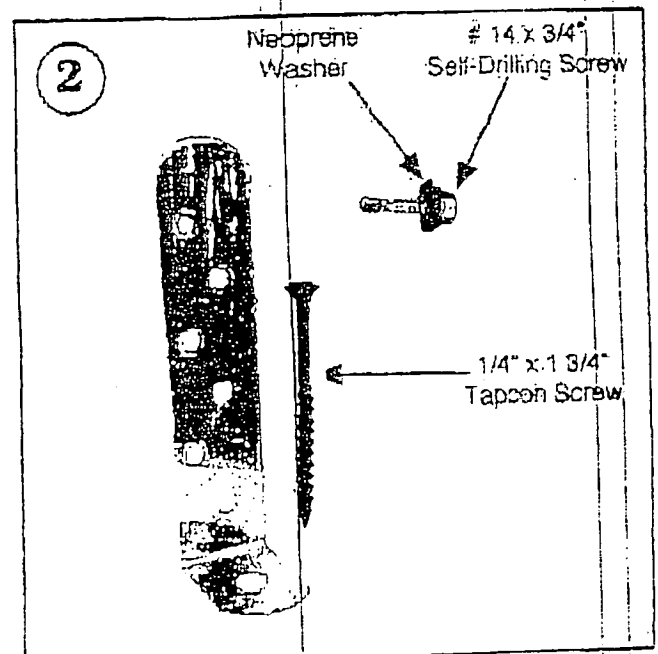
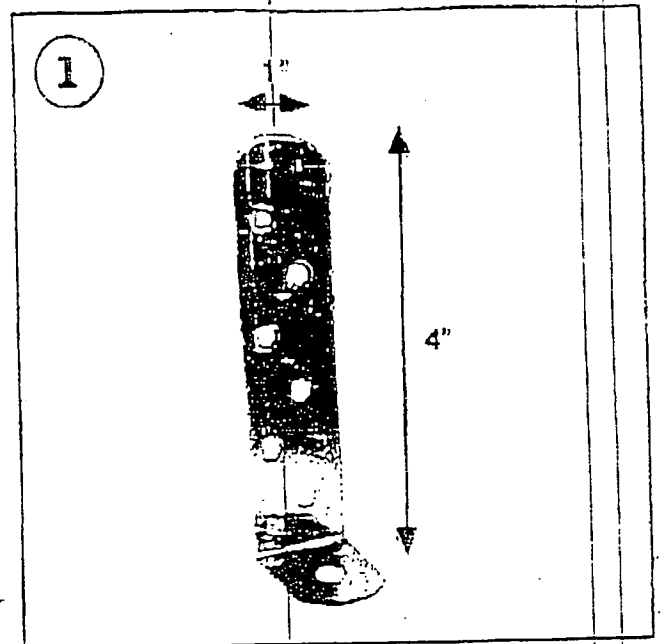
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FEATURES

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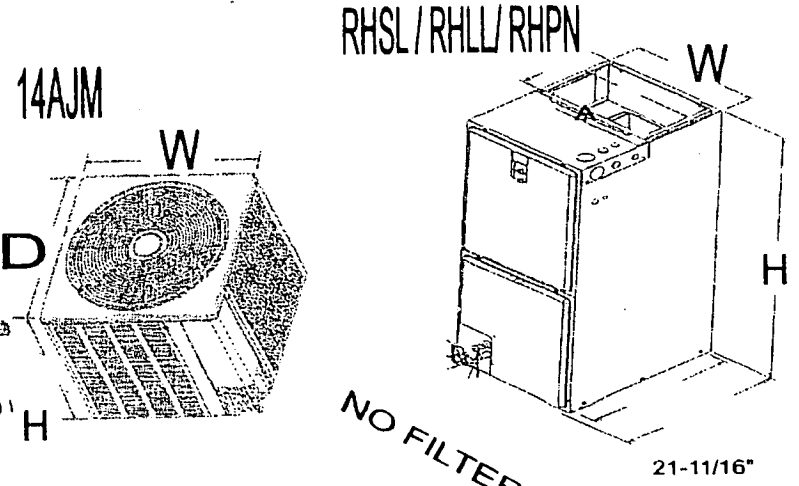
NOTE

Above installation instruction suitable for up to 5 ton units.



14AJM	PHASE FREQUENCY (HZ) VOLTAGE (VOLTS)	LOCKED ROTOR AMPS (LRA)	MINIMUM CIRCUIT AMPS	FUSE OR HACR CIRCUIT BREAKER		SIZE HEIGHT LENGTH WIDTH	STANDARD REFRIG. LINES LESS THAN 50FT. VERT LIFT	OPTIONAL LINE SIZE FOR FPL < 50FT.
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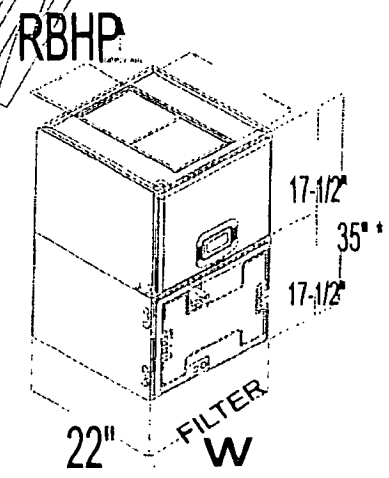
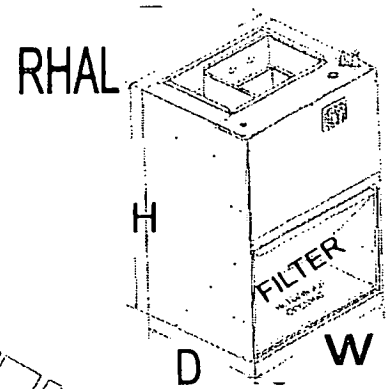
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RHSL/RHLL DOES NOT HAVE INTERNAL FILTER UNIT HAS INTERNAL HORIZ PAN INSTALLED NEW FRONT RETURN

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RBHP UNIT IS SPLITABLE UNIT HAS INTERNAL FILTER HORIZ PAN INSTALLED

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-4-2011

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9621	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
As per 11: AM	168 Spt 100 AZTEC	A/C FINAL	Pass	INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9622	ZORN	ROOF AN.		
	11 N. VIA LEONDAIA	PROGRESS	Pass	hook
	LIFETIME ROOF	FINAL		INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9660	Sullivan/Gosselin			
	5 DELANO LA	A/C FINAL	Pass	Close
	Nislin			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9667	Castle Hill HOA	Final		
1 PM	Common Area	disconnect	Pass	Close
	Kamin Elec			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

1/10/02 - pd cash \$15.00

TOWN OF SEWALL'S POINT, FLORIDA

Date 10-31-02 1902 TREE REMOVAL PERMIT No. 1226

APPLIED FOR BY Randall Marsh 463-6437 (Contractor or Owner)

Owner 16 S Sewall's Point Road

Sub-division _____, Lot _____, Block _____

Kind of Trees 2-REMOVE (1 Black Olive - 1 NORFOLK Pine) 8-RELOCATE Cabbage Palms
1- Add Cabbage Palm

No. Of Trees: REMOVE 2

No. Of Trees: RELOCATE 8 WITHIN 30 DAYS (NO FEE)

No. Of Trees: Add REPLACE 1 WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00

Signed, _____ Applicant

Signed, Ann Summers (n/n) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

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

Permit # _____

Date Issued: _____

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

Owner Randall Marsh Address 165 Sewalls Point Rd. Phone 772-463-6437

Contractor To be provided Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 (1 - BLACK OLIVE, 1 - NORFOLK PINE)

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

1 Cabbage Palm
Number of trees to be replaced Add (list kinds of trees):

Permit Fee \$ 15.-

\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

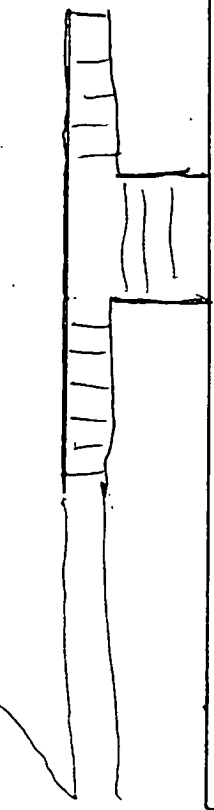
Approved by Building Inspector [Signature] Date submitted: 10/30/12

Completed _____
Date _____ Checked by _____

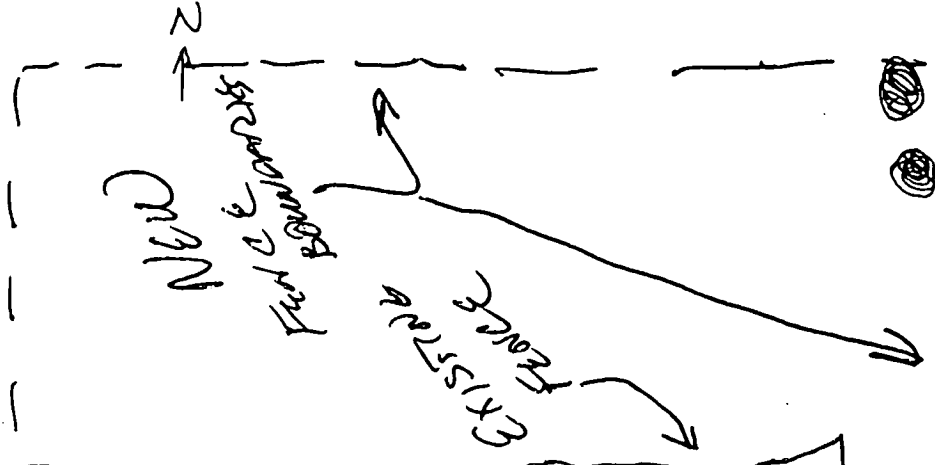
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

SEWALS JOINT ROAD

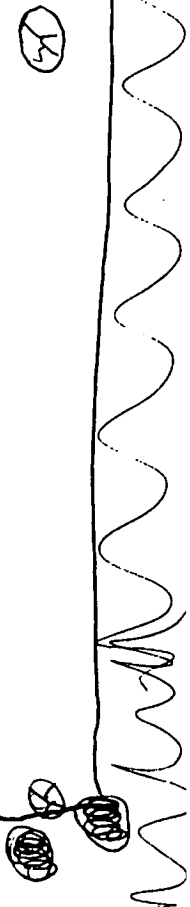


MARSH HOME
 16 S. SEWALS JOINT ROAD



- KEY:
- ⊗ = EXISTING
 - ⊗ = TREES TO BE RELOCATED
 - = RELOCATED POSITION
 - = (2) TREES TO BE REMOVED
 1 - BLACK OLIVE @ 8 FT
 1 - NORFOLK PINE @ 9 FT

WATERWAY



W ←