

26 South Sewall's Point Road

3944

DOCK

TAX FOLIO NO. 01-38-41-009-000-00/00-2

DATE _____

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

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

Owner STEVE BLEVINS Present address 26 S. SEWALL'S PT. RD.

Phone 223-1958 STUART, FL 34996

Contractor DREGE & MARINE CONST. Address PO BOX 399

Phone 223-0105 PT SALERNO, FL 34992

Where licensed STATE OF FLORIDA License number CGC 015805

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: DOCK - BOATLIFT 280 Long

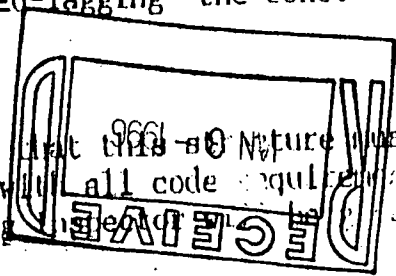
State the street address at which the proposed structure will be built: _____

Subdivision MIRAMAR Lot Number 10 Block Number _____

Contract price \$ \$12,000 Cost of permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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



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

Contractor David M. ...

Owner Mrs Steve Blevins

TOWN RECORD

Date submitted _____

Approved: Dele B... 3/13/96
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date PERMIT NO. _____

TOWN of SEWALL'S POINT

COMMISSIONERS:
B.J. ESCUE, MAYOR
DAVID L. MILLARD, VICE MAYOR
ERIC B. HOLLY, COMMISSIONER
JOAN PERRY WILCOX, COMMISSIONER
VINCENT A. VORRASO, COMMISSIONER



TELEPHONE: (407) 287-2455
FAX: (407) 220-4765

TOWN CLERK
JOAN H. BARROW

CHIEF OF POLICE
LOUIS J. SAVINI

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 34996

TO: All Commissioners, Town Attorney, the public

FROM: B. J. Escue, Mayor

SUBJECT: There will be a special meeting of the Town Commission on Friday, January 26, 1996 at 5:30 PM at the Town Hall. The public is cordially invited to attend and encouraged to participate.

PUBLIC PARTICIPATION IS ENCOURAGED: If you wish to address any matter on the agenda, fill in a "Speaker Agenda Item Form" and return it to the Town Clerk. Please limit comments to three (3) minutes.

A G E N D A

1. Request of Steve and Jane Blevins, owners of Lot 10 Miramar subdivision, for permission to construct a 280' dock into the waters of the Indian River (Code page 337, (d)(1)) - Commissioner Vorraso

If any person decides to appeal any decision made by the Town Commission with respect to any matter considered at such meeting or hearing he will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Town of Sewall's Point, Florida
Minutes of Special Meeting
January 26, 1996

Present: Vice Mayor David L. Millard, Commissioner Eric B. Holly, Commissioner Joan Perry Wilcox, Commissioner Vincent A. Vorraso, Town Attorney M. Lanning Fox, Town Clerk Joan Barrow, Building Inspector Dale Brown, one reporter and about ten residents and others.

Absent: Mayor B. J. Escue, Police Chief Louis J. Savini

Vice Mayor Millard called the special meeting to order at 5:30 PM. The vice mayor noted the meeting had been called to consider the Blevins dock request.

1. Request of Steve and Jane Blevins, owners of Lot 10 Miramar subdivision, for permission to construct a 280' dock into the waters of the Indian River (Code page 337, (d)(1)) - Commissioner Vorraso asked Attorney Fox to discuss the request.

Town Attorney Fox reported he had reviewed the materials submitted and it appears the application is in order. Attorney Fox explained that the Blevins' request exceeds the limitation on length and the applicant has, therefore, requested a variance from the Commission. The normal limitation for Indian River docks is 250', he noted. Mr. Fox added that the Commission needs a basis for granting this request and needs to make a determination as to why this property owner has a different situation than other landowners in Sewall's Point.

Mike Kremser, president of Dredge Marine and Construction, was present on behalf of Mr. Blevins. Mr. Kremser explained that the Department of Environmental Protection checked the water depth as well as the situation with the sea grasses and determined that if the dock were extended another 30' it would not be detrimental to the environment.

Attorney Fox noted that the Code requirement for granting this type of variance is that the applicant demonstrates a hardship which justifies the variance and that is the finding that is necessary to be made in granting this case. Attorney Fox advised that the application materials indicated that both adjacent neighbors had been notified. Attorney Fox then read Resolution # 464 approving the dock request.

Commissioner Holly said he had reviewed the materials submitted and found a discrepancy between the DEP and Army Corps of Engineers permits.

Mr. Kremser replied that the two departments usually work together and if the DEP approves something the Army Corps will too.

In answer to a question from Commissioner Wilcox, Mr. Kremser replied the DEP considered the proposed 280' dock better for the environment than a 250' dock.

Commissioner Wilcox wondered about the water depth at the end of the pier.

Mr. Kremser advised it is 4' or less.

Commissioner Wilcox said she found the dock request reasonable.

Blaine Rhodes told the Commission he had no objection to the dock

[TSP, Minutes of 1/26/96 Meeting]

but did object to this special meeting due to the additional expense entailed.

In answer to a question from Mr. Rhodes, Vice Mayor Millard replied that he understood the special meeting had been called because the dock applicant had been erroneously advised by the building department that his dock application was complete when in fact it was not. The vice mayor said it was his understanding that the mayor agreed to schedule this special meeting so the applicant would not be delayed another month due to the building department's error.

Attorney Fox said the vice mayor's understanding was correct.

Mr. Rhodes asked if the money spent for the meeting would be recovered from the applicant.

Vice Mayor Millard replied that he had not set the meeting and did not know.

Mr. Rhodes complained that the Town is "so tight for money we can't have an assistant clerk but we can have extra legal fees".

Commissioner Vorraso noted that most of the extra legal fees had been brought about by "unreasonable residents" not extra Commission meetings.

A MOTION WAS MADE BY VICE MAYOR MILLARD, SECONDED BY COMMISSIONER WILCOX, THAT RESOLUTION # 464 BE APPROVED. THE VOTE WAS: WILCOX, AYE; MILLARD, AYE; VORRASO, AYE; ESCUE, AYE. THE MOTION, THEREFORE, CARRIED.

Vice Mayor Millard noted that though the meeting agenda had only one item, Robert Aune had filled out a form to speak about Knowles sewers.

Commissioner Wilcox said she was willing to give Mr. Aune three minutes only.

Commissioner Holly agreed.

Robert Aune told the Commission that last August he had written to the mayor about a problem in Knowles subdivision. Shortly afterward Dale Brown and Engineer Capra visited the site. They surmised there was a sewer line leak and indicated they would schedule the repairs. Mr. Aune said he was unaware of anything being done about this problem since then and today when Dale Brown was asked about the repairs Mr. Brown said nothing was scheduled. Mr. Aune stated that in February 1995 the Commission approved a lengthy motion regarding repairs of a similar problem in another location but "other items in the motion seem not to have been acted upon". Mr. Aune wondered if the Commission had accepted the responsibility for the repair, maintenance and liability of the dry line sewers in Knowles.

Vice Mayor Millard replied that to the best of his knowledge there were no records that the Town had accepted this responsibility.

Mr. Aune told the Commission that if the Town "with its unlimited resources" has not accepted this responsibility then "I must assure you that I as an individual cannot accept the liability involved".

Mr. Aune recalled that at the last meeting the vice mayor had urged residents to "sit down and talk before they resorted to legal action". Mr. Aune said he would be glad to have "a representative of my law firm meet with a delegate from your Commission to discuss the findings that we have discovered up to this point with the goal of keeping the decision making out of court". "Are you ready to

[TSP, Minutes of 1/26/96 Meeting]

accept this offer?", Mr. Aune asked.

Vice Mayor Millard replied he would be happy to bring it up at the next Commission meeting.

Mr. Aune then asked that this matter be scheduled for the next meeting in order to have more than 3 minutes to discuss "something that could run into millions of dollars".

Commissioner Holly said thought the matter "warrants the attention of the full Commission at a regular meeting". He added that he had some comments to make but would hold them until that meeting.

Vice Mayor Millard said he would be "happy to schedule it for the next meeting".

Attorney Fox noted that though the Commission had approved the Blevins dock "the building department will not issue the permit unless the documents are consistent and complete".

There being no further business the meeting was adjourned at 5:47 PM.

INDIAN RIVER

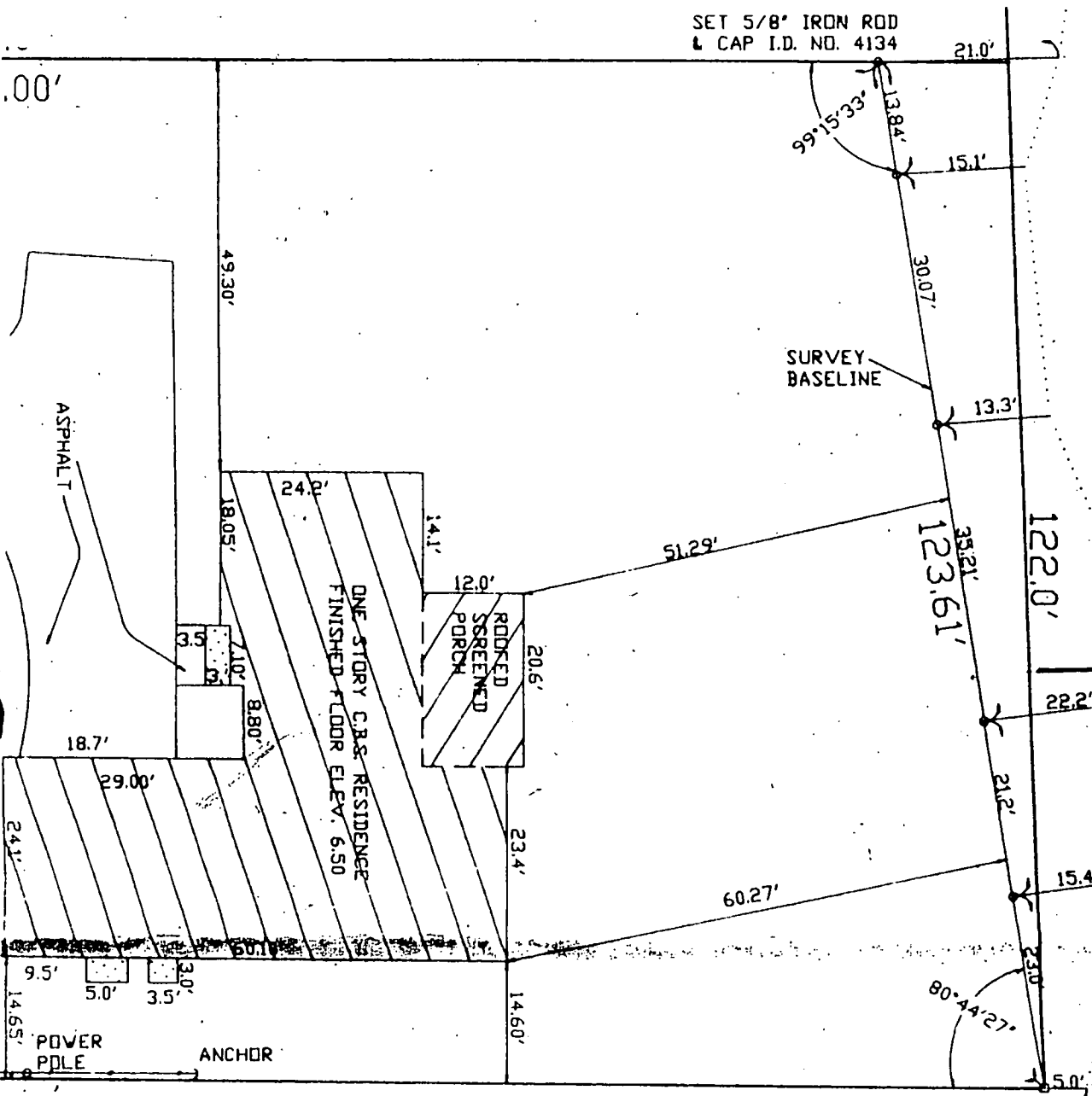
HIGH WATER MARK
& DEBRIS LINE

PRO 250'
E

50'

SET 5/8" IRON ROD
& CAP I.D. NO. 4134

SURVEY
BASELINE



PLOT PLAN

Salvatore J. Amico PE

SCALE: 1" = 20' DATE: 8-15-95 REVISIONS: SHEET 2 OF 4

Design & Engineering Consultant

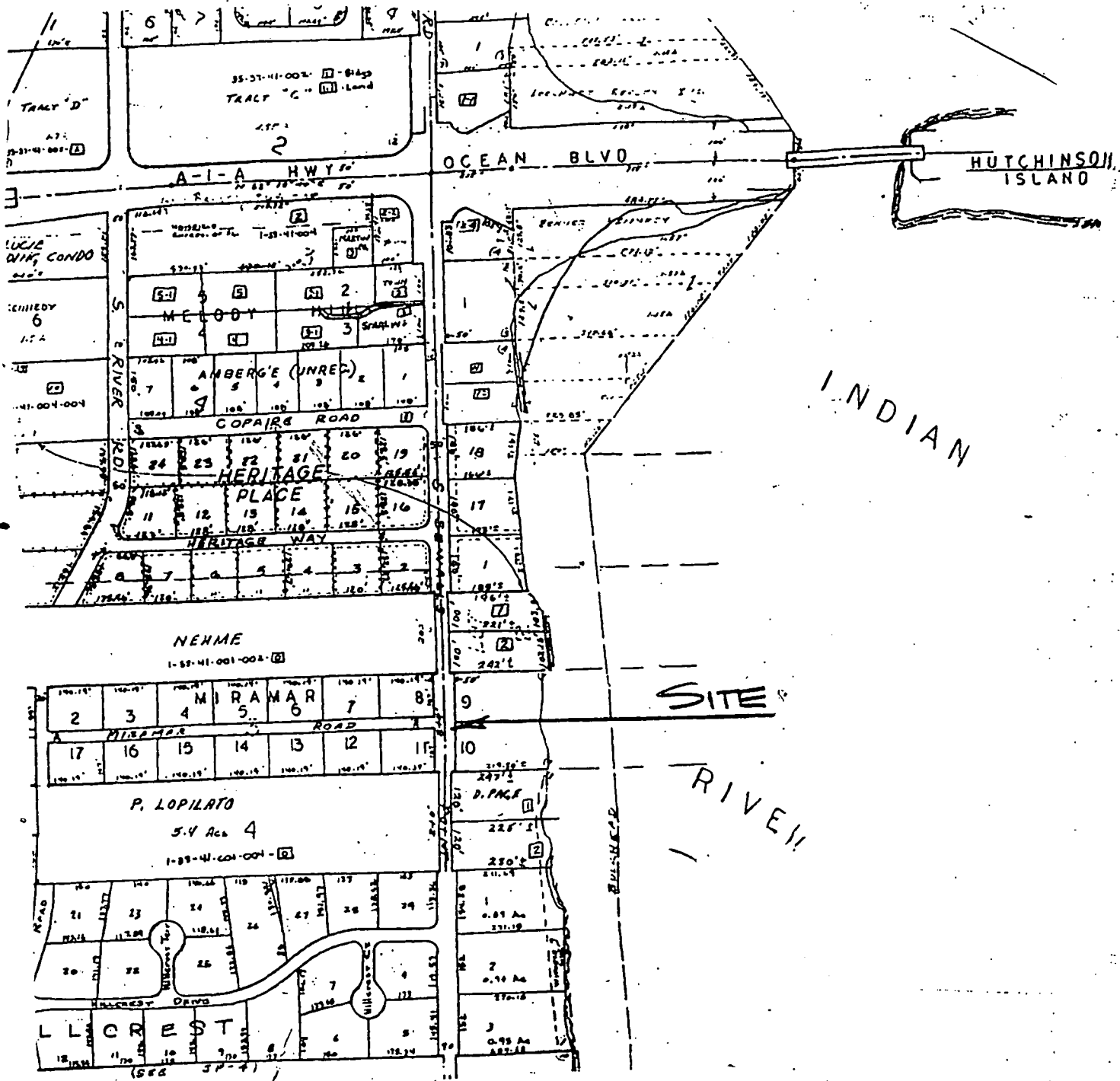
SALVATORE J. AMICO P.E.

Licensed Professional Engineer

STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVINOS
26 SO. SEAWALLS POINT RD.
SEAWALLS POINT



LOCATION MAP

J. Amico

SCALE N.T.S. DATE: 8-15-95 REVISIONS: _____ SHEET 1 OF 4

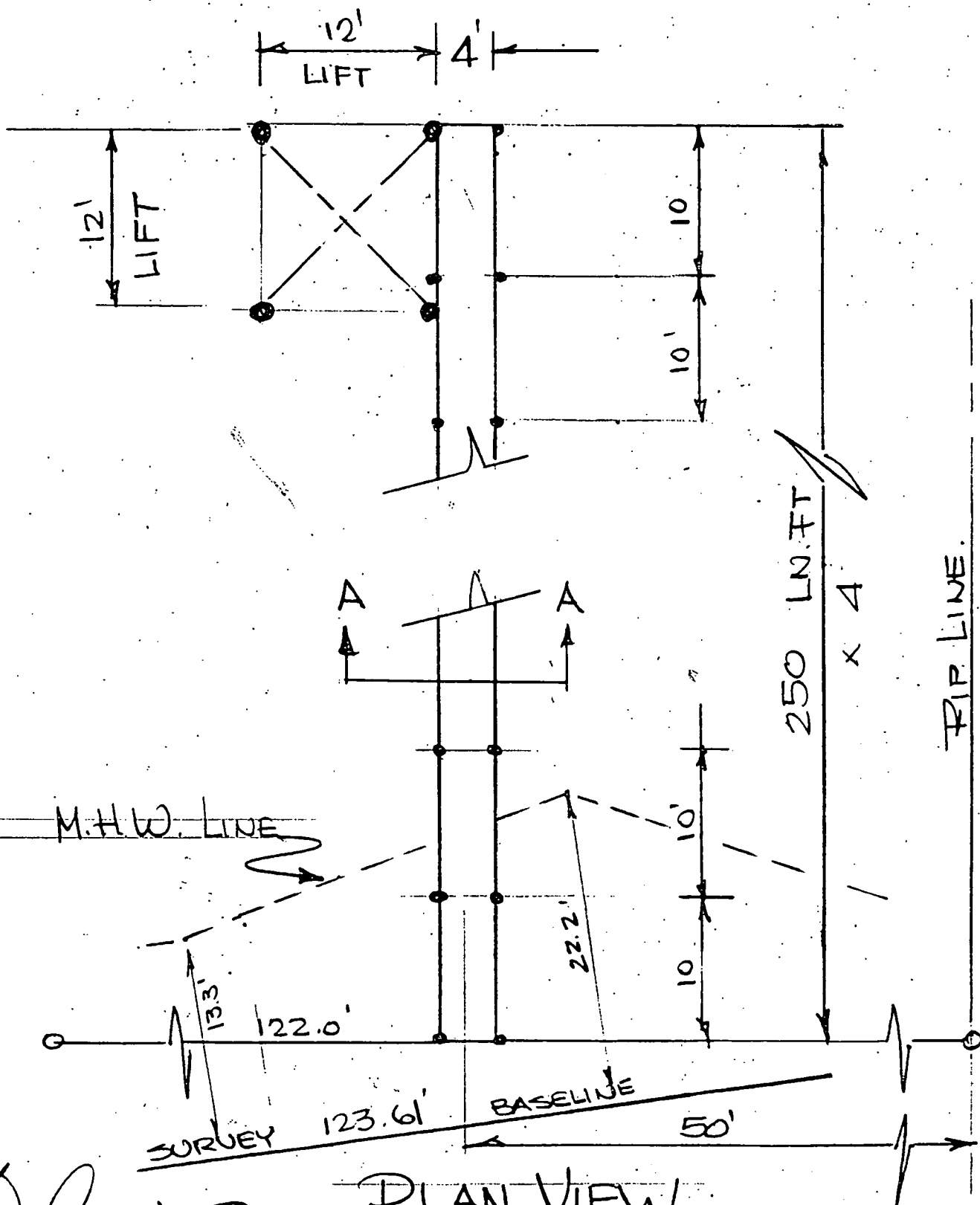
Design & Engineering Consultant
SALVATORE J. AMICO P.E.
 Licensed Professional Engineer

STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
 P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVIUS
 26 SO. SEWALLS POINT RD.
 SEWALLS POINT.

INDIAN RIVER.



PLAN VIEW

S. Amico PE.

SCALE 1" = 10' DATE: 8-15-95 REVISIONS: _____ SHEET 3 OF 4

Design & Engineering Consultant
SALVATORE J. AMICO P.E.
 Licensed Professional Engineer

STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
 P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVINS
 26 SO. SEWALLS POINT RD.
 SEWALLS POINT

4'-0"

8" CCA MARINE TREATED PILES 10' O.C.

2" X 8" STRINGERS
MAX 30" O.C.
DOUBLE AT
PILES

2" X 8" TREATED
DECKING
1" SPACING

5/8" HOT DIPPED
GALV. BOLTS
WITH WASHERS

2" X 8" CROSS MEMBER

3'-0"

5'-0"
ABOVE M.H.W.

3'-0"

3.5' OF
WATER @
END OF DOCK

DOCK DETAILS "A-A"

3/4"

S. Amico PE

SCALE: 3/4" DATE: 8-15-95 REVISIONS: SHEET 4 OF 4

Design & Engineering Consultant

SALVATORE J. AMICO P.E.

Licensed Professional Engineer

STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVINS
26 SO. SEWALLS POINT RD.
SEWALLS POINT

TOWN OF SEWALL'S POINT, FLORIDA

NOTICE OF APPEAL FROM DENIAL OF DOCK PERMIT

NOTICE IS HEREBY GIVEN, pursuant to Section 4.5-4(d) of the Code of Ordinances of the Town of Sewall's Point, Florida, that the applicant identified below will appeal to the Town Commission of the Town of Sewall's Point, Florida, from the denial of a permit for the construction of a dock on the property located at the street address given below for the reasons indicated below at a meeting of the Sewall's Point Town Commission at the Sewall's Point Town Hall, One South Sewall's Point Road, Sewall's Point, Florida at the time and on the date set forth below, or as soon thereafter as is possible.

NAME OF APPLICANT: Steve Blevins

STREET ADDRESS OF PROPERTY: 26 South Sewall's Point Road
Sewall's Point, FL 34996

REASON FOR DENIAL OF DOCK PERMIT:

- Failure to obtain letters of no objection from adjacent upland repairing and owners.
- Failure to comply with the standards and criteria for docks in the following respects:
 - Length: 280' requested, limit is 250'
 - Design: _____
 - Construction: _____
 - Siting: _____
 - Other: _____

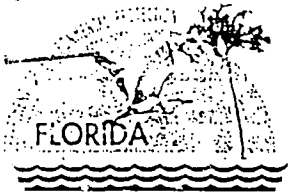
DATE AND TIME OF MEETING: January 26, 1996, 5:30 p.M.

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

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

Dated: January 11, 1996.

Joan H. Barrow
JOAN H. BARROW, Town Clerk



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

DEC 12 1995

(407)871-7662 (407)335-4310

P 738 272 610
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NOTICE OF PERMIT ISSUANCE

In the Matter of an Application
for Permit by:

DEP File No. 432766638

Steve Blevins
26 South Sewall's Point Road
Stuart, FL 34996

Dear Mr. Blevins:

Enclosed is Permit Number 432766638 from the Division of Environmental Resource Permitting to construct a dock, issued pursuant to Chapters 403 and 373, Florida Statutes (F.S.).

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, F.S. The Petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 14 days of receipt of this permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative proceeding (hearing) under Section 120.57, F.S.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;

(b) A statement of how and when each petitioner received notice of the Department's action or proposed action;

Page Two
Steve Blevins
Permit No. 432766638

(c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;

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

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interest will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, Florida Administrative Code (F.A.C.).

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further order of the Department.

Page Three
Steve Blevins
Permit No. 432766638

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal.

The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Any questions regarding this permit should be directed to Bruce Jerner at (407)871-7662.

Executed in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Marion Hedgepeth 12/11/95
Marion Hedgepeth (Date)
Environmental Program Administrator
Division of Env. Resources Permitting
Post Office Box 15425
West Palm Beach, Florida 33416
(407)433-2650

Page Four.
Steve Blevins
Permit No. 432766638

CERTIFICATE OF SERVICE

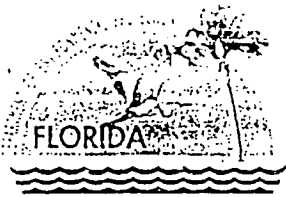
This is to certify that this NOTICE OF PERMIT and all copies were mailed before the close of business on DEC 12 1995 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT: FILED, on this date, pursuant to §120.52, F.S., with the designated Department Clerk, receipt of which is hereby acknowledged.

Smurly S. Taylor 12-12-95
(Clerk) (Date)

cc: U.S. Army Corps of Engineers, Jacksonville
DEP, State Lands, WPB, Diane Willoughby.
Martin County Board of County Commissioners
Martin County Property Appraiser
Dredge & Marine Construction, Inc. (Agent)



Department of Environmental Protection

Lawton Chiles
Governor

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952
(407)871-7662 (407)335-4310

Virginia B. Wetherell
Secretary

PERMITTEE:

Steve Blevins
26 South Sewall's Point Road
Stuart, FL 34996

I.D. Number: 5143P01824
Permit/Certificate: 432766638
Issuance Date: December 12, 1995
Expiration Date: December 12, 2000
County: Martin
Latitude/Longitude: 27°12'04"/80°11'36"
Section/Township/Range: 01/38S/41E
Project: Dock/Indian River

This permit is issued under the provisions of Chapter 403 and 373, Florida Statutes (F.S.), Public Law 92-500 and Title 62, Florida Administrative Code Rules (F.A.C.). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO:

Construct a 1,120 square foot private docking structure measuring 280' long by 4' wide and a boat lift.

IN ACCORDANCE WITH:

The three (3) stamped drawings which are attached and a part hereof and DEP Application Form 62-312.900(1) dated August 3, 1995, and signed by Steve Blevins (not attached).

LOCATED AT:

26 South Sewall's Point Road, Indian River Lagoon Aquatic Preserve #A-10, Class III Waters, Section 1, Township 38 South, Range 41 East, Martin County.

SUBJECT TO:

GENERAL CONDITIONS one (1) through fifteen (15) and SPECIFIC CONDITIONS one (1) through twelve (12).

DEP Form 62-312.900(1) Effective October 30, 1991 Page 1 of 6

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, Florida Statutes (F.S.). The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - (a) Have access to and copy any records that must be kept under conditions of the permit;
 - (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - (c) Sample or monitor any substances or parameters at any location reasonable necessary to assure compliance with this permit or Department rules.

GENERAL CONDITIONS:

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
 - (a) A description of and cause of noncompliance; and
 - (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500 Florida Administrative Code (F.A.C.) shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300 F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes Certification of Compliance with State Water Quality Standards (Section 401; PL 92-500).

GENERAL CONDITIONS:

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:

- 1. the date, exact place, and time of sampling or measurements;
- 2. the person responsible for performing the sampling or measurements;
- 3. the dates analyses were performed;
- 4. the person responsible for performing the analyses;
- 5. the analytical techniques or methods used; and
- 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:

Steve Blevins
26 South Sewall's Point Road
Stuart, FL 34996

I.D. Number: 5143P01824
Permit/Certificate: 432766638
Issuance Date: December 12, 1995
Expiration Date: December 12, 2000
County: Martin
Latitude/Longitude: 27°12'04"/80°11'36"
Section/Township/Range: 01/38S/41E
Project: Dock/Indian River

SPECIFIC CONDITIONS:

1. At least forty-eight (48) hours prior to commencement of work authorized by this permit, the permittee shall provide written notification to the Department of Environmental Protection, Division of Environmental Resource Permitting, Southeast Florida District Branch Office in Port St. Lucie, of this commencement. Written notification shall also be provided within forty-eight (48) hours after completion of construction.
2. An effective means of turbidity control, such as, but not limited to, turbidity curtains, shall be employed during all operations that may create turbidity in excess of background as provided in Chapters 62-302 and 62-4 of the Florida Administrative Code. Turbidity control shall remain in place until all turbidity has subsided.
3. Reflective devices shall be installed on the dock terminus in such a way that will alert night boat traffic of its presence.
4. Decking boards shall be spaced a minimum of one (1) inch apart to allow for light penetration to seagrasses below.
5. No liveboards shall be allowed at this facility at any time. For the purpose of this condition, a liveboard is considered to be any boat which is occupied overnight for two or more consecutive nights.
6. Structures that could be considered to be a livable abode or any part thereof shall not be incorporated into the dock.
7. All decking shall be constructed to provide a minimum of five (5) feet clearance from mean high water to the bottom of the dock deck.
8. Vessels utilizing this structure shall at all times maintain a minimum of one (1) foot clearance between the deepest draft of the vessel/motor and the submerged bottom.
9. All other necessary State, Federal, or local permits must be applied for and received prior to the start of work.

PERMITTEE:

Steve Blevins
26 South Sewall's Point Road
Stuart, FL 34996

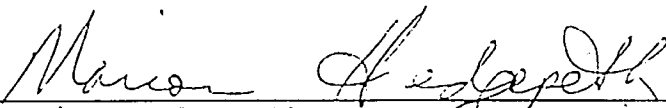
I.D. Number: 5143P01824
Permit/Certificate: 432766638
Issuance Date: December 12, 1995
Expiration Date: December 21, 2000
County: Martin
Latitude/Longitude: 27°12'04"/80°11'36"
Section/Township/Range: 01/38S/41E
Project: Dock/Indian River

SPECIFIC CONDITIONS:

10. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.S. Gray Building, 500 S. Bronough, Tallahassee, Florida 32399-0250.
11. The permittee is hereby advised that Florida law states: "No person shall commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund under Chapter 253 Florida Statutes (F.S.), until such person has received from the Board of Trustees of the Internal Improvement Trust Fund the required lease, license, easement, or other form of consent authorizing the proposed use." Pursuant to Rule 160-14, Florida Administrative Code (F.A.C.) if such work is done without consent, or if a person otherwise damages State land or products of State land, the Board of Trustees may levy administrative fines of up to \$10,000 per offense.
12. The permittee shall be aware of and operate under the attached "General Permit Conditions Number 1 thru 15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

Issued this 11 day of December, 1995.

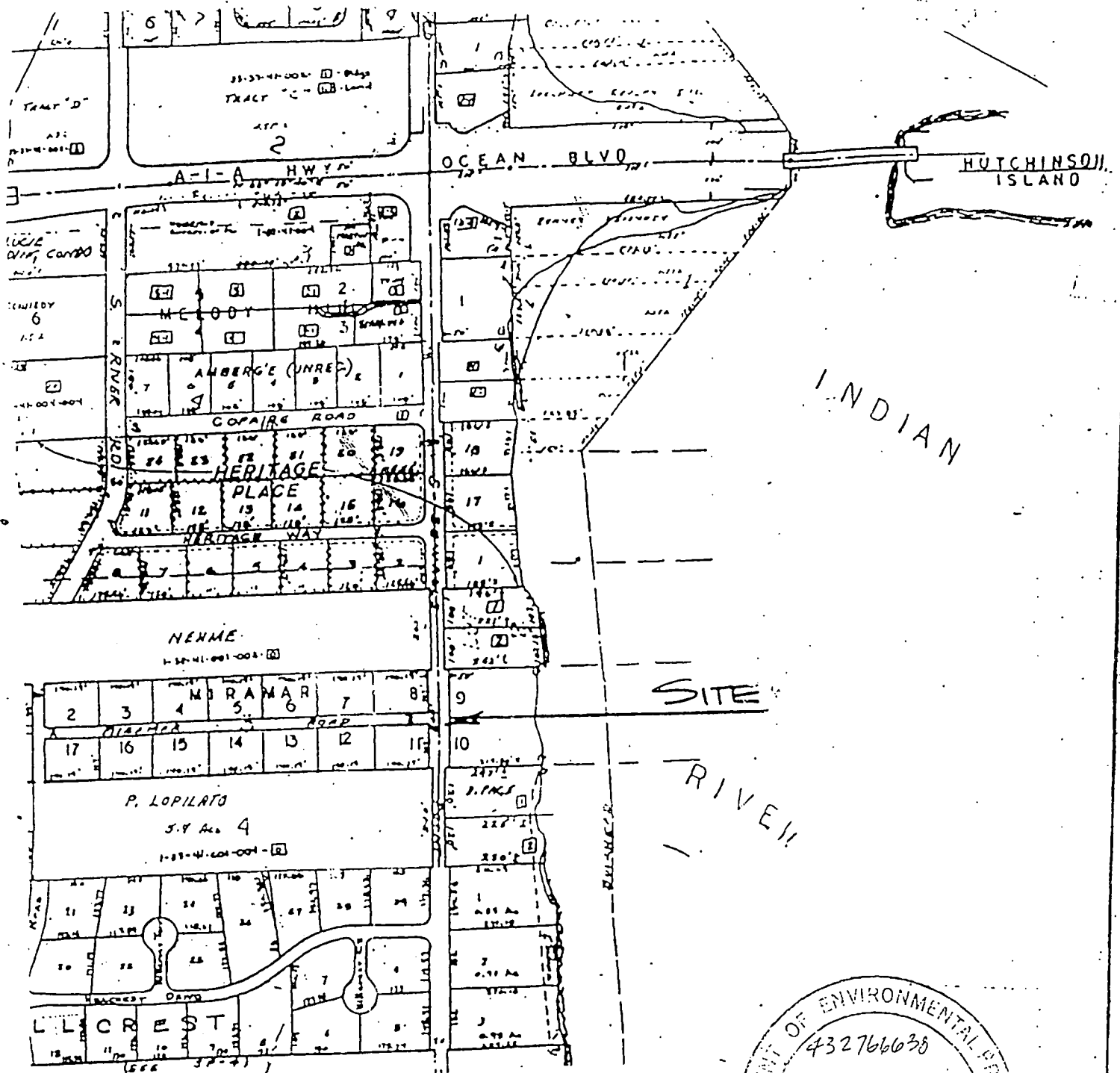
STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



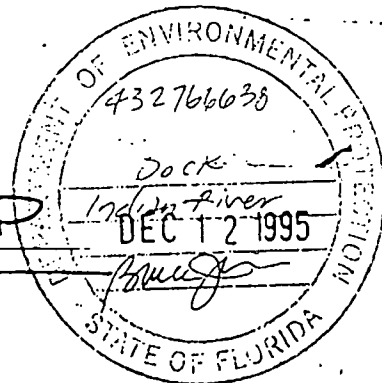
Marion Hedgepeth
Environmental Program Administrator
Division of Env. Resources Permitting

MH:bjw

3 pages attached



LOCATION MAP



J. Amico

SCALE N.T.S. DATE: 8-15-95 REVISIONS: SHEET 1 OF 4

Design & Engineering Consultant
SALVATORE J. AMICO P.E.
 Licensed Professional Engineer
 STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
 P.O. BOX 399 PORT SALERNO, FLA.

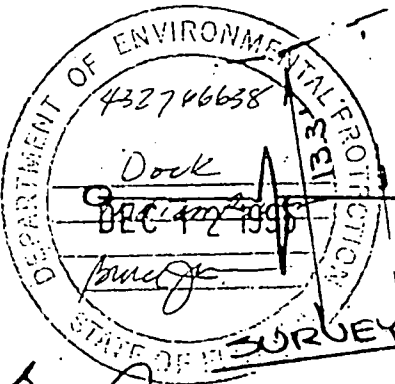
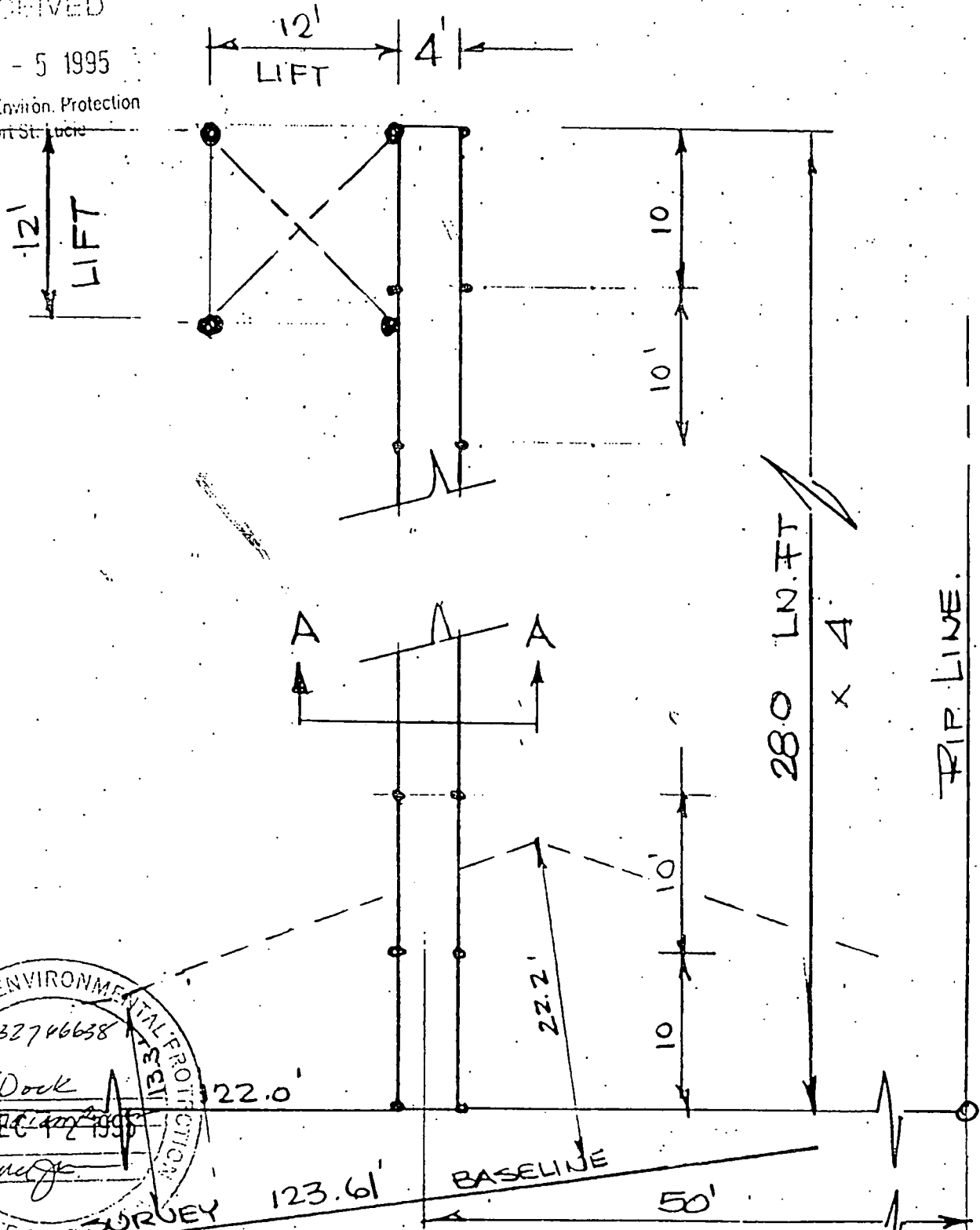
STEVE BLEVINUS
 26 SO. SEWALLS POINT RD.
 SEWALLS POINT.

INDIAN RIVER.

RECEIVED

DEC - 5 1995

Dept. of Environ. Protection
Port St. Lucie



Salvatore J. Amico P.E.

PLAN VIEW * REVISED

SCALE: 1" = 10' | DATE: 8-15-95 | REVISIONS: 12-05-95 | SHEET 3 OF 4

Design & Engineering Consultant
SALVATORE J. AMICO P.E.
 Licensed Professional Engineer
 STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
 P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVINS
 26 SO. SEWALLS POINT RD.
 SEAWALLS POINT

OF WAY LINE

MIRAMAR ROAD

OF WAY LINE

WEST RIGHT OF WAY LINE OF SEWALL'S POINT ROAD

SEWALL'S POINT ROAD

LOT 9 MIRAMAR
PLAT BOOK 3, PAGE 111
MARTIN COUNTY, FLORIDA

SET 5/8" IRON ROD
& CAP I.D. NO. 4134

221.0 +/-
200.00'

WOOD POWER POLE
SET 5/8" IRON ROD
& CAP I.D. NO. 4134

25.00'

SET 5/8" IRON ROD
& CAP I.D. NO. 4134

89°57'30"

ASPHALT DRIVEWAY

WELL

122.0'

LOT 10

ASPHALT

SURVEY BASELINE

HIGH WATER MARK
& DEBRIS LINE

68.00'

123.61'

122.0'

50.00'

10.0' 10.0'

POWER POLE

25.00'

FOUND 4x4
CONCRETE
MONUMENT
NO. 10

30°52'30"

OVERHEAD UTILITY WIRES

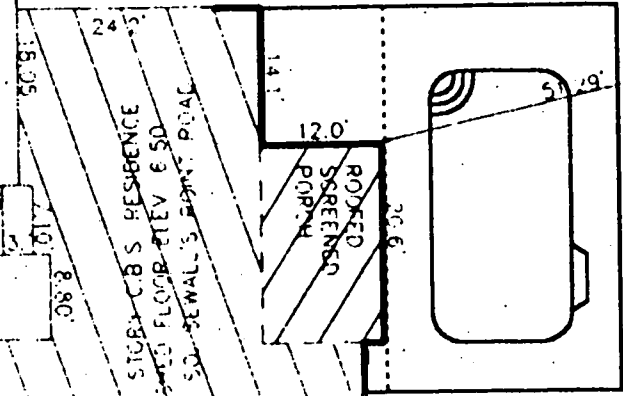
219.80'
224.8' +/-

POWER POLE

ANCHOR

LOT 4 ARABELLA
PLAT BOOK 3, PAGE 29
PALM BEACH NOW MARTIN
COUNTY, FLORIDA

FOUND
CONCRETE
MONUMENT
NO. 10





DEPARTMENT OF THE ARMY
JACKSONVILLE DISTRICT CORPS OF ENGINEERS
P. O. BOX 4970
JACKSONVILLE, FLORIDA 32232-0019



REPLY TO
ATTENTION OF

SEP 15 1995

Atlantic Permits Branch
Vero Beach Field Office
2001 Ninth Avenue, Suite 212C
Vero Beach, FL 32960
199505855 (GP-TM)
SAJ-20

Mr. Steve Blevins
c/o Dredge & Marine Construction Company
P. O. Box 399
Port Salerno, FL 34992

Dear Mr. Blevins:

Reference is made to your application received September 14, 1995 to construct a ~~250~~ foot dock with a 12' x 12' boatlift. The proposed boatlift may not be located in an area that supports seagrass beds. The project is located in the Indian River at 26 S. Sewalls Point Road at Section 1, Township 38 South, Range 41 East, Martin County, Florida.

The project as proposed is authorized by General Permit SAJ-20, a copy of which is enclosed for your information and use. You are authorized to proceed with the project in accordance with the enclosed drawings subject to all conditions of the permit.

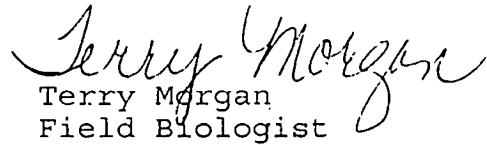
If the work authorized herein is not completed by **March 1, 1999**, no further work may be undertaken and you should contact this office. A determination of the status of the General Permit will be made and you will be advised. If the General Permit has been reissued with no substantive change(s), a request for an extension of your previous authorization will be considered. If the General Permit has not been reissued or was reissued with new conditions, a new application and drawings may need to be submitted.

This letter does not obviate the requirement to obtain any State or local permits which may be necessary for your proposed work. You should check State permitting requirements with the

Florida Department of Environmental Protection. A list of addresses of the appropriate State offices is enclosed for your information and use.

Thank you for your cooperation with our permit program.

Sincerely,

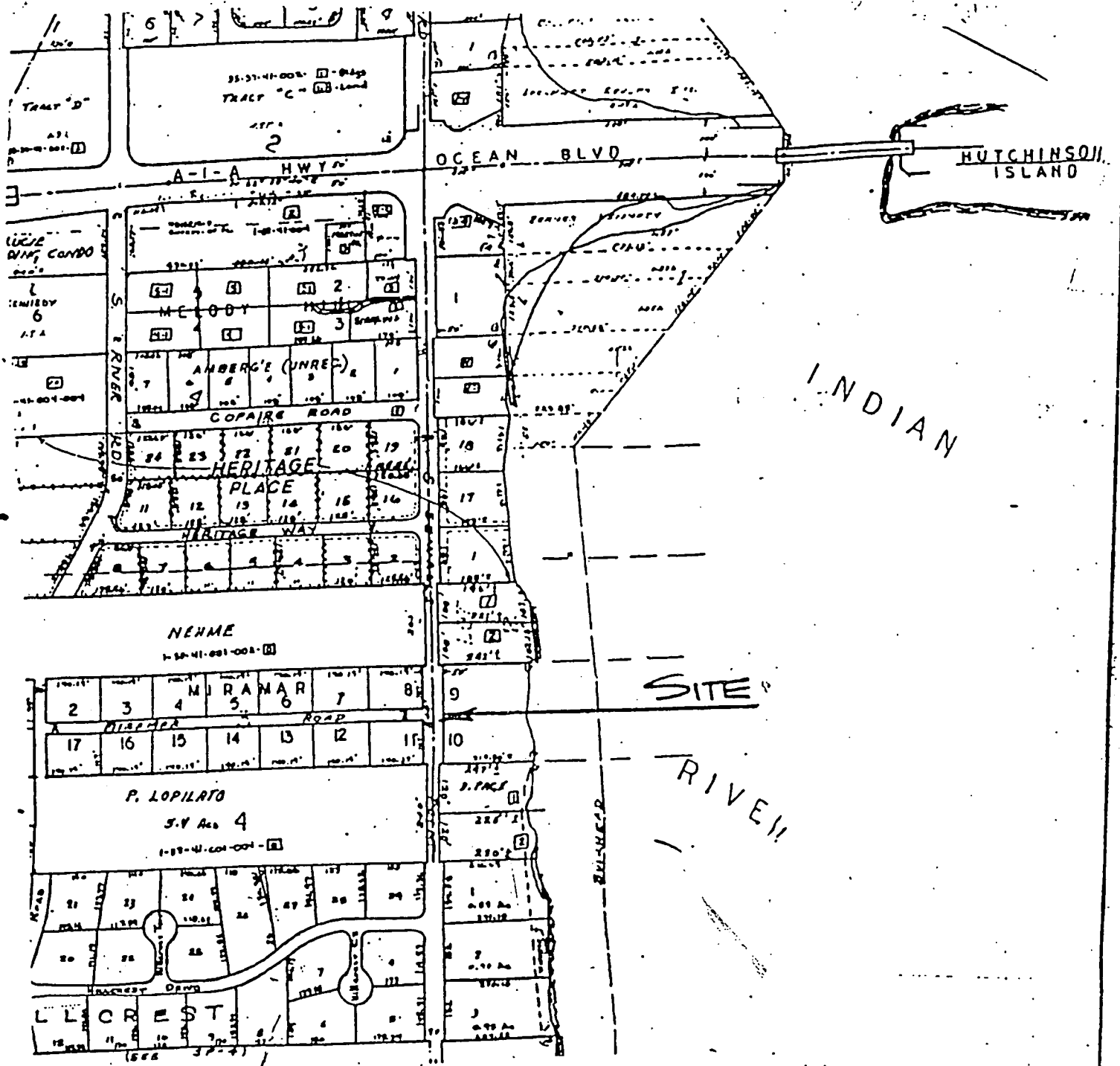

Terry Morgan
Field Biologist

Enclosures

bcc:

Mr. Steve Blevins

DEP, Port St. Lucie



LOCATION MAP

J. Amico

SCALE N.T.S. DATE: 8-15-95 REVISIONS: _____ SHEET 1 OF 4

Design & Engineering Consultant
SALVATORE J. AMICO P.E.
 Licensed Professional Engineer

STATE OF FLORIDA P.E. NO. 25140

DREDGE & MARINE CONSTRUCTION
 P.O. BOX 399 PORT SALERNO, FLA.

STEVE BLEVINS
 26 SO. SEWALLS POINT RD.
 SEWALLS POINT.

Dec. 15, 1995

Town of Sewalls Pt.
Sewalls Pt., Fla. 34996

Re: Dock for Steve Blevins

We are the neighbors and
owners of the lot on the
North side of Mr + Mrs.
Blevins at 24 S. Sewalls Pt.
Rd.

We have no objection to the
Blevins building a dock on
his lot.

Sincerely,
Edmond Vella
Virginia Vella

DMC

Dredge & Marine Construction
P.O. Box 399 · Fort Salerno, FL 34992-0399
(407) 223-0105

12/20/95

Town of Sewall's Pt.

Re:
Dock at the Blevins residence

As an adjacent property owner, I have no objection to Steve Blevins constructing a dock at his residence at 26 S. Sewall's Pt. Rd. *

Signature Owen A. Schwaderer

Owen Schwaderer
308. Sewall's Pt. Rd. (address of vacant lot)
58 S. Sewall's Pt. Rd.
Sewall's Pt., Fl. 34996

* I AM UNDER THE UNDERSTANDING THAT THIS DOCK IS
TO BE CONSTRUCTED IN THE CENTER OF THE BLEVINS LOT.



DEPARTMENT OF THE ARMY
JACKSONVILLE DISTRICT CORPS OF ENGINEERS
P. O. BOX 4970
JACKSONVILLE, FLORIDA 32232-0019

REPLY TO
ATTENTION OF

Regulatory Division
North Permits Branch

MAR 01 1994

GENERAL PERMIT SAJ-20

PRIVATE SINGLE-FAMILY PIERS IN FLORIDA

Upon recommendation of the Chief of Engineers, pursuant to Section 10 of the Rivers and Harbors Act of 1899 (33 U.S.C. 403), general authority is hereby given to construct private single-family piers in navigable waters of the United States within the State of Florida subject to the following conditions:

SPECIAL CONDITIONS:

1. Structures authorized under this general permit are private single-family piers not to exceed 2 slips unless a Florida Department of Environmental Protection approved Manatee Protection Plan is more restrictive. This would include normal appurtenances such as boat hoists, boat shelters with open sides, stairways, walkways, mooring pilings, dolphins, and maintenance of same.
2. No work shall be performed until the applicant submits satisfactory plans for the proposed structure and receives written authorization from the District Engineer.
3. The dichotomous key entitled "Guidance to the Corps of Engineers, Jacksonville District, Regarding Effect Determinations for the Manatee in Florida" will be used to determine potential impacts to the West Indian manatee.
4. No structures shall be authorized by the general permit in:
 - a. Federal manatee sanctuaries, refuges, motorboat prohibited zones or no entry zones (See figures 1-7).
 - b. Crystal, Salt, and Homosassa Rivers, Citrus County, where the structure extends waterward greater than -3 feet mean low water (mlw).
 - c. Faka Union Canal in Collier County.
 - d. Within 2 miles of the following manatee aggregation sites: FPC Crystal River Power Plant (Citrus County), FPC Bartow

Power Plant (Pinellas County), TECO Big Bend Power Plant (Hillsborough County), TECO Port Sutton (Pinellas County), FPL Fort Myers Plant (Lee County), Blue Springs (Volusia County), JEA Southside and JEA Kennedy Generating Stations, and Jefferson Smurfit Corporation (Duval County), Container Corporation of America Paper Mill (Nassau County), OUC Indian River and FPL Canaveral Power Plants and Sykes Creek (Brevard County), Vero Beach Power Plant (Indian River County), Henry D. King Municipal Electric Station (Fort Pierce, St. Lucie County), FPL Riviera Beach Power Plant (Palm Beach County), FPL Port Everglades Power Plant (Broward County), and FPL Lauderdale Power Plant (Broward County).

5. The permittee agrees that the contractor will instruct all personnel associated with the construction of the facility, of the presence of manatees and the need to avoid collisions with manatees.

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

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

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

9. If manatees are seen within 100 yards of the dredging area, all appropriate precautions shall be implemented to ensure protection of the manatees. These precautions shall include operating all equipment in such a manner that moving equipment closer than 50 feet to a manatee shall necessitate immediate shutdown of the equipment.

10. The permittee agrees that any collision with and/or injury to a manatee shall be reported immediately on the "Manatee Hotline" (1-800-DIAL FMP) and to the FWS, Jacksonville Field Office (904-232-2580) for north Florida and to the Vero Beach Field Office (407-562-3909) for south Florida.

11. A minimum of one 3- by 4-foot temporary manatee

awareness construction signs labeled "Manatee Habitat - Idle Speed In Construction Area" shall be installed and maintained at prominent locations within the construction area/docking facility prior to initiation of construction. One temporary sign will be located prominently adjacent to the construction permit and, if required, a second temporary construction sign will be installed in a location prominently visible to water related construction crews. A temporary construction sign criteria sheet is enclosed. Temporary signs will be removed by the permittee upon completion of construction.

12. The permittee agrees that the contractor shall keep a log detailing sitings, collisions, or injury to manatees should they occur during the contract period. Following project completion, a report summarizing incidents and sightings will be submitted to the, Florida Department of Environmental Protection, Marine Mammal Section, 100 Eighth Avenue, Southeast, St. Petersburg, Florida 33701-5095, the U.S. Fish and Wildlife Service, Jacksonville Field Office, 6620 Southpoint Drive South, Suite 310, Jacksonville, Florida 32216 for north Florida and the U.S. Fish and Wildlife Service, P.O. Box 2676, Vero Beach, Florida 32930 for South Florida.

13. Where multiple slip facilities are authorized, the dock must be grouped to minimize shoreline disruption.

14. In the Intracoastal Waterway, no structure, including mooring piles, authorized under this general permit, shall be within the established setback zone calculated from the near-bottom edge of the Federal channel, unless it is a 5-foot marginal pier. Established setback zones range from 40 to 100 feet from the near-bottom edge of the Federal channel, depending on location.

15. No living, fueling, or storage facilities over navigable waters of the United States are authorized under this general permit.

16. The structure shall not adversely affect or disturb properties listed or eligible for inclusion in the National Register of Historic Places.

17. The structure will be consistent with other structures in the area.

18. No structures shall be authorized by this general permit on the following environmentally sensitive areas: American Crocodile critical habitat, Biscayne Bay National Park Protection Zone (Dade County), Lake Okeechobee or in the St. Lucie Impoundment (Palm Beach County), and areas identified in the Wild and Scenic Rivers Act (16 U.S.C. 1317, et seq.): The Northwest Fork of the Loxahatchee River; and the St. Marys River from its

headwaters to its confluence with the Bells River.

19. Authorization is contingent upon the issuance of permits from the Florida Department of Environmental Protection.

20. A structure authorized under this general permit must not interfere with general navigation.

21. A structure which by its size or location may adversely affect water quality, fish and wildlife habitat, wetland or submerged vegetation shall not be authorized by this general permit.

22. No work shall be performed until after notification of the owner or operator of any marked utilities in the area of the structure.

23. This general permit will be valid until suspended or revoked by issuance of a public notice by the District Engineer. Reviews will be conducted to determine if continuance of the permit is not contrary to the public interest.

24. Conformance with the description contained herein does not necessarily guarantee authorization under this general permit.

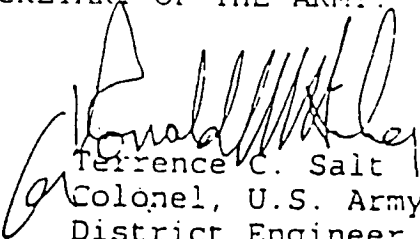
25. The District Engineer reserves the right to require that any request for authorization under this general permit be processed as an individual permit.

26. This permit shall be valid for a period of 5 years from the date issued.

27. Authorization of activities that have commenced or are under contract to commence in reliance on the general permit will remain in effect provided the activity is completed within twelve months of the date a general permit expired or was revoked.

28. The General Conditions attached hereto are made part of this permit.

BY AUTHORITY OF THE SECRETARY OF THE ARMY:


Terrence C. Salt
Colonel, U.S. Army
District Engineer

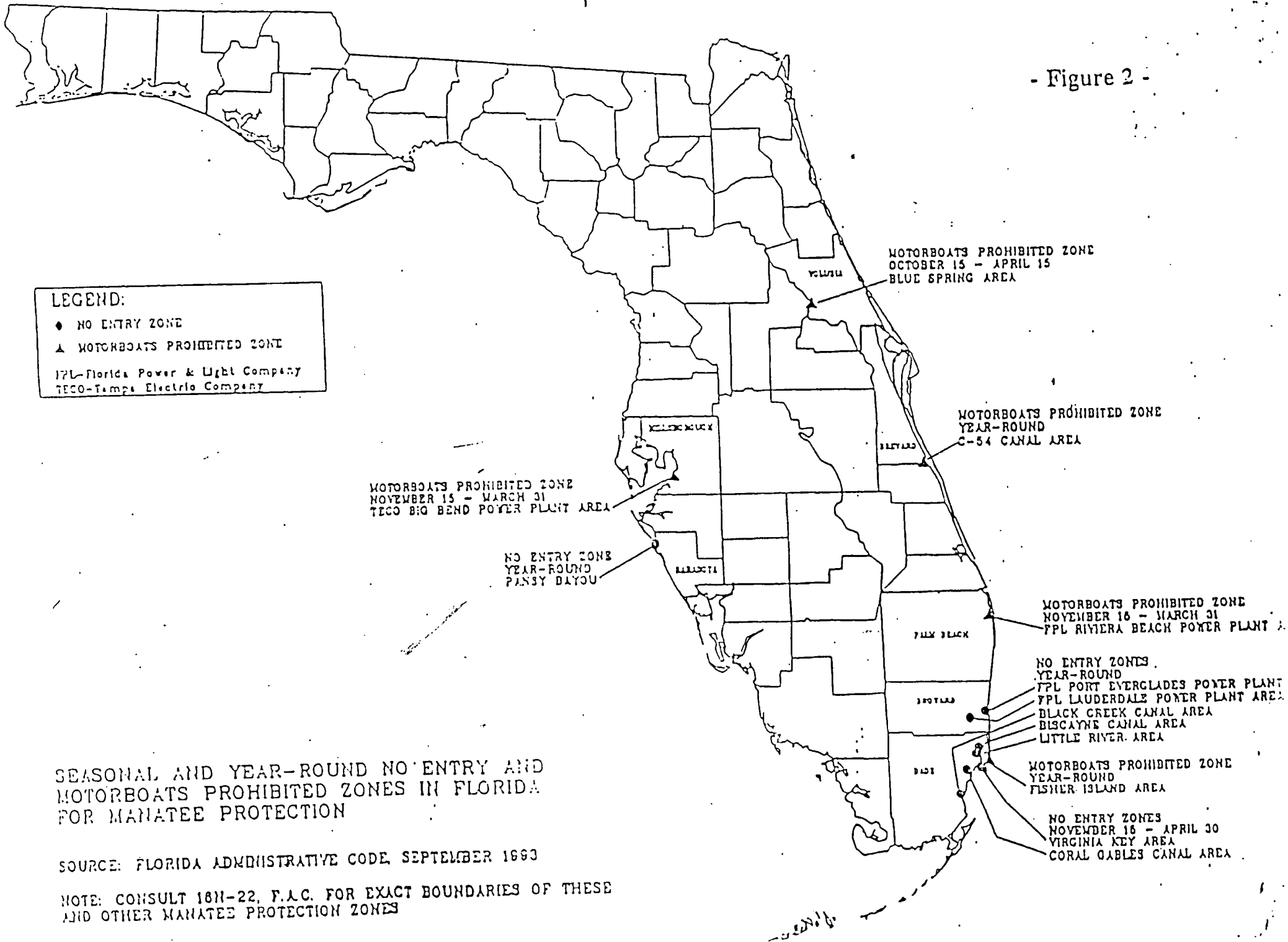
STATE DESIGNATED NO ENTRY AND MOTORBOATS PROHIBITED ZONES
[SOURCE: SEPTEMBER 1993 FLORIDA ADMINISTRATIVE CODE (F.A.C.)]

Brevard County	<u>Motorboats Prohibited Zone (Year-round)</u> <ul style="list-style-type: none">* C-54 Canal (off the Sebastian River) Paragraph (1)(i) of 16N-22.006, F.A.C.
Broward County	<u>No Entry Zones (Year-round)</u> <ul style="list-style-type: none">* Pt. Everglades Power Plant Area Subparagraph (1)(a)1. of 16N-22.010, F.A.C.* Lauderdale Power Plant Area Subparagraph (1)(a)2. of 16N-22.010, F.A.C.
Dade County	<u>No Entry Zones (Year-round)</u> <ul style="list-style-type: none">* Virginia Key Area Subparagraph (1)(e)1. of 16N-22.025, F.A.C.* Black Creek Canal Area Subparagraph (1)(e)2. of 16N-22.025, F.A.C. <u>No Entry Zones (November 15 - April 30)</u> <ul style="list-style-type: none">* Biscayne Canal Area Subparagraph (1)(f)1. of 16N-22.025, F.A.C.* Little River Area Subparagraph (1)(f)2. of 16N-22.025, F.A.C.* Coral Gables Canal Area Subparagraph (1)(f)3. of 16N-22.025, F.A.C. <u>Motorboats Prohibited Zone (Year-round)</u> <ul style="list-style-type: none">* Fisher Island Area Paragraph (1)(d) of 16N-22.025, F.A.C.
Hillsborough County	<u>Motorboats Prohibited Zone (November 15 - March 31)</u> <ul style="list-style-type: none">* TECO-Big Bend Power Plant Area Subsection (1) of 16N-22.022, F.A.C.
Palm Beach County	<u>Motorboats Prohibited Zone (November 15 - March 31)</u> <ul style="list-style-type: none">* Riviera Beach Power Plant Area Paragraph (1)(e) of 16N-22.009, F.A.C.
Sarasota County	<u>No Entry Zone (Year-round)</u> <ul style="list-style-type: none">* Pansy Bayou Area Paragraph (2)(c) of 16N-22.026, F.A.C.
Volusia County	<u>Motorboats Prohibited Zone (October 15 - April 15)</u> <ul style="list-style-type: none">* Blue Spring Area Paragraph (2)(d) of 16N-22.0121, F.A.C.

The portion of 16N-22 F.A.C. cited under each zone should be consulted for precise zone boundaries. The maps of these zones as they appear in the F.A.C. are attached. A complete copy of 16N-22, F.A.C. with maps and descriptions of all state-designated manatee protection zones is also attached. This information is based on the September 1993 F.A.C. Future state rulemaking may revise existing zones and/or add additional ones. (Rulemaking is in progress for St. Lucie County, where an additional year-round No Entry zone and a seasonal Motorboats Prohibited zone are likely.)

xc c:\data\loc\inoboss.txt

- Figure 2 -



SEASONAL AND YEAR-ROUND NO ENTRY AND
MOTORBOATS PROHIBITED ZONES IN FLORIDA
FOR MANATEE PROTECTION

SOURCE: FLORIDA ADMINISTRATIVE CODE, SEPTEMBER 1993

NOTE: CONSULT 18H-22, F.A.C. FOR EXACT BOUNDARIES OF THESE
AND OTHER MANATEE PROTECTION ZONES

6186

FENCE

TOWN OF SEWALL'S POINT

Date 3/13/03

BUILDING PERMIT NO. 6186

Building to be erected for GALINIS Type of Permit FENCE

Applied for by ALL INDIAN FENCE (Contractor) Building Fee 30.00

Subdivision MIRAMAR Lot 10 Block _____ Radon Fee _____

Address 268 SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____

01-38-41-009-000 0010,02400 Roofing Fee _____

Amount Paid 30.00 Check # 5554 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2400.00 TOTAL Fees 30.00

Signed Billy Stafford Applicant Signed Gene Summers 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

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: TOM & SHANNON GALINIS Building Permit Number: _____
 City: Sewall Pt. State: FL Zip: _____
 Legal Description of Property: 500TH Parcel Number: 01-38-41-009-000-00 10.0
 Location of Job Site: 26 Sewall Pt. Rd Type of Work To Be Done: INSTALL FENCE 5400
3.33 of 4 high Black Vinyl System 340-1045
 CONTRACTOR/Company Name: AA Indian River Fence Co. Phone Number: 386-6162
 Street: 3481 S. 25th St 340-1045 City: Ft. Pierce State: FL Zip: 34983
 State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP01809

ARCHITECT: _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
 Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
 Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION 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: 12400 Estimated Fair Market Value (FMV) Prior
 To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION
 Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: _____ 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) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
 National Electrical Code 2002 Florida Energy Code 2001
 Florida Accessibility Code 2001

THEREBY 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: St. Lucie
 This the 27 day of Feb, 2003
 by _____ who is personally
 known to me or produced _____
 as identification. _____
 Notary Public

CONTRACTOR SIGNATURE (Required)
 On State of Florida, County of: St Lucie
 This the 27 day of Feb, 2003
 by Kevin Pitrus who is personally
 known to me or produced _____
 As identification. _____
 Notary Public

My Commission Expires: _____

My Commission Expires: Patricia A Hannah

Seal

Seal



Patricia A Hannah
 My Commission DD145024
 Expires November 20, 2006

Kevin Pitrus, Contractor

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/01/2002

PRODUCER
A BETTER DEAL INSURANCE AGENCY
1025 SW BAYSHORE BLVD
PT. ST LUCIE, FL 34983
561-871-1975

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

INSURERS AFFORDING COVERAGE

INSURER A: ZURICH
INSURER B:
INSURER C:
INSURER D:
INSURER E:

INSURED
ALL INDIAN RIVER FENCE COMPANY
KEVIN PETERS
3481 S. 25TH STREET
FT. PIERCE, FL 34982

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	S000856 038140746	6/01/02	6/01/03	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ EXC MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	F5D026804-03	8/29/02	8/29/03	COMBINED SINGLE LIMIT (See schedule) \$ BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$300,000 PROPERTY DAMAGE (Per accident) \$100,000
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	5BR056479-03	8/29/02	8/29/03	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$100,000
OTHER				

DESCRIPTION OF OPERATION(S)/LOCATION(S)/VEHICLE(S)/EXCLUSIONS ADDED BY ENDORSEMENT(S)/SPECIAL PROVISION(S)

FENCE ERECTION CONTRACTORS

CERTIFICATE HOLDER **ADDITIONAL INSURED; INSURER LETTER:**

SEWALLS POINT BLDG DEPT
SEWALLS POINT RD
STUART FL 34996
fax 772-220-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01809
Expires September 30, 2003

PETERS, KEVIN F
ALL INDIAN RIVER FENCE CO
3481 S 25TH ST
FT PIERCE, FL 34981
FENCE ERECTION

Need add closing
150 for ~~200~~ Proposal - Contract

**ALL INDIAN RIVER
FENCE CO.**
772-567-1608
772-340-1045

MAIL
SURVEY
BACK

3481 South 25th Street
Ft. Pierce, FL 34981
Fax: 772-466-7113

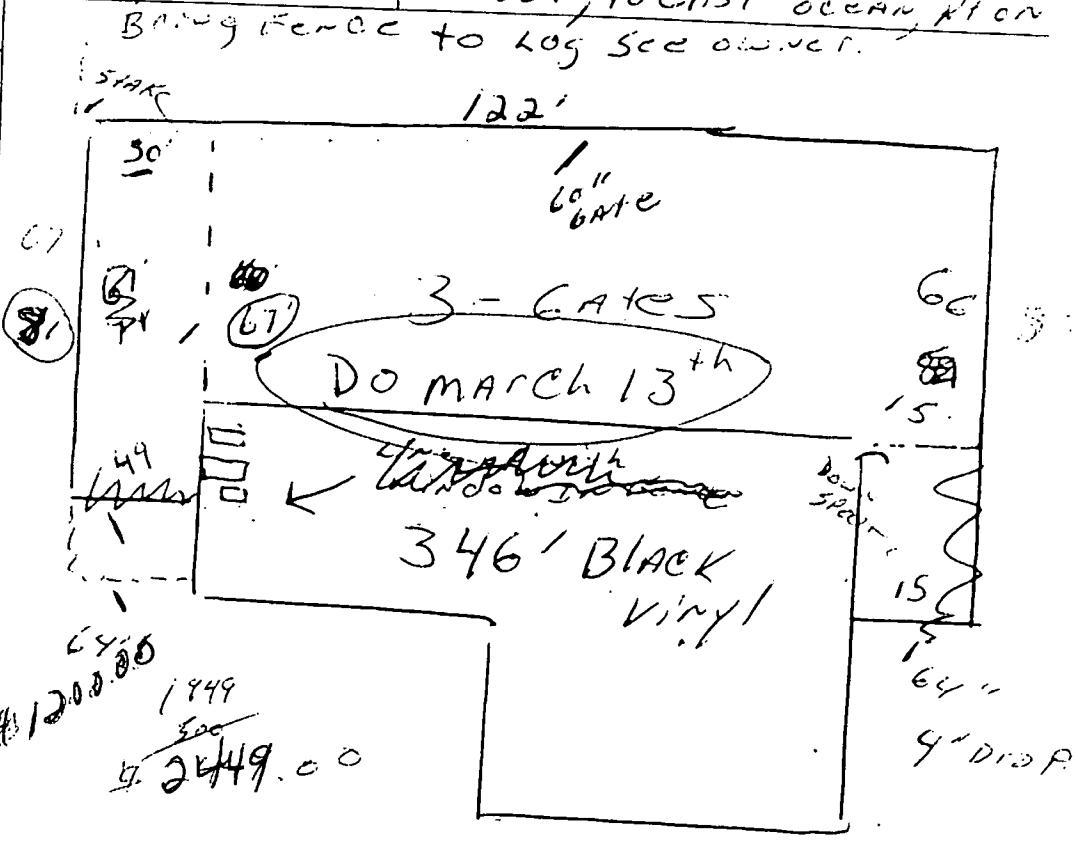
**PORT ST. LUCIE
FENCE CO.**
772-461-0170
772-340-1045

PROP
ID#

Fax of Work 772 220-8750

PROPOSAL SUBMITTED TO TOM + SHANNER GALINIS PHONE 286-6168 DATE 11/1/02
STREET 26th South Sewells Pt Rd JOB NAME Sewells point - perm. f
CITY, STATE AND ZIP CODE Stuart, Sewells point JOB LOCATION US1, to EAST ocean Pt on

WOOD	
TYPE OF WOOD	STYLE OF FENCE
<u>PVC</u>	
CHAIN LINK	
WIRE GAUGE	DIAMETER TERMINAL POST
DIAMETER LINE POST	DIAMETER TOP RAIL
DIAMETER GATE FRAME	LINE POST SPACING
KNUCKLE UP	BARB UP
OVERALL LENGTH	OVERALL HEIGHT
WALK GATE	DRIVE GATE



- A INSTALL 64' OF 4' pvc Fence 2 = 60" gates self closers #1600-
- B INSTALL 278' OF 4' ~~black~~ vinyl system OR 1-60" gate #1949
- C INSTALL 184' OF 4' green vinyl system #1349
- D INSTALL 49' OF 4' PVC - 1-W/G #1225-

- Top Rail of Fence To Follow Ground
- To Be Level With Lowest Grade
- To Be Level With Highest Grade
- Split the Grade
- Lines Clear of Obstructions
- Lines Staked With Customer
- Discuss With Customer Which Post Gate Swings on Also Gate Swings In or Out

DIAGRAM KEY

Fence to be rested	
Tie-ons	

PLEASE READ BEFORE SIGNING TERMS AND CONDITIONS OF CONTRACT

All material is guaranteed to be as specified. All work to be completed in a workmanship like manner to standard practices. Any alterations or deviations from above specifications involving extra costs will become an extra charge over and above the estimate. Owner represents he has fire and extended coverage, personal injury and property damage insurance or a homeowners policy in full force and effect. CUSTOMER HEREBY ASSUMES FULL RESPONSIBILITY FOR THE LOCATION OF THE LINE UPON WHICH FENCE IS TO BE INSTALLED AND FOR LOCATION OF ANY AND ALL UNDERGROUND CABLES, PIPES, SPRINKLER SYSTEMS, SEPTIC TANKS ETC. Customer agrees to defend and hold harmless and indemnify All Indian River Fence of St. Lucie from and against all claims, liabilities and expenses for trespass and other damage or loss arising out of the location of said fence on any line specified by customer, if any line location is disputed, customer agrees to obtain a survey forthwith at customer's expense and All Indian River Fence of St. Lucie may suspend work without penalty until said survey is complete and/or dispute settled. All excess materials shall remain the property of and be returned to All Indian River Fence of St. Lucie shall not be responsible or liable for delay damage or default hereunder where occasioned by war, strikes, shortages of labor, materials or transportation acts of civil or military authorities or other causes beyond the control of said parties the undersigned customer hereby expressly waiving all such claims. All Indian River Fence of St. Lucie reserves the right to make additional charges to the customer in the event unusual ground conditions such as rock formation impede the installation herein described. Such additional charges shall be based on actual additional labor required to complete installation under the circumstances. Such be so advised before such extra work is done.

CO.
772-667-1608
772-340-1045

3481 South 25th Street
Ft. Pierce, FL 34981
Fax: 772-666-7113

FORT ST. LUCIE
FENCE CO.
772-461-8179
772-340-1045

Est. of Work 772 220-9760

PROPOSAL SUBMITTED TO
Tom & Shannon Galinis

PHONE: **296-6169** DATE: **11/4/02**

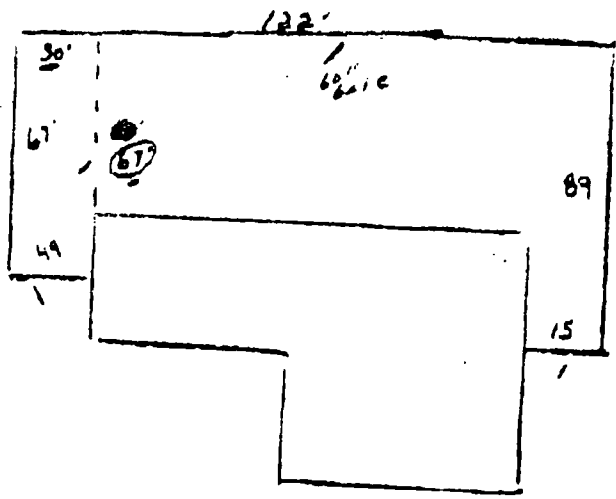
JOB NAME: **Sewells Point**

CITY, STATE AND ZIP CODE: **St. Lucie, Sewells Point**

JOB LOCATION: **US1, 1001st Ocean Blvd.**

GIVE TO
KEVIN

WOOD	
TYPE OF WOOD	STYLE OF FENCE
PVC	
CHAIN LINK	
WIRE GAUGE	DIAMETER TERMINAL POST
DIAMETER LINE POST	DIAMETER TOP RAIL
DIAMETER GATE BRACE	LINE POST BRACKETS
RAILS UP	BASE UP
OVERALL LENGTH	OVERALL HEIGHT
WALK GATE	DRIVE GATE



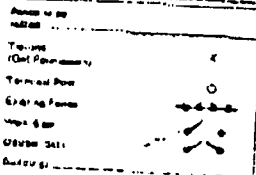
SPECIFICATION

- 1. Top Rail of Fence To Be 1 1/2\"/>

- A Install 64' of 4\"/>
- B Install 279' of 4\"/>
- C Install 184' of 4\"/>

#1
- 1600' @
BARONCE
CAPE CO
#1
STYLE
2-60'
GATES

DIAGRAM KEY



PLEASE READ BEFORE SIGNING TERMS AND CONDITIONS OF CONTRACT:

It is understood and agreed that the undersigned contractor shall be responsible for the completion of the work specified in the contract documents. Any delay in the start of the work shall be the responsibility of the contractor. The contractor shall be responsible for the completion of the work specified in the contract documents. The contractor shall be responsible for the completion of the work specified in the contract documents. The contractor shall be responsible for the completion of the work specified in the contract documents.

I propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: _____ Dollars (\$ _____)

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above upon acceptance and signing by customer, this becomes a binding contract.

Date of Acceptance: _____

Authorized Signature: Kevin Pitzer

NOTE: This proposal is valid for _____ days.

Signature: _____

able Gate
ings

D-A1225

I propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: _____ Dollars (\$ 2449.00)

OF WAY LINE

MIRAMAR ROAD

OF WAY LINE

WEST RIGHT OF WAY LINE OF SEWALL'S POINT ROAD

SEWALL'S POINT ROAD

LOT 9 MIRAMAR
PLAT BOOK 3, PAGE 111
MARTIN COUNTY, FLORIDA

SET 5/8" IRON ROD
& CAP I.D. NO. 4134

WOOD POWER POLE
25.00'
SET 5/8" IRON ROD
& CAP I.D. NO. 4134

221.0 +/-
200.00'

WELL

ASPHALT DRIVEWAY

ASPHALT

LOT 10

ONE STORY C/S RESIDENCE
EXISTING FLOOR ELEV 6.50
#10 50 SEWALL'S POINT ROAD

ROOFED
SCREENED
PORCH

SURVEY
BASELINE

HIGH WATER MARK
& DEBRIS LINE

122.0'

123.61'

122.0'

50.00'

10.0' 10.0'

96.66'

219.80'

224.8 +/-

POWER POLE

ANCHOR

POWER POLE

25.00'

FOUND 4X4
CONCRETE
MONUMENT
NO. 10

OVERHEAD UTILITY WIRES

LOT 4 APABELA
PLAT BOOK 3, PAGE 29
PALM BEACH NOW MARTIN
COUNTY, FLORIDA

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 3/4/03

BUILDING OFFICIAL
Gene Simmons

MAX HEIGHT 4'

58.00'

FOUND CONCRETE
MONUMENT
NO. 10



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 26 S. ~~SEWALL'S~~

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

Fence

Sealed

No permit, no dog.

\$ 30.-

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

DATE: 4/9/3

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-9, 2002 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6131	PEIFFER	SLAB+	Passed	
(12)	104 HENRY SEWALL WAY BUFORD	TEMP ELEC		INSPECTOR: <i>[Signature]</i>
6201	DESTEFANO	FENCE	Passed	close
(6)	68 S SEWALL PT ADDON			INSPECTOR: <i>[Signature]</i>
6186	SAUNIS	FENCE	Failed	\$25
(5)	26 S SEWALL PT ALL INDIAN RIVER			work order/drgs INSPECTOR: <i>[Signature]</i>
576d	LOWELL	SWALE FOR	Failed	See prev notice
(11)	7 W. HIGH POINT	FINAL (see attached) #		re water table INSPECTOR: <i>[Signature]</i>
	Lewis	Concealed spaces	to be	boarded
(4)	41 Rio Vista Driftwood			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
OTHER:				

7683

SEWALL

REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/13/05

BUILDING PERMIT NO. 7683

Building to be erected for GALINUS

Type of Permit SEAWALL REPAIR

Applied for by O/B

(Contractor) Building Fee 240.00

Subdivision MIRAMAR Lot 10 Block _____

Radon Fee _____

Address 26 S. Sewall's Pt Rd

Impact Fee _____

Type of structure RETAINING WALL

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

13841009 000001000000

Roofing Fee 24.00

Amount Paid 660.00 Check # 3843 Cash _____

Other Fees 251.00 66.00 330.00

Total Construction Cost \$ 15,000.

Work w/o permit 660.00
TOTAL Fees _____

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 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 checked="" type="checkbox"/> ADDITION <u>Retaining WALL</u> |

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 _____ |

RECEIVED
4/25/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION 286-6168 Permit Number: _____

Date: 4-25-05

OWNER/TITLEHOLDER NAME: Tom Galinis Phone (Day) 283 8350 (Fax) 220 8750

Job Site Address: 26 S. Sewalls Pt Rd. City: Stuart State: Fl. Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 10 Miramar Parcel Number: _____

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

Description of Work To Be Done: Replace retaining wall damaged by hurricanes And RepRo Fill.

WILL OWNER BE THE CONTRACTOR?:

YES NO

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Hammock Marine Construction Inc. Phone: 770 336 7420 Fax: 394-7259

Street: 2121 S.W. Conant Ave. Suite A City: Port St. Lucie State: Fl Zip: 34953

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP03137

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.#: _____ Phone Number: _____

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

Tom Galinis

State of Florida, County of: Martin

This the 1st day of July, 2005

by Thomas Alan Galinis who is personally

known to me or produced Bill 6452-821-70-058-0

as identification. 2/18/09

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200 _____

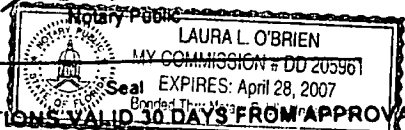
by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____



My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!


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 through 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: Tom Galinis Date: 4-24-05
Signature: 
Address: 26 S. Sewalls Pt Rd
City & State: Stuart FL 34996
Permit No. _____

CRITIQUE

Owner: Tom Galinis

Date: May 26, 2005

Contractor: Hammerhead Marine Construction Inc.

Contractor's Phone Number: 336-7420

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR REPAIR OF SEAWALL AND FILL LOCATED AT 26 SOUTH SEWALL'S POINT ROAD

Submittals (2 copies)

1. I have gone into your old file and cannot find any permit from the Town or DEP for your seawall. If you have copies of such please present them to me for evaluation. If you do not have such, then you must go to DEP and get a copy of their old permit or receive either a letter of exemption or a new permit for the seawall if it is within their jurisdiction.
2. Mean High Water Survey containing the following information:
 - a. Location of seawall
 - b. Certification to the Town Of Sewall's Point
3. Proof of Ownership
4. Notice of Commencement
5. Copy of State, Martin County Licenses
6. Copy of Liability Insurance
7. Copy of Workmen's Compensation

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Section/Detail Drawings and Schedules showing the following information:
 - a. Signed and sealed engineered drawings for seawall construction. If you have copies of old engineering drawing for the seawall then present them so that I may evaluate them.

Tropic Marine

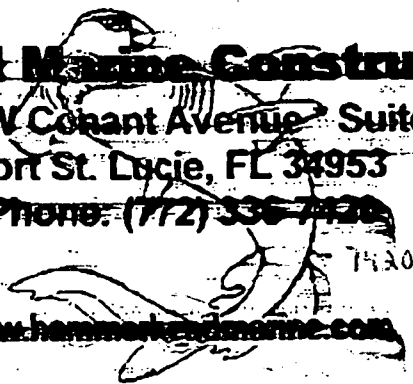
Hammerhead Marine Construction Inc.

Licensed 2121 SW Cohant Avenue Suite A Insured

Port St. Lucie, FL 34953

Phone: (772) 336-7130

www.hammerheadmarine.com



10/06/04

528-2976

PROPOSAL:

Tom Gallas

Phone: (772) 265-6168

26 South Sewalls Point Road

Fax: (772) 220-8750

Dennis .40
Marine Interiors
.06 - inside - int. 3000

PROJECT: Construct new upland retaining wall 135' long, approx 3' high with a return 6' on North side of property with backfill. Re-work existing dock approach.

SPECIFICATIONS:

1. All pilings to be 6" in diameter kept at least 3' above finished wall height.
2. Pilings set every 5' 4" on center.
3. 2 x 8 rough sawn .40 pressure treated double whole boards, top & bottom.
4. 2 x 8 rough sawn .40 pressure treated sheathing.
5. 10' galvanized tie-back rods, every piling.
6. 8" x 4" stub piling, for deadmen.
7. #7 filter cloth behind wall.
8. 2 x 12 #2 finished cap screwed stainless steel.
9. All framing to be done with 16 gauge stainless steel ring shank nails.

TOTAL JOB: \$14,039.00 with payments as follows: 15% (\$2,108.00) up front to ensure space on schedule. ~~\$6,987.00~~ Price does not include sod or any relaying of rip-rap. #4966.00

All prices above include no permits. We are trying to avoid the inconvenience and added cost of re-permitting. If this is a problem for you, permits will have to be obtained. Hammerhead Marine Construction will not be responsible for any problems which may arise from not having permits, such as stop work orders, fines, etc.

NOTE: All work is to be completed in a substantial manner according to specification submitted per standard practices. Any alteration or deviation from these specifications including extra costs will be executed only upon written orders and will be done at extra charge over and above the estimate. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner is to carry fire, theft, and other necessary insurance. Acceptance of contract, 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. I agree to pay all reasonable attorney fees and court costs should it become necessary for Hammerhead Marine Construction Inc. to use legal means to collect payment on this contract. This contract is not a contract until all of the terms are met, including the payment being received upon signing of the contract and the permits are obtained. All past due balances will be charged interest at 1% per month (18% per annum). Hammerhead Marine Construction Inc. is not responsible for any damage to underground utilities, water pipes, electric conduits, telephone lines, gas, and/or sprinklers. Price is good for 30 days.

ACCEPTANCE OF PROPOSAL

OWNER

CONTRACTOR

FEE # 651073939

Sponsoring
Sponsoring

1700 537 8614

Tom Galinis
26 S. Sewalls Pt. Rd.
Stuart, FL 34996

May 25, 2005

Mr. Gene Simmons:

Enclosed is my application for my permit to refabricate a retaining wall and back fill. The original wall was damaged during the hurricanes which caused us to lose some of our back yard.

Before this project started I did call the state of Florida Permits and Licenses Division in Tallahassee and Martin County permitting office to inquire about permits to replace an existing retaining wall. I received similar responses from both parties saying that a permit was not required.

Upon getting a quote from Dennis Respol from Hammerhead Marine Construction, Inc. I inquired again about permits and he told me that "permits are not required for repairs or replacing existing retaining walls".

I hope to resolve this situation as soon as we can. If you need any further information, please call 772-341-7136.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Galinis', written over a horizontal line.

Tom Galinis

PERMIT # _____

TAX FOLIO # _____

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):

Miramar 10

GENERAL DESCRIPTION OF IMPROVEMENT: Repha Retaining wall

OWNER: Tom Galinis

ADDRESS: 26 S. Sewalls Pt Rd Stuart FL 34996

PHONE #: 286 6168 FAX #: 220-8750

CONTRACTOR: Hamberd Marine Const. Company Inc.

ADDRESS: 2121 SW Conant Ave Suite A. P.O. Box 34953

PHONE #: 336 7420 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

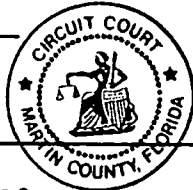
PHONE # _____

FAX #: STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK

FAX #: BY: [Signature] D.C.
DATE: 7/6/05



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]
SIGNATURE OF OWNER

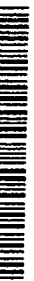
SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 DAY OF July
18 2005 BY Thomas Galinis

OR _____

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
PRODUCED ID # FDL 0452-821-70-02 & 0
TYPE OF ID x 248/09

INSTR # 1853022 OR BK 02033 PG 0453 RECD 07/06/2005
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C 0115h





Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Ave. Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

JUN 24 2005

Mr. Thomas Galinis
26 S. Sewells Point Road
Stuart, FL 34996

Re: After the Fact Retaining Wall located at 26 S. Sewells Point Road, Stuart, Florida, Martin County,
Site No. 43-250394.

Dear Mr. Galinis:

On May 5, 2005, we received your application for an exemption to perform repair and replace of an upland retaining wall adjacent to the Intracoastal Waterways, Class III, Waters of the State, Martin County.

The Department does not issue permits or letters of exemption after a project has been completed. Your application was referred to the Compliance and Enforcement Section of the Environmental Resource Permitting Program, in order to determine if the retaining wall was a violation of State Statues or exempt from Department jurisdiction.

A site inspection conducted by Department personnel on June 16, 2005, indicated that the proposed project has been completed. Upon this review, we have determined that your project is not within the jurisdiction of the Department, pursuant to Chapter 373, Florida Statues, because all of the construction has taken place on uplands. Therefore, no further authorization is required. The above mentioned retaining wall appears to be 3 feet above MHWL and should the MHWL change it would leave in doubt the continued exemption status. In the event the retaining wall needs repair or replacement, the MHWL would be re-established and the retaining wall would have to once again meet exemption criteria.

This letter does not relieve you from the responsibility of obtaining any local or federal permits, which may be required for your project. If you have any questions, please contact Judy Dolan at 561/ 681-6644 or at Judy.Dolan@dep.state.fl.us.

Sincerely,

Richard D. Stalker
Environmental Manager
Submerged Lands & Environmental Resources Program

RDS/

cc: UAACOE Jon Soderberg (North of PGA, Martin and St. Lucie) via mail
Town of Sewells Point- Compliance and Enforcement

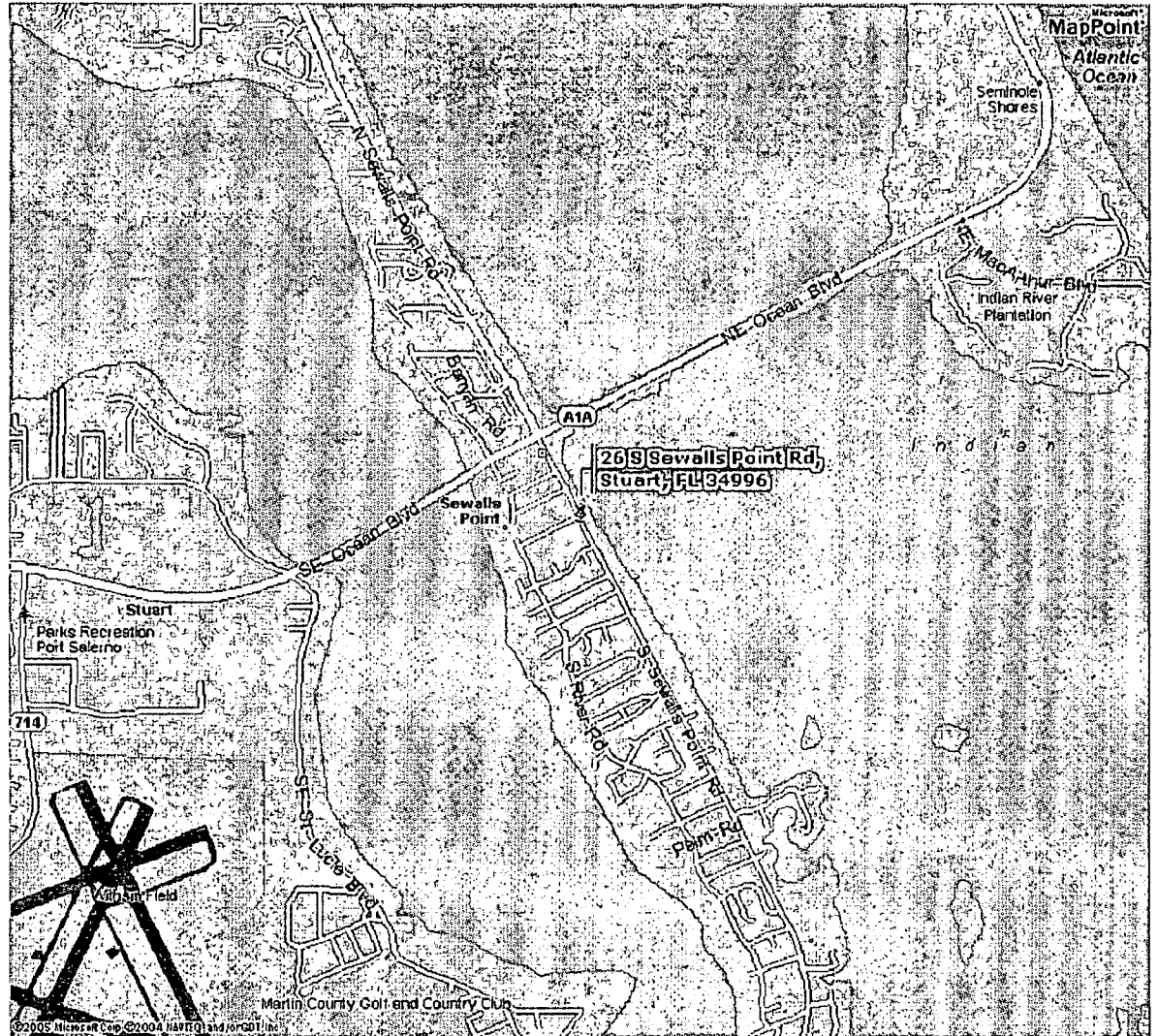
<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>7/7/05</u> BUILDING OFFICIAL Gene Simmons</p>
--



SITE PHOTO (NOT TO SCALE)



SITE PHOTO (NOT TO SCALE)



LOCATION MAP (NOT TO SCALE)

CSM ENGINEERS, LLC

CIVIL - STRUCTURAL - MARINE
 OF: (772)220-4601 FX: (772)220-4303

Mike Baber
 6/3/05

MIKE BABER, FL 52575

NEW WOOD SEA WALLS

TOM GALINIS
 26 S. SEWALL'S POINT ROAD
 STUART, FLORIDA 34996

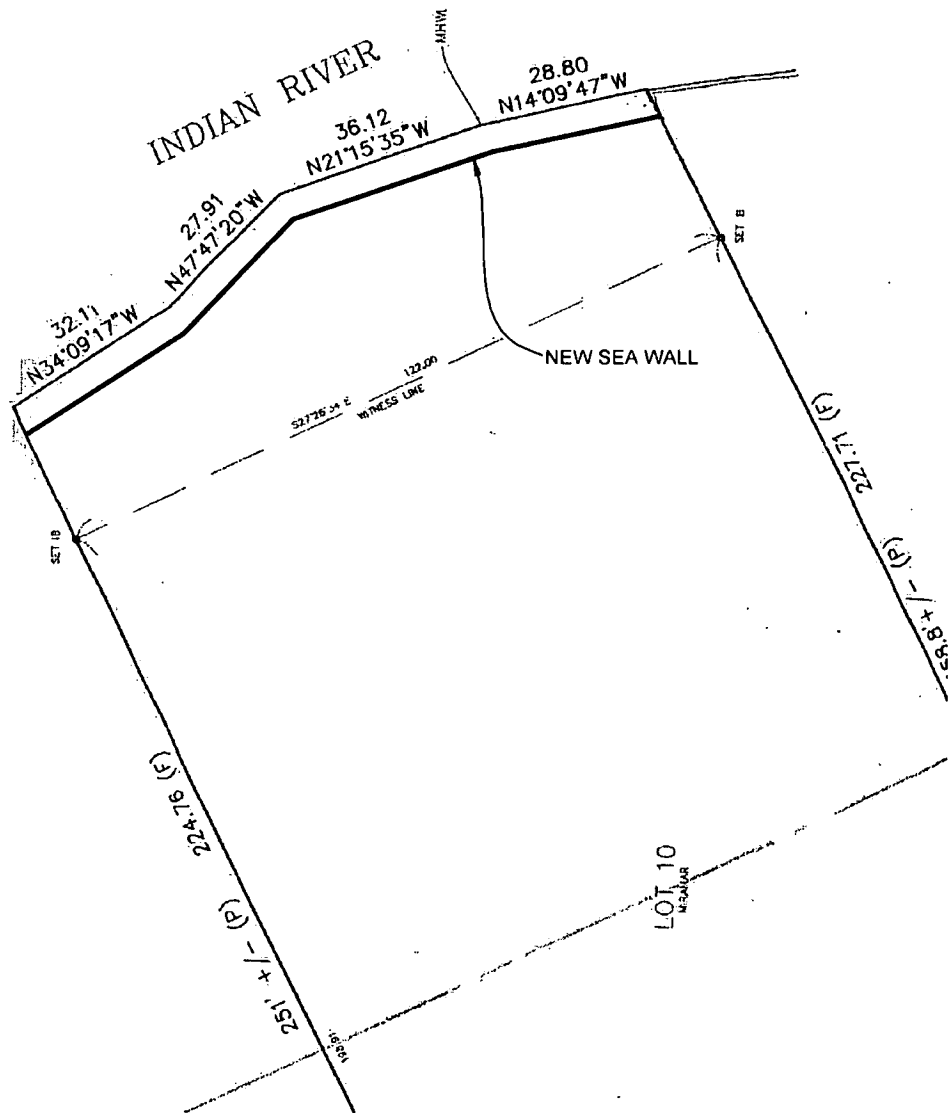
DRAWINGS BY: *R PATEL*

S:\PROJECTS\GALINIS\NEW WOOD SEA WALLS.DWG

DATE	REVISIONS
03-JUNE-2005	INITIAL DRAWINGS COMPLETED

SHEET #: 1 OF 4

JOB #: 05 - 85



SITE PLAN (SCALE 1:20)

CSM ENGINEERS, LLC

CIVIL - STRUCTURAL - MARINE
 OF: (772)220-4601 FX: (772)220-4603

Mike Baber
 6/3/05

MIKE BABER, FL 52575

NEW WOOD SEA WALLS

TOM GALINIS
 26 S. SEWALL'S POINT ROAD
 STUART, FLORIDA 34996

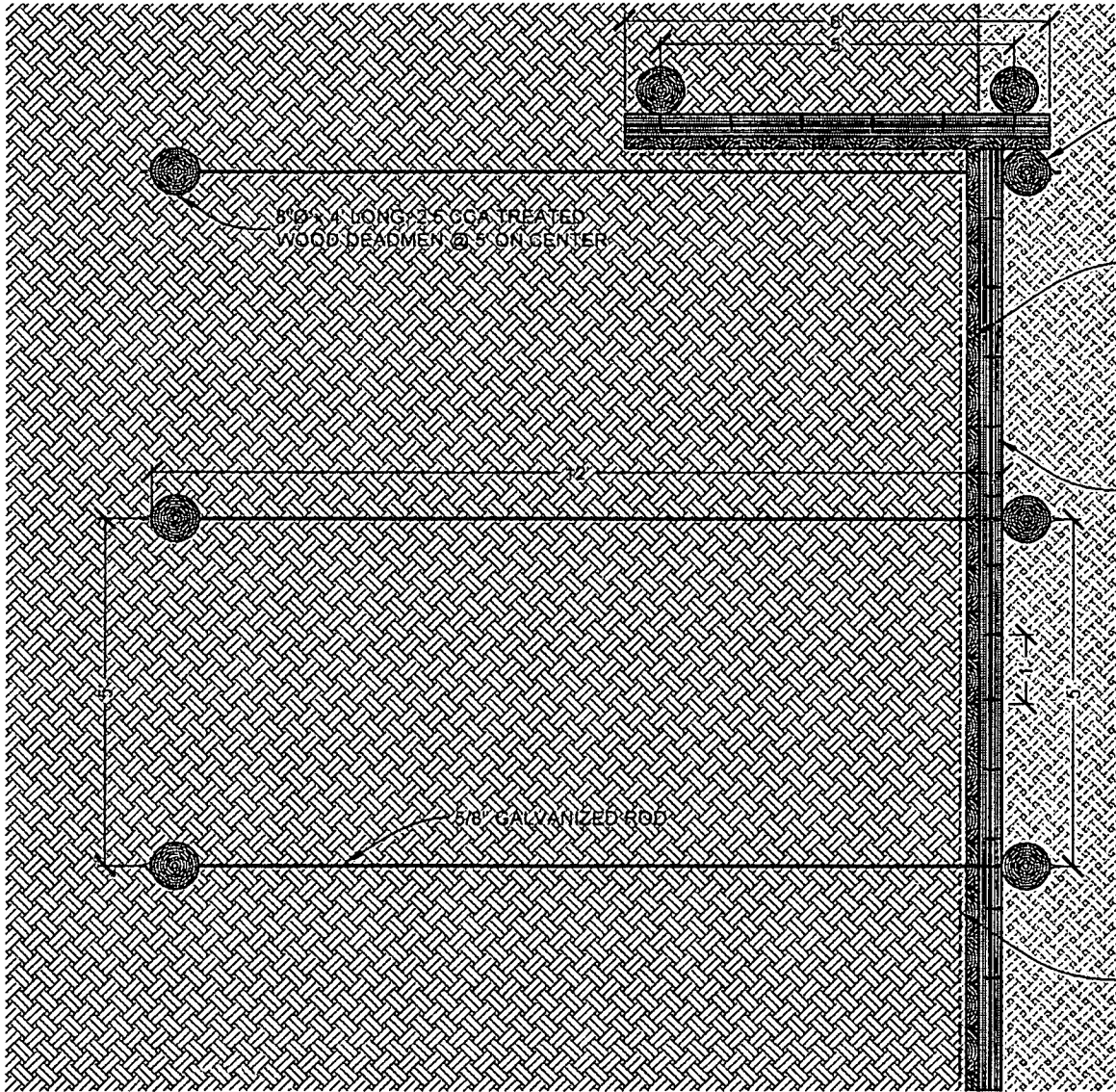
DRAWINGS BY: *R PATEL*

S:\PROJECTS\GALINIS\NEW WOOD SEA WALLS.DWG

DATE	REVISIONS
03-JUNE-2005	INITIAL DRAWINGS COMPLETED

SHEET #: 2 OF 4

JOB #: 05 - 85



8"Ø x 8', 2.5 CCA TREATED WOOD
PILES @ 5' ON CENTER

2" x 8" x 40' CCA TREATED
WOOD BEAMS @ 5' ON CENTER

2" x 8" .40 CCA TREATED, ROUGH SAWN, #2
DENSITY, VERTICAL WOOD MEMBERS

(2) 2" x 8" .40 CCA TREATED, ROUGH SAWN, #2
DENSITY, WOOD WALES

Ø 1/2" GALVANIZED ROD

MIRAFI FILTER FABRIC OR EQUIVALENT TO BE PLACE
BEHIND ENTIRE LENGTH OF WALL, NAILED UNDER WOOD
CAP, AND WRAPPED UNDER VERTICAL BOARDS

KREUGER CREEK

WALL DETAIL (SCALE 1/2" = 1')

CSM ENGINEERS, LLC

CIVIL - STRUCTURAL - MARINE
OF: (772)220-4601 FX: (772)220-7603

Mike Baber
6/3/05

MIKE BABER, FL 52575

NEW WOOD SEA WALLS

TOM GALINIS
26 S. SEWALL'S POINT ROAD
STUART, FLORIDA 34996

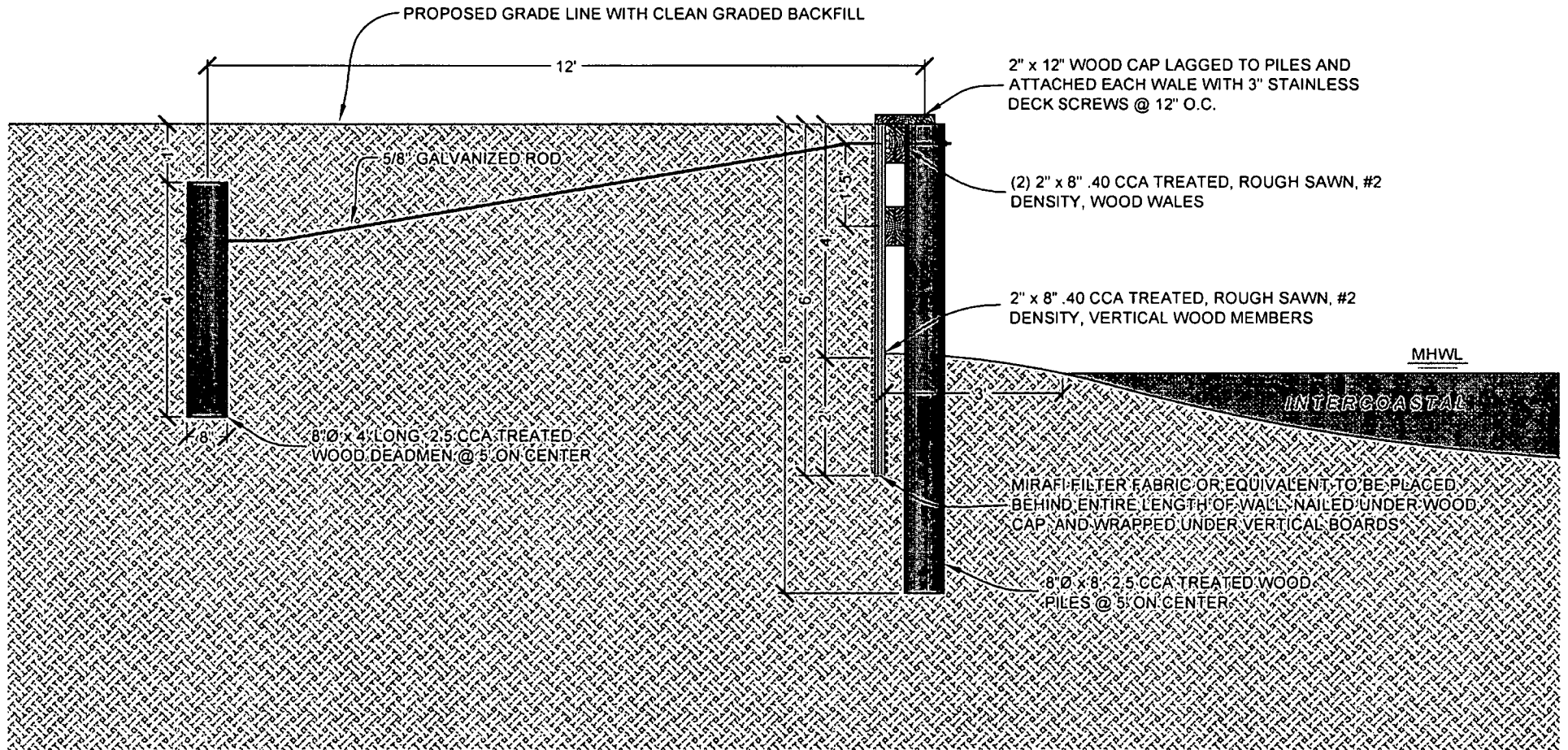
DRAWINGS BY: R PATEL

S:\PROJECTS\GALINIS\NEW WOOD SEA WALLS.DWG

SHEET #: 3 OF 4

DATE	REVISIONS
03-JUNE-2005	INITIAL DRAWINGS COMPLETED

JOB #: 05 - 85



WALL SECTION (SCALE 3/8" = 1')

CSM ENGINEERS, LLC

CIVIL - STRUCTURAL - MARINE
 OF: (772)220-4601 EX: (772)220-4603

Mike Baber
 6/3/05

MIKE BABER, FL 52575

NEW WOOD SEA WALLS

TOM GALINIS
 26 S. SEWALL'S POINT ROAD
 STUART, FLORIDA 34996

DRAWINGS BY: *R.PATEL*

S:\PROJECTS\GALINIS\NEW WOOD SEA WALLS.DWG

DATE	REVISIONS
03-JUNE-2005	INITIAL DRAWINGS COMPLETED

SHEET #: 4 OF 4

JOB #: 05 - 85

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/3, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7691	THOMAS	DRY-IN	WILL	RESCHEDULE
3	10 PALM ROAD FEAZEL ROOFING			INSPECTOR:
7536	BUONO	DRY-IN	FAIL	
10	106 N. SEWALLS Pt TUTTLE ROOFING			INSPECTOR:
7105	CARLTON	FINAL REMODEL KITCHEN & BATH	FAIL	
11	6 PERRIN WILKIE CREEK GLENMARRIL HOMES			INSPECTOR:
13	8 CASTLE HILL GEISINGER	TREE	PASS	
		(TAM?)		INSPECTOR:
7327	GREEN	FINAL POOF	DUPLICATION	
X	19 RIO VISTA DE PACIFIC ROOFING			INSPECTOR:
7308	ROTHBERG	FINAL DOCK REPAIR	FAIL	
9	103 N. SEWALLS Pt CUSTOM DECKS			INSPECTOR:
7683	GALINIS	RAINING WAVE	PASS	CUSE
7	26 S. SEWALLS Pt HAMMERHEAD MARINE			INSPECTOR:

OTHER: _____

8085

DEMO SFR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/3/06

BUILDING PERMIT NO. 8085

Building to be erected for GALINIS

Type of Permit Demo SFR

Applied for by DRIFTWOOD HOMES (Contractor)

Building Fee \$442 x 9.60/1000 = 134.40

Subdivision MIRAMAR Lot 10 Block _____

Radon Fee _____

Address 26 S. Sewall's Pt

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410090000010020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 134.40 Check # 15449 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 14,000.

TOTAL Fees 134.40

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

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 _____

DEMOLITION PERMIT

RECEIVED
2/23/06

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME THOMAS + SHARON GALINIS Phone (Day) 286-6168 (Fax) _____

Job Site Address: 265. Sewall Pt Rd City: Sewall Pt State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) LOT 10 MIRAMAR Parcel Number: 01-38-41-009-000-00100-2

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

Description of Work To Be Done: DEMOLITION SFR

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 14,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: DEFTWOOD HOMES Phone: 334-2577 Fax: 334-5877

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

State Registration Number: RR0056789 State Certification Number: _____ Martin County License Number: MCO0089

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: N/A City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.# _____ Phone Number: _____

Street: N/A City: _____ State: _____ Zip: _____

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

Carport: _____ Total Under Roof: N/A Wood Deck: _____ Accessory Building: _____

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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)
Sharon P Galinis

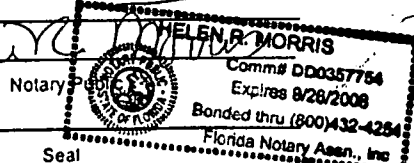
State of Florida, County of: MARTIN

This the 21st day of FEB, 2006

by Sharon P Galinis who is personally

known to me or produced as identification. Helen R Morris

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
Alan Morris

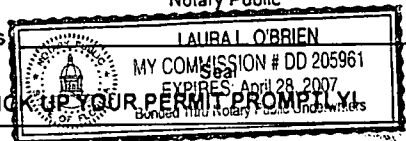
On State of Florida, County of: MARTIN

This the 23rd day of FEBRUARY 2006

by Alan Morris who is personally

known to me or produced as identification. Jane R O'Brien

My Commission Expires: _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/10/2005

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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	04GL000592819	06/13/2005	06/13/2006	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (As a percentage) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ Excluded
					PERSONAL & ADJ INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/CP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	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 \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
					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 POLICES 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

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

05-11-05

PRODUCER

RICK CARROLL INS AGCY
2160 NE DIXIE HWY

JENSEN BEACH

FL 349570877

2948J

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. JUA

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

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

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP. OF 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: <input checked="" type="checkbox"/> 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-7261831-6-05)	04-22-05	04-22-06	STATUTORY LIMITS <input checked="" type="checkbox"/> EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 100,000
	OTHER				

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

MINIMUM PREMIUM POLICY

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

CERTIFICATE HOLDER

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
 RECORD CORPORATION 1993

TOWN OF SEWALLS POINT
1 SEWALLS PT. ROAD
STUART FL 34996



Martin County Building Department

2401 SE Monterey Road

Stuart, Fl 34996

(772) 288-5482

Fax (772) 288-5911

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

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY 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

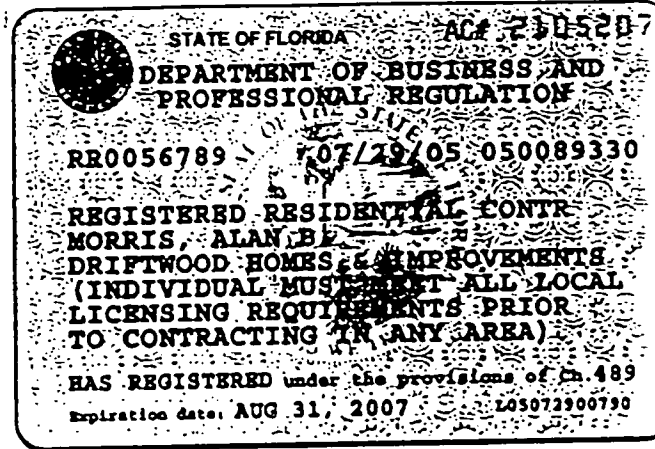


DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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



DETACH HERE

AC#2105207

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEQ#L05072900790

DATE	BATCH NUMBER	LICENSE NBR
07/29/2005	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

Permit No. _____


Tax Folio No. _____

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.

1. Description of property **Lot 10, MIRAMAR, according to the Plat thereof, as recorded in Plat Book 3, Page 111, Public Records of Martin County, Florida.**


INSTR # 1914488
OR BK 02117 PG 1165
Pg 1165; (1pg)
RECORDED 03/01/2006 04:25:42 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

2. General description of improvements: **SINGLE FAMILY RESIDENCE**

3. Owner Information:

a. Name and address: **Thomas A. Galinis
Shannon P. Galinis
26 S. Sewalls Point Road, Stuart, FL 34996**

b. Interest in property: **FEE SIMPLE**

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: **Driftwood Homes & Improvements**

**2163 NE Pine Ridge Street
Jensen Beach, FL 34957**

5. Surety:

a. Name and Address:

b. Amount of bond: \$

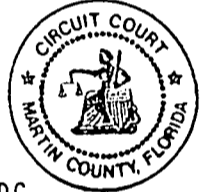
STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK

BY: T Copus D.C.

DATE: 3-1-06



6. Lender: **First National Bank and Trust Company of the Treasure Coast
P.O. Box 9012
Stuart, Florida 34995-9012
ATTN: KIM ANDRUS**

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

8. In addition to himself, owner designates:


to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): **September 15, 2007**

Thomas A. Galinis
Thomas A. Galinis

Shannon P. Galinis
Shannon P. Galinis

Sworn to and subscribed before me this 22 day of February, 2006 by Thomas A. Galinis
and Shannon P. Galinis and _____ who is/are personally
known to me or who has/have produced a driver license as identification and who did take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
 Kacy P. Del Bene
Commission # DD483762
Expires: DEC. 02, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Kacy P. Del Bene
NOTARY PUBLIC

My Commission Expires: _____

(seal)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-15, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1782	Schoppe	Deck-rising	PASS	
1	8 Palm Rd Shiller			INSPECTOR: <i>[Signature]</i>
1993	Giachino	2nd FL tie beam	PASS	
2	11 Wendy Ln Seagate			INSPECTOR: <i>[Signature]</i>
8211	Lelmer	tank & lines	PASS	
3	8 Ridgeland Dr, McPropane			INSPECTOR: <i>[Signature]</i>
8085	6011 26 S. SPR Driftwood	Demo - final	PASS	CLOSE
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8105

SFR

TOWN OF SEWALL'S POINT

Date 4-12-06

BUILDING PERMIT NO. **8105**

Building to be erected for GALINIS Type of Permit SFR

Applied for by DRIFWOOD HOMES (Contractor) ^{960,400 * 9.60/1000 = 9,219.84} Building Fee 9,219.84

Subdivision MIRAMAR Lot 10 Block _____ Radon Fee _____

Address 26 S. SEWALL'S POINT ROAD Impact Fee _____

Type of structure SFR A/C Fee 120.00

Parcel Control Number: _____ Electrical Fee 120.00

0138410090000010020000 Plumbing Fee 120.00

Amount Paid 10,669.82 Check # 15636 Cash _____ Other Fees (10% PR) 969.98

Total Construction Cost \$ 960,400. TOTAL Fees 10,669.82

Signed [Signature] Signed [Signature]

Applicant

Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> BUILDING <u>SFR</u> | <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> MECHANICAL |
| <input checked="" type="checkbox"/> PLUMBING | <input checked="" type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input 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 _____ |

RECEIVED
2/23/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: THOMAS + SHARON GALINIS Phone (Day) 286-4668 (Fax) _____

Job Site Address: 26 S. SEWALLS PT RD City: SEWALLS PT State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) LOT 10 MIRAMAR Parcel Number: 01-38-41-009-000-00100-2

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

Description of Work To Be Done: NEW SFR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 969,400.00

(Notice of Commencement needed over \$2500).

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: DRIFTWOOD HOMES, LLC Phone: 334-2577 Fax: 334-5877

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

State Registration Number: RL0056789 State Certification Number: _____ Martin County License Number: MC00089

SUBCONTRACTOR INFORMATION:

Electrical: HERITAGE ELECTRIC State: _____ License Number: _____

Mechanical: ASSOCIATED AIR State: _____ License Number: _____

Plumbing: SOUTHDALE PLUMBING State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: _____ License Number: _____

ARCHITECT MA CORSON & ASSOCIATES Lic.#: AR91663 Phone Number: 223-8227

Street: 844 E. OCEAN BLVD SUITE C City: STUART State: FL Zip: 34994

ENGINEER WEYANT & ASSOCIATES Lic.# PE85141 Phone Number: 335-0772

Street: 201 SW PSL BLVD City: PSL State: FL Zip: 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 3847 Garage: 692 Covered Patios: 1111 Screened Porch: _____

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

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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)
S P Galinis

State of Florida, County of: MARTIN

This the 21st day of FEB, 2006

by Sharon P. Galinis who is personally

known to me or produced

as identification. Helen R. Morris

HELEN R. MORRIS
Notary Public
My Commission Expires 08/26/2008
Expires 8/26/2008
Bonder Through Florida Notary Assn., Inc

CONTRACTOR SIGNATURE (required)
Alan Morris

On State of Florida, County of: MARTIN

This the 23rd day of FEBRUARY, 2006

by Alan Morris who is personally

known to me or produced

as identification. Laura L. O'Brien

My Commission Expires _____
LAURA L. O'BRIEN
MY COMMISSION SEAL 205961
Bonder Through Florida Notary Assn., Inc

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2005

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 LTR INSRP	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	04GL000592819	06/13/2005	06/13/2006	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ Excluded
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					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

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

05-11-05

PRODUCER

RICK CARROLL INS AGCY
2160 NE DIXIE HWY

JENSEN BEACH

FL 349570877

2948J

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. JUA

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

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

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY				<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$</td></tr> <tr><td>MED. EXPENSE (Any one person)</td><td>\$</td></tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG.	\$	PERSONAL & ADV. INJURY	\$	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MED. EXPENSE (Any one person)	\$
GENERAL AGGREGATE	\$																
PRODUCTS-COMP/OP AGG.	\$																
PERSONAL & ADV. INJURY	\$																
EACH OCCURRENCE	\$																
FIRE DAMAGE (Any one fire)	\$																
MED. EXPENSE (Any one person)	\$																
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.																
	AUTOMOBILE LIABILITY				<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$																
BODILY INJURY (Per Person)	\$																
BODILY INJURY (Per Accident)	\$																
PROPERTY DAMAGE	\$																
	<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																
	GARAGE LIABILITY				<table border="1"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY:		EACH ACCIDENT	\$	AGGREGATE	\$				
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN AUTO ONLY:																	
EACH ACCIDENT	\$																
AGGREGATE	\$																
	<input type="checkbox"/> ANY AUTO																
	EXCESS LIABILITY				<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																
AGGREGATE	\$																
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM																
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	(UB-7261B31-6-05)	04-22-05	04-22-06	<table border="1"> <tr><td>STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td>\$ 100,000</td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td>\$ 100,000</td></tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$ 100,000	DISEASE - POLICY LIMIT	\$ 500,000	DISEASE - EACH EMPLOYEE	\$ 100,000				
STATUTORY LIMITS																	
EACH ACCIDENT	\$ 100,000																
DISEASE - POLICY LIMIT	\$ 500,000																
DISEASE - EACH EMPLOYEE	\$ 100,000																
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL																
	OTHER																

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

MINIMUM PREMIUM POLICY

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

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWALLS POINT
1 SEWALLS PT. ROAD
STUART FL 34996

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

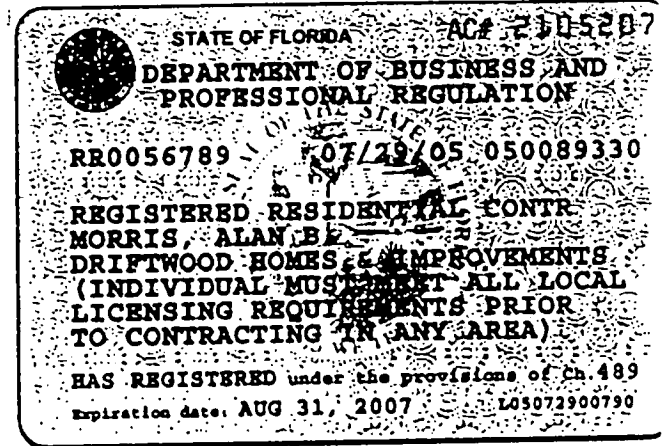


STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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



DETACH HERE

AC#2105207

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEQ# L05072900790

DATE	BATCH NUMBER	LICENSE NBR
07/29/2005	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



Martin County Building Department

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5482

Fax (772) 288-5911

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

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY 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

MASTER PERMIT NO. 8105

TOWN OF SEWALL'S POINT

Date 3-14-06

BUILDING PERMIT NO. 8107

Building to be erected for GALINIS

Type of Permit Sub-Mech.

Applied for by ASSOCIATED AIR (Contractor)

Building Fee /

Subdivision MIRAMAR Lot 10 Block _____

Radon Fee _____

Address 26 S. SEWALL'S POINT RD

Impact Fee See

Type of structure SFR

AC Fee PN 8105

PRINT QUAL. NAME: JERRY D. KREWICK

Electrical Fee _____

Parcel Control Number: St. Lic#: CA026432

Plumbing Fee _____

0138410090000010020000

Roofing Fee _____

Amount Paid X Check # X Cash _____ Other Fees (_____)

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Jerry D. Krewick
Applicant

Signed Gene Summers
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input checked="" 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 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 _____ |

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/2005

PRODUCER (772)231-2828 FAX (772)231-4413
Felten & Associates
 2911 Cardinal Drive (32963)
 P.O. Box 3488
 Vero Beach, FL 32964-3488

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED **Associated Air of Port St. Lucie, Inc.**
 1538 SE Niemeyer Circle
 Port St. Lucie, FL 34952

INSURER A: **American States Insurance Co.**

09084

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	01CG84841310	07/10/2005	07/10/2006	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		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 STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

<p>CERTIFICATE HOLDER</p> <p>CITY OF SEWALL'S POINT 1 SEAWALL'S POINT ROAD SEWALL'S POINT, FL</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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.</p> <p>AUTHORIZED REPRESENTATIVE Kenneth D. Felten, LUTCF/SG </p>
--	---

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder other than those provided by this policy. This certificate does not amend, extend, or alter the coverage afforded by the policies described herein.

Named Insured(s):

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

MARSH

Insurer Affording Coverage

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

Coverages:

This is to certify that the policy(ies) of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the Certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, conditions and exclusions of such policy(ies). (Aggregate) Limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Exp. Date	Policy Number	Limits
Workers' Compensation	1-1-2007	RMWC9426922 RMWC9431313	Employers Liability
			Bodily Injury By Accident \$ 2,000,000 Each Accident
			Bodily Injury By Disease \$ 2,000,000 Policy Limit
			Bodily Injury By Disease \$ 2,000,000 Each Person

Other:

Employees Leased To:

Effective Date: 1/1/06

15279 Associated Air of Port St. Lucie Inc.

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

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

Certificate Holder:

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



Michael C. Weiss
Authorized Representative of Marsh USA Inc.

(866) 443-8489
Phone

12/15/2005
Date Issued

ac#1540467

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04081304065

DATE	BATCH NUMBER	LICENSE NBR
08/13/2004	040135984	CAC057622

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

KRENCIK, MICHAEL ANTHONY
INDIVIDUAL
3072 SE MORNINGSIDE BLVD
PT ST LUCIE FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-6604

LICENSE 1988-520-205 CERT _____
PMCNE 15611335-7089 PC NO 001711

LOCATION:
1538 SE NIEMEYER CIR PSL

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>25.00</u>	



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERT AIR COND CONTR/CLASS B**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

JERRY ANTHONY (OWN/QUAL)
UNITED AIR OF PT ST LUCIE INC
1538 NIEMEYER CIRCLE
PT ST LUCIE FL 34952

16 DAY OF AUGUST 2005
AND ENDING SEPTEMBER 30, 2006

12 00002004 001921

MASTER PERMIT NO. 8105

TOWN OF SEWALL'S POINT

Date 3-14-06

BUILDING PERMIT NO. 8106

Building to be erected for GALINIS Type of Permit SUB-FLEC

Applied for by HERITAGE ELECTRIC (Contractor) Building Fee /

Subdivision MIRAMAR Lot 10 Block _____ Radon Fee _____

Address 26 S. SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee SEE

PRINT QUAL. NAME: WAYNE E. GARBER

Parcel Control Number: ST. LIC #: 0011355 Electrical Fee PN 8105

0138410090000010020000 Plumbing Fee _____

Amount Paid X Check # X Cash _____ Other Fees (____) _____

Total Construction Cost \$ _____ Roofing Fee _____

TOTAL Fees /

Signed Wayne E. Garber
Applicant

Signed Gene Summours
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input checked="" 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 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 _____ |

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03-14-06

PRODUCER
Kearns Agency of Florida Inc.
P O Box 1849
Jensen Beach, Fl. 34958

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

INSURERS AFFORDING COVERAGE

INSURED
Heritage Electric Inc.
P O Box 1003
Jensen Beach, Fl. 34958-1003

INSURER A: Southern Owners Insurance Co.
INSURER B: Auto-Owners Insurance Co.
INSURER C:
INSURER D:
INSURER E:

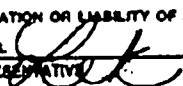
COVERAGES

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20634782	02-01-06	02-01-07	EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 300,000
					PRODUCTS - COMPROP AGG \$ 300,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95-434-704-00	02-01-06	02-01-07	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Electrical - State of Florida

CERTIFICATE HOLDER Town of Sewall's Point 1 So. Sewall's Point Road Stuart, FL 34996 Fax to: 772 220-4765	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE  Lawrence E. Kearns

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2005

PRODUCER (772)334-3181 FAX (772)334-7742
Rick Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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 Heritage Electric, Inc.
PO Box 1003
Jensen Beach, FL 34958

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Bridgefield Casualty Ins Co	
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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	BINDER/WORK COMP	07/19/2005	07/19/2006	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-FR</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-FR	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATU-TORY LIMITS	OTH-FR												
E.L. EACH ACCIDENT	\$ 100,000												
E.L. DISEASE - EA EMPLOYEE	\$ 100,000												
E.L. DISEASE - POLICY LIMIT	\$ 500,000												
	OTHER												

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY.

CERTIFICATE HOLDER

Town of Sewalls Point
1 Sewalls Pt Road
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/LAG



1460897

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L04062303151

DATE	BATCH NUMBER	LICENSE NBR
5/23/2004	030740979	ER0011355

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2006
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN AREA)



GARBER, WAYNE E
HERITAGE ELECTRIC INC
P O BOX 1003
JENSEN BEACH FL 34958

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5804

LICENSE 1980-508-047 CERT _____
PHONE (772)338-4675 PC NO 235310

LOCATION:
1344 NE JENSEN BEACH BLVD MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$.00 LIC. FEE \$ _____
\$.00 PENALTY \$ _____
\$.00 COL. FEE \$ _____
\$.00 TRANSFER \$ _____
TOTAL 25.00



**WAYNE (OWNER-QUALIFIER)
AGE ELECTRIC
1003
JENSEN BEACH FL 34958**

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ELECTRICAL**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST IN 05
AND ENDING SEPTEMBER 30, 2006

12 00002004 002038

MASTER PERMIT NO. 8105

TOWN OF SEWALL'S POINT

Date 3-14-06

BUILDING PERMIT NO. 8109

Building to be erected for GALINS

Type of Permit SUB-PLUMBING

Applied for by SOUTH PARK PLUMBING (Contractor)

Building Fee _____

Subdivision MIRAMAR Lot 10 Block _____

Radon Fee _____

Address 26 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: DELBERT W KEIFER

Electrical Fee PN 8105

Parcel Control Number: ST. LIC #: CFC 029690

Plumbing Fee _____

01384100900000010020000

Roofing Fee _____

Amount Paid Check # Cash _____ Other Fees (_____)

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Delbert W Keifer
Applicant

Signed Gene Summers
Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input 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	_____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
SOUTP-1

DATE (MM/DD/YYYY)
08/16/05

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

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

INSURED

South Park Plumbing, Inc.
of Martin County
P. O. Box 768
Port Salerno FL 34992

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Assurance Company of America	19305
INSURER B: Old Dominion Insurance Company	40231
INSURER C: Bridgefield Employers Ins. Co.	
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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	SCP32908593	03/20/05	07/06/05	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MPG71944	07/06/05	07/06/06	MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	830-22064	08/17/05	08/17/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Plumbing / State of Florida

CERTIFICATE HOLDER

SEWAP-1

Sewalls Point Building Dept.
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

John Halcomb

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-8604

LICENSE 1973-524-045 CERT CFC051458
PHONE (561)287-2548 SC NO 235110

LOCATION: 4505 SE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR \$	<u>.00</u>	LC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>25.00</u>
TOTAL		<u>25.00</u>	

IS HEREBY AGREED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **PLUMBING**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF AUGUST 05
AND ENDED SEPTEMBER 2006 12 05081901 004609

WINTERCORN, THOMAS R
SOUTH PARK PLUMBING
PO BOX 768
PT SALERNO FL 34992

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CFC1426656 04/07/05 040818085

CERTIFIED PLUMBING CONTRACTOR
WINTERCORN, JASON THOMAS
SOUTH PARK PLUMBING INC OF MARTIN

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2006 L05040700237

STATE OF FLORIDA

AC# 1972011

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

QB0014990 04/07/05 030730450

QUALIFIED BUSINESS ORGANIZATION
SOUTH PARK PLUMBING INC OF MARTIN

(NOT A LICENSE TO PERFORM WORK.
ALLOWS COMPANY TO DO BUSINESS IF
IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2005 L05040703858

AC# 1972011

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L0504070385

DATE BATCH NUMBER LICENSE NBR

04/07/2005 030730450 QB0014990

The BUSINESS ORGANIZATION

Named below IS QUALIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2005

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

SOUTH PARK PLUMBING INC OF MARTIN COUNTY
4505 SE DIXIE HIGHWAY FL 34997
STUART

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 1968390

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L0504070023

DATE BATCH NUMBER LICENSE NBR

04/07/2005 040818085 CFC1426656

The PLUMBING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2006

WINTERCORN, JASON THOMAS
SOUTH PARK PLUMBING INC OF MARTIN COUNTY
4505 S DIXIE HWY FL 34997
STUART

JEB BUSH

DIANE CARR

MASTER PERMIT NO. 8105

TOWN OF SEWALL'S POINT

Date 3-14-06

BUILDING PERMIT NO. 8108

Building to be erected for GALINIS

Type of Permit SUB ~~PLUMBING~~ ~~ROOFING~~

Applied for by ~~South Pacific Roofing~~ ~~Plumbing~~ (Contractor)

Subdivision MIRAMAR Lot 10 Block _____

Building Fee _____

Address 26 S. SEWALL'S POINT RD

Radon Fee _____

Type of structure SFR

Impact Fee SEE

PRINT QUAL. NAME: Richard J. Gomez

A/C Fee PN 8105

Parcel Control Number: St. Lic #: 06-005693

Electrical Fee _____

0138410090000010020000

Plumbing Fee _____

Amount Paid X Check # X Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees _____

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

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 _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TJ
PACIR-1

DATE (MM/DD/YYYY)
01/03/06

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

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

INSURED
Pacific Roofing Corporation
P.O. Box 2697
Stuart FL 34995

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Nautilus Insurance 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 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BN505626	12/31/05	12/31/06	EACH OCCURRENCE \$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS | OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Roofing Contractor - State of Florida

CERTIFICATE HOLDER
TOWNS-1
Town of Sewalls Point
FAX 220-4765
1 S Sewalls Point Road
Stuart FL 34996

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

ACOS-790001J-295949
12/01/2005 12:09 PM

PRODUCER
Highpoint Risk Services LLC
14150 Dallas Parkway #500
Dallas, TX 75254
(800) 632-5096
Fax: (972) 404-4450

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

INSURERS AFFORDING COVERAGE

INSURED: AMS I/C/E:
PACIFIC ROOFING CORPORATION
808 SE DIXIE HWY
STUART, FL 34994
(772) 283-7663 Fax: (772) 283-9505

INSURER A: Companion Property and Casualty (800) 632-5096
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any One Fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMPROP AGG	\$
	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 (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC777799900	12/01/2005	12/01/2006	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTH-LER	
					E.L. EACH ACCIDENT	\$ 100000
					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 100000
	OTHER <input type="checkbox"/>				LIMITS	\$
					LIMITS	\$

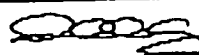
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc. 2. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to PACIFIC ROOFING CORPORATION, effective 12/01/2005

CERTIFICATE HOLDER

 Sewalls Point Building Department
 1 South Sewalls Point Road

 Sewalls Point, FL 34996

ADDITIONAL INSURED; INSURER LETTER:

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

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

STATE OF FLORIDA AC#1601424
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC056793 09/11/04 040233678
 CERTIFIED ROOFING CONTRACTOR
 GOMES, RICHARD JOHN
 PACIFIC ROOFING CORP
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 20091102194

DETACH HERE

1601424

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04091102194

DATE	BATCH NUMBER	LICENSE NBR
9/11/2004	040233678	CCC056793

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DIANE CARR
TOTAL P.01



**CITY OF STUART
OCCUPATIONAL LICENSE
2005-2006**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
1731	15052	170530

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

BUSINESS TYPE	CONTRACTOR - ROOFING
---------------	----------------------

OWNER AND LOCATION	QUALIFIER-RICHARD J GOMES 808 SE DIXIE HIGHWAY
--------------------	---

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This license does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	PACIFIC ROOFING CORP QUALIFIER-RICHARD J GOMES 808 SE DIXIE HIGHWAY STUART, FL 34994
-----------------------------------	---

DATE	11/03/2005
------	------------

CHERYL WHITE
CITY CLERK

OWNER'S COPY



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

CENTRAX #: 43-SS-08061
OSTDSNBR: 05-1279-N

CONSTRUCTION PERMIT FOR:

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

APPLICANT: Driftrwood/Galinis AGENT: 96-1256, BROWN STEPHEN

PROPERTY STREET ADDRESS: 26 S Sewall's Point Rd STUART FL 34994

LOT: 10 BLOCK: _____ SUBDIVISION: MIRIMAR OF SEWALLS POINT
[Section/Township/Range/Parcel No.]
PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. 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. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS
(EXISTING TANK)

T [1200] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [625] SQUARE FEET PRIMARY DRAINFIELD SYSTEM TRENCHES OR
R [769] SQUARE FEET SYSTEM BED
A TYPE SYSTEM: [N] STANDARD [N] FILLED [Y] MOUND [N] _____
I CONFIGURATION: [Y] TRENCH [N] BED [N] _____

F LOCATION TO BENCHMARK: Crown of Road At SW PL 5.29 NGVD
I ELEVATION OF PROPOSED SYSTEM SITE [28.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [16.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [30.0] INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: [0.0] INCHES
OTHER REMARKS:

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3) (f), F.A.C. System installation must meet all requirements of Chapter 64E-6, F.A.C. "Fill Required" as noted above must be slightly limited quality in the installation area with a minimum 4' shoulder beyond the drainfield sidewall. (any unsuitable pad fill in the 4' shoulder and under the drainfield area must be removed and replaced with suitable soil). Maintain a minimum of 102 feet from surface water. The drainfield must be at least 13.5 feet from the property line(s). A minimum of 6" and a maximum of 18" of moderately or slightly limited soil cap allowed over drainfield. All attached general and special conditions and items above must be completed prior to Final Inspection and Approval.

SPECIFICATIONS BY: DeVilbiss, John O'Vill TITLE: EH Specialist I
APPROVED BY: Washam, Bob TITLE: Env. Manager Martin CHD

DATE ISSUED: 1/9/2006 EXPIRATION DATE: 7/9/2007
DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4016-0) [ostds_cons_4016-1] Page 1

** NOTE: See attached Applicant's notice of permitting rights. **



Martin County Health Department

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 8061

- If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of 30 inches (above original grade 3.0), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.
For single-family homes, if the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.
Septic system must be installed in unobstructed area as shown on the approved site plan. Alteration of the information or conditions of this permit found to be in non-compliance will be sufficient cause for revocation of this permit. If any information on a permit changes, an amended application and \$50 review fee must be submitted to our office immediately.
Future ponds or surface water created onsite must be greater than 75' from septic system.
The mound area must be sodded prior to a request for final grade inspection.
Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed.
\$70.00 re-inspection fee is required if the well is not installed at time of initial septic system inspection and a \$75.00 re-inspection fee is required if violations are found during the septic system inspection.
If an inspector does not witness the work conducted during a septic abandonment, the contractor must submit a statement that the work was completed.
If a professional engineer designs the septic system, the engineer must certify that the installed system complies with the design and installation requirements.
For commercial operations, occupational approval will not be given until all requirements for an onsite public water system, food operation or institutional establishment are met.

ADDITIONAL CONDITIONS LIST Special conditions marked "X" are in effect

- X 1. Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation. The driveway cannot be constructed within 4 feet of the system's available area. DRIVEWAY ELV CANNOT EXCEED 18" OVER TOP OF D.F.
2. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

- 1. Excavate one foot beyond drainfield area to a depth of inches below natural/ existing grade elevation of feet N.G.V.D. / Assumed. In addition to item #1, 33% of unsuitable soils at depths greater than inches below #1 elevation above must be removed to a depth of slightly limited soils.
2. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction.
X 3. If a mound or filled drainfield is proposed, see following sketch. An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

John C. DeVellis 1/10/06 See Reverse Side for Mound or Filled Drainfield Requirements
Completed By Date



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

Ticket 340506100
12-9-05

CENTRAX #: 43-SS-08061
OSTDSNBR: 05-1279-N

APPLICANT: Driftrwood/Galinis
AGENT: 96-1256 STEPHEN BROWN, SJB
LOT: 10 BLOCK: _____ SUBDIVISION: MIRIMAR OF SEWALLS P ID#: ---

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: 0.63 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 500 GALLONS PER DAY [64E-6, TABLE 1]
AUTHORIZED SEWAGE FLOW: 1575 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 2490 SQFT UNOBSTRUCTED AREA REQUIRED: 1538 SQFT

BENCHMARK/REFERENCE POINT LOCATION: CROWN OF ROAD @ SW PC (S. 29 N. 60 W)
ELEVATION OF PROPOSED SYSTEM SITE IS 4 [Inches] [Below] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: 102 FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: 50 FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 69 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT NGVD SITE ELEVATION: 5.0 FT NGVD
Nat grade elev. 3.0 NGVD

SOIL PROFILE INFORMATION SITE 1			
Munsell #/Color	Texture	Depth	
10YR 4/2 D GRAY BR	FILL MAT	0 to 24	
10YR 6/1 GRAY	F SAND	24 to 30	
10YR 7/1 LIGHT GRAY	F SAND	30 to 48	
STRIPED		36 to 42	
<u>100</u>	<u>WET</u>	48 to 72	
		to	
		to	
		to	
USDA SOIL SERIES: <u>#41 TOWATHAW L21C</u>			

SOIL PROFILE INFORMATION SITE 2			
Munsell #/Color	Texture	Depth	
10YR 4/2 D GRAY BR	FILL MAT	0 to 24	
10YR 6/1 GRAY	F SAND	24 to 30	
10YR 7/1 LIGHT GRAY	F SAND	30 to 48	
STRIPED		36 to 42	
<u>100</u>	<u>WET</u>	48 to 72	
		to	
		to	
		to	
USDA SOIL SERIES: <u>#41 TOWATHAW L21C</u>			

OBSERVED WATER TABLE: 42 INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 36/12 INCHES [below] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.8 T / 0.65 B DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: Crown of Road @ SW PC (B.M. S-29 U.G.V.) = 42" ; VACANT LOT 4
Elev. 47.70 @ 59' 10" ; AA ELEVATION = 40' @ 39' B.M.

SITE EVALUATED BY: Drew-Nee O'Grady DATE: 12/12/05



DEC 06 2005

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

PERMIT NO. 43-SS-08061
DATE PAID: 12-6-05
FEE PAID: 330.00
RECEIPT #: 50836
05-1279-n

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: DRIFTWOOD HOMES / GALINIS

AGENT: S.J.B., INC. TELEPHONE: 288-7176

MAILING ADDRESS: 619 EAST 5TH STREET STUART, FL 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 10 BLOCK: _____ SUBDIVISION: MIRIMAR PLATTED: 4/10/1994

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 0.63 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y / N DISTANCE TO SEWER: 1000+ FT

PROPERTY ADDRESS: 26 SOUTH SEWALL'S POINT ROAD

DIRECTIONS TO PROPERTY: STUART - SEWALL'S POINT ROAD SOUTH TO 26 SOUTH SEWALL'S POINT ROAD - EXISTING RESIDENCE BEING TORN DOWN

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE FAMILY</u>	<u>4</u>	<u>3847</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) DISPOSAL

SIGNATURE: STEPHEN J. BROWN DATE: 12/5/05

APPLICANT'S NAME: DRIFTWOOD HOMES / GALINIS

LEGAL DESCRIPTION: LOT 10 MIRIMAR

PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN
FLORIDA PROFESSIONAL NO.: 4049
DATE: 12/5/05 JOB NO.: 4684-01-01



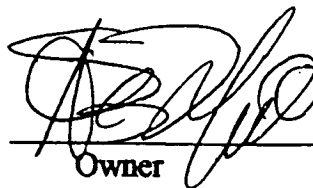
STEPHEN J. BROWN, INC.

Surveyors • Designers • Land Planners • Consultants

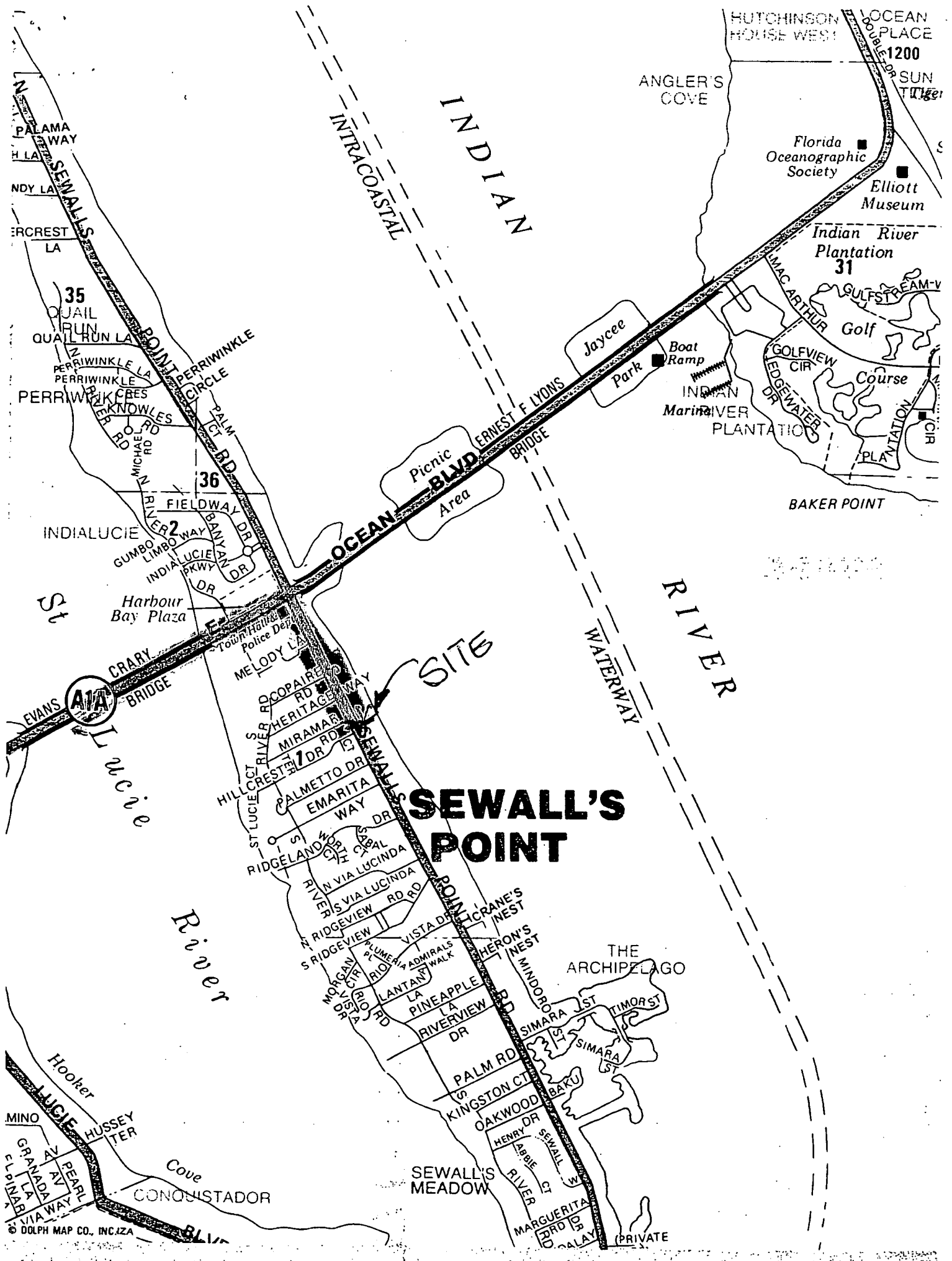
LEGAL DESCRIPTION

LOT 10, MIRAMAR, AS RECORDED IN PLAT BOOK 3, PAGE 111,
PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

I, John Morris, owner of the above referenced property, have authorized Stephen J. Brown, Inc. to act as my authorized representative and to act on my behalf in all aspects of an application for a septic system.


Owner

11/14/05
Date



SEE MAP NO. 110



706 South 7th Street
Ft. Pierce, FL 34950
Phone: (772) 708 7785
Fax: (883) 487 1292

B . & . B .

Engineering Consultants Inc.

MARCH 9, 2006

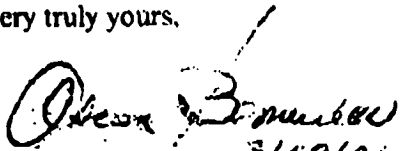
**Project: Galinia Residence at:
26 S. Sewall's Point Rd. Lot # 10 Sewall's Point Fl. 34998**

Prepared for: Town of Sewall's Point Building Department.

To Whom It May Concern:

Please be advised that Oscar Bermudez P.E. will be the Engineer of Record for the above referenced project, as Mr. Dwight R. Weyant, P.E. has recently passed away.

Very truly yours,


3/09/06
Oscar Bermudez, P.E.
Florida License No. 55141

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.

- 1. Description of property: **Lot 10, MIRAMAR, according to the Plat thereof, as recorded in Plat Book 3, Page 111, Public Records of Martin County, Florida.**



INSTR # 1914488
 OR BK 02117 PG 1165
 Pg 1165; (1pg)
 RECORDED 03/01/2006 04:25:42 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY T Copus (asst mgr)

- 2. General description of improvements: **SINGLE FAMILY RESIDENCE**

3. Owner Information:

a. Name and address: **Thomas A. Galinis
 Shannon P. Galinis
 26 S. Sewalls Point Road, Stuart, FL 34996**

b. Interest in property: **FEE SIMPLE**

c. Name and address of fee simple titleholder (if other than owner):

- 4. Contractor: **Driftwood Homes & Improvements**

**2163 NE Pine Ridge Street
 Jensen Beach, FL 34957**

5. Surety:

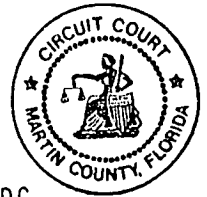
a. Name and Address:
 b. Amount of bond: \$

STATE OF FLORIDA
 MARTIN COUNTY

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

MARSHA EWING, CLERK

BY: T. Copus D.C.
 DATE: 3-1-06



- 6. Lender: **First National Bank and Trust Company of the Treasure Coast
 P.O. Box 9012
 Stuart, Florida 34995-9012
 ATTN: KIM ANDRUS**

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

- 8. In addition to himself, owner designates:

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

- 9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): **September 15, 2007**

Thomas A. Galinis
 Thomas A. Galinis

Shannon P. Galinis
 Shannon P. Galinis

Sworn to and subscribed before me this 22 day of February, 2006 by Thomas A. Galinis and Shannon P. Galinis and _____ who is/are personally known to me or who has/have produced a driver license as identification and who did take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
 Kacy P. Del Bene
 Commission # DD483762
 Expires: DEC. 02, 2009
 Bonded Thru Atlantic Bonding Co., Inc.

Kacy P. Del Bene
 NOTARY PUBLIC

My Commission Expires:

(seal)

- e. Garage door buck detail showing type, size, length and spacing of connectors to be used
- f. Window buck detail showing type, size, length and spacing of connectors to be used
- g. Framing details of cupolas with connector callouts
- h. Framing details of chimneys with connector callouts

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 2/24/06

CRITIQUE

Owner: Thomas & Shannon Galinis
Contractor: Driftwood Homes
Contractor's Phone Number: 334-2577

Date: February 27, 2006
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SINGLE FAMILY RESIDENCE LOCATED AT 26 SOUTH SEWALL'S POINT ROAD

Submittals (2 copies)

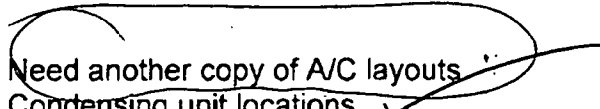
1. Current **Mean High Water** survey (**within one year**) containing the following information:
 - a. Survey must be a **mean high water** survey with the DEP file number ✓ since property is located on water
2. Product approvals (**current**) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Need second copy of all product approvals ✓
 - b. Hurricane Shutters (architect specifies shutters but product approvals for glass doors and windows show impact. Which will it be?) **IMPACT** N/A
 - c. Mullions ✓
 - d. Hardiplank (cannot read product approvals) ✓
3. Proof of Ownership ✓
4. Notice of Commencement ✓
5. Application of Tree Permit for any removal and landscape plan showing location, type and diameter of trees to remain and be planted. If there are any prohibited species they have to be removed. N/A
6. Plans must be certified by Architect that they meet all FEMA regulations for AE & VE zones.

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Floor Plan containing the following information:
 - a. Handrail required on exterior stairs leading from back porch to pool area. Hot water heater must be above the base flood elevation (Is it on a stand?).
 - b. Venting for garage must be called out. Sizes and clear space and location per FEMA regulations.
2. Elevation Plan containing the following information:
 - c. Building heights from sea level to top of tile cannot exceed 40 feet for all properties in V zones. Must be indicated on elevation plan.
3. Pile and Grade Beam Plan containing the following information:
 - a. Weyant Engineering did the plan. Mr. Weyant is deceased. Is his firm going to stand by his design and who is the licensed engineer that will give a letter stating he is taking over the design?
4. Heating/Air Conditioning Plan containing the following information:

708 - OSCAR
7785

- a. Need another copy of A/C layouts
- b. Condensing unit locations
- c. Equipment callouts with name of equipment, SEER, model numbers and sizes.





Project Summary
SECOND FL ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

Notes: R-30/TINT/R-5
 26 S. SEWALLS PT RD/SEWALLS PT
 SW

Design Information

Weather: West Palm Beach, FL, US

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 **L**
 Relative humidity **50 %**
 Moisture difference **57 gr/lb**

Heating Summary

Structure **22664 Btuh**
 Ducts **1133 cfm**
 Central vent (111 cfm) **3042 Btuh**
 Humidification **0 Btuh**
 Piping **0 Btuh**
 Equipment load **26839 Btuh**

Sensible Cooling Equipment Load Sizing

Structure **26879 Btuh**
 Ducts **2688 Btuh**
 Central vent (111 cfm) **1947 Btuh**
 Blower **0 Btuh**

Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **30253 Btuh**

Infiltration

Method **Simplified**
 Construction quality **Average**
 Fireplaces **1 (Average)**

	Heating	Cooling
Area (ft ²)	1495	1495
Volume (ft ³)	16624	16624
Air changes/hour	0.36	0.17
Equiv. AVF (cfm)	99	48

Latent Cooling Equipment Load Sizing

Structure **3470 Btuh**
 Ducts **1949 Btuh**
 Central vent (111 cfm) **4302 Btuh**
 Equipment latent load **9720 Btuh**

Equipment total load **39974 Btuh**
 Req. total capacity at 0.73 SHR **3.5 ton**

Heating Equipment Summary

Make **n/a**
 Trade **n/a**
 Model **n/a**

Efficiency **100 EFF**
 Heating input **0 Btuh**
 Heating output **16931 Btuh**
 Temperature rise **11 °F**
 Actual air flow **1400 cfm**
 Air flow factor **0.059 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Space thermostat

Cooling Equipment Summary

Make **Trane**
 Trade **XR13**
 Cond **2TTR3042A1**
 Coil **TWE040E**

Efficiency **13.5 SEER**
 Sensible cooling **30660 Btuh**
 Latent cooling **11340 Btuh**
 Total cooling **42000 Btuh**
 Actual air flow **1400 cfm**
 Air flow factor **0.047 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Load sensible heat ratio **0.76**

Bold/italic values have been manually overridden

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



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

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name		2 Exposed wall		3 Ceiling height		4 Room dimensions		5 Room area		SECOND FL ZONE				WIC 3							
					11.1 ft		222.5 ft						9.3 ft		0.5 ft		heat/cool				
					1495.0 ft ²								38.5 ft ²		7.0 x 5.5 ft						
Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)									
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool								
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	0	0	0	0			
	W	12E-Osw	0.068	ne	1.70	1.49	470	350	595	520	0	0	0	0	0	0	0	0			
11	G	10A-b	0.970	ne	24.25	36.28	96	0	2328	3483	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	8	0	254	448	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	16	0	500	881	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	ne	2.63	2.07	326	134	350	277	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	ne	41.75	44.12	192	0	8016	8471	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0	0	0	0	0			
	W	12E-Osw	0.068	se	1.70	1.49	493	477	811	709	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	16	13	508	572	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	0	0	0	0			
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0	0	0	0	0			
	W	12E-Osw	0.068	sw	1.70	1.49	470	367	624	546	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	63	33	2000	2724	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	8	8	254	250	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	32	32	1000	983	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	0	0	0	0			
	W	12E-Osw	0.068	nw	1.70	1.49	493	485	824	720	5	5	8	7	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	8	0	254	448	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0	0	0	0	0			
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	0	0	0	0			
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0	0	0	0	0			
	C	16B-30ad	0.032	-	0.80	1.74	1473	1473	1178	2566	39	39	31	67	0	0	0	0			
	F	22A-lpm	1.180	-	29.50	0.00	233	16	457	0	0	0	0	0	0	0	0	0			
6	c) AED excursion								597								-5				
Envelope loss/gain								19954		24193				39		69					
12	a) Infiltration								2710		846				6		2				
	b) Room ventilation								0		0				0		0				
13	Internal gains:		Occupants @		230		8				1840		0				0				
	Less external load		Appliances @		1200		0				0		0				0				
	Less transfer										0		0				0				
	Redistribution										0		0				0				
14	Subtotal								22664		26879				44		71				
15	Duct loads						5%		10%		1133		2688		5%		10%				
Total room load										23798		29567				47		78			
Air required (cfm)										1400		1400				3		4			

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



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

Job: GALINIS RES
 Date: 2-2-06
 By:

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

				UP FOYER				BEDRM 2							
				45.0 ft				27.5 ft							
				9.3 ft 1.0 x 252.3 ft heat/cool				9.3 ft 13.0 x 14.5 ft heat/cool							
				252.3 ft ²				188.5 ft ²							
1	Room name	Exposed wall	Ceiling height	Room dimensions	Room area	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
						Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
2	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
3					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	ne	1.70	1.49	130	130	221	193	121	73	124	108	
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	48	0	1164	1741	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	se	1.70	1.49	37	37	63	55	0	0	0	0	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	sw	1.70	1.49	126	94	160	140	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	32	16	1000	1362	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	nw	1.70	1.49	126	126	213	187	135	135	229	200	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0	
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0	
	C	16B-30ad	0.032	-	0.80	1.74	252	252	202	440	189	189	151	328	
	F	22A-tpm	1.180	-	29.50	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion									458				-192	
	Envelope loss/gain								1860	2835			1668	2187	
12	a) Infiltration								504	157			308	96	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230	0	0	0	0	0	0	2	0	0	460	
			Appliances @	1200	0	0	0	0	0	0	0	0	0	0	
	Less external load				0	0	0	0	0	0	0	0	0	0	
	Less transfer				0	0	0	0	0	0	0	0	0	0	
	Redistribution				0	0	0	0	0	0	0	0	0	0	
14	Subtotal								2364	2992			1976	2743	
15	Duct loads								5%	10%			5%	10%	
	Total room load								2482	3291			2075	3017	
	Air required (cfm)								146	156			122	143	

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



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

Job: GALINIS RES
Date: 2-2-06
By:

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

1 Room name				BATH 2 15.0 ft				WIC 2 5.5 ft						
2 Exposed wall				9.3 ft 6.0 x 9.0 ft heat/cool				9.3 ft 6.0 x 5.5 ft heat/cool						
3 Ceiling height				54.0 ft ²				33.0 ft ²						
4 Room dimensions														
5 Room area														
	Ty	Construction number	U-value (Btu/h/ft ² -°F)	Or	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area (ft ²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
11	W	12E-0sw	0.068	ne	1.70	1.49	56	48	81	71	0	0	0	0
	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	8	0	254	448	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	84	76	129	112	51	51	87	76
	G	1A-h1om	1.270	se	31.75	56.30	8	7	254	286	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	54	54	43	94	33	33	26	57
	F	22A-tpm	1.180	-	29.50	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									-69				-10
	Envelope loss/gain								761	942			113	124
12	a) Infiltration								168	52			62	19
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230		0			0	0			0	0
			Appliances @	1200		0			0	0			0	0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								929	994			175	143
15	Duct loads					5%	10%		46	99		5%	10%	9
	Total room load								976	1093			184	157
	Air required (cfm)								57	52			11	7

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



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

Job: GALINIS RES
Date: 2-2-06
By:

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

1 Room name		BATH 3						BEDRM 3						
2 Exposed wall		13.5 ft						30.5 ft						
3 Ceiling height		9.3 ft						9.3 ft						
4 Room dimensions		12.0 x 5.5 ft						12.5 x 14.0 ft						
5 Room area		66.0 ft ²						175.0 ft ²						
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
11	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	51	43	73	64	130	130	221	193
	G	1A-h1om	1.270	se	31.75	56.30	8	7	254	286	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	74	70	120	105	116	85	144	126
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	32	16	1000	1362
	G	1A-h1om	1.270	sw	31.75	56.30	4	4	127	125	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	37	37	63	55
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	66	66	53	115	175	175	140	305
	F	22A-tpm	1.180	-	29.50	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									-42				453
	Envelope loss/gain								627	653			1569	2495
12	a) Infiltration								151	47			342	107
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230		0				0	2			460
			Appliances @	1200		0				0	0			0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								778	700			1910	3061
15	Duct loads					5%	10%		39	70	5%	10%	96	306
	Total room load								817	770			2006	3367
	Air required (cfm)								48	36			118	159

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



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

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name		PLAYROOM		WIC 4										
2 Exposed wall		9.3 ft		9.3 ft										
3 Ceiling height		9.5 ft		0.0 ft										
4 Room dimensions		11.5 x 11.0 ft		1.0 x 40.0 ft										
5 Room area		126.5 ft ²		40.0 ft ²										
Ty	Construction number	U-value (Btuh/ft ² -F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	88	57	97	84	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	32	32	1000	983	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	127	127	101	220	40	40	32	70
	F	22A-tpm	1.180	-	29.50	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion								692					-5
	Envelope loss/gain								1198	1981			32	65
12	a) Infiltration								106	33			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			2			460	0			0
			Appliances @	1200			0			0	0			0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1304	2474			32	65
15	Duct loads						5%	10%	65	247	5%	10%	2	7
	Total room load								1370	2721			34	72
	Air required (cfm)								81	129			2	3

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



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

Job: GALINIS RES
Date: 2-2-06
By:

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

				BATH 4 15.0 ft heat/cool				BEDRM 4 45.0 ft heat/cool						
				9.3 ft 7.5 x 8.0 ft				9.3 ft 1.0 x 228.8 ft						
				60.0 ft ²				228.8 ft ²						
1	Room name													
	2 Exposed wall													
3 Ceiling height														
4 Room dimensions														
5 Room area														
6	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
11	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	163	99	168	147
	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	48	0	1164	1741
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	16	0	500	881
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	140	140	237	207
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	65	61	104	91	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	4	4	127	125	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	74	66	113	99	116	116	198	173
G	1A-h1om	1.270	nw	31.75	55.94	8	0	254	448	0	0	0	0	
W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0	
G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0	
G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0	
G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0	
C	16B-30ad	0.032	-	0.80	1.74	60	60	48	105	229	229	183	399	
F	22A-tpm	1.180	-	29.50	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion								191				-272	
Envelope loss/gain								646	1057			2450	3276	
12	a) Infiltration							168	52			504	157	
b) Room ventilation								0	0			0	0	
13	Internal gains:			Occupants @	230	0		0	0	2			460	
			Appliances @	1200	0			0	0	0			0	
Less external load								0	0			0	0	
Less transfer								0	0			0	0	
Redistribution								0	0			0	0	
14	Subtotal							814	1110			2954	3894	
15	Duct loads					5%	10%	41	111	5%	10%	148	389	
Total room load								854	1220			3102	4283	
Air required (cfm)								50	58			182	203	

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

Job: GALINIS RES
Date: 2-2-06
By:

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

1 Room name				LIV RM										
2 Exposed wall				15.5 ft										
3 Ceiling height				21.0 ft				heat/cool						
4 Room dimensions				15.5 x 15.0 ft										
5 Room area				232.5 ft ²										
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0				
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0				
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0				
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	ne	2.63	2.07	326	134	350	277				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	10A-m	1.670	ne	41.75	44.12	192	0	8016	8471				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0				
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	D	11N0	0.350	se	8.75	10.83	0	0	0	0				
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0				
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0				
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0				
	C	16B-30ad	0.032	-	0.80	1.74	210	210	168	366				
	F	22A-tpm	1.180	-	29.50	0.00	233	16	457	0				
6	c) AED excursion									-603				
	Envelope loss/gain								8992	8511				
12	a) Infiltration								392	122				
	b) Room ventilation								0	0				
13	Internal gains:		Occupants @	230	0					0				
			Appliances @	1200	0					0				
	Less external load								0	0				
	Less transfer								0	0				
	Redistribution								0	0				
14	Subtotal								9384	8633				
15	Duct loads						5%	10%	469	863				
	Total room load								9853	9497				
	Air required (cfm)								580	450				

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



Duct System Summary

SECOND FL ZONE

ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

	Heating	Cooling
External static pressure	0.00 in H2O	0.00 in H2O
Pressure losses	0.00 in H2O	0.00 in H2O
Available static pressure	0.00 in H2O	0.00 in H2O
Supply / return available pressure	0.00 / 0.00 in H2O	0.00 / 0.00 in H2O
Lowest friction rate	0.150 in/100ft	0.150 in/100ft
Actual air flow	1400 cfm	1400 cfm
Total effective length (TEL)		220 ft

Supply Branch Detail Table

Name	Design (Btuh)	Htg (cfm)	Clg (cfm)	Design FR	Diam (in)	Rect Size (in)	Duct Matl	Actual Ln (ft)	Ftg.Eqv Ln (ft)	Trunk
WIC 3	c 78	0	4	0.150	4	0x0	VIFx	9.1	195.0	st4
UP FOYER	c 3291	0	156	0.150	7	0x0	VIFx	0.0	0.0	
BEDRM 2	c 3017	0	143	0.150	6	0x0	VIFx	17.2	195.0	st3
BATH 2	c 1093	0	52	0.150	4	0x0	VIFx	19.4	195.0	st3
WIC 2	c 157	0	7	0.150	4	0x0	VIFx	19.2	195.0	st3
BATH 3	c 770	0	36	0.150	4	0x0	VIFx	10.1	195.0	st4
BEDRM 3	c 3367	0	159	0.150	7	0x0	VIFx	19.5	195.0	st4
PLAYROOM	c 2721	0	129	0.150	6	0x0	VIFx	0.0	0.0	
WIC 4	c 72	0	3	0.150	4	0x0	VIFx	19.8	195.0	st5
BATH 4	c 1220	0	58	0.150	4	0x0	VIFx	24.9	195.0	st5
BEDRM 4	c 4283	0	203	0.150	8	0x0	VIFx	23.8	195.0	st5
LIV RM-A	c 4748	0	225	0.150	8	0x0	VIFx	0.0	0.0	
LIV RM	c 4748	0	225	0.150	8	0x0	VIFx	0.0	0.0	

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Design FR	Veloc (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st3	Peak AVF	0	202	0.150	756	8 1/2	0 x 0	VinIFx	
st4	Peak AVF	0	200	0.150	747	8 1/2	0 x 0	VinIFx	
st5	Peak AVF	0	264	0.150	756	9 1/2	0 x 0	VinIFx	

Bold/italic values have been manually overridden



Duct System Summary

MAIN ZONE

ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

	Heating	Cooling
External static pressure	0.00 in H2O	0.00 in H2O
Pressure losses	0.00 in H2O	0.00 in H2O
Available static pressure	0.00 in H2O	0.00 in H2O
Supply / return available pressure	0.00 / 0.00 in H2O	0.00 / 0.00 in H2O
Lowest friction rate	0.150 in/100ft	0.150 in/100ft
Actual air flow	1200 cfm	1200 cfm
Total effective length (TEL)	232 ft	

Supply Branch Detail Table

Name	Design (Btuh)	Htg (cfm)	Clg (cfm)	Design FR	Diam (in)	Rect Size (in)	Duct Matl	Actual Ln (ft)	Ftg.Eqv Ln (ft)	Trunk
DIN	c 4133	0	242	0.150	8	0x0	VIFx	5.7	95.0	
PANTRY	c 269	0	16	0.150	4	0x0	VIFx	8.3	95.0	
LAUN	c 1107	0	65	0.150	4	0x0	VIFx	8.3	95.0	
FOYER	c 2478	0	145	0.150	6	0x0	VIFx	19.3	95.0	
CAB	c 1369	0	80	0.150	5	0x0	VIFx	37.3	195.0	st2
NOOK-KIT-FAM-B	c 3718	0	218	0.150	8	0x0	VIFx	19.0	195.0	st2
NOOK-KIT-FAM	c 3718	0	218	0.150	8	0x0	VIFx	16.5	195.0	st2
NOOK-KIT-FAM-A	c 3718	0	218	0.150	8	0x0	VIFx	27.7	195.0	st2

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Design FR	Veloc (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st2	Peak AVF	0	733	0.150	685	14	0 x 0	VinIFx	

Return Branch Detail Table

Name	Grill Size (in)	Htg (cfm)	Clg (cfm)	TEL (ft)	Design FR	Veloc (fpm)	Diam (in)	RectSize (in)	Stud/Joist Opening (in)	Duct Matl	Trunk
rb2	0x0	0	1200	0.0	0.000	0	0	0x 0		VIFx	

Bold/italic values have been manually overridden



Right-J Worksheet
MAIN ZONE
 ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name				MAIN ZONE				DIN									
2 Exposed wall				164.6 R				32.0 R									
3 Ceiling height				10.0 ft				10.0 ft									
4 Room dimensions				1657.1 ft²				1.0 x 367.0 ft									
5 Room area								367.0 ft²									
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)				
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool			
6	W	13A-5fcs	0.105	n	2.63	2.07	71	45	118	93	0	0	0	0			
	G	1A-h10m	1.270	n	31.75	31.22	26	0	833	820	0	0	0	0			
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0			
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0			
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	ne	2.63	2.07	255	189	495	391	0	0	0	0			
	G	1A-h10m	1.270	ne	31.75	55.94	26	0	833	1469	0	0	0	0			
	G	1A-h10m	1.270	ne	31.75	55.94	40	0	1270	2238	0	0	0	0			
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0			
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	se	2.63	2.07	615	542	1423	1124	50	29	76	60			
	G	1A-h10m	1.270	se	31.75	56.30	16	7	508	722	0	0	0	0			
	G	1A-h10m	1.270	se	31.75	56.30	36	11	1143	1759	0	0	0	0			
	D	11N0	0.350	se	8.75	10.83	21	21	184	227	21	21	184	227			
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	sw	2.63	2.07	435	356	933	737	180	149	390	308			
	G	1A-h10m	1.270	sw	31.75	56.30	32	32	1000	983	32	32	1000	983			
	G	10A-m	1.670	sw	41.75	44.38	48	48	2004	1271	0	0	0	0			
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0			
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0			
	W	13A-5fcs	0.105	nw	2.63	2.07	270	177	465	367	90	66	173	137			
	G	10A-m	1.670	nw	41.75	44.12	48	0	2004	2118	0	0	0	0			
	G	10A-b	0.970	nw	24.25	36.28	24	0	582	871	24	0	582	871			
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0			
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0			
	D	11N0	0.350	nw	8.75	10.83	21	21	184	227	0	0	0	0			
	C	16B-30ad	0.032	-	0.80	1.74	876	876	701	1527	102	102	82	178			
	F	22A-tpm	1.180	-	29.50	0.00	1657	165	4855	0	367	32	944	0			
6	c) AED excursion								1082				872				
Envelope loss/gain								19535		18026		3431		3637			
12	a) Infiltration								1982				385		120		
	b) Room ventilation								0				0		0		
13	Internal gains:		Occupants @		230		0		0		0		0		0		
	Less external load		Appliances @		1200		0		0		0		0		0		
	Less transfer								0		0		0		0		
	Redistribution								0		0		0		0		
14	Subtotal								21517		18645		3816		3757		
15	Duct loads						5%		10%		1076		1864		5%		
Total room load										22593		20509		4007		4133	
Air required (cfm)										1200		1200		213		242	

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



Right-J Worksheet
MAIN ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name						CAB 23.0 ft 10.0 ft 8.0 x 7.5 ft heat/cool 60.0 ft ²				NOOK-KIT-FAM 75.6 ft 10.0 ft 1.0 x 840.6 ft heat/cool 840.6 ft ²				
2 Exposed wall														
3 Ceiling height														
4 Room dimensions														
5 Room area														
	Ty	Construction number	U-value (Btuh/ft ² -F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	71	45	118	93
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	26	0	833	820
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	80	80	210	166	175	109	285	226
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	26	0	833	1469
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	40	0	1270	2238
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	75	67	176	139	355	319	837	662
	G	1A-h10m	1.270	se	31.75	56.30	8	4	254	361	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	36	11	1143	1759
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	50	50	131	104
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	75	54	142	112	105	57	150	118
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	48	0	2004	2118
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	21	21	184	227	0	0	0	0
	F	16B-30ad	0.032	-	0.80	1.74	60	60	48	105	566	566	453	986
	F	22A-4pm	1.180	-	29.50	0.00	60	23	678	0	841	76	2230	0
6	c) AED excursion								48				-734	
	Envelope loss/gain								1692		1158		10287	
12	a) Infiltration								277				910	
	b) Room ventilation								0				0	
13	Internal gains:		Occupants @		230		0		0		0		0	
	Less external load		Appliances @		1200		0		0		0		0	
	Less transfer								0		0		0	
	Redistribution								0		0		0	
14	Subtotal								1969		1244		11198	
15	Duct loads						5%		10%		5%		10%	
	Total room load								2067		1369		11758	
	Air required (cfm)								110		80		624	

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



Right-J Worksheet
MAIN ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name						PANTRY 6.0 ft				LAUN 18.5 ft				
2 Exposed wall						10.0 ft 66.0 ft ²				10.0 ft 82.5 ft ²				
3 Ceiling height						11.0 x 6.0 ft				11.0 x 7.5 ft				
4 Room dimensions						heat/cool				heat/cool				
5 Room area														
6	Ty	Construction number	U-value (Btuh/ft ² -F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	60	60	158	124	75	67	176	139
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	8	4	254	361
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	110	110	289	228
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	66	66	53	115	83	83	66	144
	F	22A-tpm	1.180	-	29.50	0.00	66	6	177	0	83	19	546	0
6	c) AED excursion												-18	
	Envelope loss/gain												65	
									387				222	
12	a) Infiltration								72				223	
	b) Room ventilation								0				70	
													0	
13	Internal gains:		Occupants @		230		0		0		0		0	
	Less external load		Appliances @		1200		0		0		0		0	
	Less transfer								0		0		0	
	Redistribution								0		0		0	
14	Subtotal								460		244		1553	
15	Duct loads						5%		10%		5%		10%	
									23		24		78	
	Total room load								483		269		1631	
	Air required (cfm)								26		16		87	

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



Right-J Worksheet
MAIN ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name				FOYER									
2 Exposed wall				10.0 ft		9.5 ft		heat/cool					
3 Ceiling height				1.0		x		241.0 ft					
4 Room dimensions				241.0 ft ²									
5 Room area													
Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0			
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0			
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0			
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0			
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0			
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0			
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0			
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0			
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0			
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0			
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0			
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0			
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0			
	D	11N0	0.350	se	8.75	10.83	0	0	0	0			
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	W	13A-5fcs	0.105	sw	2.63	2.07	95	47	123	97			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	G	10A-m	1.670	sw	41.75	44.38	48	48	2004	1271			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0			
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0			
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0			
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0			
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0			
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0			
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0			
	C	16B-30ad	0.032	-	0.80	1.74	0	0	0	0			
	F	22A-tpm	1.180	-	29.50	0.00	241	10	280	0			
6	c) AED excursion									848			
	Envelope loss/gain								2408	2217			
12	a) Infiltration								114	36			
	b) Room ventilation								0	0			
13	Internal gains:		Occupants @	230						0			
	Less external load		Appliances @	1200						0			
	Less transfer									0			
	Redistribution									0			
14	Subtotal								2522	2252			
15	Duct loads						5%	10%	126	225			
	Total room load								2648	2478			
	Air required (cfm)								141	145			

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Project Summary
MAIN ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

Notes: R-30/TINT/R-5
 26 S. SEWALLS PT RD/SEWALLS PT
 SW

Design Information

Weather: West Palm Beach, FL, US

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 **L**
 Relative humidity **50 %**
 Moisture difference **57 gr/lb**

Heating Summary

Structure **21517 Btuh**
 Ducts **1076 cfm**
 Central vent (61 cfm) **1665 Btuh**
 Humidification **0 Btuh**
 Piping **0 Btuh**
 Equipment load **24259 Btuh**

Sensible Cooling Equipment Load Sizing

Structure **18645 Btuh**
 Ducts **1864 Btuh**
 Central vent (61 cfm) **1066 Btuh**
 Blower **0 Btuh**

Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **20712 Btuh**

Infiltration

Method **Simplified**
 Construction quality **Average**
 Fireplaces **1 (Average)**

	Heating	Cooling
Area (ft ²)	1657	1657
Volume (ft ³)	16571	16571
Air changes/hour	0.26	0.13
Equiv. AVF (cfm)	72	35

Latent Cooling Equipment Load Sizing

Structure **1367 Btuh**
 Ducts **2192 Btuh**
 Central vent (61 cfm) **2355 Btuh**
 Equipment latent load **5915 Btuh**

Equipment total load **26627 Btuh**
 Req. total capacity at 0.75 SHR **2.3 ton**

Heating Equipment Summary

Make **n/a**
 Trade **n/a**
 Model **n/a**

Efficiency **100 EFF**
 Heating input **0 Btuh**
 Heating output **24927 Btuh**
 Temperature rise **19 °F**
 Actual air flow **1200 cfm**
 Air flow factor **0.053 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Space thermostat

Cooling Equipment Summary

Make **Trane**
 Trade **XR13**
 Cond **2TTR3036A1**
 Coil **2TEC3F36**

Efficiency **13 SEER**
 Sensible cooling **25650 Btuh**
 Latent cooling **8550 Btuh**
 Total cooling **34200 Btuh**
 Actual air flow **1200 cfm**
 Air flow factor **0.059 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Load sensible heat ratio **0.78**

Bold/italic values have been manually overridden

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Project Summary
MASTER ZONE
 ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

Notes: R-30/TINT/R-5
 26 S. SEWALLS PT RD/SEWALLS PT
 SW

Design Information

Weather: West Palm Beach, FL, US

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 L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 17127 Btuh
 Ducts 856 cfm
 Central vent (54 cfm) 1475 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 19458 Btuh

Sensible Cooling Equipment Load Sizing

Structure 17149 Btuh
 Ducts 1715 Btuh
 Central vent (54 cfm) 944 Btuh
 Blower 0 Btuh

Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 19016 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 1 (Average)

	Heating	Cooling
Area (ft²)	1065	1065
Volume (ft³)	10396	10396
Air changes/hour	0.30	0.15
Equiv. AVF (cfm)	53	26

Latent Cooling Equipment Load Sizing

Structure 1798 Btuh
 Ducts 1292 Btuh
 Central vent (54 cfm) 2086 Btuh
 Equipment latent load 5176 Btuh

Equipment total load 24191 Btuh
 Req. total capacity at 0.73 SHR 2.2 ton

Heating Equipment Summary

Make n/a
 Trade
 Model n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 19772 Btuh
 Temperature rise 19 °F
 Actual air flow 940 cfm
 Air flow factor 0.052 cfm/Btuh
 Static pressure 0.00 in H2O
 Space thermostat

Cooling Equipment Summary

Make Trane
 Trade XR13
 Cond 2TTR3030A1
 Coil 2TEC3F30A1000A

Efficiency 13 SEER
 Sensible cooling 20148 Btuh
 Latent cooling 7452 Btuh
 Total cooling 27600 Btuh
 Actual air flow 940 cfm
 Air flow factor 0.050 cfm/Btuh
 Static pressure 0.00 in H2O
 Load sensible heat ratio 0.79

Bold/italic values have been manually overridden

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



Right-J Worksheet MASTER ZONE

ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
Date: 2-2-06
By:

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

1 Room name		MASTER ZONE						MAST BATH						
2 Exposed wall		123.4 ft						26.0 ft						
3 Ceiling height		9.8 ft						10.0 ft						
4 Room dimensions		1065.0 ft ²						1.0 x 193.0 ft						
5 Room area		1065.0 ft ²						193.0 ft ²						
	Ty	Construction number	U-value (Btuh/ft ² ·F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	42	25	66	52	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	n	31.75	31.22	17	0	550	541	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	235	113	296	234	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	na	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	72	0	3006	3177	0	0	0	0
	G	1A-h10m	1.270	ne	31.75	55.94	50	0	1600	2820	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	42	25	66	52	0	0	0	0
	G	1A-h10m	1.270	e	31.75	70.29	17	0	550	1218	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	137	137	360	284	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	300	252	662	523	110	98	256	202
	G	1A-h10m	1.270	sw	31.75	56.30	32	32	1000	983	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	4	4	127	136	0	0	0	0
	G	1A-h10m	1.270	sw	31.75	56.30	13	4	397	592	13	4	397	592
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	445	386	1014	801	150	125	328	259
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h10m	1.270	nw	31.75	55.94	25	0	794	1399	25	0	794	1399
	G	1A-h10m	1.270	nw	31.75	55.94	34	0	1067	1880	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	606	606	485	1056	176	176	140	306
	F	22A-1pm	1.180	-	29.50	0.00	1065	123	3641	0	193	26	767	0
6	c) AED excursion									31				360
	Envelope loss/gain								15679	15777			2682	3118
12	a) Infiltration								1447	452			313	98
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			4			920	0			0
			Appliances @	1200			0			0	0			0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								17127	17149			2995	3215
15	Duct loads						5%	10%	856	1715	5%	10%	150	322
	Total room load								17983	18864			3145	3537
	Air required (cfm)								940	940			164	176

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



Right-J Worksheet
MASTER ZONE
 ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name		MASTER BEDRM						M WIC						
2 Exposed wall		43.4 ft						19.0 ft						
3 Ceiling height		10.0 ft						10.0 ft						
4 Room dimensions		1.0 x 363.5 ft						1.0 x 132.0 ft						
5 Room area		363.5 ft ²						132.0 ft ²						
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.63	2.07	42	25	66	52	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	n	31.75	31.22	17	0	550	541	0	0	0	0
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	ne	2.63	2.07	90	40	104	82	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	ne	31.75	55.94	50	0	1600	2820	0	0	0	0
	W	13A-5fcs	0.105	e	2.63	2.07	42	25	66	52	0	0	0	0
	G	1A-h1om	1.270	e	31.75	70.29	17	0	550	1218	0	0	0	0
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	2.63	2.07	105	105	276	218	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	50	50	131	104
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	2.63	2.07	155	121	319	252	140	140	368	290
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0
	G	1A-h1om	1.270	nw	31.75	55.94	34	0	1067	1880	0	0	0	0
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.80	1.74	275	275	220	478	132	132	106	230
	F	22A-tpm	1.180	-	29.50	0.00	364	43	1281	0	132	19	560	0
6	c) AED excursion									-663				-56
	Envelope loss/gain								6098	6928			1165	568
12	a) Infiltration								524	163			229	71
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @		230		2			460	0			0
			Appliances @		1200		0			0	0			0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								6621	7552			1394	639
15	Duct loads						5%	10%	331	755	5%	10%	70	64
	Total room load								6952	8307			1463	703
	Air required (cfm)								363	414			76	35

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



Right-J Worksheet
MASTER ZONE
 ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

1 Room name				DEN		PWDR									
2 Exposed wall				14.5 ft		16.5 ft									
3 Ceiling height				10.0 ft		8.0 ft									
4 Room dimensions				14.5 x 15.0 ft		1.0 x 127.0 ft									
5 Room area				217.5 ft ²		127.0 ft ²									
	Ty	Construction number	U-value (Btuh/ft ² -F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0	0	0	0	0	
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	ne	2.63	2.07	145	73	192	151	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	ne	41.75	44.12	72	0	3006	3177	0	0	0	0	
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0	32	32	84	66	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0	0	0	0	0	
	D	11N0	0.350	se	8.75	10.83	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	sw	2.63	2.07	0	0	0	0	100	69	180	142	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	32	32	1000	983	
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0	0	0	0	0	
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0	0	0	0	0	
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0	0	0	0	0	
	C	16B-30ad	0.032	-	0.80	1.74	0	0	0	0	0	0	0	0	
	F	22A-tpm	1.180	-	29.50	0.00	218	15	428	0	127	17	487	0	
6	c) AED excursion													649	
	Envelope loss/gain								3625	3018				1751	1841
12	a) Infiltration								175	55				159	50
	b) Room ventilation								0	0				0	0
13	Internal gains:		Occupants @	230		2				460	0			0	0
			Appliances @	1200		0				0	0			0	0
	Less external load								0	0				0	0
	Less transfer								0	0				0	0
	Redistribution								0	0				0	0
14	Subtotal								3800	3532				1910	1891
15	Duct loads						5%	10%	190	353	5%	10%		95	189
	Total room load								3990	3885				2005	2080
	Air required (cfm)								209	194				105	104

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**Right-J Worksheet
MASTER ZONE
ASSOCIATED AIR OF PSL inc.**

Job: GALINIS RES
Date: 2-2-06
By:

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

1 Room name		TOILET												
2 Exposed wall		4.0 ft												
3 Ceiling height		10.0 ft		heat/cool										
4 Room dimensions		4.0 x 8.0 ft												
5 Room area		32.0 ft ²												
Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0				
	G	1A-h1om	1.270	n	31.75	31.22	0	0	0	0				
	W	12E-0sw	0.068	ne	1.70	1.49	0	0	0	0				
11	G	10A-b	0.970	ne	24.25	36.28	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	ne	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	G	10A-m	1.670	ne	41.75	44.12	0	0	0	0				
	G	1A-h1om	1.270	ne	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	e	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	e	31.75	70.29	0	0	0	0				
	W	12E-0sw	0.068	se	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	W	13A-5fcs	0.105	se	2.63	2.07	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	se	31.75	56.30	0	0	0	0				
	D	11N0	0.350	se	8.75	10.83	0	0	0	0				
	W	12E-0sw	0.068	sw	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	W	13A-5fcs	0.105	sw	2.63	2.07	40	36	95	75				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	G	10A-m	1.670	sw	41.75	44.38	0	0	0	0				
	G	1A-h1om	1.270	sw	31.75	56.30	4	4	127	136				
	G	1A-h1om	1.270	sw	31.75	56.30	0	0	0	0				
	W	12E-0sw	0.068	nw	1.70	1.49	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	W	13A-5fcs	0.105	nw	2.63	2.07	0	0	0	0				
	G	10A-m	1.670	nw	41.75	44.12	0	0	0	0				
	G	10A-b	0.970	nw	24.25	36.28	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	G	1A-h1om	1.270	nw	31.75	55.94	0	0	0	0				
	D	11N0	0.350	nw	8.75	10.83	0	0	0	0				
	C	16B-30ad	0.032	-	0.80	1.74	24	24	19	42				
	F	22A-tpm	1.180	-	29.50	0.00	32	4	118	0				
6	c) AED excursion								52					
	Envelope loss/gain								359	305				
12	a) Infiltration								48	15				
	b) Room ventilation								0	0				
13	Internal gains:		Occupants @	230	0				0	0				
	Less external load		Appliances @	1200	0				0	0				
	Less transfer								0	0				
	Redistribution								0	0				
14	Subtotal								407	320				
15	Duct loads						5%	10%	20	32				
	Total room load								427	352				
	Air required (cfm)								22	18				

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Duct System Summary
MASTER ZONE
ASSOCIATED AIR OF PSL inc.

Job: GALINIS RES
 Date: 2-2-06
 By:

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

Project Information

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

	Heating	Cooling
External static pressure	0.00 in H2O	0.00 in H2O
Pressure losses	0.00 in H2O	0.00 in H2O
Available static pressure	0.00 in H2O	0.00 in H2O
Supply / return available pressure	0.00 / 0.00 in H2O	0.00 / 0.00 in H2O
Lowest friction rate	0.150 in/100ft	0.150 in/100ft
Actual air flow	940 cfm	940 cfm
Total effective length (TEL)	242 ft	

Supply Branch Detail Table

Name	Design (Btuh)	Htg (cfm)	Clg (cfm)	Design FR	Diam (in)	Rect Size (in)	Duct Matl	Actual Ln (ft)	Ftg.Eqv Ln (ft)	Trunk
MAST BATH	c 3537	0	176	0.150	7	0x0	VIFx	10.1	95.0	
MASTER BEDRM-A	c 4154	0	207	0.150	8	0x0	VIFx	41.7	200.0	st1
MASTER BEDRM	c 4154	0	207	0.150	8	0x0	VIFx	35.6	200.0	st1
M WIC	c 703	0	35	0.150	4	0x0	VIFx	35.0	200.0	st1
DEN	c 3885	0	194	0.150	8	0x0	VIFx	28.5	200.0	st1
PWDR	c 2080	0	104	0.150	5	0x0	VIFx	3.5	100.0	
TOILET	c 352	0	18	0.150	4	0x0	VIFx	7.5	100.0	

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Design FR	Veloc (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st1	Peak AVF	0	643	0.150	818	12	0 x 0	VinIFx	

Return Branch Detail Table

Name	Grill Size (in)	Htg (cfm)	Clg (cfm)	TEL (ft)	Design FR	Veloc (fpm)	Diam (in)	RectSize (in)	Stud/Joist Opening (in)	Duct Matl	Trunk
rb1	0x0	0	940	0.0	0.000	0	0	0x 0		VIFx	

Bold/italic values have been manually overridden



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

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

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

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 02-0702.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Theodore Berman, P.E.**

10/16/2003



NOA No 03-0514.01
Expiration Date: November 01, 2006
Approval Date: November 06, 2003
Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

DESCRIPTION: Series SWD-101 Outswing Aluminum French Door-Impact

APPROVAL DOCUMENT: Drawing No. 971, titled "French Door-X, XX", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/13/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

This NOA revises NOA # 01-0417.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.12
Expiration Date: November 22, 2006
Approval Date: July 12, 2002
Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

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

APPROVAL DOCUMENT: Drawing No. 972, titled "Aluminum French Door w/ Sidelites", sheets 1 through 8 of 8, prepared by manufacturer, dated 7-12-99 and last revised on 01-17-03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises & renews NOA # 02-0702.01 and, consists of this page 1 as well as approval document mentioned above.

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



NOA No 02-0927.13
Expiration Date: February 13, 2008
Approval Date: February 13, 2003
Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

APPROVAL DOCUMENT: Drawing No. 4259-4, titled "Aluminum Picture Window, Impact", sheets 1 through 10 of 10, prepared by manufacturer, dated 7/14/03, with revision "A", dated 12/15/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

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

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



NOA No 03-1105.01
Expiration Date: February 19, 2009
Approval Date: February 19, 2004
Page 1

R
W
B
C

R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry
P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197 Facsimile 813.659.4858

Florida Board of Professional Engineers Certificate of Authorization No. 9813

Product Evaluation Report

3070-21

Report No.: FS 04-1001.01
Date: October 1, 2004
Product Category: Exterior Doors
Product sub-category: Swinging
Product Name: Distinction Series 3'0 x 8'0 Fiberglass Door Inswing / Outswing
Manufacturer: Nan Ya Plastics Corporation
Plastpro Inc.
9 Peach Tree Hill Road
Livingston, NJ 07039
Phone: 800.779.0561 Facsimile: 973.758.4001

Scope: This is a Product Evaluation report issued by R W Building Consultants, Inc. and Wendell W. Haney, P.E. (System ID # 1993) for Nan Ya Plastics Corporation, Plastpro Inc. based on Rule Chapter No. 9B-72.070, Method 1d of the State of Florida Product Approval, Department of Community Affairs-Florida Building Commission.

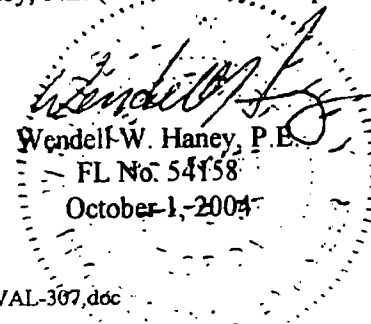
RW Building Consultants and Wendell W. Haney, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

This product has been evaluated for use in locations adhering to the Florida Building Code (2001 Edition) and where pressure requirements, as determined by Chapter 16 of The Florida Building Code, do not exceed the following design pressures:

Design Pressure Rating:

Maximum Design Pressure Rating Positive 65.0 PSF Negative 70.0 PSF
(See Limitations for size restrictions)

See Drawing No.: FL 307 dated July 14, 2004, with one revision, prepared by R W Building Consultants, Inc. and signed and sealed by Wendell W. Haney, P.E. (FL #.54158) for specific use parameters.





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

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

NOTICE OF ACCEPTANCE (NOA)

**James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337**

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

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

DESCRIPTION: Hardiplank, Cemplank, Hardipanel, Cempanel, Hardisoffit and Cemsoffit
APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", sheets 1 through 3 with no revisions, prepared, signed and sealed by Ronald Ogawa, P.E., dated 04/02/04, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

This NOA revises NOA # 02-0318.08 and, consists of this page, evidence page as well as approval document mentioned above.

The submitted documentation was reviewed by **Candido F. Font PE.**

[Handwritten signature]
04/08/04



**NOA No 02-0729.02
Expiration Date: May 1, 2007
Approval Date: April 8, 2004
Page 1**



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

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

NOTICE OF ACCEPTANCE (NOA)

**PGT Industries
1070 Technology Drive
Nokomis, FL 34275**

SCOPE:

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

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

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

APPROVAL DOCUMENT: Drawing No. 6621, titled "1" Heavy Wall Mullion", sheets 1 through 6 of 6, dated 04/28/00, with revision "A" dated 05/03/04, prepared by manufacturer, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

This NOA revises NOA # 02-0701.09 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



**NOA No 04-0528.05
Expiration Date: June 28, 2006
Approval Date: July 15, 2004
Page 1**

PACIFIC ROOFING CORPORATION

PO BOX 2697

STUART, FLORIDA 34995-3803

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDINGBUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6139**PRODUCT CONTROL NOTICE OF ACCEPTANCE**J.M. Metals
1505 Cox Road
Cocoa, FL 32926


Your application for Notice of Acceptance (NOA) of:

JM "5V" Crimp Architectural Metal Roof System

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

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

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

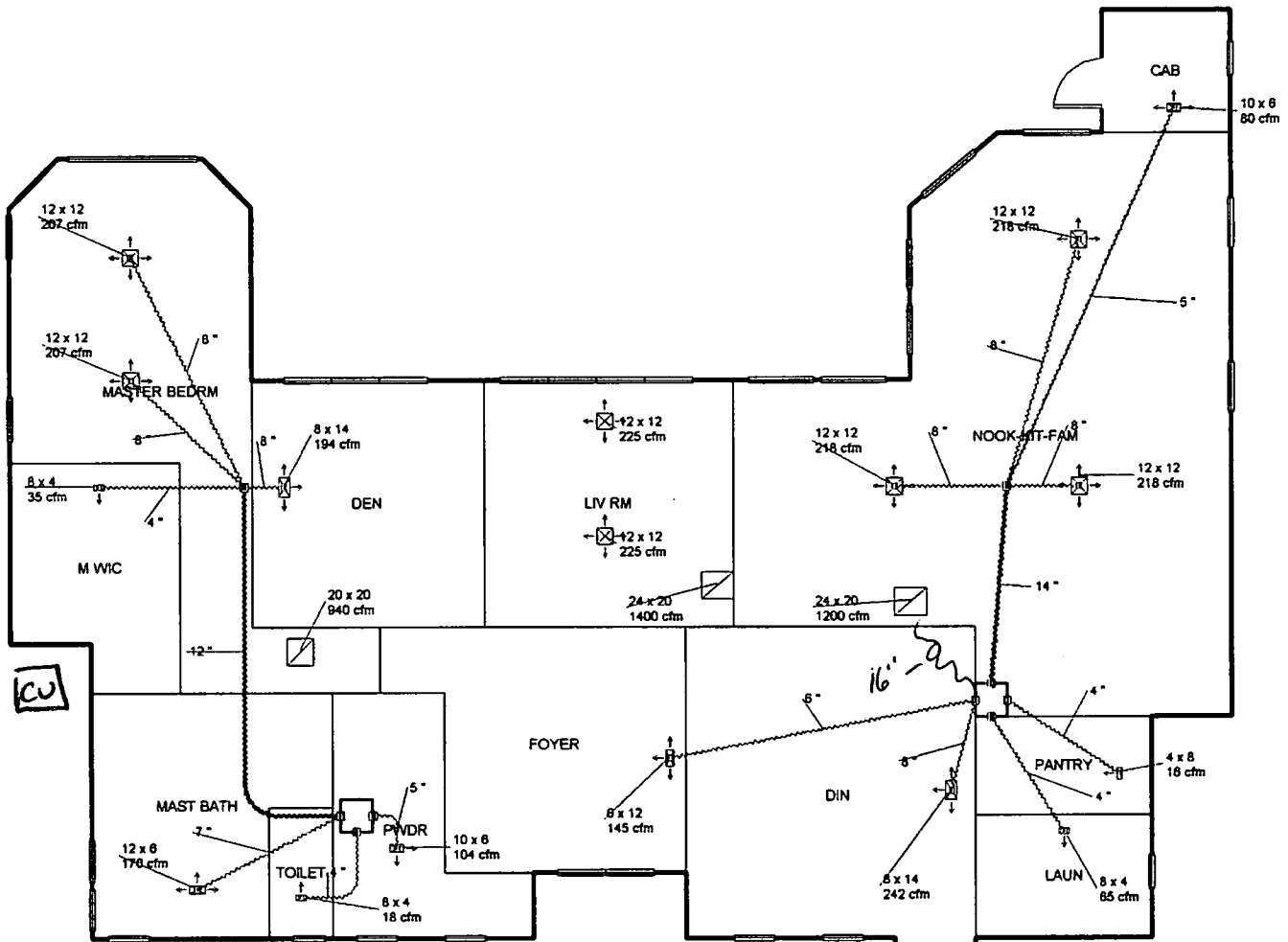
ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

Raul Rodriguez
Chief Product Control Division

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

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


Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance OfficeAPPROVED: 08/16/2001

Sheet 1



MASTER ZONE
 TRANE XR13
 2TTR3030A1 - COND.
 2REC3F30A1000A - A/H
 13SEER

2nd FLOOR ZONE
 TRANE XR13
 2TTR3042A1 - COND
 TWE040E - A/H
 13.5SEER

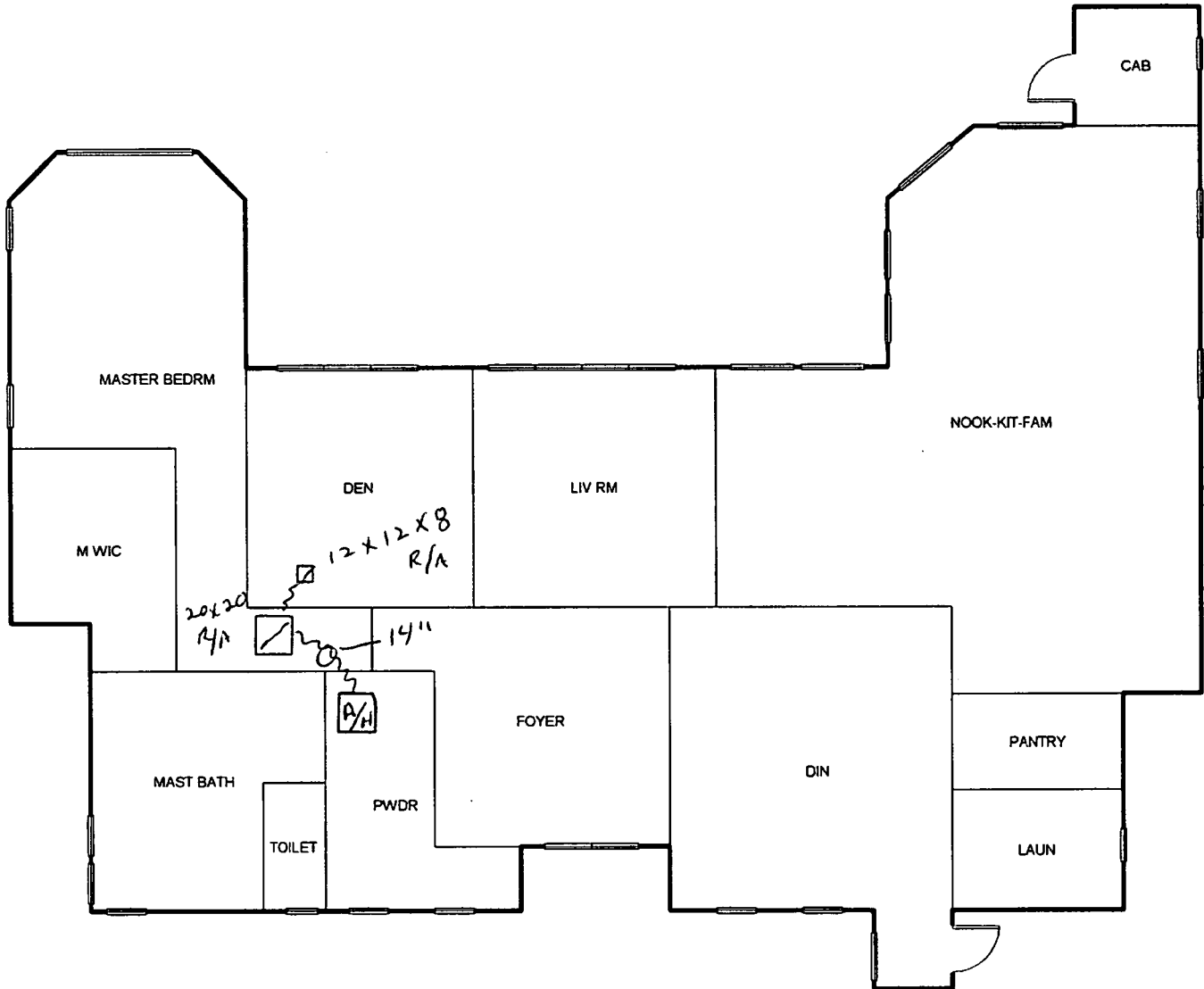
MAIN ZONE
 TRANE XR13
 2TTR3036A1 - COND
 2REC3F36 - A/H
 13SEER

Job #: GALINIS RES
 Performed by for:
 DRIFTWOOD CONST.
 2163 NE PINE RIDGE ST
 JENSEN BEACH, FL
 Phone: 334-2577 Fax: 334-5877

ASSOCIATED AIR OF PSL inc.
 1538 NIEMEYER CIR.
 PORT ST. LUCIE, FL 34952
 Phone: 772-335-7089 Fax: 772-335-7508

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 Page 1
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Sheet 1

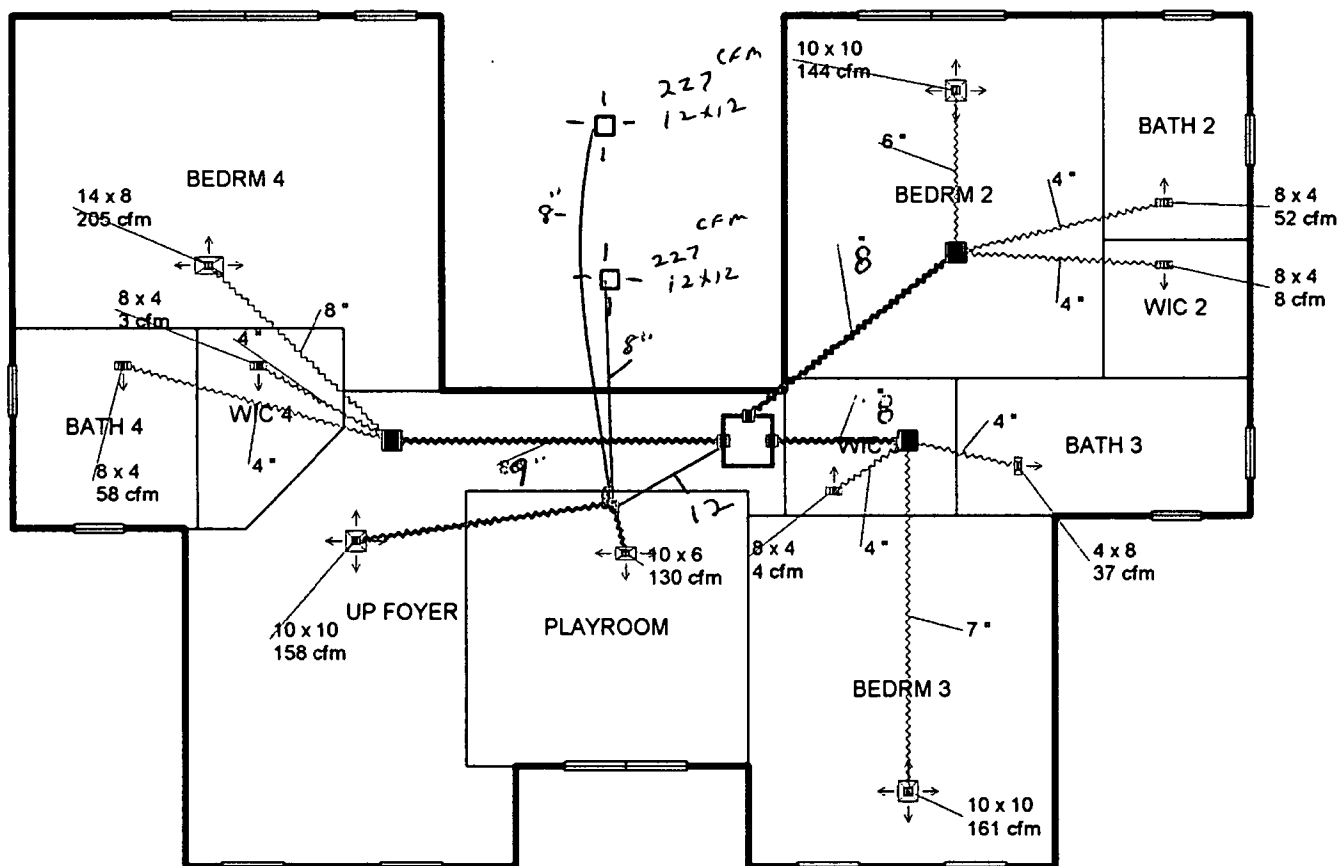


Job #: GALINIS RES
Performed by for:
DRIFTWOOD CONST.
2163 NE PINE RIDGE ST
JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

ASSOCIATED AIR OF PSL inc.
1538 NIEMEYER CIR.
PORT ST. LUCIE, FL 34952
Phone: 772-335-7089 Fax: 772-335-7508

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Page 1
Right-Suite Residential
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SECOND FL



Job #: GALINIS RES
Performed by for:

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

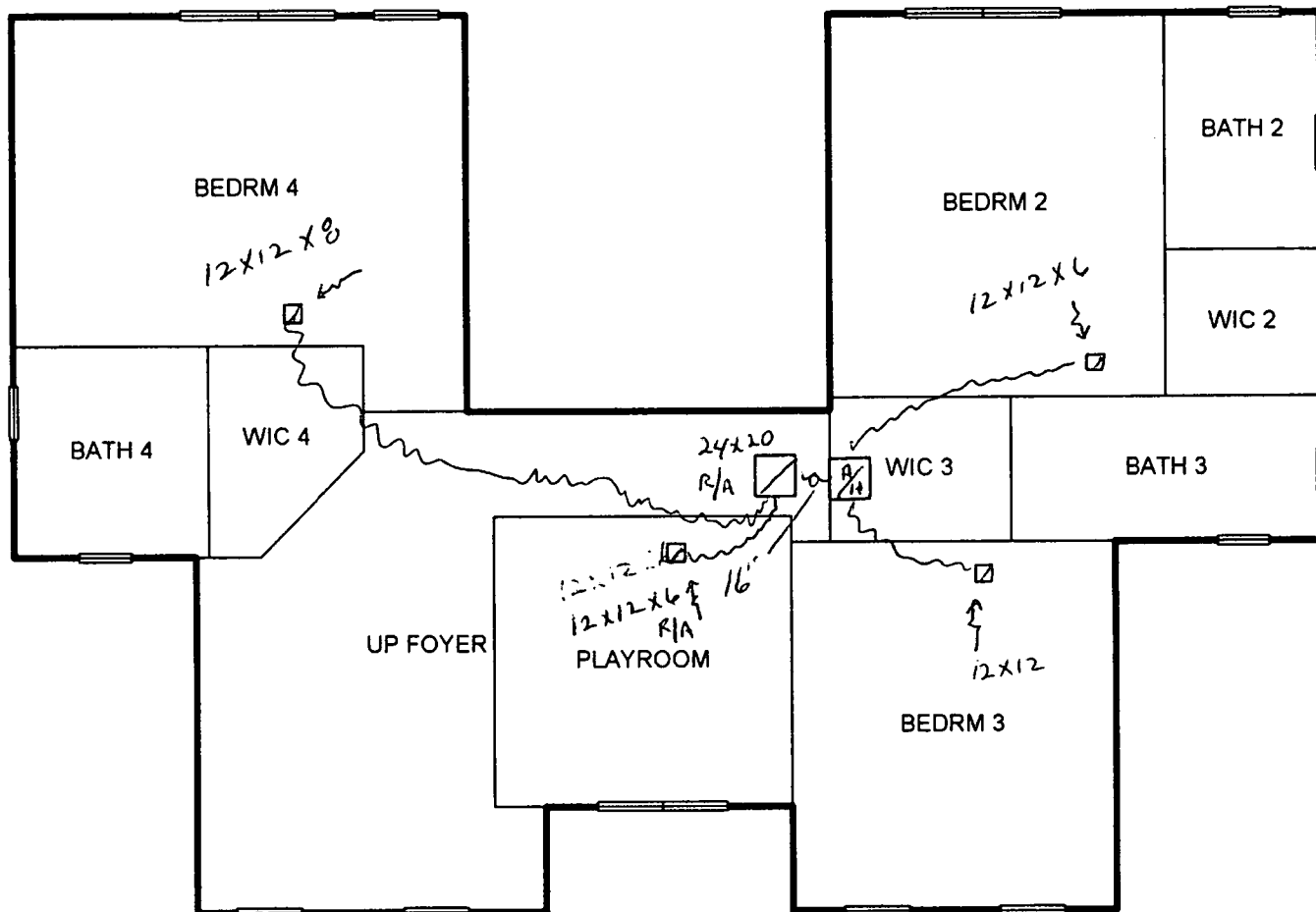
ASSOCIATED AIR OF PSL inc.

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

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Page 1
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SECOND FL



Job #: GALINIS RES
Performed by for:
 DRIFTWOOD CONST.
 2163 NE PINE RIDGE ST
 JENSEN BEACH, FL
 Phone: 334-2577 Fax: 334-5877

ASSOCIATED AIR OF PSL inc.
 1538 NIEMEYER CIR.
 PORT ST. LUCIE, FL 34952
 Phone: 772-335-7089 Fax: 772-335-7508

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FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: DRIGALINIS26SEWALLPTRD Address: 23 S. SEWALL PT RD. City, State: SEWALLS PT., FL Owner: GALINIS Climate Zone: South	Builder: DRIFTWOOD HOMES Permitting Office: Permit Number: Jurisdiction Number:
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<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 4217 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a. (Sngle Default) 998.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (SC=0.60) 518.0 ft² <input type="checkbox"/></p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 303.5(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=5.0, 2379.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=19.0, 1678.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 2954.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 103.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others 164.7 ft <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 27.6 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 34.2 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.50 <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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Glass/Floor Area: 0.24	Total as-built points: 54153	PASS
	Total base points: 61474	

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

PREPARED BY: JAK


DATE: 2-7-06

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

OWNER/AGENT: [Signature]

DATE: 2/21/06

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 with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.0)

Summary Energy Code Results

Residential Whole Building Performance Method A

GALINIS
23 S. SEWALL PT RD.
SEWALLS PT., FL

Project Title:
DRIGALINIS26SEWALLPTRD

Class 3 Rating
Registration No. 0
Climate: South

2/3/2006

Building Loads			
Base		As-Built	
Summer:	1.1734E5 points	Summer:	108079 points
Winter:	3707 points	Winter:	8181 points
Hot Water:	8365 points	Hot Water:	8365 points
Total:	129409 points	Total:	124625 points

Energy Use			
Base		As-Built	
Cooling:	50056 points	Cooling:	33939 points
Heating:	2326 points	Heating:	10919 points
Hot Water:	9092 points	Hot Water:	9294 points
Total:	61474 points	Total:	54153 points

<p style="font-size: 24pt; margin: 0;">PASS</p> <p style="font-size: 18pt; margin: 0;">e-Ratio: 0.88</p>

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X SPM X SOF = Points				
.18	4217.0	32.50	24669.5	Single, SC=0.60	SW	2.0	6.8	63.0	39.71	0.86	2163.7
				Single, SC=0.43	NE	10.0	9.0	96.0	19.04	0.58	1054.7
				Single, SC=0.60	SE	2.0	4.5	16.0	43.63	0.74	514.1
				Single, SC=0.60	NE	2.0	4.5	8.0	28.98	0.80	185.6
				Single, SC=0.60	SW	2.0	2.5	8.0	39.71	0.57	180.6
				Single, SC=0.60	SW	6.0	6.8	31.5	39.71	0.55	683.6
				Single, SC=0.60	NW	2.0	4.5	8.0	24.53	0.82	161.0
				Single, SC=0.60	NE	10.0	7.3	15.8	28.98	0.54	248.1
				Single, SC=0.60	SE	2.0	6.0	16.0	43.63	0.83	576.8
				Single, SC=0.60	SE	2.0	8.0	36.0	43.63	0.90	1410.9
				Single, SC=0.60	NE	9.0	8.3	26.3	28.98	0.58	444.6
				Single, SC=0.60	N	9.0	8.3	26.3	17.31	0.71	322.5
				Single, SC=0.43	NW	9.0	10.0	48.0	15.60	0.68	506.5
				Single, SC=0.60	NE	10.0	7.0	40.0	28.98	0.54	620.8
				Single, SC=0.60	SW	5.0	8.3	63.0	39.71	0.65	1621.7
				Single, SC=0.43	NW	4.0	9.0	24.0	15.60	0.82	307.2
				Single, SC=0.43	SW	9.0	10.0	48.0	27.11	0.54	705.8
				Single, SC=0.43	NE	9.0	10.0	264.0	19.04	0.62	3117.2
				Single, SC=0.60	SW	2.0	4.0	4.0	39.71	0.70	111.9
				Single, SC=0.60	SW	2.0	7.0	12.5	39.71	0.86	429.3
				Single, SC=0.60	NW	2.0	7.0	25.0	24.53	0.90	553.1
				Single, SC=0.60	E	2.0	8.3	17.3	42.96	0.92	686.9
				Single, SC=0.60	NE	2.0	8.3	50.4	28.98	0.93	1356.1
				Single, SC=0.60	N	2.0	8.3	17.3	17.31	0.94	282.9
				Single, SC=0.60	NW	2.0	8.3	33.6	24.53	0.93	767.6
				As-Built Total:	998.0 19012.8						
WALL TYPES				Area X BSPM = Points		Type		R-Value		Area X SPM = Points	
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior		5.0		2379.8	2.00 4759.6		
Exterior	4058.6	2.70	10958.2	Frame, Wood, Exterior		19.0		1678.8	1.60 2686.1		
Base Total:	4058.6		10958.2	As-Built Total:				4058.6	7445.7		
DOOR TYPES				Area X BSPM = Points		Type		Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated				21.0	6.40 134.4		
Exterior	42.0	6.40	268.8	Exterior Insulated				21.0	6.40 134.4		
Base Total:	42.0		268.8	As-Built Total:				42.0	268.8		

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT			
CEILING TYPES Area X BSPM = Points				Type	R-Value	Area X SPM X SCM =	Points
Under Attic	2954.6	2.80	8272.9	Under Attic	30.0	2954.6 2.77 X 1.00	8184.2
Base Total:	2954.6		8272.9	As-Built Total:		2954.6	8184.2
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM =	Points
Slab	303.5(p)	-20.0	-6070.0	Slab-On-Grade Edge Insulation	0.0	303.5(p) -20.00	-6070.0
Raised	0.0	0.00	0.0				
Base Total:			-6070.0	As-Built Total:		303.5	-6070.0
INFILTRATION Area X BSPM = Points				Area X SPM = Points			
	4217.0	18.79	79237.4			4217.0 18.79	79237.4
Summer Base Points:117336.8				Summer As-Built Points: 108079.0			
Total Summer X System = Cooling Points Multiplier Points				Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU)			
				(sys 1: Central Unit 27600 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0(INS) 108079 0.27 (1.07 x 1.165 x 0.90) 0.262 0.950 9164.7			
				(sys 2: Central Unit 34200 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS) 108079 0.33 (1.07 x 1.165 x 1.08) 0.262 0.950 11356.3			
				(sys 3: Central Unit 42000 btuh ,SEER/EFF(13.5) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS) 108079 0.40 (1.07 x 1.165 x 1.08) 0.253 0.950 13429.8			
117336.8	0.4266	50055.9	108079.0	1.00	1.280	0.258	0.950 33939.2

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points							
.18	4217.0	2.36	1791.4	Single, SC=0.60	SW	2.0	6.8	63.0	5.61	1.01	358.6
				Single, SC=0.43	NE	10.0	9.0	96.0	6.27	0.99	593.5
				Single, SC=0.60	SE	2.0	4.5	16.0	5.17	1.09	90.0
				Single, SC=0.60	NE	2.0	4.5	8.0	6.15	1.00	49.0
				Single, SC=0.60	SW	2.0	2.5	8.0	5.61	1.09	48.9
				Single, SC=0.60	SW	6.0	6.8	31.5	5.61	1.10	194.3
				Single, SC=0.60	NW	2.0	4.5	8.0	6.22	0.99	49.1
				Single, SC=0.60	NE	10.0	7.3	15.8	6.15	0.98	95.5
				Single, SC=0.60	SE	2.0	6.0	16.0	5.17	1.06	87.6
				Single, SC=0.60	SE	2.0	8.0	36.0	5.17	1.04	193.8
				Single, SC=0.60	NE	9.0	8.3	26.3	6.15	0.99	159.7
				Single, SC=0.60	N	9.0	8.3	26.3	6.24	0.96	158.4
				Single, SC=0.43	NW	9.0	10.0	48.0	6.30	0.97	294.4
				Single, SC=0.60	NE	10.0	7.0	40.0	6.15	0.98	241.7
				Single, SC=0.60	SW	5.0	8.3	63.0	5.61	1.06	375.1
				Single, SC=0.43	NW	4.0	9.0	24.0	6.30	0.99	149.2
				Single, SC=0.43	SW	9.0	10.0	48.0	5.82	1.10	307.7
				Single, SC=0.43	NE	9.0	10.0	264.0	6.27	0.99	1637.3
				Single, SC=0.60	SW	2.0	4.0	4.0	5.61	1.05	23.5
				Single, SC=0.60	SW	2.0	7.0	12.5	5.61	1.01	71.1
				Single, SC=0.60	NW	2.0	7.0	25.0	6.22	0.99	154.3
				Single, SC=0.60	E	2.0	8.3	17.3	5.53	1.02	97.7
				Single, SC=0.60	NE	2.0	8.3	50.4	6.15	1.00	309.5
				Single, SC=0.60	N	2.0	8.3	17.3	6.24	0.99	107.2
				Single, SC=0.60	NW	2.0	8.3	33.6	6.22	0.99	207.7
				As-Built Total:				998.0			6054.8
WALL TYPES Area X BWPM = Points				Type		R-Value		Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior		5.0		2379.8	0.90		2141.8
Exterior	4058.6	0.60	2435.2	Frame, Wood, Exterior		19.0		1678.8	0.30		503.6
Base Total:	4058.6		2435.2	As-Built Total:				4058.6			2645.5
DOOR TYPES Area X BWPM = Points				Type				Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated				21.0	1.80		37.8
Exterior	42.0	1.80	75.6	Exterior Insulated				21.0	1.80		37.8
Base Total:	42.0		75.6	As-Built Total:				42.0			75.6

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT						
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM X WCM =	Points			
Under Attic	2954.6	0.10	295.5	Under Attic	30.0	2954.6 0.10 X 1.00	295.5			
Base Total:	2954.6		295.5	As-Built Total:		2954.6	295.5			
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM =	Points			
Slab	303.5(p)	-2.1	-637.3	Slab-On-Grade Edge Insulation	0.0	303.5(p) -2.10	-637.3			
Raised	0.0	0.00	0.0							
Base Total:			-637.3	As-Built Total:		303.5	-637.3			
INFILTRATION Area X BWPM = Points				Area X WPM = Points						
	4217.0	-0.06	-253.0		4217.0	-0.06	-253.0			
Winter Base Points:			3707.2	Winter As-Built Points:			8180.9			
Total Winter X Points	System Multiplier	=	Heating Points	Total Component (System - Points)	X Cap Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Heating Points
				(sys 1: Electric Strip 34000 btuh , EFF(1.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0						
				8180.9	0.333 (1.099 x 1.137 x 0.91)	1.000	1.000			3639.8
				(sys 2: Electric Strip 34000 btuh , EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0						
				8180.9	0.333 (1.099 x 1.137 x 1.14)	1.000	1.000			3639.8
				(sys 3: Electric Strip 34000 btuh , EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0						
				8180.9	0.333 (1.099 x 1.137 x 1.14)	1.000	1.000			3639.8
3707.2	0.6274		2325.9	8180.9	1.00	1.335	1.000	1.000		10919.4

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	=	Total Multiplier
4		2273.00		9092.0	50.0	0.90	4		0.50	2323.51	1.00	4647.0
					50.0	0.90	4		0.50	2323.51	1.00	4647.0
As-Built Total:											9294.0	

CODE COMPLIANCE STATUS

BASE					AS-BUILT								
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
50056		2326		9092		61474	33939		10919		9294		54153

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings > 1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.0

The higher the score, the more efficient the home.

GALINIS, 23 S. SEWALL PT RD., SEWALLS PT., FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 4217 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a. (Sngle Default) 998.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (SC=0.60) 518.0 ft² <input type="checkbox"/></p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 303.5(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=5.0, 2379.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=19.0, 1678.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 2954.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 103.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others 164.7 ft <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 27.6 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 34.2 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.50 <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	--

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

Builder Signature: [Signature]

Date: 2/21/06

Address of New Home: 26 S. Sewall Pt Rd

City/FL Zip: Seawall, FL



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

1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.0)

FORM 600A-2004

EnergyGauge® 4.0

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

8105
FILE
20-55-10

Project Name: DORALINIS SEWALL PTRD	Builder: DRIFTWOOD HOMES
Address: 23 S. SEWALL PT RD.	Permitting Office:
City, State: SEWALLS PT., FL	Permit Number:
Owner: GALINS	Jurisdiction Number:
Climate Zone: South	

REVISION

	DATE	BY		
1. New construction or existing			12. Cooling systems	
2. Single family or multi-family			a. Central Unit	Cap: 27.0 kBtu/hr SEER: 13.00
3. Number of units, if multi-family			b. Central Unit	Cap: 30.2 kBtu/hr SEER: 13.00
4. Number of Bedrooms			c. Central Unit	Cap: 42.0 kBtu/hr SEER: 13.50
5. Is this a worst case?			13. Heating systems	
6. Conditioned floor area (ft²)			a. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)			b. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
a. U-factor: Description Area			c. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
(or Single or Double DEFAULT) 7a. (Single Default) 998.0 ft²			14. Hot water systems	
b. SHGC: (or Clear or Tint DEFAULT) 7b. (SHGC=0.52) 518.0 ft²			a. Electric Resistance	Cap: 50.0 gallons EF: 0.90
8. Floor types			b. Electric Resistance	Cap: 50.0 gallons EF: 0.90
a. Slab-On-Grade Edge Insulation R=0.0, 303.5(p) ft			c. Conservation credits	
b. N/A			(HR-Heat recovery, Solar DHP-Dedicated heat pump)	
c. N/A			15. HVAC credits	MZ-C
9. Wall types			(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)	
a. Concrete, Int Insul, Exterior R=5.0, 2379.8 ft²				
b. Frame, Wood, Exterior R=19.0, 1678.8 ft²				
c. N/A				
d. N/A				
e. N/A				
10. Ceiling types				
a. Under Attic R=20.0, 2954.6 ft²				
b. N/A				
c. N/A				
11. Ducts				
a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 103.6 ft²				
b. 2 Others 164.7 ft				

Glass/Floor Area: 0.24 Total as-built points: 56063 **PASS**
 Total base points: 81474

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

PREPARED BY: JAK

DATE: 12-14-06

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


OWNER/AGENT: [Signature]

DATE: 12/14/06

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 with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 284.
 EnergyGauge® (Version: FLRCSB v4.0)

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points				Overhang							
Floor Area				Type/SC	Omt	Len	Hgt	Area X	SPM X	SOF = Points	
.18	4217.0	32.60	24689.8	Single, SHGC=0.52	SW	2.0	8.8	63.0	47.43	0.88	2584.8
				Single, SHGC=0.37	NE	10.0	9.0	96.0	21.81	0.58	1208.4
				Single, SHGC=0.52	SE	2.0	4.5	18.0	51.82	0.74	811.7
				Single, SHGC=0.52	NE	2.0	4.5	8.0	35.09	0.90	224.6
				Single, SHGC=0.52	SW	2.0	2.5	8.0	47.43	0.57	215.7
				Single, SHGC=0.52	SW	8.0	8.8	31.5	47.43	0.55	816.6
				Single, SHGC=0.52	NW	2.0	4.5	8.0	30.00	0.82	198.9
				Single, SHGC=0.52	NE	10.0	7.3	15.8	35.09	0.54	300.3
				Single, SHGC=0.52	SE	2.0	6.0	18.0	51.82	0.83	888.4
				Single, SHGC=0.52	SE	2.0	8.0	38.0	51.82	0.90	1679.0
				Single, SHGC=0.52	NE	8.0	8.3	28.3	35.09	0.58	638.1
				Single, SHGC=0.52	N	8.0	8.3	28.3	21.89	0.71	404.2
				Single, SHGC=0.37	NW	9.0	10.0	48.0	18.09	0.68	587.3
				Single, SHGC=0.52	NE	10.0	7.0	40.0	35.09	0.54	751.5
				Single, SHGC=0.52	SW	5.0	8.3	63.0	47.43	0.65	1937.2
				Single, SHGC=0.37	NW	4.0	9.0	24.0	18.09	0.82	358.2
				Single, SHGC=0.37	SW	9.0	10.0	48.0	30.82	0.54	707.3
				Single, SHGC=0.37	NE	9.0	10.0	284.0	21.81	0.82	3571.4
				Single, SHGC=0.52	SW	2.0	4.0	4.0	47.43	0.70	133.7
				Single, SHGC=0.52	SW	2.0	7.0	12.5	47.43	0.86	512.8
				Single, SHGC=0.52	NW	2.0	7.0	25.0	30.00	0.90	676.8
				Single, SHGC=0.52	E	2.0	8.3	17.3	51.15	0.82	817.8
				Single, SHGC=0.52	NE	2.0	8.3	60.4	35.09	0.89	1841.5
				Single, SHGC=0.52	N	2.0	8.3	17.3	21.89	0.94	354.8
				Single, SHGC=0.52	NW	2.0	8.3	33.8	30.00	0.99	938.9
				As-Built Total:				938.0		22843.3	
WALL TYPES				Area X BSPM = Points							
				Type	R-Value	Area X		SPM =		Points	
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior	5.0	2379.8	2.00	4759.6			
Exterior	4058.6	2.70	10958.2	Frame, Wood, Exterior	19.0	1878.8	1.60	2806.1			
Base Total:				As-Built Total:			4058.6	7465.7			
DOOR TYPES				Area X BSPM = Points							
				Type	Area X		SPM =		Points		
Adjacent	0.0	0.00	0.0	Exterior Insulated	21.0	6.40	134.4				
Exterior	42.0	6.40	268.8	Exterior Insulated	21.0	6.40	134.4				
Base Total:				As-Built Total:			42.0	268.8			

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,	PERMIT #:
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BASE	AS-BUILT
CEILING TYPES Area X BSPM = Points	Type R-Value Area X SPM X SCM = Points
Under Attic 2954.6 2.90 8272.9	Under Attic 20.0 2954.6 3.60 X 1.00 10636.6
Base Total: 2954.6 8272.9	As-Built Total: 2954.6 10636.6
FLOOR TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points
Slab 303.5(p) -20.0 -6070.0	Slab-On-Grade Edge Insulation 0.0 303.5(p) -20.00 -6070.0
Raised 0.0 0.00 0.0	
Base Total: -6070.0	As-Built Total: 303.5 -6070.0
INFILTRATION Area X BSPM = Points	Area X SPM = Points
4217.0 18.79 79237.4	4217.0 18.79 79237.4
Summer Base Points: 117336.8	Summer As-Built Points: 114061.7
Total Summer X System = Cooling Points Multiplier Points	Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU)
	(eye 1: Central Unit 27600 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(F),Int(AH),R0.0(INS) 114062 0.27 (1.07 x 1.165 x 0.90) 0.262 0.950 8872.0
	(eye 2: Central Unit 34200 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(F),As(AH),R0.0(INS) 114062 0.33 (1.07 x 1.165 x 1.06) 0.262 0.950 11864.9
	(eye 3: Central Unit 42000 btuh ,SEER/EFF(13.5) Ducts:Unc(S),Unc(F),As(AH),R0.0(INS) 114062 0.40 (1.07 x 1.165 x 1.06) 0.253 0.950 14173.2
117336.8 0.4266 50055.9	114061.7 1.00 1.280 0.258 0.950 36817.9

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: 3 cfm/sq.ft. window area; 5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joist members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT					
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM X WCM = Points			
Under Attic	2954.6	0.10	295.5	Under Attic	20.0	2954.6	0.13 X 1.00 = 393.9		
Base Total:	2954.6		295.5	As-Built Total:		2954.6	393.9		
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points			
Slab	303.5(p)	-2.1	-637.3	Slab-On-Grade Edge Insulation	0.0	303.5(p)	-2.10 = -637.3		
Rolled	0.0	0.00	0.0						
Base Total:			-637.3	As-Built Total:		303.6	-637.3		
INFILTRATION Area X BWPM = Points				Area X WPM = Points					
	4217.0	-0.06	-253.0			4217.0	-0.06 = -253.0		
Winter Base Points: 3707.2				Winter As-Built Points: 8204.8					
Total Winter X Points	System Multiplier	=	Heating Points	Total X Component (System - Points)	Cap Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points
				(sys 1: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 0.91) 1.000 1.000 3650.4 (sys 2: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),AB(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 1.14) 1.000 1.000 3650.4 (sys 3: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),AB(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 1.14) 1.000 1.000 3650.4					
3707.2	0.6274		2325.9	8204.8	1.00	1.335	1.000	1.000	10951.2

Summary Energy Code Results

Residential Whole Building Performance Method A

GALINIS
23 S. SEWALL PT RD.
SEWALLS PT., FL

Project Title:
DRIGALINIS26SEWALLPTRD

Class 3 Rating
Registration No. 0
Climate: South

12/14/2006

Building Loads			
Base		As-Built	
Summer:	1.1734E5 points	Summer:	114062 points
Winter:	3707 points	Winter:	8205 points
Hot Water:	8365 points	Hot Water:	8365 points
Total:	129409 points	Total:	130631 points

Energy Use			
Base		As-Built	
Cooling:	50056 points	Cooling:	35818 points
Heating:	2326 points	Heating:	10951 points
Hot Water:	9092 points	Hot Water:	9294 points
Total:	61474 points	Total:	56063 points

<p>PASS e-Ratio: 0.91</p>

TRANSMISSION VERIFICATION REPORT

TIME : 12/19/2006 12:01

DATE, TIME	12/19 12:01
FAX NO./NAME	3345877
DURATION	00:00:13
PAGE(S)	00
RESULT	NG
MODE	STANDARD

NG : POOR LINE CONDITION

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT					
WATER HEATING									
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit = Total Multiplier
4		2273.00	9082.0	50.0	0.90	4		0.50	2323.51
				50.0	0.90	4		0.50	2323.51
As-Built Total:									9294.0

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	Total Points
50056		2326		9092		61474	55818
							10951
							9294
							56063

PASS



ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.4

The higher the score, the more efficient the home.

GALINIS, 23 S. SEWALL PT RD., SEWALLS PT., FL.

<p>1. New construction or existing: New <input type="checkbox"/></p> <p>2. Single family or multi-family: Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family: 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms: 4 <input type="checkbox"/></p> <p>5. Is this a worst case?: No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²): 4217 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a. (Single Default) 998.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (SHGC=0.52) 518.0 ft² <input type="checkbox"/></p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation: R=0.0, 303.5(p) ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior: R=5.0, 2379.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior: R=19.0, 1678.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic: R=20.0, 2954.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup. Unc. Ret. Unc. AH: Attic: Sup. R=6.0, 103.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others: 164.7 ft² <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>	<p>Cap: 27.6 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.00 <input type="checkbox"/></p> <p>Cap: 34.2 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.00 <input type="checkbox"/></p> <p>Cap: 42.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.50 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.90 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.90 <input type="checkbox"/></p> <p>MZ-C, <input type="checkbox"/></p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: 12/18/06

Address of New Home: 26 S Sewalls Pt Rd

City/FL Zip: S Pt, FL 34994



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

1. Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
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FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

PN 8105

Project Name: **DRIFTWOOD HOMES** Builder: **DRIFTWOOD HOMES**
 Address: **23 S. SEWALL PT RD.** Permitting Office:
 City, State: **SEWALLS PT., FL** Permit Number:
 Owner: **GALLOP** Jurisdiction Number:
 Climate Zone: **South** DATE _____ B.O. _____

REVISION

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 27.6 kBtu/hr SEER: 13.00
3. Number of units, if multi-family	1	b. Central Unit	Cap: 34.2 kBtu/hr SEER: 13.00
4. Number of Bedrooms	4	c. Central Unit	Cap: 42.0 kBtu/hr SEER: 13.50
5. Is this a worst case?	No	13. Heating systems	
6. Conditioned floor area (ft ²)	4217 ft ²	a. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		b. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
a. U-factor: Description Area		c. Electric Strip	Cap: 34.0 kBtu/hr COP: 1.00
(or Single or Double DEFAULT) 7a. (Single Default) 998.0 ft ²		14. Hot water systems	
b. SHGC: (or Clear or Tint DEFAULT) 7b. (SHGC=0.52) 518.0 ft ²		a. Electric Resistance	Cap: 50.0 gallons EF: 0.90
8. Floor types		b. Electric Resistance	Cap: 50.0 gallons EF: 0.90
a. Slab-On-Grade Edge Insulation R=0.0, 303.5(p) ft		c. Conservation credits	
b. N/A		(HR-Heat recovery, Solar	
c. N/A		DHP-Dedicated heat pump)	
9. Wall types		15. HVAC credits	MZ-C, _____
a. Concrete, Int Insul, Exterior R=5.0, 2379.8 ft ²		(CF-Ceiling fan, CV-Cross ventilation,	
b. Frame, Wood, Exterior R=19.0, 1678.8 ft ²		HF-Whole house fan,	
c. N/A		PT-Programmable Thermostat,	
d. N/A		MZ-C-Multizone cooling,	
e. N/A		MZ-H-Multizone heating)	
10. Ceiling types			
a. Under Attic R=20.0, 2954.6 ft ²			
b. N/A			
c. N/A			
11. Ducts			
a. Sup. Unc. Ret. Unc. AH: Attic Sup. R=6.0, 103.6 ft ²			
b. 2 Others 164.7 ft ²			

Glass/Floor Area: 0.24 Total as-built points: 56063
 Total base points: 61474 **PASS**

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.
 PREPARED BY: JAK
 DATE: 12-14-06
 I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.
 OWNER/AGENT: [Signature]
 DATE: 12/18/06

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 with Section 553.908 Florida Statutes.
 BUILDING OFFICIAL: _____
 DATE: _____



1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
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SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Overhang Type/SC Ornt Len Hgt Area X SPM X SOF = Points							
.18	4217.0	32.60	24669.5	Single, SHGC=0.52	SW	2.0	6.8	63.0	47.43	0.88	2564.6
				Single, SHGC=0.37	NE	10.0	9.0	96.0	21.81	0.58	1208.4
				Single, SHGC=0.52	SE	2.0	4.5	16.0	51.92	0.74	611.7
				Single, SHGC=0.52	NE	2.0	4.5	8.0	35.09	0.80	224.6
				Single, SHGC=0.52	SW	2.0	2.5	8.0	47.43	0.57	215.7
				Single, SHGC=0.52	SW	8.0	6.8	31.5	47.43	0.55	816.6
				Single, SHGC=0.52	NW	2.0	4.5	8.0	30.00	0.82	196.9
				Single, SHGC=0.52	NE	10.0	7.3	15.8	35.09	0.54	300.3
				Single, SHGC=0.52	SE	2.0	6.0	18.0	51.92	0.83	686.4
				Single, SHGC=0.52	SE	2.0	8.0	36.0	51.92	0.90	1679.0
				Single, SHGC=0.52	NE	9.0	8.3	26.3	35.09	0.58	538.1
				Single, SHGC=0.52	N	9.0	8.3	26.3	21.69	0.71	404.2
				Single, SHGC=0.37	NW	9.0	10.0	48.0	18.09	0.68	587.3
				Single, SHGC=0.52	NE	10.0	7.0	40.0	35.09	0.54	751.6
				Single, SHGC=0.52	SW	5.0	8.3	63.0	47.43	0.65	1937.2
				Single, SHGC=0.37	NW	4.0	9.0	24.0	18.09	0.62	358.2
				Single, SHGC=0.37	SW	9.0	10.0	48.0	30.62	0.54	797.3
				Single, SHGC=0.37	NE	9.0	10.0	264.0	21.81	0.62	3571.4
				Single, SHGC=0.52	SW	2.0	4.0	4.0	47.43	0.70	133.7
				Single, SHGC=0.52	SW	2.0	7.0	12.5	47.43	0.86	512.8
				Single, SHGC=0.52	NW	2.0	7.0	25.0	30.00	0.90	676.5
				Single, SHGC=0.52	E	2.0	8.3	17.3	51.15	0.82	817.8
				Single, SHGC=0.52	NE	2.0	8.3	50.4	35.09	0.83	1641.5
				Single, SHGC=0.52	N	2.0	8.3	17.3	21.69	0.84	354.6
				Single, SHGC=0.52	NW	2.0	8.3	33.6	30.00	0.83	938.9
				As-Built Total:				998.8			22843.3
WALL TYPES				Area X BSPM = Points				Type R-Value Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior	5.0	2379.8	2.00	4759.6			
Exterior	4058.6	2.70	10958.2	Frame, Wood, Exterior	19.0	1678.8	1.60	2686.1			
Base Total:				4468.6				10968.2		7445.7	
DOOR TYPES				Area X BSPM = Points				Type Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated		21.0	6.40	134.4			
Exterior	42.0	6.40	268.8	Exterior Insulated		21.0	6.40	134.4			
Base Total:				42.0				268.8		268.8	

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SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT			
CEILING TYPES Area X BSPM = Points				Type	R-Value	Area X SPM X SCM =	Points
Under Attic	2854.8	2.80	8272.9	Under Attic	20.0	2854.8 3.60 X 1.00	10636.6
Base Total:	2854.8		8272.9	As-Built Total:		2854.8	10636.6
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM =	Points
Slab	303.5(p)	-20.0	-6070.0	Slab-On-Grade Edge Insulation	0.0	303.5(p) -20.00	-6070.0
Raised	0.0	0.00	0.0				
Base Total:			-6070.0	As-Built Total:		303.5	-6070.0
INFILTRATION Area X BSPM = Points				Area X SPM = Points			
	4217.0	18.78	79237.4		4217.0	18.78	79237.4
Summer Base Points: 117336.8				Summer As-Built Points: 114061.7			
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component (System - Points)	X	Cap Ratio (DM x DSM x AHU)	X Duct Multiplier X System Multiplier X Credit Multiplier = Cooling Points
117336.8		0.4266	50055.9	114061.7	1.00	1.280	0.258 0.950 35817.9
				<small>(sys 1: Central Unit 27000 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0(INS)</small> 114062 0.27 (1.07 x 1.165 x 0.90) 0.262 0.950 9672.0 <small>(sys 2: Central Unit 34200 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS)</small> 114062 0.33 (1.07 x 1.165 x 1.06) 0.262 0.950 11984.9 <small>(sys 3: Central Unit 42000 btuh ,SEER/EFF(13.5) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS)</small> 114062 0.40 (1.07 x 1.165 x 1.06) 0.253 0.950 14173.2			

FORM 600A-2004

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WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 8. SEWALL PT RD., SEWALLS PT., FL, PERMIT #:

BASE				AS-BUILT			
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM X WCM = Points	
Under Attic	2954.6	0.10	295.5	Under Attic	20.0	2954.6	0.13 X 1.00 = 383.9
Base Total:	2954.6		295.5	As-Built Total:		2954.6	383.9
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points	
Slab	303.5(p)	-2.1	-637.3	Slab-On-Grade Edge Insulation	0.0	303.5(p)	-2.10 = -637.3
Raised	0.0	0.00	0.0				
Base Total:			-637.3	As-Built Total:		303.5	-637.3
INFILTRATION Area X BWPM = Points				Area X WPM = Points			
	4217.0	-0.06	-253.0			4217.0	-0.06 = -253.0
Winter Base Points: 3707.2				Winter As-Built Points: 8204.8			
Total Winter X System = Heating Points Multiplier Points				Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU)			
3707.2 0.6274 2325.9				(sys 1: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 0.91) 1.000 1.000 3650.4			
				(sys 2: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 1.14) 1.000 1.000 3650.4			
				(sys 3: Electric Strip 34000 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0 8204.8 0.333 (1.099 x 1.137 x 1.14) 1.000 1.000 3650.4			
				8204.8 1.00 1.335 1.000 1.000 10951.2			

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Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration roots	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. Insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

Summary Energy Code Results

Residential Whole Building Performance Method A

GALINIS
23 S. SEWALL PT RD.
SEWALLS PT., FL

Project Title:
DRIGALINIS26SEWALLPTRD

Class 3 Rating
Registration No. 0
Climate: South

12/14/2006

Building Loads			
Base		As-Built	
Summer:	1.1734E5 points	Summer:	114062 points
Winter:	3707 points	Winter:	8205 points
Hot Water:	8365 points	Hot Water:	8365 points
Total:	129409 points	Total:	130631 points

Energy Use			
Base		As-Built	
Cooling:	50056 points	Cooling:	35818 points
Heating:	2326 points	Heating:	10951 points
Hot Water:	9092 points	Hot Water:	9294 points
Total:	61474 points	Total:	56063 points

PASS
e-Ratio: 0.91

FORM 600A-2004

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WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 23 S. SEWALL PT RD., SEWALLS PT., FL,	PERMIT #:
--	-----------

BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X	Credit Multiplier	= Total
4		2273.00	9092.0	50.0	0.90	4		0.50	2323.51	1.00	4647.0
				50.0	0.90	4		0.50	2323.51	1.00	4647.0
As-Built Total:											9294.0

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
50056		2326		9092		61474	35818		10951		9294		56063

PASS



ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.4

The higher the score, the more efficient the home.

GALINIS, 23 S. SEWALL PT RD., SEWALLS PT., FL.

<p>1. New construction or existing: New <input type="checkbox"/></p> <p>2. Single family or multi-family: Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family: 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms: 4 <input type="checkbox"/></p> <p>5. Is this a worst case?: No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²): 4217 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a. (Single Default) 998.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (SHGC=0.52) 518.0 ft² <input type="checkbox"/></p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation: R=0.0, 303.5(p) ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior: R=5.0, 2379.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior: R=19.0, 1678.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic: R=20.0, 2954.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic: Sup. R=6.0, 103.6 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others: 164.7 ft² <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits <input type="checkbox"/></p>	<p>Cap: 27.6 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.00 <input type="checkbox"/></p> <p>Cap: 34.2 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.00 <input type="checkbox"/></p> <p>Cap: 42.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 13.50 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.90 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.90 <input type="checkbox"/></p> <p>MZ-C <input type="checkbox"/></p>
--	--	--

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

Builder Signature: _____

Date: 12/18/06

Address of New Home: 23 S. Sewall Pt Rd

City/FL Zip: S. Point, FL 32479

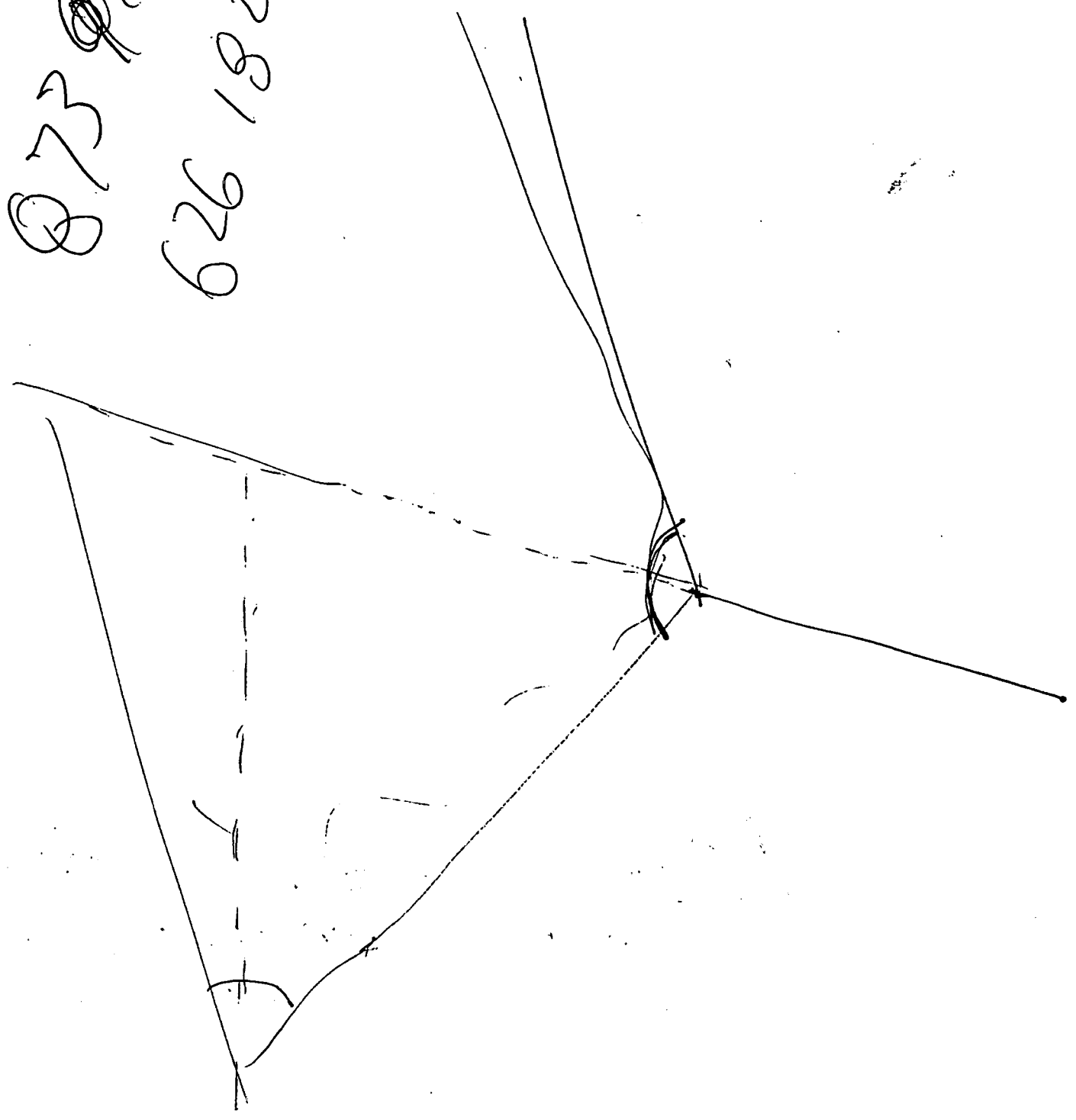


***NOTE:** The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar[®] designation), your home may qualify for energy efficiency mortgage (EFM) incentives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

1. Predominant glass type. For actual glass type and area, see Summer & Winter Glass output on page 2&A. EnergyGauge[®] (Version: FLRCSB v4.0)

873 ~~606~~

626 1827





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CHAMBERS TRUSS INC

3105 Oleander Avenue, Fort Pierce, Florida 34982-6423
 Fort Pierce 772-465-2012 Stuart 772-286-3302
 Vero Beach 772-569-2012 FAX 772-465-8711
 www.chamberstruss.com / mail@chamberstruss.com
 800-551-5932 Anywhere

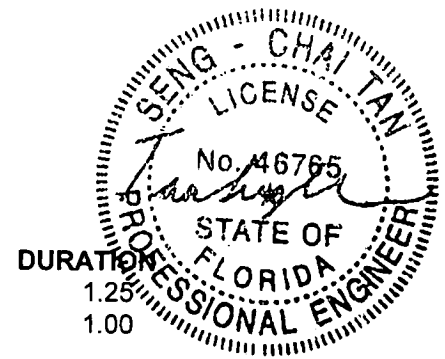
For 61G15-31.003 section 5 where a Truss Design Engineer seals the Truss Design Drawings.

JOB NUMBER 65912

PROJECT/ADDRESS GALINAS
 COUNTY MARTIN
 TRUSS COMPANY CHAMBERS TRUSS INC
 BUILDING CODE FLORIDA BUILDING CODE 2004
 OCCUPANCY II: Non Restrictive
 BUILDING DEPARTMENT MARTIN COUNTY
 COMPUTER PROGRAM USED 6.3 Apr 4 2006 MiTek

	T/C L/L	T/C D/L	B/C L/L	B/C D/L	TOTAL
ROOF LOAD	20	15	0	10	45
FLOOR LOAD	50	10	0	5	65

WIND SPEED: 140 WIND DESIGN: ASCE 7-2002



DEC 14 2006

This package includes this truss index sheet and 73 truss drawings.

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

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

NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE
1 A	07/17/06	2 A1	07/17/06	3 A2	07/17/06	4 A3	07/17/06
5 AT1	07/17/06	6 AT2	07/17/06	7 ATA	07/17/06	8 ATB	07/17/06
9 ATC	07/17/06	10 B	07/17/06	11 B1	07/17/06	12 B3	07/17/06
13 B4	07/17/06	14 B5	07/17/06	15 B6	07/17/06	16 B7	07/17/06
17 BB	07/17/06	18 C	07/17/06	19 C1	07/17/06	20 C2	07/17/06
21 C3	07/17/06	22 C4	07/17/06	23 C5	07/17/06	24 C6	07/17/06
25 C7	07/17/06	26 C8	07/17/06	27 C9	07/17/06	28 D	07/17/06
29 F	07/17/06	30 F1	07/17/06	31 F2	07/17/06	32 GEA	07/17/06
37 GRA	07/17/06	38 GRA1	07/17/06	39 GRA2	07/17/06	40 GRB	07/17/06
41 GRB1	07/17/06	42 GRB4	07/17/06	43 GRC	07/17/06	44 GRC1	07/17/06
45 GRC2	07/17/06	46 GRC3	07/17/06	47 GRD	07/17/06	48 GRD1	07/17/06
49 GRD2	07/17/06	50 GRF	07/17/06	51 GRF1	07/17/06	52 J1	07/17/06
53 J1D	07/17/06	54 J2	07/17/06	55 J3	07/17/06	56 J3D	07/17/06
57 J4D	07/17/06	58 J4F	07/17/06	59 J5	07/17/06	60 J5C	07/17/06
61 J7	07/17/06	62 J7C	07/17/06	63 KJ4	07/17/06	64 KJ41	07/17/06
65 KJ5	07/17/06	66 KJA	07/17/06	67 KJF	07/17/06	68 KJF1	07/17/06
69 KJF2	07/17/06	70 MV2	07/17/06	71 MV4	07/17/06	72 MV6	07/17/06
73 V4	07/17/06						

Seng-Chai Tan, FL Lic #46765
 345 Alhambra PL
 West Palm Beach, FL 33405
 MiTek Industries, Inc.
 FL Cert. #6634

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

WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

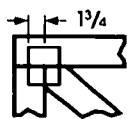
Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, DSB-89 and BCSI1 Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.



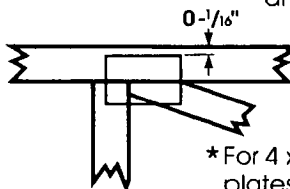
14515 N. Outer Forty, Suite #300
 Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

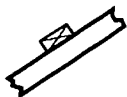
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

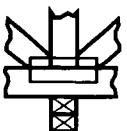
The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

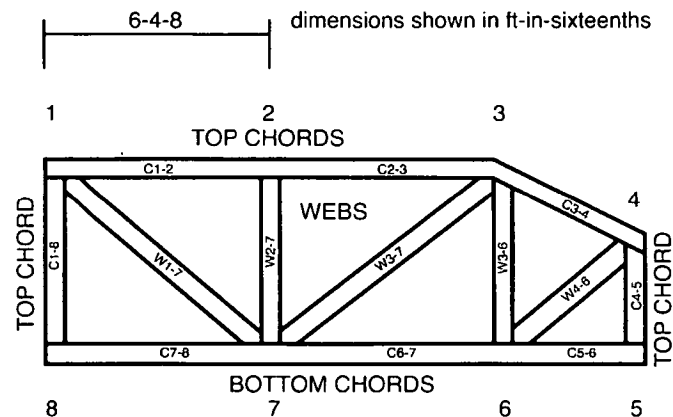
Industry Standards:

ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.

DSB-89: Design Standard for Bracing.

BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

MiTek
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General Safety Notes

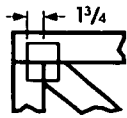
Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

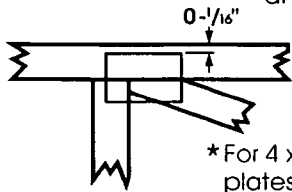
© 2006 MiTek® All Rights Reserved

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

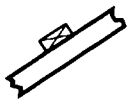
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

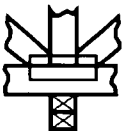
The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

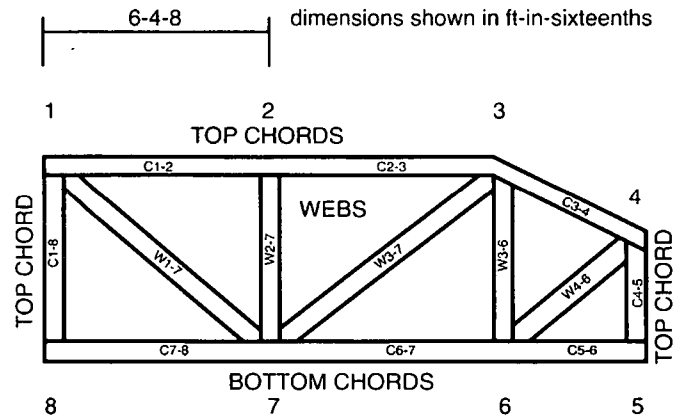
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ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.

DSB-89: Design Standard for Bracing.

BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

MiTek
POWER TO PERFORM.™

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

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1978-2006 28 Years of Service

CHAMBERS TRUSS INC

3105 Oleander Avenue, Fort Pierce, Florida 34982-6423

Fort Pierce 772-465-2012 Stuart 772-286-3302

Vero Beach 772-569-2012 FAX 772-465-8711

www.chamberstruss.com / mail@chamberstruss.com

800-551-5932 Anywhere

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

JOB NUMBER 66726

PROJECT/ADDRESS 4X2 FLR/65912
 TRUSS COMPANY CHAMBERS TRUSS INC
 BUILDING CODE FLORIDA BUILDING CODE
 BUILDING DEPARTMENT MARTIN COUNTY
 COMPUTER PROGRAM USED 6.3 Apr 4 2006 MiTek

	T/C L/L	T/C D/L	B/C L/L	B/C D/L	TOTAL	DURATION
ROOF LOAD	20	15	0	10	45	1.25
FLOOR LOAD	50	10	0	5	65	1.00

YWIND DESIGN: ASCE 7-02

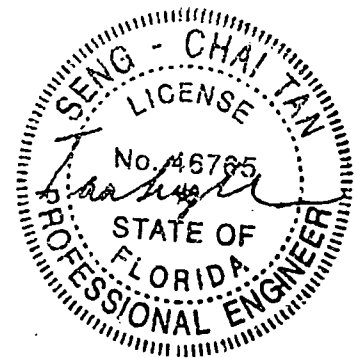
This package includes this truss index sheet and 29 truss drawings.

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

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

NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE
1 FGA	07/17/06	2 FGB	07/17/06	3 FGC	07/17/06	4 FGD	07/17/06
5 FGD1	07/17/06	6 FGE	07/17/06	7 FGF	07/17/06	8 FGG	07/17/06
9 FGH	07/17/06	10 FGK	07/17/06	11 FGL	07/17/06	12 FLA	07/17/06
13 FLB	07/17/06	14 FLC	07/17/06	15 FLD	07/17/06	16 FLE	07/17/06
17 FLE1	07/17/06	18 FLF	07/17/06	19 FLG	07/17/06	20 FLH	07/17/06
21 FLJ	07/17/06	22 FLK	07/17/06	23 FLL	07/17/06	24 FLY	07/17/06
25 FLZ	07/17/06	26 GR1	07/18/06	27 GR2	07/18/06	28 GR3	07/18/06
29 GR4	07/18/06						

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



DEC 14 2006

Seng-Chai Tan, FL Lic #46765
 345 Alhambra PL
 West Palm Beach, FL 33405
 MiTek Industries, Inc.
 FL Cert.#6634

WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

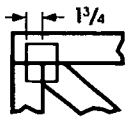
Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, DSB-89 and BCSI1 Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.



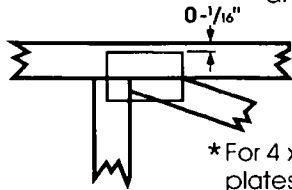
14515 N. Outer Forty, Suite #300
 Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

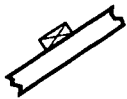
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

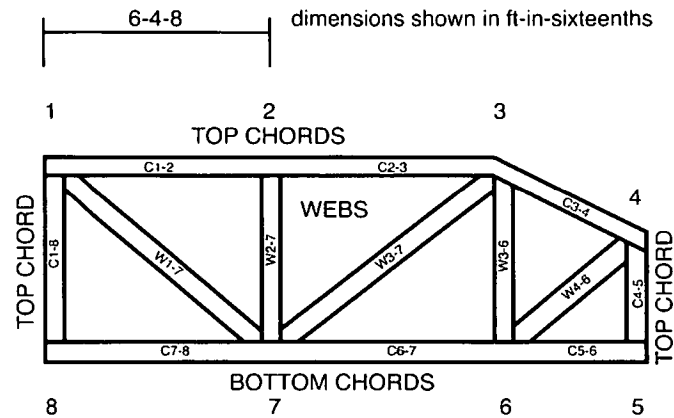
Industry Standards:

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DSB-89: Design Standard for Bracing.

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CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
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11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
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15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

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CHAMBERS TRUSS INC



HANGER/CONNECTOR SCHEDULE

JOB NUMBER 66726

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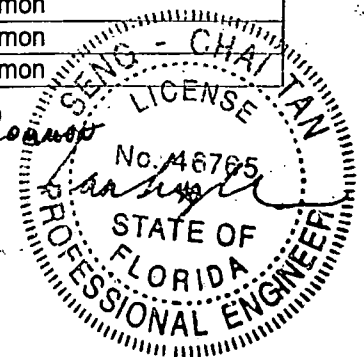
CARRIED TRUSS	CARRIER TRUSS	HANGER	CARRIED NAILS/FASTNERS	CARRIER NAILS/FASTENERS
		HUS26	6-16d Common	14-16d Common
AT1	FGE	LUS24	2-10d Common	4-10d Common
AT2	FGE	LUS24	2-10d Common	4-10d Common
B	FGE	LUS24	2-10d Common	4-10d Common
B1	FGE	LUS24	2-10d Common	4-10d Common
B3	FGA	LUS24	2-10d Common	4-10d Common
B4	FGA	LUS24	2-10d Common	4-10d Common
B5	FGA	LUS24	2-10d Common	4-10d Common
B6	FGB	LUS24	2-10d Common	4-10d Common
B7	FGB	LUS24	2-10d Common	4-10d Common
BB	FGF	LUS24	2-10d Common	4-10d Common
C	FGF	LUS24	2-10d Common	4-10d Common
C1	FGB	LUS24	2-10d Common	4-10d Common
C2	FGB	LUS24	2-10d Common	4-10d Common
C2	FGF	LUS24	2-10d Common	4-10d Common
C3	FGB	LUS24	2-10d Common	4-10d Common
C3	FGF	LUS24	2-10d Common	4-10d Common
C4	FGB	LUS24	2-10d Common	4-10d Common
C4	FGF	LUS24	2-10d Common	4-10d Common
C5	FGB	LUS24	2-10d Common	4-10d Common
FGB	GR1	HGUS26-2	8-16d Common	20-16d Common
FGB	GR3	HHUS26-2	6-16d Common	14-16d Common
FGF	GR2	HGUS28-3	12-16d Common	36-16d Common
FGG	FGD	HGUS28-2	32-16d Common	36-16d Common
FLA	GR1	HU46	12-16DN	12-16d Common
FLA	GR3	U46	8-16D COMMON	8-16d Common
FLB	GR3	HU46	12-16DN	12-16d Common
FLE	GR4	U46	8-16D COMMON	8-16d Common
FLE1	GR2	U46	8-16D COMMON	8-16d Common
FLE1	GR4	U46	8-16D COMMON	8-16d Common
FLY	FGD1	SUL46	4-16d Common	8-16d Common
FLY	FGG	SUR46	4-16d Common	8-16d Common
FLZ	FGD1	SUL46	4-16d Common	8-16d Common
FLZ	FGG	SUR46	4-16d Common	8-16d Common

U46

8-10d Common

8-16d Common

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 West Palm Beach, FL 33405
 MiTek Industries, Inc.
 FL Cert. #6634



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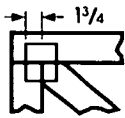
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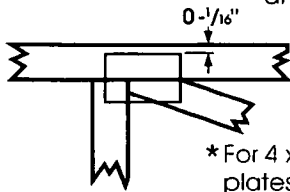
POWER TO PERFORM.
 14515 N. Outer Forty, Suite #300
 Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

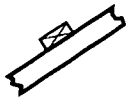
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING

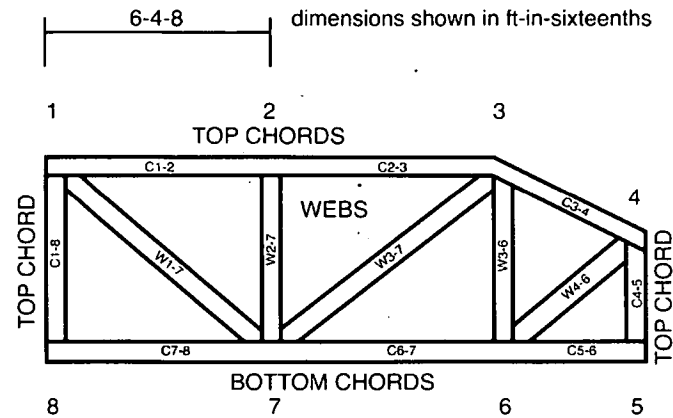


Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Industry Standards:

- ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
- DSB-89: Design Standard for Bracing.
- BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

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General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

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2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
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HANGER/CONNECTOR SCHEDULE

JOB NUMBER 66726

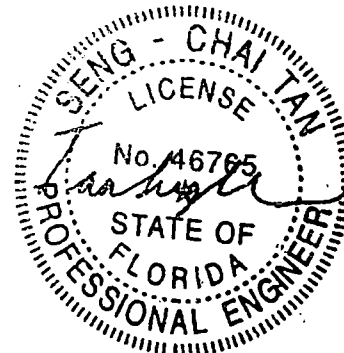
ALL HANGERS ARE HUS26 EXCEPT AS NOTED

CARRIED TRUSS	CARRIER TRUSS	HANGER	CARRIED NAILS/FASTNERS	CARRIER NAILS/FASTENERS
GR3	FGA	HGUS210-2	16-16d Common	46-16d Common
GR4	FGE	HGUS28-2	32-16d Common	36-16d Common
GRC	FGF	LUS24	2-10d Common	4-10d Common
GRC1	FGB	LUS24	2-10d Common	4-10d Common

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

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

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



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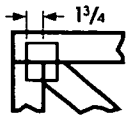
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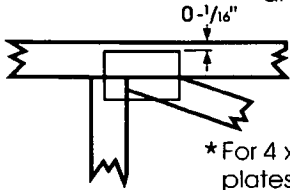
14515 N. Outer Forty, Suite #300
 Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

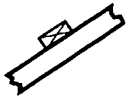
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



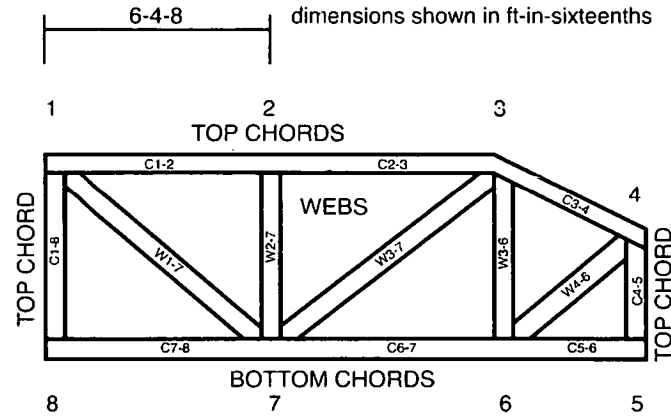
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BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

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BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

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1978-2006 28 Years of Service

CHAMBERS TRUSS INC

3105 Oleander Avenue, Fort Pierce, Florida 34982-6423

Fort Pierce 772-465-2012 Stuart 772-286-3302

Vero Beach 772-569-2012 FAX 772-465-8711

www.chamberstruss.com / mail@chamberstruss.com

800-551-5932 Anywhere

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

JOB NUMBER 66727

PROJECT/ADDRESS	UPPER ROOF/65912
TRUSS COMPANY	CHAMBERS TRUSS INC
BUILDING CODE	FLORIDA BUILDING CODE
OCCUPANCY	II;Non Restrictive
BUILDING DEPARTMENT	Martin County
COMPUTER PROGRAM USED	6.3 Apr 4 2006 MiTek

8105

	T/C L/L	T/C D/L	B/C L/L	B/C D/L	TOTAL	DURATION
ROOF LOAD	20	15	0	10	45	1.25
WIND SPEED: 140 WIND DESIGN: ASCE 7-02						

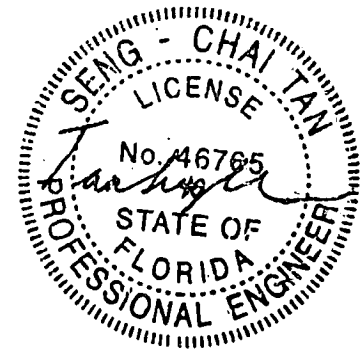
This package includes this truss index sheet and 30 truss drawings.

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

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

NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE
1 ATL	07/17/06	2 ATM	07/17/06	3 ATN	07/17/06	4 GRK	07/17/06
5 GRL	07/17/06	6 GRL1	07/17/06	7 GRP	07/17/06	8 HVA	07/17/06
9 HVB	07/17/06	10 HVC	07/17/06	11 HVD	07/17/06	12 HVE	07/17/06
13 J1A	07/17/06	14 J1B	07/17/06	15 J3A	07/17/06	16 J3B	07/17/06
17 J4	07/17/06	18 J5A	07/17/06	19 JP	07/17/06	20 K	07/17/06
21 K1	07/17/06	22 KJ6	07/17/06	23 KJP	07/17/06	24 MVA	07/17/06
25 P	07/17/06	26 P1	07/17/06	27 P2	07/17/06	28 V10	07/17/06
29 V15	07/17/06	30 V5	07/17/06				

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



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West Palm Beach, FL 33405
MiTek Industries, Inc.
FL Cert. #6634

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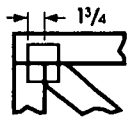
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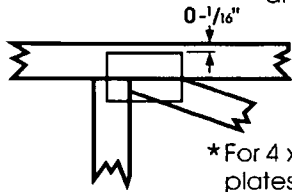
14515 N. Outer Forty, Suite #300
Chesterfield, MO 63017

Symbols

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* This symbol indicates the required direction of slots in connector plates.

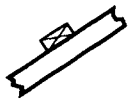
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

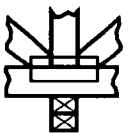
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LATERAL BRACING



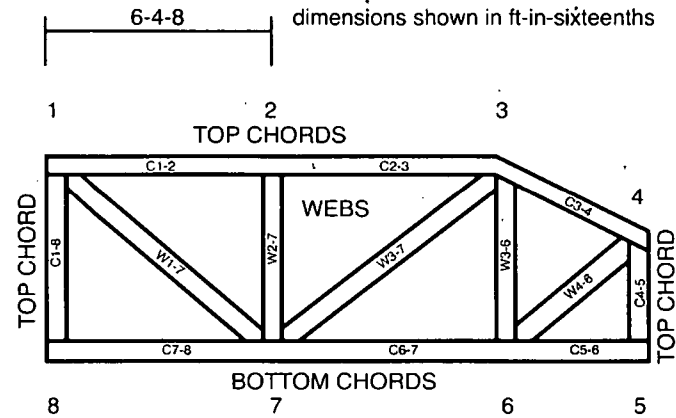
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CHAMBERS TRUSS INC



HANGER/CONNECTOR SCHEDULE

JOB NUMBER 66727

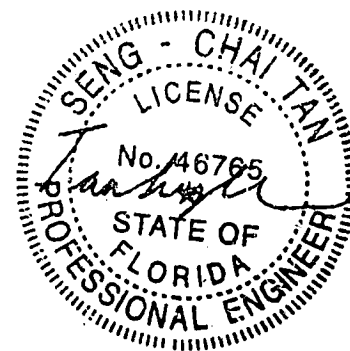
ALL HANGERS ARE HUS26 EXCEPT AS NOTED

CARRIED TRUSS	CARRIER TRUSS	HANGER	CARRIED NAILS/FASTNERS	CARRIER NAILS/FASTNERS
		HUS26	6-16d Common	14-16d Common

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

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

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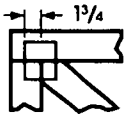
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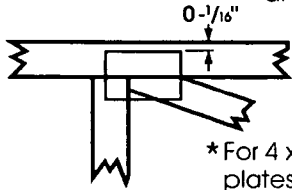
14515 N. Outer Forty, Suite #300
 Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

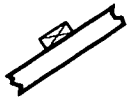
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

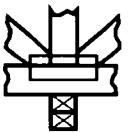
The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING

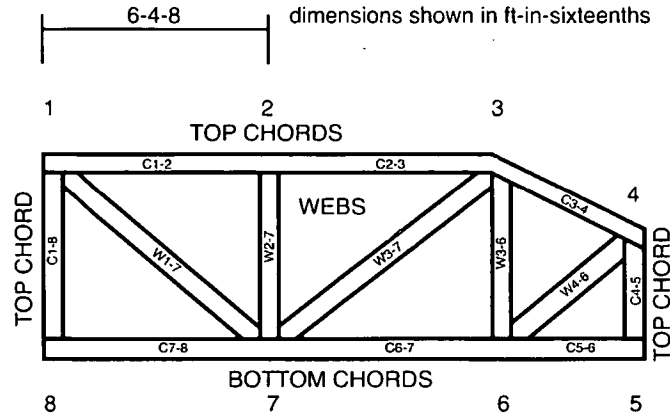


Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Industry Standards:

- ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
- DSB-89: Design Standard for Bracing.
- BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A



General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

Job 66727	Truss ATN	Truss Type COMMON	Qty 4	Ply 1	Galinnas Residence
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Chambers Truss Inc., Fort Pierce FL 34982 6.300 s Apr 4 2006 MiTek Industries, Inc. Tue Sep 19 17:00:41 2006 Page 1

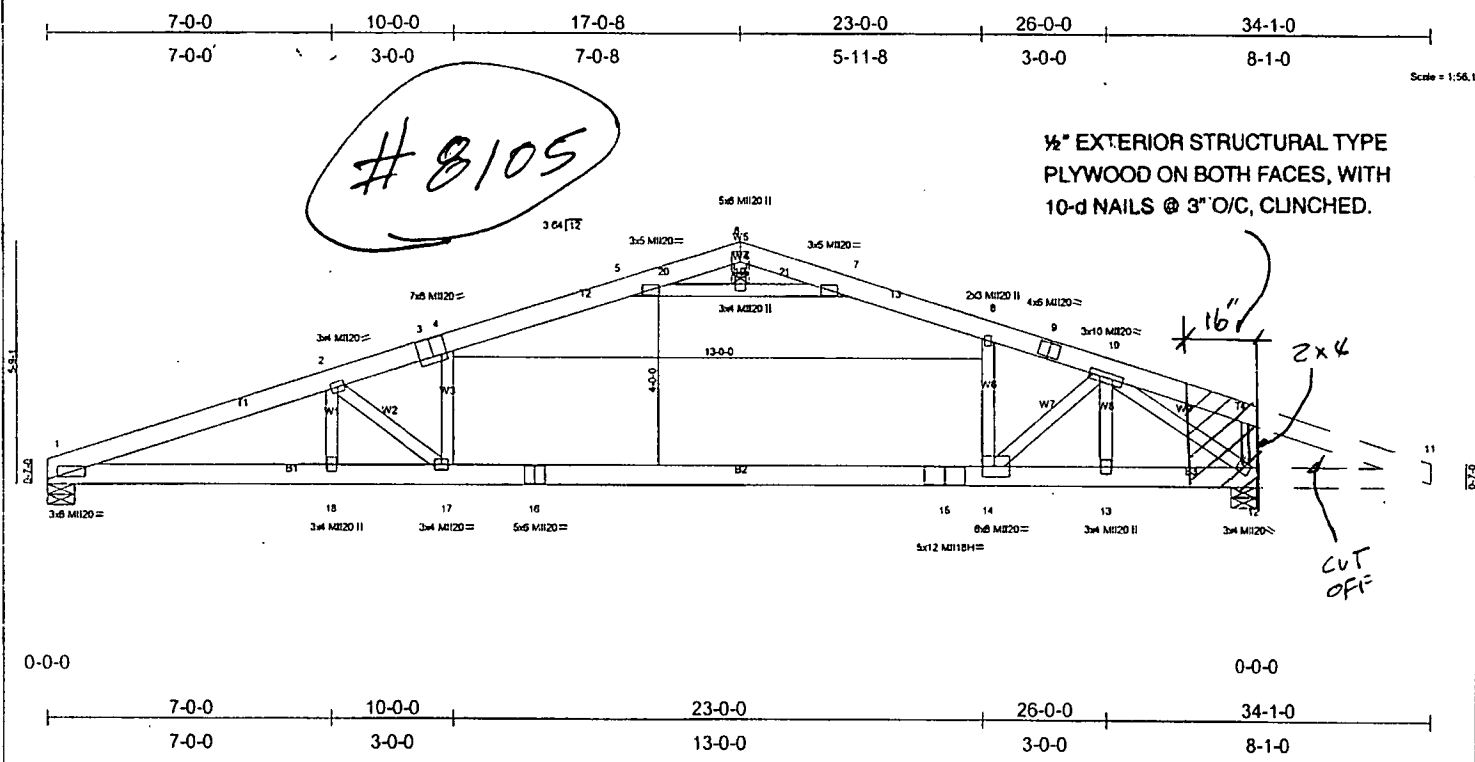


Plate Offsets (X,Y): [3:0-4-0,0-5-4], [11:0-2-12,0-2-0], [14:0-3-8,0-3-0]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 20.0	2-0-0	TC 0.88	in (loc) l/defl L/d	M120	249/190
TCDL 15.0	Plates Increase 1.25	BC 0.98	Vert(LL) 0.56 14-17 >632 360	M118H	195/188
BCLL 0.0	Lumber Increase 1.25	WB 0.84	Vert(TL) -1.30 14-17 >272 180		
BCDL 10.0	Rep Stress Incr NO	(Matrix)	Horz(TL) 0.08 12 n/a n/a		
	Code FBC2004/TPI2002			Weight: 202 lb	

LUMBER	BRACING
TOP CHORD 2 X 6 SYP 2400F 2.0E *Except* T4 2 X 6 SYP No.2	TOP CHORD Structural wood sheathing directly applied or 4-1-5 oc purlins.
BOT CHORD 2 X 6 SYP 2400F 2.0E *Except* B1 2 X 6 SYP No.2	BOT CHORD Rigid ceiling directly applied or 6-0-0 oc bracing.
WEBS 2 X 4 SYP No.3	WEBS 1 Row at midpt 5-7

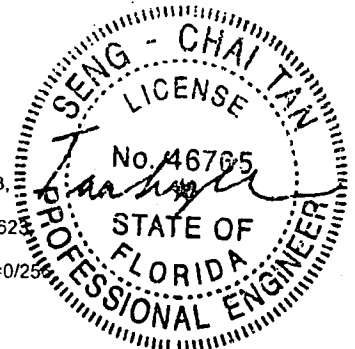
REACTIONS (lb/size) 1=1464/0-8-0, 12=1959/0-8-0
 Max Horz 1=101(load case 4)
 Max Uplift 1=-496(load case 2), 12=-843(load case 3)

FORCES (lb) - Maximum Compression/Maximum Tension
 TOP CHORD 1-2=-3845/1258, 2-3=-2872/841, 3-4=-2820/842, 4-5=-2563/780, 5-6=-134/189, 6-7=-89/135, 7-8=-2595/823,
 8-9=-2687/821, 9-10=-2715/815, 10-11=-500/609
 BOT CHORD 1-18=-1204/3601, 17-18=-1204/3601, 16-17=-662/2535, 15-16=-662/2535, 14-15=-662/2535, 13-14=-406/1622
 WEBS 4-17=-250/882, 8-14=-20/264, 5-20=-2588/957, 19-20=-2589/956, 19-21=-2590/955, 7-21=-2588/957, 6-19=0/259
 2-17=-1451/704, 10-14=-365/1290, 2-18=-121/289, 10-13=-781/277, 10-12=-2559/1002

- NOTES**
- Unbalanced roof live loads have been considered for this design.
 - Wind: ASCE 7-02; 140mph (3-second gust); h=27ft; TCDL=4.2psf; BCDL=3.0psf; Category II; Exp B; enclosed; MWFRS; cantilever right exposed; Lumber DOL=1.33 plate grip DOL=1.33.
 - 120.0lb AC unit load placed on the top chord, 17-8-0 from left end, supported at two points, 5-0-0 apart.
 - All plates are MT20 plates unless otherwise indicated.
 - This truss requires plate inspection per the Tooth Count Method when this truss is chosen for quality assurance inspection.
 - Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 496 lb uplift at joint 1 and 843 lb uplift at joint 12.
 - Load case(s) 1, 2, 3, 4, 5, 6, 7, 8 has/have been modified. Building designer must review loads to verify that they are correct for the intended use of this truss.
 - Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s). The design/selection of such connection device(s) is the responsibility of others.
 - In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).

LOAD CASE(S)
 1) Regular Lumber Increase=1.25, Plate Increase=1.25

UNIQUE DESIGN PARAMETERS AND READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.
 Design created by MiTek Industries, Inc. This design is based on parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding continued safety, control, storage, delivery, erection and bracing, consult ANSI/TPI-1 Quality Criteria, DSB-89 and BCSI Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.



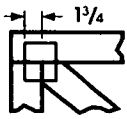
SEP 20 2006

Seng-Chai Tan, FL Lic #46765
 345 Alhambra PL
 West Palm Beach, FL 33405
 MiTek Industries, Inc.
 FL Cert. #6634

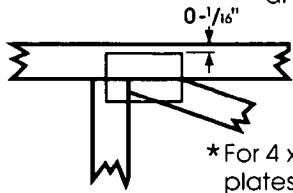


Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

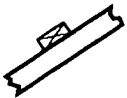
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



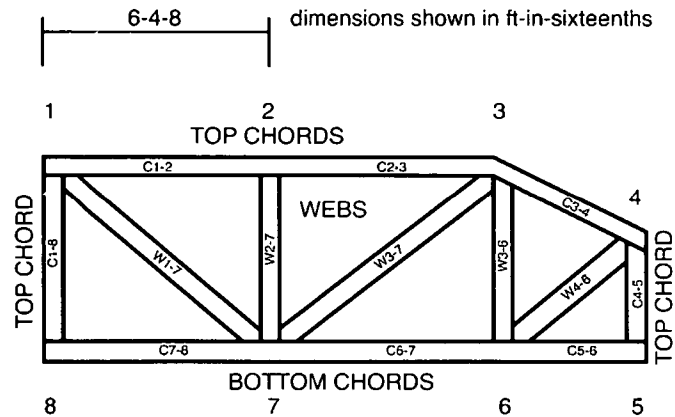
Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
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16. Install and load vertically unless indicated otherwise.

Industry Standards:

- ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
- DSB-89: Design Standard for Bracing.
- BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

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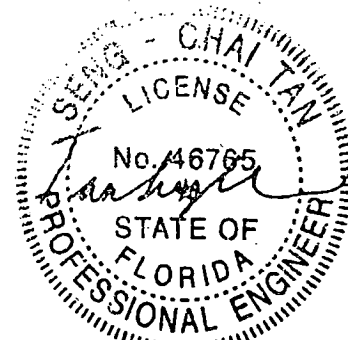
Job	Truss	Truss Type	Qty	Ply	Galinnas Residence
66727	ATN	COMMON	4	1	Job Reference (optional)

Chambers Truss Inc., Fort Pierce FL 34982

6.300 s Apr 4 2006 MiTek Industries, Inc. Tue Sep 19 17:00:41 2006 Page 2

LOAD CASE(S)

- Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 2) MWFRS Wind Left: Lumber Increase=1.33, Plate Increase=1.33
Uniform Loads (plf)
Vert: 1-6=44, 6-11=30, 1-17=-6, 14-17=2(F=8), 11-14=-6
Horz: 1-6=-52, 6-11=38
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 3) MWFRS Wind Right: Lumber Increase=1.33, Plate Increase=1.33
Uniform Loads (plf)
Vert: 1-6=30, 6-11=44, 1-17=-6, 14-17=2(F=8), 12-14=-6, 11-12=35
Horz: 1-6=-38, 6-11=52
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 4) MWFRS 1st Wind Parallel: Lumber Increase=1.33, Plate Increase=1.33
Uniform Loads (plf)
Vert: 1-6=44, 6-11=24, 1-17=-6, 14-17=2(F=8), 11-14=-6
Horz: 1-6=-52, 6-11=33
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 5) MWFRS 2nd Wind Parallel: Lumber Increase=1.33, Plate Increase=1.33
Uniform Loads (plf)
Vert: 1-6=24, 6-11=44, 1-17=-6, 14-17=2(F=8), 12-14=-6, 11-12=35
Horz: 1-6=-33, 6-11=52
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 6) 1st unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 1-6=-70, 6-11=-30, 1-17=-20, 14-17=-40(F=-20), 11-14=-20
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 7) 2nd unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 1-6=-30, 6-11=-70, 1-17=-20, 14-17=-40(F=-20), 11-14=-20
Concentrated Loads (lb)
Vert: 20=-60 21=-60
- 8) User defined: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 1-6=-70(F), 6-11=-70(F), 1-17=-20(F), 14-17=-40(F), 11-14=-20(F)



SEP 20 2006

Seng-Chai Tan, FL Lic #46765
345 Alhambra PL
West Palm Beach, FL 33405
MiTek Industries, Inc.
FL Cert. #6634

WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, DSB-89 and BCSI1 Building Component Safety information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.

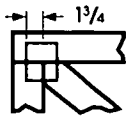


MiTek

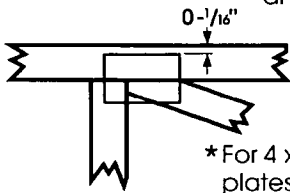
POWER TO PERFORM.
14515 N. Outer Forty, Suite #300
Chesterfield, MO 63017

Symbols

PLATE LOCATION AND ORIENTATION



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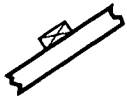
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

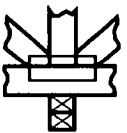
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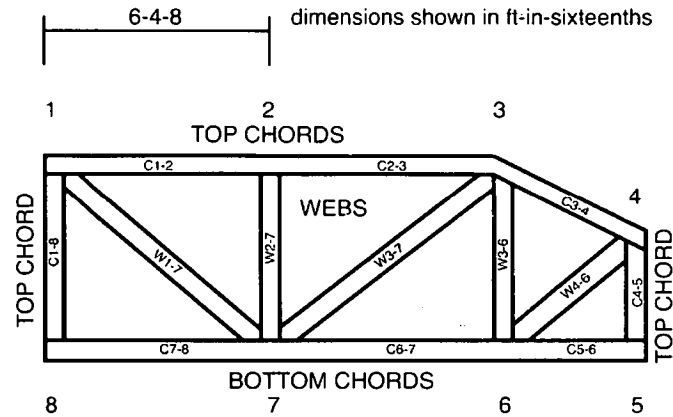
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ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

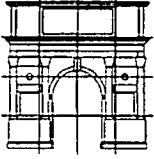
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15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

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

To: Sewall's Point Building Department

Date: 12/15/06

Re: Galinis Residence
26 S. Sewall's Point Rd., Sewall's Point
Permit #

I have inspected three floor girder bearing locations and approve the following remedies for each condition:

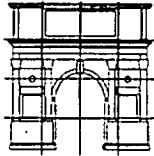
1. FGA – (west end) a double 2x8x8 blocking shall be added below the existing double ledger which the steel bucket is lag screwed to. The blocking shall be anchored to the wall with two 5/8"x6" Redhead.
2. FGE – (west end) two 2x4 studs shall be added below the steel bucket location against the wall. The existing double top plate of the wall shall be shimmed tight against the steel bucket.
3. FGF – (west end)
Load path of strapping;
 - a. Simpson HD5A – girder to wood header
 - b. add four Simpson SP4 clips top plate to header
 - c. two Simpson MSTA18 flat straps at each end of header to wall studs
 - d. two Simpson SP4 clips and one Simpson HD2A anchor at each side of opening – wall studs to concrete slab.

Note: Icynene spray insulation (R-20) on the top chords of the roof trusses is acceptable in lieu of the batt insulation as shown on the permitted plans. Revised Energy Calculations shall be submitted.

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

Sincerely,

Mark A. Corson A.I.A.
cc: file



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

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Date: 12/15/06

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26 S. Sewall's Point Rd., Sewall's Point
Permit #

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

Sincerely,

Mark A. Corson A.I.A.
cc: file

Job 66726-1	Truss FGK	Truss Type FLOOR	Qty 1	Ply 1	Galinnas Residence
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Chambers Truss Inc., Fort Pierce Fl. 34982

6.300 s Apr 4 2006 MiTek Industries, Inc. Wed Sep 13 10:18:45 2006 Page 1

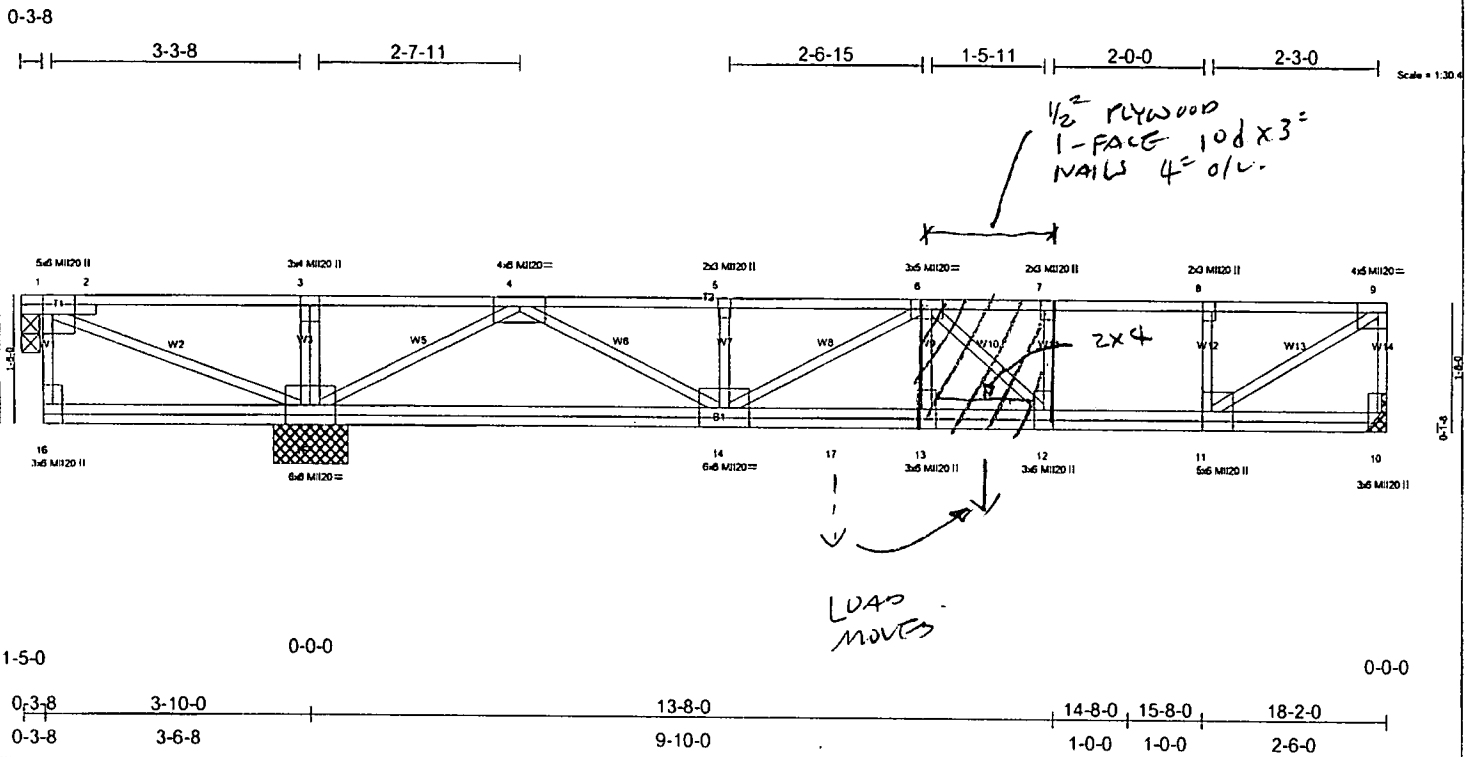


Plate Offsets (X,Y): [1:0-3-0,Edge], [7:0-1-8,Edge], [8:0-1-8,0-0-0], [9:0-1-8,Edge], [11:0-3-0,Edge]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 50.0	1-7-3	TC 0.72	in (loc) l/defl L/d	MII20	249/190
TCDL 10.0	Plates Increase 1.00	BC 0.64	Vert(LL) -0.22 12-13 >786 480		
BCLL 0.0	Lumber Increase 1.00	WB 0.78	Vert(TL) -0.31 12-13 >550 480		
BCDL 5.0	Rep Stress Incr NO	(Matrix)	Horz(TL) -0.02 15 n/a n/a		
	Code FBC2004/TPI2002			Weight: 122 lb	

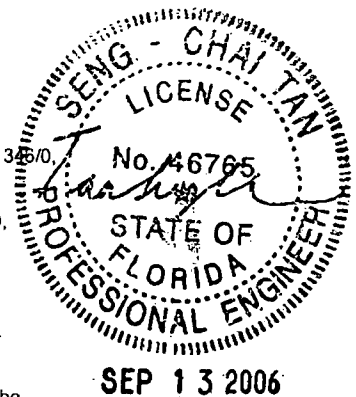
LUMBER	BRACING
TOP CHORD 4 X 2 SYP SS *Except* T1 4 X 2 SYP No.2D	TOP CHORD Structural wood sheathing directly applied or 6-0-0 oc purlins, except end verticals.
BOT CHORD 4 X 2 SYP SS	BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing, Except: 6-0-0 oc bracing: 14-15.
WEBS 4 X 2 SYP No.3	

REACTIONS (lb/size) 10=780/Mechanical, 1=-723/0-3-0, 15=2310/1-0-0
 Max Uplift1=-922(load case 3)
 Max Grav 10=780(load case 1), 15=2325(load case 4)

FORCES (lb) - Maximum Compression/Maximum Tension
 TOP CHORD 1-16=0/9, 9-10=-878/0, 1-2=0/2163, 2-3=0/2169, 3-4=0/2165, 4-5=-1461/0, 5-6=-1461/0, 6-7=-1346/0, 7-8=-1346/0, 8-9=-1346/0
 BOT CHORD 15-16=0/0, 14-15=-140/0, 14-17=0/2093, 13-17=0/2093, 12-13=0/2093, 11-12=0/1346, 10-11=0/0
 WEBS 3-15=-431/0, 7-12=0/107, 8-11=-436/0, 1-15=-2344/0, 4-15=-2293/0, 4-14=0/1724, 5-14=-264/0, 6-14=-752/0, 6-12=-1057/0, 9-11=0/1586, 6-13=0/720

- NOTES**
- 1) Unbalanced floor live loads have been considered for this design.
 - 2) This truss requires plate inspection per the Tooth Count Method when this truss is chosen for quality assurance inspection.
 - 3) Refer to girder(s) for truss to truss connections.
 - 4) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 922 lb uplift at joint 1.
 - 5) Recommend 2x6 strongbacks, on edge, spaced at 10-0-0 oc and fastened to each truss with 3-16d nails. Strongbacks to be attached to walls at their outer ends or restrained by other means.
 - 6) Gap between inside of top chord bearing and first diagonal or vertical web shall not exceed 0.500in.
 - 7) CAUTION, Do not erect truss backwards.
 - 8) Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 522 lb down at 10-9-12 on bottom chord. The design/selection of such connection device(s) is the responsibility of others.
 - 9) In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).

LOAD CASE(S) Standard
 1) Floor: Lumber Increase=1.00, Plate Increase=1.00
 Uniform Loads (plf)
 Vert: 10-16=-8, 1-9=-96
 Concentrated Loads (lb)
 Max U=-922(D)



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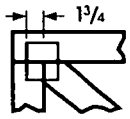
WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI-1 Quality Criteria, DSB-89 and BCS11 Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.

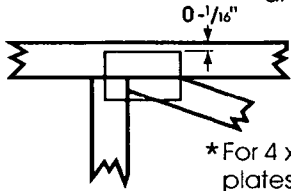


Symbols

PLATE LOCATION AND ORIENTATION



*Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



*For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



*This symbol indicates the required direction of slots in connector plates.

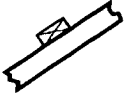
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



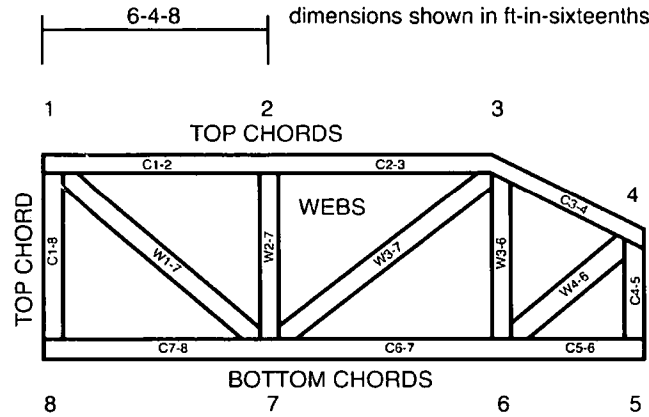
Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cui members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

Industry Standards:

- ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
- DSB-89: Design Standard for Bracing.
- BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

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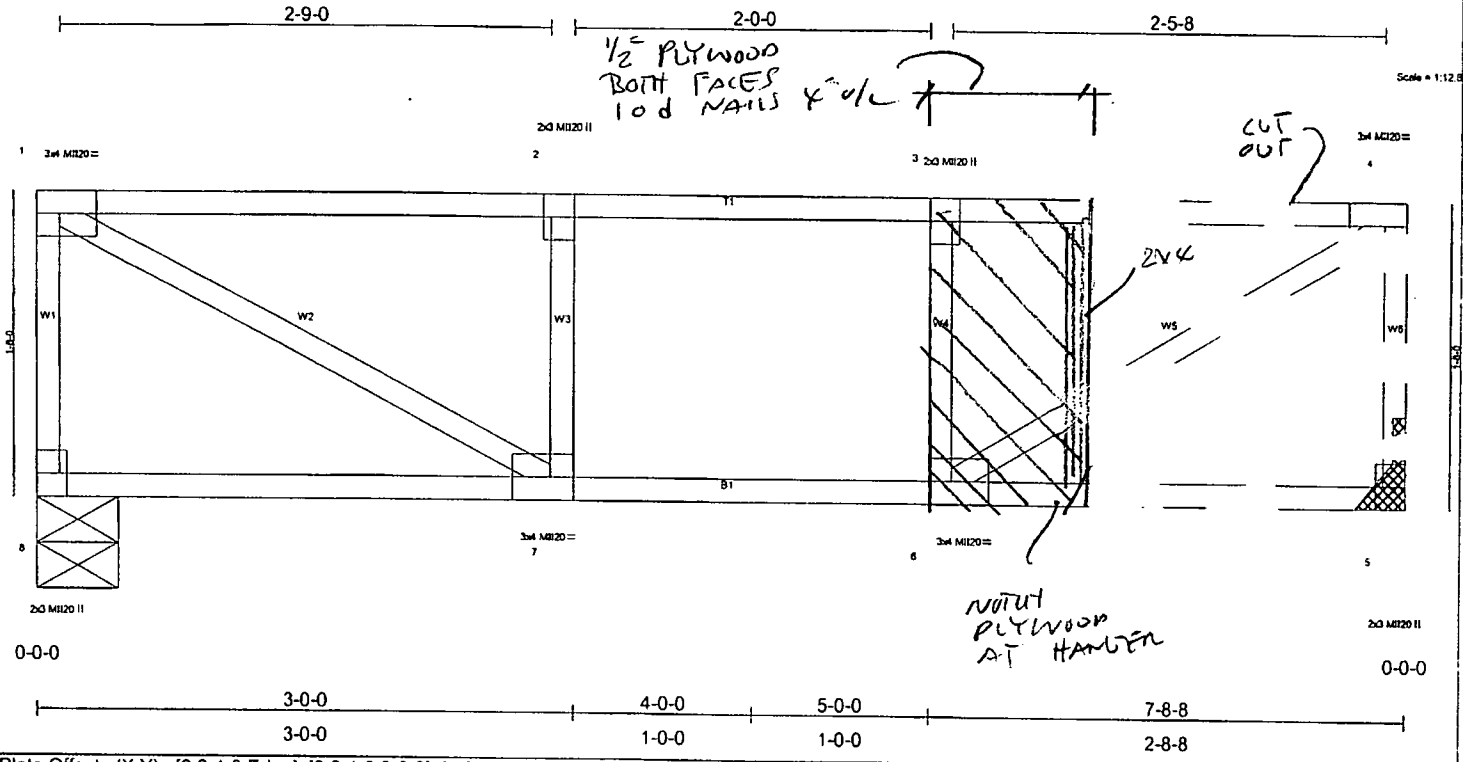


Plate Offsets (X,Y): [2:0-1-8,Edge], [3:0-1-8,0-0-0], [4:0-1-8,Edge], [5:0-1-8,Edge], [6:0-1-8,Edge], [7:0-1-8,Edge]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 50.0	1-7-3	TC 0.37	in (loc) l/defl L/d	MII20	249/190
TCDL 10.0	Plates Increase 1.00	BC 0.28	Vert(LL) -0.06 7-8 >999 480		
BCLL 0.0	Lumber Increase 1.00	WB 0.23	Vert(TL) -0.07 7-8 >999 480		
BCDL 5.0	Rep Stress Incr YES	(Matrix)	Horz(TL) 0.00 5 n/a n/a		
	Code FBC2004/TPI2002			Weight: 40 lb	

LUMBER	BRACING
TOP CHORD 4 X 2 SYP No.2D	TOP CHORD Structural wood sheathing directly applied or 6-0-0 oc purtins, except end verticals.
BOT CHORD 4 X 2 SYP No.2D	BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.
WEBS 4 X 2 SYP No.3	

REACTIONS (lb/size) 8=394/0-5-8, 5=394/Mechanical

FORCES (lb) - Maximum Compression/Maximum Tension

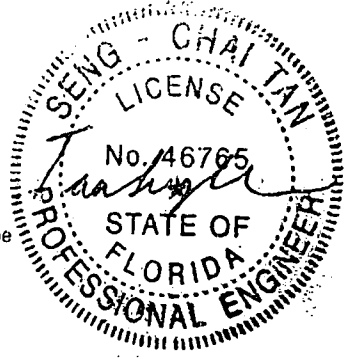
TOP CHORD 1-8=-380/0, 4-5=-389/0, 1-2=-486/0, 2-3=-486/0, 3-4=-486/0

BOT CHORD 7-8=0/0, 6-7=0/486, 5-6=0/0

WEBS 2-7=-255/0, 3-6=-255/0, 1-7=0/552, 4-6=0/566

- NOTES**
- 1) Unbalanced floor live loads have been considered for this design.
 - 2) This truss requires plate inspection per the Tooth Count Method when this truss is chosen for quality assurance inspection.
 - 3) Refer to girder(s) for truss to truss connections.
 - 4) Recommend 2x6 strongbacks, on edge, spaced at 10-0-0 oc and fastened to each truss with 3-16d nails. Strongbacks to be attached to walls at their outer ends or restrained by other means.

LOAD CASE(S) Standard



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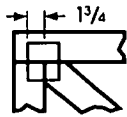
WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult "ANSI/TPI1" Quality Criteria, DSB-89 and BCSH Building Component Safety Information available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.

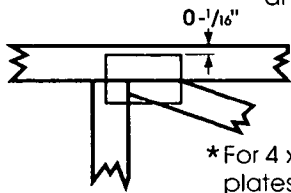


Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x,y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

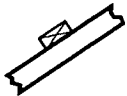
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

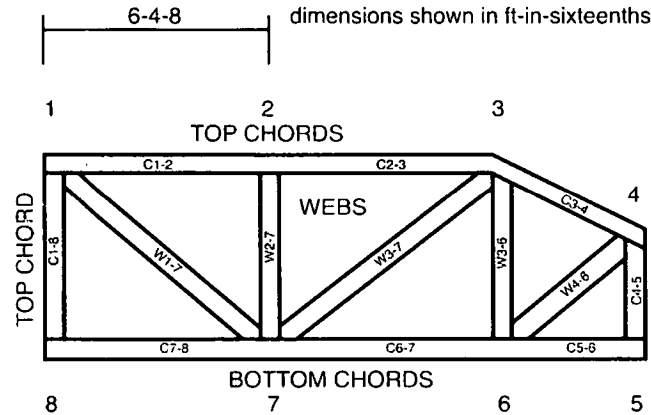
Industry Standards:

ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.

DSB-89: Design Standard for Bracing.

BCS11: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System



JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

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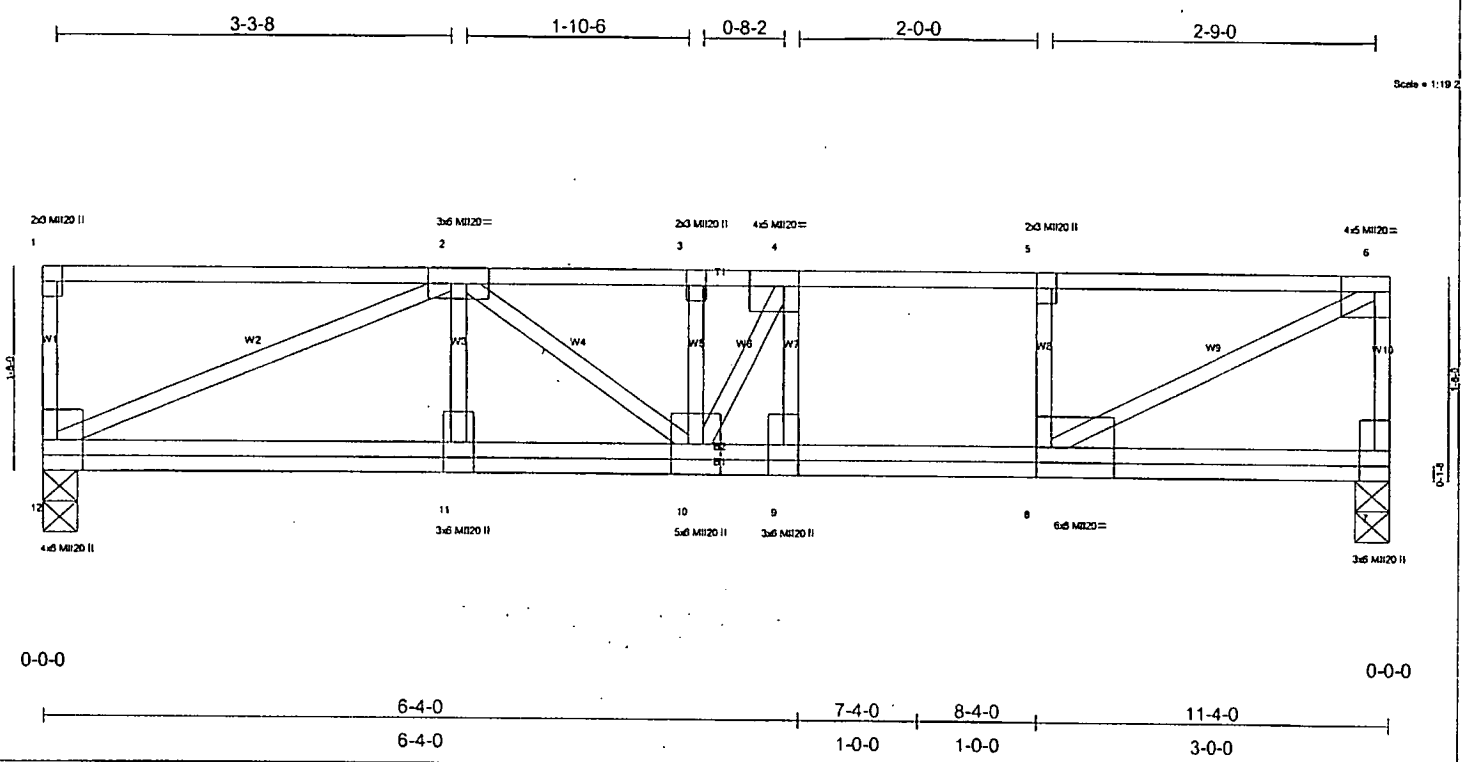


Plate Offsets (X,Y): [4:0-1-8,Edge], [5:0-1-8,0-0-0], [6:0-1-8,Edge], [8:0-1-8,Edge]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 50.0	Plates Increase 1-7-3 1.00	TC 0.93	in (loc) l/defl L/d	MI120	249/190
TCDL 10.0	Lumber Increase 1.00	BC 0.69	Vert(LL) -0.19 9-10 >704 480		
BCLL 0.0	Rep Stress Incr NO	WB 0.74	Vert(TL) -0.27 9-10 >500 480		
BCDL 5.0	Code FBC2004/TPI2002	(Matrix)	Horz(TL) 0.01 7 n/a n/a		
				Weight: 77 lb	

<p>LUMBER</p> <p>TOP CHORD 4 X 2 SYP No.2D</p> <p>BOT CHORD 4 X 2 SYP SS</p> <p>WEBS 4 X 2 SYP No.3</p>	<p>BRACING</p> <p>TOP CHORD Structural wood sheathing directly applied or 6-0-0 oc purlins, except end verticals.</p> <p>BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.</p>
--	--

REACTIONS (lb/size) 7=851/0-3-8, 12=871/0-3-8

FORCES (lb) - Maximum Compression/Maximum Tension

TOP CHORD 1-12=-135/0, 6-7=-920/0, 1-2=0/0, 2-3=-2179/0, 3-4=-2179/0, 4-5=-1646/0, 5-6=-1646/0

BOT CHORD 11-12=0/1663, 10-11=0/1663, 9-10=0/1646, 8-9=0/1646, 7-8=0/0

WEBS 4-9=-868/0, 5-8=-466/0, 2-12=-1812/0, 2-10=0/643, 3-10=-310/0, 4-10=0/1249, 6-8=0/1851, 2-11=-1/25

- NOTES**
- 1) Unbalanced floor live loads have been considered for this design.
 - 2) This truss requires plate inspection per the Tooth Count Method when this truss is chosen for quality assurance inspection.
 - 3) Recommend 2x6 strongbacks, on edge, spaced at 10-0-0 oc and fastened to each truss with 3-16d nails. Strongbacks to be attached to walls at their outer ends or restrained by other means.
 - 4) Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 557 lb down at 5-5-12 bottom chord. The design/selection of such connection device(s) is the responsibility of others.
 - 5) In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).

LOAD CASE(S) Standard

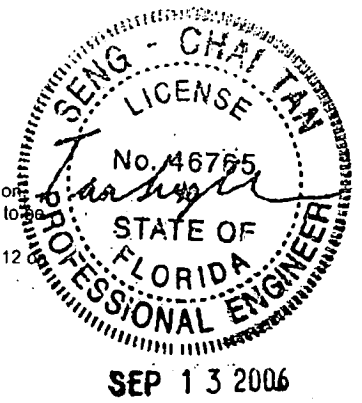
1) Floor: Lumber Increase=1.00, Plate Increase=1.00

Uniform Loads (plf)

Vert: 7-12=-8, 1-6=-96

Concentrated Loads (lb)

Vert: 10=-557(F)



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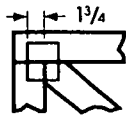
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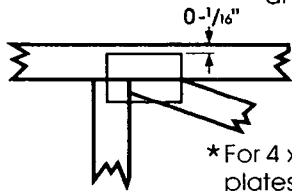


Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless x, y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and securely seat.



* For 4 x 2 orientation, locate plates 0 - 1/16" from outside edge of truss.



* This symbol indicates the required direction of slots in connector plates.

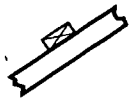
* Plate location details available in MiTek 20/20 software or upon request.

PLATE SIZE

4 x 4

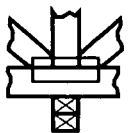
The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING



Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

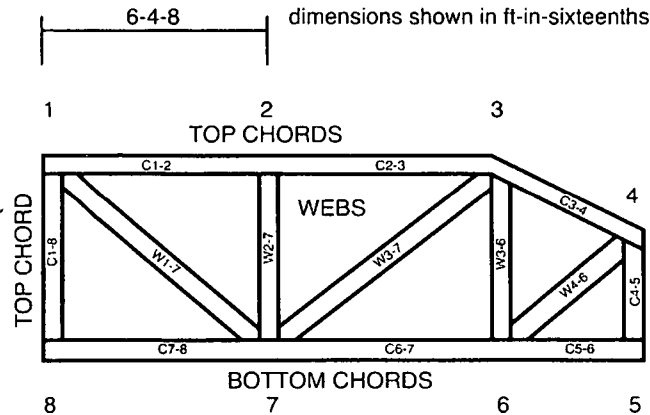
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CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

CONNECTOR PLATE CODE APPROVALS

BOCA	96-31, 95-43, 96-20-1, 96-67, 84-32
ICBO	4922, 5243, 5363, 3907
SBCCI	9667, 9730, 9604B, 9511, 9432A

General Safety Notes

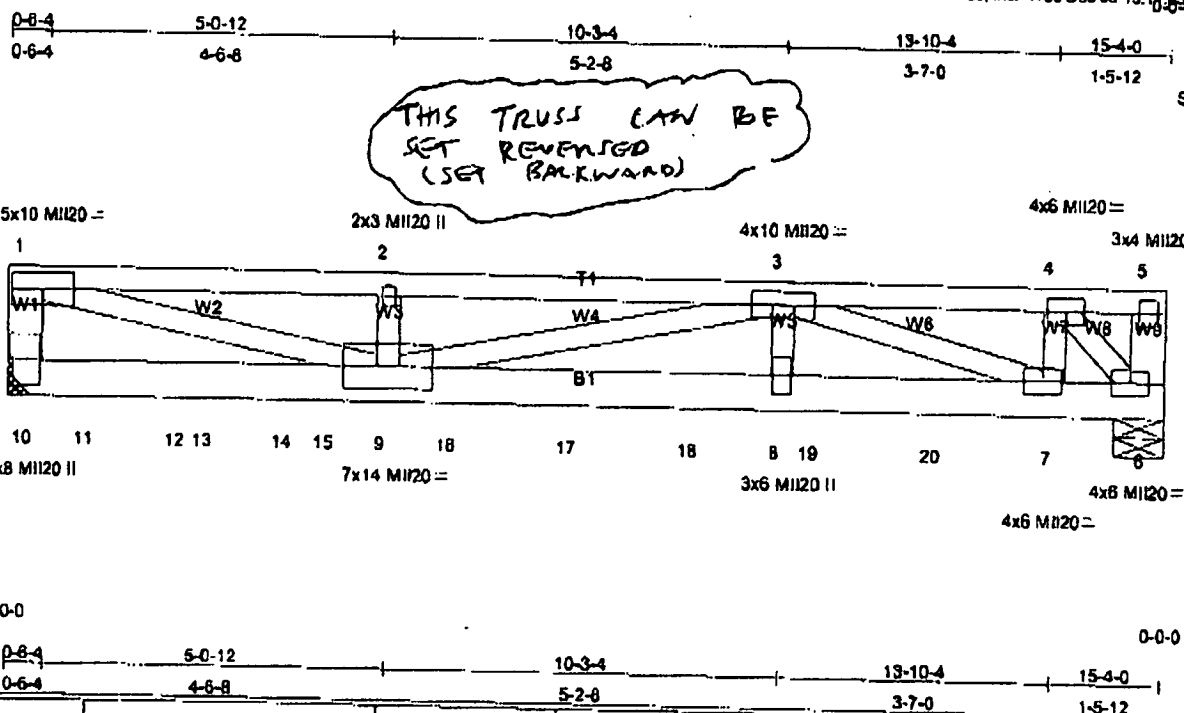
Failure to Follow Could Cause Property Damage or Personal Injury

1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCS11.
2. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
3. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
4. Cut members to bear tightly against each other.
5. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI1.
6. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI1.
7. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
8. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
9. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
10. Plate type, size, orientation and location dimensions shown indicate minimum plating requirements.
11. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
12. Top chords must be sheathed or purlins provided at spacing shown on design.
13. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
14. Connections not shown are the responsibility of others.
15. Do not cut or alter truss member or plate without prior approval of a professional engineer.
16. Install and load vertically unless indicated otherwise.

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Job 66726-2	Truss FGG	Truss Type SPECIAL	Qty 1	Ply 2	Gairnas Residence
Chambers Truss Inc., Fort Pierce FL 34982					Job Reference (optional) 6,300 s Apr 4 2006 MiTek Industries, Inc. Wed Dec 06 13:10:05 2006 Page 1



LOADING (psf) TCLL 50.0 TCDL 10.0 BCLL 0.0 BCDL 5.0	SPACING Plates Increase 1.00 Lumber Increase 1.00 Rep Stress Incr NO Code FBC2004/TPI2002	CSI TC 0.88 BC 0.82 WB 0.80 (Matrix)	DEFL in (oc) l/def L/d Vert(LL) -0.29 8-9 >605 360 Vert(TL) -0.42 8-9 >424 180 Horz(TL) 0.04 6 n/a n/a	PLATES MI20 GRIP 249/190 Weight: 176 lb
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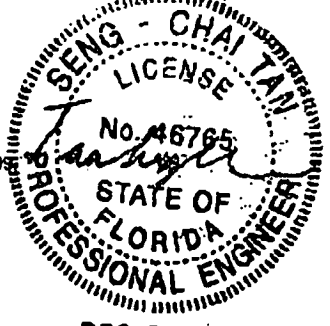
LUMBER
TOP CHORD 2 X 4 SYP No.20
BOT CHORD 2 X 8 SYP 2400F 2.0E
WEBS 2 X 4 SYP No.3 "Except"
W1 2 X 6 SYP 2400F 2.0E, W0 2 X 6 SYP No.3, W2 2 X 4 SYP SS

BRACING
TOP CHORD Structural wood sheathing directly applied or 3-0-3 oc purlins, except end verticals.
BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

REACTIONS (lb/size) 10=4566/Mechanical, 8=30240-8-0
Max Uplift 10=-224(load case 2), 6=-224(load case 2)

FORCES (lb) - Maximum Compression/Maximum Tension
TOP CHORD 1-10=-2659/208, 1-2=-10482/554, 2-3=-10482/554, 3-4=-3971/216, 4-5=-541/27, 5-6=-154/12
BOT CHORD 10-11=98/1834, 11-12=98/1834, 12-13=98/1834, 13-14=98/1834, 14-15=98/1834, 9-15=98/1834, 9-16=588/10709, 16-17=588/10709, 17-18=588/10709, 8-18=588/10709, 8-19=588/10709, 19-20=588/10709, 7-20=588/10709, 6-7=216/3971
WEBS 2-8=-332/174, 3-9=-234/33, 3-8=D/2024, 1-8=-472/8952, 4-7=-119/3413, 3-7=-7163/394, 4-8=-4932/272

- NOTES**
- 2-ply truss to be connected together with 10d (0.131"x3") nails as follows:
Top chords connected as follows: 2 X 8 - 2 rows at 0-9-0 oc, 2 X 4 - 1 row at 0-9-0 oc.
Bottom chords connected as follows: 2 X 8 - 2 rows at 0-7-0 oc.
Webs connected as follows: 2 X 4 - 1 row at 0-9-0 oc.
 - All loads are considered equally applied to all plates, except if noted as front (F) or back (B) face in the LOAD CASE(S) section.
Ply to ply connections have been provided to distribute only loads noted as (F) or (B), unless otherwise indicated.
 - Wind: ASCE 7-02; 140mph (3-second gust); h=27ft; TCDL=4.2psf; BCDL=3.0psf; Category II; Exp B; enclosed; MWFRS.
Lumber DOL=1.33 plate grip DOL=1.33.
 - Provide adequate drainage to prevent water ponding.
 - This truss requires plate inspection per the Tooth Count Method when this truss is chosen for quality assurance inspection.
 - Concentrated loads from layout are not present in Load Case(s): #2 MWFRS Wind Left; #3 MWFRS Wind Right; #4 MWFRS 1st Wind Parallel; #5 MWFRS 2nd Wind Parallel.
 - Refer to girder(s) for truss to truss connections.
 - Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 224 lb uplift at joint 10 and 224 lb uplift at joint 8.
 - Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 172 lb down at 0-2-12, 912 lb down at 1-0-12, 88 lb down at 2-3-8, 687 lb down at 2-7-15, 192 lb down at 3-8-8, 687 lb down at 4-3-2, 687 lb down at 5-10-5, 687 lb down at 7-5-8, 687 lb down at 9-0-11, 687 lb down at 10-7-14, and 687 lb down at 12-3-1, and 770 lb down at 13-10-4 on bottom chord. The design/selection of such connection device(s) is the responsibility of others.



DEC 06 2006

Seng-Chai Tan, FL Lic #46765
345 Alhambra PL
West Palm Beach, FL 33405
MiTek Industries, Inc.
FL Cert.#5634

1) FABRICATED BY CHAMBERS TRUSS INC. READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.
This truss is designed for use only with MiTek connectors. The design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the building designer. For general guidance regarding construction details, control slumps, delivery, erection and bracing, consult ANSI/TPI Quality Criteria, C58-89 and BCSI Building Component Safety information available from Truss Plate Institute, 583 D Onofre Drive, Madison, WI 53719.

MiTek
POWER TO PERFORM
14515 N. Outer Fwy, Suite #200
Chesapeake, MD 20841

TOWN OF SEWALL'S POINT
Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996

POWER RELEASE AGREEMENT: PN: 8105 **FILE**
(To be submitted at final electrical inspection in order to turn on electric service)

Owner: TOM + SHANNON GAUNIS Address: 1 INDIALUCE PKWAY
Project Address: 26 S. SEWALLS PKRD Legal: Lot: 10 Block: Subdivision: MIRAMAR
General Contractor: ARAN MORRIS Lic/Cert. No.: R20056789
Address: 2163 PINE RIDGE ST J.B. Tel: 334-2577 Fax: 334-5877
Electrical Contractor: HERITAGE ELECTRIC Lic/Cert. No.: ME00094
Address: PO BOX 1003 JENSEN BEACH Tel: 334-4675 Fax:

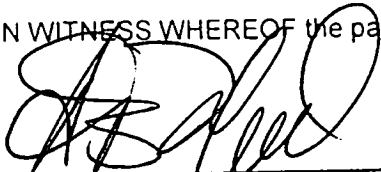
WHEREAS, pursuant to the provisions of, and governed by the National Electrical Code and Ordinances of the Town of Sewall's Point, electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested an electrical hook-up of 26 S. SEWALLS PK RD for the purpose of COMPLETION OF WOOD FLOOR at the above designated construction now in progress under a valid building permit; and 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 John Adams, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, 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 an electrical hook-up permit.
3. This electrical hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. The 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 21ST day of MARCH, 2007.



SIGNATURE OF GENERAL CONTRACTOR



SIGNATURE OF ELECTRICAL CONTRACTOR



SIGNATURE OF OWNER



JOHN ADAMS, BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-12, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8123	Luloh	Tie Beam for Holding tank	PASS	
3	20 E High Pt. SEAGATE	1st		INSPECTOR: <i>[Signature]</i>
8105	Gulinas	GRADE BEAM	PASS	
2	26 S. SPR. Driftwood	FT pairing		INSPECTOR: <i>[Signature]</i>
5	Moran 2 Palm Rd Driftwood	Final	PASS FAIL	INSPECTOR: [Signature] INSPECTOR: <i>[Signature]</i>
8104	Miragliai	Final	FAIL	
8	66 N. S. PR Pacific Roofing			INSPECTOR: <i>[Signature]</i>
8158	Englestadt	Dry-Inst	FAIL	
6	23 Lantana Dr Pacific Roofing	FINAL Katie, 772-263-1902		INSPECTOR:
7054	Tapper	Power release	PASS	CALL FPL.
4	22 Island Rd Winchip Const.			INSPECTOR: <i>[Signature]</i>
8193	CABRELLO	PLYWOOD	FAIL	
1	8 N. SPR. CHABOT			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-22, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galinas	Column	PASS	
1	26 SPR Duftwood	(AM)		INSPECTOR: <i>[Signature]</i>
7718	Schoppe	Insulation	PASS	
2	9 Palm Rd A+P			INSPECTOR: <i>[Signature]</i>
8229	McCormick	Hot mop	PASS	
7	59 N River Rd Heaton Roofing			INSPECTOR: <i>[Signature]</i>
7764	Rucker	Partial Lathe	PASS	
6	20 N SPR Rd Masterpiece			INSPECTOR: <i>[Signature]</i>
8095	Cary	Electrical	PASS	
3	76 SR Rd (LEE CHASE) Demorest	Plumbing	PASS	INSPECTOR: <i>[Signature]</i>
		FRAMING	FAIL	
8191	Schoppe	Rough interior	PASS	
2	9 Palm Rd Propane Sew			INSPECTOR: <i>[Signature]</i>
8165	GREIST	Underground plumbing	PASS	
5	10 Emmita Way OB	sink		INSPECTOR: <i>[Signature]</i>
OTHER:				
MC	19 N. VIA LUCINDA	DRY IN	FAIL	
4				

39 N. RIVER DOCK REPAIR?
ROOF?



8105

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 SSPR.

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

ELEV. SLAB. STEEL

ADD 2-#6 TOP AT CANTILEVER
SLAB @ NORTH SIDE BOTH
DIRECTIONS.

ADD #6 @ 12" TOP STEEL AT
SOUTH CANTILEVER

EXTEND SLAB STEEL INTO
BEAM MIN. 6"

NEED ENGR LTR ADDRESSING

USE OF 2" CHAINS FOR SLAB IN
LIEU OF 1 1/2 AS SPECED

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

DATE: 6/30

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-30, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8159	CULOH	STEEL / GRAB	DUPLICATE	
	20 E HIGH PT.	POOL		
	ADVANTAGE POOL			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7390	Goldman	Final	FAIL	
11	4 Summer Ln OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
12	Cantwell 34 Castle Hill Way OB	Tree	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8259	Rossario 137 Skiver OB	Final - stairs deck & dock	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8039	Morrey	AC Chargeout	FAIL	
19	11711 Hillcrest OB	St. Please		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8165	Greist 10 Emmita Way OB	Before drywall	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galanis 26 SSK Rd Driftwood	slab	FAIL	INSPECTOR: <i>[Signature]</i>

OTHER: _____

 25 / 18

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-3, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Gardner	slab reimp.	PASS	
1	26 SSP Rd Driftwood	1st Phase		INSPECTOR: <i>OM</i>
8080	Slater	Final -	FAIL	
3	4 NE Pagon Rd. Propane Disc			INSPECTOR: <i>OM</i>
Tree	Stemle	Trees	PASS	
4	across from 49 NSPR O/B			INSPECTOR: <i>OM</i>
M.C	VANCE	OPM - IN	PASS	
0049	12 WENDY LN BROWNIE CONTR.			INSPECTOR: <i>OM</i>
2				
M.C	WYCKOFF	REPLACE WINDOW	PASS	
0037	26 N. RIVER RD.			
5	O/B CONTR.			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8042	STELK	FINAL	PASS	
6	32 FIELDWAY O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



A. M. ENGINEERING AND TESTING, INC.

860 JUPITER PARK DRIVE, UNIT #1

JUPITER, FLORIDA 33458

LOCAL OFFICE: (561) 745-1060 FAX: (561) 745-0981

REPORT OF FOUNDATION PAD COMPACTION

Client: **Driftwood Homes**
2163 Pine Ridge Street
Jensen Beach, Florida 34957

Site: **26 South Sewalls Point Road Sewalls Point,**
Martin County, Florida
Foundation Pad for Attached Addition

Report Date: July 10, 2006

Project No: 1146

Report No: 16

Permit No:

FILE

Density tests and Hand Cone Penetrometer (HCP) readings were made from slab grade through the depth of fill at a minimum of three locations in the building pad. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	7/6/06	Northeast Corner	0-1	104.9	110.3	95.1
2		Center Area	0-1	105.8	110.3	95.9
3		Southwest Corner	0-1	105.7	110.3	95.8

* All elevations are below slab grade.

The depth of the fill was approximately two feet. The fill should extend at least five feet beyond the building perimeter. At the time of our testing no information was available regarding the foundation pad setbacks.

In the locations and depths that were tested, the soil has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557). No soil borings were performed below the recently placed fill.

Distribution:

Client (3)

KF/sc

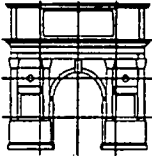
Submitted by:

A. M. ENGINEERING AND TESTING, INC.

Kevin Ferguson 7/12/06

Kevin Ferguson, P.E.

Florida Registration No. 60712



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

To: Sewall's Point Building Department

Date: 7/11/06

Re: Galinis Residence

26 20 South Sewall's Point Rd., Sewall's Point
Permit #

FILE 8105

This office approves of the following:

1. It is acceptable that the detached garage and breezeway have a monolithic concrete foundation in lieu of the piles and grade beam foundation as shown on the permitted plans. The perimeter footing shall be 18"x18" with three (3) #5 bars continuous and poured with 2500 psi concrete (fiber-mix) and 4" min. interior slab thickness.
2. It is acceptable to use a 2" rebar chair in the elevated 6" structural slab.

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

Sincerely,

Mark A. Corson A.I.A.

cc: file



8105

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 SSPR

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

CAR. SLAB

MAINTAIN 3" CONCL. COVERAGE
ALL STEEL

NEED: COMPACTION TEST

FORMBOARD SURVEY
PLANS ON JOB

TERMITE TREATMENT.

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

DATE: 7/13

GW
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri

THURSDAY 7-13, 2006

Page 2 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8177	Vitale	rough plumbing	PASS	
17	13 Knowles Dr	+ electric	PASS	
	Gulich			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8123	Luloh	Steel trap for interior stairs	PASS	
1	208 High Pt			
	Seagate			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6833	Foster	Final-seawall	PASS	CLOSE
7	7 Union St			
	Custom Built Marine			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cummings	Retaining wall footers	FAIL	
8	835 River			
	Elias			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7959	McCormick	Final 2 boat lifts	FAIL	
16	59 N River Rd ??	Permit is for 1-	???	
	Wilco ??	they installed 2 boat lifts		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	LAPIDUS 287-9499		OK	
17	3 Indialucie	wants to meet with contractor	11AM	
				INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galeno	slab	FAIL	
12	26 SSP Rd			
	Driftwood			INSPECTOR: <i>OM</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 26 S.S.P.R.

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

TIE BEAM.

MISSING STIRRUPS @ B-2

~~MISSING~~ REAR PELL TO

HAVE BOTTOM BAR @ 6" O.C.

ADD 1-#5 45° @ WALL

INTERSECTION TO B-3.

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

DATE: 9/10

A handwritten signature in black ink, appearing to be "M. J. ...", is written over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

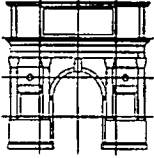
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-16, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0082	DeStephan	Sheeting	PASS	
<u>Last</u> <u>10</u>	68 S Sewalls Tuttle			INSPECTOR: <i>[Signature]</i>
8219	Steck	Final	FAIL	
<u>9</u>	32 Fieldway Dr Ocean Breeze			INSPECTOR: <i>[Signature]</i>
1576	Silas	Final	PASS	NEED COST AFFIDAVIT. ✓
<u>6</u>	10 Castle Hill Statewide			INSPECTOR: <i>[Signature]</i>
1806	Silas	Final	PASS	CLOSE
<u>6</u>	10 Castle Hill Mirage Pool			INSPECTOR: <i>[Signature]</i>
8105	Galina	the team	FAIL	
<u>5</u>	26 S Sewalls Pt Driftwood			INSPECTOR: <i>[Signature]</i>
7054	Tapper	Final	FAIL	
<u>1</u>	22 Island Rd Winchip			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____



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

To: Sewall's Point Building Department

Date: 8/22/06

Re: Galinis Residence
26 S. Sewall's Point Rd., Sewall's Point
Permit #

This office approves of the following:

1. It is acceptable that the steel in the rear covered porch floor deck is #6 bars at 12" o.c. in lieu of #5 bars at 8" o.c. as shown on the permitted plans.

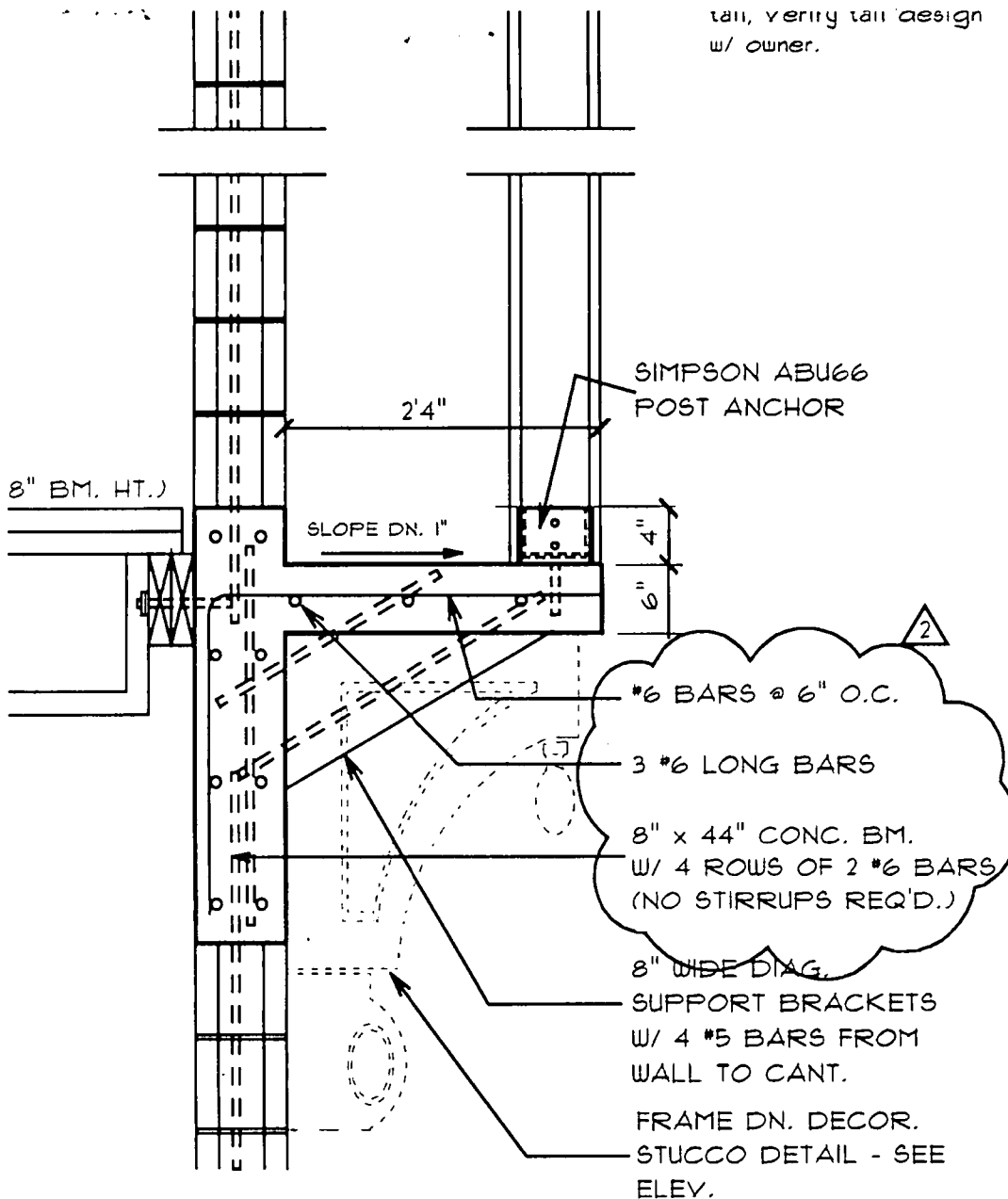
Thank you for your time and consideration. If you have any questions please call.

Sincerely,

Mark A. Corson A.I.A.

cc: file

tail, verify tail design w/ owner.

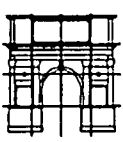


GALINIS RESIDENC
 26 S. SEWALL'S POINT ROA
 (LOT #10 MIRAMAR)
 SEWALL'S POINT, FLORIDA

DATE	: 2/2/06
DRAWN BY	: Pe rm mc
CHECKED	: MC
REVISIONS	:
1	3/2/06 PER B.D.
2	8/22/06 AS-BUILT

LCONY DETAIL 3/4"=1'0"

1/4"=1'0"



M.A. CORSON & ASSOCIATES, INC.
 ARCHITECTURE • STRUCTURAL DESIGN
 844 E. Ocean Blvd. Suite C Stuart, FL. 34994
 (772) 223-8227 • Fax 223-8234

2 REN. 8/22/06



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 26 S.S.P.D.

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

TIE BEAM REAR PORCH

16" X 16" COLS DO NOT HAVE
4-#6 VERTICAL AS PER PLAN.

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

DATE: 9/15

JM
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-15, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8120	Stanton	Final paving	PASS	CLOSE
7	Le Sabal Ct O/B OFF RIBBELAND			INSPECTOR: <i>[Signature]</i>
0033		Footer slab	—	RESCHEDULE
155	27 N. River SDH			FOR 9/18 INSPECTOR: <i>[Signature]</i>
8	Kremser 23 Ridgeland Dr. O/B	287-1596		Country wants to replace deck instead of repairing deck to meet permit RESCHEDULE FOR 9/17 INSPECTOR: <i>[Signature]</i>
8105	Galina	bond barn	FAIL	
10	26 S Sewalls Pt Driftwood			INSPECTOR: <i>[Signature]</i>
5	Mc Cormick 59 N River Rd Pine Orchard / DeBarro	Dirt in road	per chief	ISSUED CORRECTION NOTICE INSPECTOR: <i>[Signature]</i>
7993	Giachino	Insulation	FAIL	
4	11 Wendy Ln Seagate			INSPECTOR: <i>[Signature]</i>
8123	Luloh	Concrete stairs	PASS	
6	20 E High Pt Seagate			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-4, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8131		FRONT		SCHEDULE FOR
X	8 N.S.P.R.			FRIDAY 10/6/06 INSPECTOR: OW
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8390		SCREEN FINAL	FAIL	
3	83 SS PR. GOODMAN SCREEN		PASS	CONTRACTOR VERIFIED MIN. 1 1/4 REINFORCING INTO SLABS. INSPECTOR: OW
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8190	BAY TREE LODGE 143 S RIVER.	ROOF FINAL	PASS	
1	STUART ROOF.			INSPECTOR: OW
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8365	FENDER	IN PROGRESS ROOF		
2	3 OAKWOOD	COURTESY INSP. FOR SEE J.A. ROOF VENTS		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	GATLIN A.S.	ROOF SIGHTING	PASS	PARADE LEVEL
7	26 SS PR			& BAR. INSPECTOR: OW
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8391		FINAL		SCHEDULE FOR
X	8 NSPR			FRIDAY 10/6/06 INSPECTOR: OW
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
X	94 N. SEWALLS PT RD	RE INSPECTION SLAB	PASS	DID THIS ON TUESDAY PREVIOUS INSP. INSPECTOR: J.A.
OTHER:	8393 23 KID VISTA POOL STEEL. FAIL			
				OW

TOWN OF SEWALL'S POINT

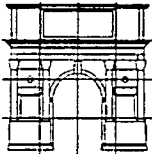
Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-11, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
10105	Galino	INSULATION	PASS	
10	26 Sewalls Pt Driftwood	INSULATION	PASS	INSPECTOR: <i>[Signature]</i>
0097		INSULATION FRAME	PASS	
8	14 S. VIA LUCINDIA	ROUGH TRADES	PASS	INSPECTOR: <i>[Signature]</i>
		MARK 214-0788		
0056		BOATLIFT FINAL	PASS	CLOSE
9	3 ST. LUCIE CT.			INSPECTOR: <i>[Signature]</i>
0027		FTR/SLAB	FAIL	
11	3 TUSCAN LANE			INSPECTOR: <i>[Signature]</i>
0105		UG ROUGH ELEC.	PASS	
3	97 N. S. P.R.	FOR GENERATOR		INSPECTOR: <i>[Signature]</i>
0116		LATH	PASS	
2	92 N. S. P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



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

To: Sewall's Point Building Department

Date: 9/12/06

Re: Galinis Residence

26 S. Sewall's Point Rd., Sewall's Point
Permit #

8105
FILE

This office approves of the following:

1. It is acceptable that the three beams over the 2nd floor french doors are 8"x12" poured concrete beams in lieu of composite beams as shown on the permitted plans. The beams shall have 2 #5 bars top and bottom and the two #6 bars from the adjacent composite tie beam.

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

Sincerely,

Mark A. Corson A.I.A.

cc: file



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 S.S.P.R.

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

FL/ROOF TRUSS

FGE -
GIRDER FGA - WEST BEARING END -
DOES NOT APPEAR ADEQUATE - NEED
ENGR TO ADDRESS -

ENGR VERIFY BEARING AT WEST END OF FGE.
VERIFY CORRECT ORIENTATION OF FGE
NEED ENGR FIX FOR FLL

" " " FOR ATN ROOF TR.

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

DATE: 12/6

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department Inspection Log

Date of Inspection: Mon Wed Fri 12-6, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8399	JORDAN	final-shutter	PASS	CLOSE
9	110N. Sewall St			INSPECTOR: <i>OM</i>
	Storm Depot			
Tree	Town of Sewall St	Trees	PASS	
6	corner P. Leguier + S. Sped			INSPECTOR: <i>OM</i>
	Onda Lawn + Landsc.			
8421	Cummings	Fountain Steel	FAIL	
5	835 River Rd			INSPECTOR: <i>OM</i>
	Olympic Pool			
8436	Tooman	Plumbing ground rough	FAIL	
1A	37 W. High Pt	Prepour		INSPECTOR: <i>OM</i>
	Houdas Finest			
8105	Galbraith	Build down	FAIL	
7	26 S Sewalls	round driling (cross)		INSPECTOR: <i>OM</i>
	Duffwood			
8415	Clifford	Front Door	FAIL	
13	20 N. River Rd			INSPECTOR: <i>OM</i>
	Reumer	11:30 meet contractor		
Tree	Town of S.P.	Tree DUPLICATION		
	Combedgview Rd + S. Sp.			
	Onda			INSPECTOR:
OTHER:	CLIP FORA	DECK DEMO.		
13 (8459)	20 N. RIVER			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-20, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0016	Rivera	Plumbing final	PASS	
6	3 Emarita	meter	FAIL	
	OB	POWER RELEASE		INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Gotfried Gump	Tree	PASS	
5	19 N Via Lucinda			
	OB			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8172	Mariano	rough plumbing	PASS	PARTIAL / MASTER B.
2	23 Middle Rd.			
	Ken Wendell			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galindo	TRUSS EGG/STRAPPING	PASS	
7	26 S Sewalls Pt	framing	PASS	
	Driftwood	plumbing	PASS	INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8459	TRAVOTA	form	PASS	
151	99 S Sewalls Pt			
	OB			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8394	Foster	steel	PASS	
4	7 Tuma St			
	Schiller			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8384	Noheyl	final tiki hut	FAIL	
3	26 W High Pt			
	OB	(before 10AM)		INSPECTOR: <i>AM</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: ~~13 CRANES NEST~~

20. S. S. P. R.

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

MECH. TIGHT IN / FRAMING

A/C - NO PATH FOR RETURN AIR FROM MASTER SUITE TO AHU.

PLUMB. - PASS

etc - PASS

FRAMING - PASS

DRY IN / METAL PASS

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

DATE: 12/22

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-22, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8425	Juriet	dock-final	PASS	CLOSE
6	14 Castle Hill way Tropic Marine			INSPECTOR: <i>[Signature]</i>
8096	Cooney	band light fixture	PASS	Cancel
1	17 Middle Rd	mech plumber	PASS	Reschedule with
	AGG Roof			INSPECTOR: <i>[Signature]</i>
8051	Gulino	Electric	PASS	
5	26 S Sewalls Driftwood	AC framing Roof metal	PASS	INSPECTOR: <i>[Signature]</i>
8464	Valero	Tiki Hut	PASS	WAITING FOR FINAL TIE-IN SUBMIT
4	107 Hillcrest OB		FAIL	INSPECTOR: <i>[Signature]</i>
0117	Kelso	Final-remodel	FAIL	CLOSE
3	18 Rio Vista Sarno		PASS	REINSPECT LATE MORN
				INSPECTOR: <i>[Signature]</i>
1819	Tidikis	LATHING SUPPORT	PASS	
2	2 Cranes Nest Advanced			INSPECTOR: <i>[Signature]</i>
8470	Pare	Final	FAIL	FAIL
7	61 N. River Rd JA Taylor Roof		PASS	INSPECTED LATE MORN -
				INSPECTOR: <i>[Signature]</i>
OTHER:				
8469	Cooney	dry-in	PASS	
	17 Middle Rd	Reinspect		
	Stuart Roof			<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-27, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0027	Carlson/Premier	roof mail off	CANCEL	NOT READY
7	3 Tuscan La Masterpiece			INSPECTOR: <i>OM</i>
6433	Beelitz	Final	PASS	CLOSE
3	105 Via Quindia O/B			INSPECTOR: <i>OM</i>
8476	Cooney	bracket light niche	FAIL	
2	17 Middle Rd A&G Pool	mech plumbing	PASS	INSPECTOR: <i>OM</i>
8462	Erlo	Final-windows	PASS	CLOSE
5	45 S Sewalls Pt Zears			INSPECTOR: <i>OM</i>
8469	Stroy	no progress	FAIL	CANCEL
2	17 Middle Rd Stuart Roof			INSPECTOR: <i>OM</i>
8105	Galini's	AC	PASS	
6	26 S Sewalls Pt Rd Driftwood			INSPECTOR: <i>OM</i>
6818	Speckuly	Postings	CANCEL	
LATE	53 S River Rd O/B			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-29, 2006

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galvez	Insulation	PASS	
8	26 S Sewall St Driftwood			INSPECTOR: <i>[Signature]</i>
8469	Cooney	in-progress	PASS	
11 AM	17 Middle Rd Stuart Roof (LINDA)			INSPECTOR: <i>[Signature]</i>
8476	Cooney	bond wire	PASS	
1A	17 Middle Rd A+G Pool			INSPECTOR: <i>[Signature]</i>
0016	Rivera	meter	FAIL	
7	3 Emaita OB permit on kitchen counter		408-3990	INSPECTOR: <i>[Signature]</i> water bearing
8172	Mariano	rough plumbing	PASS	
2	23 Middle Rd Ken Wendell			INSPECTOR: <i>[Signature]</i>
Tree	inuder	Tree	PASS	
5	16 Heron's Nest OB			INSPECTOR: <i>[Signature]</i>
1001	Cummings	stem work soiler foundation	Cancel	reschedule Wed
	835 River Rd Elias Mgmt			INSPECTOR: <i>[Signature]</i> 1/3/07
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-26, 2007 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7289	Klose	Final	CANCEL	(meeting letter)
11	2 Baker St Pacific Roof			INSPECTOR: <i>[Signature]</i>
3484	Harte	no file in program	CANCEL - MUST	RECHECK DATE
3	3 E High Pt Cardinal Roof	-NO ONE ON JOB-		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8482	Genstermer	Mechanicals	PASS	
16	63 N River Rd Masterpiece	for new bath		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	[Redacted]	driveway	PASS	
13	26 S Sewall Pt Driftwood - Alan			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8448	Winelow	FINAL driveway +	PASS	CLOSE
14	10 S Sewall Pt Surfside Tower	pool deck		INSPECTOR: <i>[Signature]</i>
		cell 112-971-5802 Fax		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8166	Cummings	Plumbing	FAIL	
12	83 S River Olympic Pools			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8421	Cummings	plumbing	FAIL	
12	83 S River Olympic Pools	(fountain)		INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 S.S.P.R.

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

METER

ADD KNOCK OUT COVERS @
SERVICE PANEL

ELEC. CABLE @ RAU NEEDS
CONDUIT.

TUB ACCESS

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

DATE: 3/21

ON

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-21, 2007

Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Gulivue	Mech	FAIL	
12	26 S Sewalls Driftwood			INSPECTOR: <i>AM</i>
8123	Luleh	Insulation	PASS	
2	20 E High Pt Seagate	ELEC ROUGH PLB ROUGH	PASS PASS	INSPECTOR: <i>AM</i>
8506	Bauer	Final	PASS	CLOSE
3	34 W High Pt O/B			INSPECTOR: <i>AM</i>
1935	Danielson	Final-dock	FAIL	BOAT LIFT IS NOT ON ENOUGH STANCHIONS
6	161 S River Rd O/B	288-3449		INSPECTOR: <i>AM</i>
0033	Donegan	Final	PASS	CLOSE
15	27 N River Rd SDH			READY FOR C.O. INSPECTOR: <i>AM</i>
0016	Reveria	Final	PASS	READY FOR C.O.
4	2nd 9AM 3 Emmita O/B	H/C ELEC PLB	PASS PASS PASS	INSPECTOR: <i>AM</i>
8500	Toledo	IN-PROGRESS	PASS	
14	9 N River Rd Pacific Roof			INSPECTOR: <i>AM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~THURS~~ **THURS 3-22**, 2007 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galvin	New Roof	PASS	CONTACT FPC
3	26 S Sewall St Driftwood	reinspect		FOR METAL INSTALLATION INSPECTOR: <i>[Signature]</i>
8172	Marieno	door bucks	PASS	
1	23 Middle Rd Ken Wendell			INSPECTOR: <i>[Signature]</i>
8535	Stark	Temp tower	PASS	CONTACT FPC
2	87 S Kyer Rd Emil Lav	reins		FOR METAL INST. INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 S.S.P.R.

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

SFR FINAL

NEED HANDRAIL & RAILINGS -

NEED ELEV. CERT. TO ADDRESS

FLOOD VENTS @ GARAGE.

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

DATE: 4/18

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-18, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Gojuno	Final	FAIL	APR 29 7:11 56.00 2167.00
8	26 S Sewalls Driftwood	215-0074		INSPECTOR:
Tree	Todd	Tree	FAIL	
11	1 Knowles Rd OIB			INSPECTOR: <i>OW</i>
8559	Wolcott	tie back	FAIL	REINSPECTED FOR MISSING TIE BACK LATE MORNING - OK
5	32 Rio Vista Linden Marine			INSPECTOR: <i>OW</i>
Tree	Kiplinger / Ward Earle	Tree	PASS	
2	143 S River Rd Earle/mgr.			INSPECTOR: <i>OW</i>
7687	Cooper	Final	PASS	CLOSE
1	33 W Highpoint Total Roofing			INSPECTOR: <i>OW</i>
6459	Nelme	Final	PASS	CLOSE
9	195 Sewalls Pt Total Roofing			INSPECTOR: <i>OW</i>
8515	Olney	Final roof	PASS	CLOSE
3	915 Sewalls Pt all am			INSPECTOR: <i>OW</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-25, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8533	Went	Pre electric	PASS	
6	7 Palmetto Dr O/B	framing	PASS	INSPECTOR: <i>[Signature]</i>
8481	Galins	Final-gas	PASS	CLOSE
8	26 S Sewalls Prop Disc.			INSPECTOR: <i>[Signature]</i>
8531	CONNORS WEST	SHEDDING		RESCHEDULED
4	83 S. RIVER E. MANDALAY			FOR FRI. INSPECTOR:
8440	Tidaris	Plumbing rough	PASS	
5	12 Cranes Nest A+G Pools	PIPE Test		INSPECTOR: <i>[Signature]</i>
8572	Zygman	gas rough	PASS	
3	18 Simara St Terrell gas	V.G. TANK		INSPECTOR: <i>[Signature]</i>
8105	Galins	Final	PASS	REPAIR FOR CO.
8 LAST	26 S Sewalls Pt Driftwood			INSPECTOR: <i>[Signature]</i>
8528	Masterpiece Syc.	Plumbing slab		RESCHEDULE
1	5 Mandalay Masterpiece			FOR FRI. INSPECTOR: <i>[Signature]</i>
OTHER:				



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

ELEVATION CERTIFICATE MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.
- The attached elevation certificated is complete and correct.
- Minor corrections have been made in the below marked sections by the authorized Community Official.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	26 S. SEWALLS PT RD	Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>6</u>		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone A.O, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized _____ Vertical Datum _____ Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

COMMENTS: ENCLOSED GARAGE BELOW BFE HAS HYDROSTATIC OPENINGS. BALANCE IN NOT ENCLOSED

Date of Review: 5-19-09 Building Official: [Signature]

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name TOM GALINIS JOB# 4684-01	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 26 SOUTH SEWALL'S POINT ROAD City STUART State FL ZIP Code 34996	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10 MIRIMAR OF SEWALL'S POINT	

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 27°11'57"N Long. 80°11'53"W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) <u>N/A</u> sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>N/A</u>	a) Square footage of attached garage <u>528</u> sq ft
c) Total net area of flood openings in A8.b <u>N/A</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>2</u>
	c) Total net area of flood openings in A9.b <u>561</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number TOWN OF SEWALL'S POINT 120164	B2. County Name MARTIN	B3. State FLORIDA			
B4. Map/Panel Number 12085CO154	B5. Suffix F	B6. FIRM Index Date 10/04/02	B7. FIRM Panel Effective/Revised Date 10/04/02	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No

Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized N/A Vertical Datum NGVD 1929

Conversion/Comments NONE

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>12.86</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>24.68</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>11.80</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>6.31</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>12.49</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>5.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>6.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if comments are provided on back of form.

Certifier's Name : Stephen J. Brown	License Number : # 4049
Title : Surveyor & Mapper	Company Name : Stephen J. Brown, Inc.
Address : 619 E 5 th Street	City : Stuart State FL ZIP Code : 34994
Signature	Date 4/17/07 Telephone : (772) 288-7176

PLACE SEAL HERE
PSM/A049
4/17/07

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 26 SOUTH SEWALL'S POINT ROAD	Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments C2 e IS THE AO UNIT

Signature STEPHEN J. BROWN

Date 4/17/07

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State FL	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 26 SOUTH SEWALL'S POINT ROAD	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

PHOTOS



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

Treatment Address 26 S. SEWALLS POINT RD. STUART, FL. 34996
Original Treatment Date 7/5/06 Annual Renewal Commences on 7/5/07
Annual Renewal Fee (not to be increased within first 5 years) N/A
Contract # 708473 Area Treated Under This Contract 580 SQ. FT. GARAGE

YOUR LIMITED WARRANTY

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

TERMS AND CONDITIONS

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

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

BY OWNER OR AGENT

SOUTHCOAST PEST CONTROL, INC.



(772) 225-0999 • 370-4120

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: DRIGALINIS26SEWALLPTRD Address: 23 S. SEWALL PT RD. City, State: SEWALLS PT., FL Owner: GALINIS Climate Zone: South	Builder: DRIFTWOOD HOMES Permitting Office: Permit Number: Jurisdiction Number:
--	--

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Glass/Floor Area: 0.24	Total as-built points: 54153	PASS
	Total base points: 61474	

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

PREPARED BY: JAK

DATE: 2-7-06

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

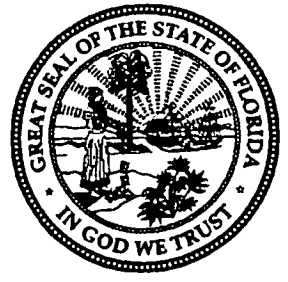
OWNER/AGENT: [Signature]

DATE: 2/21/06

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 with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.0)

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

**STATE OF FLORIDA
MARTIN COUNTY**

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit 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 Affidavit'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 \$ 960,400.00.
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.

Affidavit's Signature:

Shannon P. Galinis

Property Address:

26 S Sewalls Pt Rd
Sewalls Pt, FL

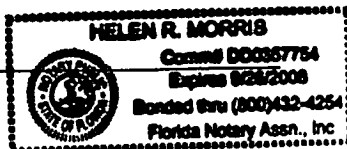
SWORN TO and subscribed before me this ___ day of April, 2007, by Shannon P. Galinis, who is personally known to me or produced _____ as identification.

Helen R. Morris

Notary Public

My commission expires: _____

(Notary Seal)





SAVING THE WORLD'S WATER. ONE TAP AT A TIME.
SINCE 1925.

APRIL 17, 2007

DRIFTWOOD HOMES
2163 PINERIDGE STREET
JENSEN BEACH, FL 34957

RE: IRRIGATION SYSTEM

JOB: 26 S SEWALLS POINT ROAD
SEWALLS POINT, FL

6 ZONE IRRIGATION SYSTEM WAS INSTALLED WITH PRO C TIMER, RAIN
GAUGE, ELECTRIC VALVES, HUNTER LOW VOLUME # 4 NOZZLES AND
DRIPLINE FOR LANDSCAPE AREAS.

JIM LENNON



Martin County Health Department

TO BUILDING DEPARTMENT INSPECTIONS:

MARTIN COUNTY (772) 288-5916 FAX: (772) 288-5911 CITY OF STUART (772) 288-5326 FAX: (772) 288-5388

JUPITER ISLAND (772) 545-0150 FAX: (772) 545-0188 SEWALLS POINT (772) 287-2455 FAX: (772) 220-4765

FROM: RAY CROSS DATE: 4/25/07

SUBJECT: FINAL CONSTRUCTION APPROVAL FOR: SEPTIC SYSTEMS (SS) LIMITED USE PUBLIC WATER (58)

Table with 3 columns: HEALTH DEPT. PERMIT#, BUILDING DEPT. PERMIT #, LOCATION. Includes handwritten entries like 43-SS-0 8061, 8105, GALINIS (DRIFTWOOD HOMES), 26 S SEWALL'S POINT RD.

TOWN OF SEWALL'S POINT

E. DANIEL MORRIS
Mayor

PAMELA M. BUSHA
Vice Mayor

THOMAS P. BAUSCH
Commissioner

NEIL SUBIN
Commissioner

DON OSTEN
Commissioner



ROBERT KELLOGG
Town Manager

JOAN H. BARROW
Town Clerk

Chief of Police

JOHN ADAMS
Building Official

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: GALINS PROPERTY ADDRESS: 26 S. Sewall's Pt Rd.

LEGAL DESCRIPTION: LOT 10 BLOCK _____ SUBDIVISION Miramar

GENERAL CONTRACTOR: Driftwood Homes LIC/CERT NO: RR0056789

ARCHITECT OR ENGINEER: Weyant & Assoc. LIC/CERT NO: PE85141

PERMIT NO: 8105; DATE OF ISSUE: 4-12-06; RENEWAL PERMIT NO: _____; DATE OF ISSUE: _____

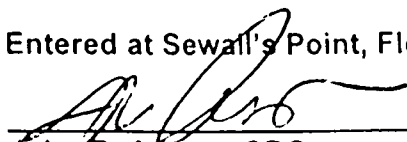
CODE ADDITION: 2004 FBC TYPE: SFR USE: SINGLE FAMILY OCCUPANCY: R3
w/2002 F.E.C.

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

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

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

Entered at Sewall's Point, Florida, this 26th day of APRIL, 2007.


John R. Adams, CBO
Building Official, Town of Sewall's Point



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

8481

GAS TANK

&

LINES

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-19-06

BUILDING PERMIT NO. 8481

Building to be erected for Galinis

Type of Permit Post tank & lines

Applied for by Therese Biscourtes (Contractor)

Building Fee 35

Subdivision Miramar Lot 10 Block _____

Radon Fee _____

Address 26 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

13841-009-000-001002-0000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$35 Check # 3106 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2300

TOTAL Fees 35

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 type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input checked="" 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	_____

RECEIVED
12-12-06

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 12-4-06

OWNER/TITLEHOLDER NAME: Shannon Galinis Phone (Day) 286-6168 (Fax) _____

Job Site Address: 26 S. Sewalls Pt. Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Miramar Lot 10 Parcel Number: 13841-009-000-001002-0000

Owner Address (if different): Rental 1 Indialucie Parkway City: Stuart State: FL Zip: 34996

Description of Work To Be Done: gas

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2300⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: PROPANE DISCOUNTERS INC Phone: 468-0040 Fax: 468 0208

Street: 904 S. Market Ave, City: FT Pierce State: FL Zip: 34984

State Registration Number: 15540 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT Mark Corson Lic #: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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 this county and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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.

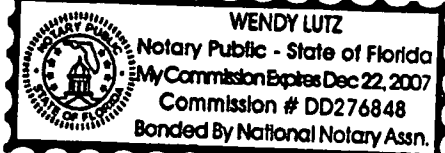
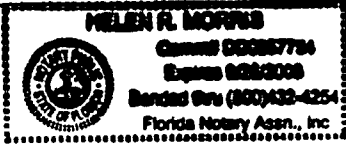
OWNER OR AGENT SIGNATURE (required)
Shannon P. Galinis
State of Florida, County of Martin
This the 6th day of December, 2006
by Shannon Galinis who is personally
known to me or produced
as identification. Helen R. Morris

CONTRACTOR SIGNATURE (required)
Jayce Smith
On State of Florida, County of Martin
This the 7 day of Dec, 2006
by JAYCE SMITH who is personally
known to me or produced
As identification. _____

My Commission Expires: _____
Notary Public
Helen R. Morris

My Commission Expires: Wendy Lutz
Notary Public
Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JU
PROPAND

DATE (MM/DD/YYYY)
11/14/06

PRODUCER MORRIS & REYNOLDS INSURANCE 14821 South Dixie Highway MIAMI FL 33176-7928 Phone: 305-238-1000 Fax: 305-255-9643	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Propane Discounters, L.C. Mr. Joyce Smith 904 South Market Avenue Fort Pierce FL 34982	INSURER A: National Fire & Marine Ins Co	24767
	INSURER B: Commerce and Industry	19410
	INSURER C: National Indemnity	
	INSURER D: Century Surety Company	
	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.

INSURANCE TYPE (LTR INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X6601013C38ATILO5	11/14/06	11/14/07	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 <input type="checkbox"/> MED EXP (Any one person) \$ 5,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000 <input type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 2,000,000				
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA2077C85705GRP	11/14/06	11/14/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC2926072	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property Section Excludes Theft	X6601013C38ATILO5	11/14/06	11/14/07	Contents 100,000 Equipment 65,146

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

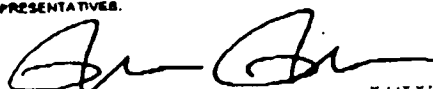
CERTIFICATE HOLDER

JCHERRY

J. Cherry and Sons
 901 S.W. Martin Dawns Blvd.
 Palm City FL 34990

CANCELLATION

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



INCORPORATION 1988

ACORD 25 (2001/08)

DM GALLAGHER
CHIEF FINANCIAL OFFICER

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

• • CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW • •

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 08/18/2005

• • EXPIRATION DATE: 08/18/2007

PERSON: SMITH JAYCE

FEIN: 050570266

BUSINESS NAME AND ADDRESS: PROANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH FL 34957

SCOPE OF BUSINESS OR TRADE: 1- GAS MAIN / METER INSTALLATION

REISSUANCE REQUIREMENT

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

OWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 08/18/2005

• • EXPIRATION DATE: 08/18/2007

PERSON: JAYCE SMITH

FEIN: 050570288

BUSINESS NAME AND ADDRESS: PROANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957

SCOPE OF BUSINESS OR TRADE:
1- GAS MAIN / METER INSTALLATION

F
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IMPORTANT

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

QUESTIONS? (850) 413-1609

CUT HERE

• Carry bottom portion on the job, keep upper portion for your records.

OWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34995 (772) 288-5604

LICENSE ~~904-320-0006~~ CERT _____

PHONE (772) 225-7980 SIC NO 422710

LOCATION: 2218 SW BALATA TERR PC

RECEIPT OF PAYMENT LARRY C. O'STEEN 99 08/14/2006 NORMA 20040003200000 002 2006 0014857 PROPANE DISCOUNTERS

CHARACTER COUNTS IN MARTIN COUNTY

PREC. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	3.00
\$	.00	COL. FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL			25.00

SIGNED BY JAYCE A. & GEISLER, JAMES D. PROPANE DISCOUNTERS L.C. 904 S MARKET AVENUE FORT PIERCE, FL 34982

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF WHOLESALE DISTRIBUTION OF PROPANE AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

14 DAY OF SEPTEMBER 2006 AND ENDING SEPTEMBER 2007



State of Florida Department of Agriculture and Consumer Services

Division of Standards Bureau of Liquefied Petroleum Gas (850) 921-8001 Tallahassee, Florida

Certificate No: 13389 Exam Date: September 24, 1989 Issue Date: August 4, 2006 Expiration Date: August 3, 2009 Exam: 0601

MASTER QUALIFIER CERTIFICATE

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

JAYCE SMITH

Valid For License Number: 15540 PROPANE DISCOUNTERS, L.C. 904 S MARKET AVE FORT PIERCE, FL 34982-8217

Signature of Charles H. Bronson, Commissioner of Agriculture



POST LICENSE CONSPICUOUSLY

State of Florida Department of Agriculture and Consumer Services

Division of Standards Bureau of Liquefied Petroleum Gas (850) 921-8001 Tallahassee, Florida

License Number: 15540 Expiration Date: August 31, 2007 Date of Issue: September 1, 2006 License Fee: \$425.00 Type and Class: 0601

Liquefied Petroleum Gas License CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

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

PROPANE DISCOUNTERS, L.C. 904 S MARKET AVE FORT PIERCE, FL 34982-8217

Signature of Charles H. Bronson, Commissioner of Agriculture

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-27, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
808	Galines	Water gas	PASS	
6	26 Sewalls Pt Propane Disc.			INSPECTOR: <i>[Signature]</i>
8436	Looman	fiberglass columns	PASS	
LAST. 8	37 W High Pt Flouda's Finest		PASS	INSPECTOR: <i>[Signature]</i>
7819	TIDIKIS	TRUSS ENGR.	PASS	
	12 CRANES NEST	CANCEL		
	T. LUANO			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-7, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8081	Galinas	Tank in-line	PASS	
10	26 S Sewall Pt Prop Disc.			INSPECTOR: <i>OM</i>
1833	Briseo	Final-renovations	FAIL	
11	5 Qumbo Limbo OB			INSPECTOR: <i>OM</i>
8008	Briseo	Final-draw	PASS	CLOSE
11	5 Qumbo Limbo S/B	Shutters		INSPECTOR: <i>OM</i>
8222	Marley	Re-sheet work	FAIL	
1A	39 W High Pt Worell			INSPECTOR: <i>OM</i>
8515	Olney	Dry-in metal	PASS	
9	915 Sewalls Pt all Am Roof.			INSPECTOR: <i>OM</i>
Tree	Enriquez	Tree	PASS	
6	1 Kingston OB			INSPECTOR: <i>OM</i>
	D. WINEP	FENCE		
	19 RIDGELAND			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-25, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8533	West	Pre electric	PASS	
6	7 Palmetto Dr O/B	framing	PASS	INSPECTOR: <i>[Signature]</i>
8481	Galimis	Final-gas	PASS	CLOSE
8	26 S Sewalls Prop Disc.			INSPECTOR: <i>[Signature]</i>
8531	COMMINGS WEST	SHEDDING		RESCHEDULED
4	83 S. RIVER E. MONTANA			FOR FRI. INSPECTOR:
8440	Tidakis	Plumbing rough	PASS	
5	12 Cranes Nest A+G Pools	Pipe Test		INSPECTOR: <i>[Signature]</i>
8572	Zygman	gas rough	PASS	
3	18 Simara St Terrell gas	V.G. TANK		INSPECTOR: <i>[Signature]</i>
8105	Galimis	Final	PASS	REPAIR FOR C.O.
8 LAST	26 S Sewalls Pt Driftwood			INSPECTOR: <i>[Signature]</i>
8528	Mastepice Sys.	Plumbing slab		RESCHEDULE
1	5 Mandalaug Mastepice			FOR FRI. INSPECTOR: <i>[Signature]</i>
OTHER:				

8493

POOL

TOWN OF SEWALL'S POINT

Date 1-16-07 BUILDING PERMIT NO. 8493
 Building to be erected for Galinis Type of Permit Pool & Spa
 Applied for by Olympic Pools (Contractor) Building Fee 240.00
 Subdivision Miramar Lot 10 Block _____ Radon Fee _____
 Address 26 S Sewalls Pt Rd Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Plumbing Fee _____
13841-009-000-001-0020000 Roofing Fee _____
 Amount Paid \$264- Check # 5684 Cash _____ Other Fees (1070 PL) 24.00
 Total Construction Cost \$ 20,000- TOTAL Fees 264.00

Signed [Signature] Applicant Signed John Adams 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 checked="" type="checkbox"/> POOL/SPA/ DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input 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 _____ |

Date: 12/20/06 RECEIVED 12-21-06 Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Thomas A. Galini Phone (Day) 215-0074 (Fax) _____

Job Site Address: 26 S. Sewall Pt Rd City: Stuart State: Fla Zip: 34991

Legal Description of Property: Lot #10 Parcel Number: _____

Owner Address (if different): 26 S. Sewall Pt Rd City: Stuart State: Fla Zip: _____

Description of Work To Be Done: Swimming Pool + SPA

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

CONTRACTOR/Company: Olympic Pools Phone: 286-6070 Fax: 288-6962

Street: 2829 S.E. Monroe St City: Stuart State: Fla Zip: 34997

State Registration Number: _____ State Certification Number: CA039888 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 20,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION: Electrical: _____ State: _____ License Number: _____ Mechanical: _____ State: _____ License Number: _____ Plumbing: _____ State: _____ License Number: _____ Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____ Street: _____ City: _____ State: _____ Zip: _____

ENGINEER Curtis Sinclair Phone Number: _____ Street: 8259 H. Military Trmt #3 City: Palm Bch Gardens State: Fla Zip: 33418

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____ Carpet: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required) [Signature] State of Florida, County of: Martin This the 18th day of December, 2006 by Shannon P. Galini who is personally known to me or produced as identification. [Signature]

CONTRACTOR SIGNATURE (required) [Signature] On State of Florida, County of: Martin This the 21st day of December, 2006 by Kim Smith who is personally known to me or produced as identification. [Signature] PAMELA SMITH Commission # DD0136901 Expires 2/23/2007 Bonded Through _____ My Commission Expires: Florida Notary Assn., Inc. Seal

Notary Public Commission 00007784 Expires 09/20/08 Bonded thru (800) 432-4284 Florida Notary Assn., Inc. Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID - JK
OLIMP-7

DATE (MM/DD/YYYY)
01/30/06

PRODUCER
Insurance By Ken Brown, Inc.
P.O. Box 540569
1339 Arlington Street
Orlando FL 32805
Phone: 407-849-0490 Fax: 407-648-0197

INSURED

Olympic Pools of Stuart Corp
2839 SE Monroe Street
Stuart FL 34997

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Mutual Ins. Co	23396
INSURER B: Amerisure Ins Company	19488
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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CPP138541804	02/01/06	02/01/07	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> PP BAI				PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				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)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$
B		EXCESS/UMBRELLA LIABILITY	CU201289903	02/01/06	02/01/07	EACH OCCURRENCE	\$ \$3,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC201793702	02/01/06	02/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1000000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1000000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1000000

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

CERTIFICATE HOLDER

SEWALLS

City of Sewalls Point
1 South Sewalls Point Rd.
Sewalls 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Ken Brown



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
6358 SW TRAVERS STREET
PALM CITY FL 34990

STATE OF FLORIDA AC# 2667467
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CPC039888 07/20/06 058087353

CERT COMMERCIAL POOL/SPA CONTR
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2008 L06072002920

DETACH HERE

AC# 2667467

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06072002920

DATE	BATCH NUMBER	LICENSE NBR
07/20/2006	058087353	CPC039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
6358 SW TRAVERS STREET
PALM CITY FL 34990

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1982-530-0026 CERT CPC039888

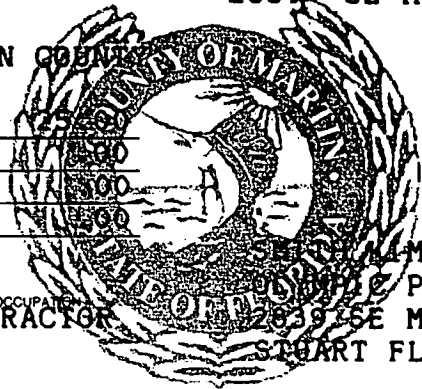
PHONE (772) 286-6070 LIC NO 235990

LOCATION:

2839 SE MONROE ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u> .00 </u>	LIC. FEE \$	<u> </u>
\$	<u> .00 </u>	PENALTY \$	<u> </u>
\$	<u> .00 </u>	COL. FEE \$	<u> </u>
\$	<u> .00 </u>	TRANSFER \$	<u> 25.00 </u>
TOTAL		<u> </u>	



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
CERTIFIED POOL SPA CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF AUGUST 2006
AND ENDING SEPTEMBER 30, 2007

11 2005 42614.0001

M S
POOLS OF STUART CORP.
2839 SE MONROE STREET
STUART FL 34997

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

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):

Lot #10 Miramar Plat BK 3 Pg 111 Sewalls Pt.

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool

OWNER: Thomas A Galinis & Shannon P. Galinis

ADDRESS: 26 S. Sewalls Pt Rd Stuart, Fla 34996

PHONE #: _____

FAX #: _____

CONTRACTOR: Olympic Pools & Spa

ADDRESS: 2839 SE Monroe St Stuart, Fla 34997

PHONE #: _____

FAX #: 288-6962

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: Draftman Homes / Alan Morris

ADDRESS: 2163 N.E. Pine Ridge St, Jensen Beach, Fla 34957

PHONE #: 215-0074/339-2577

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.

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.

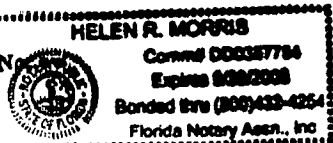
* SP Galinis
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 18th DAY OF December 2006 BY Shannon P. Galinis

Shannon P. Galinis
NOTARY SIGNATURE

PERSONALLY KNOWN
OR
PRODUCED ID
TO THE NOTARY PUBLIC
MARTIN COUNTY

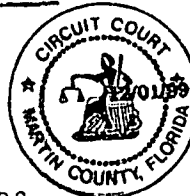
/data/gmd/bzd/bldg_forms/No



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

MARSHA EWING, CLERK

BY [Signature] D.C.
DATE 1/5/07



INSTR # 1984628 OR BK 02212 PG 2176 RECD 01/05/2007 04:12:16 PM
Pg 2176 (199)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

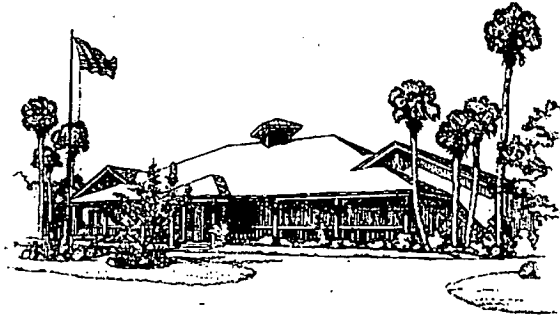
E. DANIEL MORRIS
Mayor

PAMELA M. BUSHA
Vice Mayor

THOMAS P. BAUSCH
Commissioner

NEIL SUBIN
Commissioner

DON OSTEEEN
Commissioner



ROBERT KELLOGG
Town Manager

JOAN H. BARROW
Town Clerk

Chief of Police

JOHN R. ADAMS
Building Official

Jay
288-6962

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 12/21/2006

DATE: 1/2/2007

APPLICATION DESCRIPTION: SWIMMING POOL & SPA NO DECK

APPLICATION ADDRESS: 26 SO. SEWALL'S POINT RD.

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. GENERAL NOTES # 11 INCLUDES INCORRECT CODE WORDING. BARRIER IS REQUIRED FOR ALL NEW SWIMMING POOLS AND SPAS (AFFIDAVIT ATTACHED)
2. INDICATE ON PLANS THE PROVISIONS FOR REQUIRED BARRIER INCLUDING ANY OPTION FOR ALARMS OR SELF-CLOSING DOORS.
3. INDICATE PROVISIONS FOR GRASPABLE SURFACES AT POOL/SPA WALL AREAS RAISED GREATER THAN 6" ABOVE DECK ELEVATION.
4. POOL DECK PERMIT SUBMITTAL IS REQUIRED PRIOR TO POOL PERMIT ISSUANCE

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,

JOHN R. ADAMS
BUILDING OFFICIAL



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: buildoff@sewallspoint.martin.fl.us

**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
1 SOUTH SEWALL'S POINT ROAD, SEWALL'S POINT, FL
(772) 287-2455**

PERMIT # _____

**Residential Swimming Pools,
Spa and Hot Tub Safety Act**

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 26 S. Sewall's Pt Rd, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2004 Florida Building Code (FBC) effective October 1, 2005. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet one of the following requirements relating to pool safety features:

Please note that if the alarm option is selected, this affidavit must be accompanied by a letter of certification from a Florida licensed alarm contractor, architect, or engineer stating full compliance with 2004 FBC R4101.17.1.9.

- (a) The pool must be equipped with an approved safety pool cover (4101.17 exception, no other barrier feature required).
- (b) The pool must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:


- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

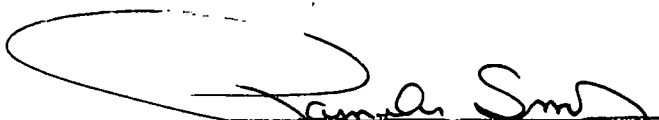
- 2. All doors providing direct access from the home to the pool must be equipped with a self closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

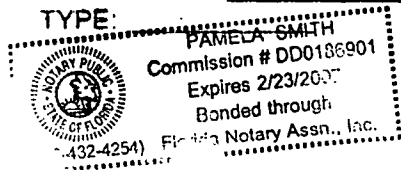

CONTRACTOR'S SIGNATURE & DATE


OWNER'S SIGNATURE & DATE

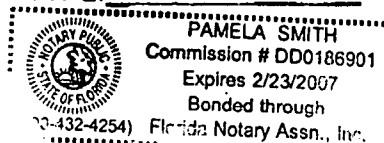

NOTARY PUBLIC, STATE OF FL.


NOTARY PUBLIC, STATE OF FL.

AS TO CONTRACTOR
PERSONALLY KNOWN
PRODUCED ID _____
TYPE: _____



AS TO OWNER
PERSONALLY KNOWN
PRODUCED ID _____
TYPE: _____



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



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 26 S.S.P.R.

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

POOL STEEL

SKIMMER MISSING 2-#3
WRAPS AND TIED TO
POOL STEEL

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

DATE: 1/24

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-24, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0076	Demorest	_____	CANCEL	_____
5	92 S. River Rd Schuler Pools	Final 9:30		INSPECTOR:
3139	Demorest	final	CANCEL	_____
5	92 S. River Rd Chitwoods Co.	(Renewal) Fee \$16		INSPECTOR:
8193	Galinis	footing	FAIL	
7	26 S Sewalls Olympic Pools	main drain		INSPECTOR: <i>OM</i>
6599	Galinis	driveway final	PASS	OLD HOSE & DRIVEWAY DEMOLISHED CLOSE
7	26 S. Sewalls PAV-CO			INSPECTOR: <i>OM</i>
6818	Lipshutz	footing	PASS	
6	53 S River Rd O/B			INSPECTOR: <i>OM</i>
7182	Lipshutz	Final garage	CANCEL	WILL RESCHEDULE
6	53 S River Rd DAD Garage			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-26, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8494	Libitsky 3 Rio Vista	Final-shutter	PASS	CLOSE
3	O/B			INSPECTOR: <i>[Signature]</i>
7659	Holland	Fence final	FAIL	
4	116 N. Ridgewood O/B	Permit on fence-left side		INSPECTOR: <i>[Signature]</i>
Tree	June	Tree	PASS	
7	1 Michael Rd O/B			INSPECTOR: <i>[Signature]</i>
6668	Pistole	Final-remodel	PASS	CLOSE
also 6733	21 Periwinkle Cres. O/B	A/C Final	PASS	CLOSE
				INSPECTOR: <i>[Signature]</i>
8409	Vanfossen	Final-roof	PASS	CLOSE
1	158 S River Rd Pacific Roof			INSPECTOR: <i>[Signature]</i>
8493	Galino	inspect Pool Steel	PASS	
6	26 S Sewalls Pt Olympic Tools	main drain		INSPECTOR: <i>[Signature]</i>
3441	Dressler	plumbing +	PASS	
1A	12 Island Rd Harbor Course	elect rough	PASS	INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-28, 2007

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8482	Gensheimer	Insulation	PASS	
12	63 N River Rd Masterpiece - Frank	Tree/Coatline	PASS	INSPECTOR: <i>[Signature]</i>
8512	Valdes	temp elec	PASS	CALL #PL
11	107 N Sewalls dB			FAN METER INSPECTOR: <i>[Signature]</i>
0067	VanOrmerdam	Final - screen	PASS	CLOSE
4	2 E High Pt Honey Screen			INSPECTOR: <i>[Signature]</i>
8166	Cummings	Plumbing for POOL + SPA	PASS	
7	835 River Rd Olympic Pool - Frank			INSPECTOR:
8421	Cummings	Plumbing for fountain	PASS	
7	835 River Rd Olympic Pool			INSPECTOR:
8493	Galvin	Pool plumbing	PASS	
10	26 S Sewalls Pt Olympic Pool			INSPECTOR: <i>[Signature]</i>
8527	Berntson	tie back	FAIL	
6	176 S Sewalls Pt Blue Water Marine			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-2, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8172	Mariane	Elec panel	PASS	
2A	23 Middle Rd Ken Wendell			INSPECTOR: <i>[Signature]</i>
8493	Galindo	Final	FAIL	CLOSE
8	265 Sewall Pt Olympic Pools			INSPECTOR: <i>[Signature]</i>
8552	Seinfeld	In Progress	PASS	
6	3 Palmetto Hoeker Services	tin tag		INSPECTOR: <i>[Signature]</i>
6829	Kearney	Final	- CANCEL - will	RESCHEDULE
9	12 N River Rd JA Taylor Roof.			INSPECTOR: <i>[Signature]</i>
6881	Hicks	Final	FAIL	INSPECTOR: <i>[Signature]</i>
7	7 Emarita Way JA Taylor Roof.			INSPECTOR: <i>[Signature]</i>
8566	Hepworth	rough plumb	FAIL	
12 LAST	8 Rio Vista Keith Mahaffey Pools			INSPECTOR: <i>[Signature]</i>
8571	Bush	window buck	PASS	
5	2 Mindoro St Park Co			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8514

POOL DECK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2-7-07

BUILDING PERMIT NO. 8514

Building to be erected for Galinis Type of Permit Pool deck

Applied for by Duffwood Homes (Contractor) Building Fee 70

Subdivision Murina Lot 10 Block _____ Radon Fee _____

Address 26 S. Sewalls Pt Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

13841-009-000-00100-20000 Plumbing Fee _____

Amount Paid \$70 Check # 16541 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2400 TOTAL Fees 70

Signed [Signature] Signed John Adams

Applicant

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 checked="" type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input 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 BRG/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 _____ |

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 1/10/07

OWNER/TITLEHOLDER NAME: Tom & Shannon Galinis Phone (Day) _____ (Fax) _____

Job Site Address: 26 S. SEWALLS PT RD. City: SEWALLS PT State: FL Zip: 3

Legal Desc. Property (Subd/Lot/Block) LOT 10 MIRAMAR Parcel Number: 01-38-41-009-000-00100-2

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

Description of Work To Be Done: POOL DECK

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,400.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany 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: PR0056789 State Certification Number: _____ Martin County License Number: MC00089

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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)
Shannon Galinis
State of Florida, County of: Martin
This the 10th day of Jan, 2007
by Shannon Galinis who is personally
known to me or produced
as identification. Valerie Meyer

CONTRACTOR SIGNATURE (required)
Alan Morris
On State of Florida, County of: Martin
This the 11th day of January, 2007
by Alan Morris who is personally
known to me or produced
as identification. Valerie Meyer

My Commission Expires: _____
Notary **FELIEN R. MORRIS**
Comm# DD0357754
Expires 12/2/2008
Bonded thru (800)432-4254

My Commission Expires: _____
Notary Public **VALERIE MEYER**
MY COMMISSION # DD552119
EXPIRES: May 14, 2010
(407) 398-0153 Florida City Service.com

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2006

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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	04GL000634578	06/13/2006	06/13/2007	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	
						GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		
		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	\$	
						AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
							\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MANAGER EXCLUDED?				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
		OTHER				E.L. DISEASE - POLICY LIMIT	\$	

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2008

PRODUCER (772)334-3181 FAX (772)334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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: Driftwood Homes & Improvements
 2163 Pine Ridge Street
 Jensen Beach, FL 34957

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers A/R	
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.

INBR LTR	ADD'L INBR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
						EACH OCCURRENCE	\$
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
		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 (Ea accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				BODILY INJURY (Per accident)	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	6FR13UB-7261831-6-06	04/22/2006	04/22/2007	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY.

CERTIFICATE HOLDER
 Town of Sewalls Point
 1 Sewalls Pt Road
 Stuart, FL 34996

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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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

STATE OF FLORIDA AC# 2105207
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 RR0056789 07/29/05 050089330
 REGISTERED RESIDENTIAL CONTR
 MORRIS, ALAN B
 DRIFTWOOD HOMES & IMPROVEMENTS
 (INDIVIDUAL MUST MEET ALL LOCAL
 LICENSING REQUIREMENTS PRIOR
 TO CONTRACTING IN ANY AREA)
 HAS REGISTERED under the provisions of Ch. 489
 Expiration date: AUG 31, 2007 L05072900790

DETACH HERE

AC#2105207

STATE OF FLORIDA

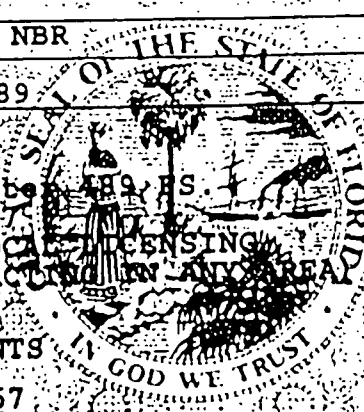
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05072900790

DATE	BATCH NUMBER	LICENSE NBR
07/29/2005	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

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY



Martin County Building Department

2401 SE Monterey Road

Stuart, Fl 34996

(772) 288-5482

Fax (772) 288-5911

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

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY 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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-4, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8579	ROSE	Final-dw	FAIL	
7	4 Indialucci Pkwy Home Depot			INSPECTOR: <i>[Signature]</i>
8436	Tooman	Dry-in metal	FAIL PASS	REINSPECTED LATE MORNING
2	37 W High Pt Houder Inest			INSPECTOR: <i>[Signature]</i>
8566	Hepworth	UG plumbing	PASS	
3	Blue Vista Keira Malaffey			INSPECTOR: <i>[Signature]</i>
8482	Gensheimer	GAS-UG tank	PASS	
6	63 N River Rd Mastapiece	Interior rough	PASS FAIL	INSPECTOR: <i>[Signature]</i>
8514	Galindo	Pool deck	PASS	Close
	26 S Sewalls Duffwood			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9088

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9008	DATE ISSUED:	09/23/2008
SCOPE OF WORK:	4' ALUMINUM FENCE		
CONDITIONS :			
CONTRACTOR:	STUART FENCE CO.		
PARCEL CONTROL NUMBER:	013841009000001002	SUBDIVISION	MIRAMAR - LOT 10
CONSTRUCTION ADDRESS:	26 S SEWALLS POINT RD		
OWNER NAME:	GALINAS		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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: 9-19-08
TOWN OF SEWALL'S POINT

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

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: THOMAS GALINAS Phone (Day) 341-7136 (Fax) _____
Job Site Address: 26 S. Sewall's Point Rd City: STUART State: FL Zip: 34996
Legal Desc. Property (Subd/Lot/Block) MIRAMAR LOT 10 Parcel Number: 01-38-41-009-000-00100-2
Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: INSTALL FENCE & GATES

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

COST AND VALUES:
Estimated Value of Construction or Improvements: \$ 3840.⁰⁰
(Notice of Commencement required over \$2500).
Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)
Method of Determining Fair Market Value: _____

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288-3035
Street: PO Box 2636 City: STUART State: FL Zip: 34995
State Registration Number: _____ State Certification Number: _____ Municipality License Number: CFE 3584

ARCHITECT _____ Lic.# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)
Thomas Galinas
State of Florida, County of: MARTIN
This the 29 day of AUG, 2008
by Thomas Galinas who is personally known to me or produced DL

as identification. Janis L. Loudin
NOTARY PUBLIC STATE OF FLORIDA
Notary Public Janis L. Loudin
My Commission Expires: May 21, 2010
Commission # DD538831

CONTRACTOR SIGNATURE (required)
Chester Richmond
On State of Florida, County of: MARTIN
This the 29 day of AUGUST 2008
by Chester Richmond who is personally known to me or produced _____

As identification. Janis L. Loudin
NOTARY PUBLIC STATE OF FLORIDA
Notary Public Janis L. Loudin
My Commission Expires: _____
Commission # DD538831

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.



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

Site Provided by...
 governmax.com T1.12

Summary

print [grid icons] Owner 1 of 1

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-009-000-00100-2	26 S SEWALLS POINT RD	17750	Owner	0	1

Summary

Property Location 26 S SEWALLS POINT RD
Tax District 2200 Sewall's Point
Account # 17750
Land Use 101 0100 Single Family
Neighborhood 193110
Acres 0.665

Legal Description
Property Information
 MIRAMAR LOT 10

Search By

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

Owner Information
Owner Information
 GALINIS, THOMAS A & SHANNON P

Mail Information
 26 S SEWALL'S POINT RD
 STUART FL 34996

Assessment Info
Front Ft. 1.00

Market Land Value \$846,600
Market Impr Value \$664,180
Market Total Value \$1,510,780

Site Functions

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

Recent Sale
Sale Amount \$400,000

Sale Date 5/28/1999
Book/Page 1397 0781

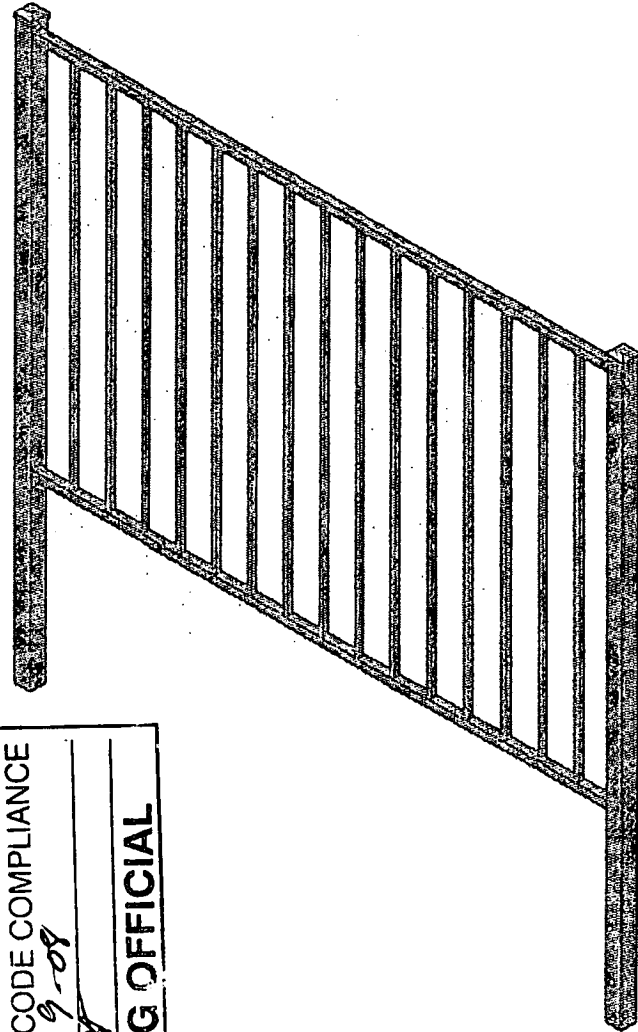
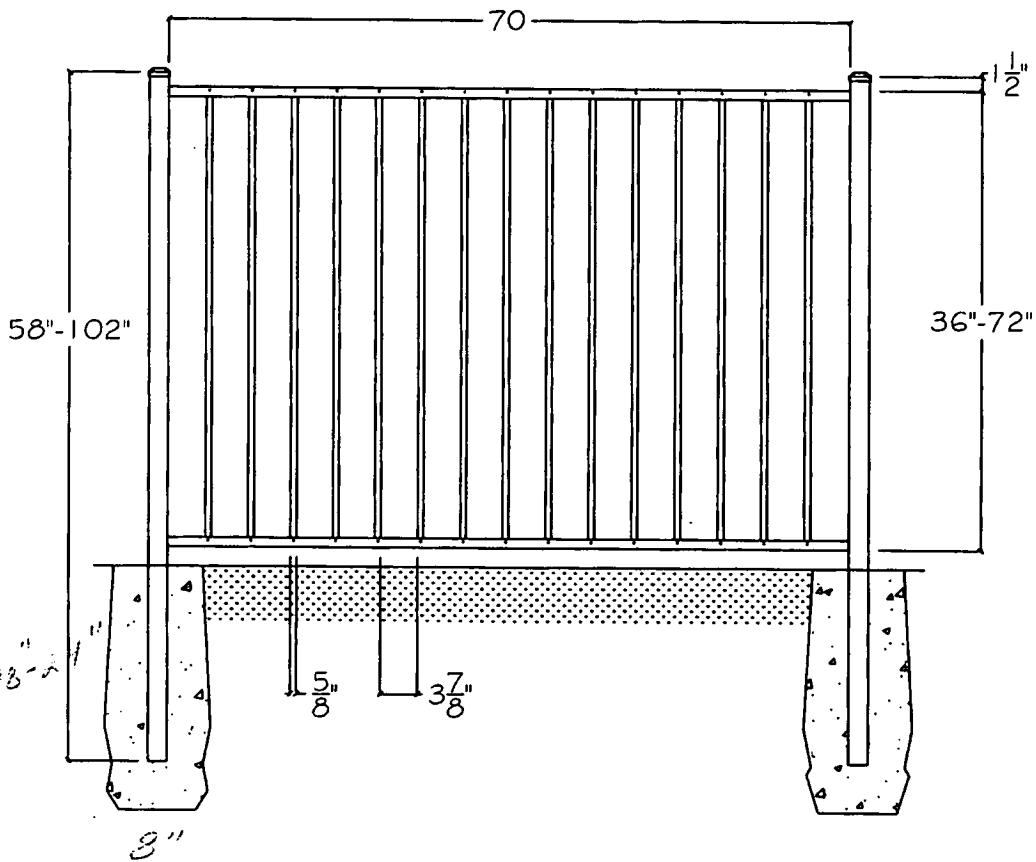
Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 08/29/2008



FENCE PARTS		
ITEM	QTY	DESCRIPTION
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8-19-08
 BUILDING OFFICIAL

Drawn by: V. GIBLIN
 www.idealaluminumproducts.com
 This drawing is the property of Ideal Aluminum Products. It is not to be reproduced, copied, or traced in whole or in part without written consent.

IDEAL <i>Aluminum Products</i>	2000 BRUNSWICK LANE DELAND, FL. 32724 PHONE: 386-736-1700 FAX: 386-822-4950	
	DRAWING: #400 RESIDENTIAL	
DWG. NO: 300-72-48	REV	
SCALE: NTS	12/4/2007 8:44:02 AM	

MEAN
0.72
OH
DY

32.11 N34°09'17"W
27.91 N47°47'20"W
36.12 N21°15'35"W
28.80 N14°09'47"W

FLOOD ZONE

AE-90 VE-10.0

224.76 (F)
251' +/- (P)

S62°35'56"W

2-STORY DWELLING

LOT 10 MIRAMAR

GARAGE

258.8 +/- (P)

N62°35'56"E

AE-90 VE 10.0
FLOOD ZONE

LOT 9 MIRAMAR

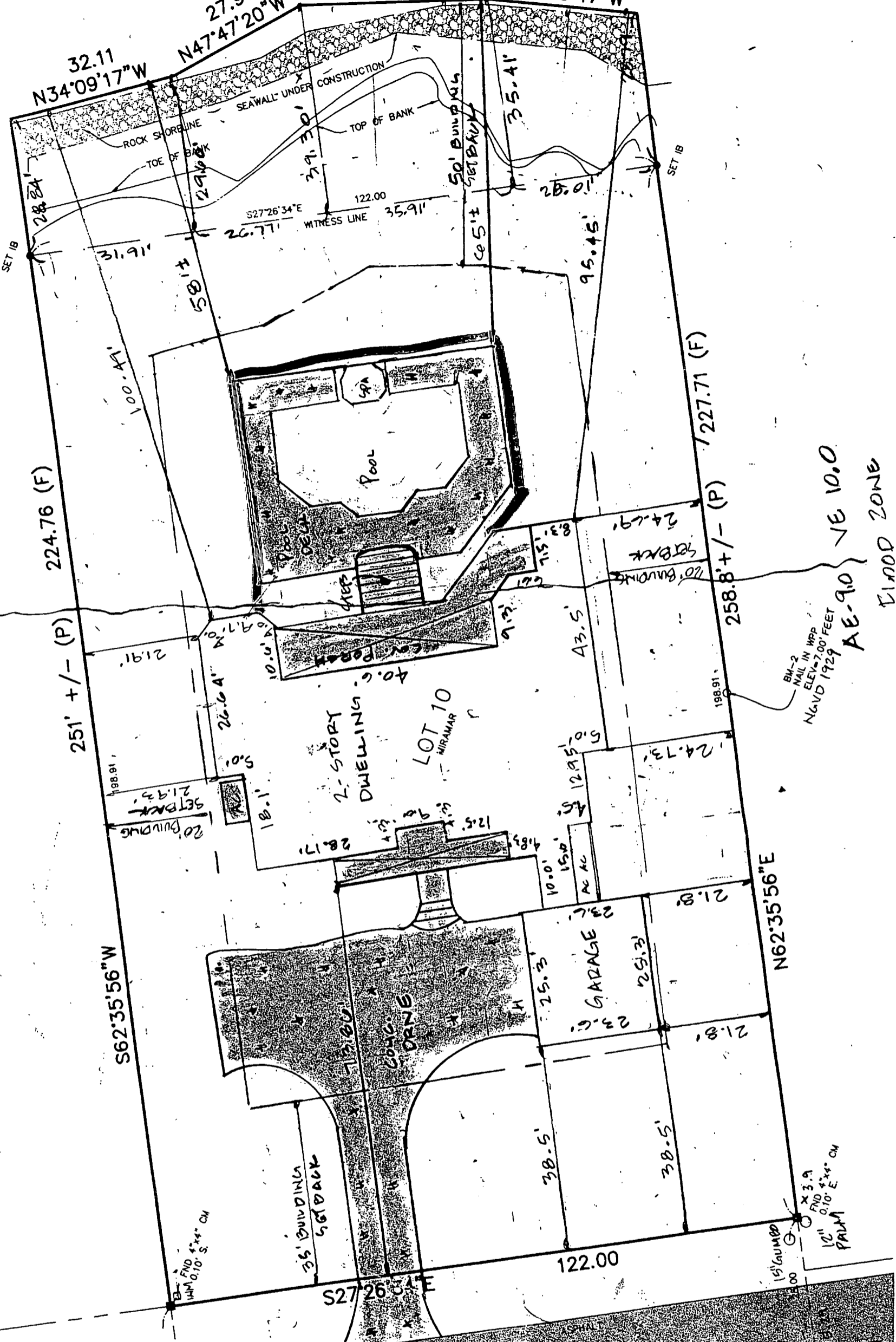
FND 5/88 IB & C
0.09' N, 0.19' W

ROAD

LOT 11 MIRAMAR

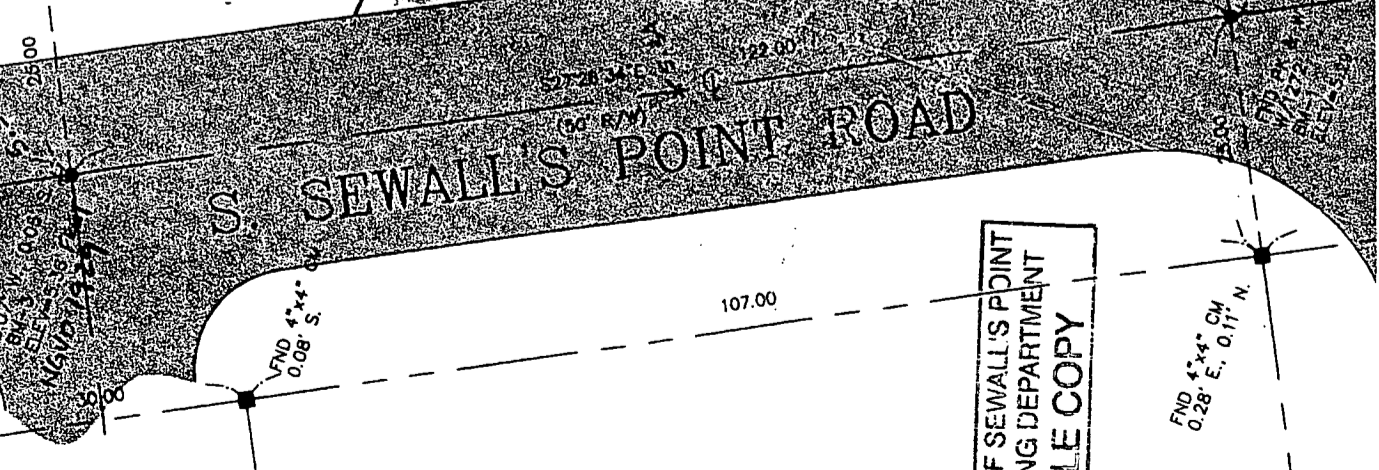
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

FND 4'x4' CM
0.28' E, 0.11' N



BM-2
NAIL IN WPP
ELEV. 7.00' FEET
NGVD 1929

15' GUM
10' 0.10' E
PAV



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

PERMIT #: _____ TAX FOLIO #: 01-38-41-009-000-00100-2

STATE OF FLORIDA COUNTY OF: MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 26 S. Sewalls Point Rd
MIRAMAR LOT 10

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE & GATES

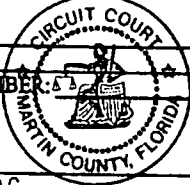
OWNER NAME: THOMAS GALINAS
ADDRESS: 26 S. SEWALLS POINT RD STUART, FL 34990
PHONE NUMBER: _____ FAX NUMBER: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: STUART FENCE CO
ADDRESS: PO BOX 2636 STUART FL 34995
PHONE NUMBER: 888-347-FLORIDA FAX NUMBER: 888-3035
MARTIN COUNTY

SURETY COMPANY (IF ANY): _____
ADDRESS: _____ THIS IS TO CERTIFY THAT THE
PHONE NUMBER: _____ FOREGOING _____ PAGES IS A TRUE
BOND AMOUNT: _____ AND CORRECT COPY OF THE ORIGINAL.



LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ BY: Marsha Ewing, Clerk D.C.
DATE: 8-29-08 FAX NUMBER: _____

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X [Signature] FL DL 6452-821-70-058-0
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 29 DAY OF Aug, 2008

BY: Thomas Galinas AS _____ TYPE OF AUTHORITY _____ FOR _____
NAME OF PERSON NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION NOTARY PUBLIC-STATE OF FLORIDA

TYPE OF IDENTIFICATION PRODUCED DL
[Signature] NOTARY SIGNATURE NOTARY SEAL
Janis L. Loudin
Commission # DD538831
Expires: MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.

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).

X [Signature]
(Signature of Natural Person Signing Above)

INSTR # 2104155 OR BK 02348 PG 2684 RECD 09/05/2008
Pg 2684 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

09:59:29 AT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{THES} Fri 10-7, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8648	Jetzner	STRAPPING TRUSS	FAIL	PASS - REINSPECTED LATER
10 AM	2 W High Pt OB (201-9072)	Floor sys framing	PASS CANCEL	INSPECTOR: JAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		electrical	CANCEL	
		plumbing	CANCEL	
				INSPECTOR: JAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8820	Deschane	meter lined	FAIL	
2	64 N River Rd JMC			INSPECTOR: JAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7008	Galins	Final	PASS	CLOSE
1	26 Sewalls Street Fence			INSPECTOR: JAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
9003	DESTEPHAN	POOLED CELLS	PASS	
3	18 PALM RD. CASTLE			INSPECTOR: JAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date JAN 26 ~~12 2005~~ TREE REMOVAL PERMIT No 2403

APPLIED FOR BY GALINS (Contractor or Owner)

Owner 26 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 Gumbo Limbo

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Yme Summers (JTB) Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Tom Galini's Address 26 S. Sewall's Pt Phone 286-6168

Contractor Living Waters Landscaping Address Smelody Hill Phone 287-1023

No. of Trees: REMOVE 1 Type: Gumbo Limbo

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

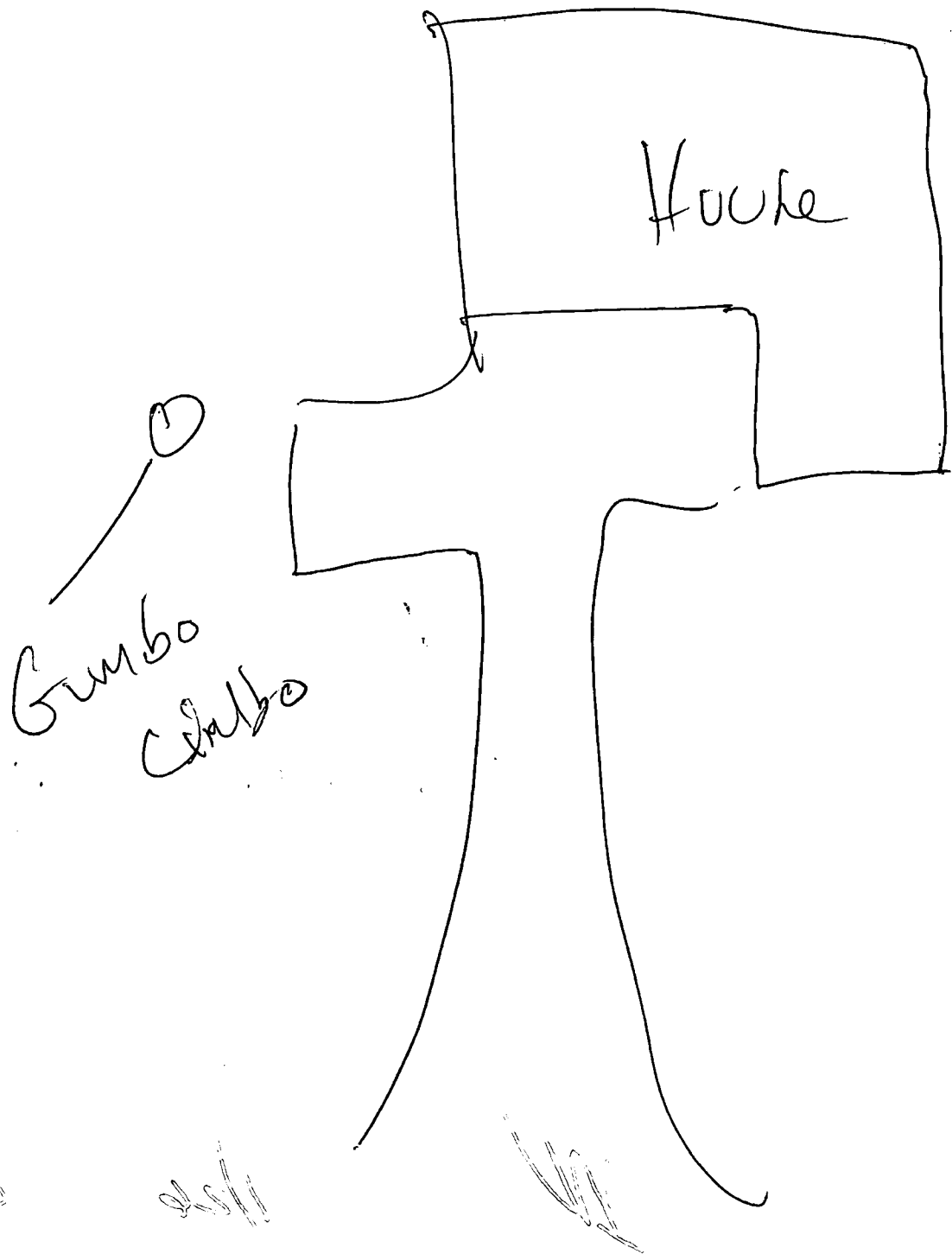
Written statement giving reasons: STORM DAMAGE; owner stated he already spoke to an inspector

Signature of Property Owner [Signature] Date 1/22/05

Approved by Building Inspector: [Signature] Date 1/26 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

* Location on back



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 26, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SALINIS	TREE	PASS	
7	26 S. Sewall's Pt			INSPECTOR:
6812	MAADER	SUB-^{UNIT} HOUSE	CANCEL	
	106 Abbie Court Pruicer Homes	(FIRST PLEASE)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	MENEZ	TREE	PASS	
—	20 CRANE'S NEST			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7096	MULLIGAN	FINAL ROOF	PASS	CLOSE
9	20 FIELDWAY BUDGET ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7004	JANSEN	FENCE FINAL	PASS	CLOSE
4	132 S. RIVER O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7175	ARNETTE	FINAL ROOF	FAIL	
8	7 COPAIRE DR PVD DEVELOPMENT			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7205	SHAREL	DEMOLITION + GAZEBO	CANCEL	
	73 N. SEWALL'S PT S & B MARINE			INSPECTOR:
OTHER:				
3	7 MIDDLE ROAD	SCOPE OF WORK	INSPECTED	W/ BENE