

44 South Sewall's Point Road

2040

DOCK

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 2040

Date 12-2-86

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

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

Owner Mr + Mrs. Shaw / Mr + Mrs. Reed Present Address 44 S. Sewalls Pt. Rd. Stuart FL 33494
Phone 287-7345 / 287-7345

Contractor Intracoastal Marine Const. Address 1350 S. Dixie Hwy Stuart FL 33494
Phone 288-3625

Where licensed Martin Co. License number 518249

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Complete dock construction 255' x 4' ending a 20' x 8' platform

State the street address at which the structure will be built: 44 S. Sewalls Pt. Rd.

Subdivision Arbela Sewalls Point Lot number part 8 Block number _____

Contract price \$ 1500.00 Cost of permit \$ 10XX

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, the State of Florida Model Energy Efficiency Building Code 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.

Intracoastal Marine Const Contractor [Signature]
00428

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

Owner Jane R Reed

TOWN RECORD

Date submitted _____ Approved [Signature] 12/11/86
Building Inspector Date

Approved [Signature] 12/4/86 Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

LETTER OF NO OBJECTION

We, Sporck White and _____,

being the owner(s) of certain property adjacent to and abutting the property of James Sperry and Reed, who have applied for a dock permit for construction, have reviewed Appendix B-Zoning, Section II, sub-section M, concerning dock and pier requirements for construction within the town of Sewall's Point; and, have read and reviewed the drawing of the dock as proposed and as drawn on the back hereof, showing size, location in relation to my property of the proposed dock; and, I have no objection to the proposed dock pursuant to the plan on the back hereof.

Sporck White

his wife

STATE OF
COUNTY OF

SWORN TO AND SUBSCRIBED before me this 11th day of Sept,
1986

Dean H. Barron
Notary Public

My Commission expires:

Notary Public, State of Florida
My Commission Expires Nov. 15, 1987
Notary Public Seal

received

LETTER OF NO OBJECTION

We, Frederick Gibert and Lee Gibert,

being the owner(s) of certain property adjacent to and abutting the property of William Shaw and Barbara Shaw, who have applied for a dock permit for construction, have reviewed Appendix B-Zoning, Section II, sub-section M, concerning dock and pier requirements for construction within the town of Sewall's Point; and, have read and reviewed the drawing of the dock as proposed and as drawn on the back hereof, showing size, location in relation to my property of the proposed dock; and, I have no objection to the proposed dock pursuant to the plan on the back hereof.

Frederick E. Gibert

Lee-Hang Gibert his wife

STATE OF
COUNTY OF

SWORN TO AND SUBSCRIBED before me this 30th day of December, 1985
1981.

Notary Public

My Commission expires:

received
ICM 1-16-86

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
NOTICE OF PERMIT

May 6, 1986

William & Barbara Shaw/James & Dorothy Reed
c/o Intracoastal Marine Construction
1350 South Dixie Highway
Stuart, Florida 33494

DF - Martin County
Private Dock
Indian River

Dear Mr. & Mrs. Shaw/Mr. & Mrs. Reed:

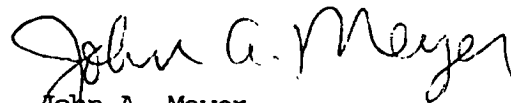
Enclosed is Permit Number 4301131968 to construct a private dock, issued pursuant to Section(s) 403, Florida Statutes.

Persons whose substantial interests are affected by this permit have a right, pursuant to Section 120.57, Florida Statutes, to petition for an administrative determination (hearing) on it. The petition for an administrative determination of Chapters 17-103 and 28-5.201, FAC, and must be filed (received) in the Department's Office of General Counsel, 2600 Blair Stone Road, Tallahassee 32301, within fourteen (14) days of receipt of this notice. Failure to file a petition within the fourteen (14) days constitutes a waiver of any right such person has to an administrative determination (hearing) pursuant to Section 120.57, Florida Statutes. This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with this paragraph 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 17-103.070, FAC. 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.

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, Florida Statutes, by the filing of 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, 2600 Blair Stone Road, Tallahassee, Florida 32301; 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.


Sincerely,

JAM:ms/9



John A. Meyer
Supervisor, Dredge & Fill Permitting

Copies furnished to:

Martin County Property Appraiser
Army Corps of Engineers, Miami
David Roach, D.N.R.
Town of Sewall's Point 

250 - Indian River
200 - St. Lucie River

William & Barbara Shaw/James & Dorothy Reed
c/o Intracoastal Marine Construction
File Number 4301131968
Page Two Continued

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT and all copies were mailed before the close of business on May 6, 1986 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGEMENT
FILED, on this date, pursuant to
§120.52(9), Florida Statutes, with
the designated Department Clerk,
receipt of which is hereby
acknowledged.

Mary Skinner 5/6/86
Clerk Date



DEPARTMENT OF THE ARMY

SOUTH FLORIDA AREA OFFICE, JACKSONVILLE DISTRICT CORPS OF ENGINEERS
P. O. BOX 1327
CLEWISTON, FLORIDA 33440

May 29, 1986

REPLY TO
ATTENTION OF

Regulatory Section
Miami
86GP30010
SAJ-20

Mr. & Mrs. William Shaw
c/o INTRACOASTAL MARINE CONSTRUCTION
1350 South Dixie Highway
Stuart, Florida 33494

Dear Mr. & Mrs. Shaw:

Reference is made to your request for modification of plans which were authorized by Department of the Army permit 86GP30010 issued 13 January 1986.

According to the enclosed drawings, the proposed change to relocate and extend the previously permitted dock is not considered to be a significant alteration and will not require a formal modification. The plan change and the names of adjacent property owners will be noted in your file.

Thank you for your continued cooperation with the Corps permit program.

Sincerely,

Charles A. Schnepel
Charles A. Schnepel
Chief, Regulatory Section

Enclosures



State of Florida
DEPARTMENT OF NATURAL RESOURCES

DR. ELTON J. GISSENDANNER
Executive Director
Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard, Tallahassee, Florida 32303

BOB GRAHAM
Governor
GEORGE FIRESTONE
Secretary of State
JIM SMITH
Attorney General
GERALD A. LEWIS
Comptroller
BILL GUNTER
Treasurer
DOYLE CONNER
Commissioner of Agriculture
RALPH D. TURLINGTON
Commissioner of Education

June 18, 1986

Douglas A. Prew
Intracoastal Marine Construction
1350 South Dixie Highway
Stuart, Florida 33494

Dear Mr. Prew:

File NO: 431131968
Applicant: Shaw & Reed

Enclosed is the approved application for your proposed project, showing the location in the Indian River Aquatic Preserve adjacent to the joint property line of 44 S. Sewall's Point Road and 46 South Sewall's Point Road, Sewalls's Point, Martin County, Florida. This approval is for the installation of a joint private dock for two single family lots consisting of a 225' x 4' access pier and a 20' x 8' terminal platform. The access pier shall be 4' above MHW and the terminal platform shall be 3' above MHW.

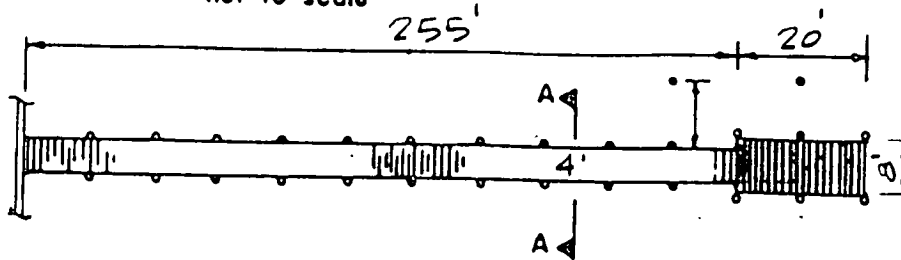
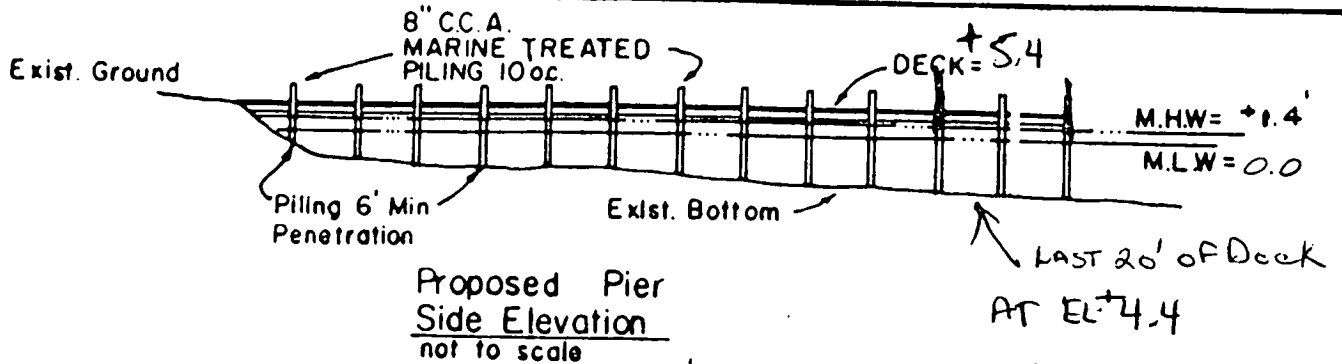
This constitutes the authority sought under Section 253.77, Florida Statutes, to pursue this project.

This letter in no way waives the authority and/or jurisdiction of any governmental entity nor does this letter disclaim any title interest that the State may have in this project site.

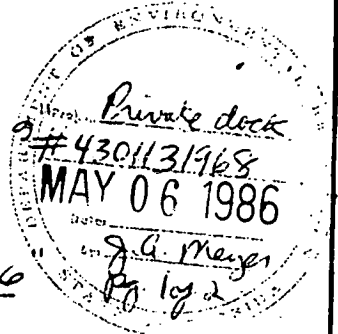
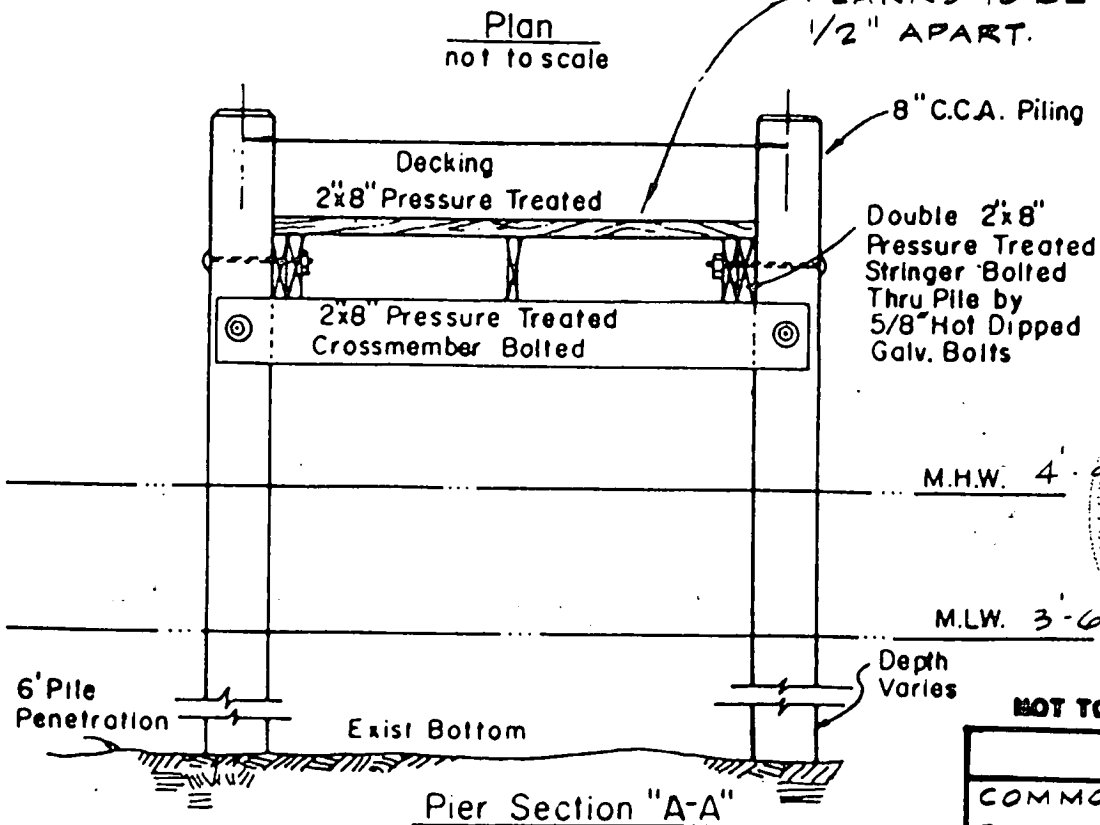
Sincerely,

David K. Roach
Division of State Lands
Southeast Florida Office

DKR/bs
cc: DER, PSL
BHELM, PSL



NOTE: SPACING OF DECK PLANKS TO BE AT LEAST 1/2" APART.



NOT TO SCALE

COMMON PRIVATE BOAT DOCK PROPOSED FOR:
WILLIAM & BARBARA SHAW &
JAMES & DOROTHY REED
ON COMMON PROPERTY LINE
OF RESIDENCES LOCATED AT
44 S. SEWALL'S POINT RD. &
40 S. SEWALL'S POINT RD.
STUART, FLA. 33494

HOLLY & WEBER, INC.

JAMES L. NEWMAN'S
PROFESSIONAL ENGINEER
FLORIDA REGISTRATION NO. 28379

DATE: JAN 11 1986



SHEET 2 OF 2

128-64-002

INDIAN RIVER

EBB
FLOW

EL. 4.4

DOCK
1180 SQ. FT.

SOUNDINGS
12 FT. BELOW
M.L.W.

255'

DOCK
PROPOSED

EL. 5.4

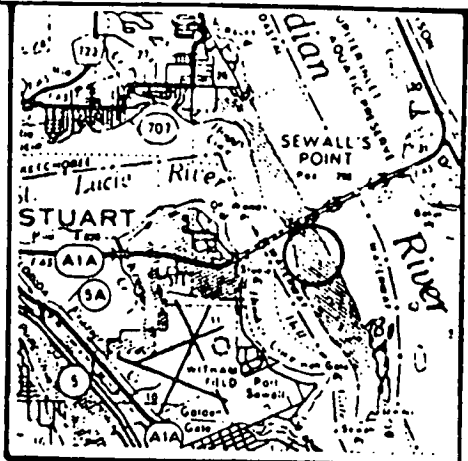
SPARSE
MANGROVES
ON SHORELINE

CONCRETE
COLUMNS PILES
LAID DOWN

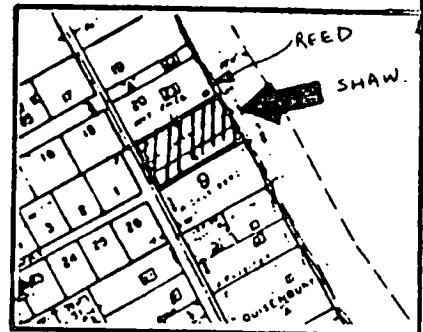
DOCK
EXISTING

160'

ADJACENT
SOUTHERLY
PROPERTY
EXISTING DOCK

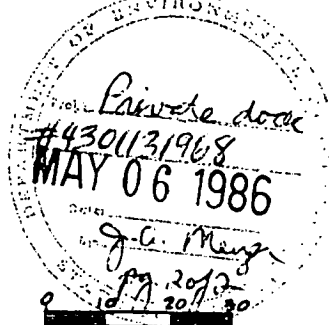


LOCATION



MEAN
LOW
WATER

MEAN
HIGH
WATER



SCALE: 1" = 30'

140' 4' 133' P.C.N. 01-38-41-010-000-00230-1 P.C.N. 01-38-41-001-008-00000

(REED) (N 1/2 L 8) ARBELLA

(SHAW) (S 1/2 L 8 + ARBELLA)

MOLLY & WEBER, INC.

JAN 11 1986



JAMES E. NEUMAUS
PROFESSIONAL ENGINEER
FLORIDA REGISTRATION NO. 26270

DATED:

SEC. 1, TWP. 38S, RGE. 41E
COMMON PRIVATE BOAT
DOCK PROPOSED FOR:
WILLIAM & BARBARA SHAW &
JAMES & DOROTHY REED
ON COMMON PROPERTY LINE
OF RESIDENCES LOCATED AT
44 S SEWALL'S POINT RD. &
46 S SEWALL'S POINT RD.
STUART, FLA. 33494

SHEET 1 OF 2

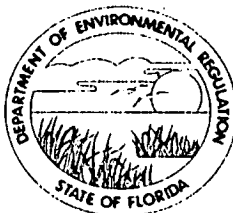
178-64-002

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHEAST FLORIDA DISTRICT
BRANCH OFFICE

2745 SOUTHEAST MORNINGSIDE BOULEVARD
PORT ST. LUCIE, FLORIDA 33452



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

PERMITTEE:

William & Barbara Shaw/James & Dorothy Reed
c/o Intracoastal Marine Construction
1350 South Dixie Highway
Stuart, Florida 33494

I.D. Number:

Permit/Certification Number: 4301131968
Date of Issue: May 6, 1986
Expiration Date: May 6, 1987
County: Martin
Latitude/Longitude: 27°11'35"/80°12'05"
Section/Township/Range: 01/38S/41E
Project: Private Dock

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-12. 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 275' long by 4' wide private dock serving two properties with a 20' long by 8' wide terminal platform (1180 square feet).

IN ACCORDANCE WITH:

The two (2) stamped drawings which are attached and a part hereof and application DER Form 17-1.203(1) dated December 4, 1985 and February 12, 1986 and signed by Pamela Buck for Barbara Shaw and Paula Showmaker for Dorothy Reed (not attached).

LOCATION:

44 and 46 Sewall's Point Road, Class III Waters of Aquatic Preserve A-10, Section 1, Township 38 South, Range 41 East, Sewall's Point, Martin County.

SUBJECT TO:

GENERAL CONDITIONS one (1) through fifteen (15) and SPECIFIC CONDITIONS one (1) through seven (7).

PERMITTEE:

William & Barbara Shaw/James & Dorothy Reed

I.D. Number:

Permit/Certification Number: 4301131968

Date of Issue:

Expiration Date:

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
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), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor 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 does not constitute 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 the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement 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, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, 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 at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as 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, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
 - a. Having access to and copying any records that must be kept under the conditions of the permit;
 - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

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 notify and provide the department with the following information:
 - a. a description of and cause of non-compliance; and

PERMITTEE:

William & Barbara Shaw/James & Dorothy Reed

I.D. Number:

Permit/Certification Number: 4301131968

Date of Issue:

Expiration Date:

b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

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 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 arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
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.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, 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 is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
 - () Determination of Best Available Control Technology (BACT)
 - () Determination of Prevention of Significant Deterioration (PSD)
 - (X) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)
 - () Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
 - a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
 - b. The permittee shall retain 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), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be 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:
 - the date, exact place, and time of sampling or measurements;
 - the person responsible for performing the sampling or measurements;
 - the date(s) analyses were performed;
 - the person responsible for performing the analyses;
 - the analytical techniques or methods used; and
 - 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 that 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 submitted or corrected promptly.

PERMITTEE:

William & Barbara Shaw/James & Dorothy Reed
c/o Intracoastal Marine Construction

I.D. Number:

Permit/Certification Number: 4301131968
Date of Issue: May 6, 1986
Expiration Date: May 6, 1987 .

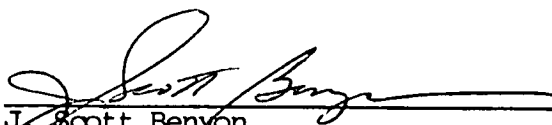
SPECIFIC CONDITIONS:

1. WRITTEN NOTIFICATION SHALL BE PROVIDED TO THE DEPARTMENT OF ENVIRONMENTAL REGULATION, SOUTHEAST FLORIDA DISTRICT BRANCH OFFICE IN PORT ST. LUCIE, A MINIMUM OF FORTY-EIGHT (48) HOURS PRIOR TO COMMENCEMENT OF CONSTRUCTION AND A MAXIMUM OF 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 standards provided in Chapter 17-3 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 1/2 inch apart to allow for light penetration to seagrasses below.
5. All decking shall be constructed to provide a minimum of four feet clearance from mean high water to the bottom of the dock deck, except for the terminal 20 feet of the dock, which shall have an elevation of three feet above M.H.W.
6. All other necessary State, Federal, or Local permits must be applied for and received prior to the start of work.
7. "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 or the Department of Natural Resources under Chapter 253, 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 Florida Administrative Code Rule 16Q-14, 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.

JSB:jms/9

Issued this 6th day of MAY, 1986

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



J. Scott Benyon
District Manager

4 Pages attached.

TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

JOHN C. GUENTHER, MAYOR
GILBERT C. STRUBELL, VICE-MAYOR
CLIFFORD B. DRAKE, COMMISSIONER
ROBERT R. AUNE, COMMISSIONER
IRENE E. O'BRIEN, COMMISSIONER

TELEPHONE: (305) 287-2455

TOWN CLERK
JOAN H. BARROW

CHIEF OF POLICE
LOUIS J. SAVINI

October 14, 1986

Mr. and Mrs. James Reed
Mr. and Mrs. William Shaw
44-46 South Sewall's Point Road
Sewall's Point
Stuart, Florida 33494


Dear Mr. and Mrs. Reed and Mr. and Mrs. Shaw:

Please advise what the status of your dock request is. The Town Attorney has prepared the appropriate resolution approving your request and we are waiting to hear from you.

Thank you for your cooperation.

Sincerely,

TOWN OF SEWALL'S POINT



Dale Brown, Building Inspector

DB:jb

INSURANCE COMPANY
LANSING, MICHIGAN 48909

AGENT STUART INSURANCE, INC.
12-533 3070 S.W. MAPP RD
PALM CITY FL 33490

RENEWAL
PREMIUM TERM 07-05-86 TO 07-05-87

POLICY NUMBER
852912 20462986

POLICY PERIOD
FROM 12:01 A.M. 07-05-86
TO UNTIL CANCELLED

INSURED WILSON BUILDERS INC
ADDRESS 720 HIBISCUS AVE
STUART FL 33497

THIS POLICY IS HEREBY RENEWED IN CONSIDERATION OF THE PREMIUM SHOWN BELOW

THIS POLICY AFFORDS INSURANCE FOR THE FOLLOWING COVERAGE AND DIVISION
THEREUNDER AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE

LIMITS OF LIABILITY

BODILY INJURY \$300,000 EACH OCCURRENCE
PROPERTY DAMAGE \$50,000 EACH OCCURRENCE \$50,000 AGGREGATE

CLASSIFICATION-CODE-LOCATION	PREMIUM BASIS	RATES		PREMIUM	
		BI	PD	BI	PD
DIV 1 PREMISES-OPERATIONS FLORIDA ID 0010 CODE 15145 -2 CARPENTRY-IN THE CONSTRUCTION OF DETACHED PRIVATE RESIDENCES FOR OCCUPANCY BY ONE OR TWO FAMILIES \$100 DEDUCTIBLE PER OCCURRENCE PROPERTY DAMAGE 720 HIBISCUS AVE STUART FL	PAYROLL PER 16,700	.7070	\$100 .6680	118	112
DLT TERR 06 COUNTY 43 M & C TERR 06	COVERAGE PREMIUM			118	112
TOTAL ESTIMATED PREMIUM				230	

INSURED IS - CORPORATION
AUDIT IS - ANNUAL

ENDORSEMENTS: 26007 26110 26121 2621

ISSUED 6-02-86

2000000230

COUNTERSIGNED BY  AUTHORIZED AGENT

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
CROSSAN, LYNNE D
BLUE REEF CONCRETE INC
432 SE FAITH TER
PSL , FL 34983

EXPIRES SEPTEMBER 30, 19 99

AUDIT CONTROL NUMBER	33501	CERTIFICATE NUMBER	SP01428
----------------------------	-------	--------------------	---------

CERTIFIED
CONTRACTOR

CONCRETE PLACING & FINISHING

SIGNATURE *Jane D. Crossan*

ATTEST: *Valerie A. Newman*
LICENSING ADMINISTRATOR

CR # 2869

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, Fla. Statutes, the following information is provided in this Notice of Commencement.

1. Description of property:
44 S. Sewall's Pt. Rd., Sewall's Pt., FL 34996

2. General description of improvement:
Remove & replace existing driveway

3. Owner information:
a. Name and address: James R. & Dorothy H. Reed
44 S. Sewall's Pt. Rd.
b. Interest in property: Sewall's Pt., FL 34996
owner
c. Name and address of fee simple titleholder (if other than owner):
N/A

4. Contractor:
a. Name and address: Blue Reef Concrete Inc.
432 SE Faith Terrace
Port St. Lucie, FL 34983
b. Phone number: 561-878-8340
c. Fax number (optional, if service by fax is acceptable):

5. Surety:
a. Name and address: N/A
b. Phone number:
c. Fax number (optional, if service by fax is acceptable):
d. Amount of bond \$ _____

6. Lender:
a. Name and address: N/A
b. Phone number:
c. Fax number (optional, if service by fax is acceptable):

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1) (a)7., Florida Statutes.
a. Name and address: N/A
b. Phone number:
c. Fax number (optional, if service by fax is acceptable):

8. 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.
a. Phone number:
b. Fax number (optional, if service by fax is acceptable):

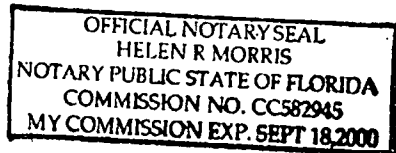
9. Expiration date of notice of commencement: _____ (The expiration date is 1 year from the date of recording unless a different date is specified).

James R. Reed
Signature of Owner
Name: James R. Reed
Please Print, Type or Stamp

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 5th day of November, 1998, by James R. Reed personally known to me, or [] has produced as identification, and who [] did [] did not take an oath.

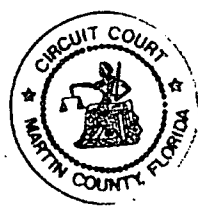
Helen R. Morris
Signature of Notary
Name: Helen R. Morris
Please Print, Type or Stamp



NOTARY SEAL)

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

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK
BY Charlotte Bullock D.C.
DATE 11-9-98



7130

DOCK REPAIR

&

ELECTRIC

Renewal \$275-

12105 - 12106

TOWN OF SEWALL'S POINT

MASTER PERMIT NO. _____

Date 12/13/04 - 12/13/05

BUILDING PERMIT NO. 7.130

Building to be erected for MURPHY

Type of Permit DOCK ELECTRIC + DOCK REPAIR

Applied for by O/B

(Contractor) Building Fee 240.00

Subdivision RUMER PARK Lot R008 Block _____

Radon Fee _____

Address 44 S. Sewall's Pt Rd

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number:

Electrical Fee 35.00

138410100000023020000

Plumbing Fee _____

Amount Paid 373.75 Check # 6838 Cash _____

Roofing Fee 10% PR - Deck 24.00
25% AB 74.75

Total Construction Cost \$ 30,000.00

TOTAL Fees 373.75

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 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

NOV 22 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Mary

Permit Number:

Date:

OWNER/TITLEHOLDER NAME: Robert A. Murphy, Jr.

Phone (Day) 772-287-1741 (Fax)

Job Site Address: 44 S. Sewall's Point Rd

City: State: Zip:

Legal Desc. Property (Subd/Lot/Block)

Parcel Number:

Owner Address (if different):

City: State: Zip:

Description of Work To Be Done:

Dock Repair from Hurricane / Dock electric

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 30,000-
(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:

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company:

Phone: Fax:

Street: City: State: Zip:

State Registration Number: 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 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:

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)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: Marion

On State of Florida, County of:

This the 22nd day of November, 2004

This the day of 200

by Robert A. Murphy who is personally

by who is personally

known to me or produced

known to me or produced

as identification

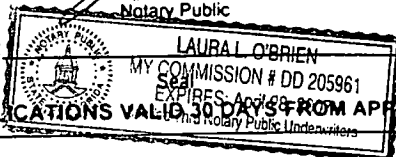
As identification.

Notary Public

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

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

Name: Robert N. Murphy, Jr. Date: 11-22-04

Signature: Robert N. Murphy, Jr.

Address: 44 S. Sewall's Point Rd

City & State: Sewall's Point, FL

Permit No. _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 1-38-41-010-000-00230.20000

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):

44 S. Sewall's Point Road, Stuart, Fl 34996 Part of lot 20 Sewall's Point

GENERAL DESCRIPTION OF IMPROVEMENT: HURRICANE REPAIR: DOCK-DOCK ELECTRICAL-FENCE

OWNER: Robert A. Murphy, Jr. x Mary G. (wife)

ADDRESS: 44 S. Sewall's Point Road, Stuart, Fl 34996

PHONE #: 772-287-1741 **FAX #:** _____

CONTRACTOR: Same

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____ **BY:** T Copus D.C.

LENDER: _____ **DATE:** 12-13-04

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(1XA)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(1XB), 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

Robert A. Murphy, Jr.
SIGNATURE OF OWNER

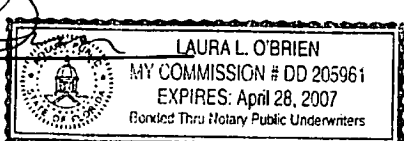
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF November

19 2004 BY ROBERT A MURPHY

OR _____

PERSONALLY KNOWN
PRODUCED ID X E D L M610-761-60-18670
TYPE OF ID x 5/26/10

NOTARY SIGNATURE _____



received
5-7-86

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
NOTICE OF PERMIT

May 6, 1986

William & Barbara Shaw/James & Dorothy Reed
c/o Intracoastal Marine Construction
1350 South Dixie Highway
Stuart, Florida 33494

DF - Martin County
Private Dock
Indian River

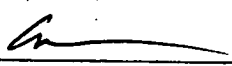
Dear Mr. & Mrs. Shaw/Mr. & Mrs. Reed:

Enclosed is Permit Number 4301131968 to construct a private dock, issued pursuant to Section(s) 403, Florida Statutes.

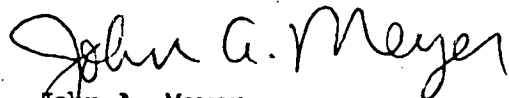
Persons whose substantial interests are affected by this permit have a right, pursuant to Section 120.57, Florida Statutes, to petition for an administrative determination (hearing) on it. The petition for an administrative determination of Chapters 17-103 and 28-5.201, FAC, and must be filed (received) in the Department's Office of General Counsel, 2600 Blair Stone Road, Tallahassee 32301, within fourteen (14) days of receipt of this notice. Failure to file a petition within the fourteen (14) days constitutes a waiver of any right such person has to an administrative determination (hearing) pursuant to Section 120.57, Florida Statutes. This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with this paragraph 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 17-103.070, FAC. 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.

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, Florida Statutes, by the filing of 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, 2600 Blair Stone Road, Tallahassee, Florida 32301; 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.

JAM:ms/9

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 11/23/04

BUILDING OFFICIAL
Copies furnished to: Gene Simmons

Sincerely,



John A. Meyer
Supervisor, Dredge & Fill Permitting

Martin County Property Appraiser
Army Corps of Engineers, Miami
David Roach, D.N.R.
Town of Sewall's Point

**REPAIR WORK FOR
HURRICANE DAMAGE**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 5-15, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8881	Pausch	Final	PASS	CLOSE
4	20 S Sewalls Cramer & Preen			INSPECTOR: <i>[Signature]</i>
8897	Klose	Final	PASS	CLOSE
2	2 Baker St Blue Water			INSPECTOR: <i>[Signature]</i>
1130	Murphy	Final-dock	PASS	CLOSE
3	44 S Sewalls OIB			INSPECTOR: <i>[Signature]</i>
8855	Weder	Final	PASS	CLOSE
5	49 N River Rd TCBI	TIE BACKS	ACCEPTED	PER ENGR LTR 5/13/08
				INSPECTOR: <i>[Signature]</i>
8884	Harte	UG lines	PASS	
1	3 E High Pt Elec Conn by Mike			INSPECTOR: <i>[Signature]</i>
	Bourbon			
	49 S Sewalls Pt			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

10778

DEMO

&

SFR



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:	10778	DATE ISSUED:	02/25/2014
SCOPE OF WORK:	DEMO AND REBUILD SFR		
CONTRACTOR:	OCEANFRONT BUILDERS OF THE TREASURE COAST		
PARCEL CONTROL NUMBER:	013841010000002302	SUBDIVISION	
CONSTRUCTION ADDRESS:	44 S. SEWALL'S POINT ROAD		
OWNER NAME:	NEHME		
QUALIFIER:	MARIO ARBUCCI	CONTACT PHONE NUMBER:	772 219-2180

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10778	
ADDRESS	44 S. SEWALL'S POINT ROAD	
DATE 02/25/2014	SCOPE OF WORK	DEMO AND REBUILD SFR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	1,350,000.00
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	1,350,000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	27,000.00
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	405.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	405.00
Road impact assessment: (.04% of construction value - \$5 min.)			540.00
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	28,350.00

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$100.00 each			
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5 min.)		\$	
TOTAL ACCESSORY PERMIT FEE:		\$	

*Pd 3/27/14 Pd 3/27/14
 CK 288*

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

Permit Number: **10778**

Date: _____
 OWNER/LESSEE NAME: JOHN & STEPHANIE NEHME Phone (Day) 486-8270 (Fax) _____
 Job Site Address: 44 S. SEWELLS POINT ROAD City: STUART State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: 013841010000002302
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** DEMO & REBUILD SFR
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner/Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1.4 million **1,400,000**
 (Notice of Commencement required when over \$2500 prior to final inspection, \$7,500 on HV/C change out)
 Is subject property located in flood hazard area? VE10 X AE9 _____ AE6 _____ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only. Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: OCEANFRONT BUILDERS OF FLA, ETC. Phone: 219-2190 Fax: 288-2024
 Qualifiers name: MARIO ARBUCCI Street: 3462 SE DIXIE HWY City: STUART State: FL Zip: 34997
 State License Number: CC013539 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: MARIO ARBUCCI Phone Number: 260-7514
 DESIGN PROFESSIONAL: MARK CORSON Fla. License# _____
 Street: 1121 SE OCEAN BLVD City: STUART State: FL Zip: 34996 Phone Number: 223-8227

AREAS SQUARE FOOTAGE: Living: 5170 Garage: 2266 Covered Patios/ Porches: 2197 Enclosed Storage: 702
 Carport: _____ Total under Roof 10,035 Elevated Deck: _____ Enclosed area below BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: X <u>Stephanie Nehme</u> State of Florida, County of: <u>Martin</u> On This the <u>28th</u> day of <u>January</u> , 20 <u>14</u> by <u>Stephanie Nehme</u> who is personally known to me or produced _____ AS Identification: <u>Ann-Marie S. Basler</u>	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X <u>Mario Arbucci</u> State of Florida, County of: <u>Martin</u> On This the <u>28th</u> day of <u>January</u> , 20 <u>14</u> by <u>Mario Patrick Arbucci</u> who is personally known to me or produced <u>FL DL</u> AS Identification: <u>Mark A. Corson</u>
--	---

My Commission Expires: _____ SINGLE ASHLEY PERMITS APPLICATIONS MUST BE SUBMITTED WITHIN 30 DAYS OF APPROVAL NOTIFICATION APPLICABLE TO ALL PERMITS EXCEPT FOR OUR PERMITS FOR THE DD 985861 EXPIRES Apr. 26, 2014 Notary Public, State of Florida	My Commission Expires: _____ ANN-MARIE S. BASLER Notary Public, State of Florida My Comm. Expires: 04/26/2014 Commission # EE 117431 Bonded Through National Notary Assn.
--	--



Florida Department of Health Martin County
 3441 SE Willoughby Blvd Stuart, FL 34994

PAYING ON: PERMIT #: 43-SS-1516199 BILL DOC #:43-BID-2416614 CONSTRUCTION APPLICATION #: AP1132657
 RECEIVED FROM: Arnold Susrveying, Inc. AMOUNT PAID: \$ 450.00
 PAYMENT FORM: CHECK 1004 PAYMENT DATE: 01/21/2014

MAIL TO: (Oceanfront Investments)

FACILITY NAME : _____

PROPERTY LOCATION:

44 S Sewall's Point Rd
 Stuart, FL 34996

Lot: 20 Block: _____

Property ID: 01-38-41-010-000-00230-2

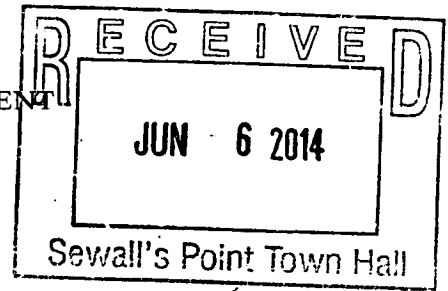
EXPLANATION or DESCRIPTION:	QUANTITY	FEE
22 - OSTDS Construction Application and Plan Review,New	1	\$ 100.00
123 - OSTDS Construction Site Evaluation	1	\$ 115.00
126 - OSTDS Construction Permit (New or Mod, Amendment)	1	\$ 55.00
127 - OSTDS Construction System Inspection	1	\$ 75.00
128 - OSTDS Construction System Inspection Research.Fee	1	\$ 5.00
-1 - County Septic fee \$100	1	\$ 100.00

RECEIVED BY: DemichaelJL

AUDIT CONTROL NO. 43-PID-2340340



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



VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10778

JP FWP

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: NEHME RES.

CONSTRUCTION ADDRESS: 44 S. Sewall's Point RD

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Plumbing

VALUE OF CONSTRUCTION \$ 32,000

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature]
 SIGNATURE OF LICENSED CONTRACTOR

2551 SE Clayton St. Stuart, FL 34997
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Master Plumbing

TELEPHONE NO: 772-287-7366 PLEASE PRINT FAX NO: 772-287-0194

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFL1428579

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

PERMIT # 10778 JWP FWP

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name JOHN & STEPHANIE NEHME		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 44 S SEWALL'S POINT ROAD		Company NAIC Number:
City SEWALL'S POINT	State FL	ZIP Code 34996
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID 01-38-41-010-000-00230-2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. N 27 11 49.6 Long. W 80 11 48.1 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 6		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 416 sq ft		a) Square footage of attached garage 0 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in		c) Total net area of flood openings in A9.b 0 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number SEWALL'S POINT, TOWN OF 120164		B2. County Name MARTIN		B3. State FLORIDA	
B4. Map/Panel Number 12085 C 0154	B5. Suffix F	B6. FIRM Index Date 10/04/2002	B7. FIRM Panel Effective/Revised Date 10/04/2001	B8. Flood Zone(s) AE, VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) AE 9, VE 10
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: NGS "AF3126" Vertical Datum: NGVD 1929	
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 5.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor 14.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) 12.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Check here if attachments.			
Certifier's Name CHARLES ARNOLD, PSM	License Number LS 4971		
Title VICE PRESIDENT	Company Name ARNOLD SURVEYING, INC.		
Address 4888 N. KINGS HIGHWAY #425	City FORT PIERCE	State FL	ZIP Code 34951
Signature <i>Charles Arnold</i>	Date 06/02/2014	Telephone (772) 460-8211	

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

PLACE SEAL HERE

ELEVATION CERTIFICATE, page 2

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. 44 S SEWALL'S POINT ROAD			Policy Number:	
City SEWALL'S POINT	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 ELEVATION OF THE A/C PAD WAS USED FOR THE LOWEST ELEVATION OF MACHINERY

LATITUDE / LONGITUDE WAS OBTAINED USING A HANDHELD GPS UNIT
HOUSE IS LOCATED ENTIRELY IN THE VE 10 FLOOD ZONE

Signature *Charles Auld* Date 06/02/2014

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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 or Owner's Authorized Representative's Name

Address City State 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-G10. In Puerto Rico only, enter meters.

- 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-G10) 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 Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: NEHME RESIDENCE Street: #44 SEWALL'S POINT RD. City, State, Zip: SEWALLS POINT, FL, Owner: Design Location: FL, West Palm Beach	Builder Name: Permit Office: Permit Number: Jurisdiction:
---	--

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

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1. New construction or existing</td> <td style="width:30%; text-align: center;">New (From Plans)</td> <td style="width:40%;"></td> </tr> <tr> <td>2. Single family or multiple family</td> <td style="text-align: center;">Single-family</td> <td></td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>4. Number of Bedrooms</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>5. Is this a worst case?</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>6. Conditioned floor area above grade (ft²)</td> <td style="text-align: center;">5170</td> <td></td> </tr> <tr> <td> Conditioned floor area below grade (ft²)</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>7. Windows (1071.0 sqft.)</td> <td style="text-align: center;">Description</td> <td style="text-align: center;">Area</td> </tr> <tr> <td> a. U-Factor:</td> <td style="text-align: center;">Sgl, U=0.79</td> <td style="text-align: center;">1071.00 ft²</td> </tr> <tr> <td> SHGC:</td> <td style="text-align: center;">SHGC=0.50</td> <td></td> </tr> <tr> <td> b. U-Factor:</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td> c. U-Factor:</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td> d. U-Factor:</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td> Area Weighted Average Overhang Depth:</td> <td style="text-align: center;">2.000 ft.</td> <td></td> </tr> <tr> <td> Area Weighted Average SHGC:</td> <td style="text-align: center;">0.500</td> <td></td> </tr> <tr> <td>8. Floor Types (5170.0 sqft.)</td> <td style="text-align: center;">Insulation</td> <td style="text-align: center;">Area</td> </tr> <tr> <td> a. Slab-On-Grade Edge Insulation</td> <td style="text-align: center;">R=0.0</td> <td style="text-align: center;">5170.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> c. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> </table>	1. New construction or existing	New (From Plans)		2. Single family or multiple family	Single-family		3. Number of units, if multiple family	1		4. Number of Bedrooms	4		5. Is this a worst case?	No		6. Conditioned floor area above grade (ft²)	5170		Conditioned floor area below grade (ft²)	0		7. Windows (1071.0 sqft.)	Description	Area	a. U-Factor:	Sgl, U=0.79	1071.00 ft²	SHGC:	SHGC=0.50		b. U-Factor:	N/A	ft²	SHGC:			c. U-Factor:	N/A	ft²	SHGC:			d. U-Factor:	N/A	ft²	SHGC:			Area Weighted Average Overhang Depth:	2.000 ft.		Area Weighted Average SHGC:	0.500		8. Floor Types (5170.0 sqft.)	Insulation	Area	a. Slab-On-Grade Edge Insulation	R=0.0	5170.00 ft²	b. N/A	R=	ft²	c. N/A	R=	ft²	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">9. Wall Types (3997.0 sqft.)</td> <td style="width:30%; text-align: center;">Insulation</td> <td style="width:40%; text-align: center;">Area</td> </tr> <tr> <td> a. Concrete Block - Int Insul, Exterior</td> <td style="text-align: center;">R=19.0</td> <td style="text-align: center;">3997.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> c. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> d. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td>10. Ceiling Types (5170.0 sqft.)</td> <td style="text-align: center;">Insulation</td> <td style="text-align: center;">Area</td> </tr> <tr> <td> a. Cathedral/Single Assembly (Unvented)</td> <td style="text-align: center;">R=20.0</td> <td style="text-align: center;">5170.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td> c. N/A</td> <td style="text-align: center;">R=</td> <td style="text-align: center;">ft²</td> </tr> <tr> <td>11. Ducts</td> <td></td> <td style="text-align: center;">R ft²</td> </tr> <tr> <td> a. Sup: 2nd FLOOR, Ret: 2nd FLOOR, AH: 2nd FLO</td> <td></td> <td style="text-align: center;">6 268</td> </tr> <tr> <td> b. Sup: 3rd FLOOR, Ret: 3rd FLOOR, AH: 3rd FLO</td> <td></td> <td style="text-align: center;">6 325</td> </tr> <tr> <td>12. Cooling systems</td> <td style="text-align: center;">kBtu/hr</td> <td style="text-align: center;">Efficiency</td> </tr> <tr> <td> a. Central Unit</td> <td style="text-align: center;">39.0</td> <td style="text-align: center;">SEER:16.00</td> </tr> <tr> <td> b. Central Unit</td> <td style="text-align: center;">46.0</td> <td style="text-align: center;">SEER:16.00</td> </tr> <tr> <td>13. Heating systems</td> <td style="text-align: center;">kBtu/hr</td> <td style="text-align: center;">Efficiency</td> </tr> <tr> <td> a. Electric Strip Heat</td> <td style="text-align: center;">34.0</td> <td style="text-align: center;">COP:1.00</td> </tr> <tr> <td> b. Electric Strip Heat</td> <td style="text-align: center;">34.0</td> <td style="text-align: center;">COP:1.00</td> </tr> <tr> <td>14. Hot water systems</td> <td></td> <td></td> </tr> <tr> <td> a. Electric</td> <td></td> <td style="text-align: center;">Cap: 80 gallons</td> </tr> <tr> <td> b. Conservation features</td> <td></td> <td style="text-align: center;">EF: 0.920</td> </tr> <tr> <td> None</td> <td></td> <td></td> </tr> <tr> <td>15. Credits</td> <td></td> <td style="text-align: center;">Pstat</td> </tr> </table>	9. Wall Types (3997.0 sqft.)	Insulation	Area	a. Concrete Block - Int Insul, Exterior	R=19.0	3997.00 ft²	b. N/A	R=	ft²	c. N/A	R=	ft²	d. N/A	R=	ft²	10. Ceiling Types (5170.0 sqft.)	Insulation	Area	a. Cathedral/Single Assembly (Unvented)	R=20.0	5170.00 ft²	b. N/A	R=	ft²	c. N/A	R=	ft²	11. Ducts		R ft²	a. Sup: 2nd FLOOR, Ret: 2nd FLOOR, AH: 2nd FLO		6 268	b. Sup: 3rd FLOOR, Ret: 3rd FLOOR, AH: 3rd FLO		6 325	12. Cooling systems	kBtu/hr	Efficiency	a. Central Unit	39.0	SEER:16.00	b. Central Unit	46.0	SEER:16.00	13. Heating systems	kBtu/hr	Efficiency	a. Electric Strip Heat	34.0	COP:1.00	b. Electric Strip Heat	34.0	COP:1.00	14. Hot water systems			a. Electric		Cap: 80 gallons	b. Conservation features		EF: 0.920	None			15. Credits		Pstat
1. New construction or existing	New (From Plans)																																																																																																																																							
2. Single family or multiple family	Single-family																																																																																																																																							
3. Number of units, if multiple family	1																																																																																																																																							
4. Number of Bedrooms	4																																																																																																																																							
5. Is this a worst case?	No																																																																																																																																							
6. Conditioned floor area above grade (ft²)	5170																																																																																																																																							
Conditioned floor area below grade (ft²)	0																																																																																																																																							
7. Windows (1071.0 sqft.)	Description	Area																																																																																																																																						
a. U-Factor:	Sgl, U=0.79	1071.00 ft²																																																																																																																																						
SHGC:	SHGC=0.50																																																																																																																																							
b. U-Factor:	N/A	ft²																																																																																																																																						
SHGC:																																																																																																																																								
c. U-Factor:	N/A	ft²																																																																																																																																						
SHGC:																																																																																																																																								
d. U-Factor:	N/A	ft²																																																																																																																																						
SHGC:																																																																																																																																								
Area Weighted Average Overhang Depth:	2.000 ft.																																																																																																																																							
Area Weighted Average SHGC:	0.500																																																																																																																																							
8. Floor Types (5170.0 sqft.)	Insulation	Area																																																																																																																																						
a. Slab-On-Grade Edge Insulation	R=0.0	5170.00 ft²																																																																																																																																						
b. N/A	R=	ft²																																																																																																																																						
c. N/A	R=	ft²																																																																																																																																						
9. Wall Types (3997.0 sqft.)	Insulation	Area																																																																																																																																						
a. Concrete Block - Int Insul, Exterior	R=19.0	3997.00 ft²																																																																																																																																						
b. N/A	R=	ft²																																																																																																																																						
c. N/A	R=	ft²																																																																																																																																						
d. N/A	R=	ft²																																																																																																																																						
10. Ceiling Types (5170.0 sqft.)	Insulation	Area																																																																																																																																						
a. Cathedral/Single Assembly (Unvented)	R=20.0	5170.00 ft²																																																																																																																																						
b. N/A	R=	ft²																																																																																																																																						
c. N/A	R=	ft²																																																																																																																																						
11. Ducts		R ft²																																																																																																																																						
a. Sup: 2nd FLOOR, Ret: 2nd FLOOR, AH: 2nd FLO		6 268																																																																																																																																						
b. Sup: 3rd FLOOR, Ret: 3rd FLOOR, AH: 3rd FLO		6 325																																																																																																																																						
12. Cooling systems	kBtu/hr	Efficiency																																																																																																																																						
a. Central Unit	39.0	SEER:16.00																																																																																																																																						
b. Central Unit	46.0	SEER:16.00																																																																																																																																						
13. Heating systems	kBtu/hr	Efficiency																																																																																																																																						
a. Electric Strip Heat	34.0	COP:1.00																																																																																																																																						
b. Electric Strip Heat	34.0	COP:1.00																																																																																																																																						
14. Hot water systems																																																																																																																																								
a. Electric		Cap: 80 gallons																																																																																																																																						
b. Conservation features		EF: 0.920																																																																																																																																						
None																																																																																																																																								
15. Credits		Pstat																																																																																																																																						

Glass/Floor Area: 0.207	Total Proposed Modified Loads: 87.31	PASS
	Total Standard Reference Loads: 109.87	

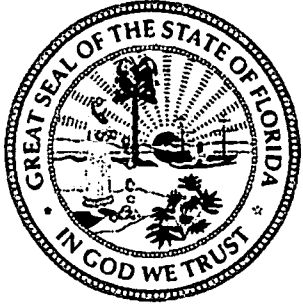
I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: *[Signature]*
 DATE: 2-3-14

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

OWNER/AGENT: _____
 DATE: _____

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



BUILDING OFFICIAL: _____
 DATE: _____

PROJECT

Title:	NEHME RESIDENCE	Bedrooms:	4	Address Type:	Street Address
Building Type:	User	Conditioned Area:	5170	Lot #	
Owner:		Total Stories:	3	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	0	Street:	#44 SEWALL'S POINT
Permit Office:		Cross Ventilation:	No	County:	MARTIN COUNTY
Jurisdiction:		Whole House Fan:	Yes	City, State, Zip:	SEWALLS POINT , FL ,
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium

BLOCKS

Number	Name	Area	Volume
1	Block1	2308	20772
2	Block2	2862	28620

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	2nd FLOOR	2308	20772	Yes	2		1	Yes	Yes	Yes
2	3rd FLOOR	2862	28620	No	2	4	1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	2nd FLOOR	298 ft	0	2308 ft²	_____	0	0	1
_____	2	Slab-On-Grade Edge Insulatio	3rd FLOOR	305 ft	0	2862 ft²	_____	0	0	1

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Hip	Flat tile/slate	5600 ft²	0 ft²	Medium	0.96	No	0.9	No	20

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Unvented	0	5170 ft²	N	N

CEILING

✓ #	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
1	Cathedral/Single Assembly (Unvented)	2nd FLOOR	20	2308 ft²	0.11	Wood
2	Cathedral/Single Assembly (Unvented)	3rd FLOOR	20	2862 ft²	0.11	Wood

WALLS

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft In	Height Ft In	Area	Sheathing R-Value	Framing Fraction	Solar Absor	Below Grade%
1	N	Exterior	Concrete Block - Int Insul	2nd FLOOR	19	48	9	432.0 ft²	0	0	0.75	0
2	E	Exterior	Concrete Block - Int Insul	2nd FLOOR	19	55	9	495.0 ft²	0	0	0.75	0
3	S	Exterior	Concrete Block - Int Insul	2nd FLOOR	19	55	9	495.0 ft²	0	0	0.75	0
4	W	Exterior	Concrete Block - Int Insul	2nd FLOOR	19	55	9	495.0 ft²	0	0	0.75	0
5	N	Exterior	Concrete Block - Int Insul	3rd FLOOR	19	49	10	490.0 ft²	0	0	0.75	0
6	E	Exterior	Concrete Block - Int Insul	3rd FLOOR	19	55	10	550.0 ft²	0	0	0.75	0
7	S	Exterior	Concrete Block - Int Insul	3rd FLOOR	19	49	10	490.0 ft²	0	0	0.75	0
8	W	Exterior	Concrete Block - Int Insul	3rd FLOOR	19	55	10	550.0 ft²	0	0	0.75	0

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Omt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
1	N	1	Metal	Single (Tinted)	Yes	0.79	0.5	40.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
2	N	1	Metal	Single (Tinted)	Yes	0.79	0.5	50.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
3	E	2	Metal	Single (Tinted)	Yes	0.79	0.5	60.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
4	E	2	Metal	Single (Tinted)	Yes	0.79	0.5	40.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
5	E	2	Metal	Single (Tinted)	Yes	0.79	0.5	48.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
6	S	3	Metal	Single (Tinted)	Yes	0.79	0.5	45.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
7	W	4	Metal	Single (Tinted)	Yes	0.79	0.5	24.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
8	W	4	Metal	Single (Tinted)	Yes	0.79	0.5	144.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
9	W	4	Metal	Single (Tinted)	Yes	0.79	0.5	48.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
10	W	4	Metal	Single (Tinted)	Yes	0.79	0.5	20.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
11	N	5	Metal	Single (Tinted)	Yes	0.79	0.5	18.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
12	N	5	Metal	Single (Tinted)	Yes	0.79	0.5	60.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
13	N	5	Metal	Single (Tinted)	Yes	0.79	0.5	48.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
14	E	6	Metal	Single (Tinted)	Yes	0.79	0.5	135.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
15	S	7	Metal	Single (Tinted)	Yes	0.79	0.5	75.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
16	S	7	Metal	Single (Tinted)	Yes	0.79	0.5	48.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
17	W	8	Metal	Single (Tinted)	Yes	0.79	0.5	48.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
18	W	8	Metal	Single (Tinted)	Yes	0.79	0.5	120.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	6780.5	372.24	700.05	.4797	8.2368

HEATING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
<input type="checkbox"/>	1	Electric Strip Heat	None	COP: 1	34 kBtu/hr	1	sys#1
<input type="checkbox"/>	2	Electric Strip Heat	None	COP: 1	34 kBtu/hr	2	sys#2

COOLING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
<input type="checkbox"/>	1	Central Unit	None	SEER: 16	39 kBtu/hr	1170 cfm	0.75	1	sys#1
<input type="checkbox"/>	2	Central Unit	None	SEER: 16	46 kBtu/hr	1380 cfm	0.75	2	sys#2

HOT WATER SYSTEM

<input checked="" type="checkbox"/>	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
<input type="checkbox"/>	1	Electric	None	2nd FLOOR	0.92	80 gal	70 gal	120 deg	None

SOLAR HOT WATER SYSTEM

<input checked="" type="checkbox"/>	FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
<input type="checkbox"/>	None	None			ft ²		

DUCTS

<input checked="" type="checkbox"/>	#	— Supply —		— Return —		Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC #	
		Location	R-Value	Area	Location	Area						Heat	Cool
<input type="checkbox"/>	1	2nd FLOOR	6	268 ft ²	2nd FLOOR	20 ft ²	Default Leakage	2nd FLOOR	(Default)	(Default)		1	1
<input type="checkbox"/>	2	3rd FLOOR	6	325 ft ²	3rd FLOOR	32 ft ²	Default Leakage	3rd FLOOR	(Default)	(Default)		2	2

TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

Cooling	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Venting	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec

Thermostat Schedule: HERS 2006 Reference		Hours											
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

Florida Code Compliance Checklist
 Florida Department of Business and Professional Regulations
 Residential Whole Building Performance Method

ADDRESS: #44 SEWALL'S POINT RD.
 SEWALLS POINT, FL,

PERMIT #:

MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2 403.3.3	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code. Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	



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

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

V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name PEAK RESIDENCE Insurance Policy No. N/A
 Building Address or Legal Description 44 S. SEWALL'S POINT RD.
 City SEWALL'S POINT State FL. Zip Code 34996

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 12085C Panel No. 0154 Suffix F Date of FIRM index 10/4/02 Zone AE-9 & VE-10

SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... 12.5 feet (NGVD)
2. Base Flood Elevation (BFE)..... 10.0 feet (NGVD)
3. Elevation of the lowest adjacent grade..... 5.0 feet (NGVD)
4. Approximate depth of anticipated scour/erosion used for foundation design.... 4.0 feet (NGVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... 29.6 feet (NGVD)

SECTION III: V-Zone Certification Statement (±32' PILE LENGTH)

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

SECTION V: Certification

Certifier's Name MARK A CORSON Company Name M.A. CORSON & ASSOC., INC.
 Title PRESIDENT Florida License No. AR91666
 Address 1121 SE OCEAN BLVD. City STUART State _____ Zip Code 34996
 Signature [Signature] Date 2/17/14 Telephone Number 223-8227

Seal

Wieder Engineering, Inc

11718 SE Federal Hwy.. #373

Hobe Sound, FL 33455

(772) 546-5823

Cell: (772) 618-3437

Fax: (772) 545-3734

E-mail: awieder@wiederengineering.com

March 7, 2014

Mark Corson
MA Corson & Associates, Inc.
1121 SE Ocean Blvd
Stuart, FL 34996

Re: Nehme Residence
#44 S. Sewall's Point Road
Sewall's Point FL

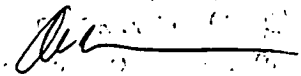
Subject: Top of Grade Beam Elevation

To Whom it may Concern:

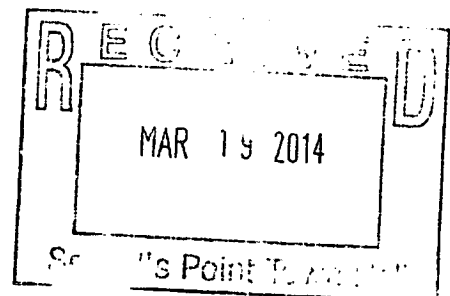
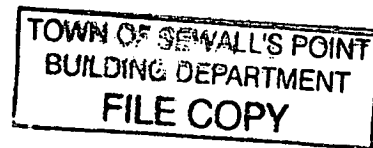
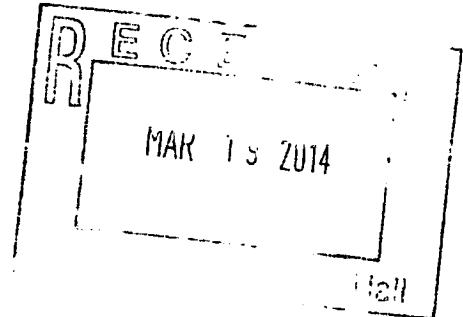
Please note that top of grade beam elevation should be at elevation $-(1'-0")$ below top of floor datum of $(0'-0") = 5'-0"$ NGVD

If you have any questions please do not hesitate to contact my office.

Wieder Engineering, Inc



Allen Wieder, PE, SECB
FL 43444





SINCE 1988

Florida's Leading Engineering Source

Environmental • Geotechnical • Construction Materials Testing • Threshold & Special Inspections • Private Provider Services & Code Compliance

May 7, 2014

Brevard Grouting Service
Attention: Tim Mace
1620 Tangerine Street
Melbourne, FL 32901
Phone: (321) 676-5456
Email: tim@brevardgrouting.com

*OK 5.15.14
GWP*

**Subject: Proposed Two-Story Residence
44 South Sewall's Point Road
Stuart, FL
GFA Project No. 13-1779.01**
Re: GFA Geotechnical Report dated December 4, 2013

Dear Mr. Mace:

Representatives of GFA International, Inc. (GFA) were requested to monitor the installation of auger-cast piles at 44 South Sewall's Point Road, Stuart, Florida.

The piles were monitored between 5/5/2014 and 5/6/2014 during installation. Numbers indicated on the pile logs correspond to numbers indicated on the drawings prepared by M.A. Corson & Associates, Inc. dated 2/1/2014 and Pool and Spa Designs, Inc. dated 3/4/2014 and are attached to this report. Samples of the grout were taken during each day's production and were returned to the laboratory for compressive strength determination and will be submitted under separate cover.

The grout pump was calibrated on-site and 7 pump strokes were needed to fill a 55-gallon drum (7.35 cubic feet). The grout pump strokes necessary to fill the theoretical pile volume plus 10% (grout factor) were then calculated to determine the required number of pump strokes for each pile. The monitored piles had at least the minimum number of required pump strokes and grout factor.

The pile lengths noted on the logs are based on the depths below the existing ground surface at the time that the piles were installed. Placement of the reinforcing steel for the piles was also monitored. The steel reinforcing was constructed and placed in general compliance with the provided plan.

Based upon our inspections and testing and to the best of our knowledge and belief, GFA concludes that they have been installed in general accordance with the design criteria and they will adequately provide the required capacity per plans.

Closure

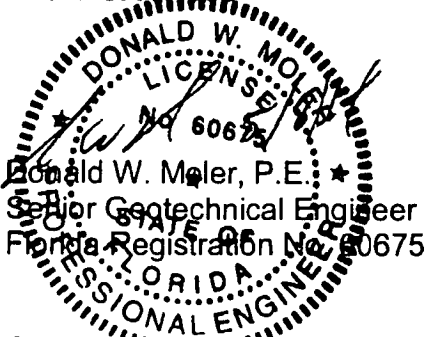
The assessment was performed at the Client's request using the methods and procedures consistent with good commercial and customary practice designed to conform with acceptable industry standards.

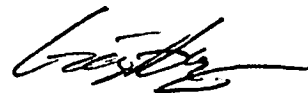
In expressing the opinions stated in this report, GFA has exercised the degree of skill and care ordinarily exercised by a reasonably prudent architect or engineer in the same community and in the same time frame given the same or similar facts and circumstances. Documentation and data provided by the Client, designated representatives of the Client or other interested third parties, or from the public domain, and referred to in the preparation of this assessment, have been used and referenced with the understanding that GFA assumes no responsibility or liability for their accuracy.

The independent conclusions represent our professional judgment based on information and data available to us during the course of this assignment. GFA's evaluations, analyses and opinions are not representations regarding either the design integrity, structural soundness or actual value of the property. The conclusions presented are based on the data provided, observations and conditions that existed on the date of the assessment.

It has been our pleasure to assist you in this phase of your project. If you have any questions about this report or need any additional information, please call at your convenience.

Respectfully submitted,
GFA International, Inc.
FBPE CA #4930

DONALD W. MOLER
LICENSED PROFESSIONAL ENGINEER
No. 60675
STATE OF FLORIDA
SENIOR GEOTECHNICAL ENGINEER
Florida Registration No. 60675
PROFESSIONAL ENGINEER



Craig A. Hampy, E.I.
Staff Engineer

Copies: Client (2)

Attachments: Pile Location Plans (2 pages)
Pile Logs (5 pages)



FOUNDATION PLAN

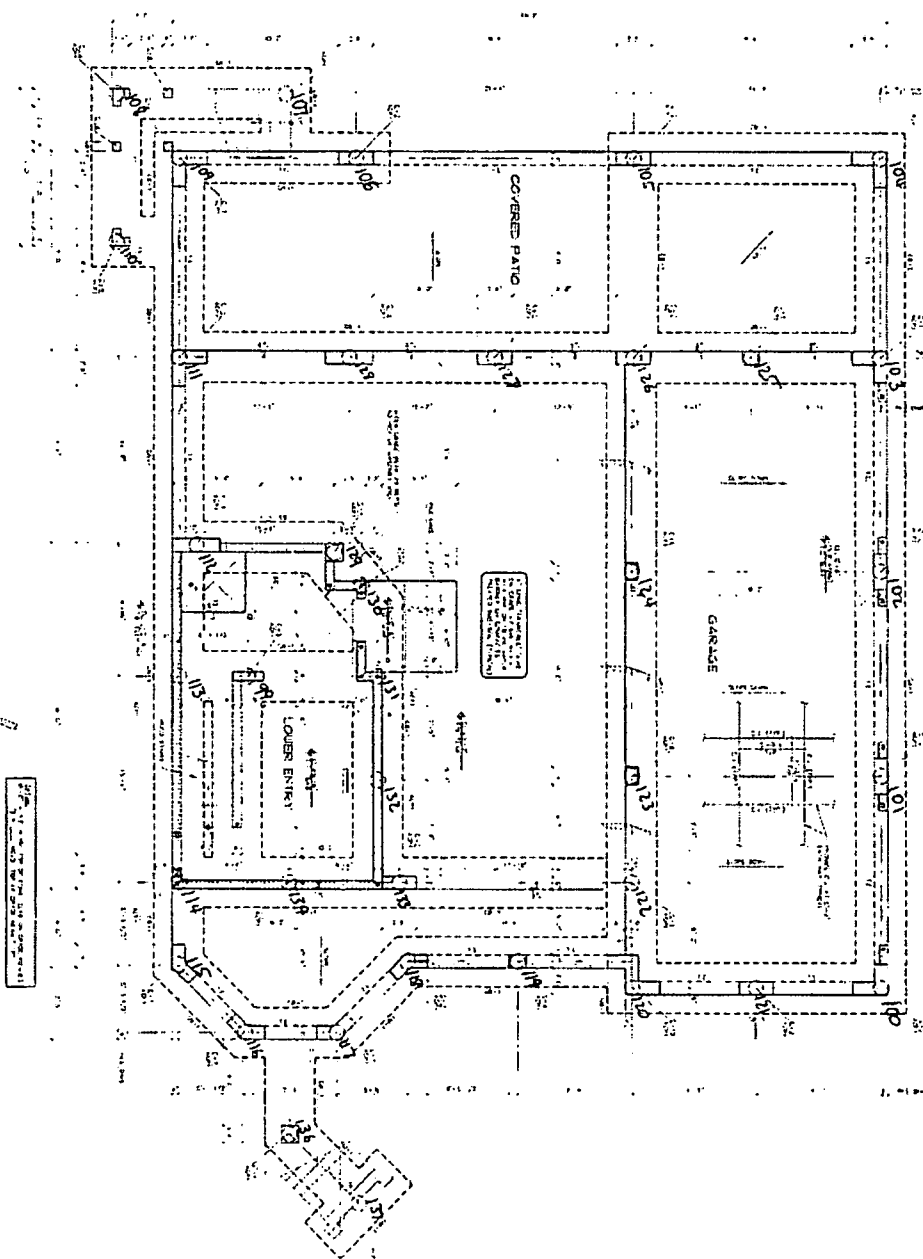


GENERAL NOTES:

1. FOUNDATION SHALL BE CONCRETE ON COMPACTED GRAVEL.
2. ALL FOUNDATION SHALL BE 12" THICK UNLESS OTHERWISE NOTED.
3. ALL FOUNDATION SHALL BE FINISHED WITH 1/2" POLISHED SAND CONCRETE.
4. ALL FOUNDATION SHALL BE FINISHED WITH 1/2" POLISHED SAND CONCRETE.

PERMIT SET

Macdon Engineering, Inc.
 1121 S.E. Ocean Blvd., Stuart, FL 34996
 (772) 223-8227
 www.macdonarchitect.com



NEHME RESIDENCE
 #44 S. SEWELL'S POINT RD.
 SEWELL'S POINT, FL
OCEANFRONT BUILDERS

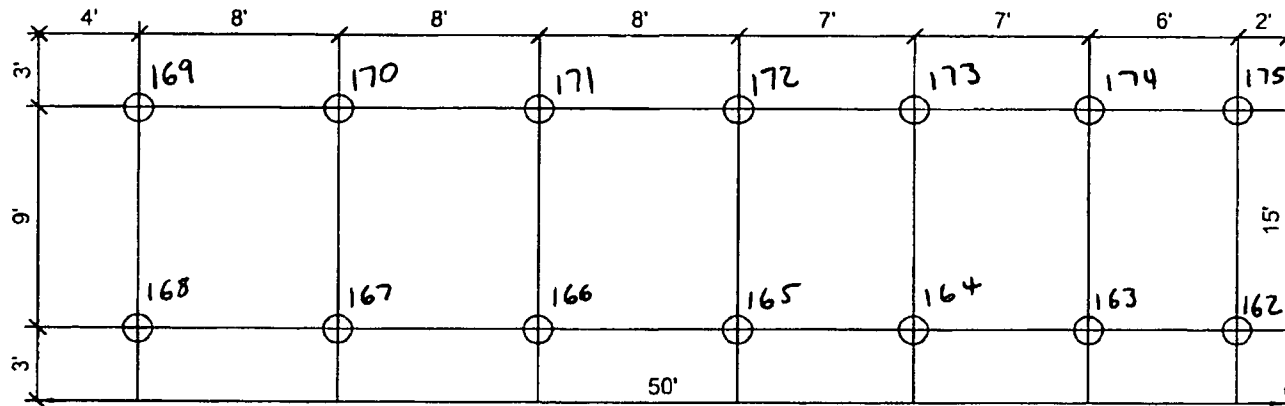


M.A. CORSON & ASSOCIATES, INC.
 ARCHITECTURE STRUCTURAL DESIGN
 1121 S.E. Ocean Blvd., Stuart, FL 34996
 (772) 223-8227
 Visit us on the web @: macdonarchitect.com

Professional Seal of M.A. Corson & Associates, Inc. No. 12345. State of Florida. Exp. 12/31/2025.



NEHME RESIDENCE



PROJECT: NEHME
 TYPE: AUGER PILES
 QTY: 14
 CAPACITY: 20 TON
 COMPRESSION, 5 TON TENSION
 12" FLOOR
 6" WALL
 LOWER MAT #3@12" OCEW
 WALLS #3@12" OCEW
 UPPER MAT #3@6" OCEW
 EXTENDING THROUGH COVE
 NO PILE CAPS REQUIRED
 NO SHEAR STEEL REQUIRED

Project No. 14-01-11

Date: 03-04-11

The concepts, drawings, designs and specifications are the property of the respective owners. Any reproduction of this information without the express authorization of the owner. The information contained herein is not to be used for any other purpose without the express written authorization of the owner. Written consent is required for any reproduction in whole or in part. All construction shall be in accordance with the accepted Florida Building Code and local codes.

REVISIONS

- △ _____
- △ _____
- △ _____
- △ _____
- △ _____
- △ _____



MARK E. WEBER, P.E.
 LICENSE #53895
 6574 State Road 7 #199
 Coconut Creek, FL 33072
 954-454-7741 www.poolandspadesigns.net
 CA#25982



AUGERCAST PILING INSPECTION FORM

REPORT # 13-1779.01
 ORDER #: _____
 PERMIT #: _____
 DATE: 5/5/2014

PUMP No.: _____ Cu.Ft./STOKE: 1.05
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: _____
 PILE CONTRACTOR: Brevard Grouting
 DRILLING SUPERINT.: _____
 ADDRESS: 44 South Sewall's Point Road
 CITY: Stuart STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	113	130	108	109	107	111	110	128	169	168	170	167	106	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	32	32	32	32	32	32	32	32	32	32	32	32	32	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.24	
ACTUAL GROUT VOL. (cu.ft.)	39.90	38.85	46.20	47.25	57.75	40.95	46.20	40.95	44.10	37.80	48.30	46.20	45.15	
TRUCK No.	26433	26433	26433	26433	26433	22378	22378	22378	22378	22378	23678	23678	23678	
BATCH TIME	8:27	8:27	8:27	8:27	8:27	9:15	9:15	9:15	9:15	9:15	10:29	10:29	10:29	
No. STROKE	1st 5'	12	13	13	15	14	13	13	12	13	12	14	14	14
	TOTAL	38	37	44	45	55	39	44	39	42	36	46	44	43
REINF. STEEL. TYPE														
SIZE	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	
DEPTH	32	32	32	32	32	32	32	32	32	32	32	32	32	

NOTES:

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head was approximately 6' for all piles.

INSP. PERFORMED BY: Craig A. Hampy, E.I.

DISTRIBUTION:

GFA International, Inc.

521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-1779.01
 ORDER #: _____
 PERMIT #: _____
 DATE: 5/5/2014

PUMP No.: _____ Cu.Ft./STOKE: 1.05
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: _____
 PILE CONTRACTOR: Brevard Grouting
 DRILLING SUPERINT.: _____
 ADDRESS: 44 South Sewall's Point Road
 CITY: Stuart STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	171	166	170	165	164	105	127	126	124	123	122	119	120	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	32	32	32	32	32	32	32	32	32	32	32	32	32	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.24	
ACTUAL GROUT VOL. (cu.ft.)	46.20	44.10	44.10	40.95	45.15	40.95	40.95	40.95	37.80	38.85	42.00	37.80	42.00	
TRUCK No.	23678	23678	25318	25318	25318	25318	25318	25318	64624	64624	64624	64624	64624	
BATCH TIME	10:29	10:29	11:32	11:32	11:32	11:32	11:32	11:32	12:44	12:44	12:44	12:44	12:44	
No. STROKE	1st 5'	13	13	13	13	12	13	12	13	12	12	13	12	14
	TOTAL	44	42	42	39	43	39	39	39	36	37	40	36	40
REINF. STEEL. TYPE	SIZE	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	
	DEPTH	32	32	32	32	32	32	32	32	32	32	32	32	

NOTES:

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head was approximately 6' for all piles.

INSP. PERFORMED BY: Craig A. Hampy, E.I.

DISTRIBUTION:

GFA International, Inc.

521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-1779.01
 ORDER #: _____
 PERMIT #: _____
 DATE: 5/5/2014

PUMP No.: _____ Cu.Ft./STOKE: 1.05
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: _____
 PILE CONTRACTOR: Brevard Grouting
 DRILLING SUPERINT.: _____
 ADDRESS: 44 South Sewall's Point Road
 CITY: Stuart STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	173	174	175	163	162	104	103	125	102	101	100		
PILE LOCATION:													
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14		
PILE LENGTH:	32	32	32	32	32	32	32	32	32	32	32		
ACTUAL TIP ELEV.:													
ACTUAL SURFACE ELEV.													
THEOR. PILE VOL. (cu.ft.)	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2		
ACTUAL GROUT VOL. (cu.ft.)	49.35	48.30	47.25	42.00	44.10	44.10	45.15	45.15	42.00	42.00	39.90		
TRUCK No.	26399	26399	26399	26399	26399	26399	64624	64624	64624	64624	64624		
BATCH TIME	1:40	1:40	1:40	1:40	1:40	1:40	3:00	3:00	3:00	3:00	3:00		
No. STROKE 1st 5'	14	14	14	13	13	13	14	13	13	12	13		
TOTAL	47	46	45	40	42	42	43	43	40	40	38		
REINF. STEEL. TYPE													
SIZE	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6		
DEPTH	32	32	32	32	32	32	32	32	32	32	32		

NOTES:

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head was approximately 6' for all piles.

INSP. PERFORMED BY: Craig A. Hampy, E.I.

DISTRIBUTION:

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-1779.01
 ORDER #: _____
 PERMIT #: _____
 DATE: 5/6/2014

PUMP No.: _____ Cu.Ft./STOKE: 1.05
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: _____
 PILE CONTRACTOR: Brevard Grouting
 DRILLING SUPERINT.: _____
 ADDRESS: 44 South Sewall's Point Road
 CITY: Stuart STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	112	129	99	131	114	132	134	133	115	116	136	137	117
PILE LOCATION:													
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14
PILE LENGTH:	32	32	32	32	32	32	32	32	32	32	32	32	32
ACTUAL TIP ELEV.:													
ACTUAL SURFACE ELEV.													
THEOR. PILE VOL. (cu.ft.)	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.24
ACTUAL GROUT VOL. (cu.ft.)	40.95	45.15	43.05	42.00	39.90	43.05	40.95	39.90	39.90	37.80	42.00	44.10	40.95
TRUCK No.	26399	26399	26399	26399	26399	25361	25361	25361	25361	25361	26399	26399	26399
BATCH TIME	7:56	7:56	7:56	7:56	7:56	8:42	8:42	8:42	8:42	8:42	10:10	10:10	10:10
No. STROKE 1st 5'	12	13	13	13	13	12	13	13	12	14	13	13	13
TOTAL	39	43	41	40	38	41	39	38	38	36	40	42	39
REINF. STEEL. TYPE													
SIZE	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6	5-#6's 1-#6
DEPTH	32	32	32	32	32	32	32	32	32	32	32	32	32

NOTES:

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head was approximately 6' for all piles.

INSP. PERFORMED BY: Craig A. Hampy, E.I.

DISTRIBUTION:

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-1779.01
 ORDER #: _____
 PERMIT #: _____
 DATE: 5/6/2014

PUMP No.: _____ Cu.Ft./STOKE: 1.05
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: _____
 PILE CONTRACTOR: Brevard Grouting
 DRILLING SUPERINT.: _____
 ADDRESS: 44 South Sewall's Point Road
 CITY: Stuart STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	118	121																		
PILE LOCATION:																				
PILE DIAMETER:	14	14																		
PILE LENGTH:	32	32																		
ACTUAL TIP ELEV.:																				
ACTUAL SURFACE ELEV.																				
THEOR. PILE VOL. (cu.ft.)	34.2	34.2																		
ACTUAL GROUT VOL. (cu.ft.)	40.95	42.00																		
TRUCK No.	26399	26399																		
BATCH TIME	10:10	10:10																		
No. STROKE	1st 5'	13	13																	
	TOTAL	39	40																	
REINF. STEEL. TYPE																				
SIZE	5-#6's	5-#6's																		
DEPTH	1-#6	1-#6																		
	32	32																		

NOTES:

LEGEND
C= Compression Bar
T= Tension Cage

Additional Comments

Grout head was approximately 6' for all piles.

INSP. PERFORMED BY: Craig A. Hampy, E.I.

DISTRIBUTION:

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 79

The lower the EnergyPerformance Index, the more efficient the home.

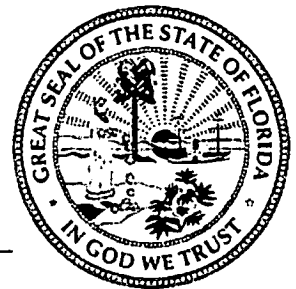
#44 SEWALL'S POINT RD., SEWALLS POINT, FL,

1. New construction or existing	New (From Plans)		9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family		a. Concrete Block - Int Insul, Exterior	R=19.0	3997.00 ft ²
3. Number of units, if multiple family	1		b. N/A	R=	ft ²
4. Number of Bedrooms	4		c. N/A	R=	ft ²
5. Is this a worst case?	No		d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	5170		10. Ceiling Types	Insulation	Area
7. Windows**	Description	Area	a. Cathedral/Single Assembly (Unvented)	R=20.0	5170.00 ft ²
a. U-Factor:	Sgl, U=0.79	1071.00 ft ²	b. N/A	R=	ft ²
SHGC:	SHGC=0.50		c. N/A	R=	ft ²
b. U-Factor:	N/A	ft ²	11. Ducts		R ft ²
SHGC:			a. Sup: 2nd FLOOR, Ret: 2nd FLOOR, AH: 2nd FLO		6 268
c. U-Factor:	N/A	ft ²	b. Sup: 3rd FLOOR, Ret: 3rd FLOOR, AH: 3rd FLO		6 325
SHGC:			12. Cooling systems	kBtu/hr	Efficiency
d. U-Factor:	N/A	ft ²	a. Central Unit	39.0	SEER:16.00
SHGC:			b. Central Unit	46.0	SEER:16.00
Area Weighted Average Overhang Depth:		2.000 ft.	13. Heating systems	kBtu/hr	Efficiency
Area Weighted Average SHGC:		0.500	a. Electric Strip Heat	34.0	COP:1.00
8. Floor Types	Insulation	Area	b. Electric Strip Heat	34.0	COP:1.00
a. Slab-On-Grade Edge Insulation	R=0.0	5170.00 ft ²	14. Hot water systems		Cap: 80 gallons
b. N/A	R=	ft ²	a. Electric		EF: 0.92
c. N/A	R=	ft ²	b. Conservation features		
			None		
			15. Credits		Pstat

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: _____

Address of New Home: _____ City/FL Zip: _____



*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

**Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

Project Information

For: NEHME RESIDENCE
 #44 SEWALLS POINT RD., SEWELLS POINT, FL

Notes:

Design Information

Weather: Fort Pierce, FL, US

Winter Design Conditions

Outside db	42 °F
Inside db	70 °F
Design TD	28 °F

Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	61 gr/lb

Heating Summary

Structure	27429 Btuh
Ducts	7341 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	34770 Btuh

Sensible Cooling Equipment Load Sizing

Structure	26959 Btuh
Ducts	5578 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	30911 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft ²)	2308	2308
Volume (ft ³)	24884	24884
Air changes/hour	0.28	0.15
Equiv. AVF (cfm)	115	61

Latent Cooling Equipment Load Sizing

Structure	2563 Btuh
Ducts	3105 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	5668 Btuh
Equipment total load	36578 Btuh
Req. total capacity at 0.70 SHR	3.7 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	10.4 kW
Heating output	35316 Btuh
Temperature rise	25 °F
Actual air flow	1300 cfm
Air flow factor	0.037 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Lennox
Trade	14ACX SERIES
Cond	14ACX-041-230*
Coil	CBX27UH-048-230*++TDR
AHRI ref	3869097
Efficiency	13.0 EER, 16 SEER
Sensible cooling	27300 Btuh
Latent cooling	11700 Btuh
Total cooling	39000 Btuh
Actual air flow	1300 cfm
Air flow factor	0.040 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.85

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Information

For: **NEHME RESIDENCE**
#44 SEWALLS POINT RD., SEWELLS POINT, FL

Notes:

Design Information

Weather: Fort Pierce, FL, US

Winter Design Conditions

Outside db 42 °F
 Inside db 70 °F
 Design TD 28 °F

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 61 gr/lb

Heating Summary

Structure 34833 Btuh
 Ducts 9514 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 44347 Btuh

Sensible Cooling Equipment Load Sizing

Structure 27495 Btuh
 Ducts 7234 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 32993 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft²)	2862	2862
Volume (ft³)	26055	26055
Air changes/hour	0.28	0.15
Equiv. AVF (cfm)	123	66

Latent Cooling Equipment Load Sizing

Structure 2757 Btuh
 Ducts 4066 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 6823 Btuh
 Equipment total load 39816 Btuh
 Req. total capacity at 0.70 SHR 3.9 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency	100 EFF
Heating input	12.9 kW
Heating output	43968 Btuh
Temperature rise	26 °F
Actual air flow	1550 cfm
Air flow factor	0.035 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make Lennox
 Trade 14ACX SERIES
 Cond 14ACX-047-230*
 Coil CBX27UH-048-230*++TDR
 AHRI ref 3869174
 Efficiency 13.0 EER, 16 SEER

Sensible cooling	32550 Btuh
Latent cooling	13950 Btuh
Total cooling	46500 Btuh
Actual air flow	1550 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.84

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1		Room name				2nd FLOOR				FAMILY ROOM				
2		Exposed wall				204.0 ft				39.0 ft		heat/cool		
3		Room height				10.8 ft				10.0 ft		20.0 x 19.0 ft		
4		Room dimensions				2312.0 ft²				380.0 ft²				
5		Room area												
	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	13E-4ocws	0.052	n	1.46	0.68	540	402	585	274	0	0	0	0
	G	10A-m	1.670	n	46.76	25.31	48	0	2244	1215	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	45	0	1600	1565	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	45	0	1612	1576	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	516	471	686	321	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	15	0	533	1367	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	30	0	1067	2734	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	540	307	447	209	190	109	158	74
	G	10A-m	1.670	s	46.76	25.31	144	144	6733	3645	40	40	1870	1013
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	89	89	3177	3106	41	41	1470	1437
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	480	382	555	260	200	160	233	109
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	40	0	1422	3645	40	0	1422	3645
	G	1A-c1om	1.270	w	35.56	91.12	59	0	2080	5330	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	268	268	211	197	20	20	16	15
	F	19C-19cscp	0.049	-	0.48	0.25	1976	1976	940	503	380	380	181	97
	F	22A-tp1	0.989	-	27.69	0.00	22	0	12	0	0	0	0	0
6	c) AED excursion								0				-112	
	Envelope loss/gain								23905		25948		5350 6277	
12	a) Infiltration								3524		1011		662 190	
	b) Room ventilation								0		0		0 0	
13	Internal gains:		Occupants @		230		0		0		0		0	
			Appliances/other						0		0		0	
	Subtotal (lines 6 to 13)								27429		26959		6012 6467	
	Less external load								0		0		0 0	
	Less transfer								0		0		0 0	
	Redistribution								0		0		0 0	
14	Subtotal								27429		26959		6012 6467	
15	Duct loads						27%		21%		27%		21%	
	Total room load								34770		32537		7621 7805	
	Air required (cfm)								1300		1300		285 312	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		2 Exposed wall		3 Room height		4 Room dimensions		5 Room area		OFF. CLST. 4.0 ft 10.0 ft 5.0 x 4.0 ft heat/cool				A/C 0 ft 10.0 ft 3.0 x 4.0 ft heat/cool			
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	13E-4ocws	0.052	n	1.46	0.68	40	40	58	27	0	0	0	0			
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0			
11	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0			
	C	16X19-19ad	0.049	-	0.79	0.74	0	0	0	0	0	0	0	0			
	F	19C-19cscp	0.049	-	0.48	0.25	20	20	10	5	12	12	6	3			
	F	22A-tpi	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0			
6	c) AED excursion									-6				0			
	Envelope loss/gain								68	26			6	3			
12	a) Infiltration								68	19			0	0			
	b) Room ventilation								0	0			0	0			
13	Internal gains:		Occupants @		230		0			0	0			0			
			Appliances/other							0				0			
	Subtotal (lines 6 to 13)								136	45			6	3			
	Less external load								0	0			0	0			
	Less transfer								0	0			0	0			
	Redistribution								0	0			0	0			
14	Subtotal								136	45			6	3			
15	Duct loads						27%	21%	36	9	27%	21%	2	1			
	Total room load								172	55			7	3			
	Air required (cfm)								6	2			0	0			

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		HALLWAY.		BREAKFAST										
2 Exposed wall		0 ft		23.0 ft										
3 Room height		10.0 ft		10.0 ft										
4 Room dimensions		8.0 x 4.0 ft		14.0 x 23.0 ft										
5 Room area		32.0 ft²		322.0 ft²										
6	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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	230	102	149	69
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	80	80	3741	2025
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	35.56	34.77	0	0	0	0	48	48	1707	1669
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	mw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	0	0	0	0	0	0	0	0
	F	19C-19cscsp	0.049	-	0.48	0.25	32	32	15	8	322	322	153	82
	F	22A-1pl	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									-1				-55
	Envelope loss/gain								15	7			5749	3791
12	a) Infiltration								0	0			390	112
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0	0		0	0
			Appliances/other						0	0			0	0
	Subtotal (lines 6 to 13)								15	7			6140	3903
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								15	7			6140	3903
15	Duct loads						27%	21%	4	1	27%	21%	1643	808
	Total room load								19	9			7783	4710
	Air required (cfm)								1	0			291	188

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1		Room name		KITCHEN				MUSIC ROOM						
2		Exposed wall		0 ft				15.0 ft						
3		Room height		10.0 ft				10.0 ft						
4		Room dimensions		10.0 x 23.0 ft				16.0 x 15.0 ft						
5		Room area		230.0 ft ²				240.0 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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	150	120	175	82
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	30	0	1067	1043
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.48	0.25	224	224	107	57	240	240	114	61
	F	22A-tpi	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									-7				-157
	Envelope loss/gain								107	50			1356	1029
12	a) Infiltration								0	0			255	73
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0	0			0
			Appliances/other						0	0				0
	Subtotal (lines 6 to 13)								107	50			1610	1102
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								107	50			1610	1102
15	Duct loads						27%	21%	29	10	27%	21%	431	228
	Total room load								135	60			2041	1330
	Air required (cfm)								5	2			76	53

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
Date: Jan 30, 2014
By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		FOYER							ELEV.					
2 Exposed wall		32.0 ft							5.0 ft					
3 Room height		16.9 ft							10.0 ft					
4 Room dimensions		16.0 x 16.0 ft							5.0 x 6.0 ft					
5 Room area		256.0 ft²							30.0 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	13E-4ocws	0.052	n	1.46	0.68	160	67	97	45	0	0	0	0
	G	10A-m	1.670	n	46.76	25.31	48	0	2244	1215	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	45	0	1612	1576	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	196	181	264	123	50	50	73	34
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	15	0	533	1367	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	196	196	154	144	0	0	0	0
	F	19C-19cscp	0.049	-	0.48	0.25	33	33	16	8	0	0	0	0
	F	22A-tpl	0.989	-	27.69	0.00	22	0	12	0	0	0	0	0
6	c) AED excursion									-582				-7
	Envelope loss/gain								4933	3898			73	27
12	a) Infiltration								604	173			85	24
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								5537	4072			158	51
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								5537	4072			158	51
15	Duct loads						27%	21%	1482	843	27%	21%	42	11
	Total room load								7019	4914			200	62
	Air required (cfm)								262	196			7	2

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
Date: Jan 30, 2014
By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 2 3 4 5	Room name				ENTRY				POWDER					
	Exposed wall				4.0 ft				6.0 ft					
	Room height				10.0 ft				10.0 ft					
Room dimensions				24.0 ft ² 4.0 x 6.0 ft				36.0 ft ² 6.0 x 6.0 ft						
Room area				heat/cool				heat/cool						
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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	40	25	36	17	60	54	79	37
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	6	0	213	547
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	15	0	533	1367	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.48	0.25	0	0	0	0	36	36	17	9
	F	22A-1pl	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													
	Envelope loss/gain								570	1353			309	573
12	a) Infiltration								68	19			102	29
	b) Room ventilation								0	0			0	0
13	Internal gains:				Occupants @	230					0	0		0
					Appliances/other						0	0		0
	Subtotal (lines 6 to 13)								638	1372			411	602
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								638	1372			411	602
15	Duct loads								27%	21%			27%	21%
	Total room load								808	1656			521	727
	Air required (cfm)								30	66			19	29

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		LAUNDRY						HALLWAY						
2 Exposed wall		21.0 ft						0 ft						
3 Room height		10.0 ft						10.0 ft						
4 Room dimensions		9.0 x 12.0 ft						15.0 x 6.0 ft						
5 Room area		108.0 ft ²						90.0 ft ²						
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 11	W	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	90	81	118	55	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	9	0	320	820	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	120	96	140	65	0	0	0	0
	G	10A-m	1.670	s	46.76	25.31	24	24	1122	608	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0	
G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
W	13E-4ocws	0.052	nw	0.00	0.00	0	0	0	0	0	0	0	0	
C	16X19-19ad	0.049	-	0.79	0.74	0	0	0	0	0	0	0	0	
F	19C-19cscp	0.049	-	0.48	0.25	108	108	51	28	37	37	18	9	
F	22A-4pl	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion									-210			-1	
	Envelope loss/gain									1751	1366		18	
12	a) Infiltration									356	102		0	
	b) Room ventilation									0	0		0	
13	Internal gains:		Occupants @	230						0	0		0	
			Appliances/other							0	0		0	
	Subtotal (lines 6 to 13)									2108	1468		18	
	Less external load									0	0		0	
	Less transfer									0	0		0	
	Redistribution									0	0		0	
14	Subtotal									2108	1468		18	
15	Duct loads						27%	21%		564	304	27%	21%	
	Total room load									2672	1772		22	
	Air required (cfm)									100	71		10	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
2nd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1	Room name				DINING ROOM						OFFICE			
	Exposed wall				12.0 ft						43.0 ft			
	Room height				10.0 ft						10.0 ft			
2	Room dimensions				12.0 x 19.0 ft						16.0 x 19.0 ft			
3	Room area				228.0 ft²						304.0 ft²			
4	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)	
5					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	190	175	255	119
	G	10A-m	1.670	n	46.76	25.31	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	15	0	533	522
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13E-4ocws	0.052	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	80	80	116	54
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	25.31	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	120	91	132	62	160	131	190	89
	G	10A-m	1.670	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	29	0	1040	2665	29	0	1040	2665
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	rw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	12	12	9	9	40	40	31	29
	F	19C-19cscp	0.049	-	0.48	0.25	228	228	108	58	304	304	145	77
	F	22A-tpi	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									705				485
	Envelope loss/gain								1290	3499			2311	4042
12	a) Infiltration								204	58			730	209
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @		230		0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								1494	3558			3041	4251
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1494	3558			3041	4251
15	Duct loads						27%	21%	400	736	27%	21%	814	880
	Total room load								1894	4294			3855	5131
	Air required (cfm)								71	172			144	205

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		3rd FLOOR							STAIRS					
2 Exposed wall		248.1 ft							17.0 ft					
3 Room height		9.0 ft							9.0 ft					
4 Room dimensions		d							1.0 x 95.0 ft					
5 Room area		2895.0 ft²							95.0 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	13E-4ocws	0.052	n	1.46	0.68	405	315	459	215	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	35.56	34.77	45	0	1600	1565	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	35.56	17.90	45	0	1585	798	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	64	49	71	33	0	0	0	0
	G	1A-c10m	1.270	ne	35.56	26.75	15	0	519	390	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	585	450	655	307	153	138	201	94
	G	10A-m	1.670	e	46.76	26.52	48	0	2244	1273	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	12	0	427	1093	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	15	0	533	1367	15	0	533	1367
	G	1A-c10m	1.270	e	35.56	44.37	30	0	1067	1331	0	0	0	0
	G	1A-c10m	1.270	e	35.56	32.23	30	0	1067	967	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	495	279	406	190	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	48	48	2244	767	0	0	0	0
	G	1A-c10m	1.270	s	35.56	34.77	48	48	1707	1669	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	35.56	19.80	48	48	1707	950	0	0	0	0
	G	1A-c10m	1.270	s	35.56	17.90	72	72	2560	1289	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	621	461	671	314	0	0	0	0
	G	10A-m	1.670	w	46.76	26.52	48	0	2244	1273	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	9	0	320	820	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	55	0	1956	5012	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	18	0	640	1640	0	0	0	0
	G	1A-c10m	1.270	w	35.56	32.23	30	0	1067	967	0	0	0	0
	W	13E-4ocws	0.052	nw	1.46	0.68	64	64	93	43	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	2895	2895	2276	2133	95	95	75	70
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	27.69	0.00	829	106	2922	0	34	6	168	0
6	c) AED excursion									0				-20
	Envelope loss/gain								31042	26407			977	1511
12	a) Infiltration								3791	1088			260	75
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								34833	27495			1237	1586
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								34833	27495			1237	1586
15	Duct loads						27%	26%	9514	7234	27%	26%	338	417
	Total room load								44347	34729			1575	2003
	Air required (cfm)								1550	1550			55	89

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		BATH 3		BEDROOM 3										
2 Exposed wall		37.1 ft		13.0 ft										
3 Room height		9.0 ft		9.0 ft										
4 Room dimensions		1.0 x 203.0 ft		16.0 x 16.0 ft										
5 Room area		203.0 ft²		256.0 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	13E-4ocws	0.052	n	1.46	0.68	81	66	97	45	117	87	127	59
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	35.56	34.77	0	0	0	0	30	0	1067	1043
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	35.56	17.90	15	0	519	261	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	64	49	71	33	0	0	0	0
	G	1A-c10m	1.270	ne	35.56	26.75	15	0	519	390	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	63	48	70	33	0	0	0	0
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	35.56	32.23	15	0	533	483	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	63	63	92	43	0	0	0	0
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	1.46	0.68	64	64	93	43	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	203	203	160	150	256	256	201	189
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	27.69	0.00	203	37	1027	0	16	1	22	0
6	c) AED excursion									-164				-141
	Envelope loss/gain								3179	1318			1417	1150
12	a) Infiltration								567	163			199	57
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								3747	1481			1616	1207
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								3747	1481			1616	1207
15	Duct loads						27%	26%	1023	390	27%	26%	441	318
	Total room load								4770	1870			2057	1525
	Air required (cfm)								167	83			72	68

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		2 Exposed wall		3 Room height		4 Room dimensions		5 Room area		HALL 6.0 ft 9.0 ft 1.0 x 84.0 ft heat/cool 84.0 ft ²				MECH 0 ft 9.0 ft 6.0 x 5.0 ft heat/cool 30.0 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	13E-4ocws	0.052	n	1.46	0.68	54	39	57	27	0	0	0	0			
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	n	35.56	34.77	15	0	533	522	0	0	0	0			
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0			
11	G	1A-c10m	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0			
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0			
	G	1A-c10m	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0			
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0			
	C	16X19-19ad	0.049	-	0.79	0.74	84	84	66	62	30	30	24	22			
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0			
	F	22A-1pl	0.989	-	27.69	0.00	5	0	10	0	0	0	0	0			
6	c) AED excursion									-66				-2			
	Envelope loss/gain								666	544			24	20			
12	a) Infiltration								92	26			0	0			
	b) Room ventilation								0	0			0	0			
13	Internal gains:		Occupants @		230		0			0	0			0			
			Appliances/other							0				0			
	Subtotal (lines 6 to 13)								758	570			24	20			
	Less external load								0	0			0	0			
	Less transfer								0	0			0	0			
	Redistribution								0	0			0	0			
14	Subtotal								758	570			24	20			
15	Duct loads						27%	26%	207	150	27%	26%	6	5			
	Total room load								965	720			30	25			
	Air required (cfm)								34	32			1	1			

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name				CLST. 2				BATH 2						
2 Exposed wall				0 ft				6.0 ft						
3 Room height				9.0 ft				9.0 ft						
4 Room dimensions				6.0 x 5.0 ft				6.0 x 9.0 ft						
5 Room area				30.0 ft²				54.0 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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	54	45	66	31
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	9	0	320	820
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	30	30	24	22	54	54	42	40
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													239
	Envelope loss/gain								24	20			428	1129
12	a) Infiltration								0	0			92	26
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other											0
	Subtotal (lines 6 to 13)								24	20			520	1155
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								24	20			520	1155
15	Duct loads						27%	26%	6	5	27%	26%	142	304
	Total room load								30	25			662	1459
	Air required (cfm)								1	1			23	65

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

		BEDROOM 2 39.0 ft						GAME ROOM 14.0 ft							
		9.0 ft		heat/cool		9.0 ft		heat/cool		1.0 x		666.0 ft			
		272.0 ft²		16.0 x 17.0 ft		666.0 ft²		1.0 x		666.0 ft					
1	Room name	Exposed wall	Room height	Room dimensions	Room area	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	13E-4ocws	0.052	n	1.46	0.68	153	123	179	84					
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0					
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0					
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0					
	G	1A-c1om	1.270	n	35.56	17.90	30	0	1067	537					
11	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0					
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0					
	W	13E-4ocws	0.052	e	1.46	0.68	54	39	57	27					
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0					
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0					
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0					
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0					
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0					
	G	1A-c1om	1.270	e	35.56	32.23	15	0	533	483					
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0					
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0					
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0					
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0					
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0					
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0					
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0					
	W	13E-4ocws	0.052	w	1.46	0.68	144	114	166	78	126	86	125	59	
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0					
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0					
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	40	0	1422	3645	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0					
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0					
	G	1A-c1om	1.270	w	35.56	32.23	30	0	1067	967					
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0					
	C	16X19-19ad	0.049	-	0.79	0.74	272	272	214	200	666	666	524	491	
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0					
	F	22A-tpf	0.989	-	27.69	0.00	0	0	0	0					
6	c) AED excursion									-140				1042	
	Envelope loss/gain								3283	2235			2071	5236	
12	a) Infiltration								596	171			214	61	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230			0			0	0			0	
			Appliances/other							0				0	
	Subtotal (lines 6 to 13)								3879	2406			2285	5297	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								3879	2406			2285	5297	
15	Duct loads						27%	26%	1059	633	27%	26%	624	1394	
	Total room load								4938	3040			2909	6691	
	Air required (cfm)								173	136			102	299	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		ELEVATOR		BATH 4										
2 Exposed wall		5.0 ft		6.0 ft										
3 Room height		9.0 ft		9.0 ft										
4 Room dimensions		5.0 x 5.0 ft		6.0 x 11.0 ft										
5 Room area		25.0 ft²		66.0 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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	45	45	66	31	54	42	61	29
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	12	0	427	1093
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0
	C	16X19-19ad	0.049	-	0.79	0.74	25	25	20	18	66	66	52	49
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-tpf	0.989	-	27.69	0.00	10	2	55	0	12	1	30	0
6	c) AED excursion									-7				-7
	Envelope loss/gain								141	42			570	1164
12	a) Infiltration								76	22			92	26
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								217	64			662	1190
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								217	64			662	1190
15	Duct loads						27%	26%	59	17	27%	26%	181	313
	Total room load								276	80			842	1503
	Air required (cfm)								10	4			29	67

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		BEDROOM 4						WIC						
2 Exposed wall		29.0 ft						0 ft						
3 Room height		9.0 ft heat/cool						9.0 ft heat/cool						
4 Room dimensions		1.0 x 216.0 ft						7.0 x 5.0 ft						
5 Room area		216.0 ft²						35.0 ft²						
6	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
11	W	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	135	105	153	72	0	0	0	0
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	44.37	30	0	1067	1331	0	0	0	0
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	126	30	44	20	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	48	48	2244	767	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	19.80	48	48	1707	950	0	0	0	0
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0	
W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0	
C	16X19-19ad	0.049	-	0.79	0.74	216	216	170	159	35	35	28	26	
F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0	
F	22A-1pl	0.989	-	27.69	0.00	102	14	379	0	0	0	0	0	
6	c) AED excursion									-358			-3	
	Envelope loss/gain									5764			23	
12	a) Infiltration									443			0	
	b) Room ventilation									0			0	
13	Internal gains:		Occupants @	230		0				0	0		0	
			Appliances/other							0			0	
	Subtotal (lines 6 to 13)									6207			23	
	Less external load									0			0	
	Less transfer									0			0	
	Redistribution									0			0	
14	Subtotal									6207			23	
15	Duct loads					27%	26%			1695		27%	6	
	Total room load									7902			29	
	Air required (cfm)									276			1	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		HERS		MASTER BEDROOM										
2 Exposed wall		0 ft		37.0 ft										
3 Room height		9.0 ft		9.0 ft										
4 Room dimensions		7.0 x 11.0 ft		1.0 x 408.0 ft										
5 Room area		77.0 ft²		408.0 ft²										
6	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
11	W	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	81	33	48	22
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	48	0	2244	1273
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	180	108	157	74
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0
G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0	
W	13E-4ocws	0.052	w	1.46	0.68	0	0	0	0	72	72	2560	1289	
G	10A-m	1.670	w	46.76	26.52	0	0	0	0	48	0	2244	1273	
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0	
W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0	
C	16X19-19ad	0.049	-	0.79	0.74	77	77	61	57	408	408	321	301	
F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0	
F	22A-tpl	0.989	-	27.69	0.00	0	0	0	0	300	27	753	0	
6	c) AED excursion									-6			-461	
	Envelope loss/gain									61	51		8364 3787	
12	a) Infiltration									0	0		565 162	
	b) Room ventilation									0	0		0 0	
13	Internal gains:		Occupants @	230						0	0		0 0	
			Appliances/other							0	0		0 0	
	Subtotal (lines 6 to 13)									61	51		8929 3949	
	Less external load									0	0		0 0	
	Less transfer									0	0		0 0	
	Redistribution									0	0		0 0	
14	Subtotal									61	51		8929 3949	
15	Duct loads									17	13		2439 1039	
	Total room load									77	64		11368 4988	
	Air required (cfm)									3	3		397 223	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1	Room name					TOILET					HIS				
	Exposed wall					6.0 ft					0 ft				
	Room height					9.0 ft					9.0 ft				
2	Room dimensions					36.0 ft ² 6.0 x 6.0 ft					60.0 ft ² 6.0 x 10.0 ft				
3	Room area														
4	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	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0	0	0	0	0	
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0	0	0	0	0	
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0	0	0	0	0	
	W	13E-4ocws	0.052	s	1.46	0.68	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	s	35.56	34.77	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0	0	0	0	0	
	W	13E-4ocws	0.052	w	1.46	0.68	54	39	57	27	0	0	0	0	
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	35.56	91.12	15	0	533	1367	0	0	0	0	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0	0	0	0	0	
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0	0	0	0	0	
	C	16X19-19ad	0.049	-	0.79	0.74	36	36	28	27	60	60	47	44	
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0	
	F	22A-tpi	0.989	-	27.69	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion									406				-5	
	Envelope loss/gain								618	1826			47	40	
12	a) Infiltration								92	26			0	0	
	b) Room ventilation								0	0			0	0	
13	Internal gains:					Occupants @	230	0		0	0			0	
						Appliances/other				0				0	
	Subtotal (lines 6 to 13)								710	1852			47	40	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								710	1852			47	40	
15	Duct loads							27%	26%	194	487	27%	26%	13	10
	Total room load								904	2340			60	50	
	Air required (cfm)								32	104			2	2	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
3rd FLOOR
QUICK CALCS, INC.

Job:
 Date: Jan 30, 2014
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1		Room name		MASTER BATH										
2		Exposed wall		33.0 ft										
3		Room height		9.0 ft										
4		Room dimensions		1.0 x 282.0 ft										
5		Room area		282.0 ft ²										
	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 or perimeter		Load	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13E-4ocws	0.052	n	1.46	0.68	0	0	0	0				
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0				
	G	1A-c1om	1.270	n	35.56	34.77	0	0	0	0				
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0				
11	G	1A-c1om	1.270	n	35.56	17.90	0	0	0	0				
	W	13E-4ocws	0.052	ne	1.46	0.68	0	0	0	0				
	G	1A-c1om	1.270	ne	35.56	26.75	0	0	0	0				
	W	13E-4ocws	0.052	e	1.46	0.68	0	0	0	0				
	G	10A-m	1.670	e	46.76	26.52	0	0	0	0				
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0				
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0				
	G	1A-c1om	1.270	e	35.56	91.12	0	0	0	0				
	G	1A-c1om	1.270	e	35.56	44.37	0	0	0	0				
	G	1A-c1om	1.270	e	35.56	32.23	0	0	0	0				
	W	13E-4ocws	0.052	s	1.46	0.68	189	141	205	96				
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0				
	G	10A-m	1.670	s	46.76	15.98	0	0	0	0				
	G	1A-c1om	1.270	s	35.56	34.77	48	48	1707	1669				
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0				
	G	1A-c1om	1.270	s	35.56	19.80	0	0	0	0				
	G	1A-c1om	1.270	s	35.56	17.90	0	0	0	0				
	W	13E-4ocws	0.052	w	1.46	0.68	108	90	131	61				
	G	10A-m	1.670	w	46.76	26.52	0	0	0	0				
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0				
	G	1A-c1om	1.270	w	35.56	91.12	0	0	0	0				
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0				
	G	1A-c1om	1.270	w	35.56	91.12	18	0	640	1640				
	G	1A-c1om	1.270	w	35.56	32.23	0	0	0	0				
	W	13E-4ocws	0.052	nw	1.46	0.68	0	0	0	0				
	C	16X19-19ad	0.049	-	0.79	0.74	282	282	222	208				
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0				
	F	22A-1pl	0.989	-	27.69	0.00	147	17	476	0				
6	c) AED excursion									-304				
	Envelope loss/gain								3381	3370				
12	a) Infiltration								504	145				
	b) Room ventilation								0	0				
13	Internal gains:		Occupants @	230			0			0				
			Appliances/other							0				
	Subtotal (lines 6 to 13)								3886	3515				
	Less external load								0	0				
	Less transfer								0	0				
	Redistribution								0	0				
14	Subtotal								3886	3515				
15	Duct loads						27%	26%	1061	925				
	Total room load								4947	4439				
	Air required (cfm)								173	198				

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-9-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10809	CHAPMAN 11 PALM RD CAPPS ROOFING	ROOF FINN		CANCEL INSPECTOR
10821	SAPP 6 MIRIMAR RD KAMPRELL	FINAL DOOR	PASS	CLOSE INSPECTOR <i>JA</i>
10742	CELLARELLI 19 RIO VISTA O/B	R. ELER	PASS	 INSPECTOR <i>JA</i>
10817	LEPAW 61 S. SEWALLS PK RD STEVES ROOFING	Dry-IN METAL	PASS	 INSPECTOR <i>JA</i>
10688	STUDIOS	DRY-IN		
	108 S. SEWALLS PK RD DRIFTWOOD HOMES		PASS	 INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

 Date of Inspection Mon

 Tue

 Wed

 Thur

 Fri

 5/6 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stabley 114 Shellcrest Tr Glen Mark Homes	Roof Metal Underlay	Pass	341-2750 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10843	CASH 7 MIDDLE RD R A Const	Window Door ATTACHMENT	Pass	 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10777 10778	WE HAVE 49 S. Sewalls Pt. Rd. OCEANFRONT PLAZA	TEMP POLE	Pass	READY FOR FPL INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	TANDY 10 OAKHILL WAY	TREE	NG.	 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	HERITAGE PMAU	IRRIGATION		 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				 INSPECTOR

Christine Bergeron

From: John Adams
Sent: Wednesday, May 07, 2014 12:52 PM
To: SharedMailbox, TC-Inspections; Christine Bergeron
Subject: RE: Need Temporary Meter

Hi Ika,

The e-mail from Christine was intended to notify you that the inspection had passed and was ready for FLP to install a meter.

Permit #: 10778

Address: 44 S. Sewall's Point Rd.

Please release the meter for the temporary service as soon as possible. Thank you,

John R. Adams CBO

Building & Facilities Director

Town of Sewall's Point

Office: 772-287-2455 Ext. 15

Cell: 772-201-2221

jadams@swallspoint.org



Please consider the environment before printing this email.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact our office by phone or in writing.

From: Wojcieszak, Ika M [mailto:Ika.M.Wojcieszak@fpl.com] **On Behalf Of** SharedMailbox, TC-Inspections
Sent: Wednesday, May 07, 2014 11:45 AM
To: Christine Bergeron
Cc: John Adams
Subject: RE: Need Temporary Meter

Christine,

We have not received an inspection for the Temp. service at 44 S Sewall's Point Rd. Once we receive the ok from your office we will set the meter within 1-3 business day.

Thank You,

Ika Wojcieszak

Florida Power & Light

Treasure Coast Distribution

ika.m.wojcieszak@fpl.com

772-223-4208 ofc

~Life isn't about waiting for the storm to pass, it's about learning to dance in the rain.~

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9/15-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10861	Pearson	Final		849-0203
	2 Marquereta Dr.	Change Out	Pass	CLOSE
	Lee's			INSPECTOR <i>[Signature]</i>
10830	Ledon	Window		772 708 2323
	2 Knowles Rd.	Inspection	Pass	
		Rough		
		# Dry-in		INSPECTOR <i>[Signature]</i>
10822	McNamee	Garage Ramp		
	44 S. Sewall Pt. Rd.	U.G. work	Pass	
	Oceanfront Pkdm			INSPECTOR <i>[Signature]</i>
10842	ROSMAN	Roof		
	5 Rio Vista Dr	Dry-in	Pass	
				INSPECTOR <i>[Signature]</i>
10753	MASSETT	Pool Enc		NOT PER PLANS
	8 Rio Vista	FINAL	FAIL	NEED TIE-IN SURVEY
	KS INDUS			INSPECTOR <i>[Signature]</i>
10819	McNamee	# Door		
	14 S. Via Lukindia	FINAL	Pass	CLOSE
	SPS			INSPECTOR <i>[Signature]</i>
✓ 10819	CALL PERM ESTATE	Mow Grass		Adam Brown
	35 N. Sewall	CALL ED		287 7676
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-30-14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WINSLOW	TEMP		W/ LETTER
10:00	10 S. SEWALLS PT RD	POWER	PASS	
	GREEN BLDG			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10744	NEWMAN	Columns		
	44 S. SEWALLS PT RD	BEAMS	PASS	
	OCEANFRONT			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10818	OLSEN	ROOF IN PROGRESS		
	12 KNOWLES RD		PASS	
	BING ROOFING			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

 6/9 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Techno 44 S Sewall's Pt. Rd Oceanfront/Blades	Rough Plumb	Pass	260-7514 Maio INSPECTOR <i>AF</i>
10700	Harrow 7 Oak Hill Way Homes by JMC	Retaining wall wall	Pass	260-8525 INSPECTOR <i>A</i>
10893	Joe Sebastiano 6 W High Point Rd Owner/Builder	Stucco Strip	Pass	Close INSPECTOR <i>AF</i>
10731	Williams 24 Castle Hill Way	Pool Plumbing again Fence Strip 1088(?)	FAIL FENCE	Allen has letter for you does not comply INSPECTOR <i>AF</i>
10061	ELDER 110 S SP RD O/B	FRAMING / TIE DOWN	Resched 6/10	 INSPECTOR
	FORD 5 OAKWOOD	TREE	<i>OK</i>	 INSPECTOR <i>AF</i>
0890	FROHLICH 9 Palm Rd MIDDLE - ROOF / DOOR	FRAMING	Pass	529-8111 Gary INSPECTOR <i>AF</i>

 All Insp
Permit
you

 All-Non-
Strip

 2 different
Permits

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6/10-14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10856	18 HERO'S NEST VILLA OWNER BUILDER	TIKI HUT INVESTIGATE		
			NO ACTIVITY	INSPECTOR <i>[Signature]</i>
NEVER PICKLED UP PERMIT				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10061	ELDER 110 S SP RD O/B	FRAMING/ TIE DOWN	RESCHED FROM 6/9 PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10869	BIERDS 4 Castle Hill Way	Final on driveway	PASS	772-408-8529 CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Neume 44 S. SP Rd Mario Queen front doors	Ground/Slab Steel Drap.	PASS	Mario
<i>PM</i>				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10839	COMCAST 1 HENRIE WAY	FINAL	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10840	COMCAST 9 N. RIVER RD	FINAL	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #10778
NEHME

Wieder Engineering, Inc

11718 SE Federal Hwy.. #373

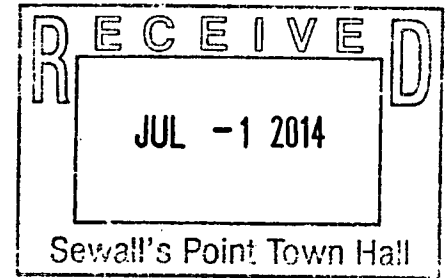
Hobe Sound, FL 33455

(772) 546-5823

Cell: (772) 618-3437

Fax: (772) 545-3734

E-mail: awieder@wiederengineering.com



June 13, 2014

John Adams
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, FL 34996

Re: Nehme Residence
44 South Sewall's Point Road
Permit #10778

Subject: 2nd Floor Hollow-core Plank Installation

To whom it may concern:

Wieder Engineering Inc. was requested to inspect the installation of the hollow core floor plank (level 2) at the Nehme Residence located at 44 S. Sewall's Point Road. On June 12, 2014, I inspected the installation of the hollow-core plank. The plank was installed and ready for placement of topping and secondary tie beams. Plank was found to be in accordance with the plans and specifications prepared by Wieder Engineering, Inc.

Wieder Engineering, Inc.

A handwritten signature in black ink, appearing to read "Allen Wieder".

Allen Wieder, PE, SECB
FL 43444

Wieder Engineering, Inc

11718 SE Federal Hwy.. #373

Hobe Sound, FL 33455

(772) 546-5823

Cell: (772) 618-3437

Fax: (772) 545-3734

E-mail: awieder@wiederengineering.com

JA FWP
10778

June 13, 2014

John Adams
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, FL 34996

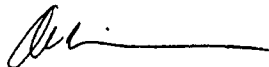
Re: Nehme Residence
44 South Sewall's Point Road
Permit #10778

Subject: 2nd Floor Hollow-core Plank Installation

To whom it may concern:

Wieder Engineering Inc. was requested to inspect the installation of the hollow core floor plank (level 2) at the Nehme Residence located at 44 S. Sewall's Point Road. On June 12, 2014, I inspected the installation of the hollow-core plank. The plank was installed and ready for placement of topping and secondary tie beams. Plank was found to be in accordance with the plans and specifications prepared by Wieder Engineering, Inc.

Wieder Engineering, Inc.



Allen Wieder, PE, SECB
FL 43444

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6/17-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10854 AM-	10' Alessandro 4 Emanita Stay Lower Home Ctr	Final Windows	PASS CLOSE	Call 772-341-3509 needs a Time Certain (before 1pm) INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	NEXTIVE	1ST FLOOR		
	44 SSPD RD OCEANFRONT BLDG	1ST FLOOR SLAB OVERPOUR	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10880	114LE 121 HILLCREST DR EXPAND SHUTTER	SHUTTER FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1-2 PM	11 SIMANA SQ	SEA WALL	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri

7-1

-14

Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10405	Lugo	Final A/c		-NO LADDER NEEDED
AM	4 Oak Hill Way N15 AIR		PASS	CLOSE INSPECTOR <i>[Signature]</i>
10877	POINT HIGH PT LLC 49 W. HIGH PT RD VAN KIRK & SONS	1) Elec - POOL ^{ON SPA} GROUNDING 2) Plum - POOL MAIN DRAIN 3) STRUC - POOL STEEL	PASS	NICK - 352-216-503 INSPECTOR <i>[Signature]</i>
10778	NEVINS	LAND FLOW		
	44 S. SEWALLS PT RD OCEAN FRONT	TIE ROOM	PASS	INSPECTOR <i>[Signature]</i>
10859	ETBERT 138 S. SEWALLS PT RD BROWNIE	V.G. & GAS RE-INSPECT	FAIL	NO PRESSURE ON HOUSE LINES INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-7 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10913	GILBERT 29 FIELDWAY STUART ROOFING	INVESTIGATE ROOF LEAKS	OK	INSPECTOR
10694	WESTCOTT 53 N. River Rd SPRINGGAGE CONT	U.G. Plumbing	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	VERMIE 44 S. Semmes Dr Rd OCEAN FRONT CONT	2nd Floor awn pool	 PASS	 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		Jobsite 4 OAKHILL DR SERGATE	Tree Mitigation Grading	OK INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-5-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10947	FORMAN	A/C FINAL		
11:00	6 PINEAPPLE LA SEACOAST A/C		PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	DELANO & S RIVER	CONST SITE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10949	WRIGHT	Plumbing Roughin	PASS	
9-10	10 Miramar Custom Builders Group	Electrical Rough-in	FAIL	WIRE PULLED OUT OF OUTLET BOX INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10908	Renato's Restaurant	Final		
10:00	3720 SE Ocean Blvd ABBA A/C Corp	Mechanical for A/C	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10955	Vandeusen	Service		
After 1 PM	7 S Via Lucinda Cook Electric	Change	RESET FOR WED	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	steel		
	41 S Sewall's Pt Rd Oceanfront Builders	Pool Stairs	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10937	Pistolee	Via Propane		
	21 Periwinkle Crescent Florida Gas Express	Tank	PASS	INSPECTOR

12-19 ~~Prunick~~

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/19 - 14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10860	Plough	Final A/C		
9 AM	6 India Lucie Pkwy Nis Air		PASS	CLOSE INSPECTOR <i>AF</i>
10664	MARTIN	Final		
	3 Quail Run Ln	Concrete	PASS	CLOSE
	Concrete Plus	walkway (Expired permit)		INSPECTOR <i>AF</i>
9314	Slater	Final		
	31 Lofting Way	Fence	PASS	CLOSE
	Lowe's	(Expired permit)		INSPECTOR <i>AF</i>
10778	Nehme	Sheathing		
9 AM	41 S SPR Ocean front	Roof	PASS	INSPECTOR <i>AF</i>
10683	Novins	Final		
	111 S SPR	Screen Enclosure	PASS	CLOSE
	RJ Maddox + Sons	+ stairs (expired)		INSPECTOR <i>AF</i>
10625	Elder	Fence +		
	110 S SPR	Block Wall	PASS	CLOSE
	O/B	(Expired)		INSPECTOR
10626	Elder	WATER Feature		
	110 S SPR	Fountain	PASS	CLOSE
	O/B	(Expired)		INSPECTOR <i>AF</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/20-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
110778	Nehme	In progress	Pass	
	44 S SPR	ROOF	Pass	
7	Oceanfront Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	Weston	Final		NOT READY
	30 S SPR	CO	Fail	
5	Weston Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10838	Weston	Pool		
	30 S SPR	Electrical	Pass	
5	Weston Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-28-14 Page 14 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10206		Roof Repair		
	7 Pineapple Lane	Final	Pass	CLOSE
	Star Pro Roofing	(Expired)		INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10985	Rowe	Final		
9:30 AM	5 S River	Mechanical	Pass	CLOSE
	Maria NisAir 603-5642 or 283-2037			INSPECTOR <i>JK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10922	Byrne	Final Gas		
	5 Miramar Rd	Tank + Lines	Pass	CLOSE
	Elite Gas Contractors			INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10959	Van Deusen	Roofing		
	75. Vic Lucindia	Final	Pass	CLOSE
	JA Taylor			INSPECTOR <i>JK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	NEHME	Window		
	49 S. Seaside Dr	Bucks	Pass	
	Ocean Side Bldg			INSPECTOR <i>JK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-8-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10694	Wescott 53 N River Rd San George Contracting	Column Beam	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10978	Bohner 2 N SPR CAPPS ROOFING	In Progress ROOF	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	 Oceanfront Builders	Trusses SHIPPING & ENG	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10961	Escobar 22 E High Pt. Rd. Seagate Builders	Final Summer Kitchen	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10742	Tufano 16 E High Pt Rd Dreamworks	Final - Plumbing mechanical, Electrical gas + buildings	RESET FOR WED	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10956	Golden 15 Middle Rd Gardiner Concrete	Patio Slab	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10294	Giussio 2 Island Rd Cosmopolitan	Final Remodel	PASS	CLOSE INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/23/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Rough-in all		
Am Inspection	7 Oak Hill Way	trades and framing	Reset for	WED
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10965	Pistolee	Final		
	21 Perriwinkle Cresc.	Pavers Driveway	PASS	CLOSE
	Apex Pavers			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Wescott	Partial Roof		
	53 N River Rd	Sheathing	PASS	
	San George Const.			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10995	Pryce	Final Final		
PM Inspection	6 N Via Lucindia	Fabric	PASS	CLOSE
	Home Depot	HURRICANE FABRIC		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	Windows	<i>PASS</i>	
	44 S SPR	In Progress	<i>PASS</i>	
	Ocean Front Builders			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10849	Gould	Final outdoor		STABILIZE DISTURBED
	48 S SPR	Kitchen	FAIL	SOIL
	Karam Haddad LLC			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10956	Golden	Final		
	15 Middle Rd	Pool Deck	PASS	CLOSE
	Gardiner Concrete			INSPECTOR <i>A</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/26/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10988	Barcik 24 N Via Lucindia A + T Building	# Dry-in + Metal	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	NAME	Courtesy		
	14 S. Seawall Blvd	INSPECTION/	[Signature]	
	Ocean Front	CONSULT		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	SEALE	ELECTRICAL		
	4 River Oak Pl	PRE CON	<i>[Signature]</i>	
		FOR EXAMINATION		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/10 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11040	Kremser	Mechanical		
9 AM Attic A/C	23 Ridgeland Aztil	Final	NO ANSWER	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10998	Miller	1st Demo		
	110 N SPR Cook Const	Inspection	NOT READY	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11016	Serls	ELECTRICAL Cross Piping		
	4 River Oak Place Electric Connections	Underground	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11013	Hynemann	Frame	Partial Prep	
	4 Michael Rd Gribben Const.	Watt R. ELECT R. PLUMB		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10770	Nehme	All Trades		
	44 S SPR Oceanfront	In Progress	Checked PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10885	Weder	Draft Stop		
	21 Palm Rd Oliveri Bros.	for framing	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11007	Preismann	Plumbing		NEED WASTE
	30 Simare St. Winchip Const.	Top Out	FAIL	mtg w/contractor
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log


Date of Inspection Mon Tue Wed Thur Fri 10/17/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11006	PONN	Mechanical		
10am-1pm	49 W High Pt. Rd	Final		FAIL CANCEL - NO RESORT
	Forward Electric + A/C			PET
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
10945	Carter	Underground		
	51 N River Rd	Plumbing	PASS	
	Masterpiece Builders			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
11020	HB Assoc of the TC	Slab		
	3714 SE Ocean Blvd		PASS	
	Gary Huffnagel			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
407787	Nehme	Rough-in electric,		
	44 S S DR	plumbing, A/C,		
	Oceanfront Builders	Framing + LATH LATH		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/30/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10934	Fabricy 6 Oak Hill Way Scasate Builders	Mechanical, Electrical, Plumbing Security	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10866	Phlz 121 Hillcrest Dr GLG Homes	Remodel Final	Pass	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10914	Donigan/McMillian 27 N. River Rd Nis Air	Mechanical Final (Tech waiting w/ ladder)	Pass	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10778	Nehme 4435 SPR Ocean Front	Gas Line Pressure Test		NEED 1.5 x OPERATING PRESSURE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10983	Escobar 22 E High Point Rd On Shore Roofing	Roof Final	Pass	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11038	Reich 22 Middle Rd Trim Package	Window In Progress	FAIL	SEE CONNECTION NOTICE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10972	Seacoast 3727 SE Ocean Blvd DBSI	Final Mechanical Electrial, Building Low Voltage Alarm	PENDING	FIRE MARSHALL INSPECTION
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/6/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11013	Hynemann 4 Michael Rd Gribben Const.	Final Remodel	Pass	Close INSPECTOR <i>JK</i>
11005	Blanchard 20 N SPR Stuart Fence	Fence Final	?	INSPECTOR
10925	Robson 33 Rio Vista Glenmark Homes	Final Interior Remodel	Pass	Close INSPECTOR <i>JK</i>
10726	Gill 34 Rio Vista Morse	Final Railing	Pass	Close INSPECTOR <i>JK</i>
10718	Nehme 44 S SPR Oceanfront Builders	Insulation (New SFR)	Pass	INSPECTOR <i>JK</i>
11050	Duke 25 Island Rd Alexander Pools	Steel Bond Main Drain Niche	NOT READY - TIE-IN SURVEY RESET FOR MONDAY	INSPECTOR
10934	FABRYC 6 ORKILL WAY 3 BAY GATE	INSULATION	Pass	INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/24/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11169	Licari 18 Perriwinkle Lane Joseph Lina Services	Framing + Electrical Plumbing Mechanical Rough-in	PASS	INSPECTOR <i>[Signature]</i>
11112	Gilbert 29 Fieldway Drive Coastal DKI	Porch Decorative Beams Final	PASS	Close INSPECTOR <i>[Signature]</i>
10692	Koenke 8 N Sewall's Pt Rd O/B	Plumbing Roughin	PASS	INSPECTOR <i>[Signature]</i>
11140	Rimer 29 S River Rd TC BI	Final Pilings	PASS	Close INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S Sewalls Pt Rd Oceanfront Bldrs	Meter Final	PASS	E-MAIL FPL INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S Sewalls Pt Rd Dean Schiller Pools	Plumbing Rough-in	PASS	INSPECTOR <i>[Signature]</i>
11101	Barnes 7 Marguerita Rd DW Rice Const.	Framing + Electrical Plumbing Rough-in	PASS	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/24/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11169	Licari 18 Perriwinkle Lane Joseph Lina Services	Framing + Electrical Plumbing Mechanical Rough-in	Pass	INSPECTOR <i>[Signature]</i>
11112	Gilbert 29 Fieldway Drive Coastal DKI	Porch Decorative Beams Final	Pass	Close INSPECTOR <i>[Signature]</i>
10692	Koenke 8 N Sewall's Pt Rd O/B	Plumbing Roughin	Pass	INSPECTOR <i>[Signature]</i>
11140	Rimer 29 S River Rd TCBI	Final Pilings	Pass	Close INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S Sewalls Pt Rd Oceanfront Bldrs	Meter Final	Pass	E-MAIL FPL INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S Sewalls Pt Rd Dean Schiller Pools	Plumbing Rough-in	Pass	INSPECTOR <i>[Signature]</i>
11101	Barnes 7 Marguerita Rd DW Rice Const.	Framing + Electrical Plumbing Rough-in	Pass	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/26/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11157	Stueart 12 N Ridgeview Drive Folding Shutter Corp	Final Shutters	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S Sewalls Pt Rd Oceanfront Bldrs	Final	FAIL NOTE: REPAIR	CORRECT FURNISHING INSPECTOR <i>[Signature]</i>
11193	Christie 103 S Sewalls Pt Rd Glass Plus	Final Windows	NO ANSWER 287-0816	INSPECTOR <i>[Signature]</i>
PM Requested				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

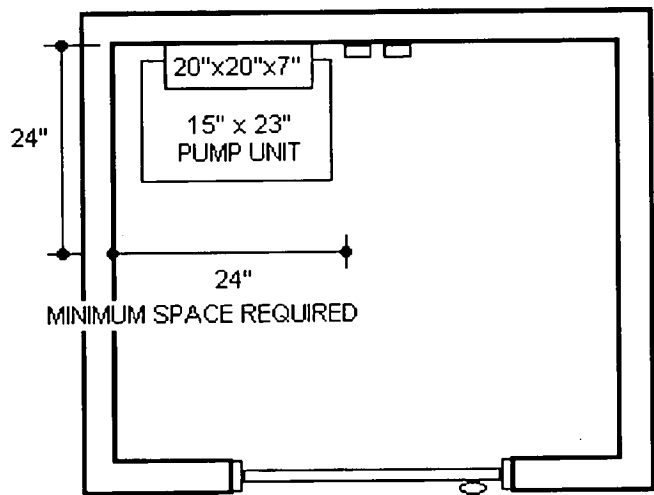
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

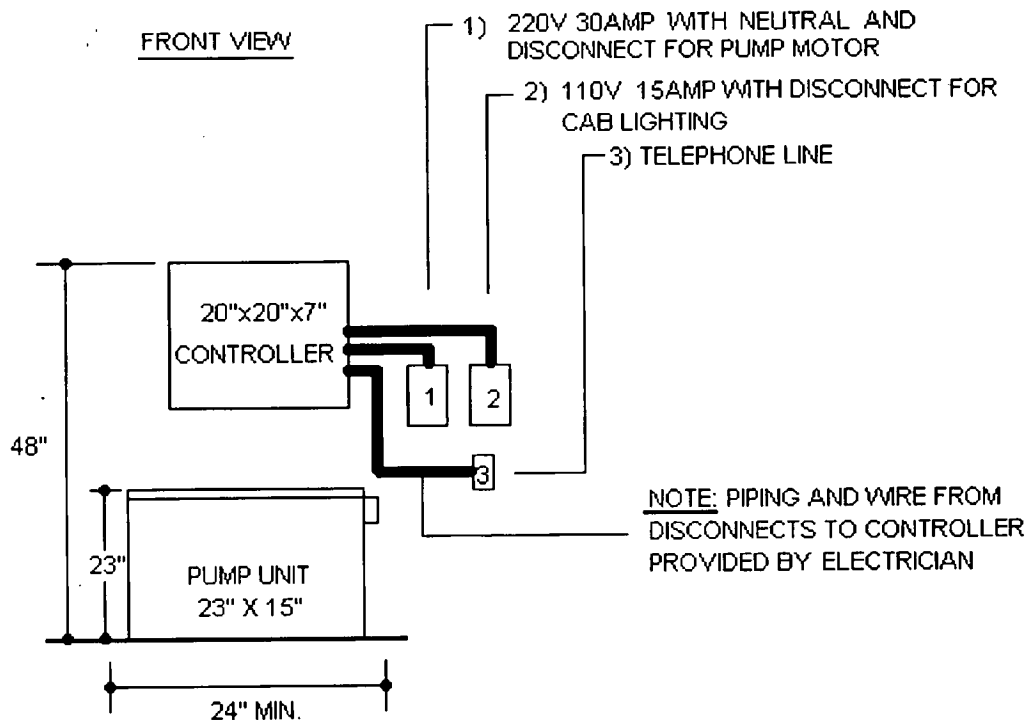
Date of Inspection Mon Tue Wed Thur Fri 4/6/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11191	Whalen 9 Knowles Rd The Z Group	Underground Plumbing	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR <i>[Signature]</i> COMMENTS
11216	Martin 4 Fieldway Drive Cosmopolitan Construct	Final Door	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11215	Winslow 10 S Sewalls Pt Rd O/B	Electric Reconnect	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10278	Nehme 47 S Sewalls Pt Rd Oceanfront Bldrs	Final Building	PASS	NOT RECORD INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott 53 N River Rd Sam George Contracting	Retaining Wall Cap	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11053	Clements 11 W High Pt. Rd Cool + Reliable	A/c Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOP VIEW



FRONT VIEW



THIS DRAWING SHOWS MINIMUM SPACE REQUIRED FOR THE HYDRAULIC EQUIPMENT AND CONTROLLER. THE EQUIPMENT IS NOT REQUIRED TO HAVE A SEPARATE ROOM WITH VENTILATION, IT CAN BE LOCATED IN CLOSETS, GARAGES, UNDER STAIRS, UTILITY ROOMS AND REMOTE UP TO 50 FEET AWAY.

RECEIVED
APR 3 2015
Sewall's Point Town Hall

SOUTHEAST ELEVATOR, INC.
772-461-0030
PAGE 2

*Wehme
44 S Sewall's Pt Rd*

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/20/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		Investigation		
	100 N Sewall's Pt Rd	Tree Removal	OK	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11192	Allman	Final		
AM Requested	3 Summer Lane	Deck Extension	PASS	CLOSE
	6/13			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10728	Nehme			
	44 S Sewall's Pt Rd	Final	PASS	* Close Issue CD
	Oceanfront Builders			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11237	Hoffman	Underground		
	20 Palm Road	Electric	PASS	
	Electrical Connections			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11185	Milici	Stem Wall		
	14 E High Point Rd	Footers	PASS	
	Scott Holmes Building			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
Tree	Braune	Tree Removal		
	85 Via Lucindia	Permit	OK	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
				INSPECTOR



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



CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: Nehme, John D. & Stephanie A. PROPERTY ADDRESS: 44 S. Sewall's Point Road

LEGAL DESCRIPTION:

PARCEL CONTROL NUMBER 01-38-41-010-000-00230-2 SUBDIVISION Arbela

GENERAL CONTRACTOR: Oceanfront Builders of the Treasure Coast LIC/CERT NO: CRC013539

ARCHITECT OR ENGINEER: Mark A. Corson LIC/CERT NO: AR91665

PERMIT NO: 10778 DATE OF ISSUE: 02/25/2014

CODE EDITION: 2010 CONST. TYPE: CBS USE: SFR OCCUPANCY: N/A

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 20th day of April, 2015.

John R. Adams, CBO
 Building Official, Town of Sewall's Point

Southern Irrigation, Inc.
5207 SW Moore Street
Palm City, FL 34990
772-288-1883
772-288-1894 fax



March 26, 2015

Town Of Sewalls Point
15 Sewalls Point Road
Sewalls Point, FL 34996

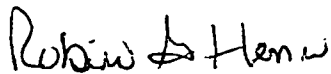
RE: 44 Sewall's Point Road

To Whom It May Concern:

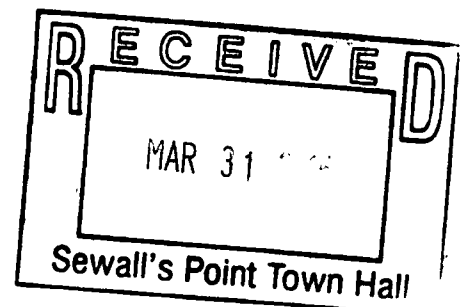
As per section 22-146, the irrigation is installed as a low volume irrigation system with a rain sensor devise.

Martin County Competency #MCIS00734

Sincerely,



Robin G. Henn
Sec. / Tres.



ELEVATION CERTIFICATE

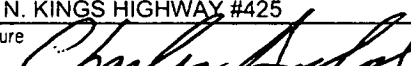
IMPORTANT: Follow the instructions on pages 1-9.

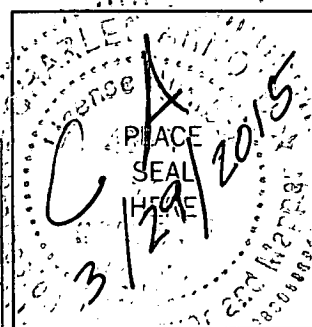
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name JOHN & STEPHANIE NEHME		Policy Number:
A2. Building Street Address (including Apt. Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 44 S SEWALL'S POINT ROAD		Company NAIC Number:
City SEWALL'S POINT	State FL	ZIP Code 34996
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID 01-38-41-010-000-00230-2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. N 27 11 49.6 Long. W 80 11 48.1 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 6		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 2,530 sq ft		a) Square footage of attached garage 0 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in		c) Total net area of flood openings in A9.b 0 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number SEWALL'S POINT, TOWN OF 120164		B2. County Name MARTIN		B3. State FLORIDA	
B4. Map/Panel Number 12085 C 0154	B5. Suffix G	B6. FIRM Index Date 03/16/2015	B7. FIRM Panel Effective/Revised Date 03/16/2015	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) VE 8, VE 9
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: NGS "AF3126" Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3 . 51	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor 13 . 26	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) 10 . 71	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 3 . 51	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 12 . 98	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 3 . 41	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 3 . 51	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 3 . 51	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Check here if attachments.			
Certifier's Name CHARLES ARNOLD, PSM		License Number LS 4971	
Title VICE PRESIDENT		Company Name ARNOLD SURVEYING, INC.	
Address 4888 N. KINGS HIGHWAY #425		City FORT PIERCE	State FL
Signature 		ZIP Code 34951	Telephone (772) 460-8211
Date 03/29/2015			



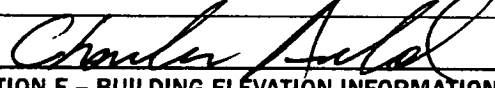
ELEVATION CERTIFICATE, page 2

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. 44 S SEWALL'S POINT ROAD			Policy Number:
City SEWALL'S POINT	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 HOUSE IS LOCATED ENTIRELY IN FLOOD ZONE VE-8', ELEVATION OF A/C PAD WAS USED FOR LOWEST ELEVATION OF MACHINERY, LATITUDE / LONGITUDE WAS OBTAINED USING A HANDHELD GPS UNIT, FOR THE TOWN OF SEWALL'S POINT'S PUPOSE: HEIGHT OF ROOF IS 39.7' NGVD 1929 OR 38.2' NAVD 1988 CONVERSION FROM NAVD 1988 TO NGVD 1929 IS (+1.49)

Signature  Date 03/29/2015

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, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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 or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	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-G10. In Puerto Rico only, enter meters.

- 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-G10) 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 Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

See Instructions for Item A6.

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. 44 S SEWALL'S POINT ROAD			Policy Number:
City SEWALL'S POINT	State FL	ZIP Code 34996	Company NAIC Number:

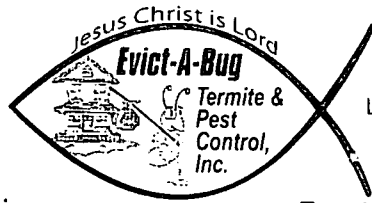
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW - PHOTO TAKEN MARCH 28, 2015



REAR VIEW - PHOTO TAKEN MARCH 28, 2015





Lic. JB175775

Pest Prevention

Termite Protection

NOTICE OF TERMITE PROTECTION

THIS NOTICE POSTED PURSUANT TO SECTION 104.2.7, FLORIDA BUILDING CODE AND CHAPTER 482.226, FLORIDA STATUTES

* Final

Date of WDO Inspection (If Made) Evidence Activity No Activity

Date of Initial Treatment Materials Used

3-30-15

Baseline

Date of Final Exterior Treatment Materials Used

Sub Termites

Wood Destroying Organism Treated For

This property has been treated and placed under a retreatment/repair contract for subterranean termites. This contract is renewable by payment on annual fee. The owner is hereby advised to have this property inspected annually by Evict-A-Bug Termite & Pest Control, Inc.

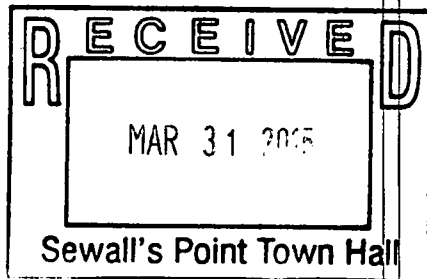
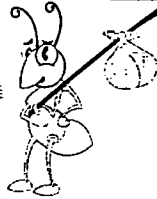
Evict-A-Bug Termite & Pest Control, Inc. provided the termite protection on this property. CALL US regarding our Pest Prevention, Fire Ant Lawn Service and Rodent Service.

772-323-7921 • 1-877-365-9990

www.evictabug.org • evictabug@gmail.com

2373 SW Woodridge St. • Port St. Lucie, FL 34953

Call To Activate Your Termite Guarantee



- Termite Inspection
- Termite Pretreatment
- Pest Control
- Rodent Service
- Fire Ant Lawn Service
- Whitefly Treatment
- Licensed & Insured



Lic. JB175775

772-323-7921

Toll Free: 1-877-365-9990

Fax: 772-340-5990

Email: Evictabug@gmail.com

2373 SW Woodridge St.

Port St. Lucie, FL 34953

Notice of Preventative Treatment for Termites

(as required by Florida Building Code (FBC) 104.26 and Broward County Chapter FBC 105.2.2)

PEST PREVENTION | FIRE ANT SERVICE | TERMITE SERVICE | RODENT EXCLUSION & REMOVAL | WHITEFLY TREATMENT

DATE OF SERVICE _____ TIME _____

DEVELOPMENT NAME (PROJECT) _____	CONTRACTOR'S NAME _____	CONTACT PERSON _____
STRUCTURE ADDRESS (LOT/BLOCK) _____		CITY, STATE, ZIP CODE _____
COUNTY _____		
NOTES _____		

TREATMENT TYPE/AREA

- | | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> FLOATING | <input type="checkbox"/> MONOLITHIC | <input type="checkbox"/> PATIO | <input type="checkbox"/> GARAGE | <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> STEM WALL/FOOTERS |
| <input type="checkbox"/> CUTOUTS | <input type="checkbox"/> FOOTER | <input type="checkbox"/> FRONT ENTRY | <input type="checkbox"/> RETREAT | <input type="checkbox"/> BORA CARE TREATMENT | <input type="checkbox"/> PLUMBING CUT OUTS |
| <input type="checkbox"/> TAMP & TREAT | <input type="checkbox"/> TREAT ONLY | <input type="checkbox"/> FINAL | <input type="checkbox"/> POOL DECK | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> ADDITION |

PRODUCTS

- BASELINE DOMINION 2L ACTIVE INGREDIENT BIFENTHRIN TERMIDOR SC BORACARE
- OTHER _____

ACTIVE INGREDIENT _____ DISODIUM OCTABORATE TETRAHYDRATE

CONCENTRATION

- .06% .12% .25% .05% 23% 9% OTHER _____ GALLONS APPLIED _____

SQUARE FOOTAGE _____ LINEAR FOOTAGE _____

SQUARE FOOTAGE VERIFIED

- YES NO MEASURED OR VERIFIED PER PLANS

JOB READY CONDITIONS MET

- YES NO DETAILS _____

As per 104.2.6 FBC - If soil chemical barrier method for termite prevention is used. Final exterior treatment shall be completed prior to final building approval.

Certificate of Compliance: The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code.)

If this notice is for the final exterior treatment, initial and date this line _____

FINAL STICKER

- ELECTRICAL PANEL WATER HEATER OTHER _____

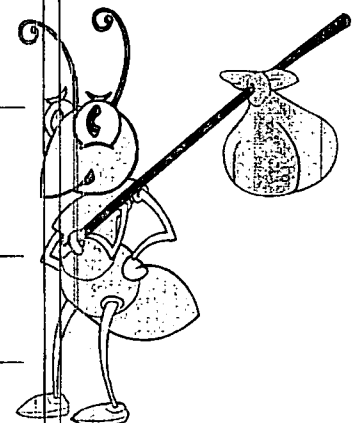
Payment Terms: Payment due at time of service.

Date

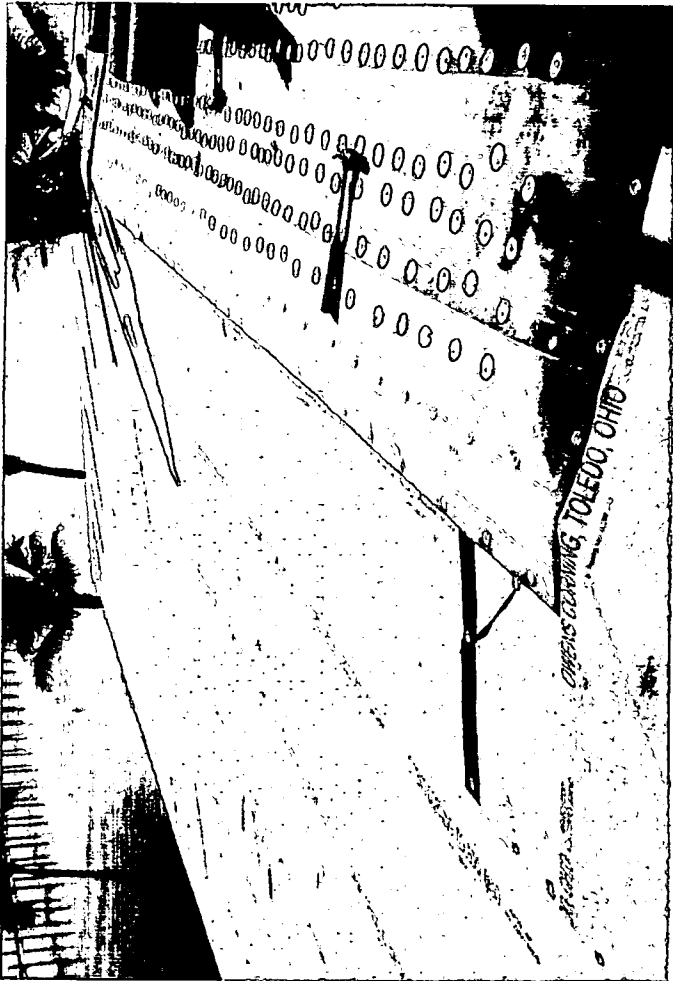
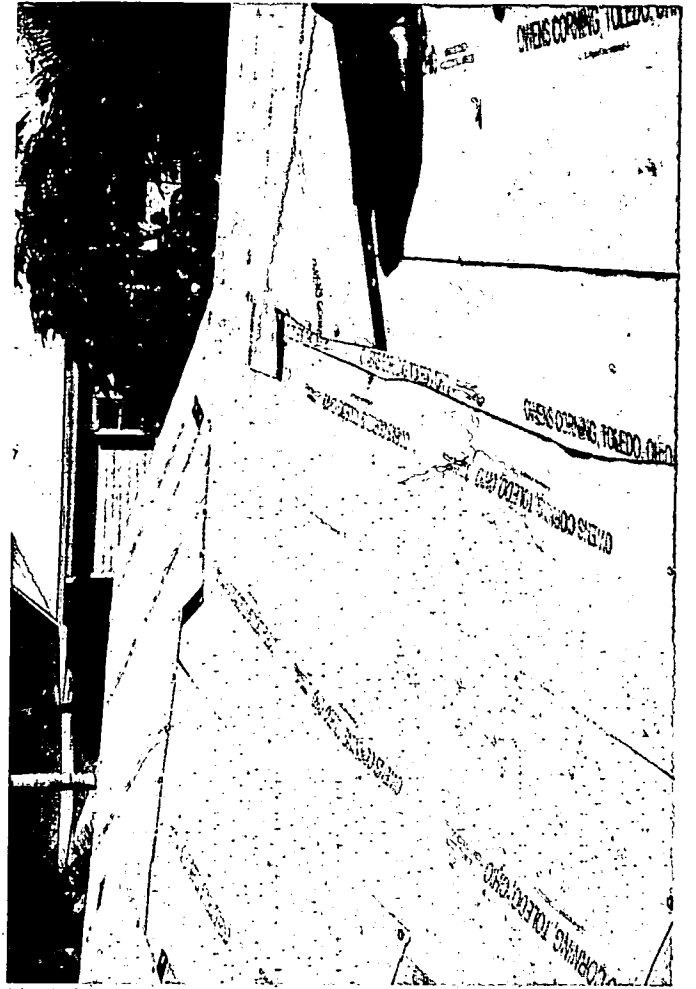
Applicator: (Evict A Bug Termite and Pest Control, Inc.)

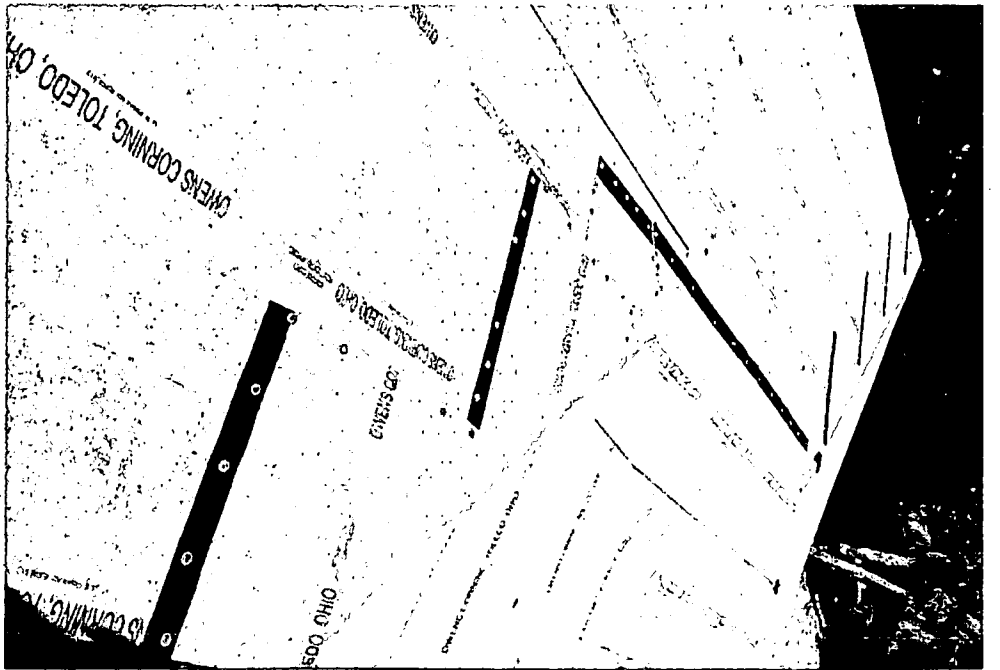
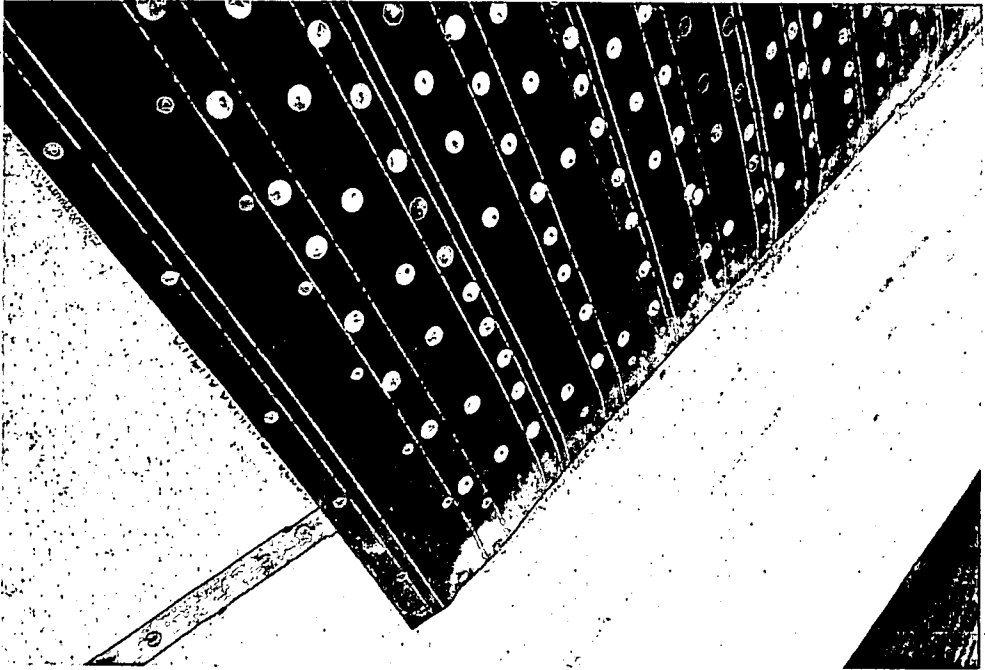
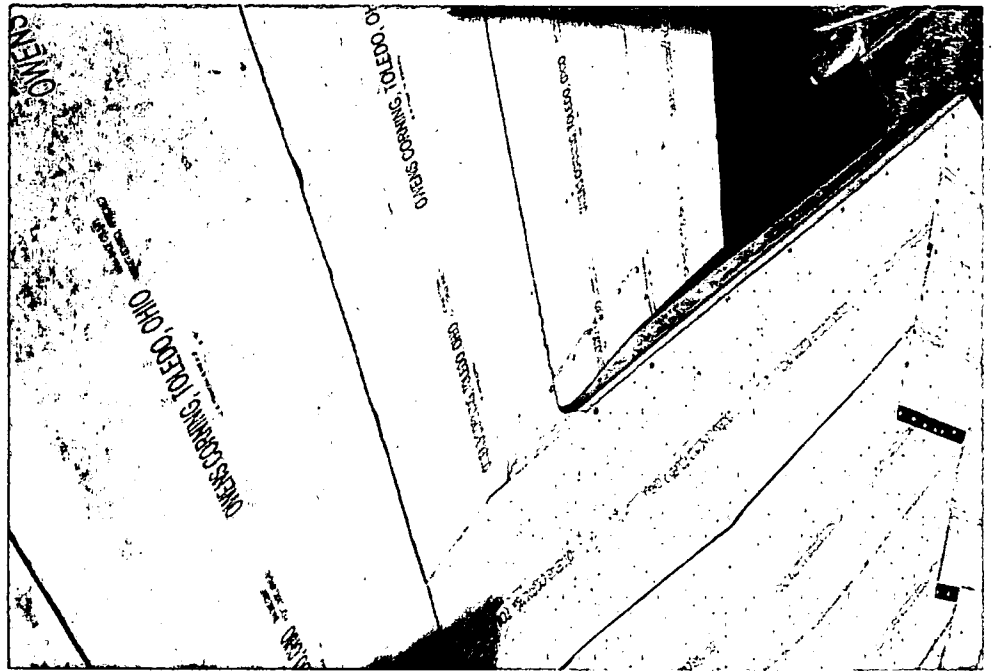
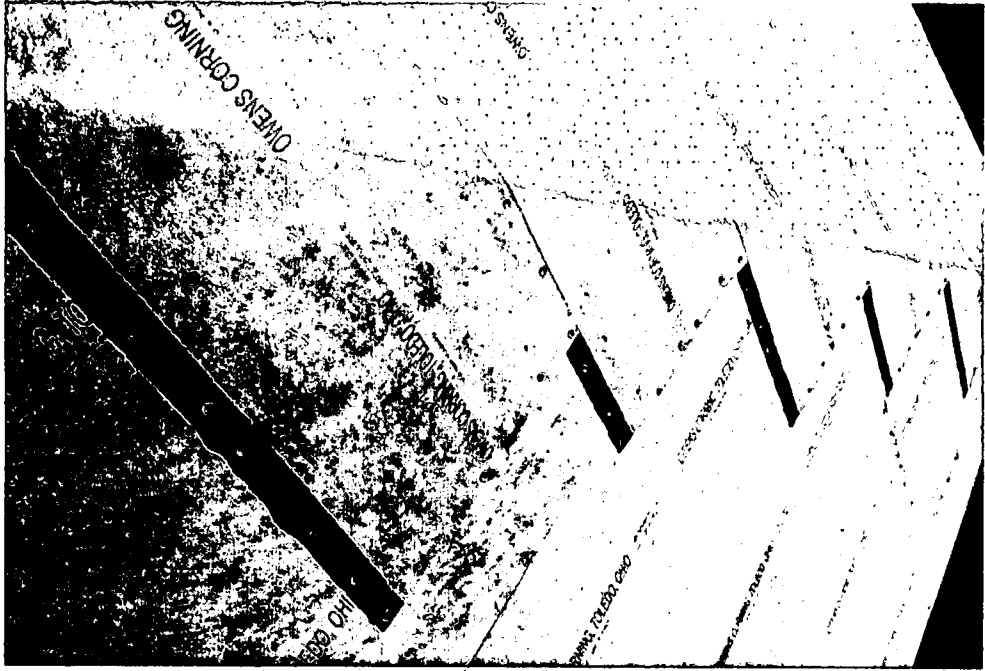
Date

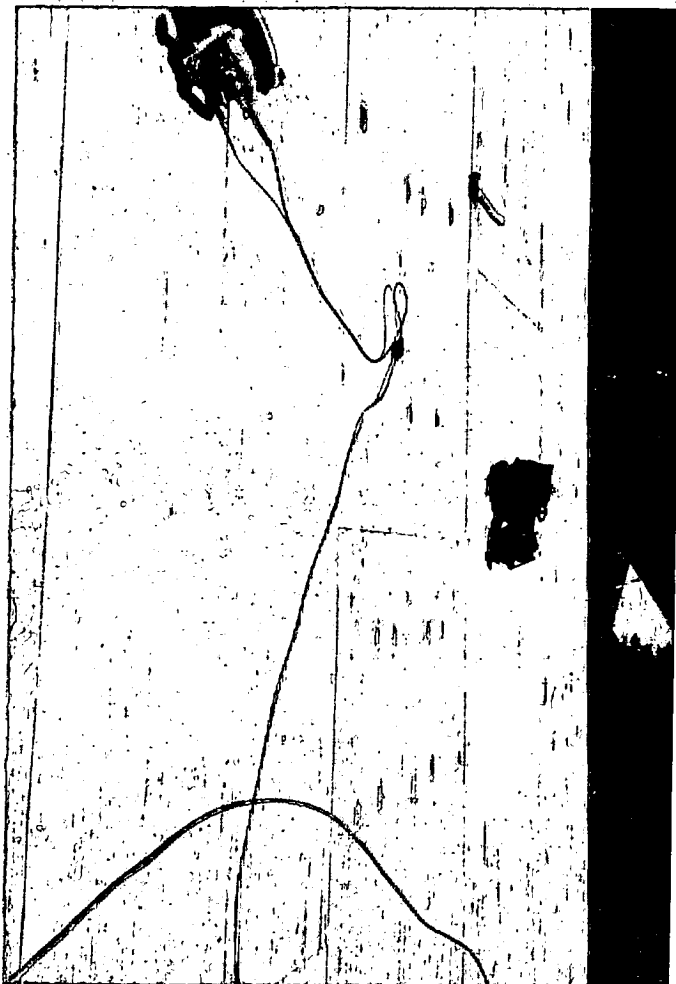
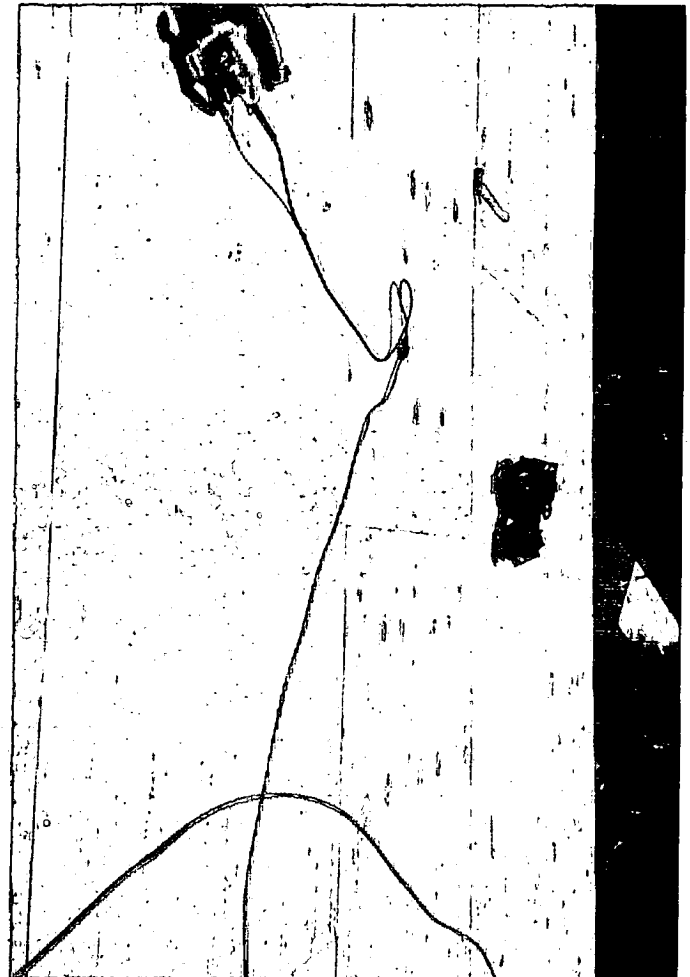
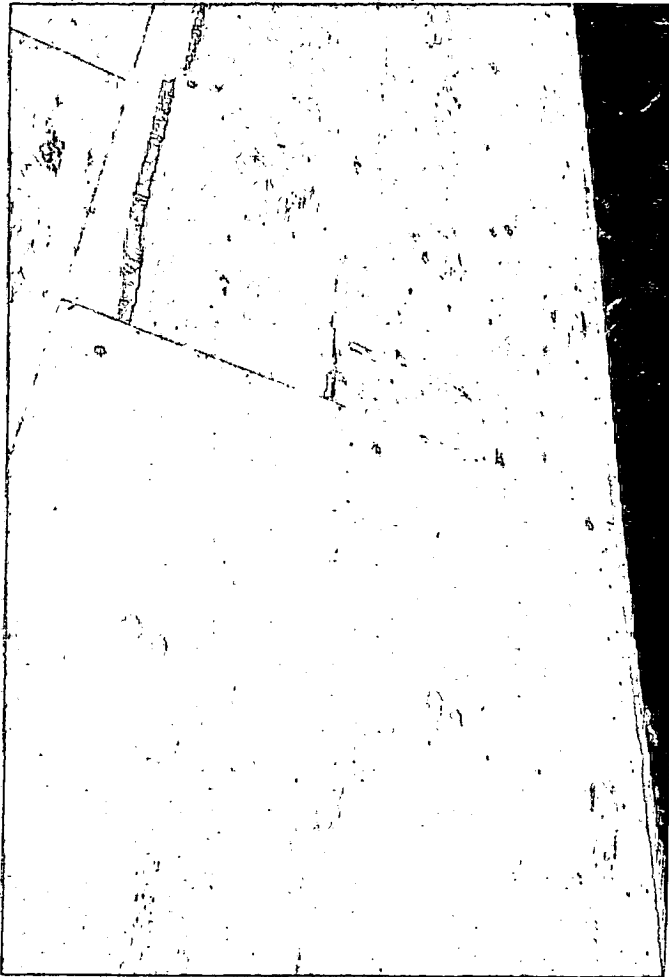
Customer (Property Owner or Agent)

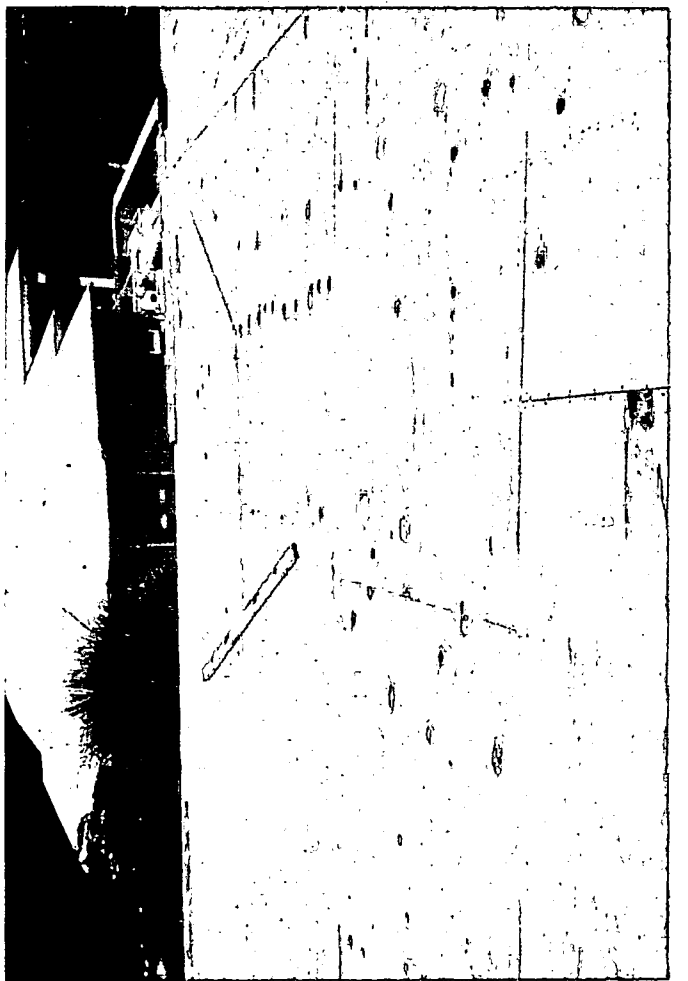


8/10/78











11126

POOL

&

SPA



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:	11126	DATE ISSUED:	December 22, 2014
SCOPE OF WORK:	POOL AND SPA		
CONTRACTOR:	ROBERT DEAN SCHILLER POOLS		
PARCEL CONTROL NUMBER:	01-38-41-010-000-00230-2	SUBDIVISION:	IND RIVER LOT 8
CONSTRUCTION ADDRESS:	44 S SEWALLS POINT ROAD		
OWNER NAME:	NEHME		
QUALIFIER:	ROBERT DEAN SCHILLER	CONTACT PHONE NUMBER:	287-0768

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11126		
ADDRESS:	44 S SEWALLS POINT ROAD		
DATE ISSUED:	12/22/2014	SCOPE OF WORK:	POOL AND SPA

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	62,000.00
		\$	600.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 9.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 9.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	24.80
TOTAL ACCESSORY PERMIT FEE:		\$	642.80

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/LESSEE NAME: John & Stephanie Venme Phone (Day) _____ (Fax) _____

Job Site Address: 44 S. Sewall's point Rd City: Stuart State: FL Zip: 34997

Legal Description Reg Ind 2Pvd Parcel Control Number: 01-38-41-010-000-00230

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): Pool + SPA no patio

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 62,000.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ _____ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Robert Dean Schiller Pools, Inc. Phone: 772-287-0768 Fax: 772-287-9970

Qualifiers name: Robert Dean Schiller Street: 3590 SE Dixie Hwy. City: Stuart State: FL Zip: 34997

State License Number: CPC1457983 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: Pool & Spa Designs Fla. License# 53895

Street: 6574 State Road 7 #199 City: Coconut Creek State: FL Zip: 33073 Phone Number: 954-854-7741

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____ * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 2nd day of December, 2014 by Stephanie Venme who is personally known to me or produced as identification. Feb 27th 2016 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 2nd day of December, 2014 by Robert D. Schiller who is personally known to me or produced as identification. Feb. 27th 2016 Notary Public

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 195.54) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

CAROLINA R SAMAYOA MY COMMISSION # EE173389 EXPIRES February 27, 2016

Sewall's Point Town Hall

CAROLINA R SAMAYOA MY COMMISSION # EE173389 EXPIRES February 27, 2016





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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name Robert Dean Schiller Pools, inc. Permit # _____
 Mailing Address 3590 SE Dixie Hwy City Stuart State Fl Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK	R.D. Schiller Pools, Inc	CPC1457983
DECK FINISH	R.D. Schiller Pools, Inc	CPC1457983
MASTER ELECTRICIAN	Payuk Electric, LLC	ME00454 EC13001275
POOL GUNITE	Southern Gunite	CPC056953
INTERIOR POOL FINISH	R.D. Schiller Pools, inc.	CPC1457983
POOL STEEL	R.D. Schiller Pools, Inc	CPC1457983
BARRIER/ALARM	R.D. Schiller Pools, Inc	CPC1457983

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

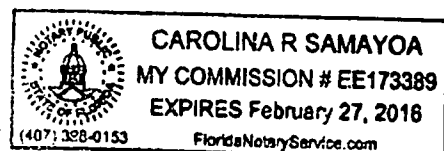
I understand that a complete notarized subcontractors list is required prior to final inspection.

[Signature]
 Signature of applicant

Sworn to and subscribed before me this 2nd day of 20 14 by

[Signature]
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Type of ID Produced: _____





INSTR # 2491053 OR BK 2757 PG 1782 RECD 12/18/2014 11:32:09 AM (1 Pgs)

CARDLYN TIMMANN MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: _____

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):

Bag Ind River Lot 20

GENERAL DESCRIPTION OF IMPROVEMENT:

New Inground swimming pool

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: John & Stephanie Nehme
ADDRESS: 44 S. Seawall Point Rd. Stuart
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: Owner

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

CONTRACTOR: Robert Dean Schiller Pools, Inc.

ADDRESS: 3590 SE Dixie Hwy. Stuart FL 34997
PHONE NUMBER: 772-267-0768 FAX NUMBER: 772-287-9970

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

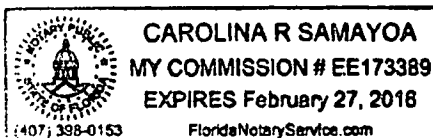
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2 DAY OF Dec 20 14

BY: Stephanie Nehme AS owner FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FL DL

NOTARY SIGNATURE



STATE OF FLORIDA MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN CLERK
BY: [Signature] D.C.
DATE: 12-18-2014



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

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) 44 Sewalls Point Rd., and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. 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 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 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:

_____ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).

_____ (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)

SM (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)

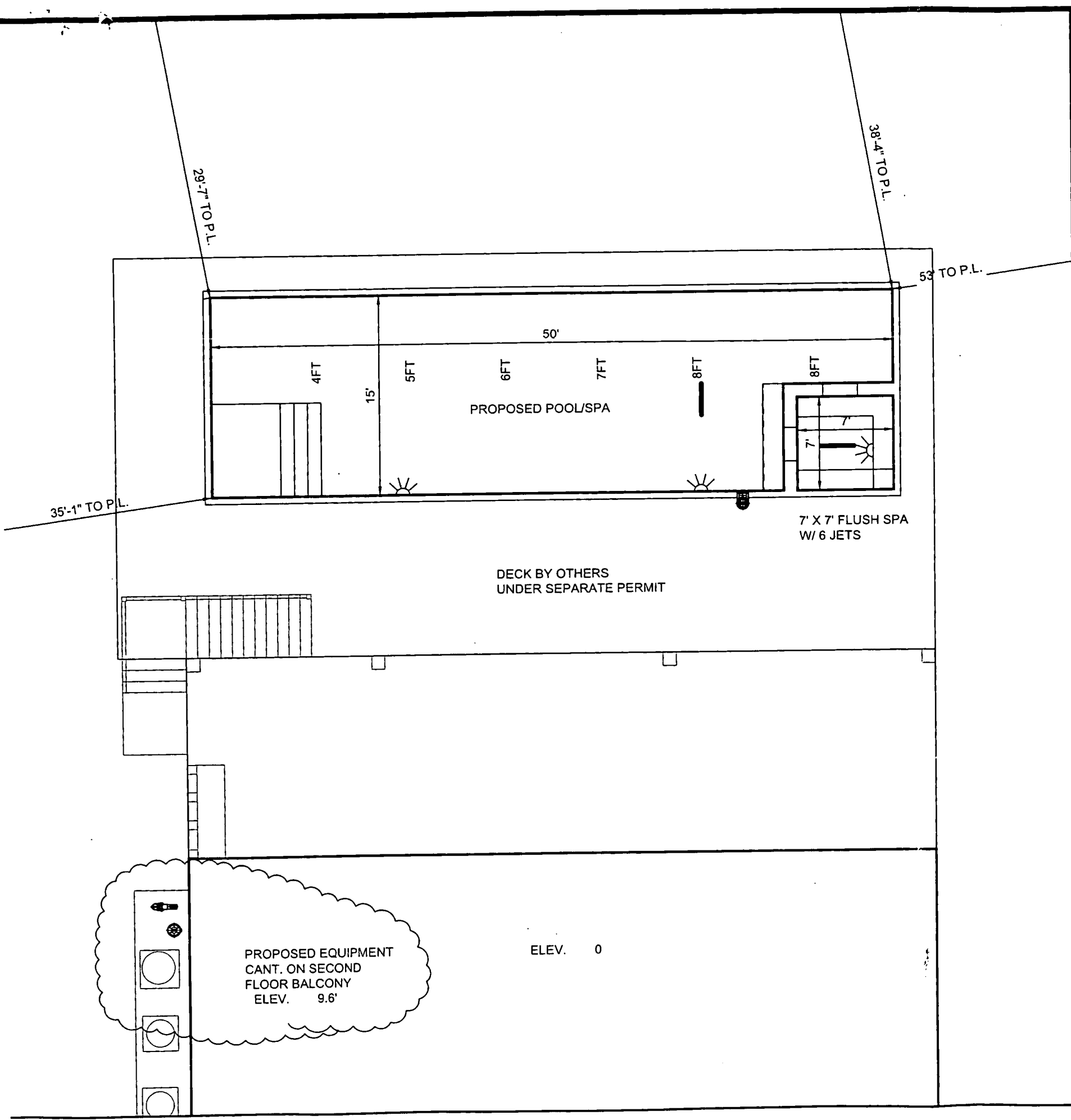
SM 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout 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 34 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))

SM 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))

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



PROPOSED POOL SITE PLAN

SCALE=1/8"=1'-0"

EQUIPMENT LIST

QTY	ITEM	DESCRIPTION
1	RECIRC. PUMP	JANDY JEP2.0 VARIABLE
1	FILTER	JANDY CS200
5	RETURNS	(3) POOL (2) SPA
1	POOL DRAIN	WATERWAY 640-132 UNBLOCKABLE
1	SPA DRAIN	WATERWAY 640-132 UNBLOCKABLE
1	SKIMMER	
1	VAC FTG	
6	JETS	EQUALLY SPACED ON SPA
1	POOL LIGHT	COLOR LED
1	SPA LIGHT	COLOR LED
1	CHLORINATOR	FUSION SALT SYSTEM
1	HEATER	RHEEM 6300 TI HEATPUMP
1	BLOWER	1 HP. BLOWER PUMP
N/A	AUTOFILL	
1	CONTROLLER	
N/A	SHEER DESCENT	
N/A	FEATURE PUMP	
	COPING	TUMBLED TRAVERTINE
	WATERLINE TILE	6" X 6" GLAZED
	FINISH	DIAMOND BRITE
N/A	DECK MATERIAL	BY OTHERS-SEPARATE PERMIT
8 LF	CAP TILE	
N/A	6" RAISED BEAM	
N/A	12" RAISED BEAM	
N/A	18" RAISED BEAM	
	BARRIER	FENCE / ALARMS UL 2017

POOL DATA	
POOL SIZE:	15' x 50"
POOL DEPTH:	4' TO 8'
POOL SURFACE AREA:	686 SQ FT.
POOL PERIMETER:	130 L.F.

SPA DATA	
SPA SIZE:	7' X 7'
SPA DEPTH:	3'
SPA SURFACE AREA:	49 SQ FT.
SPA PERIMETER:	28 L.F.
SPA VOLUME:	750 GALLONS

POOL CONSTRUCTION, DESIGN, ENGINEERING AND WORKMANSHIP TO COMPLY WITH FBC-2010 SEC 424.2.6.1 & SECTION R4101.6.1 PRIVATE SWIMMING POOLS

- SHEET INDEX
- P1- EQUIPMENT LIST & SITE PLAN
 - P2- LAYOUT PLAN
 - P3- STRUCTURAL DETAILS
 - P4- PIPING PLAN
 - P5- DECK & ELECTRIC
- TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

SCHILLER POOLS

3590 S.E. DIXIE HWY
STUART, FL 34997
C: (772) 528-6437 O: (772) 287-0768
schillerpools@bellsouth.net CPC1457983

NEHME RESIDENCE
44 S. SEWALLS PT RD
SEWALLS POINT, FL

Project No: 14-10-135

Date: 06-26-14

The concepts, drawings, designs, and logos represented in these sheets are the property of the respective owners. Any reproduction of this information is with the express authorization of the owners. This information can only be used in work the owners have authorized and any reproduction is strictly prohibited without the express authorization of the respective owners. Written dimensions on these drawings shall have precedence over scale dimensions. All construction shall be in accordance with the accepted Florida Building, State, and Local Codes.

REVISIONS

- △ 07-18-14
- △
- △
- △
- △
- △

POOL AND SPA DESIGNS, INC.
AQUATIC ENGINEERING

MARK E. WEBER
LICENSE
No. 53895

NOV 24 2014
STATE OF FLORIDA
PROFESSIONAL ENGINEER

MARK E. WEBER, P.E.
LICENSE #53895
6574 State Road 7 #199
Coconut Creek, FL 33073
954-854-7741, www.poolandspadesigns.net
CA#25982

STRUCTURAL

PILES:
PILES TO BE CUT OFF AT PROPER ELEVATIONS ALLOWING A MINIMUM OF 18" OFFPILE STEEL TO PROJECT INTO POOL FLOOR OR GRADE BEAMS. ALL PILE WORK TO BE DONE ACCORDANCE WITH "RECOMMENDATIONS FOR DESIGN, MANUFACTURE, AND INSTALLATION OF CONCRETE PILES", THE PROVISIONS OF FLORIDA BUILDING CODE, AND ALL APPLICABLE CODES AT THE TIME OF PERMIT APPLICATION.

AUGER PILES:
CAST-IN-PLACE CONCRETE PILES SHALL OF A DRIVEN IN INTIMATE CONTACT WITH THE SURROUNDING SOIL. AND LEFT IN PLACE AND FILLED WITH CONCRETE.
CONCRETE FOR CAST-IN-PLACE PILES SHALL DEVELOP A COMPRESSIVE STRENGTH OF NOT LESS THAN 5,000 PSI AT 28 DAYS. PILES SHALL DEVELOP A MINIMUM CAPACITY AS SHOWN ON DETAIL.

PILE CAPACITY:
PILE CAPACITY IS GENERALLY ESTABLISHED BY TEST LOAD OR DRIVING RESISTANCE WHERE LOAD TESTS ARE USED TO DETERMINE CAPACITY, DRIVING RESISTANCE MEASUREMENT IS USED TO INSURE THAT ALL PILES ARE DRIVEN AS HARD AS THE TEST PILES. UTILIZE THE ENGINEERING NEWS FORMULA FOR THIS EVALUATION. SOIL BORINGS ARE ESSENTIAL TO PROPER PILE EVALUATION. PILES MAY INDIVIDUALLY TEST TO A GREATER CAPACITY THAN THEIR CONTRIBUTION TO THE CLUSTER CAPACITY. IN ADDITION, A SOFT STRATUM UNDERLYING A HARD STRATUM MAY NOT BE ABLE TO SUPPORT THE TOTAL LOAD DELIVERED FROM THE HARD STRATUM; EVEN THOUGH SUFFICIENT RESISTANCE IS INDICATED.

GUNITE / PNEUMATICALLY APPLIED CONCRETE:
SHALL REACH A STRENGTH OF 4000 PSI IN 28 DAYS UNLESS NOTED ELSEWHERE ON PLANS AND SHALL BE PER "RECOMMENDED PRACTICE FOR SHOTCRETING"

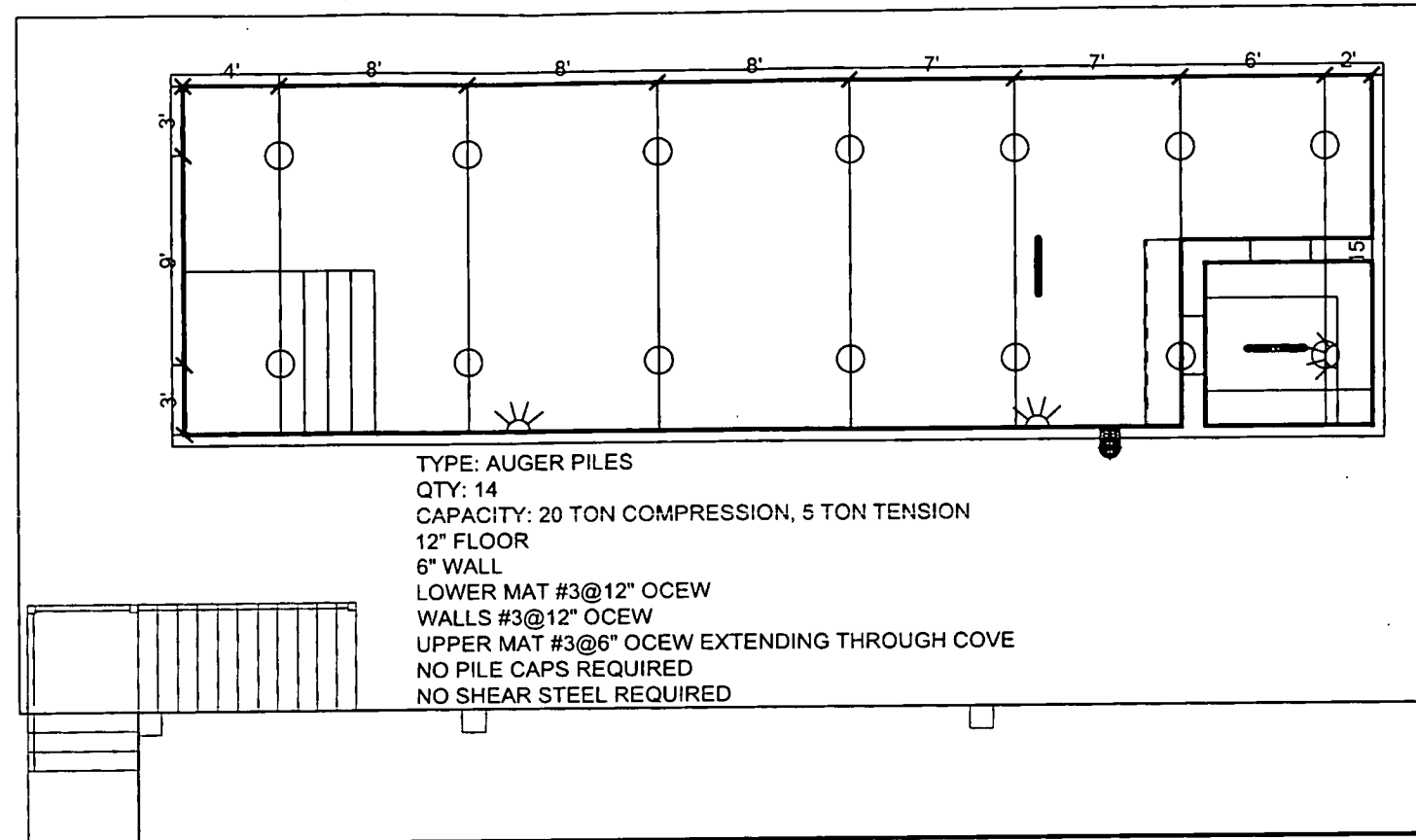
CONCRETE WORK:
SHALL REACH MIN. 3000 PSI AT 28 DAYS AS PER "SPECIFICATIONS FOR STRUCTURAL CONCRETE FOR BUILDINGS"

REINFORCING STEEL:
SHALL BE GRADE 60 ASTM A615 AND PLACED IN ACCORDANCE TO THE "MANUAL OF STANDARD PRACTICE FOR DETAILING CONCRETE STRUCTURES" ACI, AND THE BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE. i.) LAP ALL BAR SPLICES 36 BAR DIAMETERS (12" MIN.) UNLESS OTHERWISE NOTED. ii.) COVER FOR REINFORCING STEEL SHALL BE AS SHOWN IN STRUCTURAL DETAIL AND NOTES.

CONTRACTOR MUST APPLY PROPER MEANS AND METHODS OF CONSTRUCTION TO PROTECT ALL EXISTING STRUCTURES. UNLESS OTHERWISE NOTED, THE DESIGN ENGINEER HAS NOT BEEN ENGAGED TO CONDUCT, NOR HAS HE CONDUCTED ANY FIELD TESTS, EVALUATIONS OR SITE VISITS WITH RESPECT TO CONDITIONS AS THEY MAY EXIST AT THE SITE. THEREFORE, THE DESIGN ENGINEER IS NOT RESPONSIBLE FOR, AND ASSUMES NOT LIABILITY FOR, EXISTING STRUCTURES, INCLUDING THE CONDITION OF EXISTING SEAWALLS AND APPLICABILITY FOR EXCAVATION IN ITS PROXIMITY. **SHOULD ANY EXISTING STRUCTURE BE ENCOUNTERED, STOP CONSTRUCTION AND IMMEDIATELY NOTIFY THE DESIGN ENGINEER AND BUILDING OFFICIAL PRIOR TO PROCEEDING.** THIS INCLUDES BUT IS NOT LIMITED TO ENCOUNTERING THE FOLLOWING:

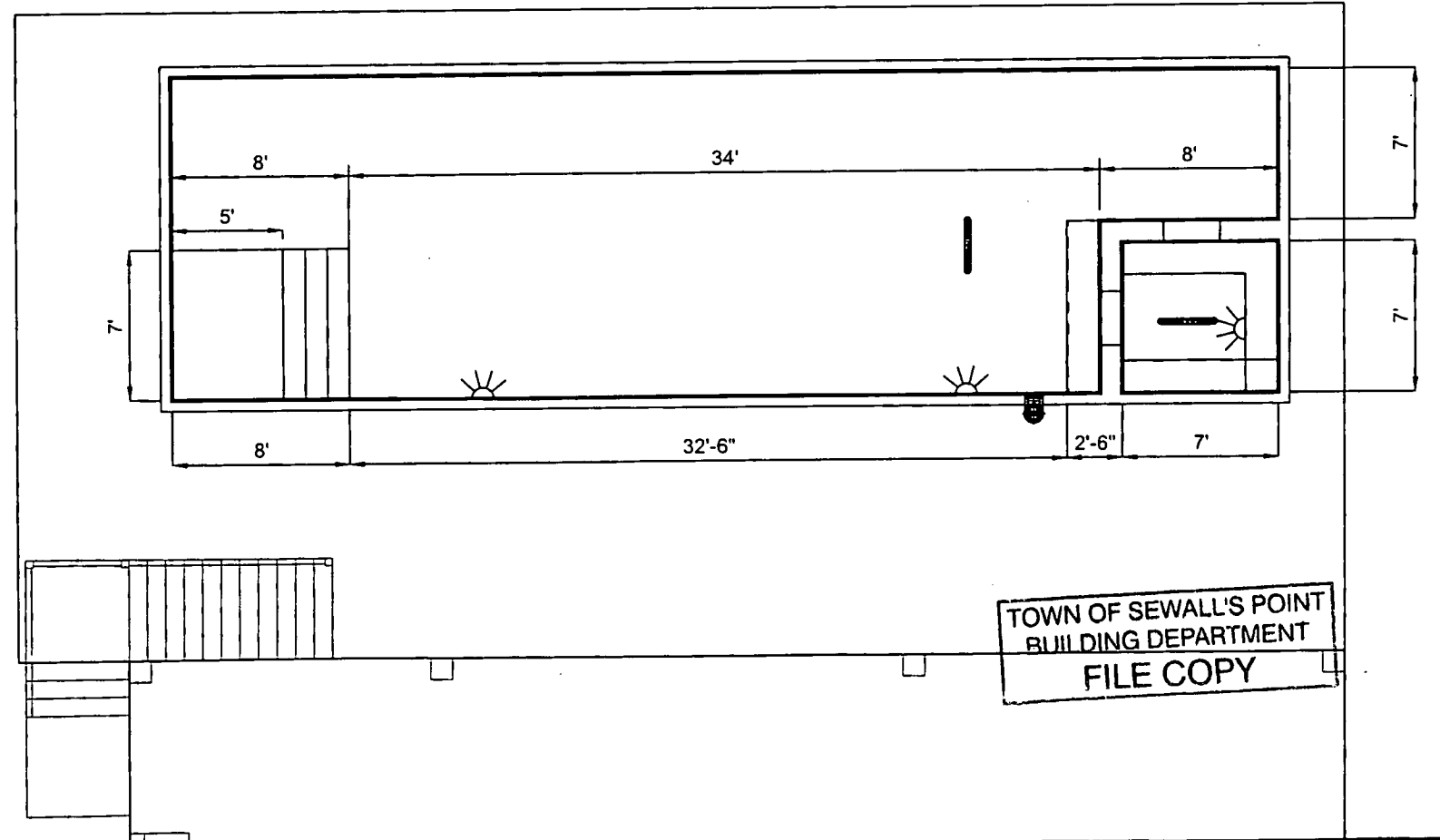
- *WALL ANCHOR RODS
- *FOUNDATIONS OF SEAWALLS, BUILDINGS, POWER POLES
- *BURIED VAULTS AND DRAINAGE STRUCTURES, AND OTHER BELOW GROUND STRUCTURES.

SHOULD THE INTEGRITY OF A SEAWALL BE FOUND TO BE INADEQUATE OR BECOME COMPROMISED, THE CONTRACTOR SHALL IMMEDIATELY ENGAGE THE HOME OWNER IN CORRECTIVE MEASURES AS DIRECTED BY A LICENSED QUALIFIED SEAWALL CONTRACTING SPECIALIST. THESE PROCEDURES SHALL BE IN FULL COMPLIANCE WITH ALL RECOMMENDATIONS MADE BY THE DESIGN ENGINEER AND LOCAL BUILDING OFFICIAL. THE STRUCTURE SHALL BE SECURED WITHIN 48 HOURS, BASED ON SAID RECOMMENDATIONS; TO INCLUDE, BUT NOT LIMITED TO, THE EMERGENCY INSTALLATION OF HELICAL PILES OR BATTER PILES.



PILE LAYOUT PLAN

SCALE=1/8"=1'-0"



POOL LAYOUT PLAN

SCALE=1/8"=1'-0"

SCHILLER POOLS

3590 S.E. DIXIE HWY
STUART, FL 34997
C: (772) 528-6437 O: (772) 287-0768
schillerpools@bellsouth.net CPC1457983

NEHME RESIDENCE
44 S. SEWALLS PT RD
SEWALLS POINT, FL

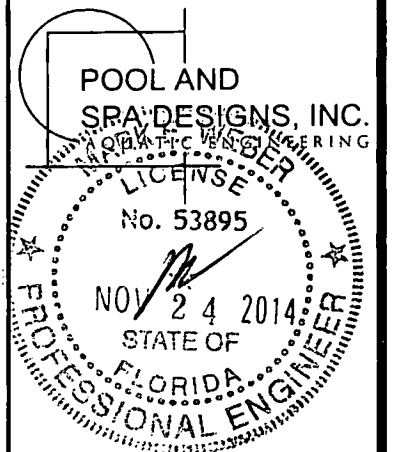
Project No: 14-10-135

Date: 06-26-14

The concepts, drawings, designs, and logos represented in these sheets are the property of the respective owners. Any reproduction of this information is with the express authorization of the owners. This information can only be used in work the owners have authorized and any reproduction is strictly prohibited without the express authorization of the respective owners. Written dimensions on these drawings shall have precedence over scale dimensions. All construction shall be in accordance with the accepted Florida Building, State, and Local Codes.

REVISIONS

1	07-18-14
2	
3	
4	
5	
6	



MARK E. WEBER, P.E.
LICENSE #53895
6574 State Road 7 #199
Coconut Creek, FL 33073
954-854-7741, www.poolandspadesigns.net
CA#25982

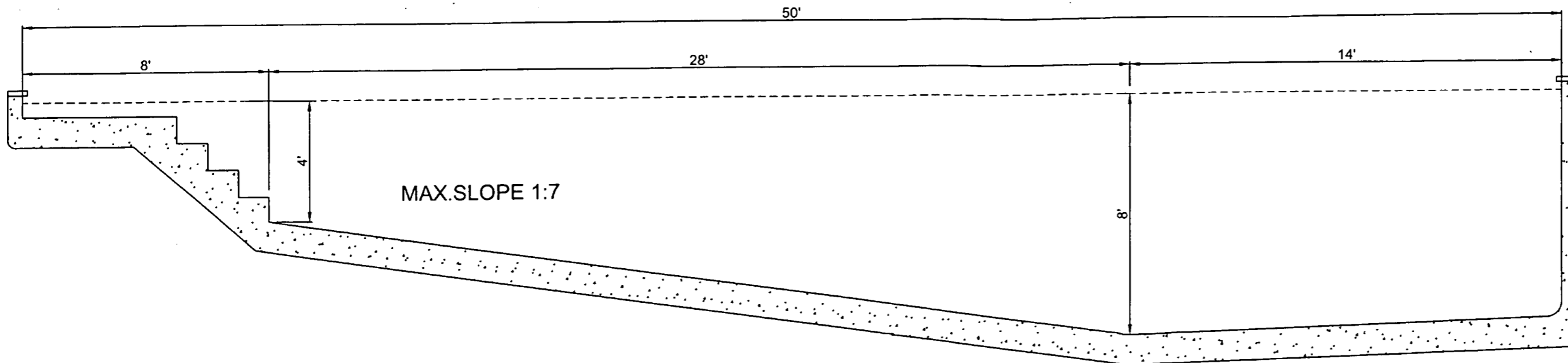
SCHILLER POOLS

3590 S.E. DIXIE HWY
STUART, FL 34997
C: (772) 528-6437 O: (772) 287-0768
schillerpools@bellsouth.net CPC1457983

NEHME RESIDENCE
44 S. SEWALLS PT RD
SEWALLS POINT, FL

Project No: 14-10-135

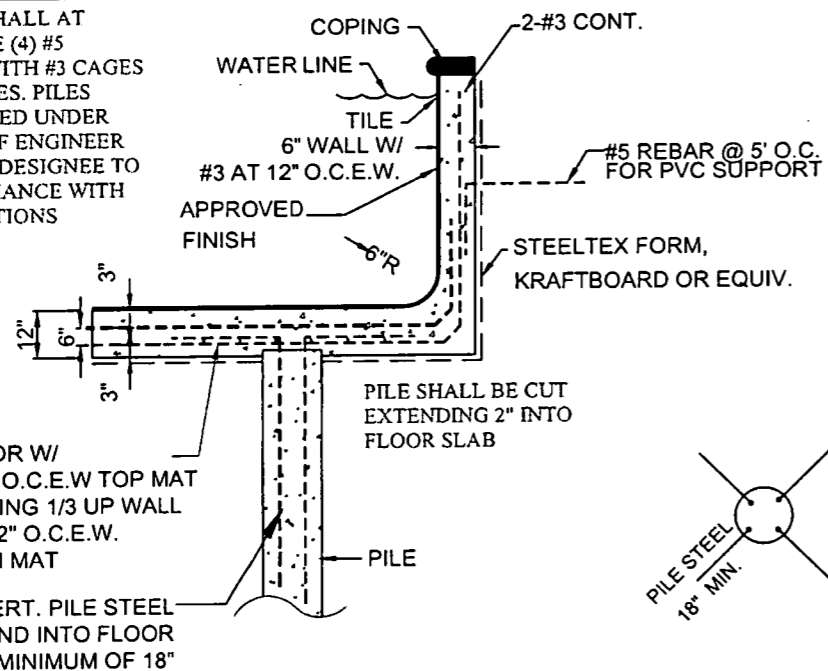
Date: 06-26-14



LONGITUDINAL SECTION

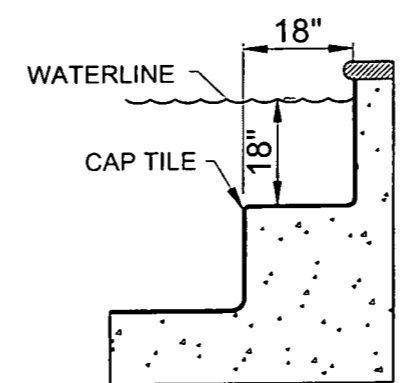
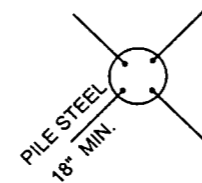
SCALE- 1/4"=1'-0"

AUGER PILES SHALL AT MINIMUM HAVE (4) #5 CONTINUOUS WITH #3 CAGES EVERY 12-INCHES. PILES SHALL BE PLACED UNDER SUPERVISION OF ENGINEER OF RECORD OR DESIGNEE TO VERIFY COMPLIANCE WITH RECOMMENDATIONS



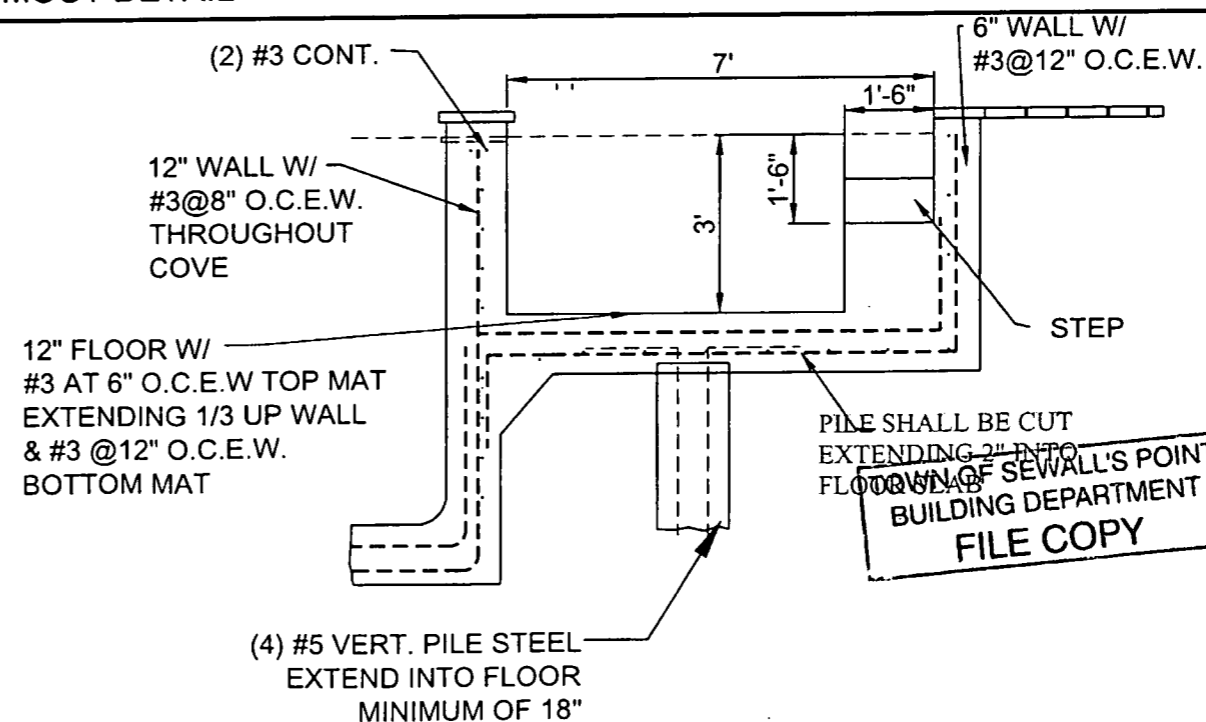
12" FLOOR W/
#3 AT 6" O.C.E.W TOP MAT
EXTENDING 1/3 UP WALL
& #3 @12" O.C.E.W.
BOTTOM MAT

(4) #5 VERT. PILE STEEL
EXTEND INTO FLOOR
MINIMUM OF 18"



SWIMOUT DETAIL

SCALE- NTS



12" FLOOR W/
#3 AT 6" O.C.E.W TOP MAT
EXTENDING 1/3 UP WALL
& #3 @12" O.C.E.W.
BOTTOM MAT

(4) #5 VERT. PILE STEEL
EXTEND INTO FLOOR
MINIMUM OF 18"

PILE SHALL BE CUT
EXTENDING 2" INTO
FLOOR SLAB
BUILDING DEPARTMENT
FILE COPY

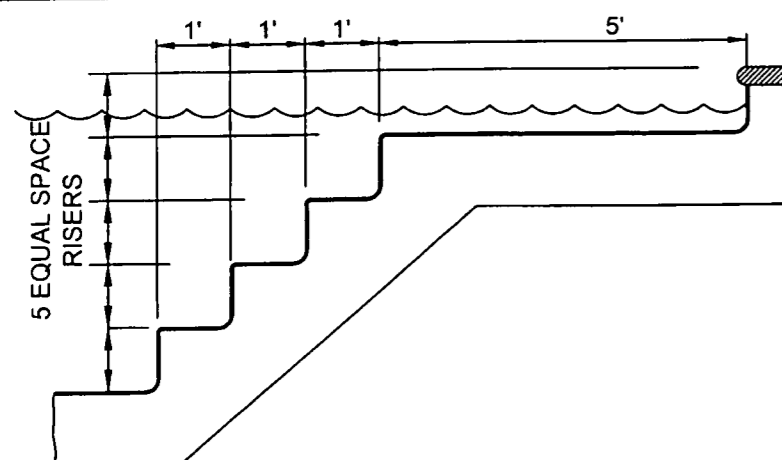
The concepts, drawings, designs, and logos represented in these sheets are the property of the respective owners. Any reproduction of this information is with the express authorization of the owners. This information can only be used in work the owners have authorized and any reproduction is strictly prohibited without the express authorization of the respective owners. Written dimensions on these drawings shall have precedence over scale dimensions. All construction shall be in accordance with the accepted Florida Building, State, and Local Codes.

REVISIONS

1	07-18-14
2	
3	
4	
5	
6	

WALL-FLOOR SECTION

SCALE=1/4"=1'-0"



MAX. RISER HEIGHT
NOT TO EXCEED 12"

STEP DETAIL

SCALE- NTS

SPA LONGITUDINAL SECTION

SCALE- NTS

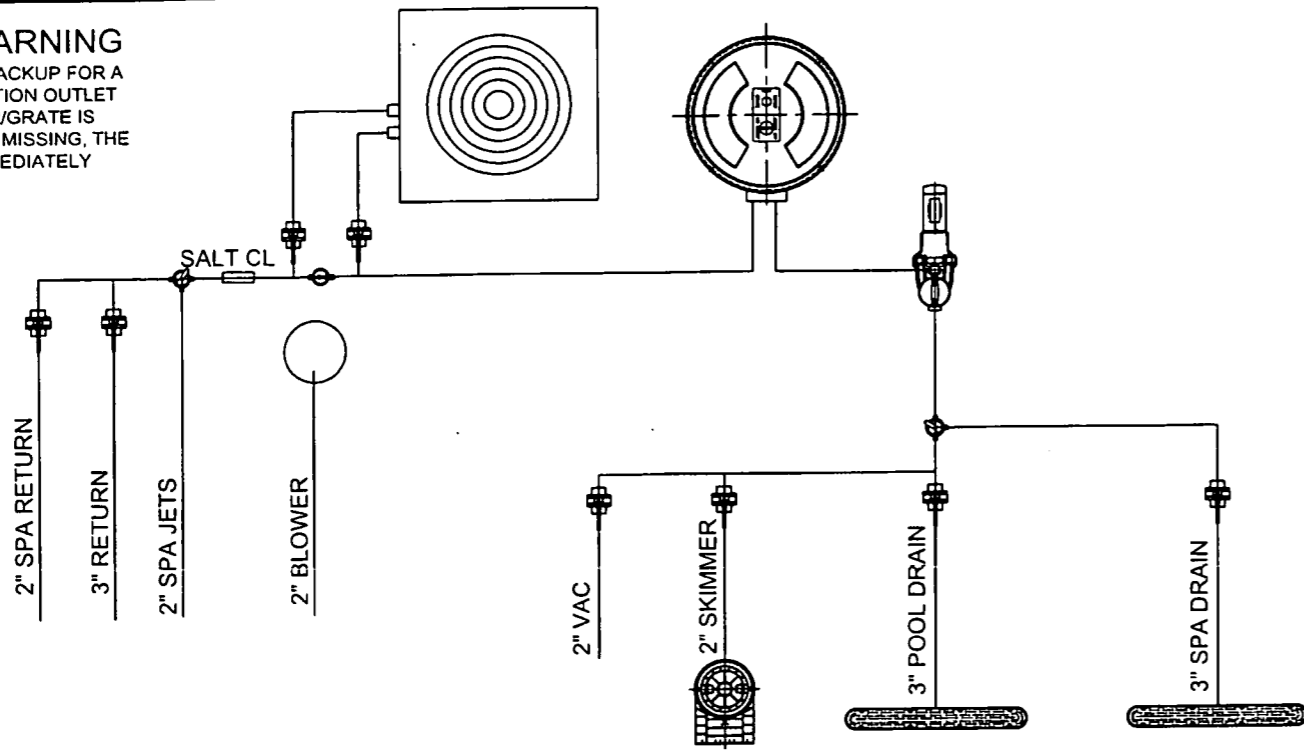
POOL AND SPA DESIGNS, INC.
A QUANTIC ENGINEERING

MARK E. WEBER
LICENSE
No. 53895

NOV 24 2014
STATE OF FLORIDA
PROFESSIONAL ENGINEER

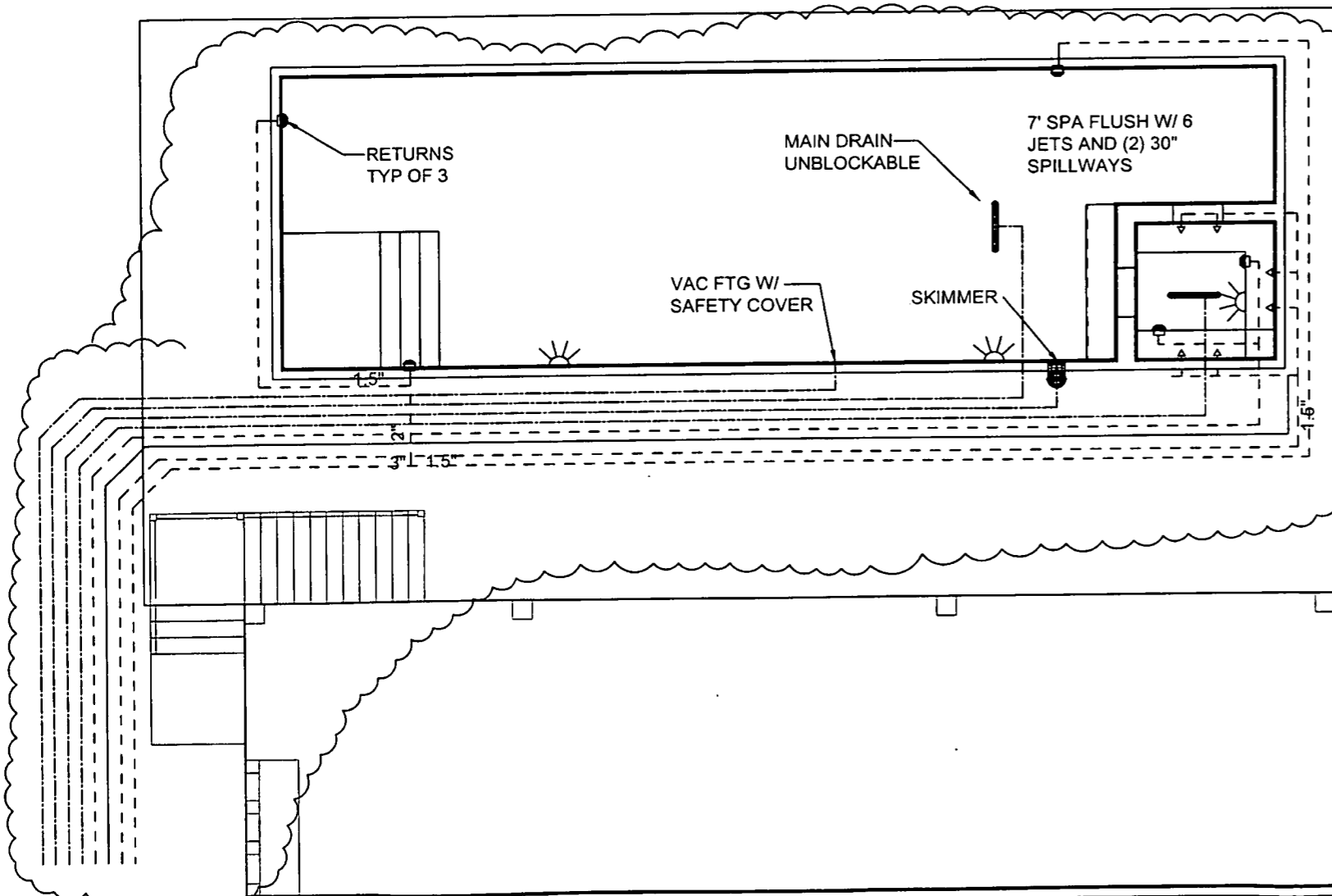
MARK E. WEBER, P.E.
LICENSE #53895
6574 State Road 7 #199
Coconut Creek, FL 33073
954-854-7741, www.poolandspadesigns.net
CA#25982

ANSI/APSP-7 WARNING
 4.3 DANGER. THERE IS NO BACKUP FOR A MISSING OR DAMAGED SUCTION OUTLET COVER/GATE. IF ANY COVER/GATE IS FOUND TO BE DAMAGED OR MISSING, THE POOL OR SPA SHALL BE IMMEDIATELY CLOSED TO BATHERS.



PIPING SCHEMATIC

SCALE- NTS



PLUMBING LAYOUT

SCALE- 1/8"=1'-0"

ENERGY EFFICIENCY COMPLIANCE ANSI/APSP-15 AND FBC

POOL CAPACITY:	23,000	GALLONS
TURNOVER RATE:	64	GPM AT LOW SPEED (MIN. 36)
TURNOVER HOURS:	6.0	HOURS
MAX. FILTR. FLOW RATE:	64	DEFAULT SET

AUX LOAD: WATER FEATURES
 FILTER: CARTRIDGE

VARIABLE SPEED PUMP CONTROLLER TO BE PROGRAMMED TO DEFAULT (ONE COMPLETE FILTRATION IN 6 HRS. MIN.) WHEN NO AUX. POOL LOADS ARE OPERATING WITHIN 24 HRS AND PROGRAMMED WITH TEMPORARY OVERRIDE CAPABILITY FOR SERVICING

MAX SYSTEM FLOW RATE: 153

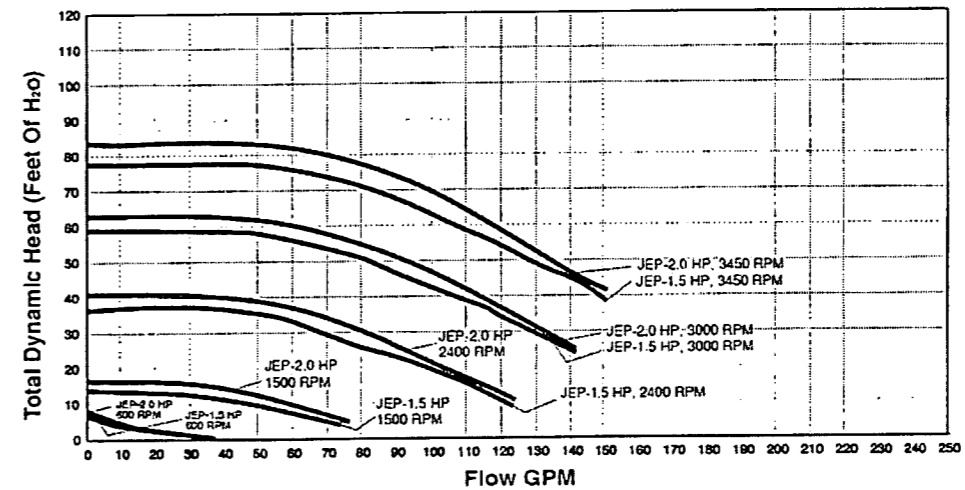
MFU:	JANDY
TYPE:	JEP
MODEL:	JEP2.0 VARIABLE
CURVE "A":	34 GPM @ 1750 RPM APSP DATABASE
CURVE "C":	46 GPM @ 1750 RPM APSP DATABASE

MAX. SYSTEM FLOW RATE DETERMINED FOR MAX. SPEED AND AND LOWEST HEAD ON PUMP CURVE

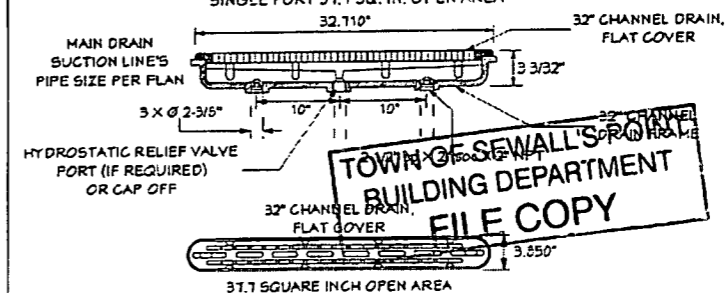
SUC. BRANCH:	4	@	3.86	FPS (MAX 6 FPS)
SUC. TRUNK:	3	@	6.64	FPS (MAX 8 FPS)
RETURN:	3	@	6.64	FPS (MAX 10 FPS)

RETURN (PRESSURE) PIPING SHALL NOT EXCEED 10 FPS (SECTION R4101.6.3 FBC)
 SUCTION BRANCH SHALL NOT EXCEED 6 FPS (APSP/ANSI-7)
 SUCTION TRUNK SHALL NOT EXCEED 8 FPS (ANSI/ANSI-7)

JEP Performance Curves



"WATERWAY : 640-132x V 32" CHANNEL DRAIN COVER AND SUMP W/ (3) PORTS"
 ONE PORT CENTER 288 GPM - ON FLOOR @ 2.47 f/sec
 TWO PORTS 352 GPM - ON FLOOR @ 3.02 f/sec
 ONE PORT CENTER 232 GPM - ON WALL @ 1.99 f/sec
 TWO PORTS 304 GPM - ON WALL @ 2.61 f/sec
 (DO NOT EXCEED MAX. FLOW-SUCTION RATE) CAP OFF UNUSED PORT(S)
 SINGLE PORT 31.7 SQ. IN. OPEN AREA



DRAIN DETAIL

SCALE- NTS

SCHILLER POOLS

3590 S.E. DIXIE HWY
 STUART, FL 34997
 C: (772) 528-6437 O: (772) 287-0768
 schillerpools@bellsouth.net CPC1457983

NEHME RESIDENCE
 44 S. SEWALLS PT RD
 SEWALLS POINT, FL

Project No: 14-10-135

Date: 06-26-14

The concepts, drawings, designs, and logos represented in these sheets are the property of the respective owners. Any reproduction of this information is with the express authorization of the owners. This information can only be used in work the owners have authorized and any reproduction is strictly prohibited without the express authorization of the respective owners. Written dimensions on these drawings shall have precedence over scale dimensions. All construction shall be in accordance with the accepted Florida Building, State, and Local Codes.

REVISIONS

- 1 07-18-14
- 2
- 3
- 4
- 5
- 6

POOL AND SPA DESIGNS, INC.

MARK E. WEBER
 LICENSE No. 53895
 NOV 24 2014
 STATE OF FLORIDA
 PROFESSIONAL ENGINEER
 MARK E. WEBER, P.E.
 LICENSE #53895
 6574 State Road 7 #199
 Coconut Creek, FL 33073
 954-854-7741, www.poolandspadesigns.net
 CA#25982

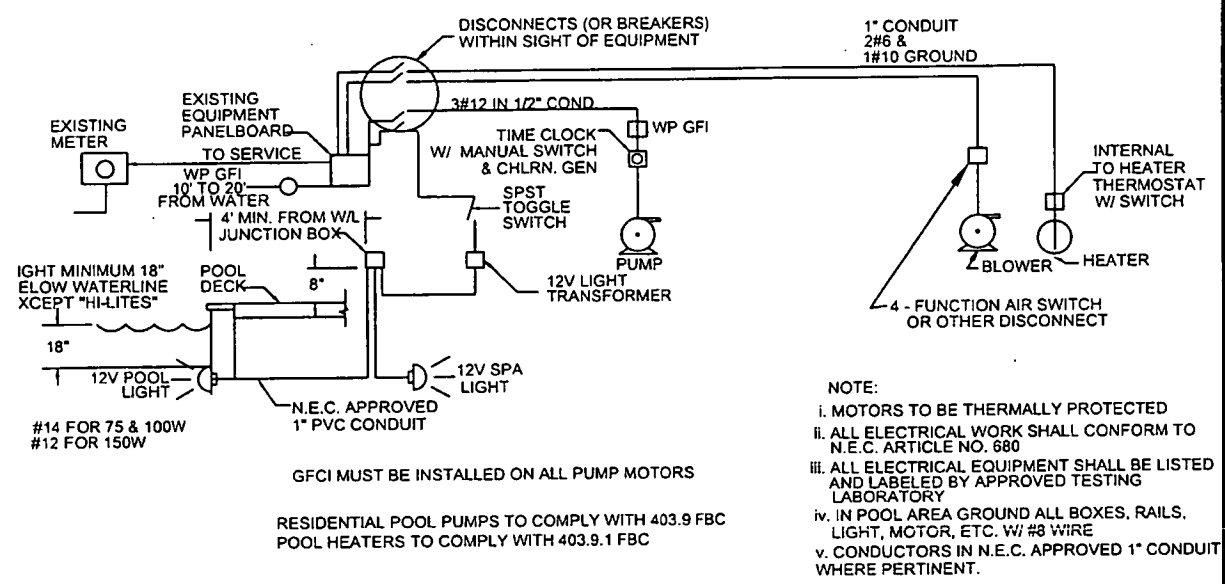
SCHILLER POOLS

3590 S.E. DIXIE HWY
STUART, FL 34997
C: (772) 528-6437 O: (772) 287-0768
schillerpools@bellsouth.net CPC1457983

NEHME RESIDENCE
44 S. SEWALLS PT RD
SEWALLS POINT, FL

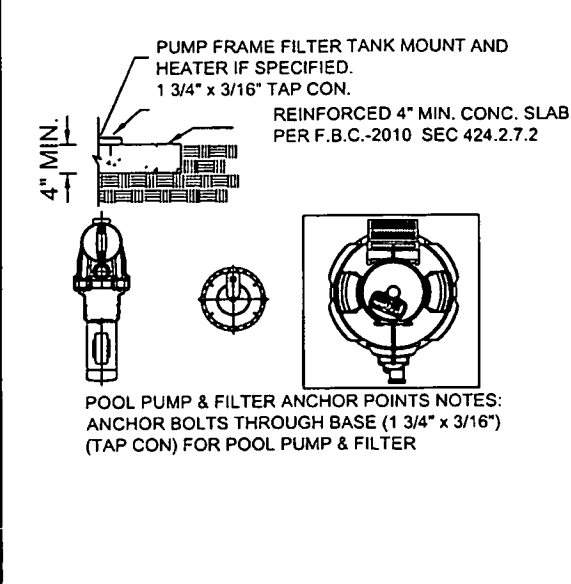
Project No: 14-10-135

Date: 06-26-14



ELECTRICAL DIAGRAM

N.T.S.

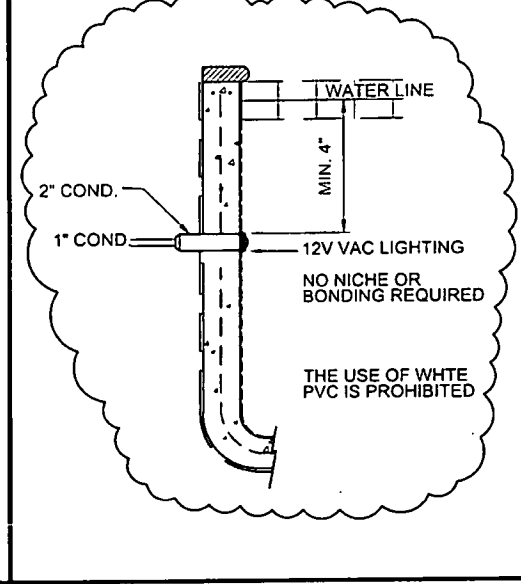


EQUIPMENT ANCHORING

N.T.S.

HEAT PUMP - (4) ANGLE BRACKETS, EA. 2 1/2" IN LENGTH. EACH BRACKET SHALL BE ATTACHED TO THE CONC. WITH (1) 1 3/4" x 3/16" TAP CON SCREW AND ATTACHED TO THE EQUIP. WITH (1) 1/2" SELF TAPPING SHEET METAL SCREW.

POOL HEATER SHALL BE PROVIDED WITH A THERMOSTATIC OR HIGH PRESSURE CONTROL SWITCH OR OTHER ACCEPTABLE OVER HEATING PROTECTION DEVICE SO POOL WATER DOES NOT EXCEED 104 °F. POOLS AND SPAS WITH HEATERS SHALL BE PROVIDED WITH A COVER OR OTHER MEANS TO REDUCE HEAT LOSS PER FBC 612 .1. ABC.2.3.2 ALL WATER HEATING EQUIPMENT SHALL BE INSTALLED W/FLANGES OR UNION CONNECTION ADJACENT TO THE HEATER PER F.B.C.424.2.14.4



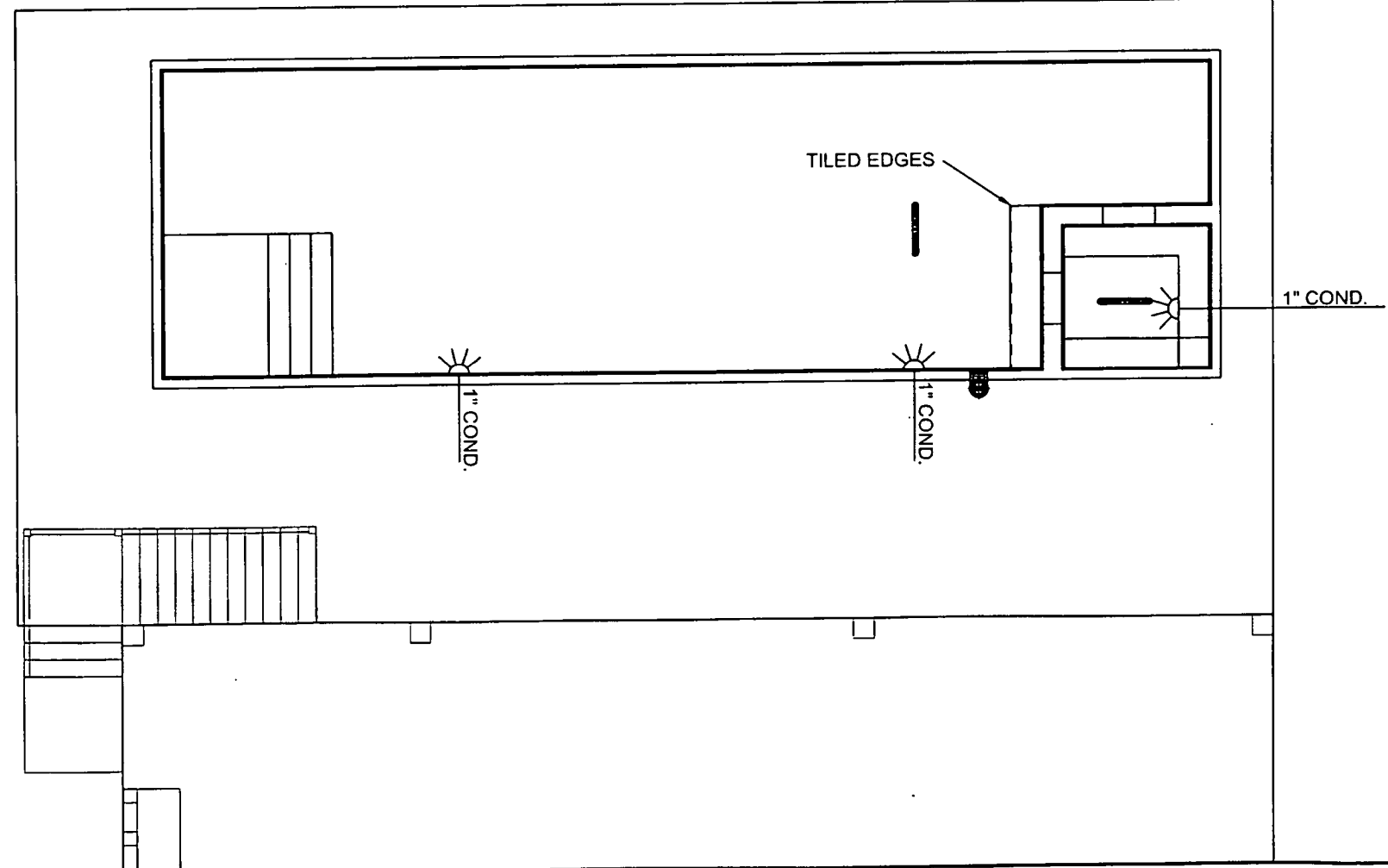
LIGHT DETAIL

N.T.S.

The concepts, drawings, designs, and logos represented in these sheets are the property of the respective owners. Any reproduction of this information is with the express authorization of the owners. This information can only be used in work the owners have authorized and any reproduction is strictly prohibited without the express authorization of the respective owners. Written dimensions on these drawings shall have precedence over scale dimensions. All construction shall be in accordance with the accepted Florida Building, State, and Local Codes.

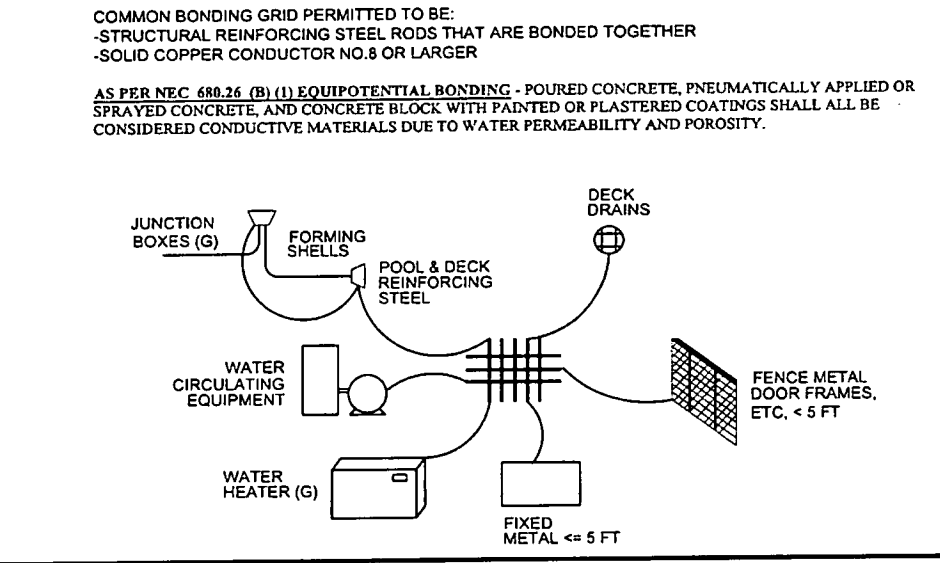
REVISIONS

1	07-18-14
2	
3	
4	
5	
6	



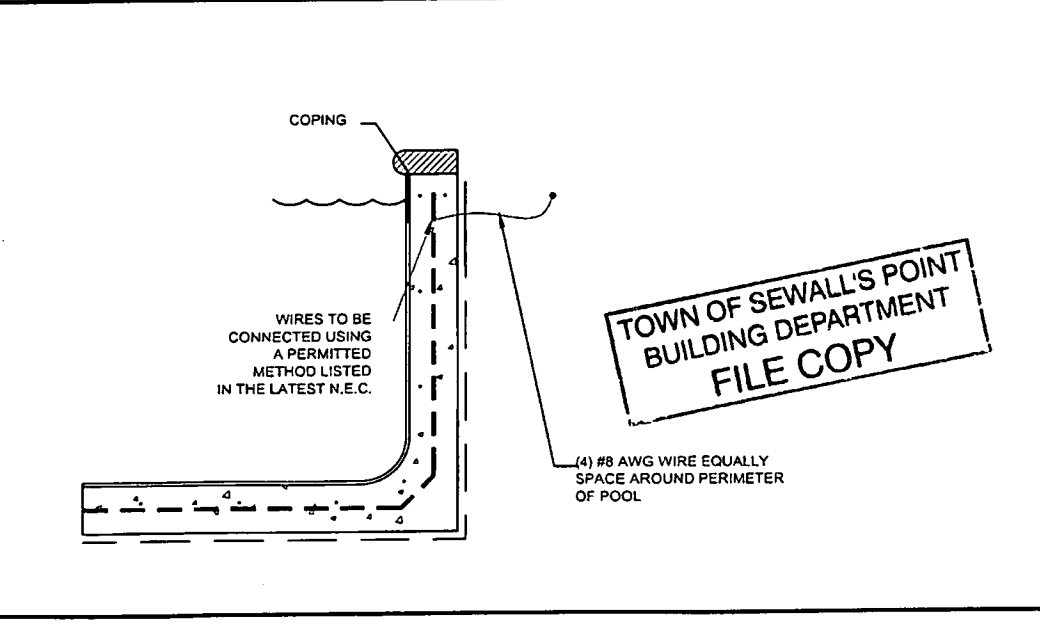
DECK LAYOUT

SCALE- 1/8"=1'-0"



BONDING DETAIL

SCALE- NTS



DECK DETAIL

SCALE- 1/2"=1'-0"

POOL AND SPA DESIGNS, INC.
AQUATIC ENGINEERING

MARK E. WEBER
LICENSE
No. 53895

NOV 24 2014
STATE OF FLORIDA
PROFESSIONAL ENGINEER

MARK E. WEBER, P.E.
LICENSE #53895
6574 State Road 7 #199
Coconut Creek, FL 33073
954-854-7741, www.poolandspadesigns.net
CA#25982

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 1/8/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10944	GVM Realty	U.G. Plumb & Elec	A/c. Pail	EVALUATE DUCT WORK
A.M. Request	181 S River Rd	R. Elec, FRAM	PASS	PATH EXTEND FANS
		R. Plumb R.A/c		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11122	Kaplan	Final		
	11 Rivercrest Ct	Mechanical	CANCEL	
	Classic Cooling			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10945	Carter	Insulation		
	51 N River Rd		PASS	
	Masterpiece Bldg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11128	Pierson	Underground		
	8 Palmetto	tank & line	PASS	
	Martin Co Propane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11126	Wehme	underground		
	44 S SPR	tank & line	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11007	Preissman	Tie down		
	30 Simara	window/door	PASS	
	Winchip			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	Stem Wall		
	14 Middle Rd	Footer	PASS	
	Celentano			INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/30/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11126	Nehme	Pool	Fail	Steel NOT PER PLAN
AM Requested	44 S Sewalls Pt Rd	Steel	-	6 Panels - Remove
	Dean Schiller Pool	Pool Bond + M.D.		CLAY BUCKLE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10848	Westcott	Sub Siding	Pass	
	53 N River Rd	Concrete pour for dead men on retaining wall		
	San George Contracting			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11117	Carter	Final		
	51 N. River Rd.	Dock + Boat lift	Pass	CLOSE
	TCBI			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11133	Bills	Final		
	3 N. Via Lucindia	Window's	No ONE HOME	
	Home Depot + Home Services			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Holland	Tree Removal		
	16 N Ridgeview Rd		<i>[Signature]</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/19/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11169	Licari	Slab		
	18 Perriwinkle Lane	Footing	Pass	
	Joseph Lina Services			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott	Dead Men		
	53 N River Rd	For Seapile	Reschedule	
	San George Construction	Wall		INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10680	Winslow	U.G. Plumbing	Pass	
	10 S Sewalls Pt Rd	Electrical Rough	Fail	
	Green Building			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
1126	Nehme	Gas		
	44 S Sewalls Pt Rd	Final	Pass	
	Dean Schiller Pool			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Bay Tree Lodge	Tree		
	143 S Sewalls Pt Rd	Removal	—	
	Bay Tree Lodge			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri **5-6-15** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11060	Fabricey 6 Oak Hill way Pools by Greg	Pool Final	Fail	FOUNTAIN JETS NOT FINISH W/ DEC INSPECTOR <i>JF</i>
10680	Winslow 10 S Sewalls Pt Rd Green Building	Final Electrical Plumbing + Mechanical	Pass	 INSPECTOR <i>JF</i>
11263	Lelo 27 Simara Street Advantage Air	AC Final	Pass	CLOSE INSPECTOR <i>JF</i>
11189	Morris 64 S Sewalls Pt Rd GM Construction	Roof Sheathing	Cancel - NOT REQUIRED - 9x6 T&G ROOF DECK	 INSPECTOR <i>JF</i>
11126	Nehme 44 S Sewalls Pt Rd Schiller Pools	Pool Electrical Pool Barrier	Pass Fail OK TO FINISH POOL	Does not meet Barrier code INSPECTOR <i>JF</i>
11215	Winslow 10 S. Sewalls Pt Rd O/B	PRE POOL GARAGE SLAB	Pass	 INSPECTOR <i>JF</i>
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 5/28/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis 1728 River Rd J. Conroy	Final CO	PASS	ISSUE C.O. CLOSE INSPECTOR <i>J</i>
11127	ARMSTRONG 86 S. SPT RD SERGATE BLDG	INSULATION LATHE	PASS	INSPECTOR <i>J</i>
11120	NEHME 44 S. SEWALL'S PT RD SHILLER POOLS	Final Final	PASS PASS	CLOSE INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

11243

FENCE

JAMES W. CAMPO, CFP
Mayor

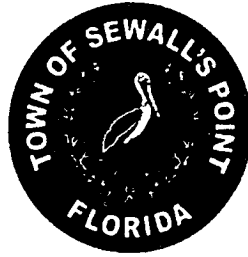
PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

FRANK FENDER
Commissioner

DAN MORRIS
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

LAKISHA Q. BURCH, CMC
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

February 2, 2017

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 44 S Sewalls Point Road, more specifically permit #11243 issued on April 16, 2015 for Fence.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: (1) Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,



John R. Adams, C.B.O.
Building Official

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org



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:	11243	DATE ISSUED:	April 16, 2015
SCOPE OF WORK:	Fence		
CONTRACTOR:	A Great Fence		
PARCEL CONTROL NUMBER:	01-38-41-010-000-00230-2	SUBDIVISION:	
CONSTRUCTION ADDRESS:	44 S Sewall's Point Road		
OWNER NAME:	Nehme		
QUALIFIER:	Darrick Bailey	CONTACT PHONE NUMBER:	812-0223

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11243		
ADDRESS:	44 S Sewall's Point Road		
DATE ISSUED:	4/16/2015	SCOPE OF WORK:	Fence

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)			\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)			\$	
Plan Submittal Fee (100.00 Remodel <\$100k)			\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.			\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.			\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.			\$	-
Total Construction Value:			\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp.			\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	n/a
Technology Fee: (0.04% of Construction Value - \$5 min)				n/a
Road impact assessment: (0.4% of construction value - \$20 min.)				n/a
Martin County Impact Fee:			\$	
TOTAL BUILDING PERMIT FEE:			\$	\$ -

ACCESSORY PERMIT	Declared Value:		\$	\$ 1,165.00
Total number of inspections: @ \$ 150.00 per insp. # insp.		1	\$	150.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	2.25
Technology Fee (0.04% of Construction Value - \$5 min.)			\$	5.00
Road impact assessment: (0.4% of construction value - \$20 min.)			\$	20.66
TOTAL ACCESSORY PERMIT FEE:			\$	180.16



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

REVISIONS – CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: July 3, 2015 PERMIT NUMBER: 11243

JOB ADDRESS: 44 S Sewall's Point Road

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Homeowner installed child barrier around swimming pool, perimeter fence not pool barrier.

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ _____
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Darrick Bailey SIGNATURE: _____

PHONE NUMBER: 772-812-0223 FAX NUMBER: 772-408-0272

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: 7-8-15 Approve Deny

Additional conditioned space _____ sq. ft. @ \$ _____ per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ _____ per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$50.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

Applicant notified by: _____ Date: _____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: April 15, 2015

Permit Number: _____

OWNER/LESSEE NAME: Stephanie Nehme Phone (Day) 486-8720 (Fax) _____

Job Site Address: 44 S. Sewalls Point Road City: Stuart State: FL Zip: 34996

Legal Description BEG IND RIVER & SANAN 1/2 OF LOT 8, W226', N139.77', E291.65' TO RIVER & SLY TO BEG (LOT Parcel Control Number: 01-38-41-010-000-00230-2

Fee Simple Holder Name: _____ Address: 44 S. Sewalls Point Road

City: Stuart State: FL Zip: 34996 Telephone: 486-8720

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Install 103' LF of 4' tall 2-rail alum fence with 4 walk gates . Also 138' of 4' tall black chain link fence.

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

Has a Zoning Variance ever been granted on this property?
YES (YEAR) _____ NO

(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 5,165.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: A Great Fence Phone: 772-812-0223 Fax: 772-408-0272

Qualifiers name: Darrick Bailey Street: 515 NW Enterprise Drive City: Port St Lucie State: FL Zip: 34986

State License Number: N/A OR: Municipality: Martin County License Number: MCFE5176

LOCAL CONTACT: Bob Phone Number: 772-812-0223

DESIGN PROFESSIONAL: N/A Fla. License# _____

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

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE* _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:

X _____
State of Florida, County of ST LUCIE
On This the 15th day of APRIL, 2015
by DARRICK BAILEY who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires 10/20/16

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X _____
State of Florida, County of ST LUCIE
On This the 15th day of APRIL, 2015
by DARRICK BAILEY who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires 10/20/16

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!

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: PID # 01-38-41-010-035-00230-2

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):
BEG IND RIVER & S&LN N1/2 OF LOT 5, W 250', N 135.77', E 251.65' TO RIVER & SLY TO BEG (LOT 25 NOT INCLUDED PALMETTO PARK), 44 S Sewall's Point Rd., Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: install 227' 4" tall 2-rail aluminum fence and 135' 4" tall chain-link fence.

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Stephanie Nehme
ADDRESS: 44 S Sewall's Point Road, Stuart, FL 34996
PHONE NUMBER: 772-485-9720 FAX NUMBER:
INTEREST IN PROPERTY: Owns

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

CONTRACTOR: A Great Fence
ADDRESS: 515 NW Enterprise Drive, Port St Lucie, FL 34985
PHONE NUMBER: 772-812-0223 FAX NUMBER: 772-495-0272

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) LIA
ADDRESS:
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT:

LENDER/MORTGAGE COMPANY: Capital State Bank
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES):

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16 DAY OF April, 2015

BY: Stephanie Nehme NAME OF PERSON FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PROCURED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/ SEAL SUSAN GIBSON
COMMISSIONER OF AUTHORITY
March 11, 2015 EXPIRES
Bonds thru
Notary Public, State of Florida
#FF-208337



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING INSTRUMENT IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE.
MARILYN TIMMANN, CLERK
BY: M. Glenberly, D.C.
DATE: 4-8-2015

Vertical text on the right side of the page, possibly a recording or filing stamp, including the date 04-08-2015 and time 09:47 AM.



AGREA-1

OP ID: KM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, FL 34958 Lawrence E. Kearns	CONTACT NAME: Lawrence E. Kearns	FAX (A/C, No): 772-334-0940
	PHONE (A/C, No, Ext): 772-334-5822	E-MAIL ADDRESS: lekearns@bellsouth.net
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Southern Owners Insurance Co.		10190
INSURER B : Auto-Owners Insurance Co.		18988
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED A Great Fence, LLC, Reel Fence Inc. and Quality Fence, Inc.
515 Enterprise Drive
Port St. Lucie, FL 34986

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:			72031135	08/13/2014	08/13/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			48-886-408-00	07/18/2014	07/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			49-856741-01	01/16/2015	01/16/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Town of Sewalls Point
Building Department
One S Sewall's Point Rd.
Sewalls Point, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Lawrence E. Kearns

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

4/6/2015

PRODUCER

KRETSCHMER INS AGENCY INC
 3109 Oleander Ave
 Fort Pierce, FL 34982
 (772) 467-6656

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

A Great Fence, LLC
 Reel Fence Inc
 515 NW Enterprise Dr
 Port Saint Lucie, FL 34986
 (772) 812-0223

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: **MARKEL 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 LTR	APPL INSRD	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"/> CLAIMSMADE <input type="checkbox"/> OCCUR GENL 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 - COM/POP 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"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	MWC0012455-04 MWC0012455-03	09/15/14 09/15/13	09/15/15 09/15/14	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 1,000,000													
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000													
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000													
		OTHER												

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

CERTIFICATE HOLDER

Town of Sewall's Point
 Building Department
 One S. Sewall's Point Road
 Sewall'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 _____ 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

2014-2015

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

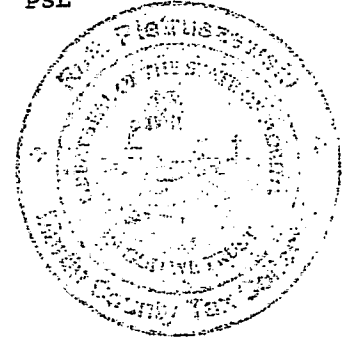
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2007-518-1010 CERT 179920060002PSL
PHONE (772) 812-0223 SIC NO 238990

LOCATION:
540 NW MERCANTILE PL PSL

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$	<u>.00</u>	LIC. FEE	\$	<u>26.25</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>26.25</u>



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

BAILEY, DARRICK
A GREAT FENCE LLC
540 NW MERCANTILE PL
PORT ST LUCIE, FL 34953

23 DAY OF JULY 2014
AND ENDING SEPTEMBER 30, 2015

11 2013 41417.0001 26.25 PAID

CONTACT INFORMATION

EMAIL ADDRESS	BOB @ A GREAT FENCE - COM
TELEPHONE NUMBER	772-812-0223
PROPERTY ADDRESS	44 S. SEWALLS POINT ROAD

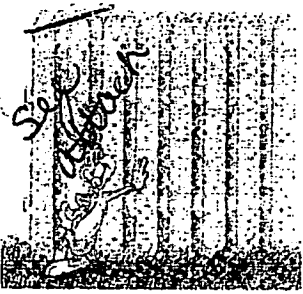
LICENSES AND INSURANCE

COPY OF CONTRACTOR LICENSE	<input checked="" type="checkbox"/>
PROOF OF LIABILITY INSURANCE	<input checked="" type="checkbox"/>
PROOF OF WORKER'S COMPENSATION INSURANCE	<input checked="" type="checkbox"/>
BUSINESS TAX RECEIPT	<input checked="" type="checkbox"/>

OTHER DOCUMENTS

PARCEL CONTROL SHEET FROM PROPERTY APPRAISER'S WEBSITE	<input checked="" type="checkbox"/>
OWNER'S NOTARIZED SIGNATURE OR EXECUTED AGREEMENT WITH CONTRACTOR	<input checked="" type="checkbox"/>
NOTICE OF COMMENCEMENT (AS REQUIRED BY LAW)	<input checked="" type="checkbox"/>

YOU / S.P.B.D. HAS ORIGINAL COPY NOC

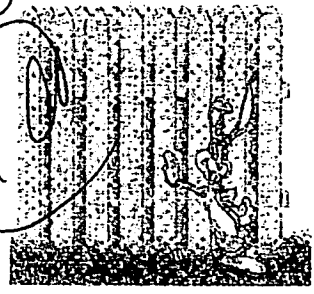


A Great Fence, LLC

(772) 812-0223

Licensed and Insured
 (772) 408-0272 Fax
 www.AGreatFence.com

Handwritten: IN #2456
 3/26/15
 # posted



Proposal / Contract

Customer's Name: Stephanie Nehme Date: 3/23/15
 Address: 44/46 S. Sewalls Point RD City: ST FL 31996
 Phone: 486-8720 Cell: _____ Work: _____ Fax: _____

RESIDENTIAL COMMERCIAL INDUSTRIAL

To be installed at: nehmes@bellsouth.net

Total Footage		Height	
		<u>4'</u>	
Walk Gate (s)		Drive Gate (s)	
<u>4</u>		<u>1</u>	
Size (s)		Size (s)	
<u>3-5</u>	<u>1-4'</u>	<u>10'</u>	
Pool Barrier		Removal	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Additional Instructions			

WOOD

Type		Style	
Hand Build	Pre Fab		
Good Side		Gate Frame	
In	Out	Metal	Wood

CHAIN LINK

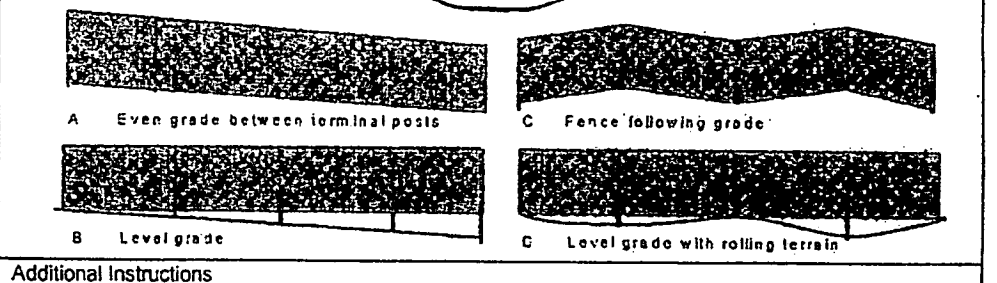
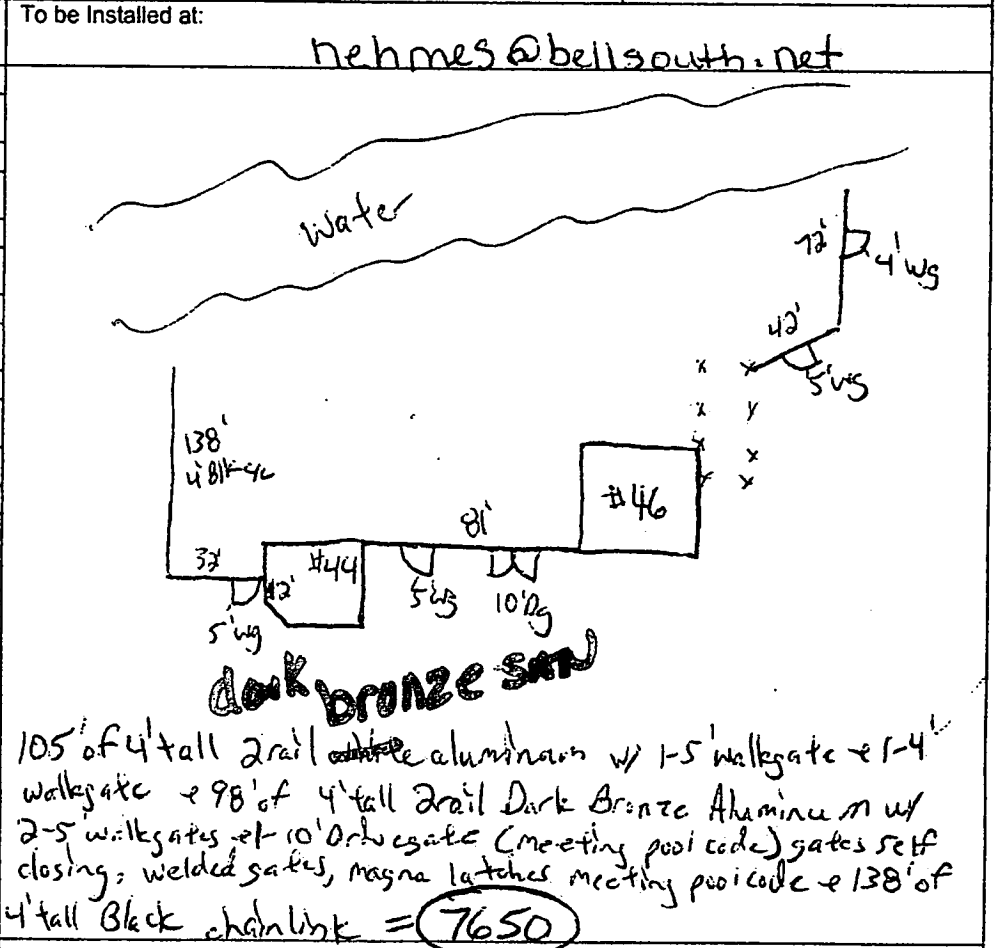
Type		Color	
Galv.	<input checked="" type="checkbox"/> Vinyl	<u>Black</u>	
Knuckles		Tension Wire	
<input checked="" type="checkbox"/> Up	<input type="checkbox"/> Down	<input type="checkbox"/> Top	<input checked="" type="checkbox"/> Bottom
Rail		Middle Rail	
<input checked="" type="checkbox"/> Top	<input type="checkbox"/> Bottom	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

PVC VINYL

Type		
Picket	Semi Private	Privacy
Style		Color

ORNAMENTAL

Style		Type	
<u>2 rail</u>		<input checked="" type="checkbox"/> Alum	<input type="checkbox"/> Iron
Color		Other	



Additional Instructions: Dark Bronze

PROJECT PRICE: [Redacted]
 DEPOSIT: [Redacted]
 BALANCE DUE: [Redacted]
 PERMIT: 125-Inc

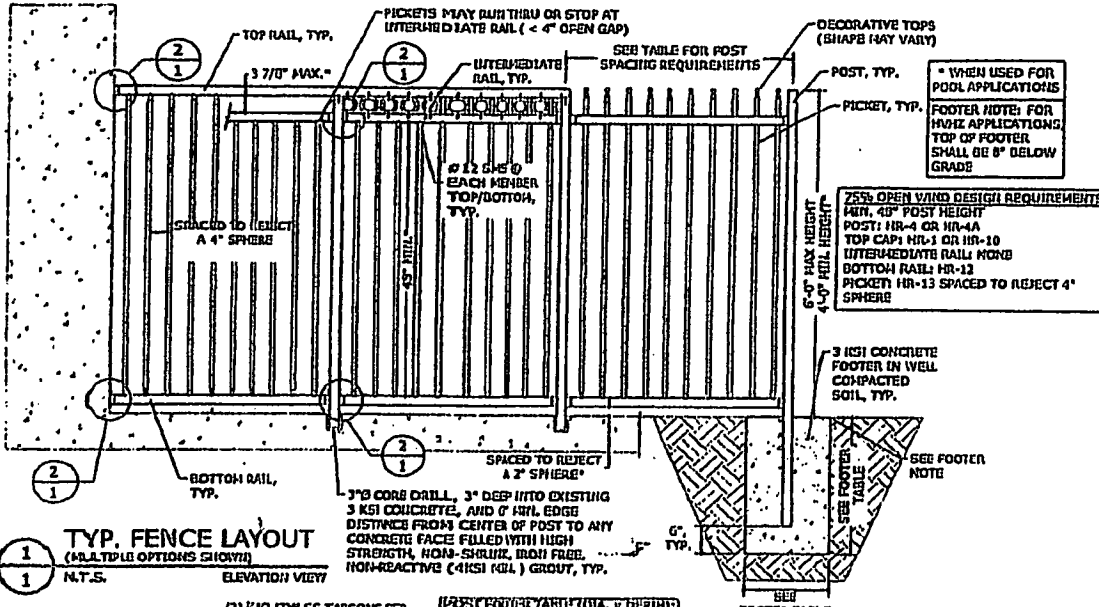
Approval of Proposal - Contract: The project price, specifications and Terms / Conditions on reverse side are accepted. A Great Fence, LLC is authorized to do the work specified. Upon signing by Purchaser this becomes a binding contract. SEE REVERSE SIDE FOR TERM / CONDITIONS AND WARRANTY INFORMATION

CUSTOMER'S SIGNATURE: [Signature] DATE: 3/26/15
 SALES REP: Darrick 772-209-2845 CELL #: _____

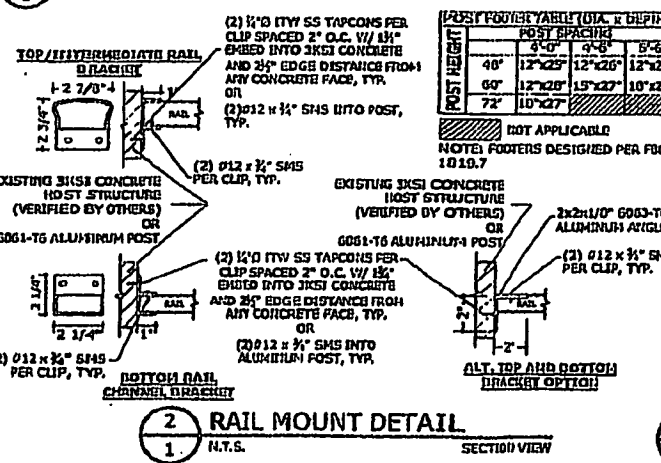
A GLENT FENCE 44 ~~XX~~ S. SEWELL'S POINT ROAD

MECHANICAL ALUMINUM FENCE AT GRADE

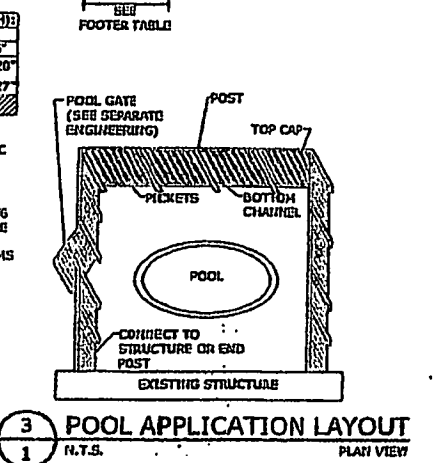
(NON-STRUCTURAL, DECORATIVE BARRIER, TYPICAL INSTALLATION (GROUND LEVEL ONLY) (1/16" OR 1/8")



1 TYP. FENCE LAYOUT
(MULTIPLE OPTIONS SHOWN)
N.T.S. ELEVATION VIEW



2 RAIL MOUNT DETAIL
N.T.S. SECTION VIEW

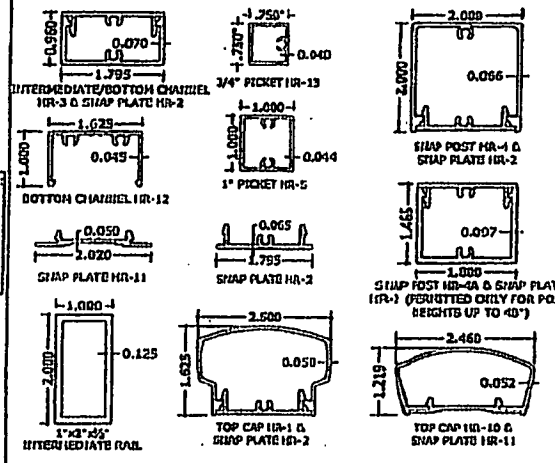


3 POOL APPLICATION LAYOUT
N.T.S. PLAN VIEW

FENCE EXTRUSIONS

6061-T6 ALUMINUM
EXTRUSION TOLERANCES TO BE PER INDUSTRY STANDARDS

DRAWING VALID ONLY WITH ORIGINAL SIGNATURE AND RAISED SEAL, VALID FOR SPOOFY CP FENCING AT (A) LOCATION PER SEALED DRAWING



GENERAL NOTES

- THIS SYSTEM HAS BEEN DEVELOPED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIRED PERMITS OF THE LOCAL JURISDICTION.
- DESIGN BASED ON ASCE 7-10 WINDSPEED $V_w = 110$ MPH (3 SEC. GUST, UP TO 6" OF WIND) RISK, DO NOT USE FOR CATEGORY I, UNLESS THE "OPEN CITY" METHOD, THIS OPEN CITY CALCULATION.
- THIS FENCE DESIGN IS TO BE USED AT GROUND GRADE ONLY, WITH USE LIMITED TO DECORATIVE BARRIER PURPOSES ONLY. THIS FENCE IS NOT INTENDED TO PROTECT COVERING UNPAVED DRIVEWAYS OR STRUCTURAL BARRIERS.
- ALL FASTENERS TO BE #10 X 1" OR GREATER DIA. 1/4" 1/8" GAGES PER PERMANENT STAINLESS STEEL OR GALVANNEED OR OTHERWISE CORROSION RESISTANT MATERIAL AND SHALL COMPLY WITH S.I.C. SPECIFICATIONS FOR ALUM. STRUCTURES - SECTION 1, THE ALUMINUM ASSOCIATION, A APPLICABLE FEDERAL SPEC. AND LOCAL CODES.
- ALL EXISTING REPAIRS SHALL BE APPROVED BY THE DESIGNER OR OTHER LOCAL AUTHORITY.
- ALL CONCRETE SHALL BE UNREINFORCED UNLESS OTHERWISE SPECIFIED BY THE DESIGNER. ALL SHALL BE CLASSIFIED AS PER LOCAL CODES. TOP OF FOOTER SHALL BE 6" OF CONCRETE.
- FOOTER BENCH FOR POOL APPLICATIONS, TOP OF FOOTER SHALL BE 6" OF CONCRETE.
- UNREINFORCED SOIL TO BE COMPACTED TO 90% OPTIMUM DENSITY, 2500 PSF MIN AND SHALL BE CLASSIFIED AS PER LOCAL CODES. TOP OF FOOTER SHALL BE 6" OF CONCRETE.
- FOR ALUMINUM ATTACHMENTS ALL ANCHORS SHALL BE SPACED WITH 2.0' BETWEEN END DISTANCE AND 2.5' BETWEEN END SPACING TO ADJUSTED ANCHORS, UNLESS NOTED OTHERWISE.
- THIS CONTRACTOR IS RESPONSIBLE TO INSURE ALL WORKERS FROM DISTURBED MATERIALS TO PREVENT ELECTRICAL SHOCK.
- PER IRC 424.2.3.1.2 POOL ACCESS GATES WITH HORIZONTAL SHALL COMPLY WITH IRC 424.2.3.1.2 AND MUST BE AT LEAST 48" ABOVE GROUND & EQUIPPED WITH A SELF-CLOSING, SELF-LATCHING LOCKING DEVICE NOT LESS THAN 54" FROM OUT OF GATE. GATE MUST OPEN OUTWARD AWAY FROM POOL & MUST HAVE AN OPENING $\geq 12"$ WITHIN 10" OF RELEASE MECHANISM.
- ELECTRICAL GROUNDING WHEN REQUIRED, TO BE DESIGNED & DETAIL BY OTHERS.
- DESIGNER SEAL APPLIED TO ALL VERTICAL STRUCTURAL DESIGN AND SPOOFY CP. USE OF THIS SPECIFICATION OF CONTRACTOR, E.A. UNLESS OTHERWISE SPECIFIED. THIS SPECIFICATION FOR ALL CODES & DISTRICTS INCLUDING LOCAL FEES & APPLICABLE PERMITS RESULTING FROM MATERIAL FABRICATION, DESIGN, ERECTION, CONSTRUCTION, MAINTENANCE, REPAIRS, AND REMOVAL SHALL BE CALLED FOR OFFICIAL, STATE, & FEDERAL CODES & FROM DEVIATIONS OF THIS PLAN.
- THIS DOCUMENT IS GENERAL AND DOES NOT REFER TO ANY SPECIFIC PROJECT OR SITE. INFORMATION CONTAINED HEREIN IS BASED ON CONTRACTOR SUPPLIED DATA AND MEASUREMENTS. CONTRACTOR SHALL NOT BE HELD RESPONSIBLE OR LIABLE IN ANY WAY FOR UNREASONABLE OR UNUSUAL DATA OR VARIATIONS. DESIGNER'S AND OTHERS ARE NOT TO BE HELD RESPONSIBLE FOR ANY DESIGN OR CONSTRUCTION. THEY MAY VARY SLIGHTLY, BUT MUST BE MADE WITHIN THE LIMITS OF THE DESIGNER'S AND OTHERS' FIELD VISUAL INSPECTION. DESIGNER'S AND OTHERS' FIELD VISUAL INSPECTION SHALL BE NOTED AND COVER AN OPPORTUNITY TO RE-EVALUATE OUR WORK UPON RECEIPT OF ANY RELEVANT INFORMATION. THIS TO FORTIFICATION OF EXISTING FIELD CONDITIONS AND FABRICATION AND INSTALLATION OF MATERIALS, ALTERNATIVES OR ADDITIONS TO THIS DOCUMENT AND NOT RELEVANT AND RELEVANT OUR CREATIVITY.
- DO NOT AS EXPRESS PROVIDED HEREIN, DO ADDITIONAL CERTIFICATIONS OR ATTACHMENTS AND BE OBLIGED.

MECHANICAL ALUMINUM FENCE AT GRADE MASTER PLAN SHEET

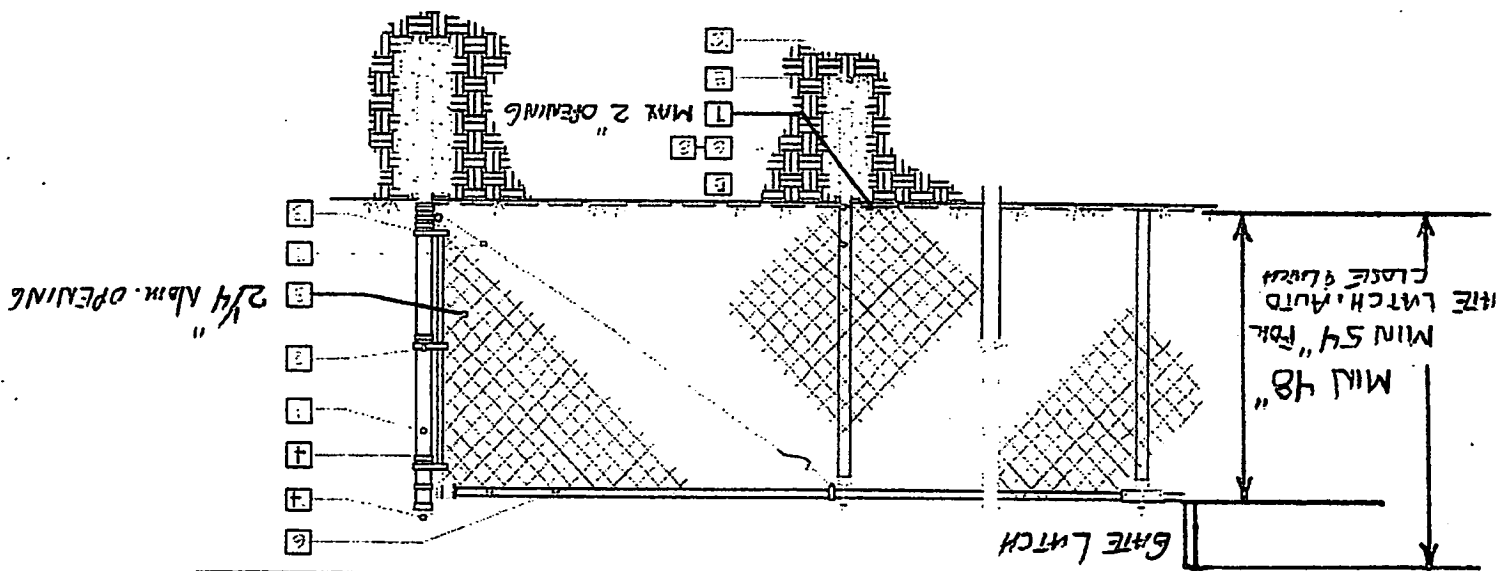
ASCE 7-10 - OPEN CITY METHOD - THIS OPEN

00-MPS10-602

1

A BUILT FENCE 44 X 1/2 S. SEWELL'S POINT ROAD

STANDARD CHAIN LINK FENCE DESIGN DETAIL



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon. Tue. Wed. Thur. Fri. 5/4/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11131	Hynemann 4 Michael Road Daniels Fence	Fence Final (Re-inspection)	Pass	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11243	Nehme 44 S Sewalls Pt Rd A Great Fence	Fence Final	Fail	DOES NOT MEET POOL BARRIER REQS.
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11244	Nehme 46 S Sewalls Pt Rd A Great Fence	Fence Final	Hold	SEE ABOVE
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	6 MIDDLE		OK	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		CHECK GRADE		
	26 ISLAND	@ DUKE RES	OK	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date JULY 27 ~~X2005~~ TREE REMOVAL PERMIT No 2541

APPLIED FOR BY MURPHY (Contractor or Owner)

Owner 44 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 Palm

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (RS)

Town Clerk
BUILDING OFFICIAL

Call 287-2455 - 8:00 AM - 5:00 P.M. - NO SUNDAY WORK. Inspection: _____

TOWN OF SEWALL'S POINT

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, Marlberry, 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 Oxeeye, 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 Robert A. Murphy, Jr. Address 44 S. Sewall's Pt. Rd. Phone 772-287-1741

Contractor self Address _____ Phone _____

No. of Trees: REMOVE 3 Type: Palm, ?, ?

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

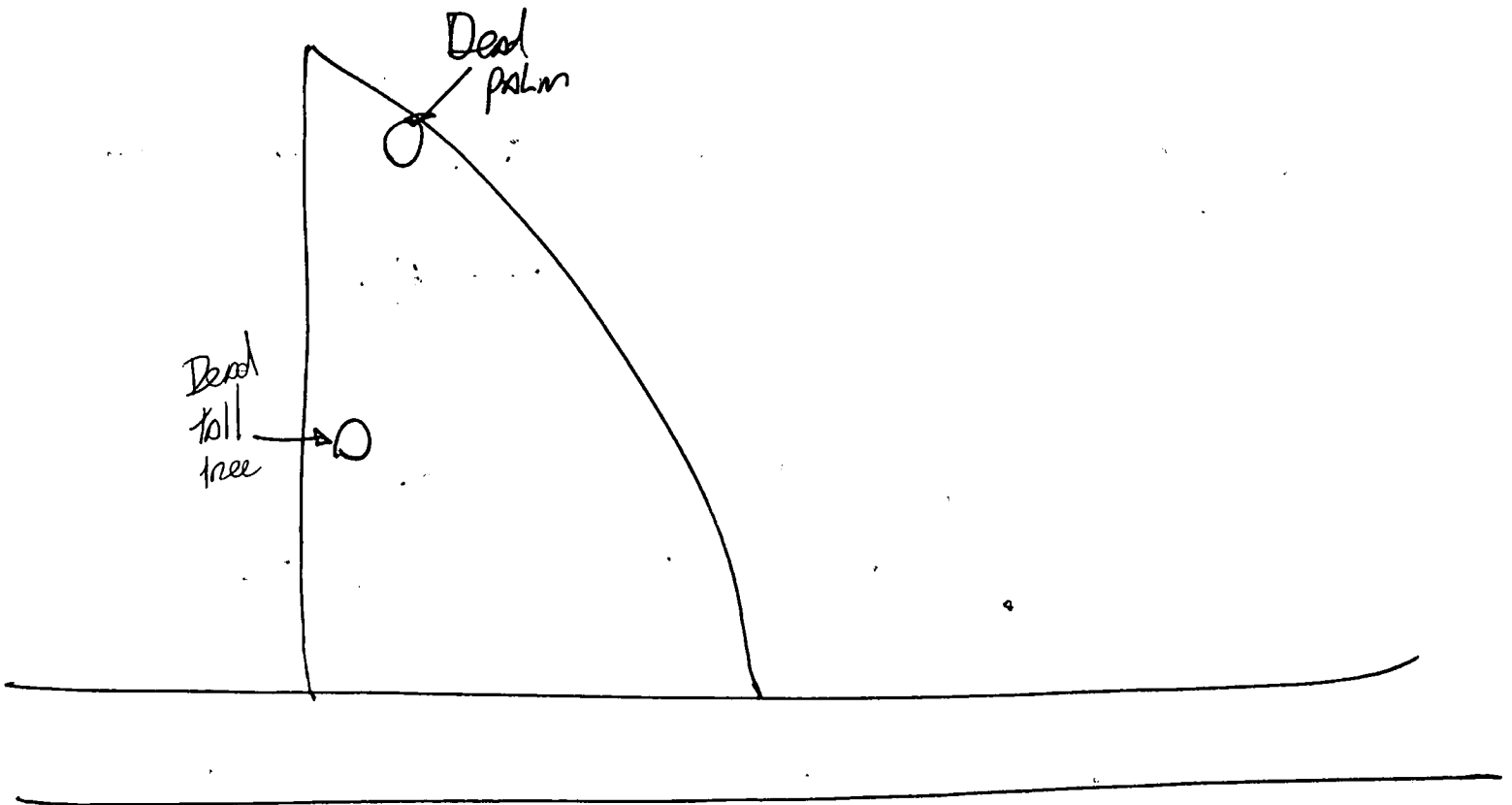
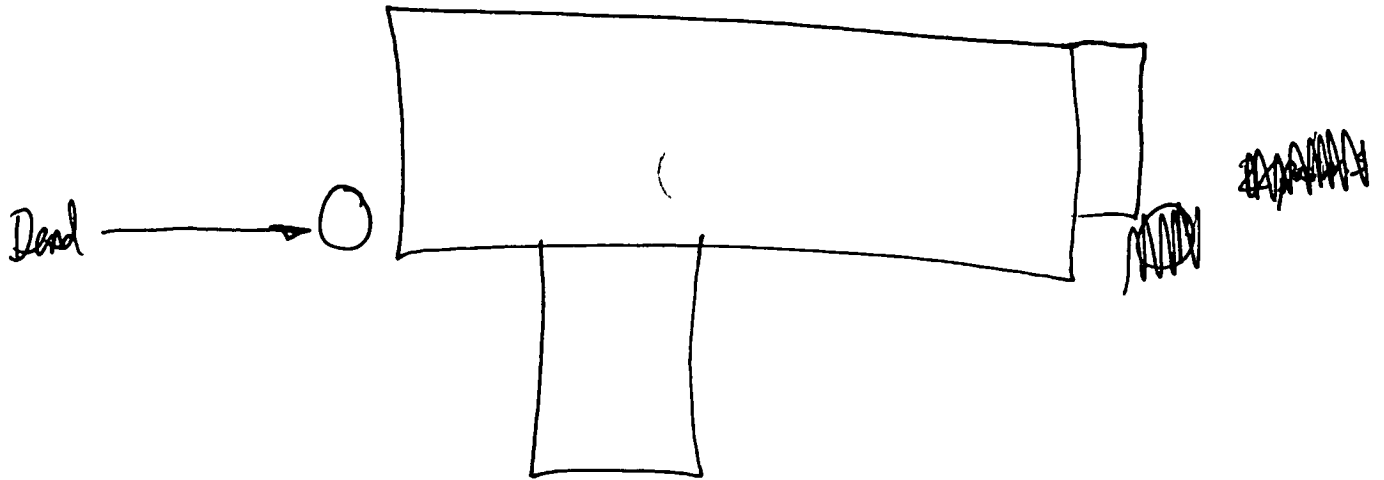
Written statement giving reasons: Trees died after hurricanes.

Signature of Property Owner Robert A. Murphy, Jr. Date 7-26-05

Approved by Building Inspector: OM Date 7/27 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked:

GUMBO LIMBO & PALM ARE DEAD AND APPROVED - TALL TREE ON NORTH OF DRIVE SHOULD HAVE DEAD STALKS REMOVED - REMAINDER OF TREES APPEARS ALIVE & WELL.



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/27, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	MURRAY	TREE	PASS	
7	44 S. Sewall's Pt Rd 0			INSPECTOR:
7689	HARTE	FOOTER	PASS	
1A	3 E. High Point FIRST FLORIDA			INSPECTOR:
7613	PREISSMAN	BEAM-PATIO	PASS	
6	28 Rio Vista WINCHIP			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

