

46 South Sewall's Point Road

201

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner MR. & MRS. L. ANDERSON Present Address _____ Phone _____
 Architect _____ Address _____
 General Contractor SYLVESTER CONST. INC. Address P.O. 963 STUART Phone 287-5487
 Where Licensed STUART License No. _____
 Plumbing Contractor R. LINDSEY Where Licensed _____ No. _____
 Electrical Contractor C. EVANS Where Licensed _____ No. _____
 Property Location ARBELA Subdivision _____ Lot No. 8 1/2 9
 Lot Dimensions 153' x 290' Lot Area _____ Sq. Ft. _____
 Purpose of Building RESIDENCE Type of Construction FRAME
 Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)
 Outside of Walls 1729 Inside of Walls 1669
 Street or Road building will front on SEWALL'S PT. RD.
 Clearances - Front 15.5' Back _____ Side 19' Side 49' River 54'
 Well Location _____ Septic Tank Location NORTH SIDE
 Building elevation (By Ordinance Definition) _____
 Contract Price (Include Plumbing, Electrical, Air Conditioning) 30,000

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	<u>90.00</u>	_____	_____
Plumbing (Flat Fee)-----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner) -----	<u>110.00</u>	_____	_____

SIGNED: - General Contractor or Owner

James S. [Signature]

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 1/70
 Date Permit approved 1/70
 Date Permit Fee paid 2/18/70
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

201

2032

FENCE

2032

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 11/12/86

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 Brackin Present Address 46 Sewell's Pt. Road, Stuart
 Phone 288-3507
 Contractor Martin fence Co. Address 1125 Old Dixie Hwy L.P. FLA 33403
 Phone _____
 Where licensed Martin County License number #00056
 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: 4' CHAIN LINK fence

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

46 ^{South} Sewell's Pt Road, Stuart

Subdivision Arbella Lot number P#9 Block number _____

Contract price \$ 500.00 Cost of permit \$ 5.00

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances, 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.

Contractor Donna Carroll

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 X

TOWN RECORD

Date submitted _____ Approved Dale Bu Building Inspector _____ Date _____

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date _____



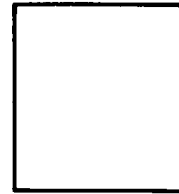
1125 OLD DIXIE HWY.
LAKE PARK, FLORIDA
33403

Palm Beach 848-2666
Martin/St. Lucie 334-0000
Ft. Pierce 465-0000

Serving: Broward, Martin, Palm Beach, St. Lucie, Indian River Counties

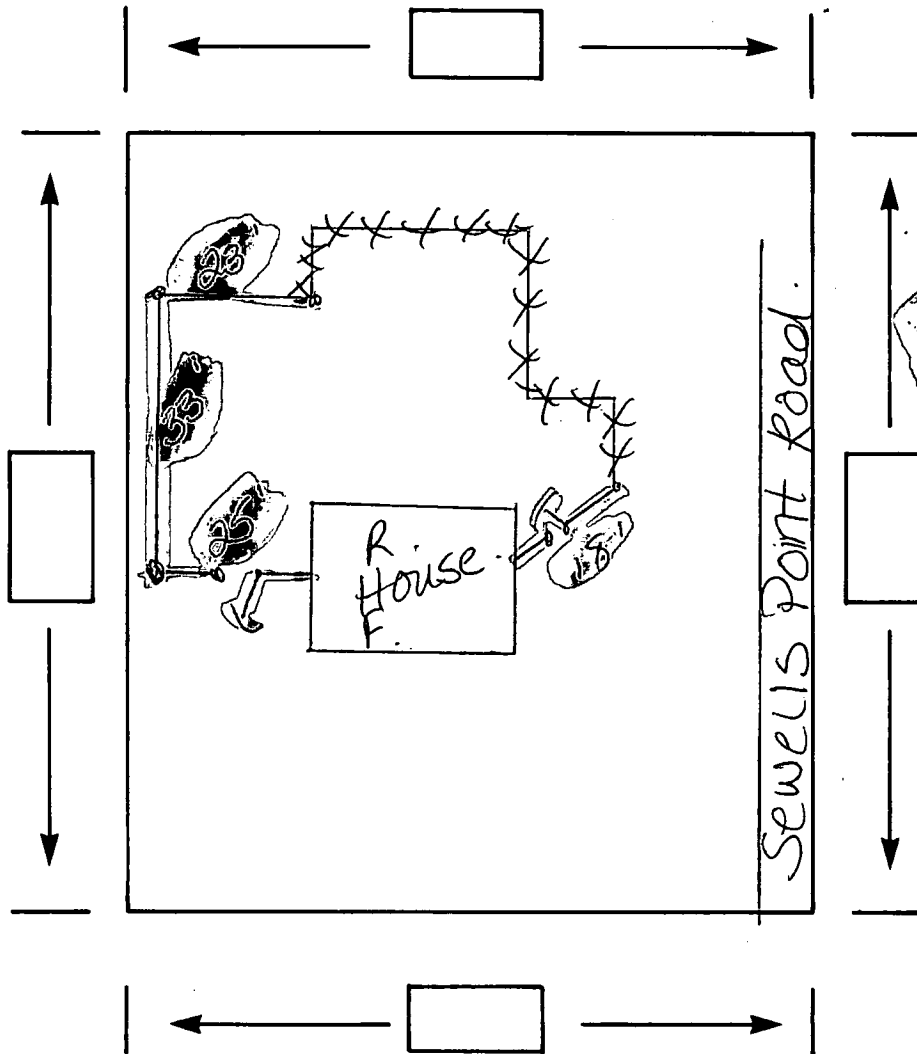
Plans drawn by: Martin Fence Co.

Name of Property Owner: Mr. Brackin



North Arrow

BUILDING & ZONING ADMINISTRATION
Plot Plan



46 Sewells Pt. Road ST., TERR., AVE., CT., PL.

No Scale

Legal: Lot No. 8+9 Block No. _____

Subdivision Arbella

Section _____

_____ Plat Book and Page No. _____

- Note:
1. Show existing buildings and additions.
 2. Show distance from property lines to buildings and/or new additions.

4622

DRIVEWAY

RESURFACE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/4/99

BUILDING PERMIT NO. 4622

Building to be erected for JOE MARTEK

Type of Permit D/W RESURFACE

Applied for by K.L. DURANT CONSTRUCTION

(Contractor) Building Fee \$ 67.20

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 46 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$67.20 Check # 2596 Cash _____ Other Fees (_____)

Total Construction Cost \$ 7,000.00 TOTAL Fees \$ 67.20

Signed _____
Applicant

Signed _____
Town Building Inspector

K. L. DURANT CONSTRUCTION
PH. 407-336-7477

2596

Date 6/4/99

Pay to the Order of TOWN OF SEWALL'S POINT \$ 67.20/100

Sixty Seven and 20/100 Dollars

First National
BANK AND TRUST COMPANY
THE SUPERCOMMUNITY BANK
PORT ST. LUCIE, FLORIDA 34984

For _____
K.L. Durant MP

6/8

APPLICANT TO SEND
TOWN VICE PERMIT W/FILE COPY
(CHK. IN PERMIT BOOK)

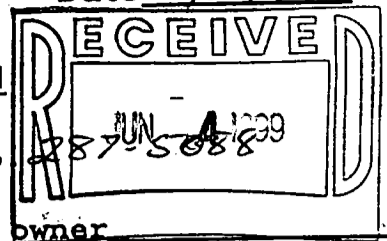
Bldg. Pmt# 4622

Town of Sewall's Point

Date 6/2/99

RECORDED N.O.C. REQUIRED
PRIOR TO 1ST INSPECTION.
6/4/99

BUILDING PERMIT APPLICATION



Owner's Name: JOE MARTEK Phone No _____
Owner's Present Address: 46 S. SEWALL'S POINT RD.
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 46 S. SEWALL'S POINT RD.
TYPE OF WORK TO BE DONE: RESURFACE DRIVEWAY WITH 4" OF CONCRETE 3000 PSI RATED

CONTRACTOR INFORMATION
Contractor/Company Name: K.L. DURANT CONSTRUCTION Phone No. 561-336-7477
COMPLETE MAILING ADDRESS 253 S.W. CHERRY HILL RD. PSC, FL 34953
State Registration RR0066827 State License _____
Legal Description of Property _____
Parcel Number _____

ARCHITECT/ENGINEER INFORMATION
Architect N/A Phone No. _____
Address _____

Engineer N/A Phone No. _____
Address _____

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

FLOOD HAZARD INFORMATION
flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 7000.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 4th day of June, 1998 by
K. Durant who is personally known to me or has produced or has
produced Fl d. and who did (did not) take an oath.
CONTRACTOR SIGNATURE K. Durant
Sworn to and subscribed before me this _____ day of _____, 1998
by _____ who is personally known to me or has produced
and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed 0 No. to be retained _____ No. to be planted _____

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

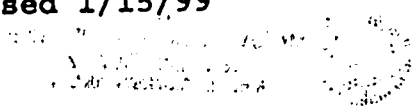
1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)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

ADDITIONAL Required Documents are:

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

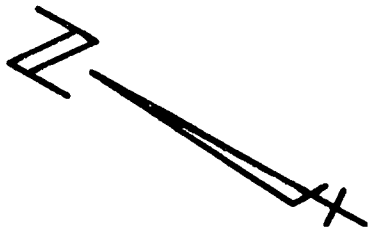
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state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

Approved by Building Official _____
Approved by Town Engineer _____



SURVEYORS NOTES:

1. Unless otherwise noted only platted easements are shown hereon.
2. No underground utilities or improvements were located unless otherwise shown.
3. Bearings shown hereon are based on the North line of South 1/2 Lot 8 as being N62°48'10"E according to deed calls.



LEGAL DESCRIPTION:

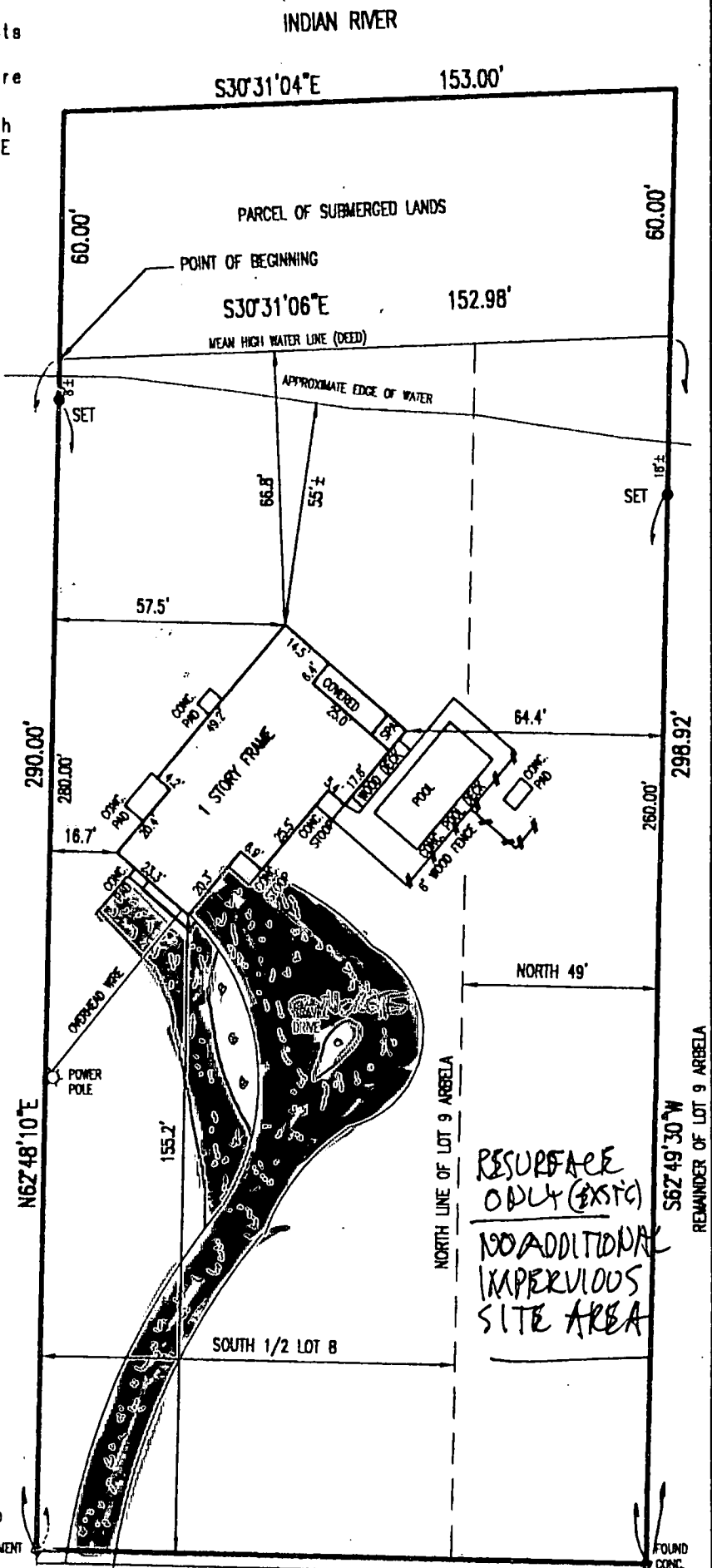
That part of the South Half of Lot 8, lying East of the County Road, sometimes known as Sewall's Point Road, and that part of the North 49 feet of Lot 9, lying East of said County Road, as shown on a map or plat of ARBELA, recorded in Plat Book 3, Page 29, Public Records of Palm Beach (now Martin County, Florida); TOGETHER with all right, title and interest of the Grantors of, in and to the said County Road immediately adjacent to the said County Road immediately adjacent to the lands above-described and extending to the center line thereof; AND ALSO, a parcel of submerged land in the Indian River in Section 1, Township 38 South, Range 41 East, Martin County, Florida, being more particularly described as follows: From the Northeast Corner of Lot 1 of Emarita Subdivision as recorded in Plat Book 3, Page 86, Public Records of Martin County, Florida, said Northeast corner also being in the North line of the South Half (S-1/2) of Lot 8 of ARBELA Subdivision, as recorded in Plat Book 3, Page 29, Public Records of Palm Beach (now Martin County, Florida, run North 62 degrees 48'10" east along the said North line of the South Half (S-1/2) of Lot 8 a distance of 335.0 feet to the line of mean high water of the Indian River and the Point of Beginning; thence continue North 62 degrees 48'10" East along the extension of said North line of the South Half (S-1/2) of Lot 8 a distance of 60 feet; thence South 30 degrees 31'04" East a distance of 153 feet to the intersection with the easterly extension of a line 49 feet South of the North line of Lot 9, of ARBELA Subdivision; thence South 62 degrees 49'30" West, a distance of 60.0 feet to the mean high water of the Indian River; thence Northerly along said line of mean high water to the Point of Beginning, lying and being in the County of Martin, State of Florida.

PROPERTY ADDRESS:
46 S. SEWELLS POINT ROAD

ABBREVIATIONS:
 R.O.W. = Right of Way
 CONC. = Concrete
 R = Radius of curve
 L = Length of curve
 Δ = Delta of Curve
 MEAS. = Measured
 SET = Set 5/8" Iron rebar with yellow cap marked "PSM 5543"

**RECORDED
 N.O.C. REQUIRED
 PRIOR TO 1ST
 INSPECTION**

CADD FILE: 98268.DWG



**RESURFACE
 ONLY (EXIST)
 NO ADDITIONAL
 IMPERVIOUS
 SITE AREA**

**6/4/99
 TOWNSHIP COPY
 [Signature]
 MUR. OFFICIAL
 PERMIT NO.
 4622**

SCALE: 1"=40'	James A. Cesiro - Land Surveyor 2141 N.E. 21st Avenue Jensen Beach, Fla. 34957 (561) 334-8071 E-mail: cesiroj@saervices.net
DATE: 8/27/98	
DRAWN: JAC	
P.A. NO. 98-268	
DATE:	REVISIONS

BOUNDARY SURVEY

Certified to: Harold F. Martek, Jr.
 Washington Mutual Bank, F.A.
 Affordable Title Insurance Agency, Inc.
 Attorneys Title Insurance Fund, Inc.

I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 61G17 Florida administrative code.

NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

James A. Cesiro Jr., P.S.M.
 Professional Surveyor & Mapper No. 5543
 State of Florida



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4656	6 HERITAGE WY	DRY IN	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8 ST LUCIE CT	BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4635	4655 Pt. Rd	ROOF FINA	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4652	12 WENDY	POOL GROUND	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	11 CASTLE Hill WY	FOOTINGS	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	15 MIDDLE RD	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: R. Moore **DATE:** 8-6-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 Hillcrest Ct	FRAME ALL	OK	
4580	23 Castle Hill Way	INSULATION	OK	
4511	33 N. River Rd	ALL TRADES	OK	
4613	8 Palm Ct	BEAM		
4635	46 S. Sewall Blvd	Roof	OK	NO PERMIT out site FOUND PERMIT
4644	5 Worth Ct	FENCE FINAL		OK
4636	38 E. Hi Pt	Dock FINAL	OK	

OTHER: _____

INSPECTOR: R L Moore

RECEIVED
DATE: 23

4635

REROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/22/99

BUILDING PERMIT NO. 4635

Building to be erected for HAROLD ^{F.} MARTEK

Type of Permit RE-ROOF (MIX)

Applied for by A&W CONST. ROOF DIV.

(Contractor)

Building Fee _____

Subdivision Arbela

Lot _____

Block _____

Radon Fee _____

Address 46 S. SEWALL'S POINT RD.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number: _____

*NOTE: PAID RECD. 6/24/99 (TOTAL \$240.00)
INCLUDES BOTH PERMITS 4623 & 4635*

Electrical Fee _____

Plumbing Fee _____

Roofing Fee \$120.00

Amount Paid \$120.00

Check # 1786

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 7,000.00

TOTAL Fees \$ 120.00

Signed _____

Signed _____

Applicant

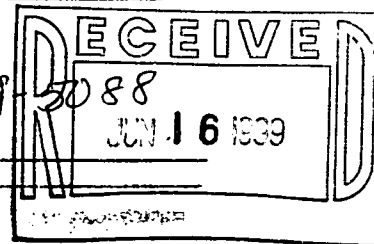
Town Building Inspector

Bldg. Pmt# 4635
6/22/99

Town of Sewall's Point

Date 6-14-99

BUILDING PERMIT APPLICATION



Owner's Name: Harold Martek Phone No. 288-5088

Owner's Present Address:

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

465 SEWALL'S POINT ROAD

Location of Job Site:

TYPE OF WORK TO BE DONE: Re-roof

CONTRACTOR INFORMATION

Contractor/Company Name: A+W Const., ROOF. DIV Phone No. 561 283-8100

COMPLETE MAILING ADDRESS: 3301 SE. Slater St., Stuart, FL 34997

State Registration _____ State License 000057686

Legal Description of Property _____

Parcel Number 01384100160800000400

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____

Address _____

Engineer _____ Phone No. _____

Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____

Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD

proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement \$10,925.00

Fair Market Value (FMV) prior to improvement _____

Substantial Improvement 50% of FMV yes _____ No _____

Method of determining FMV _____

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

Electrical _____ State License _____

Mechanical _____ State License# _____

Plumbing _____ State License# _____

Roofing _____ State License# _____

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

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OWNER/ CONTRACTOR MUST SIGN APPLICATION

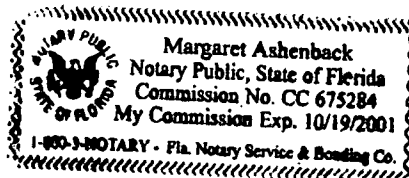
OWNER or AGENT SIGNATURE Kristopher Ashenback

Sworn to and subscribed before me this 14 day of JUNE, 1999 by Kristopher Ashenback who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Kristopher Ashenback

Sworn to and subscribed before me this 14 day of JUNE, 1999 by Kristopher Ashenback who is personally known to me or has produced _____ and who did (did not) take an oath.

Margaret Ashenback



T.F.

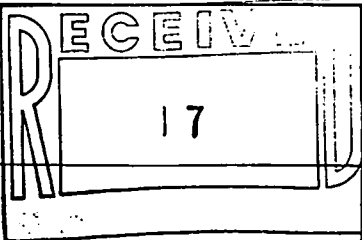
ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
A&WCO-3

DATE (MM/DD/YY)
06/17/99

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334



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

INSURERS AFFORDING COVERAGE

INSURED

A&W Construction Roofing Div
450 S Federal Hwy
Stuart FL 34994

INSURER A: **UNITED NATIONAL**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	L7119619	07/16/98	07/16/99	EACH OCCURRENCE \$ 300000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ excluded
					PERSONAL & ADV INJURY \$ INCLUDED
	GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 600000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
					E L. EACH ACCIDENT \$
					E L. DISEASE - EA EMPLOYEE \$
					E L. DISEASE - POLICY LIMIT \$
	OTHER				

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

6/17/99 duplicate for permit file - RE-POST MARKET AS S. SEWALL'S POINT K&W CONST

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

TOWNS-1

Town of Sewalls Point
1 S Sewalls Point Road
Stuart FL 34996

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

Cabot W. Lord, CIC.

ACORDTM

DATE (MM/DD/YY)
06/17/99

PRODUCER

RECEIVED
17

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.

Workers' Compensation Specialists
PO Box 810909
Boca Raton, Florida, 33481-0909
(561) 989-0145

COMPANIES AFFORDING COVERAGE

COMPANY A GENERAL ACCIDENT INSURANCE COMPANY

COMPANY B

COMPANY C

COMPANY D

INSURED

EXCEL ADMN SOLUTIONS, INC. EXCEL PERSONNEL, INC. EXCEL BENEFIT, IN 2120 N. DIXIE HIGHWAY BOCA RATON, FL 33431

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 0161741	04/01/99	04/01/00	<input type="checkbox"/> WC STAT/TORY LIMITS <input checked="" type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**EXCEL HUMAN RESOURCES, INC.
EMPLOYEES ON LEASE AND PROVIDED TO: AWR CONSTRUCTION ROOF DIV

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT ROAD
SEWALLS POINT, FL 34996
ATTN: ED ARNOLD

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

STATE OF FLORIDA AC# 5164336
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CB -C054507 06/13/1998 97903959
 CERTIFIED BUILDING CONTRACTOR
 ASHENBACK, KRISTOPHER TODD
 A & W CONSTRUCTION, INC.
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2000

STATE OF FLORIDA AC# 5163160
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CC -C057686 06/12/1998 97045815
 CERTIFIED ROOFING CONTRACTOR
 ASHENBACK, KRISTOPHER TODD
 A & W CONSTRUCTION
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2000

PERMIT # _____

TAX FOLIO # 01384100100800000400

NOTICE OF COMMENCEMENT

STATE OF FL.

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):

46 S. Sewall's Pt. Rd., Sewall's Pt., FL. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Re-Roof

OWNER: Harold Martek

ADDRESS: 46 S. Sewall's Pt. Rd., Sewall's Pt. FL. 34996

PHONE # 287-5088 FAX #: _____

CONTRACTOR: A & W CONST. ROOF. DIV.

ADDRESS: 3301 SE. Slater St., Stuart, FL. 34997

PHONE #: 561 283-8100 FAX #: 283-0292

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

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.

THIS IS TO CERTIFY THAT THE
ENCLOSURE IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA STILLER, CLERK
BY [Signature] D.C.

DATE 6.14.99

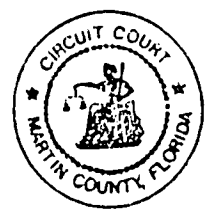
[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF JUNE 1999 BY Kristopher Ashenback

PERSONALLY KNOWN ✓
OR PRODUCED ID _____
TYPE OF ID _____

Margaret Ashenback
NOTARY SIGNATURE

NOTARY PUBLIC
STATE OF FLORIDA
Margaret Ashenback
Notary Public, State of Florida
Commission No. CC 675284
My Commission Exp. 10/19/2001



A&W

ROOFING DIVISION

CONSTRUCTION

EST. 1982

SCOPE OF WORK

-Removal of existing shingle roof down to substrate.

~~*~~ -Install 30# ASTM felt fastened to code.

~~*~~ -Install 26 ga. 5-V Crimp, mill finish metal roof system fastened to code.

~~*~~ INSTALLATION MUST FULLY
COMPLY W/ DADE CTY
PRODUCT ACCEPTANCE

98-0429.09



MARTIN
46 S. BRUCE'S POINT ROAD
62279
KANSAS
TOWN COPY
P.N. 4635

Handwritten: All *Concealed*
T.C.

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32226

Your application for Product Approval of:
"S-V Crimp" Metal Roofing Panels
under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

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

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

ACCEPTANCE NO.: 98-0429.09 Renews & Revises: 97-0404.05
EXPIRES: 06/23/01

[Signature]
Raul Rodriguez
Product Control Supervisor

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

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

[Signature]
Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 06/23/98



RECEIVED
APR 27 1999

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

G.A.F. Materials Corporation
1361 Alps Road
Wayne, N.J. 07470

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

Your application for Product Approval of:

G.A.F. Royal Sovereign


under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and types of Construction, and completely described in the plans, specifications and calculations as submitted by: Underwriters Laboratories, Inc. and Center for Applied Engineering, Inc.

Has been recommended for acceptance by the Building Code Compliance Department to be used in Dade County, Florida under the specific conditions set forth on page 2 through 19 and the standard conditions set forth on page 20.

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

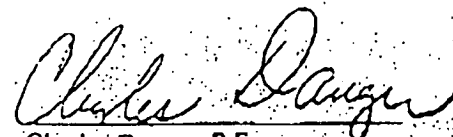
Acceptance No.: 97-0317.01 Renewals: 94-0105.06

Expires: 04/22/00


Raul Rodriguez
Product Control Supervisor

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

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


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

Approved: 04/22/97

6891

DOORS, A/C
& DRYWALL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/17/04

BUILDING PERMIT NO. 6891

Building to be erected for RICHARD/SUSAN ZAMBO Type of Permit EXT. DOORS/A/C/DRY WALL

Applied for by O/B ARBELA (Contractor) \$12,500 x 9.60/100 = 120.00 Building Fee 120.00

Subdivision EMERALD Lot 8 Block _____ Radon Fee _____

Address 46 S. SEWALLS POINT RD. Impact Fee _____

Type of structure SFR A/C Fee 35.00

Parcel Control Number: _____ Plumbing Fee 0

138410010080000040000

Amount Paid \$522.50 Check # 733 Cash _____ Roofing Fee 10% PLAN BGN 19.00

Total Construction Cost \$ 12,500.00 Other Fees 25.00/B 52.25
X2 (WORK w/o PERMIT 261.25) TOTAL Fees \$522.50

Signed [Signature]
Applicant

Signed Mene Simmons (rle)
Town Building Official

PERMIT

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

INSPECTIONS

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

**Town Of Sewall's Point
Building Permit No. 6891**

Request To Amend Building Permit

Richard A. and Susan N. Zambo
46 South Sewall's Point Road

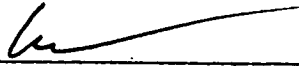
Repair of Damages due to Hurricane Jeanne

As a result of hurricane Jeanne, Owners find it necessary to perform additional repairs at the referenced residence. Owners request that this additional drywall, cabinetry and soffit repair work be permitted/included as an amendment to the referenced Building Permit.

The additional work to be performed under this amendment is generally indicated in the attached drawing and includes removal, repair and/or replacement of kitchen and bathroom cabinetry, removal and replacement of drywall and insulation on interior walls, and repair and/or replacement of exterior soffits. In the course of performing such work it may be come apparent that one or more interior studs or plates must also be replaced.

See attached drawing.

REVISION

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>10/11/04</u>  BUILDING OFFICIAL Gene Simmons</p>

RENEWAL 3mo \$52.25/mo x 3mo = 156.75 good thru 12/17/05 #1125

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/17/04

BUILDING PERMIT NO. 6891

Building to be erected for RICHARD/SUSAN ZAMBO Type of Permit EXT DOORS/A/C/DRY WALL

Applied for by O/B (Contractor) ^{\$12,500 x 9.60/100 =} Building Fee 120.00

Subdivision ARBELA Lot 8 Block _____ Radon Fee _____

Address 416 S. SEWALLS POINT RD Impact Fee _____

Type of structure SFR A/C Fee 35.00

Parcel Control Number: _____ Electrical Fee 35.00

138410010080000040000 Plumbing Fee 0

Amount Paid \$ 522.50 Check # 733 Cash _____ Roofing Fee _____

Total Construction Cost \$ 12,500.00 Other Fees 25% PLAN REV 19.00

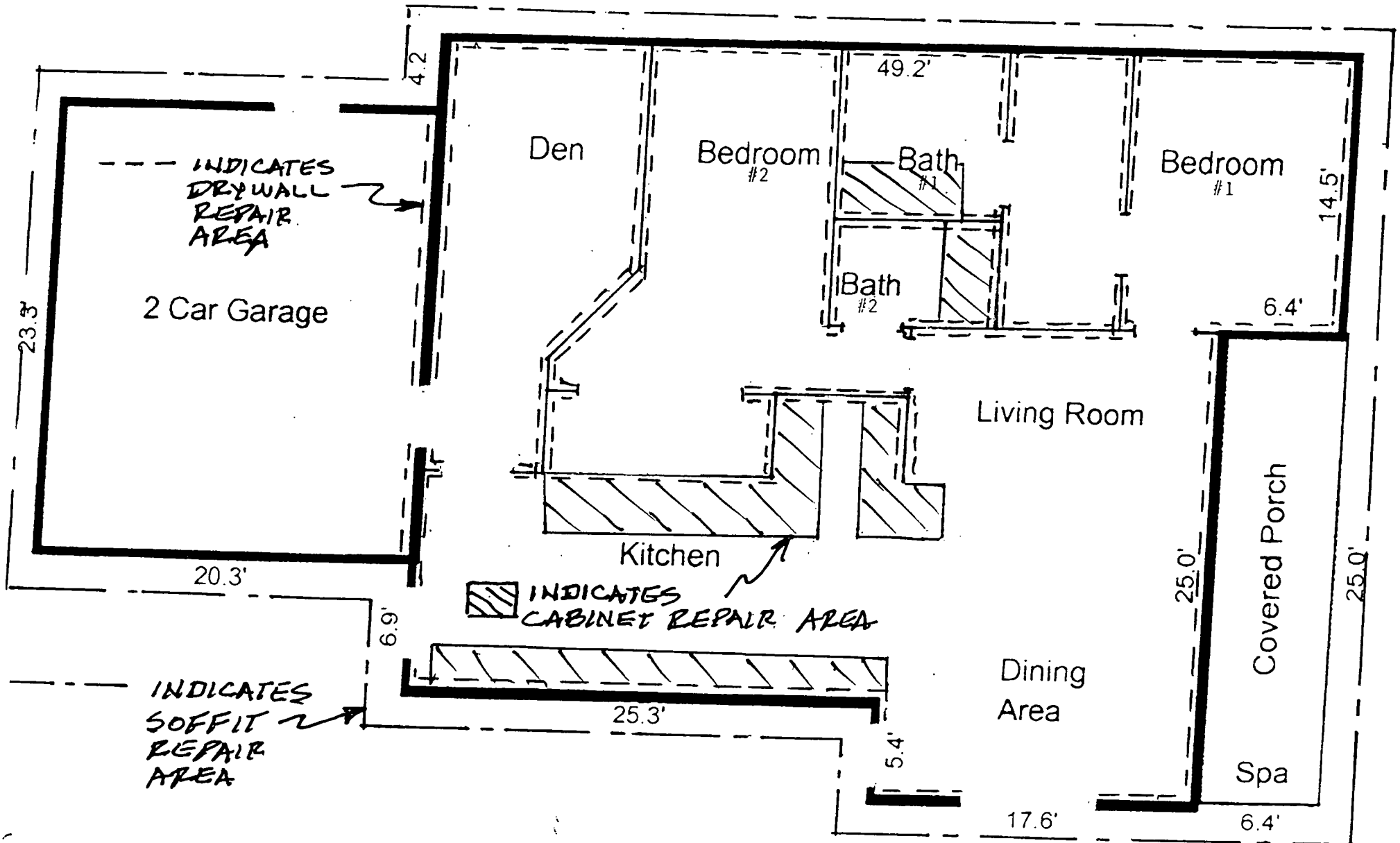
X2 (WORK W/O PERMIT 261.25)
TOTAL Fees \$522.50

Signed [Signature]
Applicant

Signed Mene Simmons (alc)
Town Building Official

TOWN OF SEWALL'S POINT
BUILDING PERMIT APPLICATION
ATTACHMENT RE: HURRICANE REPAIRS

RICHARD A. AND SUSAN N. ZAMBO
46 S. SEWALL'S POINT ROAD
REQUEST FOR AMENDMENT TO BUILDING PERMIT 6891



RECEIVED

SEP 09 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: September 1, 2004

Permit Number: _____

OWNER/TITLEHOLDER NAME: Richard/Susan Zambo Phone (Day) 772-232-0204 (Fax) 232-0205

Job Site Address: 46 South Sewall's Point Road City: Sewall's Point State: FL Zip: 34996

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

Owner Address (if different): 1334 SE MacArthur Boulevard City: Stuart State: FL Zip: 34996

Description of Work To Be Done: Repair, upgrading, remodeling -> See attached descriptions

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 12,500

Estimated Fair Market Value prior to improvement: \$ 250,000

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

Method of Determining Fair Market Value: per sq ft replacement

CONTRACTOR/Company: O/B. Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: First Quality Electric State: Florida License Number: ER0012204

Mechanical: NisAir Air Conditioning State: Florida License Number: CAC041199

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: 1650 Garage: 450 Covered Patios: 150 Screened Porch: --

Carport: -- Total Under Roof 2250 Wood Deck: -- Accessory Building: --

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

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]

State of Florida, County of: [Signature]

This the 9th day of AUGUST, 2004

by RICHARD A. ZAMBO who is personally

known to me or produced by [Signature] as identification.

My Commission Expires: _____

CONTRACTOR SIGNATURE (required) _____

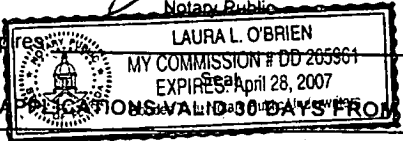
On State of Florida, County of: _____

This the _____ day of _____, 2004

by _____ who is personally

known to me or produced _____ as identification.

My Commission Expires: _____



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

LET'S ELIMINATE AGGRESSIVE DRIVING.

120.00 12.5×9.60
~~14.00~~ 10% plan
35.00
35.00

209.00
52.25

 $261.25 \times 2 = 522.50$

Funding provided by the Florida Department of Transportation.

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

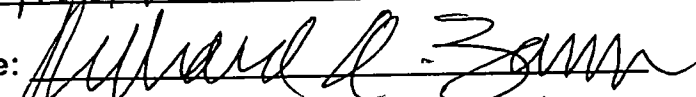
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

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: RICHARD A. ZAMBO Date: 9/9/04

Signature: 

Address: 1334 S.E. MACARTHUR BOULEVARD

City & State: STUART, FL 34996

Permit No. _____


**Town Of Sewall's Point
Building Permit Application**

Richard A. and Susan N. Zambo
46 South Sewall's Point Road

Attachment re: Electrical Work

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 9/15/06


BUILDING OFFICIAL
Gene Simmons

The electrical work to be performed as part of the work of this Building Permit Application consists primarily of repair, replacement and upgrading of the existing electrical system and fixtures. Referring to the attached floor plan (which is not precisely to scale), the electrical work will entail the following:

INTERIOR

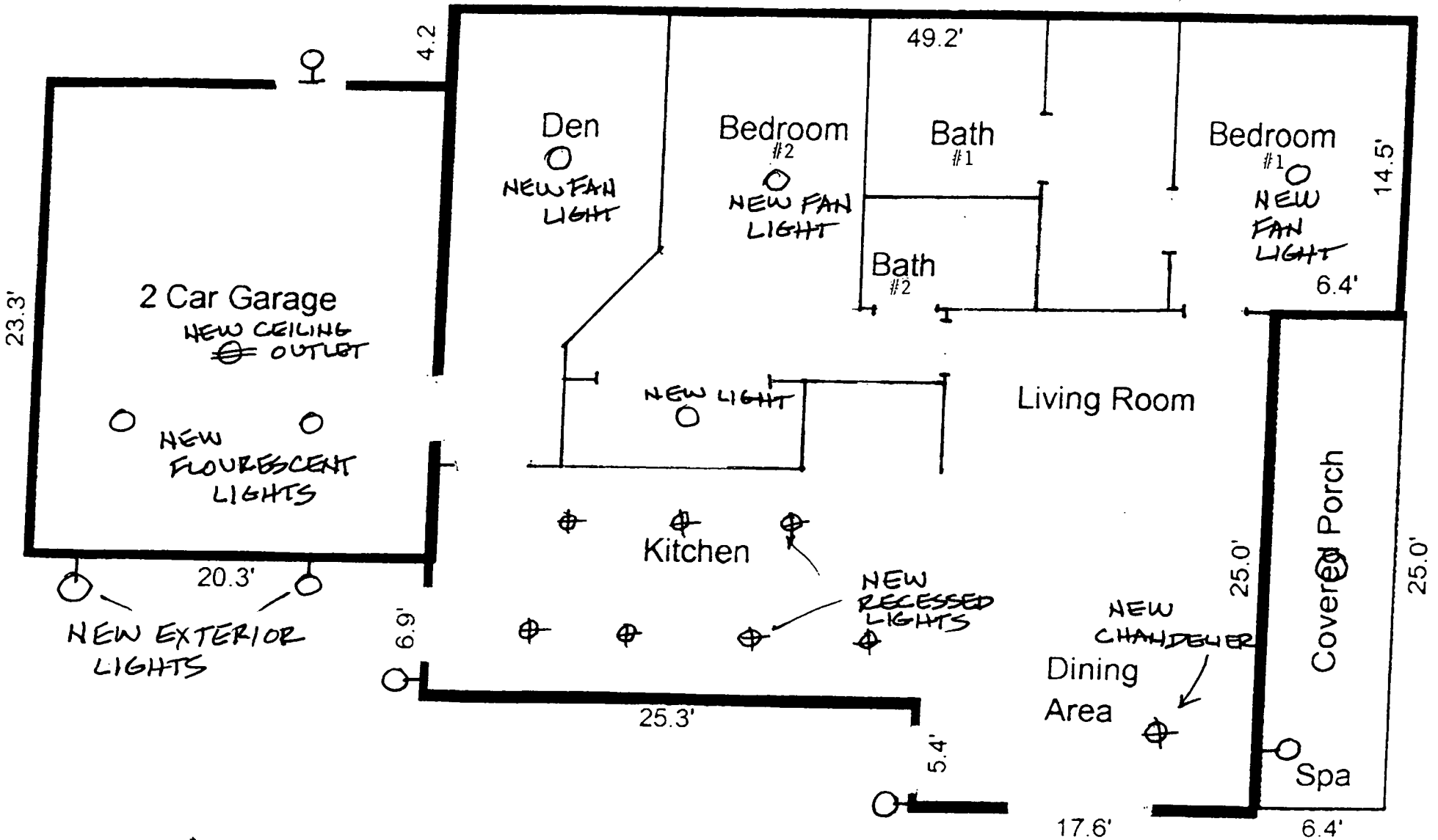
- Garage: -Add overhead 120v outlet for existing garage door opener
 -Add/replace 2 fluorescent light fixtures with switches as required
 -Upgrade/rewire hot water heater
 -Remove or replace numerous bare bulb fixtures
- Kitchen -Remove 5 existing surface mount lights/fan
 -Install 7 recessed cans with switch as required
- Dining -Add ceiling chandelier box and switch as required
- Living -Remove fan/light fixture and box
- Bedroom#1 -Remove fan and light fixtures and box, relocate to center of room
- Bedroom#2 -Remove fan and 3 light fixtures and boxes
 -Install center box for fan/light in center of room with switches as required
 -Remove closet light and box
 -Add box and light fixture to center of closet with switches as required
- Den -Remove fan and 3 light fixtures and boxes
 -Install center box for fan/light in center of room with switches as required

EXTERIOR

- Garage -Install light fixture and box on each side of garage door with switch as required
- Entries -Replace exterior lighting fixtures at 3 entry doors garage, kitchen, dining
 -Replace exterior lighting fixture and fan fixture on covered porch

TOWN OF SEWALL'S POINT
 BUILDING PERMIT APPLICATION
 ATTACHMENT RE: *ELECTRICAL*

RICHARD A. AND SUSAN N. ZAMBO
 46 S. SEWALL'S POINT ROAD



PERMIT # 6891

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

ARBELA LOT 8, 46 S. SEWALL'S POINT ROAD STUART 34996

GENERAL DESCRIPTION OF IMPROVEMENT: GENERAL REPAIR AND REMODEL

OWNER: RICHARD A AND SUSAN H. ZAMBO

ADDRESS: 1334 S.E. MACARTHUR BLVD. STUART 34996

PHONE #: 225 5400 FAX #: 232 0205

CONTRACTOR: OWNER/BUILDER

ADDRESS: SAME

PHONE #: _____ FAX #: _____

SURETY COMPANY(IF ANY) N/A

ADDRESS: STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: BY T. COPUS D.C.
DATE 9-22-04

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

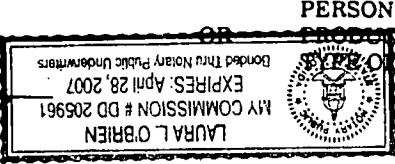
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

[Signature]
SIGNATURE OF OWNER

FLD2510741452410 X 7/1/05

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th DAY OF SEPTEMBER 2004 BY RICHARD ZAMBO

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN OR PRODUCED ID FLDL

**Town Of Sewall's Point
Building Permit Application**

Richard A. and Susan N. Zambo
46 South Sewall's Point Road

Attachment re: Air Conditioning System Work

The air conditioning work to be performed as part of the work of this Building Permit Application consists primarily of repair, replacement of existing supply registers, adding one supply line, adding one active return and one passive return and increasing the size of the main return grill and filter. Referring to the attached floor plan (which is not precisely to scale), the air conditioning work will entail the following:

INTERIOR

- Kitchen -Install passive return duct and grills between kitchen and den
- Hallway -Replace existing return grill and filter housing
- Bedroom#1 -Install active return in closet
- Bedroom#2 -Relocate closet supply to center of closet
- Den (See Kitchen, above)
- General Replace all existing registers and grills with new white units

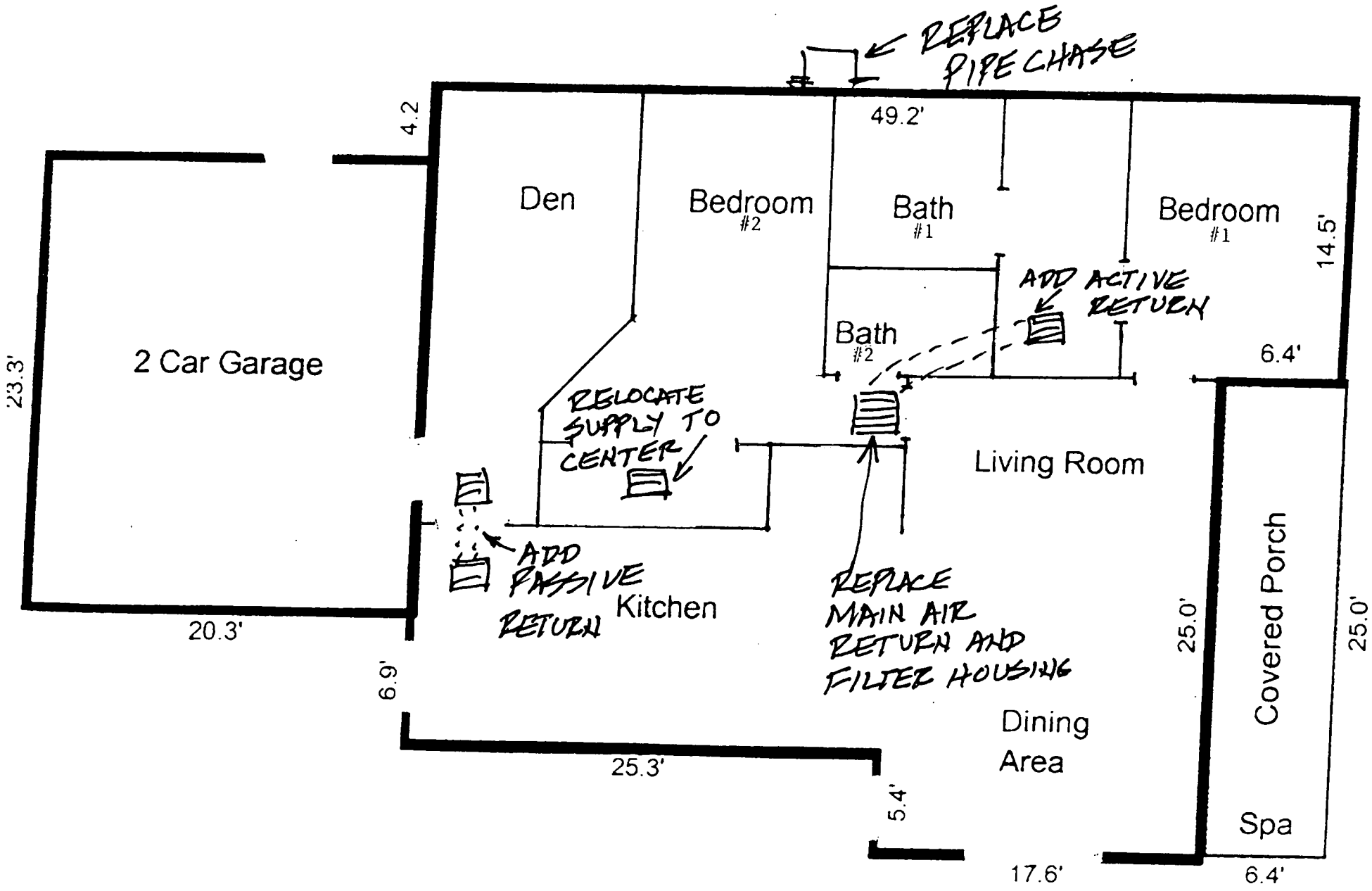
EXTERIOR

- Chase Replace existing pipe chase with new chase

TOWN OF SEWALL'S POINT
BUILDING PERMIT APPLICATION
ATTACHMENT RE:

AIR CONDITIONING

RICHARD A. AND SUSAN N. ZAMBO
46 S. SEWALL'S POINT ROAD



**Town Of Sewall's Point
Building Permit Application**

Richard A. and Susan N. Zambo
46 South Sewall's Point Road

Attachment re: Drywall/Ceiling repair

The drywall/ceiling repair work to be performed as part of the work of this Building Permit Application consists of the repair of the holes/openings resulting from removal or relocation of electrical fixtures air conditioning supplies and returns. While the vast majority of the work will be on the ceilings, there will be some on the walls to cover relocated switch holes, wall mounted a/c unit, and repairs of dents, etc. It is not possible to detail each such location of repair work. Alternatively, depending on the number of holes, and whether or not the ceiling texture can be "matched", the repairs may be affected by adding a layer of ½ inch drywall over the existing ceiling and taping, finishing as new.

**Town Of Sewall's Point
Building Permit Application**

Richard A. and Susan N. Zambo
46 South Sewall's Point Road

Attachment re: Door Replacement

The door replacement work to be performed as part of the work of this Building Permit Application consists of the replacement of 5 existing wood, glass and/or jalousie doors. Referring to the attached floor plan, where door are identified number 1 thru 5, the door replacement work will entail the following:

Door 1 will be a solid steel pressure rated door.

Door 2 will be a single light impact rated door

Door 3 will be a single light pressure rated door

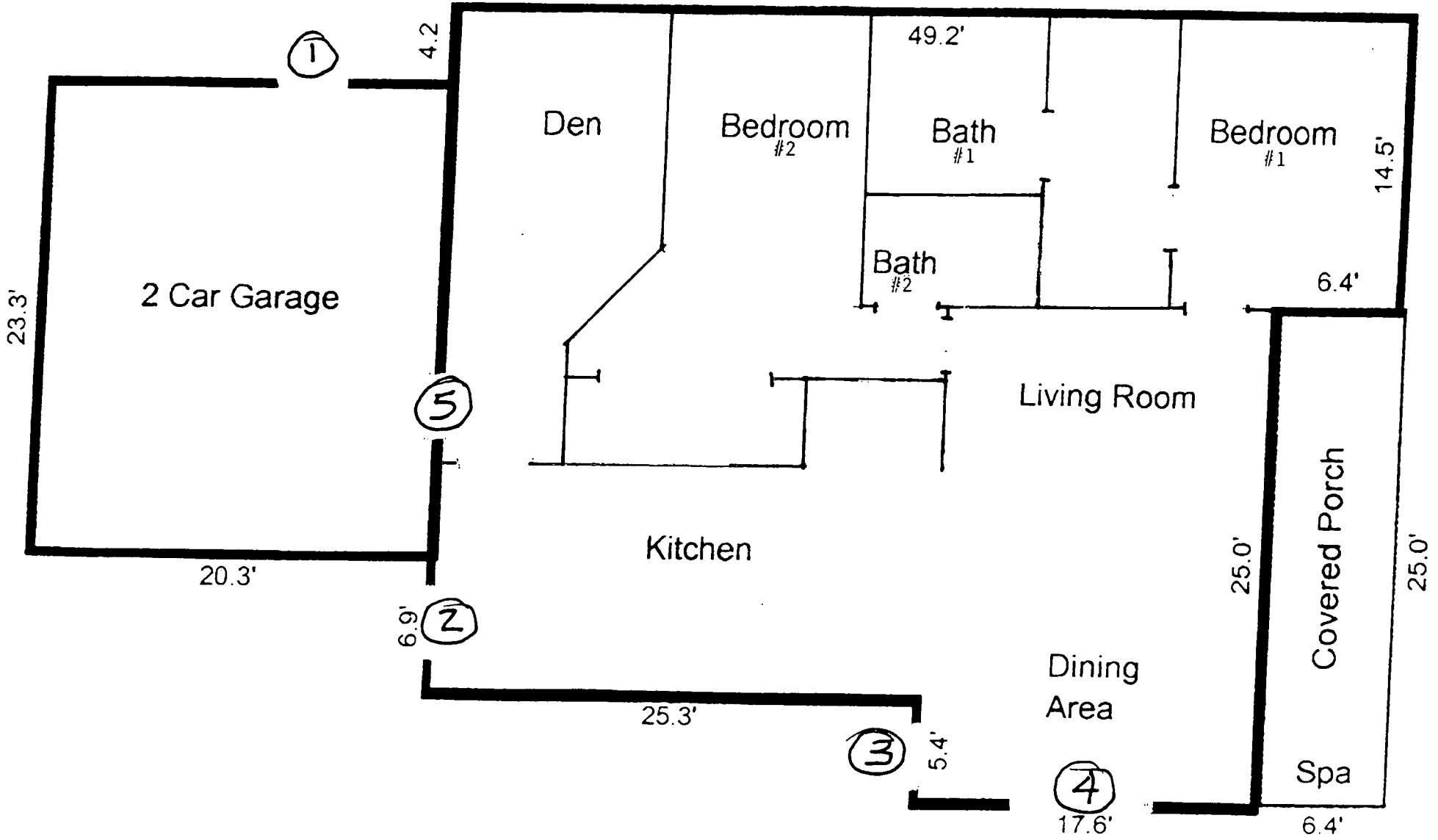
Door 4 will be a french, single light, pressure rated double door set

Door 5 will be a solid steel door

TOWN OF SEWALL'S POINT
BUILDING PERMIT APPLICATION
ATTACHMENT RE:

DOOR REPLACEMENT

RICHARD A. AND SUSAN N. ZAMBO
46 S. SEWALL'S POINT ROAD



FIRST QUALITY ELECTRICAL SERVICE INC.

RESIDENTIAL - COMMERCIAL - MARINE
Efficient Electrical Systems Installed and Repaired
Michael Flanagan -- EC 13002096

Sewall's Pt Building Dept.

I have inspected the wiring, switches, fixtures etc. at 46 So Sewall's Pt Rd
and found them to be safe and uneffected by flood or storm damage.

If you have questions please contact me at the numbers below.

Thank you

Michael

132 W. Park Avenue - Edgewater, FL 32132
Phone - 772-285-9373 Fax - 772-225-8069



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

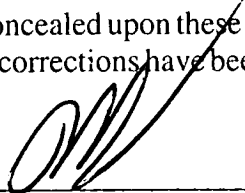
ADDRESS: 46 S.S.P.R.

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

THERE IS ADDITIONAL DAMAGE
TO DRYWALL FROM STORM
SURGE - NEED ENOR
LTR APPROVING BEADING
WALL CONNECTORS ON
EXT. WALLS -
2ND LAYER OF CEILING DRYWALL
NEEDS ENOR LTR OF APPROVAL
FOR ADDITIONAL DEAD LOADING
ON TRUSSES

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

DATE: 10/1



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/27, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6873	WITTMAN	FINAL INT DOOR REMODEL	PASS	CLOSE
5	13 RIVERVIEW O/B			INSPECTOR: <i>[Signature]</i>
6945	O'DONNELL	HURRICANE SURVIVAL	PASS	CLOSE
8	17 PERRIWINKLE Crt CHOICE ALUMINUM			INSPECTOR: <i>[Signature]</i>
6891	Zambo	Pre Demol	PASS	KEY ABOVE
3	46 S. SEWALL'S Pt O/B			MAIL DOOR DAMAGE INSPECTOR: <i>[Signature]</i>
6413	POWERS	PARTIAL ELEC.	PASS	
4	70 S. SEWALL'S Pt FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
6753	RADER	SLAB	PASS	
2	5 HERITAGE WAY Ad P CONST.	STEM WALL GAM PLEASE?		INSPECTOR: <i>[Signature]</i>
6719	DONAHUE	STEEL-STAIRWAYS		NOT READY
6	163 S. SEWALL'S Pt HALL-SAMMONS	LAST PLEASE		INSPECTOR: <i>[Signature]</i>
6396	MUFSON	ROUGH PLUMBING	FAIL	
1	17 S. RIVER RD BUFORD			INSPECTOR: <i>[Signature]</i>

OTHER: _____

BREITENBACH ENGINEERING, INC

jbach442@adelphia.net

9073 SE Bridge Rd, #A, Hobe Sound, Florida 33455 Tel/Fax: (772) 546-6809 Cell: (772) 834-4743

September 7, 2004

Re: Permit #6891 for Mr. & Mrs Sambo, 46 S. Sewall's Pt Rd, Sewall's Point, FL 34996

Building Department
Town of Sewall's Point
One South Sewall's Point Rd
Sewall's Point, FL 34996

Re: Inspection of residence on 10/6/04

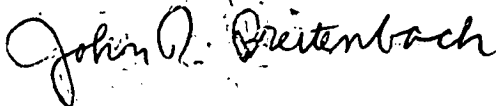
Building Department:

An on site inspection was performed yesterday for structural damage from the recent hurricanes and flood waters. The lower portions of interior walls, and the soffit on the exterior, are exposed for view.

The inspection of the exposed walls and trusses did not reveal any structural damage, shifting, or uplift caused by water or wind. This excludes the (non-structural) vinyl or plastic soffit vents, which are going to be replaced.

On the issue of the extra dead load from a second layer of sheet rock on the ceiling, this is not a problem for such short roof truss spans. The extra dead load is probably desirable considering uplift forces.

Sincerely,



John D. Breitenbach, PE

FL PE #59770
FL SI #2072
Firm Reg.# 26001

Via Mail: 3-copies, signed and sealed

- 1- Building Department
- 2- Joseph P. McCarty, Architect
- 3- Richard Sambo, Owner

file= 04016-1-Sambo

10-7-04-Sambo



6891

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 46 S. SPR.

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

FINAL DOORS / WINDOWS
DTM WALL

MISSING HURRICANE
SHUTTERS ON EAST L.R.
DOORS.

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

DATE: 12/7

[Signature]



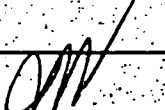
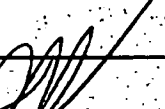
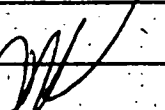
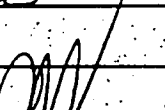
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEB 7, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7020	HAYNES	FENCE	PASS	CLOSE
7	6 PALM ROAD			
	O/B	11:30 PLEASE		INSPECTOR: 
7160	HAYNES	Demolnry Wall	PASS	CLOSE
7	6 Palm Road			
	O/B			INSPECTOR: 
7108	WINSLOW	TIN TAG METAL	PASS	
6	10 S. Sewalls Pt	ROOF SHEATH.	PASS	
	PACIFIC ROOFING			INSPECTOR: 
6705	ANDERSON	WINDOW &	PASS	
5	9 PALMETO	DOOR INSTALLATION		
	PALM BEACH CREATIVE			INSPECTOR: 
68911	ZAMBO	DOORS	PASS	
3	46 S. Sewal			
				INSPECTOR: 
7239	KENDALL	FENCE	PASS	CLOSE
4	8 KINGSTON CT			
	O/B			INSPECTOR: 
7177	BRAND	FINAL ROOF		Reschedule
	4 E. High Point Rd			
	LYNN TITUS			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/7, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1	DUNN	POWER REL.	PASS	
	31. N. RIVER RD	B/S		
	F.F.O.			INSPECTOR:
4	7753 BIRD	ROOF IN PROG	MET	W/ ROOFER NO ACCESS
	27 LOFTING WAY		GATE CLOSED	NO
	L&W ROOFING			INSPECTOR: RESPONSE
8	7869 VON STADEN	FINAL ROOF	PASS	CLOSE
	20 N. VIA LUCINDIA			
	SEASIDE ROOFING			INSPECTOR:
5	787B NOSEHL	EGH PUMP	PASS	
	26 W. HIGH	FOOTING		
	O/B			INSPECTOR:
9	7528 SWEET	FINAL ROOF	PASS	CLOSE
	14 S. RIDGEVIEW			
	CARDINAL			INSPECTOR:
2	7431 MAC DOUGALL	FINAL RAINING WALL	PASS	CLOSE
	23 N. RIVER RD			
	CUSTOM BUILT MAR.			INSPECTOR:
10	6891 ZAMBO	FINAL EXT. DOORS	FAIL	
	46 S. SEWALLS PT	MINDR ACT + DEY WALL		
	O/B			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/12, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Kiplinger	Tree	PASS	
2	143 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
7921	KAKAYONNIS	FINAL ROOF	PASS	CLOSE
3	80 S. RIVER RD MARC PROVENCHER			INSPECTOR: <i>[Signature]</i>
6772	ELDER	STAIRS	PASS	
9	4 MARGUERITA RD O/B	PLUMB + ELEC 708-5310 11:30?	PASS	INSPECTOR: <i>[Signature]</i>
6891	ZAMBO	FINAL A/C	PASS	CLOSE
5A	46 S. S. P.R. O/B	DRY WALL DOORS		INSPECTOR: <i>[Signature]</i>
7938	BONIFACE	FOUNTAIN STEEL	PASS	
5B	63 S. RIVER RD ADVANTAGE POOLS			INSPECTOR: <i>[Signature]</i>
	AIKERS			CONFERRED W/
	38. W. HIGH PT. 287-9898			H/O. ABOUT ROOF. INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

7601

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/3/05

BUILDING PERMIT NO. 7601

Building to be erected for ZAMBO Type of Permit FENCE

Applied for by STUART FENCE (Contractor) Building Fee 30.00

Subdivision ARBELA Lot 8 Block _____ Radon Fee _____

Address 46 S. SEWALL'S PT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

013841001008000040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 3248 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 4570.00 TOTAL Fees 30.00

Signed Janis Loudin
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 6/1/05 Permit Number: _____

OWNER/TITLEHOLDER NAME: Zambo Phone (Day) 232-0204 (Fax) _____

Job Site Address: 46 S. Sewalls Pt Road City: Stuart State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) ARBELLA 5 1/2 & LOT B Parcel Number: 01-38-41-001-008-00000 4

Owner Address (if different): 1334 SE MacARTHUR BLVD City: STUART State: FL Zip: 34996

Description of Work To Be Done: INSTALL 4' HIGH ALUM FENCE & GATES

WILL OWNER BE THE CONTRACTOR?:



COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4570.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Stuart Fence Co Phone: 772-288-1151 Fax: 772-288-3035

Street: 2832 SE Iris St. City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE 3584

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) Susan Zambo

State of Florida, County of: MARTIN

This the 25 day of May, 2005

by SUSAN ZAMBO who is personally

known to me or produced 2510-794-48-886-0

as identification. Janis L. Loudin

My Commission Expires: Janis L. Loudin Commission # DD119654 Expires May 21, 2006

Bonded Thru Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required) Chester Richmond

On State of Florida, County of: MARTIN

This the 25 day of May, 2005

by CHESTER RICHMOND who is personally

known to me or produced _____

As identification. Janis L. Loudin

My Commission Expires: Janis L. Loudin Commission # DD119654 Expires May 21, 2006

Bonded Thru Atlantic Bonding Co., Inc. Seal

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/04

PRODUCER

MARIE HOWELL INSURANCE SERVICES
3215 S US 1 SUITE B-201
PORT PIERCE FL 34982
772-461-4733

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

STUART FENCE COMPANY, INC.
CZ66TER J. RICHMOND & JOHN JAMASON
P O B 2636
STUART, FL 34995

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: WESTERN WORLD

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.

FORM NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
1	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	04GL010	8/18/04	8/16/05	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC.				DAMAGE TO WRITTEN PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
1	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> COMEQUINED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$	
	<input type="checkbox"/> BODILY INJURY (Per person) <input type="checkbox"/> BODILY INJURY (Per accident) <input type="checkbox"/> PROPERTY DAMAGE (Per accident)				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
					EACH OCCURRENCE \$ AGGREGATE \$	\$ \$
					\$ \$	\$
1	EMPLOYERS LIABILITY NOT PROPORTIONATE TO EXECUTIVE OR OFFICER EXCLUDED Special Provisions below OTHER				<input checked="" type="checkbox"/> STATUTE TORT LIMITS <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				\$ \$	
	\$ \$				\$	

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

FENCE ERECTION

CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT, FL 34996

ATTN: LORA
PHONE 772-220-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

M. Howell

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone: 727-938-5562 Fax: 727-937-2138

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone : (727)938-5562

Insurers Affording Coverage		NAIC #
Insurer A:	Lion 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	ADDL 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"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos Only: AGG.	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER	
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Other 3465485
Stuart Fence Company

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company * FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC)

CERTIFICATE HOLDER	CANCELLATION
TOWN OF SEWALLS POINT ATTN: LAURA 1 S. SEWALLS POINT RD. SEWALLS POINT FL 34996	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
	

2004-2005 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Lwty C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (772) 288-5604

LICENSE 2004-518-003 CERT CFE3584
PHONE 772-519-6263 SIC NO 235990

LOCATION:
2832 SE IRIS ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

IT HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 20 04
AND ENDING SEPTEMBER 30 2005

RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
2832 SE IRIS STREET
STUART FL 34997

12 04091402 002561 PAID

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

Comp. 20278
Status: ACTV

TBA: STUART FENCE CO. INC
THIS IS TO CERTIFY THAT CHESTER J. III RICHMOND has qualified as a certified FENCE contractor for period from 10/1/2004 to 9/30/2005 subject to St. Lucie County Code of Ordinances and Compiled Laws.

Date: 08/10/04

Charles Wenzel

Contractor Licensing Official

Permit No. _____

Tax Folio No. 01 33 41 001 00 8

00000 4

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

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

1. Legal description of property (include street address, if available): 46 S. Sewalls Point Rd
ARBELO, S 1/2 of Lot 8 E of Rd 4 N 47' of Lot 9 E of Rd 4 Pt of
SUBMITTED TO RD 4 EXTENDING

2. General description of improvement: Install aluminum fence & gate

3. Owner information - name and address: Lambo, Richard
46 S. Sewalls Pt Road, Stuart, FL 34996

Interest in property: _____

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

4. Contractor - name and address: Stuart Fence 2833 SE Iris St. Stuart,
FL 34997

Phone number 288-1151 Fax number 288-3035

5. Surety - name and address: _____

Phone number _____ Fax number _____ Amount of bond: \$ _____

6. Lender - name and address: _____

Phone number _____ Fax number _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(i)(a)7., Florida Statutes (name and address): _____

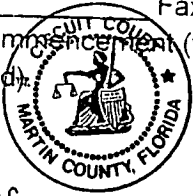
Phone number _____ Fax number _____

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.

Phone number _____ Fax number _____

9. I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL. _____ DATE: _____



(the expiration date is 1 year from the date of recording 2510-794-48-886-0)

Susan Lambo
Signature of Owner

BY: [Signature] D.C.
DATE: 5/31/05

Sworn to and subscribed before me this 25 day of May, 2005.

[Signature]
Notary Public

My Commission Expires: _____



Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

INSTR # 1843269 OR BK 02019 PG 0260 RECD 05/31/2005 12:53:08 PH
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L WOOD

SURVEYORS NOTES:

- 1. Unless otherwise noted only platted easements are shown hereon.
- 2. No underground utilities or improvements were located unless otherwise shown.
- 3. Bearings shown hereon are based on the North line of South 1/2 Lot 8 as being N62°48'10"E according to deed sale.



LEGAL DESCRIPTION:

That part of the South Half of Lot 8, lying East of the County Road, sometimes known as Sewall's Point Road, and that part of the North 49 feet of Lot 8, lying East of said County Road, as shown on a map or plat of ARBELA, recorded in Plat Book 3, Page 28, Public Records of Palm Beach (now Martin County, Florida);

TOGETHER with all right, title and interest of the Grantee of, in and to the said County Road immediately adjacent to the said County Road immediately adjacent to the lands above-described and extending to the center line thereof;

AND ALSO, a parcel of submerged land in the Indian River in Section 1, Township 36 South, Range 41 East, Martin County, Florida, being more particularly described as follows: From the Northeast Corner of Lot 1 of Emorio Subdivision as recorded in Plat Book 3, Page 68, Public Records of Martin County, Florida, said Northeast corner also being in the North line of the South Half (S-1/2) of Lot 8 of ARBELA Subdivision, as recorded in Plat Book 3, Page 28, Public Records of Palm Beach (now Martin County, Florida, run North 62 degrees 48'10" east along the said North line of the South Half (S-1/2) of Lot 8 a distance of 335.8 feet to the line of mean high water of the Indian River and the Point of Beginning; thence continue North 62 degrees 48'10" East along the extension of said North line of the South Half (S-1/2) of Lot 8 a distance of 63 feet; thence South 30 degrees 31'04" East a distance of 153 feet to the intersection with the westerly extension of a line 48 feet South of the North line of Lot 8, of ARBELA Subdivision; thence South 62 degrees 48'30" West, a distance of 60.0 feet to the mean high water of the Indian River; thence Northerly along said line of mean high water to the Point of Beginning, being and being in the County of Martin, State of Florida.

PROPERTY ADDRESS:
48 S. SEWELLS POINT ROAD

ABBREVIATIONS:

- R.O.W. = Right of Way
- CONC. = Concrete
- R = Radius of curve
- L = Length of curve
- Δ = Delta of Curve
- MEAS. = Measured
- SET = Set 6/8" iron rebar with yellow cap marked "PSM 5543"

CADD FILE: 98268.DWG

SCALE: 1"=40'	James A. Cesiro - Land Surveyor 2141 N.E. 21st Avenue Jensen Beach, Fla. 34857 (561) 334-8071 E-mail: cesiroj@alacsvlcs.net
DATE: 6/27/05	
ORIGIN: JAC	
P.A. NO. 98-268	
DATE:	REVISIONS

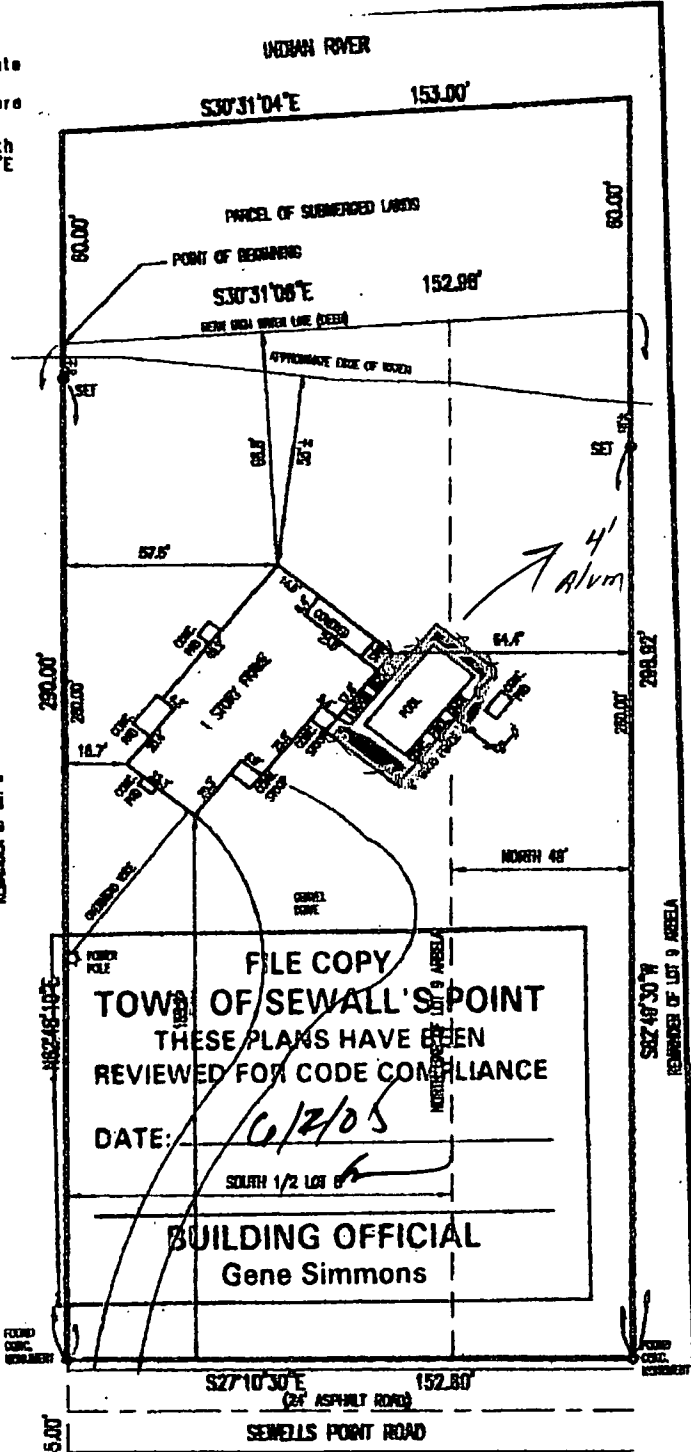
BOUNDARY SURVEY

Certified to: Harold F. Markel, Jr.
Washington Mutual Bank, F.A.
Affordable Title Insurance Agency, Inc.
Attorneys Title Insurance Fund, Inc.

I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 61C17 Florida Administrative Code.

FOR VALID WITHOUT THE SIGNATURE AND ORIGINAL SEALED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

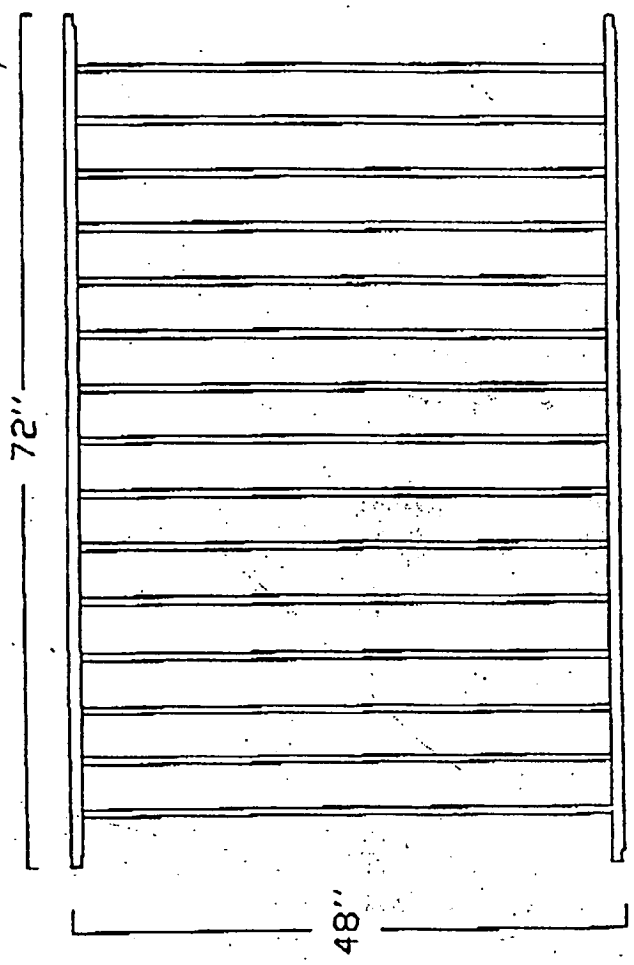
James A. Cesiro Jr., (P.S.)
 Professional Surveyor & Mapper No. 5543
 State of Florida



FILE COPY
TOWNSHIP OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 6/2/05
SOUTH 1/2 LOT 8

BUILDING OFFICIAL
Gene Simmons

PICKETS: 5/8" SQ. X .050
RAILS: TOP WALL 1 1/16" X .062
SIDE 1" X .072



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/17, 2005

Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7577	SILAS	ROUGH MECH	FAIL	
14	10 CASTLEHILL Way			INSPECTOR: <i>[Signature]</i>
	Amer HVACR			
71601	ZAMBO	FINAL FENCE	PASS	CLOSE
9	46 S. SEWALL'S			INSPECTOR: <i>[Signature]</i>
	STUART FENCE			
7562	CLIFFORD	DRY IN	PASS	
13	20 N. RIVER RD			INSPECTOR: <i>[Signature]</i>
	TITTLE ROOFING			
7687	COOPER	IN PROGRESS	PASS	
1	33 W. HIGH Pt			INSPECTOR: <i>[Signature]</i>
	TOTAL Pt			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

10016

ELECTRIC

POOL HEATER



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:	10016	DATE ISSUED:	02/21/2012
SCOPE OF WORK:	ELECTRIC FOR POOL HEATER		
CONTRACTOR:	BARTON ELECTRIC		
PARCEL CONTROL NUMBER:	013841001008000004	SUBDIVISION	ARBELA
CONSTRUCTION ADDRESS:	46 S. SEWALL'S PT. RD.		
OWNER NAME:	NEHME		
QUALIFIER:	JAMES TUCKER	CONTACT PHONE NUMBER:	546-2292

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 772-2204765

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Electrical Load Calculations

Electrical Contractor: BARTON Electric, Inc License No. EC 13001299

Phone #: 772-546-2292 Fax #: 772-546-2122

Project: Nehme Residence / installation of heater Location: 46 S. Sewalls Pt. Road

Existing Service Feeder Size: _____ Existing Panel Size: _____

Main Breaker Size: _____ Number of Breakers: _____

Existing Loads

<u>1,800</u> Sq. Ft. X 3 watts per sq. ft.....	<u>5,400</u> watts
<u>2</u> Appliance cir. @1500 watts each.....	<u>3,000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each.....	<u>1,500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8,000</u> watts
<u>1</u> Dishwasher and disposal @ 1500 watts each.....	<u>3,000</u> watts
<u>—</u> Microwave @ 2000 watts.....	_____ watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4,500</u> watts
<u>—</u> Tank less water heater.....	_____ watts
<u>1</u> Dryer @ 5 kw.....	<u>5,000</u> watts
<u>1</u> Refrigerator @ 1500 watts.....	<u>1,500</u> watts
<u>1</u> Bathroom 1 @ 1500 watts.....	<u>1,500</u> watts
<u>1</u> Sprinkler Pump	<u>1,920</u> watts
<u>1</u> Other <u>Pool pump</u>	<u>1,920</u> watts
Other	_____ watts
Other	_____ watts
	<u>37,240</u> Subtotal Watts

New Loads

_____ Pool pump.....	_____ watts
_____ Pool light.....	_____ watts
<u>1</u> Heat pump.....	<u>5,000</u> watts
_____ Chlorine generator.....	_____ watts
_____ Blower.....	_____ watts
_____ Boatlift.....	_____ watts
Other	_____ watts
Other	_____ watts
Other	_____ watts
	<u>42,240</u> Total Watts

_____ First 10 kw @ 100%.....	<u>10,000</u> watts
_____ Remainder @ 40%.....	<u>12,240</u> watts
_____ A/C heat @ 100%.....	<u>10,000</u> watts

Total watts 32,240 Divided by 240 volts = 135 Amps 200 Amp service provided

Prepared by: James B. Smith Date: 2-17-12

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10016

Date: _____

OWNER/TITLEHOLDER NAME: John D & Stephanie A Nehme Phone (Day) 772-486-8270 (Fax) _____

Job Site Address: 46 S. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Description: Arbelia, S 1/2 of Lot 8 E of Rd 9N 49' Parcel Control Number: 01-38-41-001-008-00000-4

Owner Address (if different): Same City: Stuart State: FL Zip: 34996

Scope of work (please be specific): Electrical hook up (Installation of circuit) for pool heater

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: \$ 1,900.00 (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

CONTRACTOR/Company: Barton Electric, Inc. Phone: 772-546-2292 Fax: 772-546-2122

Street: P.O. Box 868 City: Hobe Sound State: FL Zip: 33475

State License Number: EC13001299 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: James B. Tucker Phone Number: 772-546-2292

DESIGN PROFESSIONAL: _____ Lic#: _____ Phone Number: _____

Street: _____ State: _____ Zip: _____

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) 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1-.5

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

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

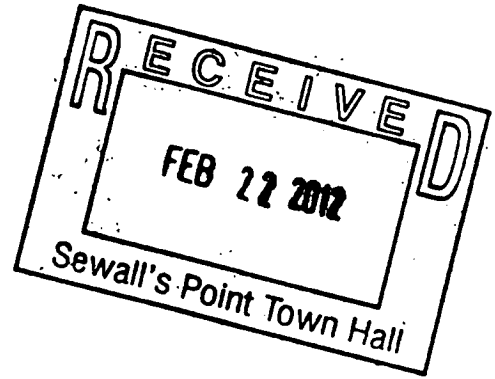
OWNER SIGNATURE: (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) [Signature] State of Florida, County of: _____ This the _____ day of _____, 20____ by _____ who is personally known to me or produced _____ as identification. _____ Notary Public My Commission Expires: _____

CONTRACTOR SIGNATURE: (required) [Signature] On State of Florida, County of: MARTIN This the 16th day of Feb 2012 by James B. Tucker who is personally known to me or produced _____ As identification, _____ My Commission Expires: _____

LINDA K. STAPLETON Notary Public My Commission # DD 022833 EXPIRES: September 24, 2013 Bonded thru Budget Notary Services

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

From: Barton Electric, Inc.
P.O. Box 868
Hobe Sound, FL. 33455
Phone: 772-546-2292 Fax: 772-546-2122



Permit Number 10016
Sewell's Point
Building Dept

1 S. Sewall's Point Rd.
Sewell's Point, FL. 34996

2x12.9 x 21x240 = 130,032
3% or 240 = 7.20 volts

= 18,060 circular mills
#6 wire

When running:
Voltage at panel = 242 volts
Voltage at heater = 237 volts



E-mail: jadams@sewallspoint.martin.fl.us

John R. Adams c.b.o.
Building Official

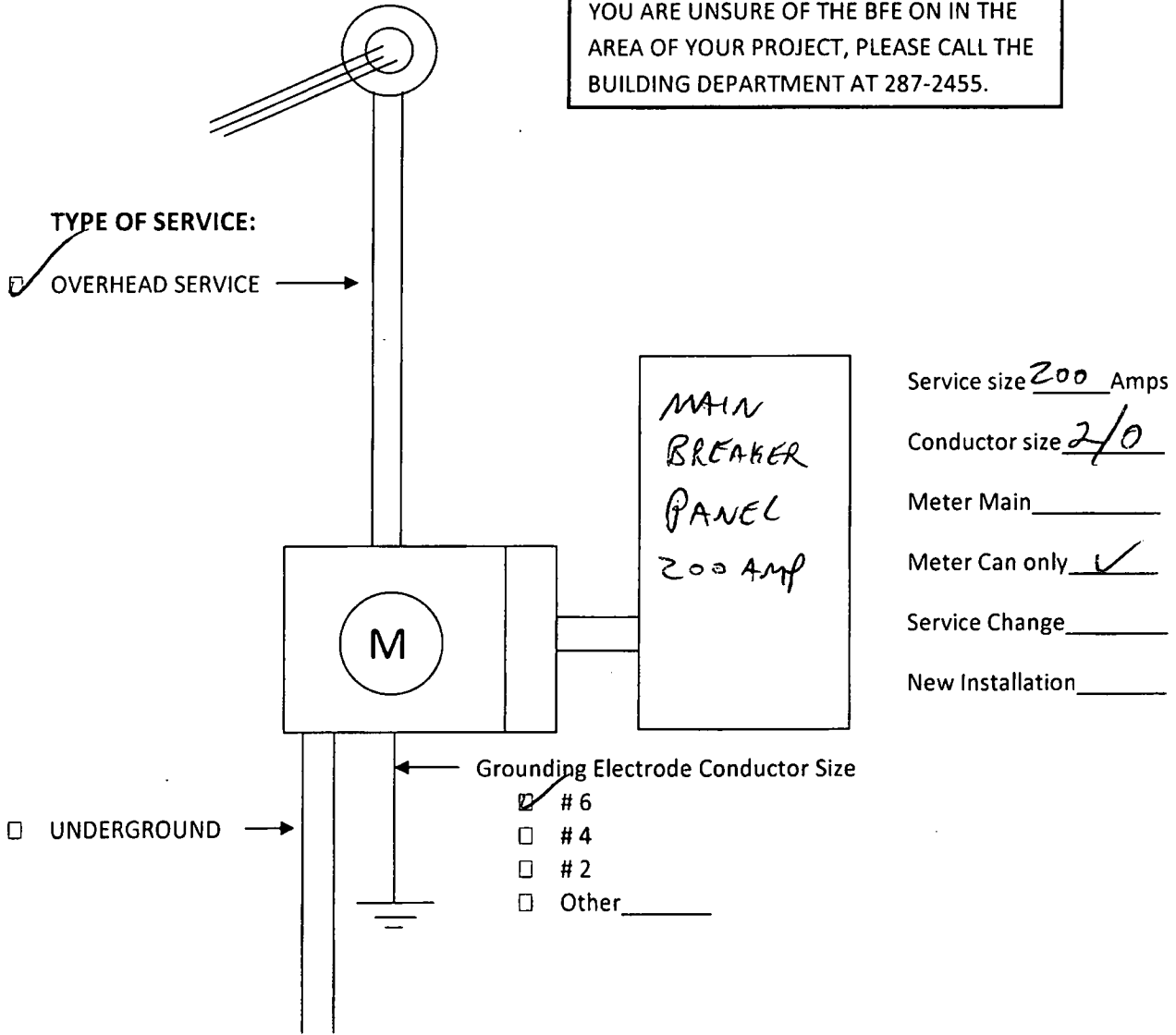
Town Of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, Florida 34996

(772) 287-2455
Fax (772) 220-4765
Cell (772) 201-2221

ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION. IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING DEPARTMENT AT 287-2455.



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

 Date of Inspection Mon

 Tue

 Wed

 Thur

 Fri

2-21-12

Page 1 of 0

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9403	Allen 171 S Kever Rd Krauss & Crane	AC Final	Pass	CLOSE INSPECTOR <i>[Signature]</i>
9984	Pryce 22 FIELDWAY o/o	ROOF FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
9996	Castro 22 SSPT RD CARDINAL ROOFING	ROOF FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10016	Nelson 41 S. SPT RD BANTON	V.G. ELEC	Pass	PENDING INSPECTION INSPECTOR
10002	Zayas 10 COPPER FL SCREEN DOORS	SCREEN FINAL	FAIL Pass	PENDING BOND WIRE CONT. INSP INSPECTOR <i>[Signature]</i>
10006	Schwartz 70 N. Sewalls Pt Rd Spiller Pools	POOL STEEL / BOND & M.D	Pass	INSPECTOR <i>[Signature]</i>
10009	ALDRICH 5 RIDGEVIEW APEX	PAVEN FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-23-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
40016	Abelme	Final		
after 9AM	46 S Sewalls Bartons Elect			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
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11241

FENCE

EXPIRED

JAMES W. CAMPO, CFP
Mayor

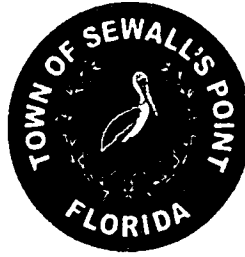
PAUL LUGER
Vice Mayor

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 46 S Sewalls Point Road, more specifically permit #11242 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:	11242	DATE ISSUED:	April 16, 2015
SCOPE OF WORK:	Fence		
CONTRACTOR:	A Greate Fence		
PARCEL CONTROL NUMBER:	01-38-41-001-008-0000-4	SUBDIVISION:	
CONSTRUCTION ADDRESS:	46 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 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:	11242		
ADDRESS:	46 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:	\$	\$ 2,485.00
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.)			\$ 20.00
TOTAL ACCESSORY PERMIT FEE:			\$ 179.50

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: 46 S. Sewalls Point Road City: Stuart State: FL Zip: 34996

Legal Description: AGRBELA, 51/2 OF LOT 9 E OF RD & N 49' OF LOT 9 E OF RD & PT OF SUBMERGED TR ADJ Parcel Control Number: 01-38-41-001-008-00000-4

Fee Simple Holder Name: _____ Address: 46 S. Sewalls Point Road

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Install 124'LF of 4'tall 2-rail alum fence with 2 walk gates.

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 2,485.00
 (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 _____
 My Commission Expires: _____
 Notary Public

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 _____
 My Commission Expires: _____
 Notary Public

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!

2014-2015

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

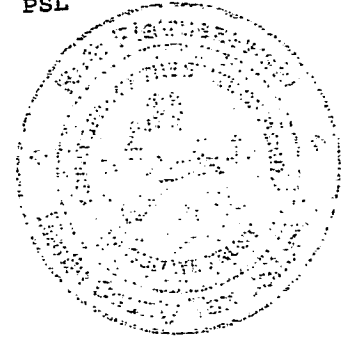
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3425 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2007-518-1010 CERT 179920060002PSL
PHONE (772) 812-0223 SIC HO 238990

LOCATION:
540 NW MERCANTILE PL PSL

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	S	<u>.00</u>	LIC. FEE	S	<u>26.25</u>
	S	<u>.00</u>	PENALTY	S	<u>.00</u>
	S	<u>.00</u>	COL. FEE	S	<u>.00</u>
	S	<u>.00</u>	TRANSFER	S	<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



CERTIFICATE OF LIABILITY INSURANCE

AGREA-1 OP ID: KM

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

PHONE (A/C, No, Ext): 772-334-5822

FAX (A/C, No): 772-334-0940

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	WVD	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			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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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			49-856741-01	01/16/2015	01/16/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
	DED RETENTION S						PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				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

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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 ADD'L LTR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <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"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	MWC0012455-04 MWC0012455-03	09/15/14 09/15/13	09/15/15 09/15/14	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</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 STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ 1,000,000													
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000													
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000													

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



Martin County Building Department

900 SE Ruhnke Street

Stuart, FL 34994

(772) 288-5482

Fax (772) 419-6935

BAILEY, DARRICK R
A GREAT FENCE LLC
515 NW ENTERPRISE DRIVE
PORT ST LUCIE, FL 34986

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



**MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency**

FENCE ERECTION - MC

License #: MCFE5176 Expires: 09/30/2016

BAILEY, DARRICK R
A GREAT FENCE LLC
515 NW ENTERPRISE DRIVE
PORT ST LUCIE, FL 34986

A Great Fence, LLC

(772) 812-0223

Licensed and Insured

(772) 408-0272 Fax

www.AGreatFence.com

IN #2456
3/26/15
#poked

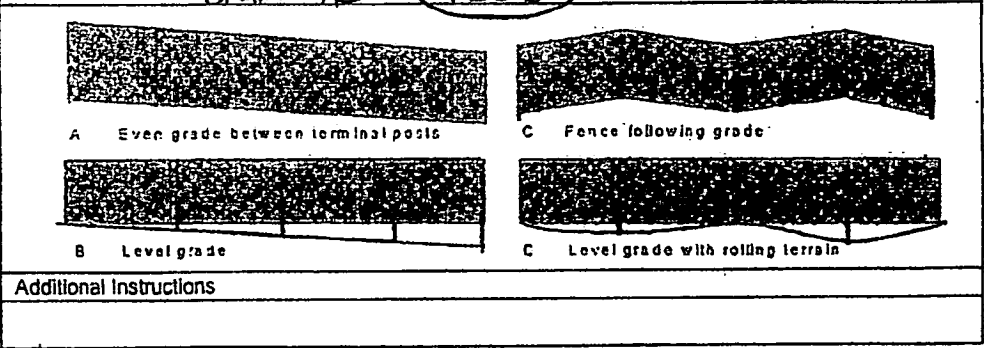
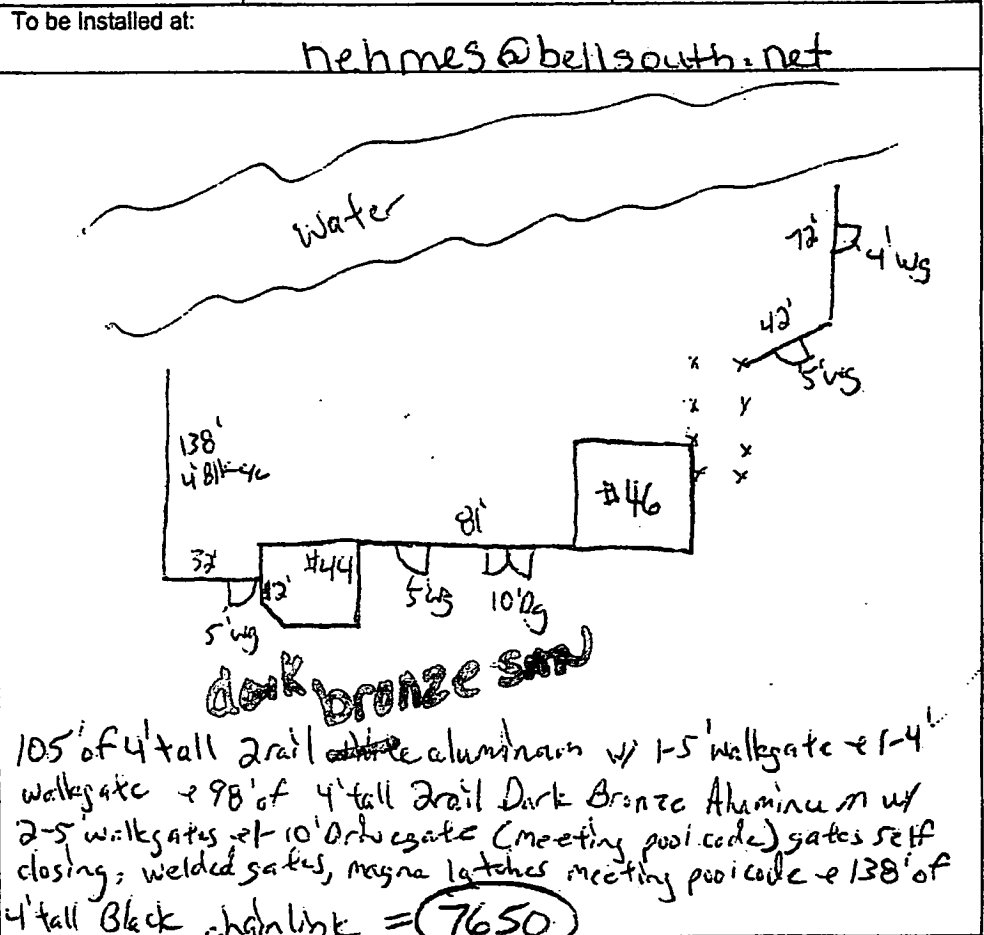
Proposal / Contract

Customer's Name: Stephanie Nehme Date: 3/23/15
 Address: 44/46 S. Sewalls Point RD City: ST FL 33496
 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>zrail</u>		<input checked="" type="checkbox"/> Alum	<input type="checkbox"/> Iron
Color		Other	
<u>Dark Bronze</u>			



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

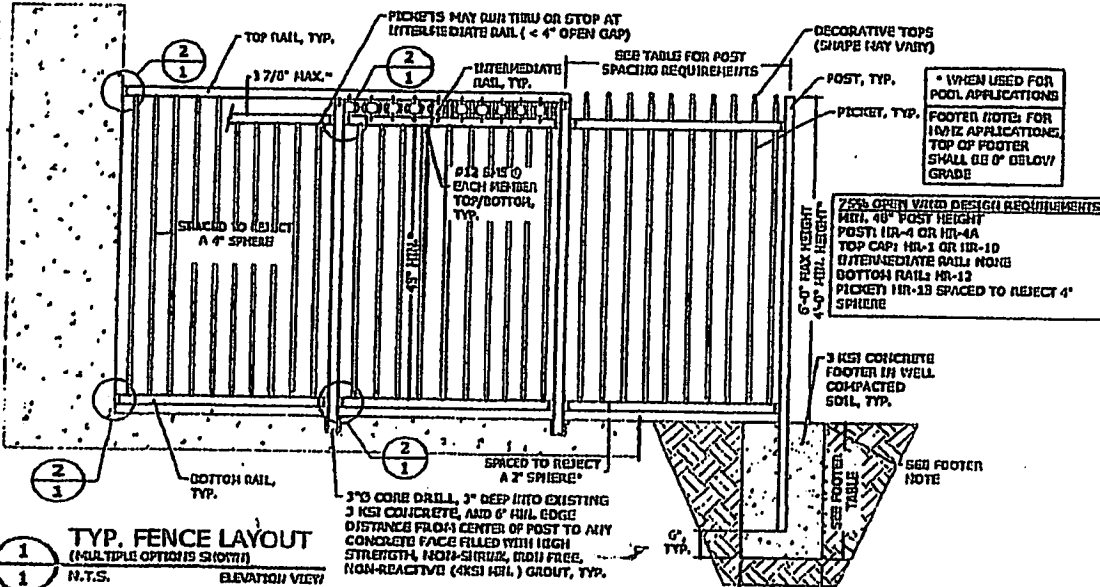
PROJECT PRICE: [REDACTED]
 DEPOSIT: [REDACTED]
 BALANCE DUE: [REDACTED]
 PERMIT: 25-Inc

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

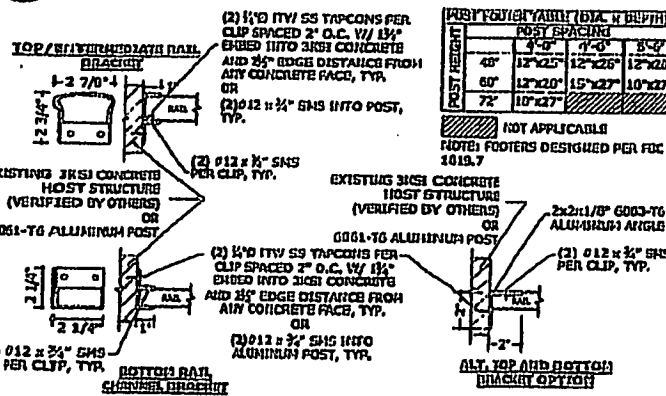
A GLENT FENCE 4646 S. SEWELL'S POINT ROAD

MECHANICAL ALUMINUM FENCE AT GRADE

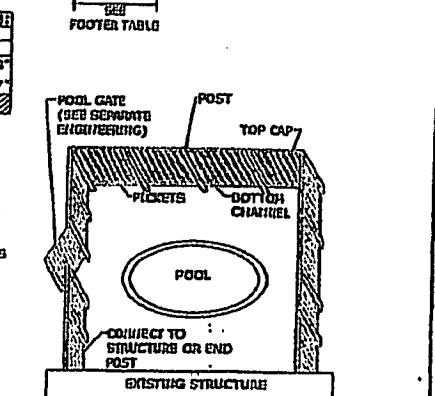
(NON-STRUCTURAL, DECORATIVE BARRIER, TYPICAL INSTALLATION (GROUND LEVEL ONLY) (1/16"Z ONLY)



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



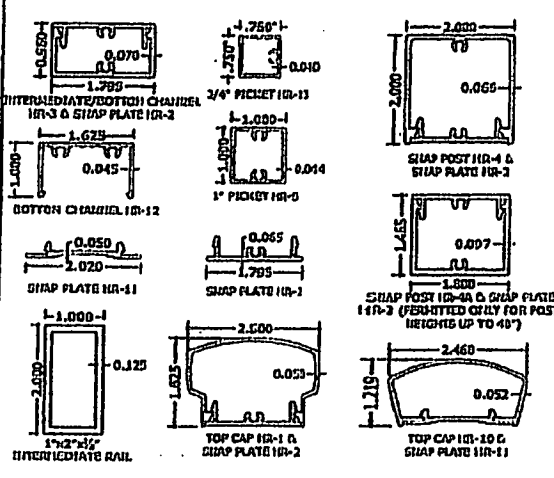
2 RAIL MOUNT DETAIL
SECTION VIEW
N.T.S.



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

FENCE EXTRUSIONS

6061-T6 ALUMINUM EXTRUSION TOLERANCES TO BE PER INDUSTRY STANDARDS



GENERAL NOTES

- THIS SYSTEM HAS BEEN ENGINEERED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE.
- DESIGN BASED ON ACH 7-10 USDB (11/11/14) 2009 (3) E.C. CITY, UP TO 60" GROUND LEVEL EXPOSED BY THIS CATEGORY 4 GROUND TYPE WALL SECTION. PD-4. OR AS BASED ON CALCULATIONS.
- DIFFERENTIAL DESIGN TO BE USED AT GROUND SURFACE ONLY. EXCESSIVE DEFLECTIONS TO BE PREVENTED. THIS FENCE IS NOT INTENDED TO HOLD CODES GOVERNING UNLAWFUL ENCLOSURE OR STRUCTURAL DEFENSES.
- ALL FASTENERS TO BE 1/2" x 3" OR GREATER SIZE, 180 SERIES 305 NON-FERROUS STAINLESS STEEL, OR CARBON PLATED OR UNFINISHED CORROSION RESISTANT METAL ATLAS ZINC COATED GALV. SPECIFICATIONS FOR AUST. STRUCTURES - EXCEPT 1, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
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- FOOTER NOTES FOR THIS APPLICATION, TOP OF FOOTER SHALL BE 0" BELOW GRADE.
- FOR ALL OTHER APPLICATIONS ALL FASTENERS SHALL BE SPACED WITH 2" MAXIMUM END DISTANCE TO 2" MAXIMUM END DISTANCE TO ADJACENT CORNER, UNLESS NOTED OTHERWISE.
- THIS CONSTRUCTION IS INTENDED TO BE USED FOR ALL TYPES OF FENCES TO BE USED TO PREVENT ENCLOSURE.
- FOR POOL GATES, POOL ACCESS GATES FROM FENCED AREA SHALL COMPLY WITH THE CODE AND MUST BE AT LEAST 40" ABOVE GROUND OR EQUIPPED WITH A SELF-CLOSING, SELF-LATCHING LOCKING DEVICE NOT LESS THAN 34" FROM TOP OF GATE. GATE MUST OPEN OUTWARD AWAY FROM POOL. G. 1. MUST HAVE AN OPENING 1/2" WIDER UP OR RELEASE MECHANISM.
- ELECTRICAL GROUNDING REQUIREMENTS TO BE PROVIDED AND INSTALLED BY OTHERS.
- ENGINEER SHALL AFFORD LEGAL VALUATION OF STRUCTURAL DESIGN AND DESIGN ONLY. USE OF THIS SPECIFICATION BY CONTRACTOR, OTHER PROFESSIONALS & OTHERS SHALL BE AT THEIR OWN RISK AND WITHOUT LIABILITY OF CONTRACTOR, ENGINEER, ARCHITECT, AND OTHERS. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS, APPROVALS, AND RECORDS OF THIS PROJECT.
- THIS DOCUMENT IS COMPLETE AND SHALL BE USED FOR ALL TYPES OF FENCES TO BE USED TO PREVENT ENCLOSURE. DESIGNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS, APPROVALS, AND RECORDS OF THIS PROJECT.
- THIS DOCUMENT IS COMPLETE AND SHALL BE USED FOR ALL TYPES OF FENCES TO BE USED TO PREVENT ENCLOSURE. DESIGNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS, APPROVALS, AND RECORDS OF THIS PROJECT.
- DESIGN AS COMPLETELY PROVIDED SHALL BE ADHERED TO WITHOUT DEVIATION OR MODIFICATION AND BE BOUND.

FRANK L. BURDICK, P.E.
REGISTERED PROFESSIONAL ENGINEER
05/04/2017
VALID FOR FLORIDA ONLY
MECHANICAL ALUMINUM FENCE AT GRADE MASTER PLAN SHEET
ENGINEERING EXPRESS
1400 NW 12TH AVENUE, SUITE 100
DEERFIELD BEACH, FL 33442
Tel: (561) 334-0000 Fax: (561) 334-0000
WWW.ENGINEERINGEXPRESS.COM
A FENCELIFE COMPANY, P.O. BOX 10000, DEERFIELD BEACH, FL 33442
MECHANICAL ALUMINUM FENCE AT GRADE MASTER PLAN SHEET
SCALE: AS SHOWN
DATE: 05/04/2017
00-MPS10-602
PAGE: 101
1

Patrick Exterminating, Inc.

3226 SE Gran Park Way, Stuart FL 34997

Fax 772-223-2114

Stuart 772-286-6812
Jupiter 561-744-2681

Vero Beach 772-562-3700
Port St Lucie 772-335-7378

~~#123456789~~
FWP

Certificate of Compliance for Termite Protection

(as required by Florida Building Code (FBC) 1816.1.7)

Treatment Address: 39 S. River Rd.

Builder: Ken Wendall Contractor Permit # _____

Footing Slab Driveway Pool Deck Addition

Other columns

Final Perimeter Treatment - Initial and Date for Final: _____

Date: 6/2/15 Time: 3:30 Square Footage 5

Product Used: Cyper TC Gallons: 1 % Used: 25

Chemical Name: Cypermentech Applicator: S. Cooper

Method of Treatment: Soil Barrier

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.

Notice to Builder

It is the responsibility of the builder to notify Patrick Exterminating prior to the pouring of any slab that abuts the above structure so that treatment can be completed and the required paperwork for closing be submitted. Such slabs might be, but are not limited to: patios, porches, entryways, A/C slabs, stoops, additions, bay windows, driveway additions, etc.

Other areas that would require treatment would be:

1. Areas within the foundation that were disturbed after the initial treatment.
2. The foundation perimeter after final grade has been established.

Note: As per FBC 104.2.3 - If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

Note: WARRANTY WILL BE ISSUED UPON COMPLETION OF FINAL TREATMENT ONLY

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
11151	Hynemann 4 Michael Road Daniels Fence	Fence Final (Re-inspection)	Pass	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11243	Nehme 44 S Sewall's 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 Sewall's Pt Rd A Great Fence	Fence Final	FAIL	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 JUNE 6 2005 TREE REMOVAL PERMIT No 2506

APPLIED FOR BY ZAMBO (Contractor or Owner)

Owner 46 S. SEWALL'S PT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 4 1 STRANGER FIG, 1 YUCCA, 2 SHERIDAN

No. Of Trees: RELOCATE 1 WITHIN 30 DAYS (NO FEE) SABLE PALM

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed [Signature] Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeve, 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 Richard Zamba Address 46 S. Sewalls Pt Rd Phone 232-0204
 Contractor Livingwaters landscape Address Smelody hill Phone 287-1023
 No. of Trees: REMOVE 1 Type: 1 Strangler Fig, 1 Schiffalera
 No. of Trees: RELOCATE 1 WITHIN 30 DAYS Type: Sable Palm 1 YUCCA
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Sable too close to house - The Rest are ugly

Signature of Property Owner [Signature] Date 6/06/05

Approved by Building Inspector: [Signature] Date 6/6 Fee: 0

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