

54 South Sewall's Point Road

11078

DEMO



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:	11078	DATE ISSUED:	November 5, 2014
SCOPE OF WORK:	Demo		
CONTRACTOR:	John O'Connell, Inc.		
PARCEL CONTROL NUMBER:	01-38-41-001-011-00020-4	SUBDIVISION:	Arbela
CONSTRUCTION ADDRESS:	54 S Sewall's Point Road		
OWNER NAME:	Quisenberry		
QUALIFIER:	John O'Connell	CONTACT PHONE NUMBER:	461-4483

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11078		
ADDRESS:	54 S Sewall's Point Road		
DATE ISSUED:	11/5/2014	SCOPE OF WORK:	Demo

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 13,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	\$ 300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.20
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 314.20

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11078

Date: 10-10-14

OWNER/LESSEE NAME: Roger F. Quisenberry

Phone (Day) 561-588-7868

Job Site Address: 54 South Sewalls Point Rd

City: Sewalls Point

State: FL

Zip: 34996

Legal Description: Arbelo, South 1011

Parcel Control Number: 01-38-41-001-011-0020-4

Fee Simple Holder Name: Quisenberry, Roger

Address: 5421 S. Flagler Dr.

City: West Palm Beach

State: FL

Zip: 33405

Telephone: 561-588-7868

*SCOPE OF WORK (PLEASE BE SPECIFIC):

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES [] NO [X]

Has a Zoning Variance ever been granted on this property?

YES [] (YEAR) NO [X] NA

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

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ N/A

(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: John O'Connell Inc

Phone: 772 461-4483 Fax: 772 461-9889

Qualifiers name: John O'Connell

Street: 11005 W Midway Pl

City: Ft Pierce

State: FL

Zip: 34945

State License Number:

OR: Municipality:

License Number:

LOCAL CONTACT: John O'Connell

Phone Number: 772-332-3383

DESIGN PROFESSIONAL:

Fla. License#

Street:

City:

State:

Zip:

Phone Number:

AREAS SQUARE FOOTAGE: Living: 2000 Garage: no Covered Patios/ Porches: Enclosed Storage:

Carport: NA Total under Roof 2500 Elevated Deck: Enclosed area below BFE*:

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

Roger F. Quisenberry

State of Florida, County of: Martin

This the 10 day of October, 2014

Roger F. Quisenberry who is personally

known to me or produced

Identification:

[Signature]

Notary Public

Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

[Signature]

State of Florida, County of: Martin

On This the 27 day of October, 2014

by John O'Connell

known to me or produced

As identification:

FL DJK

Notary Public

My Commission Expires: 03/14/16

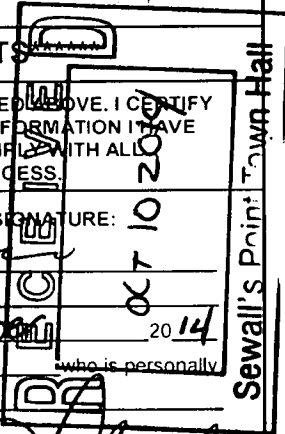
[Signature]

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

Comm# EE179386

Expires 3/14/2016

FLORIDA STATE NOTARY PUBLIC SHARON CANNON Comm# EE179386 Expires 3/14/2016



Sewall's Point Town Hall



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2014

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 HARBOR INSURANCE 6645 S US Highway 1 Port St Lucie, FL 34952-1426 Harbor Insurance	CONTACT NAME: Cheryl Acker (EXT 6401)	
	PHONE (A/C No. Ext): 561-623-6401 FAX (A/C No.): 561-623-6401 E-MAIL ADDRESS: cheryl.acker@harboria.com PRODUCER CUSTOMER ID #: JOHN0-1	
INSURED John O'Connell, Inc. 11005 W Midway Rd Fort Pierce, FL 34981	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Old Dominion Insurance Company	40231
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MPG19749	12/10/2013	12/10/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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
	<input type="checkbox"/> 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) \$ \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		CUG19749	12/10/2013	12/10/2014	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				

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

CERTIFICATE HOLDER **CANCELLATION**

SEWAL-1 Town of Sewalls Point Fax: 772-220-4765 1 South Sewalls Point Road Stuart, 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
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Martin County Building Department

**900 SE Ruhnke Street
Stuart, FL 34994
(772) 288-5482
Fax (772) 419-6935**

**O'CONNELL, JOHN J
JOHN J O'CONNELL INC
11005 W MIDWAY RD
FORT PIERCE, FL 34945**

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**

DEMOLITION - MC

License #: MCDE01783 Expires:09/30/2015

**O'CONNELL, JOHN J
JOHN J O'CONNELL INC
11005 W MIDWAY RD
FORT PIERCE, FL 34945**

2014 / 2015 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1795-00900001

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 10
TYPE OF BUSINESS 1795 DEMOLITION/WRECKING CONTRACTOR (DEMOLITION WRECKING)

EXPIRES SEPTEMBER 30, 2015

BUSINESS/ John O'Connell



DBA NAME John O'Connell Inc
MAILING John O'Connell Inc
ADDRESS 11005 W Midway Rd
Fort Pierce, FL 34945

RENEWAL ORIGINAL TAX \$12.35
PENALTY
COLLECTION COST
TOTAL \$12.35

BUSINESS LOCATION 11005 W Midway Rd
Fort Pierce, FL 34945
St Lucie County

4237
P04000036225

Paid 09/29/2014 12.35

0099-20140929-037770

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

John O'Connell Inc
11005 W Midway Rd
Fort Pierce, FL 34945



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 3/3/2014 EXPIRATION DATE: 3/2/2016

PERSON: OCONNELL JOHN J

FEIN: 650636082

BUSINESS NAME AND ADDRESS:

JOHN O'CONNELL INC

11005 WEST MIDWAY ROAD

FORT PIERCE FL 34945

SCOPES OF BUSINESS OR TRADE:

CONTRACTOR-PROJECT CLEANER-DEBRIS BUILDING RAISING OR
MANAGER, CO REMOVAL - CONST MOVING

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-01-000204
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 545 S Sewall's Point Rd
ARBELA, S 107' OF LOT 11 E OF RD

GENERAL DESCRIPTION OF IMPROVEMENT: Decorative + remove lower

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

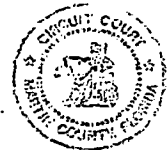
NAME: Roger Quisenberry
ADDRESS: 5421 S Flagler Dr
PHONE NUMBER: 561-583-7563 FAX NUMBER: _____
INTEREST IN PROPERTY: _____

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

CONTRACTOR: John O'Connell Inc
ADDRESS: 1100 W. Midway Rd Fort Pierce
PHONE NUMBER: 772-461-1183 FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) STATE OF FLORIDA
ADDRESS: _____ MARTIN COUNTY
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICE OF OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (E), FLORIDA STATUTES: 10/27/14 D.C.

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(3), FLORIDA STATUTES:

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Roger F. Quisenberry
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27 DAY OF October, 2014

BY: Roger Quisenberry AS owner FOR 54 S. Sewall's Point Rd
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

Shari Canada
NOTARY SIGNATURE/SEAL



SHARI CANADA
NOTARY PUBLIC
STATE OF FLORIDA
Commission # EE175306
Expires 3/14/2016

INSTR # 2402640 DR BK 2748 PG 340 RECD 10/27/2014 02:17:33 PM
CAROLYN TIMMAN MARTIN COUNTY CLERK
RECORDED \$0.00, INTANGIBLE \$0.00



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

PERMIT #: 43-SS-1569749
APPLICATION #: AP1165471
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR955217

CONSTRUCTION PERMIT FOR: OSTDS Abandonment

APPLICANT: Roger Quizenberry

PROPERTY ADDRESS: 54 S Sewall's Point Rd Stuart, FL 34997

LOT: 11 BLOCK: _____ SUBDIVISION: ARBELA

PROPERTY ID #: 01-38-41-001-011-00020-4 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [] GALLONS / GPD _____ CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [] TRENCH [] BED []

LOCATION OF BENCHMARK:

E ELEVATION OF PROPOSED SYSTEM SITE [] [] / [] [(ABOVE / BELOW) BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [] [] / [] [(ABOVE / BELOW) BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

Have the tank abandoned in accordance with the following procedures:(a) The tank shall be pumped out.(b) The bottom of the tank shall be opened or ruptured, or the entire tank collapsed so as to prevent the tank from retaining water, and(c) The tank shall be filled with clean sand or other suitable material, and completely covered with soil. Have the system inspected by the health department after it has been pumped and ruptured but before it is filled with sand and covered.

SPECIFICATIONS BY: R. QUIZENBERRY TITLE: OWNER

APPROVED BY: Ray R Cross, PE TITLE: Environmental Specialist 13 JEN Martin CHD

DATE ISSUED: 11/10/2014 EXPIRATION DATE: 02/08/2015

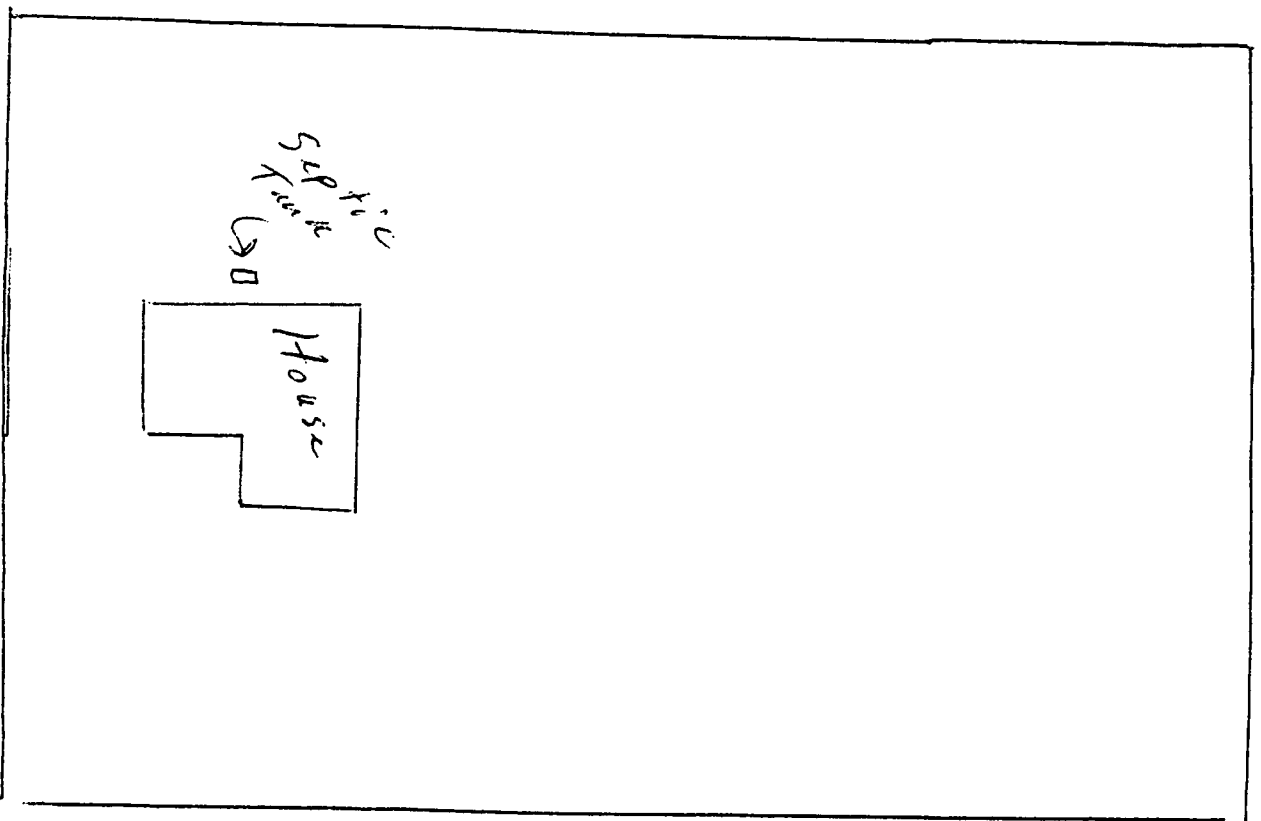
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Roger Quizon berry
54 S. Sewalls Point Rd



ALABAMA COUNTY HEALTH DEPARTMENT
THIS PLAN IS APPROVED FOR:
Septic System: Approval # 4495156 7/14/19
Well Location: Approval # 43
Other Retreats Approval # 16/17/20
By: Debra E. ...
*Changes To The Plans Must Be Approved By The Health Dept



5. Sewall Point Rd

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 10-27-14

Building Permit # _____

Site Address: 54 S. Sewalls Point Rd

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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.

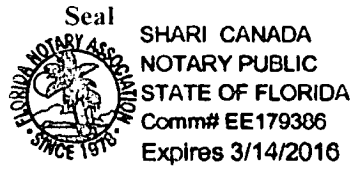
Contractor or Owner/Builder Signature John O'Connell

Subscribed and sworn to before me this 27 day of October, 2014, personally appeared

John O'Connell who is personally known to me or produced FLDL as

identification, and who did/did not take an oath.

Notary Public Signature Shari Canada



**Provisions for soil stabilization and storm water pollution prevention at
54 S Sewall's Point Road.**

There will be grass seed and straw laid and silt fence installed in work area.

A handwritten signature in black ink, appearing to read "John E. Keenan". The signature is written in a cursive style with a large initial "J" and a distinct "E".



LOCATION:

NAME: _____

ADDRESS: 59 S Sewalls Pt Rd.

CITY/STATE/ZIP: Sewalls Pt

H. PHONE: _____ W. PHONE: _____

SPECIAL INSTRUCTIONS: LOCKED GATE CALL AHEAD PETS

E-MAIL: johnocconnelldemo@bellsouth.net

REF: _____ MOWING DAYS: _____

BILL TO:

NAME: John O'Connell

ADDRESS: _____

CITY/STATE/ZIP: _____

H. PHONE: _____ W. PHONE: 772-332-3393

OUR BASIC LAWN PROGRAM CONSISTS OF:

Round 1 - Balanced Fertilizer <i>Early</i> - Micronutrients <i>Spring</i> - Weed Control	Round 3 - Balanced Fertilizer <i>Early</i> - Micronutrients <i>Summer</i> - Weed Control (As Needed) Insect Control (As Needed) <i>* May/June Preventative Grub Control* (ADOL CHG.)</i>	Round 5 - Balanced Fertilizer <i>Early Fall</i> - Micronutrients Insect Control	Round 6 - Fall Fertilization (Granular) <i>Late Fall</i> - Insect Control (As Needed)
Round 2 - Balanced Fertilizer (Granular) <i>Late</i> - Micronutrients <i>Spring</i> - Weed Control (As Needed)	Round 4 - Balanced Fertilizer <i>Late</i> - Micronutrients <i>Summer</i> - Insect Control	Round 7 - Balanced Fertilizer <i>Winter</i> - Weed Control	

ADDITIONAL SERVICES AVAILABLE:

- Control of Crabgrass with additional charge
- Control of Sedge Grass with additional charge
- Guaranteed Flea, Tick & Ant Control Available with additional monthly charge
- Turfgrass Disease Control additional charge
- Perimeter Insect Control (Ant Control in all Non Grass Areas)

*Basic Program 6-7 Week Intervals

TREE & SHRUB SERVICE INCLUDES:

1. Foliar Treatments of Micronutrients, Insecticide, & Fungicide
2. Injections of Comprehensive Slow Release Root Zone Fertilization
3. Citrus Tree Spraying
4. Slow-release Granular with Micros
5. FREE Service Calls on Annual Service Schedule (minimum of 4 per year)
6. Rugose Spiraling White Fly Control with additional charge

YOUR SERVICE INCLUDES:

TURF GRASS	LAWN	ORNAMENTALS	TREE & SHRUB
<input type="checkbox"/> Floratone	<input type="checkbox"/> Fertilizations	<input type="checkbox"/> Shrubs	<input type="checkbox"/> Disease Control
<input type="checkbox"/> Common St. Augustine	<input type="checkbox"/> Insect Control	<input type="checkbox"/> Citrus	<input type="checkbox"/> Deep Root Injections
<input type="checkbox"/> Seville	<input type="checkbox"/> Weed Control	<input type="checkbox"/> Trees	<input type="checkbox"/> Micronutrients
<input type="checkbox"/> Palmetto	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Annuals	<input type="checkbox"/> Palms
<input type="checkbox"/> Bahia	<input type="checkbox"/> Grassy Weed Control	<input type="checkbox"/> Ground Cover	
<input checked="" type="checkbox"/> Bermuda*	<input type="checkbox"/> Micronutrients	<input type="checkbox"/> Fertilizations	
<i>*Wild growth Uncontrollable</i>	<input type="checkbox"/> Perimeter Insect Control	<input type="checkbox"/> Insect Control	
<input type="checkbox"/> Zoysia			

CONCERNS/RECOMMENDATIONS:

The property has been checked for rats/mice. There shows no current rat/mice activity. We crawled the underneath

of the home throughout the house and in the attic. We found very few (under 20) traces of rat feces in the home BUT the droppings were very old. There shows no signs of nesting inside the home either. No signs of rat/mice infestation.

SERVICE AGREEMENT

LAWN (Sq. Ft. _____)	ORNAMENTALS
Initial Service Charge \$ _____	Initial Service Charge \$ _____
Treatments Per Year @ \$ _____ = \$ _____	Rugose Spiraling White Fly Control Treatments Per Year @ \$ _____ = \$ _____
May/June Preventative Grub Control \$ _____	Spring & Fall "Deep Root" of Palms & Granular Fertilizer (in addition to Spraying) Treatments Per Year @ \$ _____ = \$ _____
Annual Amount \$ _____	TOTAL ANNUAL AMOUNT \$ _____
Perimeter Service @ \$ _____ = \$ _____	PRE-PAID DISCOUNT % (\$ _____)
TOTAL ANNUAL AMOUNT \$ _____	
PRE-PAID DISCOUNT % (\$ _____)	

Our goal is the highest quality results by using top of the line products. Personalized service and a science based program keep us a step ahead of the competition. If you are not satisfied with the results of a Royal Green Service, we will provide the necessary additional service at no charge provided you have our Basic Service.

Bonus

Receive a \$30.00 Credit
Off your next service or annual prepayment for any new regular service customer referred by you.

Royal Green is committed to providing the highest quality service. Our agronomic and horticultural programs are carefully designed to provide your property with all the components necessary to produce healthy, beautiful lawns, trees and shrubs.

Specific product rates of application and method of application will vary the season, weather conditions, and the needs of your landscape as determined by Royal Green.

Total insect elimination is not desirable with any program as beneficial insects will be lost along with targeted pests. Acceptable levels of activity and treatments are combined to give enhanced plant aesthetics.

Plants invaded by borers have a high probability of death or decline. Sound cultural practices and control applications may extend the life of some plant species. Treatment of boring insects most often includes additional fees.

Royal Green Rep. Dad Ci Date 10/22/14

Climatic conditions, type of disease and plant material affected will impact response of disease controls. Results for difficult to control diseases will vary, depending on environment, culture, and agronomic programs used or treatment applied.

It will be the customer's responsibility to notify Royal Green to request additional inspections or service if needed between regular services. Royal Green will not be responsible for lawn or vegetative damage, sod replacement caused by improper watering, cold, heat, drought, or other weather condition not under the company's control.

Customer agrees to make the premises available for servicing and to accept services as scheduled, but is not required to be present at time of treatments.

Authorized Signature _____ Date _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log


Date of Inspection Mon Tue Wed Thur Fri 12/16/14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow 7 Oak Hill Way Homes by Jmc	Final CO.	Fail	NO RENEW
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11012 Am Requested	Schmidt 8 Oak Hill Way DS Air Conditioning	Final Mechanical	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10694	Wescott 53 N River Rd San George	Frame, All Trades, Lath and Insulation	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11028	Quisenberry 54 S Sewall's Pt Rd John O'Connell	Lumber for Salvage		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11107	Smierka 1 Riverview Drive JA Taylor	Final Roof	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11115 Pm Requested	Hurd 35 N Sewall's Pt Rd Coastal Sea wall	Filter Fabric	Check SEWALL (NEW)	Permit?
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10945 Pm Requested	Carter 51 N River Rd Masterpiece	All Trades	SPRINTAL	Pass
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/31/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11045	Skaflestad	Deck		
	111 N SPR	Framing +	PASS	
	TCBI	Strapping		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11081	Boveher	Pool form board		* PENDING T.E.M.
	2 Fieldway Drive	+ Steel	PASS	Survey
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis	Underground		
	172 S River Rd	electric	PASS	
	J Conroy			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11078	Quisenberry	Electrical +		
	57 S SPR	Plumbing		
	John O'Connell, Inc	Disconnect		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/9/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	Shevlin	Tree Removal		
	15 Perriwinkle Crescent	Permit		<i>Oh</i>
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<u>11070</u>	<u>Quisenberry</u>	<u>Demo in</u>		NOT A PERMIT
	24 S. Sewall Cr. Rd	<u>Progress</u>		NOT A PERMIT
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR