

55 South Sewall's Point Road

8328

REROOF

TOWN OF SEWALL'S POINT

Date 7-25-06 BUILDING PERMIT NO. ^{Receipt} 8328
Building to be erected for McMahon Type of Permit Reroof
Applied for by Code Red Roofers (Contractor) Building Fee _____
Subdivision Orbela Lot _____ Block _____ Radon Fee _____
Address 55 S. Sewalls Pt Rd Impact Fee _____
Type of structure SFR A/C Fee _____
Parcel Control Number: Electrical Fee _____
13841-001-012-0003-0-0000 Plumbing Fee _____
Amount Paid \$120- Check # 1794 Cash _____ Other Fees (_____) _____
Roofing Fee 120-
Total Construction Cost \$ 5000- TOTAL Fees 120-

Signed [Signature] Applicant
Signed [Signature] Town Building Official
Dept Clerk

Date: 7-10-06 **RECEIVED** **Town of Sewall's Point** **BUILDING PERMIT APPLICATION** Permit Number: _____
7-12-06

OWNER/TITLEHOLDER NAME: Maridel McMahon Phone (Day) 772-288-4173 (Fax) _____

Job Site Address: 55 S. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) SEE ATTACHED PAGE Parcel Number: 01-38-41-001-012-00030-0

Owner Address (if different): 57 S. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Description of Work To Be Done: RE-ROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: CODE RED ROOFER, INC. ^{WC} Phone: 772-287-2829 Fax: 772-287-7763

Street: 3341 S.E. Slater St. City: Stuart State: FL Zip: 34997

State Registration Number: CCC1326574 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Maridel McMahon

State of Florida, County of: Martin

This the 10 day of July, 2006

by Maridel McMahon who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
Douglas E. Roe

On State of Florida, County of: Martin

This the 11 day of July, 2006

by Douglas E. ROE who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____

NOTARY PUBLIC-STATE OF FLORIDA
Donna K. Malizia
Commission # DD392371
Expires: FEB. 02, 2009
Seal
Bonded Thru Atlantic Bonding Co., Inc.

NOTARY PUBLIC-STATE OF FLORIDA
Donna K. Malizia
Commission # DD392371
Expires: FEB. 02, 2009
Bonded Thru Atlantic Bonding Co., Inc.

2005-2006 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
 (772) 288-5604

LICENSE# 2003-513-046 CERT# CCC1326574
 PHONE (772)260-0633 SIC NO 233214
 LOCATION 1278 JASMINE TR SW PC

CHARACTER COUNTS IN MARTIN COUNTY

| | | | |
|--------------|-----|-------------|-------|
| PREV. YR. \$ | .00 | LIC. FEE \$ | 25.00 |
| \$ | .00 | PENALTY \$ | 2.50 |
| \$ | .00 | COL. FEE \$ | 5.00 |
| \$ | .00 | TRANSFER | .00 |
| TOTAL | | | 32.50 |

ROE, DOUGLAS EDWARD (QUALIFIED)
 CODE RED ROOFERS, INC.
 1278 SW JASMINE TRACE
 PALM CITY FL 34990

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6010
 99 10/26/2005 DECI NORMAL
 200351300046008
 0280051026800926CK \$32.50

CERTIFIED RESIDENTIAL CONTRACTOR
 OF
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
 26 DAY OF OCTOBER 05
 2006

Jan 23 06 05:47a Code Red Roofers 7722877763 p.4

021517 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# 105060800150

| DATE | ISSUE NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/08/2005 | 040956349 | CCC1326574 |

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

ROE, DOUGLAS EDWARD
 CODE RED ROOFERS INC
 1278 SW JASMINE TRACE
 PALM CITY FL 34990-8512

JEB BUSH
 GOVERNOR

DIANE CARR
 SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/21/2006

PRODUCER (352)245-5455 FAX (352)245-9866
Clifford Insurance Center
9790 SE 160th Lane
Summerfield, FL 34491
Alicia Clifford

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Code Red Roofers, Inc.
3341 SE Slater Street
Stuart, FL 34997

INSURER A: Admiral Ins. 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 NSRE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---------------------|--|---------------|----------------------------------|-----------------------------------|---|--------------|
| A | GENERAL LIABILITY | B06032002301 | 03/21/2006 | 03/21/2007 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ Excluded |
| | <input checked="" type="checkbox"/> Blanket Waiver of Subrogation | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | OTHER | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

Roofing Contractor

CERTIFICATE HOLDER

Sewalls Point Building Dept.
Attn: Laura
1 S. Sewalls Point Road
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Alicia R Clifford

| | | |
|--|---|---------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 07/12/2006 |
| PRODUCER Insurance Company of the Americas 1310 Utica Street P.O. Box 855 Oriskany, New York 13424 Tel: (315) 768-2726 Fax: (315) 736-8731 | 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 Employee Leasing Solutions, Inc. 1401 Manatee Ave W. Suite 600 Bradenton, FL 34205 | INSURERS AFFORDING COVERAGE | NAIC # |
| | INSURER A: Insurance Company of the Americas | 33030 |
| | 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 | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | |
|-------------------------------------|---------------------|--|---------------|----------------------------------|-----------------------------------|---|-------------------------------------|---------------------|--------|--------------------|--------------|--|----------------------------|--------------|--|-----------------------------|--------------|--|
| | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ | | | | | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | | | | | |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC69203010103 | 01/01/2006 | 01/01/2007 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC STATUTORY LIMITS</td> <td style="text-align: center;">OTH ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> | WC STATUTORY 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 | |
| <input checked="" type="checkbox"/> | WC STATUTORY 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 | | | | | | | | | | | | | | | | | |
| | | OTHER Client ID: #4142012 | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Code Red Roofers Inc
Qualifiers Name: Douglas Roe

Aprox active employee count: 45

CERTIFICATE HOLDER

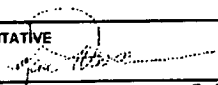
Town Of Sewells Point
 1 South Sewells Point Road

 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

ARBELA, REG AT N/LN Lot 12 & W side of S PT Rd, W 160' S 100' E 160' W Rd & N ALG Rd

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: Maridel McMahon

ADDRESS: 55 S. Sewalls Point Rd Stuart, FL 34996

PHONE #: 772-286-4173 FAX #: _____

CONTRACTOR: Code Red ROOFER

ADDRESS: 3341 S.E. Slater St. Stuart, FL 34997

PHONE #: 772-287-2329 FAX #: 772-287-7163

SURETY COMPANY (IF ANY): _____

ADDRESS: STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____

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 #: _____

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.

Maridel McMahon
SIGNATURE OF OWNER

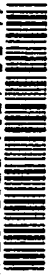
SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF July 2006 BY Maridel McMahon

Donna K. Malizia
NOTARY SIGNATURE

NOTARY PUBLIC-STATE OF FLORIDA
Donna K. Malizia
Commission # DD392371
Expires: FEB. 02, 2009
Bonded Thru Atlantic Bonding Co., Inc.

PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

INSTR # 1946777 OR BK 02161 PG 1706 RECD 07/12/2006
Pg 1706 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



08:57:52 AM

BSD-0004

MARTIN COUNTY REROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Code Red Roofers PHONE #: 772-287-2829 FAX: 772-287-7763

OWNER'S NAME: James McMahon

CONSTRUCTION ADDRESS: 55 Sewalls Point Rd CITY Stuart STATE FL

REROOF: RESIDENTIAL(SINGLE FAMILY)
 COMMERCIAL/MULTI-FAMILY **-REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO
**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO
** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: _____/12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

RE-SHEATH - (REMOVAL OF SPACED SHEATHING FOR APPLICATION OF PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN

EXISTING ROOF COVERING: tar & gravel EXISTING COVERING TO BE REMOVED: YES NO

PROPOSED ROOF COVERING: granulated Cap sheet

MANUFACTURER Certain Teed PRODUCT NAME _____ PRODUCT APPR # _____
(APPROVED ROOF COVERING MATERIAL FROM MARTIN COUNTY'S APPROVED ROOF COVERING LIST)
MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

NOTE: ANY REROOFING CATEGORIES ABOVE WITH AN ASTERISK WILL REQUIRE THE PERMIT PACKAGE TO BE REVIEWED BY MARTIN COUNTY BUILDING DEPARTMENT. ALL OTHER CATEGORIES OF REROOFING WILL BE PERMITTED OVER THE COUNTER.

PROPOSED FLASHING: GALV/STEEL ALUMINUM COPPER LEAD COPPER OTHER None

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: _____

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

[Signature]
SIGNATURE OF CONTRACTOR

DATE: 7-18-06

SBS



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

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

NOTICE OF ACCEPTANCE (NOA)

**Johns Manville Corporation
717 17th Street
Denver, CO 80202**

SCOPE:

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

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

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

DESCRIPTION: Johns Manville Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This consists of pages 1 through 21.

The submitted documentation was reviewed by Frank Zuloaga, RRC



MANVILLE

**NOA No.: 03-0212.12
Expiration Date: 07/19/06
Approval Date: 07/17/03
Page 1 of 21**

WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer.
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf.; as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Engineer, Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. (When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). (When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)

END OF THIS ACCEPTANCE



NOA No.: 03-0212.12
Expiration Date: 07/19/06
Approval Date: 07/17/03
Page 21 of 21

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-2, 2006 Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------|-----------------------------|-----------------|----------------------|
| 8123 | Luloh | Concrete slab on back patio | PASS | |
| 1 | 20 E High Pt Seagate | | | INSPECTOR: <i>OM</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0016 | | DRY-IN | FAIL | |
| 7 | 3 EMARITA | | | INSPECTOR: <i>OM</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0092 | | | | |
| | 3766 SE O BLVD | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0034 | SHARPI | FINAL DOORS | PASS | CLOSE |
| 9 | 73 N.S.P.R. | CODE 9876 | | INSPECTOR: <i>OM</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0046 | MCMANAWA | WOOD SHED | PASS | |
| 6 | 55 S.S.P.R. | | | INSPECTOR: <i>OM</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0068 | | PAVEN DRIVE | DONE | |
| M.C. | 100 HILLCREST | PERMIT ON JOB | | INSPECTOR: <i>OM</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | HOUSE FALLING | ? | |
| | 131. S. RIVER | DOWN - | | INSPECTOR: <i>OM</i> |

OTHER: _____



0086

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 55 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.

ROOF FINAL

RESCHEDULE INSPECTION WHEN
ROOFING COMPANY DEP IS ON
SITE W/ LADDER FOR ACCESS.

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

DATE: 8/9

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SMALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-9, 2006 Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|-----------------------------|------------------|--------------|-------------------------------|
| 6149 | Musico | dry in sheathing | PASS | |
| 8 | 5 Gumbo Gumbo TC Roofing | 172-770-2880 | call to meet | Inspector: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0084 | | DRY-IN | PASS | |
| 5 | 110 SE HILLCRESTER. | | | Inspector: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0090 | | DRY-IN | FAIL | |
| 3 | 2 MINDORO | | | Inspector: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0080 | | ROOF | FAIL | |
| 4 | 55 S.S. P.R. | | | Inspector: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | Inspector: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | Inspector: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | Inspector: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-16, 2006

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|----------------------|-----------------------|-----------------|-------------------------------|
| 0014 | | FRAMING | | |
| 3 | 3 EMARITA | PLUMBING | FAIL | |
| | | ELECTRIC | FAIL | |
| | | A/C | FAIL | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0016 | | ROOF DRY-IN | FAIL | |
| 3 | 3 EMARITA | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0090 | | ROOF DRY IN | PASS | |
| 2 | 2 MINDORO | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0033 | | U.G. PLUMBING | PASS | |
| 7 | 27 NORTH RIVER RD | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 0086 | | ROOF FINAL | PASS | CLOSE |
| 4 | 55 SEWALLS PT RD. | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 1819 | TIOIKIS | WALL STEEL | PASS | |
| 1A | 12 CRANES NEAR | TIE BEAM. | PASS | |
| | | CAR. SLAB | PASS | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | | TREE | PASS | |
| 8 | 4 FIELOWAY DR. | | | |
| | | | | INSPECTOR: |

OTHER: _____

9577

REROOF



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: | 9577 | DATE ISSUED: | SEPTEMBER 20, 2010 |
| SCOPE OF WORK: | REROOF | | |
| CONDITIONS : | | | |
| CONTRACTOR: | CODE RED ROOFERS | | |
| PARCEL CONTROL NUMBER: | 013841001-012-000300 | SUBDIVISION | ARBELA – LOT 12 |
| CONSTRUCTION ADDRESS: | 55 S SEWALLS PT RD | | |
| OWNER NAME: | MCMAHON | | |
| QUALIFIER: | DOUGLAS ROW | CONTACT PHONE NUMBER: | 287-2829 |

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

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

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

REQUIRED INSPECTIONS

| | | | |
|------------------------|-------|------------------------|-------|
| UNDERGROUND PLUMBING | _____ | UNDERGROUND 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: | 9577 | | |
| ADDRESS | 55 S SEWALLS PT RD | | |
| DATE: | 9/20/10 | SCOPE: | REROOF |

| SINGLE FAMILY OR ADDITION /REMODEL | Declared Value | \$ | |
|---|----------------|------|--|
| Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000) | | \$ | |
| Total square feet air-conditioned space: (@ \$110.25 per sq. ft.) | | s.f. | |
| Total square feet non-conditioned space: (@ \$51.60 per sq. ft.) | | s.f. | |
| Total Construction Value: | | \$ | |
| Building fee: (2% of construction value SFR or >\$200K) | | \$ | |
| Building fee: (1% of construction value < \$200K + \$75 per insp.) | | | |
| Total number of inspections (Value < \$200K) @\$75 ea. | | \$ | |
| Radon Fee (\$.005 per sq. ft. under roof): | | \$ | |
| DBPR Licensing Fee: (\$.005 per sq. ft. under roof) | | \$ | |
| Road impact assessment: (.04% of construction value - \$5.00 min.) | | | |
| Martin County Impact Fee: | | \$ | |
| TOTAL BUILDING PERMIT FEE: | | \$ | |

| ACCESSORY PERMIT | Declared Value: | \$ | |
|--|-----------------|----|-----|
| Total number of inspections @ \$75.00 each | 3 | \$ | 225 |
| Road impact assessment: (.04% of construction value - \$5.00 min.) | | \$ | 5 |
| TOTAL ACCESSORY PERMIT FEE: | | \$ | 230 |

Town of Sewall's Point

Date: 9-8-10

BUILDING PERMIT APPLICATION

Permit Number: 9577

OWNER/TITLEHOLDER NAME: James McMahon

Phone (Day) 772-287-4173 (Fax) 772-287-7763

Job Site Address: 55 S. Sewall's Point Rd.

City: Stuart State: FL Zip: 34996

Legal Description: see attached

Parcel Control Number: 01-38-41-00-02-00050-5

Owner Address (if different):

City:

State:

Zip:

Scope of work (please be specific): Roof over/recovery existing w/ TPO single ply / slip sheet

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: \$ 4,700.00

(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: \$ 118,870.00

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Code Red Roofers, Inc.

Phone: 772-287-2829 Fax: 287-7763

Street: 3341 SE Slater St.

City: Stuart

State: FL

Zip: 34997

State License Number: CCC13216574

OR: Municipality:

License Number:

LOCAL CONTACT: DOUG ROE

Phone Number: 772-287-2829

DESIGN PROFESSIONAL:

Lic#

Street:

AREAS SQUARE FOOTAGE: Living:

Garage:

Covered Patios/Porches:

Enclosed Storage:

Carport: Total under Roof 1700 sq ft Elevated Deck:

Enclosed area below EFC:

* Enclosed non-habitable areas below the Base Flood Elevation (BFE) 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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Mandel McMahon

CONTRACTOR SIGNATURE: (required)

Douglas F. Roe

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 7th day of September 2010

This the 8th day of September 2010

by Mandel McMahon who is personally

by Douglas F. Roe who is personally

known to me or produced

known to me or produced

as identification. Rebecca Restifo

as identification. Rebecca Restifo

Notary Public

REBECCA RESTIFO MY COMMISSION #DD890257

Notary Public



My Commission Expires: 5/17/13

EXPIRES: MAY 17, 2013 My

Commission Expires: 5/17/13

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!

INSTR # 2231779 OR BK 02475 PG 0453 RECD 09/10/2010 11:26:39 AM
Pg 0453 (1pg)
MARSHA EWING MARTIN COUNTY

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-012-00050-5

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):
~~Legal see attached~~ 51 S Sewalls Point Rd. Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Roof over/recovery w/ TPO single ply

OWNER NAME: James McMahon / Maridel McMahon
ADDRESS: 51 S. Sewalls Point Rd.
PHONE NUMBER: 772-287-4173 FAX NUMBER: _____

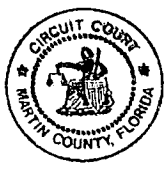
INTEREST IN PROPERTY: owner
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Code Red Roofers, Inc.
ADDRESS: 3344 SE Slater St Stuart FL 34997
PHONE NUMBER: 772-287-2829 FAX NUMBER: 772-287-7763

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

ARBELA, BEG on NW/4
of Lot 12 Run 160' W
of W/LN IF RD FOR BEG
W 100', S 175', E 100' &
N 175' to BEG & W 100' of
E 260' of S 28' of Lot
12 w/o Sewalls Pt Rd



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: MARSHA EWING, CLERK

NAME: _____ BY: [Signature] D.C.
ADDRESS: _____ DATE: 09-10-10
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

Maridel McMahon
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 7th DAY OF Sept., 2010

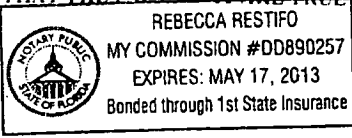
BY: Maridel McMahon owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED _____

[Signature]
NOTARY SIGNATURE/SEAL

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).

Maridel McMahon
(Signature of Natural Person Signing Above)





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

RE-ROOF PERMIT CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Code Red Roofs PHONE # 772 287 2889 FAX: 772 287 7763

OWNER'S NAME: R James & Maridel McMahon

CONSTRUCTION ADDRESS: 57 S Sewalls Rd CITY Stuart STATE FL

Roof over

RE-ROOF: RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE 55,190.00

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION YES NO

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 0 /12 SLOPE

ROOF DECK: * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: BUR EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: TPO Single Ply /slipsheet

MANUFACTURER GAF PRODUCT NAME TPO PRODUCT APPR # NOA 08-0514.05

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: Roof over/recovery existing w/ TPO single ply /slipsheet.

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

[Signature] DATE: 9/14/10
 SIGNATURE OF CONTRACTOR

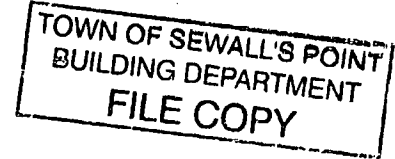


BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

GAF Materials Corporation
1361 Alps Road
Wayne, NJ 07470



SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: GAF EverGuard® TPO Single Ply Roofing System over Wood Decks.

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

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

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

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

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

This NOA revises NOA No. 04-0723.02 and consists of pages 1 through 8.
The submitted documentation was reviewed by Jorge L. Acebo.



NOA No.: 08-0514.05
Expiration Date: 09/22/10
Approval Date: 07/31/08
Page 1 of 8



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

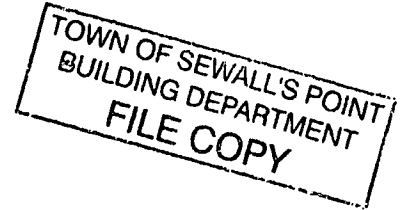
TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

ROOFING MATERIAL LIST

| NO | MATERIAL | QUANTITY | UNIT | REMARKS |
|-----|----------------------------|----------|-------|---------|
| 0 | GAF Timberline 30 shingles | 25 | SQ | EXAMPLE |
| | .060 GAFTPO singleply | 4 | rolls | |
| | GAF Fasteners | @ 2000 | units | |
| | GAF Plates | | | |
| 9 | GAF Fanfold slipsheet | 9 | rolls | |
| 215 | Term bar | 248 | lf | |
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**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION
(FLORIDA STATUTE 553.844)**

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Roof over
Does not
apply

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

Code Red Roofers, Inc.
 3341 SE Slater Street
 Stuart, FL 34997



Office: (772) 287-2829
 or: (561) 622-6343
 Fax: (772) 287-7763

License # CCC1326574

| | | | | |
|----------------------------------|-----------|------------|-------------------------|--|
| Submitted To: Jim McMahon | | | Date: September 1, 2010 | |
| Address: 5577 S Sewalls Point Rd | | | Phone: 772-287-4173 | |
| City: Stuart | State: FL | Zip: 34996 | Fax: | |

Exhibit A
Single Ply Roof Procedures

We hereby submit specifications and estimates for:

- 1) Unroll and position .045 TPO membrane without stretching. Provide and secure both perimeter and field membrane sheets in accordance with the manufacturer's most current specifications and details.
- 2) Secure the membrane with the required fasteners and plates.
- 3) Install adjoining membrane sheets in the same manner in accordance with the manufacturer's specifications.
- 4) Hot air weld the membrane using an Automatic Hot Air Welding Machine in accordance with the manufacturer's specifications. At all splice intersections, roll the seam with a silicone roller.
- 5) Follow manufacturer's typical flashing procedures for all wall, curb, and penetration flashing including metal edging/coping and roof drain applications.
- 6) Includes taxes, permit fees, clean up, trash removal, labor, and materials.

We propose hereby to furnish material and labor – complete in accordance with the above specifications for the sum of: (\$ 4,700.00) Four thousand seven hundred and No/100 ----- Dollars

With payments to be made as follows: *1/3 on Signing contract, 1/3 on Commencement, 1/3 on Completion. Completion is determined as the scope of work being substantially complete and ready for final inspection. Owner may withhold an amount equal to 10% of final payment, pending inspection. Owner understands and agrees by signature below that such withholding of payment may jeopardize application of workmanship warranty, and that inspection scheduling is not within CRR's control.*

1/3 = \$ 1,567.00 Note: This proposal may be withdrawn by us if not accepted within thirty (30) days.

Respectfully Submitted by: Code Red Roofers

Acceptance of Proposal

The above prices, specifications and terms and conditions are satisfactory and are hereby accepted. The Wood and Labor Addendum is also satisfactory and hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Owner Signature: *Maidee McMahon*

Date: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-13** 2010 Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|-----------------|--|--|-----------------|--|
| 9564 | Pruce 22 Fieldway JA Taylor | dry-in | Pass | INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9577 | McMahan 555 Sewalls Code Red | in-progress | Pass | INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9287 | Sharfi 73 N Sewalls Mosley | driveway PARTIAL PRE-POUR | Pass | INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9582 | Ferraro 10 Middle Rd Gulfstream Alum. | Final Shutters | Pass | Close INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9585 | GILBERT 8 MANDALAY KROSS & CRANE | A/C FINAL | FAIL | SUPPOND REFINING PIPE TO CODE INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9594 | Harbor Bay 37 AS SE Ocean Gary Huffnax | electrical rough ceiling | Pass | INSPECTOR <i>JA</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 9591 | FARRICINIO 26 E. A-16th Pt SQUANT ROOF REP. | ROOF FINAL | Pass | Close INSPECTOR <i>JA</i> |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur Fri 10-20 2010 Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|-----------------|--|---------------------------------|-----------------|--|
| 9590 | Stern 9 Lantana @ DTD Garage | Final Garage | FAIR | No ONE HOME INSPECTOR |
| 9597 | M. Acker 55 Sewalls Code Red | Final | Pass | Close INSPECTOR <i>A</i> |
| 9344 | Woods 32 E High Pt Capital Auto | 2nd fl slab | Pass | INSPECTOR <i>A</i> |
| 9546 | Jochem 22 Ridgeland On Shore Roof | in-progress | Pass | INSPECTOR <i>A</i> |
| 9532 | Martin 3 Quail Run AG Envin | Final- Remodel | Pass | Close INSPECTOR <i>A</i> |
| | | No Permit | 283.8710 | |
| | 15 RIO VISTA | CLASSIC COOLING A/C CHANGOUT | \$ 250.00 FINE | INSPECTOR |
| | SNEKINAA SUB CONTRACTING 288-0201 18 E A164 PT. | SIDING NO PERMIT | | INSPECTOR |

TREE

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 333

Date 5/31/72

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner James Mc Mahon Present Address Sewall's Point Rd. Ph 287-4173

General Contractor Owner Address _____ Ph _____

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on In back yard, behind house, Sewall's Point Rd.

Subdivision _____ Lot No. _____ Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft. 240

Other Construction (Pools, additions, etc.) Carport

Contract Price (excluding land, rugs, appliances, landscaping) \$ 428.55

Total cost of permit \$ 428.55

Plans approved as submitted Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

James M. Mahon Owner
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

James M. Mahon
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 5/26/72

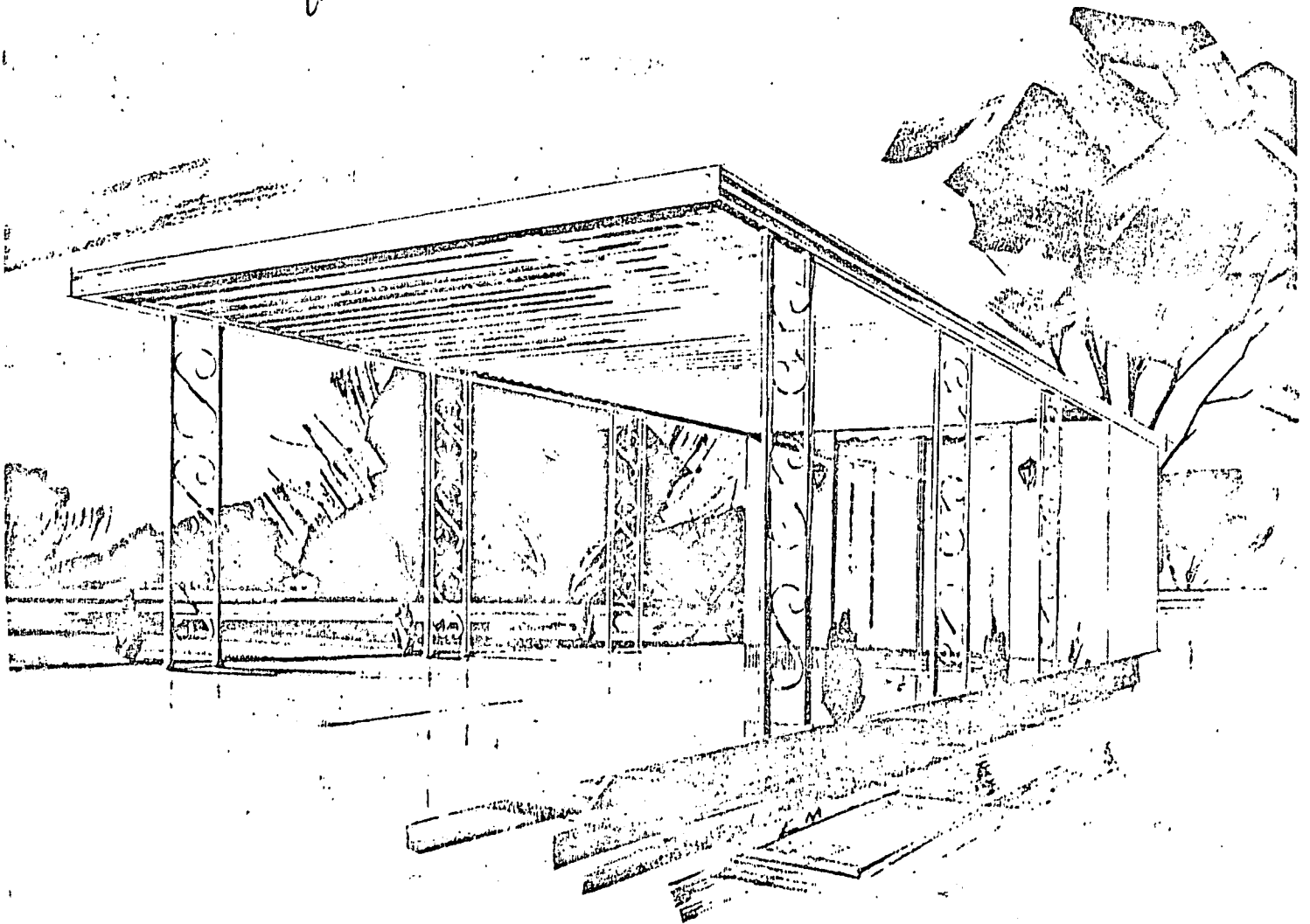
Date approved 5/31/72

Certificate of Occupancy issued _____ Date

UTILITY-PORT WITH STORAGE BUILDING

ASSEMBLY INSTRUCTIONS & PARTS DESCRIPTION

*3 plot
plans
dimension*



IMPORTANT: PLEASE READ THE COMPLETE INSTRUCTIONS BEFORE PROCEEDING. THIS WILL INSURE PROPER INSTALLATION AND ELIMINATE POSSIBLE DAMAGE TO THE PRODUCT.



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Mrs Mc Mahon Address 555 S. D. H. St. USA Rd Phone

Contractor MCT REES Address Phone 772-201-8787

No. of Trees: REMOVE 1 Species: china Berry Tree

No. of Trees: RELOCATE Species:

No. of Trees: REPLACE Species:

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal/relocation (See notice above) Hazard

Signature of Property Owner [Signature] Date 1-13-12

Approved by Building Inspector: [Signature] Date 1-13-12 Fee: N/E

NOTES:

SKETCH:

