

# **57 South Sewall's Point Road**

**702**

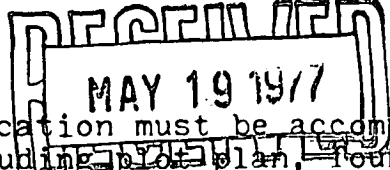
**SCREEN PORCH**

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 702

Date May 13, 1977



(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) Copy of property Deed required for new home construction.

Owner Mrs. + Mrs. James McMahon Present Address 57 So. Sewall's Pt. Rd. Ph 287-4173

General Contractor Owner Address Same Ph \_\_\_\_\_

Where licensed \_\_\_\_\_ License No. \_\_\_\_\_

Plumbing Contractor No Plumbing License No. \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Street building will front on \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_ Area \_\_\_\_\_

Building area, inside walls (excluding garage, carport, porches) Sq ft \_\_\_\_\_

Other Construction (Pools, additions, etc.) \_\_\_\_\_

Contract Price (excluding land, rugs, appliances, landscaping) \$ 4,000.00

Total cost of permit \$ 4,000.00 30.00 plumbing NO elec. YES

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.

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.

Mrs. James McMahon  
Signed by Owner

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

TOWN RECORD

Date submitted John Smith 5/17/77

Date approved Bob. G. Jones 5/17/77

Certificate of Occupancy issued 10/27/77 Date #702

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date \_\_\_\_\_

This is to request that a Certificate of Approval for Occupancy be issued to \_\_\_\_\_

For property built under Permit No. 702 Dated \_\_\_\_\_

when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	5/17/77	
<del>Rough plumbing</del>		
<del>Perimeter beam</del>		
Rough electric	7/12/77	
Close in		
<del>Final plumbing</del>		
Final electric	10/27/77	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector \_\_\_\_\_ date

Approved by Town Commission \_\_\_\_\_ date

Utilities notified \_\_\_\_\_ date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

**1028**

**SCREEN ENCLOSURE**

OCT 15 1978

TOWN OF SEWALL'S POINT FLORIDA Permit No. 1028 Date

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/2" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner Wendell Orr Present Address #4 Sandy Lane

Phone

-General Contractor Conway Condit Address 1710 N. US 71 - Stuart, Fla

Phone 287-5452 - 286-2466 334-2466 878-2463

Where Licensed State of Florida License No. CRC 0002827

-Plumbing Contractor License No.

-Electrical Contractor License No.

Describe building or other structure, or alteration to existing structure.

Screen enclosure

Name the street on which the building, its front building line and its front yard will face. 4 Sandy Lane.

Subdivision Lot No. Area

-Building Area, inside walls (excluding garage, carport, porches, etc.)...square feet

-Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 1900.00

-Total Cost of Permit \$ 10.00

-Plans approved as submitted Plans approved as marked

I understand that this permit is good for 12 months from the date of its issue and that the building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code.

General Contractor [Signature] State Certified CRC 0002827

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

Owner

Note: Speculation builders will be required to sign both of the above statements.

Approved: [Signature] Building Inspector Date submitted 10/27/78

Approved: [Signature] Commissioner Date 27 Oct 1978

Certificate of Occupancy issued Date completed 12/1/78

Note: - Dup in desk drawer [Signature]

1028

CERTIFICATE OF SURVEY

ORDER NO. 2753-B

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21111-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

AMERICAN PIONEER SAVINGS & LOAN

*William L. Creech, Jr.*

MR. & MRS. JAMES F. McMAHON

WILLIAM L. CREECH, JR.  
FLORIDA PROFESSIONAL LAND SURVEYOR  
CERTIFICATE NUMBER 2370

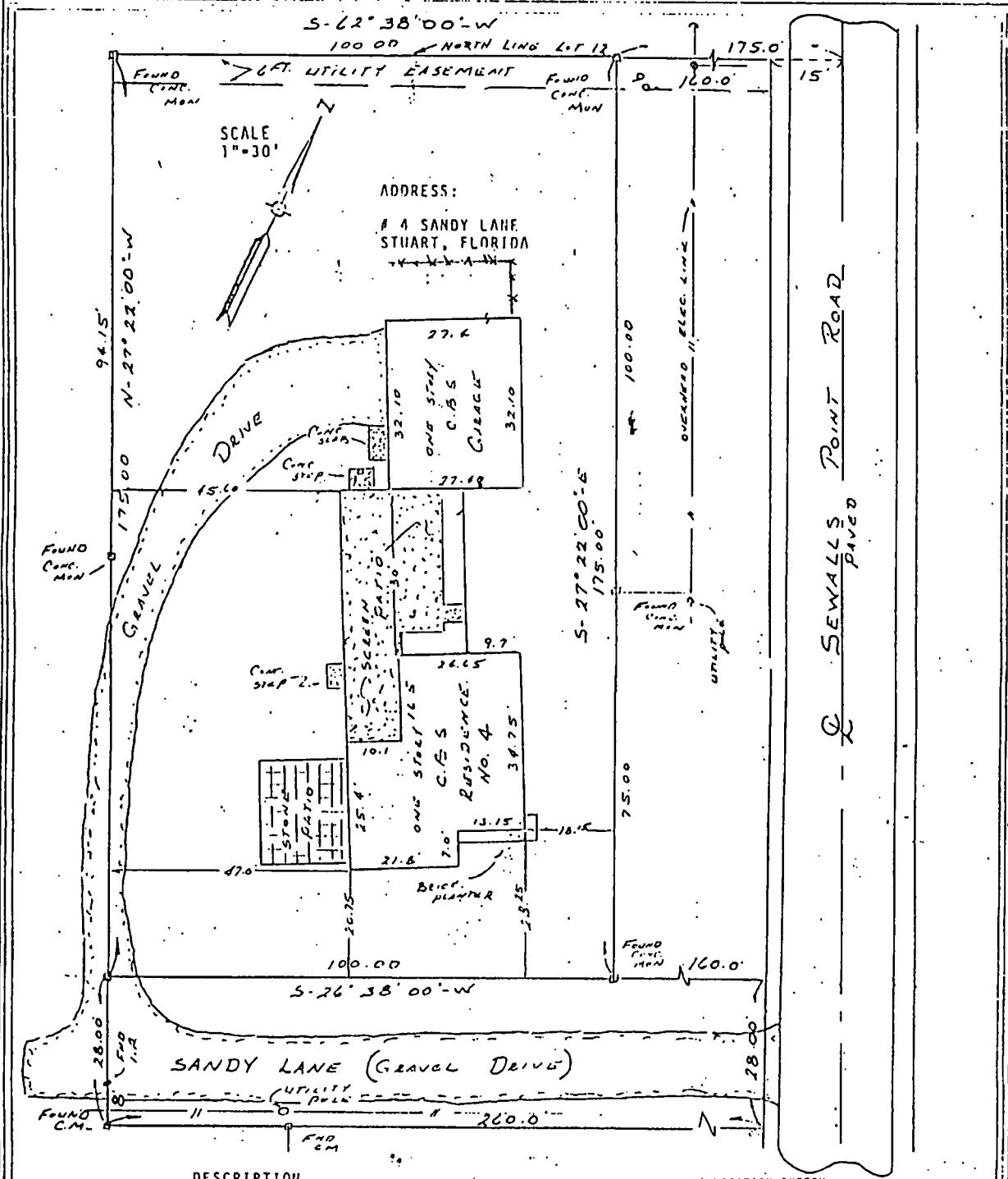
DATE: 10/3/85

LEGEND:

- |                           |                     |
|---------------------------|---------------------|
| □ FOUND CONCRETE MONUMENT | ○ FOUND IRON MARKER |
| ■ SET CONCRETE MONUMENT   | ● SET IRON MARKER   |
| □ WOOD FENCE              | —X— WIRE FENCE      |
|                           | ○ UTILITY POLE      |

2753-B

PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.



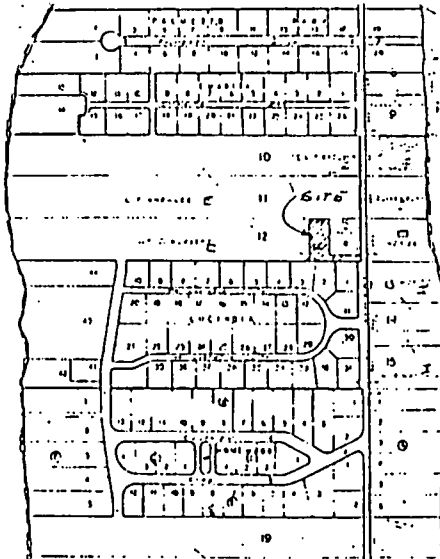
DESCRIPTION

Begin at a concrete monument located on the North line of Lot 12, Plat of Arbale, according to Plat thereof filed 22 August 1919, recorded in Plat Book 3, Page 29, Palm Beach County, Florida, public records, 175 feet easterly of the center line of Sewall's Point Road, as measured along the North line of said Lot 12; thence run South  $27^{\circ}22'$  East at right angles to said North line of Lot 12, 175 feet to a concrete monument; thence run South  $26^{\circ}38'$  West and parallel to said North line of Lot 12, 100 feet to a concrete monument; thence run North  $27^{\circ}22'$  West 175 feet to a concrete monument on said North line of Lot 12; thence run North  $62^{\circ}30'$  East along said North line 100 feet to the Point of Beginning; AND the South 20 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road.

SUBJECT TO: (1) an easement over the North 6 feet of the first described parcel for utilities; (2) an easement for ingress and egress over the South 20 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road;

TOGETHER WITH: (3) an easement for ingress, egress and access, in common with others, to the Indian River, over the North 20 feet of said Lot 12 lying East of the Sewall's Point Road; (4) an easement in common with others for utilities over the North 6 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road; (5) a utility easement 7.50 feet in width in common with others, the centerline of which is described as follows: Start at the Northwest corner of Lot 6, Lucindia Subdivision, Plat Book 3, Page 130, Public Records of Martin County, Florida; thence run  $62^{\circ}41'25'' E$  along the North line of said Lucindia Subdivision a distance of 38.61 feet; thence run  $27^{\circ}10'35'' W$  a distance of 3.75 feet for the Point of Beginning; thence run  $62^{\circ}41'25'' E$  a distance of 401.50 feet, easement with change at this point to 3.0 feet, and describing centerline run  $27^{\circ}10'35'' W$  a distance of 24.25 feet.

LOCATION SKETCH  
NOT TO SCALE



**2868**

**FENCE**



Permit No. \_\_\_\_\_

Date Oct. 15, 90

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

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

Owner James & Maridel McMahon Present Address 57 So. Sewall's Pt. Rd.

Phone 287-4173

Contractor Owner Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

Electrical contractor NO electric License number \_\_\_\_\_

Plumbing contractor NO plumbing License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: fence - see attached sheet

Please see legal description on attached sheet

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

Subdivision ARBELA Lot number \_\_\_\_\_ Block number \_\_\_\_\_

Contract price \$ 500.00 Cost of permit \$ \_\_\_\_\_

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Contractor James McMahon

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

Owner James McMahon

TOWN RECORD

Date submitted Oct. 15, 90 Approved: Dale Brown Building Inspector Date \_\_\_\_\_

Approved: \_\_\_\_\_ Commissioner Date \_\_\_\_\_ Final Approval given: \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

SP1282

Permit No. \_\_\_\_\_

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

CERTIFICATE OF SURVEY

ORDER NO. 2753-B

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

- 1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
- 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
- 3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

AMERICAN PIONEER SAVINGS & LOAN

MR. & MRS. JAMES F. McMAHON

*William L. Creech, Jr.*

WILLIAM L. CREECH, JR.  
FLORIDA PROFESSIONAL LAND SURVEYOR  
CERTIFICATE NUMBER 2370

DATE: 10/3/85

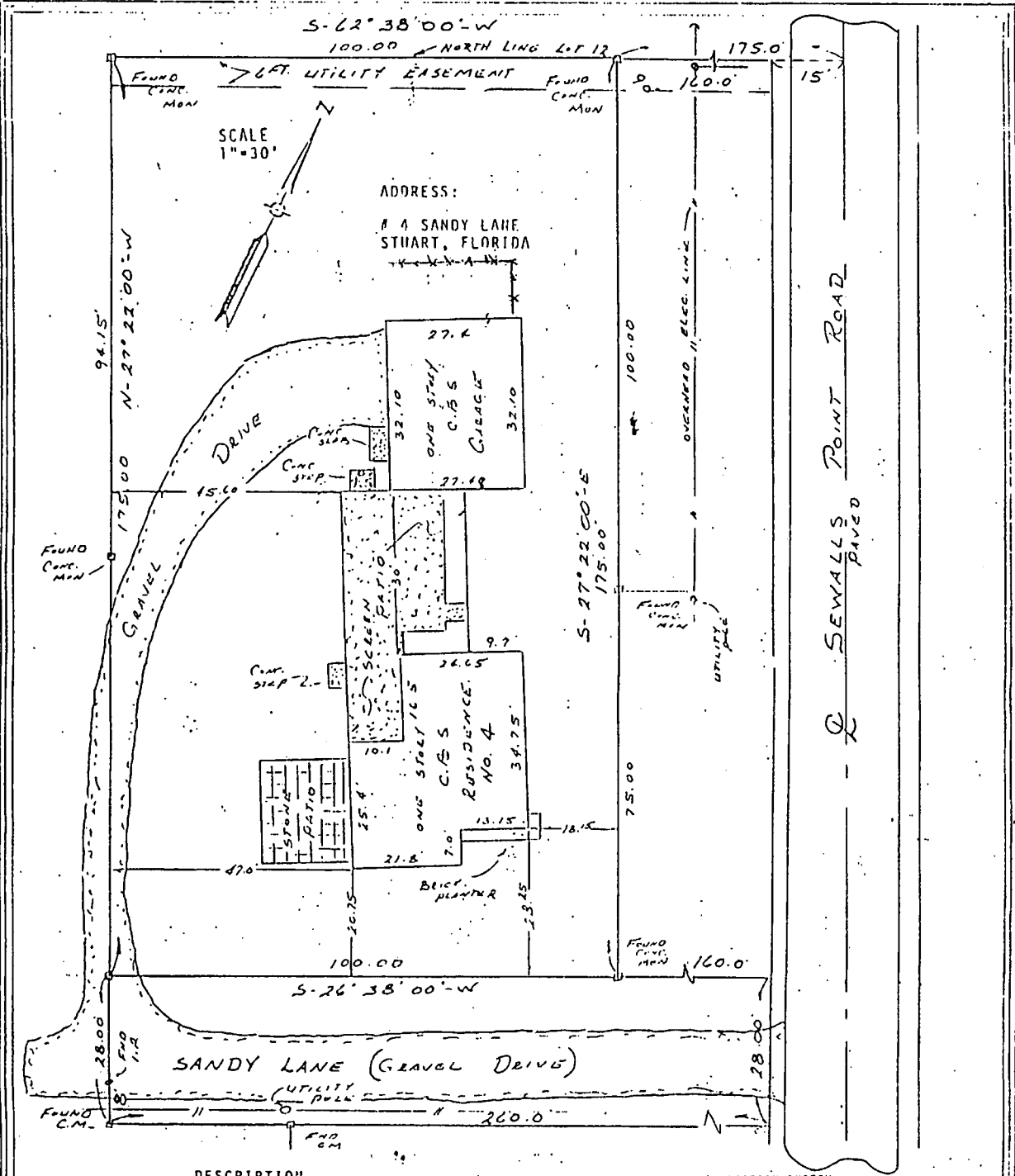
2753-B

MORTGAGE SURVEY DRAWING NO.

**WILLIAM L. CREECH JR.**  
PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.

WEST PALM BEACH 433-8844  
MARTIN COUNTY 283-5967

- LEGEND:
- FOUND CONCRETE MONUMENT
  - ⊙ FOUND IRON MARKER
  - ⊠ SET CONCRETE MONUMENT
  - ⊙ SET IRON MARKER
  - WOOD FENCE
  - ⊠ WIRE FENCE
  - UTILITY POLE



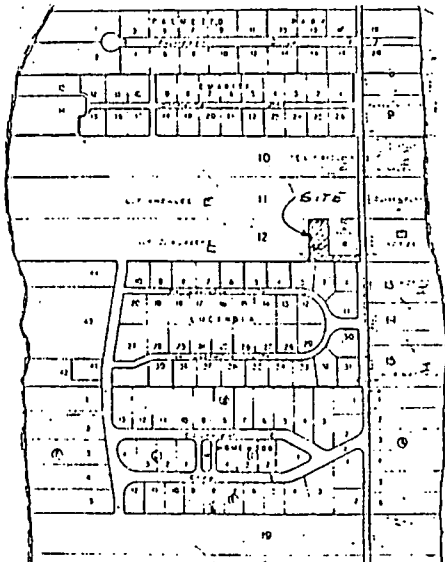
DESCRIPTION

Begin at a concrete monument located on the North line of Lot 12, Plat of Arbia, according to Plat thereof filed August 22 August 1919, recorded in Plat Book J, Page 29, Palm Beach County, Florida, public records, 175 feet West of the center line of Sewall's Point Road, as measured along the North line of said Lot 12; thence run South 27°22' East at right angles to said North line of Lot 12, 175 feet to a concrete monument; thence run South 26°38' West and parallel to said North line of Lot 12, 100 feet to a concrete monument; thence run North 27°22' West 175 feet to a concrete monument on said North line of Lot 12; thence run North 62°38' East along said North line 100 feet to the Point of Beginning; and the South 20 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road.

SUBJECT TO: (1) an easement over the North 6 feet of the first described parcel for utilities; (2) an easement for ingress and access over the South 20 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road;

TOGETHER WITH: (3) an easement for ingress, egress and access, in common with others, to the Indian River, over the North 28 feet of said Lot 12 lying East of the Sewall's Point Road; (4) an easement in common with others for utilities over the North 6 feet of the East 300 feet of said Lot 12 lying West of Sewall's Point Road; (5) a utility easement 7.50 feet in width in common with others, the centerline of which is described as follows: Start at the Northwest corner of Lot 6, Lucinda Subdivision, Plat Book J, Page 130, Public Records of Martin County, Florida; thence run N 62°41' 25" E along the North line of said Lucinda Subdivision a distance of 30.61 feet; thence run N 27°10' 35" W a distance of 3.75 feet for the Point of Beginning; thence run N 62°41' 25" E a distance of 401.50 feet, easement with change at this point to 3.0 feet, and describing centerline run N 27°10' 35" W, a distance of 24.25 feet.

LOCATION SKETCH NOT TO SCALE



**3903**

**REROOF**

TAX FOLIO NO. \_\_\_\_\_

DATE \_\_\_\_\_

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

3903

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

Owner Jim M. Mahon Present address 57 S. Sewell's Pt. Rd.

Phone 287-4173 Stuart, FL 34996

Contractor Raimund Brown Address 433 S.W. Fuge Rd.

Phone 1-407-283-5570 Stuart, FL 34997

Where licensed Martin License number SP 02172

Electrical Contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: \_\_\_\_\_

RE-ROOF

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

RE-ROOF 57 S. SEWELLS PT.

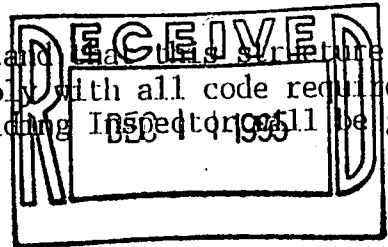
Subdivision ARBELA Lot Number 12 Block Number \_\_\_\_\_

Contract price \$ 2400.00 Cost of permit \$ 100.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Contractor Raimund Brown



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

Owner Jim Mahon

TOWN RECORD

Approved: Dale Brown 12/11/95  
Building Inspector Date

Date submitted \_\_\_\_\_

Approved: \_\_\_\_\_  
Commissioner Date

Final approval given: \_\_\_\_\_  
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

PERMIT NO. \_\_\_\_\_

**6884**

**REPLACE METER**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 9/13/04

BUILDING PERMIT NO. 6884

Building to be erected for McMAHON Type of Permit REAR PORCH W/  
MECH MAIN PANE

Applied for by Jimmy Rowen (Contractor) Building Fee \_\_\_\_\_

Subdivision ARBELA Lot 12 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 57 S. Sewall's Pt Rd Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee NIC

Parcel Control Number: \_\_\_\_\_ Electrical Fee STORM  
DAMAGE

\_\_\_\_\_ Plumbing Fee \_\_\_\_\_

\_\_\_\_\_ Roofing Fee \_\_\_\_\_

Amount Paid 0 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1500.00 TOTAL Fees \_\_\_\_\_

Signed [Signature] Signed [Signature]

Applicant Town Building Official

## PERMIT

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

## INSPECTIONS

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

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 9/1/04

Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: McMahan Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 57 S. Sewell Pt Pkwy City: Sewall Pt State: FL Zip: 34996

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

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Replace water can with water main

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$1500.00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ N/A

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

Method of Determining Fair Market Value: N/A

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

CONTRACTOR/Company: Jimmy Rowell Electric Phone: 220-8880 Fax: 220-2755

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: ER0005710 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): 2001  
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

as identification. \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

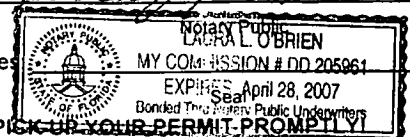
This the 13th day of SEPTEMBER 2004

by Jimmy Rowell who is personally

known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

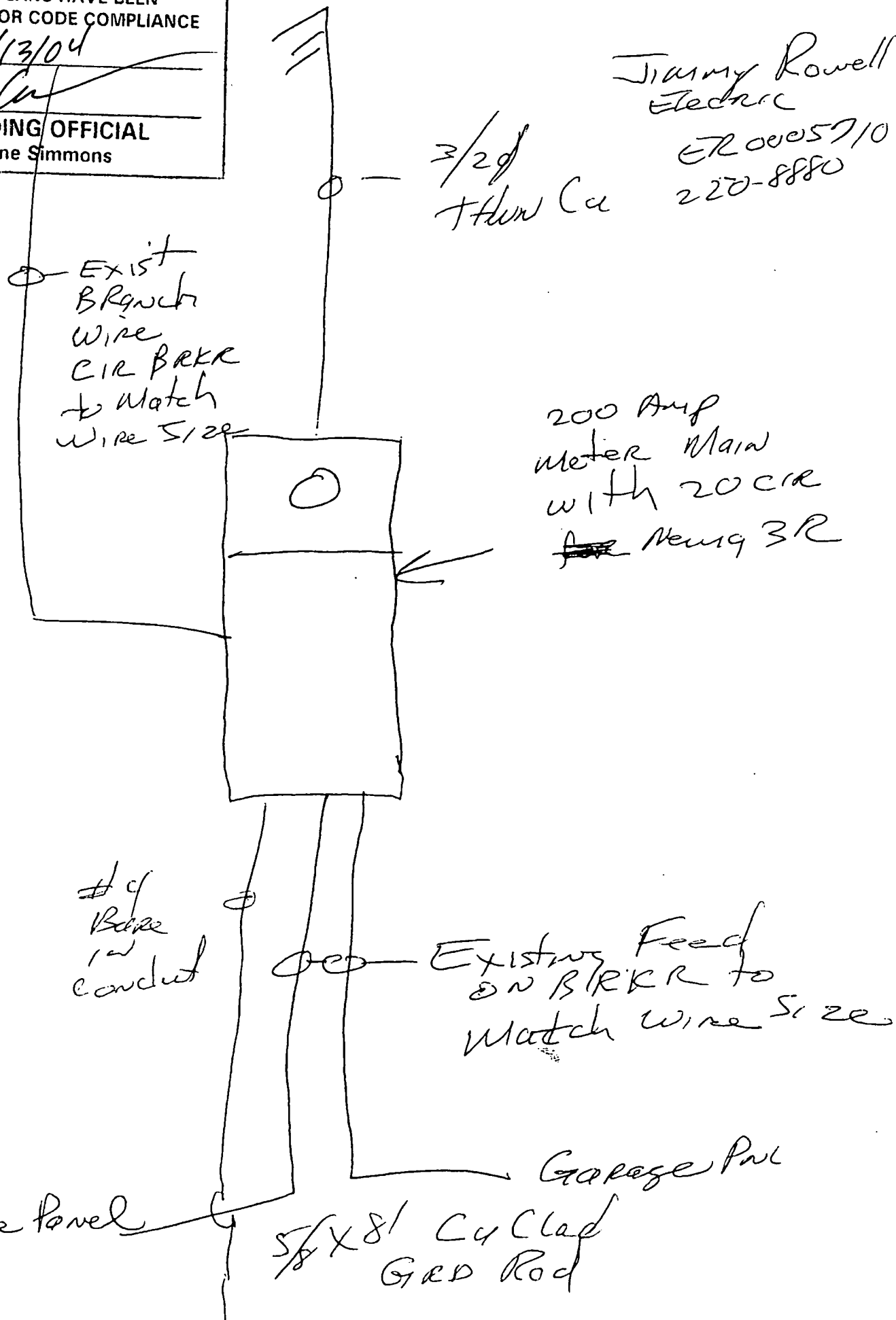


FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 9/13/04  
 \_\_\_\_\_  
 BUILDING OFFICIAL  
 Gene Simmons

McMahon  
 57 S. Sewall Pt  
 Road

Jimmy Rowell  
 Electric

3/29  
 THUN Ca ER005710  
 220-8880



# of Bare  
 120  
 conduct

House Panel

5/8 x 81 Cu Clad  
 GRD Rod

Garage Panel



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE BY COPY  
03/24/2004

PRODUCER (772)546-5600 FAX (772)546-1008  
Campbell-Wilson Ins. Agency  
8882 SE Bridge Road  
Hobe Sound, FL 33455

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

**INSURERS AFFORDING COVERAGE**

INSURED James M. Rowell  
Jimmy Rowell Electric Service  
P. O. 2262  
Stuart, FL 34995-2262  
#593109830 #ER0005710

INSURER A Owners Insurance Company  
INSURER B Auto Owners Insurance Company  
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 SUEDE FOR, MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	942312 20510666 04	04/01/2004	04/01/2005	FACTOR LIABILITY	1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liability Plus (GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PER POLICY <input type="checkbox"/> PER POLICY)				FIRE DAMAGE (per occurrence) 100,000 MEDICAL AND LEGAL FEES 10,000 PERSONAL AND AUTO DAMAGE 1,000,000 GENERAL AGGREGATE 1,000,000 PRODUCTS AND COMPLETED OPERATIONS 1,000,000	
B	AUTOMOBILE LIABILITY	95 423 130 00	04/01/2004	04/01/2005	COMMERCIAL SINGLE AUTO LIABILITY	300,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> MIXED OWNED AUTOS				BODILY INJURY (per person) BODILY INJURY (per accident) PRODUCTS AND COMPLETED OPERATIONS	
	GARAGE LIABILITY	NONE			AUTOMOBILE LIABILITY (per person) AUTOMOBILE LIABILITY (per accident)	
	EXCESS LIABILITY	NONE			FACTORY WARRANTY AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			WORKERS COMPENSATION EMPLOYERS' LIABILITY BUSINESS OVERSIGHT BUSINESS OVERSIGHT	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
State of Florida - Electrical work within buildings

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED/INSURER LETTER**

**CANCELLATION**

Town of Sewall's Point  
1 S Sewalls Point Road  
Sewalls Point, FL 34996

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO

*[Signature]*

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

RP1-06PO

DATE (MM/DD/YYYY)  
06/30/2004

PRODUCER  
Risk Transfer Holdings  
Suite 350  
301 E. Pine Street  
Orlando, FL 32801

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  
Sunshine Staff Leasing, Inc. dba Presidion Solutions I, Inc. Sunshine Companies III, Inc.  
dba Presidion Solutions IV, Inc.  
10th Floor  
4400 PGA Blvd.  
Palm Beach Gardens, FL 33410

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: First Commercial Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OR 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 APID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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 UNIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	17603-1	07/01/2004	07/01/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

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

Coverage is extended to the leased employees of alternate employer (Florida Operations Only): Jimmy Rowell Electric Service 08447 Effective 1/4/2002

DISCLAIMER: This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**CERTIFICATE HOLDER**

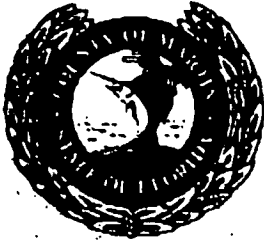
02287\*\*\*\*\*5-DIGIT 34996  
TOWN OF SEWALL'S POINT.  
1 S Sewalls Point Rd  
Sewalls Point, FL 34996-6736



**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 CERIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## Martin County Building Department

2401 SE Monterey Road  
Stuart, FL 34996  
(772) 288-5916

ROWELL, JAMES M  
JIMMY ROWELL ELECTRIC SVC  
BOX 2262  
STUART, FL 34995

### NOTICE TO ALL CONTRACTORS

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

#### PROHIBITED ACTIVITIES:

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

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

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



MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency

**MASTER ELECTRICIAN**

License Number ME00083 Expires: 30-SEP-05

ROWELL, JAMES M  
JIMMY ROWELL ELECTRIC SVC  
BOX 2262  
STUART, FL 34995



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

ROWELL, JAMES M  
JIMMY ROWELL ELECT SERVICES  
P O BOX 2262  
STUART FL 34995

STATE OF FLORIDA AC# 0508679  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ER0005710 714613487

REG ELECTRICAL CONTRACTOR  
ROWELL, JAMES M  
JIMMY ROWELL ELECT SERVICES  
(INDIVIDUAL LICENSEE - ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of ch. 489  
Expiration date: AUG 31, 2004 - SED # 802972309

DETACH HERE

AC# 0508679

STATE OF FLORIDA

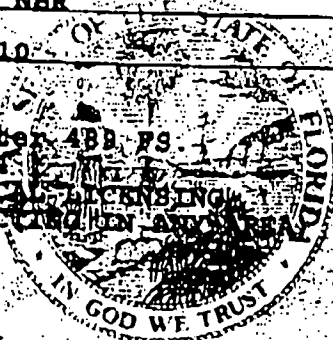
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L020729000

DATE	BATCH NUMBER	LICENSE NBR
08/29/2002	714613487	ER0005710

The ELECTRICAL CONTRACTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 489, FS.  
Expiration date: AUG 31, 2004  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

ROWELL, JAMES M  
JIMMY ROWELL ELECT SERVICES  
P O BOX 2262  
STUART FL 34995



JEFF BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY SEYER  
SECRETARY

# INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6348	HOFFLER	173 S.S.P.R.	REPLACE WINDOW.	JW 12/29/08
7661	LITCHEY	5 MIDDLE RD.	" A/C	JW 12/29/08
6788	MACRI	6 AOMINAC WALK	WORK NOT DONE	JW 12/29/08
7507	HUDSON	157 S. RIVER	REPLACE WINDOWS	JW 12/29/08
7315	COOK	22 N. RIDGEVIEW	WORK DONE	JW 12/29/08
7359	BRODERICK	44 RIO VISTA	" "	JW 12/29/08
6141	FERRARO	4 KINGSTON CT.	" "	JW 12/29/08
6749	NAUDIN	19 N. RIDGEVIEW	GAR. DONE	JW 12/29/08
6221	RUSSEL	47 S. S. P. R.	WORK DONE	JW 12/29/08
<del>6884</del>	<del>MACMATHON</del>	<del>57 S.S.P.R.</del>	<del>WORK DONE</del>	<del>JW 12/29/08</del>
7470	GARVIN	109 HILLCREST	" "	JW 12/29/08
7475	KNOBEL	58 S.S.P.R.	" "	JW 12/29/08
6199	CONROY	12 PALMETTO	" "	JW 12/29/08
7206	FRIBOURG	9 COPAIRE	" "	JW 12/29/08

**9693**

**CONCRETE SLAB**



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:	9693	DATE ISSUED:	FEBRUARY 2, 2011
SCOPE OF WORK:	CONCRETE PATIO		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	013841001-012-000505	SUBDIVISION	ARBELA - LOT 12
CONSTRUCTION ADDRESS:	57 S SEWALLS PT RD		
OWNER NAME:	MCMAHON		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	287-4173

**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 PERMIT APPLICATION**

Permit Number: 9693

Date: 2-1-11

OWNER/TITLEHOLDER NAME: Mandel McMahon Phone (Day) 772-287-4173 (Fax) \_\_\_\_\_

Job Site Address: 57 S. Sewalls Pt Rd City: Stuart State: FL Zip: 34996

Legal Description \_\_\_\_\_ Parcel Control Number: 287-4173

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace patio w/ new 3,000 PSI concrete slab

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

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 1,100.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10  AE9  AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: FEB - 1 2011

DESIGN PROFESSIONAL: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**CODE EDITIONS IN EFFECT THIS APPLICATION:** Florida Building Code (Structural, Mechanical, Plumbing, Existing Gas) 2007  
National Electrical Code: 2005 (2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

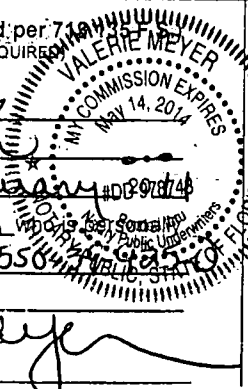
**NOTICES TO OWNERS AND CONTRACTORS:**

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 2007 SECT. 105.4.1, 105.4.1.1 - .5.

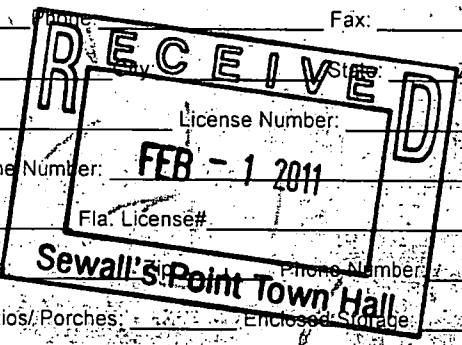
\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\*

**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 NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Mandel McMahon  
State of Florida, County of: Martin  
On This the 1st day of February  
by Mandel J. McMahon  
known to me or produced FID# MASS-550-746250  
As identification: Valerie Meyer  
My Commission Expires: \_\_\_\_\_



CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
X \_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
On This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification: \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



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!





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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT  
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES  
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Maridel McMahon

Site address of the proposed building work: 57 S. Sewall's Pt. Rd Stuart 34996

Name of legal title owner of the address above: \_\_\_\_\_

Describe the scope of work for the proposed new construction: Replace patio with new 3,000 PSI concrete slab

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? themselves

What provisions have you made for Liability and Property Damage Insurance? hiring licensed contractors, homeowners ins.

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

What code books do you have available for reference? Building: \_\_\_\_\_

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? (yes/no)

Have you consulted with your Homeowner's Insurance Agent? \_\_\_\_\_ Lender? \_\_\_\_\_ Attorney? \_\_\_\_\_

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. M.M. (initials).

CERTIFICATE OF SURVEY

ORDER NO. 2753-B

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:  
 AMERICAN PIONEER SAVINGS & LOAN  
 MR. & MRS. JAMES F. McMAHON

*William L. Creech, Jr.*  
 WILLIAM L. CREECH, JR.  
 FLORIDA PROFESSIONAL LAND SURVEYOR  
 CERTIFICATE NUMBER 2370

DATE: 10/3/85

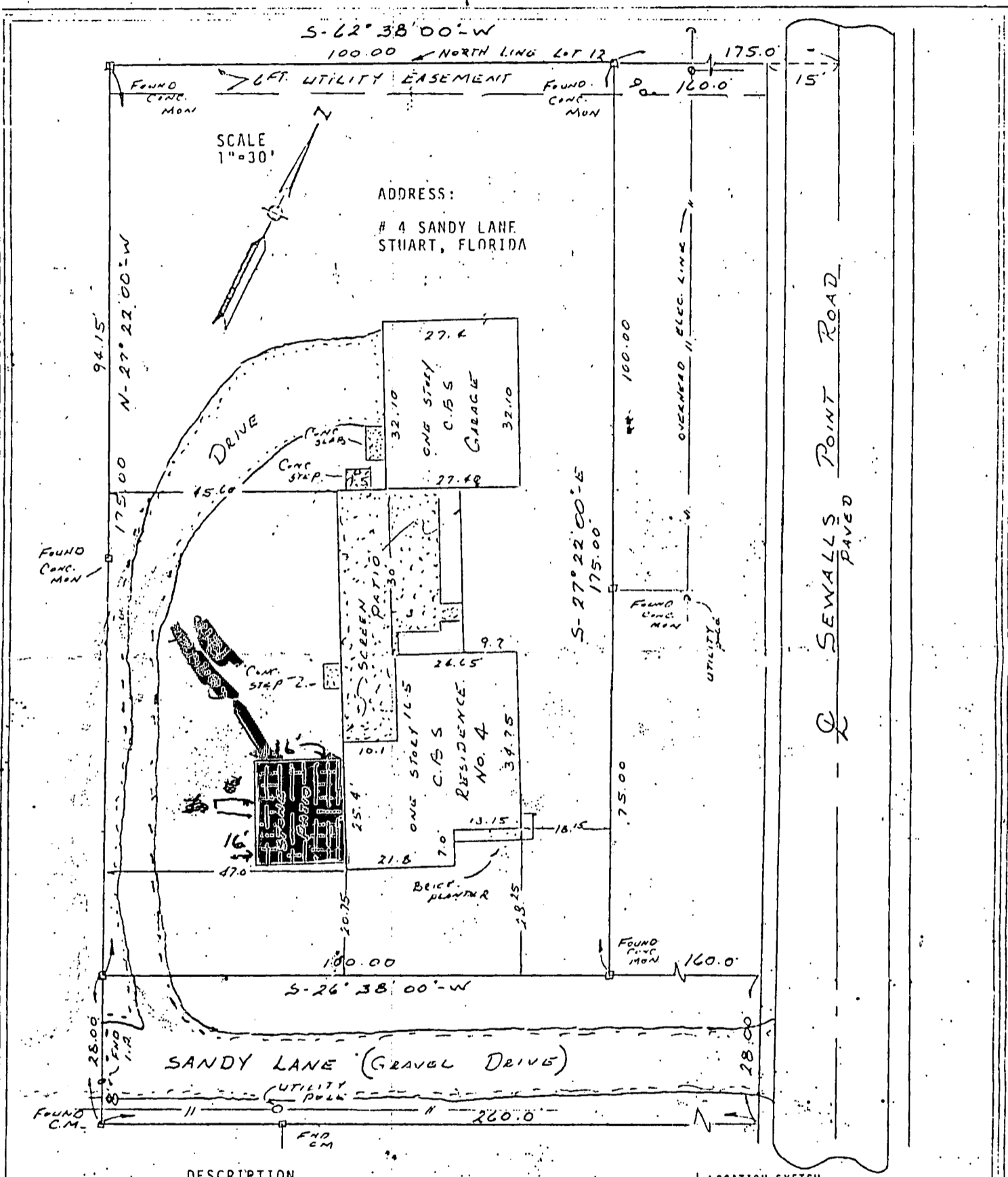
- LEGEND:
- FOUND CONCRETE MONUMENT
  - FOUND IRON MARKER
  - SET CONCRETE MONUMENT
  - SET IRON MARKER
  - WOOD FENCE
  - - - WIRE FENCE
  - UTILITY POLE

2753-B

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 PLAT OF SURVEY... DRAWING NO.

WILLIAM L. CREECH Jr.  
 PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.

WEST PALM BEACH 433-8844  
 MARTIN COUNTY 283-5967



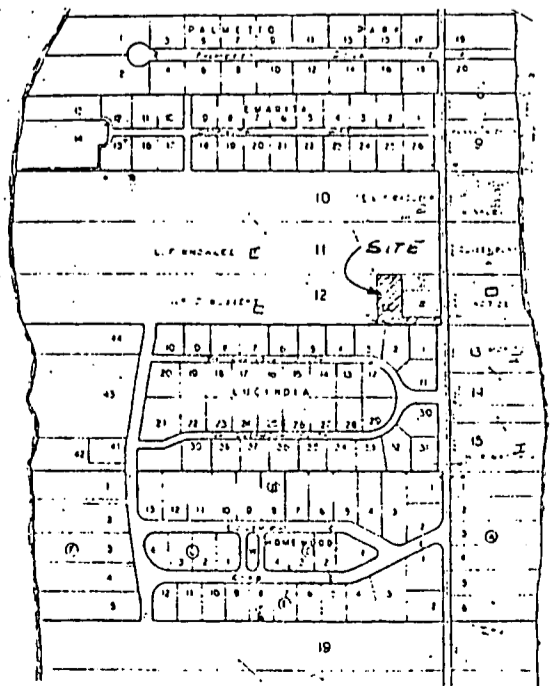
DESCRIPTION

Begin at a concrete monument located on the North line of Lot 12, Plat of Arbelo, according to Plat thereof filed 22 August 1919, recorded in Plat Book 3, Page 29, Palm Beach County, Florida, public records, 175 feet westerly of the center line of Sewall's Point Road, as measured along the North line of said Lot 12; thence run South 27°22' East at right angles to said North line of Lot 12, 175 feet to a concrete monument; thence run South 26°38' West and parallel to said North line of Lot 12, 100 feet to a concrete monument; thence run North 27°22' West 175 feet to a concrete monument on said North line of Lot 12; thence run North 62°38' East along said North line 100 feet to the Point of Beginning; AND the South 26 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road.

SUBJECT TO: (1) an easement over the North 6 feet of the first described parcel for utilities; (2) an easement for ingress and access over the South 20 feet of the East 260 feet of said Lot 12 lying West of Sewall's Point Road;

TOGETHER WITH: (3) an easement for ingress, egress and access, in common with others, to the Indian River, over the North 28 feet of said Lot 12 lying East of the Sewall's Point Road; (4) an easement in common with others for utilities over the North 6 feet of the East 300 feet of said Lot 12 lying West of Sewall's Point Road; (5) a utility monument 7.50 feet in width in common with others, the centerline of which is described as follows: Start at the Northwest corner of Lot 6, Lucindia Subdivision, Plat Book 3, Page 130, Public Records of Martin County, Florida; thence run N 62°41'25" E along the North line of said Lucindia Subdivision a distance of 30.61 feet; thence run N 27°10'35" W a distance of 3.75 feet for the Point of Beginning; thence run N 62°41'25" E a distance of 401.50 feet, easement with change at this point to 3.0 feet, and describing centerline run N 27°10'35" W, a distance of 24.25 feet.

LOCATION SKETCH NOT TO SCALE



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **2-10-11** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9687	Olson	dry-in/metal	PASS	
2	19 N Fever Rd All Am Roofing	Partial on garage		INSPECTOR <i>JW</i>
<del>9674</del>	<del>Jordan</del>	<del>Final</del>		
<del>1ST</del>	<del>12 Castle Hill Coastal Const</del>	<del>exterior stairs</del>	<del>Monday</del>	INSPECTOR
<del>9654</del>	<del>Jordan</del>	<del>Final</del>		
<del>1ST</del>	<del>12 Castle Hill Coastal Const</del>	<del>Garage opening &amp; floors</del>	<del>Monday</del>	INSPECTOR
9643	McMahon	driveway	FAIL	NO PAPER WORK POSTED ON SITE
3	5 Melody Hill OB	(form)		INSPECTOR <i>JW</i>
<del>9623</del>	<del>McMahon</del>	<del>driveway</del>	<del>PASS</del>	
4	575 Sewalls OB	(form)		INSPECTOR <i>JW</i>
9681	NEAL	FINAL	PASS	THERE ARE NO STOPPERS FOR EMERGOUERFA
	173 SS PR, ALL AREA ROOF			INSPECTOR <i>JW</i>
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 2-17-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9632	Guyle Wendy La Louder Pool	Final Pool	Pass	Close INSPECTOR <i>[Signature]</i>
9687	Olson 19 N River Rd All Am Roof	dry-in/metal	Pass	Main House INSPECTOR <i>[Signature]</i>
9711	Barrig 8 Palmetto Dr TC Fence	Final Fence	Pass	Close INSPECTOR <i>[Signature]</i>
	7 Wompa Ln	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9693</del>	<del>McNoldon</del> 5A Sewalls	<del>Final</del>	<del>Pass</del>	<del>Close</del> INSPECTOR <i>[Signature]</i>
9691	HBASSOC (MetLife) 3154B Se Ocean Gary Hufnagel	Final	Pass	Need FM. Final Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9719	Lulok 20 E High Pt Seagate	Final driveway	Pass	Close INSPECTOR <i>[Signature]</i>

**10704**

**A/C CHANGEOUT**



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:	10704	DATE ISSUED:	DECEMBER 9, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	CENTURY AIR CONDITIONING		
PARCEL CONTROL NUMBER:	013841001-012-000505	SUBDIVISION	ARBELA - L 12
CONSTRUCTION ADDRESS:	57 S SEWALLS PT RD		
OWNER NAME:	MC MAHON		
QUALIFIER:	JOHN RILEY	CONTACT PHONE NUMBER:	781-3040

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

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

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

### INSPECTIONS

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

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

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 12/2/13

OWNER/LESSEE NAME: James McMahon Phone (Day) 281-4173 (Fax) \_\_\_\_\_

Job Site Address: 57 S Sewall's Point Rd City: Stuart State: FL Zip: 34996

Legal Description: Arbela, Beg on N/L of Lot 12 Parcel Control Number: 01-38-41-001-012-cc050-5

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Exact replacement 2' to N 16 seer A/C

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 5000  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Century Air Conditioning Phone: (772) 781-3040 Fax: \_\_\_\_\_

Qualifiers name: John Riley Street: 3044 SE Dominica Ter City: Stuart State: FL Zip: 34997

State License Number: CAC0571676 OR: Municipality: \_\_\_\_\_ License Number: CAC0571676

LOCAL CONTACT: John Riley Phone Number: (772) 781-3040

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: 1483 Garage: \_\_\_\_\_ Covered Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_

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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE  
X James McMahon  
State of Florida, County of: Martin  
On This the 2 day of Dec, 2013  
by James McMahon who is personally known to me or produced ELDUM255-446-37-3640  
As identification. Valerie Arnold  
My Commission Expires: \_\_\_\_\_

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
X John Riley  
State of Florida, County of: St. Lucie  
On This the 2nd day of December, 2013  
by John Riley who is personally known to me or produced \_\_\_\_\_  
As identification. Deborah Russell  
My Commission Expires: 11/05/2014

NOTARY PUBLIC  
 Deborah Russell  
 My Commission EEC038992  
 Expires 11/05/2014  
 Notary Public State of Florida

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

OR



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/02/2013

**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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York, NY 10038-3551	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Risk Management Department</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (866) 443-8489</td> <td><b>FAX (A/C, No):</b> (800) 889-0021</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> work.comp@trinet.com</td> </tr> </table>	<b>CONTACT NAME:</b> Risk Management Department		<b>PHONE (A/C, No, Ext):</b> (866) 443-8489	<b>FAX (A/C, No):</b> (800) 889-0021	<b>E-MAIL ADDRESS:</b> work.comp@trinet.com									
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<b>E-MAIL ADDRESS:</b> work.comp@trinet.com															
<b>INSURED</b> TriNet HR Corporation and all its affiliates and subsidiaries* Century Air Conditioning Inc (Endorsed as alternate employer) 9000 Town Center Parkway Bradenton, FL 34202	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Commerce &amp; Industry Ins Co</td> <td style="text-align: center;">19410</td> </tr> <tr> <td>INSURER B: Illinois National Ins Co</td> <td style="text-align: center;">23817</td> </tr> <tr> <td>INSURER C: Ins Co State of Penn</td> <td style="text-align: center;">19429</td> </tr> <tr> <td>INSURER D: Nat'l Union Fire Ins Co</td> <td style="text-align: center;">19445</td> </tr> <tr> <td>INSURER E: New Hampshire Ins Co</td> <td style="text-align: center;">23841</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Commerce & Industry Ins Co	19410	INSURER B: Illinois National Ins Co	23817	INSURER C: Ins Co State of Penn	19429	INSURER D: Nat'l Union Fire Ins Co	19445	INSURER E: New Hampshire Ins Co	23841	INSURER F:	
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**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.** Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (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 (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	039401238 (FL)	07/01/2013	07/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required): 8874 / 71B

\* TriNet HR II, Inc. and TriNet HR V, Inc.

<b>CERTIFICATE HOLDER</b>  Town Of Sewall's Point One South Sewall's Point Road Stuart, FL 34996	<b>CANCELLATION</b>  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  Aon Risk Services Northeast, Inc.
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MK

DATE (MM/DD/YYYY)  
12/02/13

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<b>PRODUCER</b> Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Rick Halcomb, CIC, ARM	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>CENTA-1</b>																				
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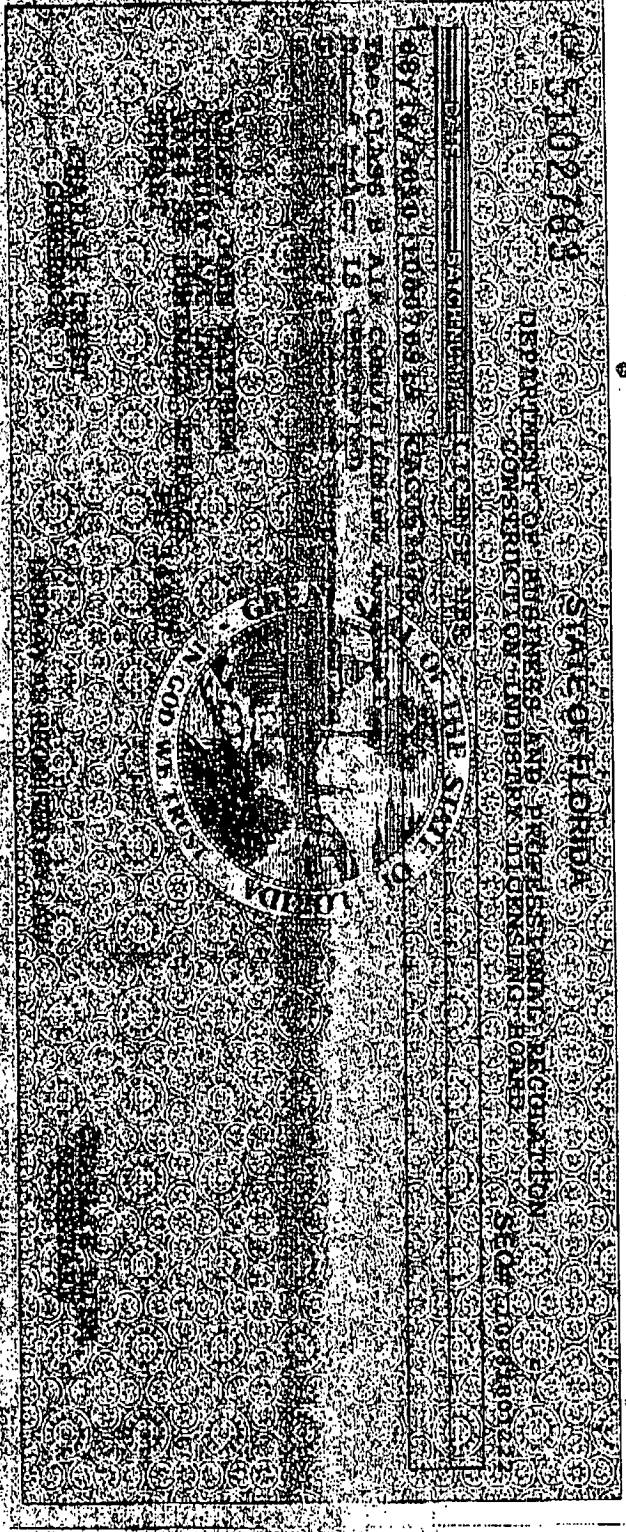
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4623906500	03/23/13	03/23/14
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				WC STATUTORY LIMITS OTHER 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)  
 email: vcamlet@sewallspoint.org

<b>CERTIFICATE HOLDER</b>  SEWAP-1  Sewalls Point Building Dept. 1 S Sewalls Point Road Stuart, FL 34996	<b>CANCELLATION</b>  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 
--	--



*Century Ave*

2013-2014

MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD, SUITE, FL 34994  
(772) 288-5684

CHARACTER: GENERAL TAX SALES TAX RECEIPT

ACCOUNT# 05-518-0023      G# 2057676

PHONE (772) 692-4886      S# 0235110

LOCATION:

3044 SR DOMINICA TER STU



OWNER: JAMES MATTHEW  
PROPERTY A/C OF BRADSHAW COAST INC  
3044 SR DOMINICA TER  
STUART, FL 34994

TAX YEAR: 2013      TAX ID: 2012 32809 0001      26.25 PAID



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

Air Conditioning Change out Affidavit

Residential  Commercial \_\_\_\_\_  
 Package Unit \_\_\_ Yes  No (Use Condenser side of form below for equipment listing)  
 Duct Replacement \_\_\_ Yes  No - Refrigerant line replacement \_\_\_ Yes  No  
 Flushing Existing Refrigerant lines  Yes \_\_\_ No - Adding Refrigerant Drier  Yes \_\_\_ No  
 Rooftop A/C Stand Installation \_\_\_ Yes  No - Curb Installation \_\_\_ Yes  No  
 Smoke Detector in Supply (over 2000 CFM) \_\_\_ Yes  No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: QUEEN Model# RHLLH43  
 Volts 240 CFM's 1000 Heat Strip 7 Kw  
 Min. Circuit Amps 36 Wire gauge #8  
 Max. Breaker size 45 Min. Breaker size 40  
 Ref. line size: Liquid 3/8 Suction 3/4  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) ATTIC  
 Access: HATCH  
 (Contractor must provide ladder if required)

Condenser: Mfg QUEEN Model# 14A0436  
 Volts 240 SEER/EER 16 BTU's 30,000  
 Min. Circuit Amps 18 Wire gauge #8  
 Max. Breaker size 30 Min. Breaker size 25  
 Ref. line size: Liquid 3/8 Suction 3/4  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof REAR  
 Condensate Location GROUND

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: TRANG Model# TU0E030F  
 Volts 240 CFM's 1000 Heat Strip 7 Kw  
 Min. Circuit Amps 35 Wire gauge #8  
 Max. Breaker size 45 Min. Breaker size 40  
 Ref. line size: Liquid 3/8 Suction 3/4  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) \_\_\_\_\_  
 Access: \_\_\_\_\_

Condenser: Mfg JMintrol Model# worn off  
 Volts 240 SEER/EER 10 BTU's 30,000  
 Min. Circuit Amps 20 Wire gauge #8  
 Max. Breaker size 30 Min. Breaker size 25  
 Ref. line size: Liquid 3/8 Suction 3/4  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof \_\_\_\_\_  
 Condensate Location \_\_\_\_\_

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N) 1107 & 1108

[Signature]  
 Signature

12-1-2013  
 Date



# Project Summary

## Entire House

Job: 8545  
Date: December 01 2013  
By: Russell

Email: 2shawnrussell@bellsouth.net

### Project Information

For: James McMahon, Century Air Cond  
57 S. Sewalls Point-Rd, Stuart, FL 34996  
Email: 2shawnrussell@bellsouth.net  
Notes:

### Design Information

Weather: W Palm Beach, FL, US

#### Winter Design Conditions

Outside db 47 °F  
inside db 70 °F  
Design TD 23 °F

#### Summer Design Conditions

Outside db 90 °F  
inside db 75 °F  
Design TD 15 °F  
Daily range L  
Relative humidity 50 %  
Moisture difference 59 gr/lb

#### Heating Summary

Structure 15694 Btuh  
Ducts 3318 Btuh  
Central vent (0 cfm) 0 Btuh  
Humidification 0 Btuh  
Piping 0 Btuh  
Equipment load 19013 Btuh

#### Sensible Cooling Equipment Load Sizing

Structure 16385 Btuh  
Ducts 7571 Btuh  
Central vent (0 cfm) 0 Btuh  
Blower 0 Btuh  
Use manufacturer's data n  
Rate/swing multiplier 0.95  
Equipment sensible load 22806 Btuh

#### Infiltration

Method Simplified  
Construction quality Average  
Fireplaces 0

	Heating	Cooling
Area (ft <sup>2</sup> )	1440	1440
Volume (ft <sup>3</sup> )	12960	12960
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	97	50

#### Latent Cooling Equipment Load Sizing

Structure 1975 Btuh  
Ducts 1513 Btuh  
Central vent (0 cfm) 0 Btuh  
Equipment latent load 3488 Btuh  
Equipment total load 26295 Btuh  
Req. total capacity at 0.70 SHR 2.7 ton

#### Heating Equipment Summary

Make n/a  
Trade n/a  
Model n/a  
AHRI ref n/a  
Efficiency n/a  
Heating input 0 Btuh  
Heating output 0 Btuh  
Temperature rise 0 °F  
Actual air flow 973 cfm  
Air flow factor 0.051 cfm/Btuh  
Static pressure 0 in H2O  
Space thermostat

#### Cooling Equipment Summary

Make Rheem  
Trade RHEEM 14AJM SERIES  
Cond 14AJM30  
Coil RHLL-HM3617++RCSL-H\*3617  
AHRI ref 3412355  
Efficiency 13.0 EER, 16 SEER  
Sensible cooling 20300 Btuh  
Latent cooling 8700 Btuh  
Total cooling 29000 Btuh  
Actual air flow 973 cfm  
Air flow factor 0.041 cfm/Btuh  
Static pressure 0 in H2O  
Load sensible heat ratio 0.87

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



wrightsoft

Right-Suite® Universal 2013 13.0.08 RSU09070

C:\Users\Shawn\Documents\AC LOADS\1450 SQ FT.rup Calc = MJ8 Front Door faces: NE

2013-Dec-01 19:37:04

Page 1



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

# Certificate of Product Ratings

**AHRI Certified Reference Number: 3412355**

**Date: 12/1/2013**

**Product: Split System: Air-Cooled Condensing Unit, Coil with Blower**

**Outdoor Unit Model Number: 14AJM30**

**Indoor Unit Model Number: RHLL-HM3617+RCSL-H\*3617**

**Manufacturer: RHEEM SALES COMPANY, INC.**

**Trade/Brand name: RHEEM, RUUD, WEATHERKING**

**Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.**

**Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:**

Cooling Capacity (Btuh):	29000*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

### DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at [www.ahridirectory.org](http://www.ahridirectory.org).

### TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



**Air-Conditioning, Heating, and Refrigeration Institute**

# THE METAL SHOP

Custom Metal Manufacturer  
Consulting Engineer:

## ANCHOR CLIPS Installer's Guide

Douglas W. Lowe, P.E.  
FLA# 13355  
1206 Millennium Pkwy  
Brandon, FL 33511

**WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING**

### PART NUMBER

#770 / 774 (4 pk of 4" / 6" tall clips with hardware)  
#771 / 773 (4 pk of 4" / 6" tall clips only)

### CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

### PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

### INSTALLATION

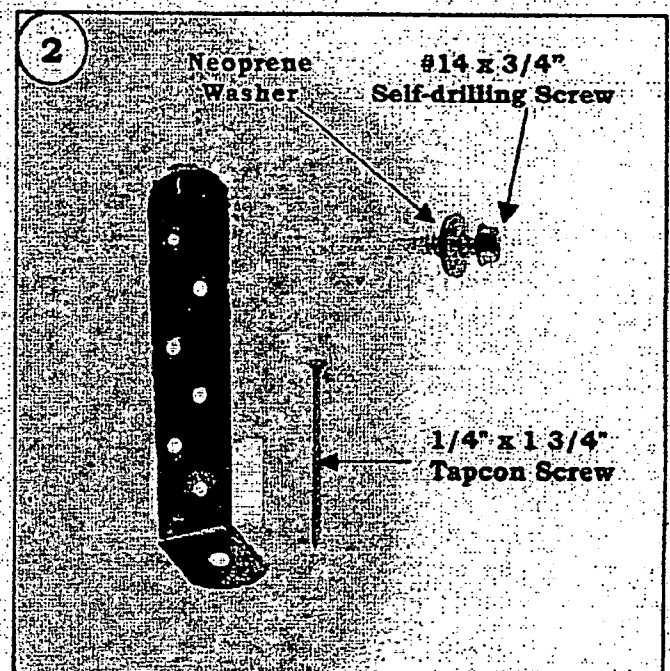
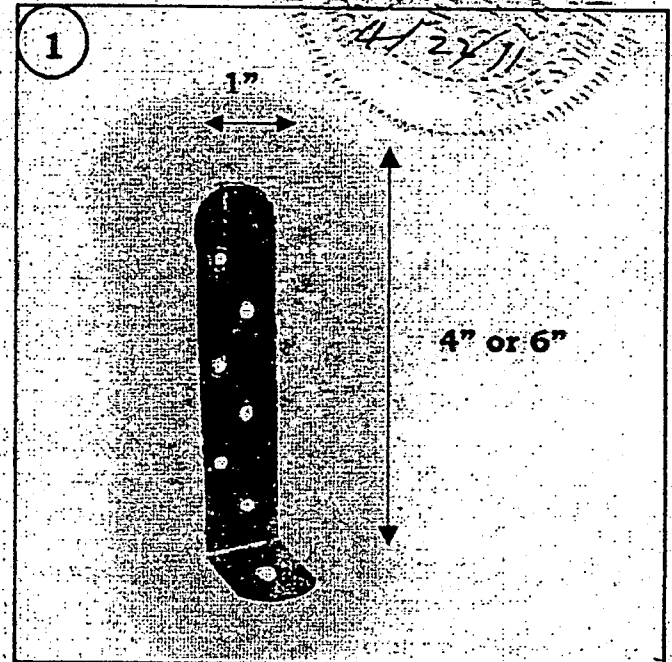
Minimum of 4 clips required per condenser unit.  
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.  
1/4" x 1 3/4" Tapcon screw required to fasten clip to the condenser pad.  
Locate the anchor clips to fit comfortably between condenser unit and pad.  
Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.  
All hardware must be fastened prior to connecting Refrigerant lines and electrical power to the unit.  
Suitable for ground mounted units.  
Anchor clip design meets requirements of The Florida Building Code 2007. (Building) chapter 301.12 for wind resistance up to 140 MPH.

### FEATURES

The use of "sized to fit" screw holes compared to slots means that security is never compromised.  
A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

### NOTE

Above installation instruction suitable for up to 5 ton units.

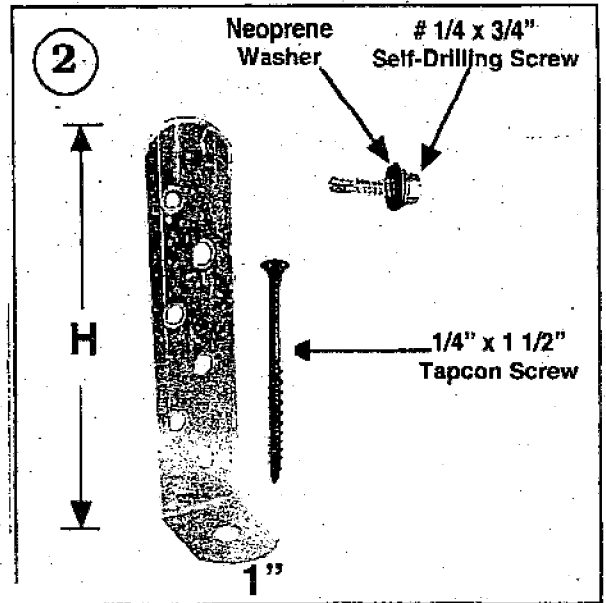




PART NO.	H. DIM.	W. DIM.	DESCRIPTION
# 771	4"	1"	4 pk. Clips only
# 773	6"	1"	4 pk. Clips only

### ANCHOR CLIP NOTES:

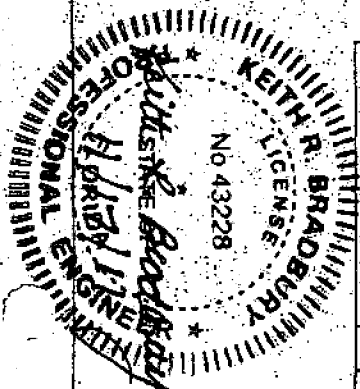
- The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
- 150 mph rating based on a condenser unit surface area of 10.4 sq. ft. facing wind; calculations based upon equations in ASCE 7-05 Chapter 6, and Chapter 18, Section 1609 - 2009 Supplement to 2007 FBC. Exposure C; Importance category IV; Max. 600 Lb. condenser unit that withstands 150 mph wind speed.
- On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
- The anchor clips with self-drilling screws and Tapcon screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
- Engineer seal affixed hereto validates design as shown only. Use of this plan by Contractor, et. al; indemnifies and saves harmless this engineer and The Metal Shop for all costs & damages, including legal fees & appellate fees resulting from deviations of this plan.



ANCHOR CLIP

### ANCHOR CLIP INSTALLATION INSTRUCTIONS:

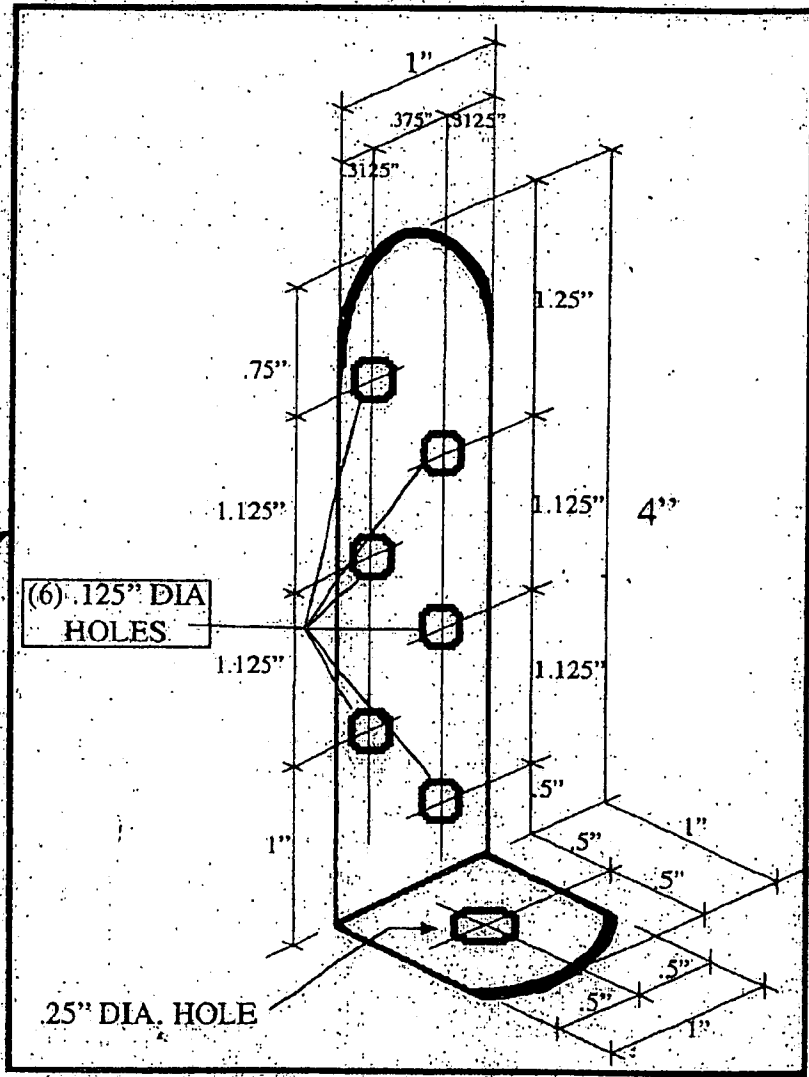
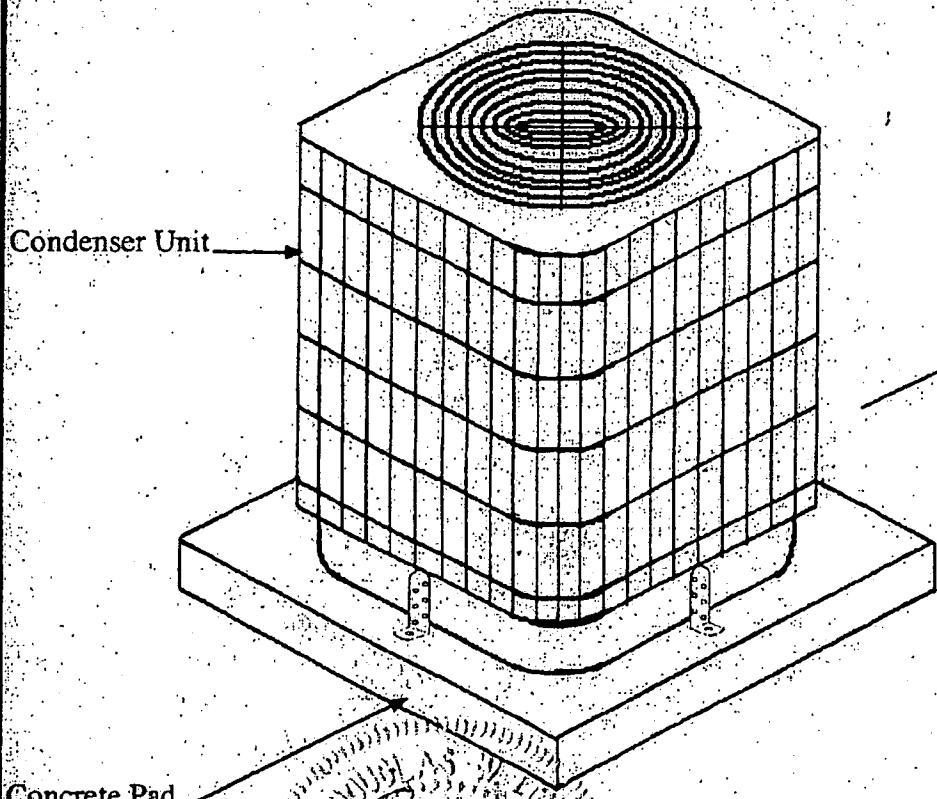
- SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
- Minimum of 4 clips required equally spaced around condensate unit; Minimum of 2- #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten 4 clips to condenser unit base. 1/4" x 1-3/4" Tapcon concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete).
- Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condensate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
- Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon instructions.
- All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condensate unit.



<b>ENGINEER:</b> <b>KEITH R. BRADBURY, P. E.</b> P. E. No. 43228 <b>6731 BAYWOOD PK. DR.</b> <b>SEMINOLE, FL 33777</b> <b>727-319-3947</b> KBRADBURY4@TAMPABAY.RR.COM		<b>The Metal Shop</b> 2541 W. Dunnellon Rd. Dunnellon, FL 34434 Ph: (352) 622-0006 Fax: (352) 622-0007 Web: www.metalshop.org	
<b>TITLE</b> <b>ANCHOR CLIP INSTALLATION</b> <b>INSTRUCTIONS- 150 MPH WIND SPEED</b>			
<b>SIZE</b> <b>B</b>		<b>REVISED FOR 2009 SUPPLEMENT TO 2007 FBC.</b>	
<b>COPYRIGHT 2011 Keith R. Bradbury, P. E.</b>		<b>SCALE: N. T. S.</b>	<b>DATE: November 11, 2011</b>
			<b>SHEET 1 OF 1</b>



**#771 (4 pk.) / #772 (100 box) Anchor Clip**



Metal thickness = 16 gauge

*Handwritten signature and date: 2/19/08*

<p>The Metal Shop 1139 Eldridge Street Clearwater Fl. 33755</p>	<p>PH: (727) 441-2492 FAX: (727) 442-8493 Web: www.metalshop.org</p>	<p>Consulting Engineer: Douglas W. Lowe, P.E. FLA # 13355 1206 Millenium Parkway Brandon, Fl 33511</p>	<p>Revision Date: 2/14/08</p>	<p>Drawn by: K.P.R.</p> <p>Scale - Not to scale</p>	<p>Page: 1 of 1</p>
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# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12-12-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1070	McAdams	Fence		
9AM	575 SPR Century Air 781-3040 loader	AC	Pass	Inspector [Signature]
10661	Pistole 21 Periwinkle Cir Stuart Fence	Final Fence	Pass	Inspector [Signature]
10549	Chontos 83 S Sewalls Modern Movers	Plumbing Final	Pass	Inspector [Signature]
10682	122 So Sewall LLC 122 55PR Amant	Final windows & door	Pass	Inspector [Signature]
	NEXT TO JOYCE PALMETTO	BOLIVIAN PERROW		INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

**10907**

**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:	10907	DATE ISSUED:	6/23/2014
SCOPE OF WORK:	REROOF		
CONTRACTOR:	CODE RED ROOFERS, INC		
PARCEL CONTROL NUMBER:	013841001012000505	SUBDIVISION	ARBELLA BEG ON N/LN OF LOT 12...
CONSTRUCTION ADDRESS:	57 S SEWALL'S POINT ROAD		
OWNER NAME:	MCMAHON		
QUALIFIER:	DOUGLAS E ROE	CONTACT PHONE NUMBER:	772 287-2829

**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**

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

**INSPECTIONS**

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10907

Date: 6/2/14

OWNER/LESSEE NAME: James McMahon Phone (Day) 287-4173 (Fax)
Job Site Address: 573 Sewalls Point Rd. City: Stuart State: Zip:
Legal Description: Arabella Parcel Control Number: 01-38-41-001-012-00050-5
Fee Simple Holder Name: Address:
City: State: Zip: Telephone: 772 287 4173

\*SCOPE OF WORK (PLEASE BE SPECIFIC):

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 50,100.00
(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: \$ 50,100.00
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Code Red Roofers Inc. Phone: 772 287 2829 Fax: 772 287 7763
Qualifiers name: Douglas E Roe Street: 3341 SE Slater St City: Stuart State: FL Zip: 34997
State License Number: CCL1326574 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number:
DESIGN PROFESSIONAL: Fla. License#
Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof 2961 Elevated Deck: Enclosed area below BFE:
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

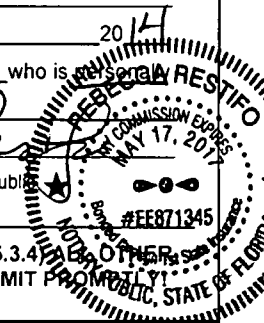
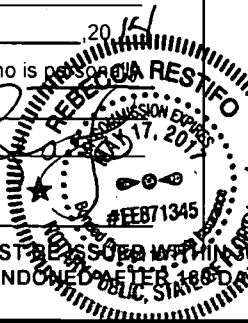
WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X James F. McMahon
State of Florida, County of: Martin
On This the 15 day of May, 2014
by James F. McMahon who is personally known to me or produced
As identification:
Notary Public
My Commission Expires: 5/17/17

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Douglas E. Roe
State of Florida, County of: Martin
On This the 16 day of June, 2014
by Douglas E. Roe who is personally known to me or produced
As identification:
Notary Public
My Commission Expires: 5/17/17



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



**Martin County, Florida**  
Laurel Kelly, C.F.A

Site Provided by...  
governmax.com 1.11

**Summary**



**Tabs**

**Summary**

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Notice of Prop. Taxes →

Parcel ID	Account #	Unit Address	Market Total Value	Website Update
01-38-41-001-012-00050-5	17577	57 S SEWALL'S POINT RD, STUART	\$200,100	5/15/20

**Owner Information**

<b>Owner(Current):</b>	MCMAHON JAMES F & MARIDEL
<b>Owner/Mail Address</b>	57 S SEWALLS POINT RD STUART FL 34996-6446
<b>Sale Date</b>	3/2/1998
<b>Document Book/Page</b>	1297 1680
<b>Document No.</b>	
<b>Sale Price</b>	0

**Searches**

- Parcel ID
- Owner
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Navigator
- Maps →

Account #		Location/Description	
17577	Map Page No:	SP-04	
2200	Tax District	Legal Description	ARBEL
57 S SEWALL'S POINT RD, STUART	Parcel Address		BEG O
.4690	Acres		N/LN C
			LOT 12
			RUN, 10
			W OF
			W/LN C
			RD FO
			BEG, V
			100', S
			175', E
			100' &
			175' TC
			BEG &
			100' OF
			260' OF
			28' OF
			LOT 12
			W/O
			SEWAI
			PT RD

**Functions**

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120100 Hillcrest, Noni Est., West End

**Assessment Information**

<b>Market Land Value</b>	\$150,000
<b>Market Improvement Value</b>	\$50,100

NOTICE OF COMMENCEMENT

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

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): 57 S Sewell's Point Rd, Stuart; Arabula

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: James McMahon
ADDRESS: 57 S. Sewell's Point Rd. Stuart FL 34996 part Lot 12
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
INTEREST IN PROPERTY: owner

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

CONTRACTOR: Code Red Roofers Inc.
ADDRESS: 3341 SE Silver St Stuart FL 34947
PHONE NUMBER: 772 287 2829 FAX NUMBER: 772 287 7763

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

LENDER/MORTGAGE COMPANY:
ADDRESS: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

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

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

Signature of James F McMahon
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 15 DAY OF May, 2014

BY: James F McMahon AS owner FOR \_\_\_\_\_ PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

Signature of Rebecca Restifo
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS/ARE TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
BY: [Signature] D.C.
DATE: 5/20/2014



INSTR # 2452715 OR BK 2719 PG 774 RECD 05/20/2014 04:42:59 PM
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED \$0.00, HTG \$0.00, INTANGIBLE \$0.00

3341 SE Slater Street  
Stuart, FL 34997  
Phone 772-287-2829  
Fax 772-287-7763  
License # CCC1326574 ~ License # CRC1326582



# Fax

<b>To:</b>	<b>From:</b> Becky
<b>Fax:</b> 220-4765	<b>Pages:</b> 3
<b>Phone:</b>	<b>Date:</b> 6/18/14
<b>Re:</b>	<b>CC:</b>
<input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> <b>For Review</b> <input type="checkbox"/> <b>Please Comment</b> <input type="checkbox"/> <b>Please Reply</b> <input type="checkbox"/> <b>Please Recycle</b>	

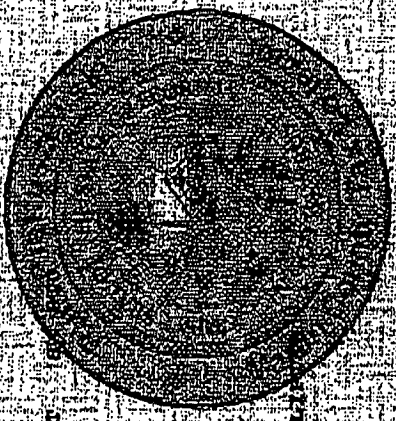
See to follow...





2014-2014 MARTIN COUNTY ORIGINAL  
**BUSINESS TAX RECEIPT**  
 HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
 3485 S.E. WILCOUGHBY BLVD, SUITE 101, STONEY PT 32480  
 (772) 288-5604

PHONE (772) 287-2820 FAX (772) 287-2820  
 LOCATION  
 3343 BB BLAYER CT STONEY PT 32480



**CHARACTER COURTS IN MARTIN COUNTY**

RES. VAL. \$ 00  
 IMP. \$ 26.25  
 TAX \$ 00  
 TOTAL \$ 26.25

TOTAL \$ 26.25

STATE CREDIT REFUND/ROOFING CONT  
 STONEY PT 32480

2014  
 91 3043 04139 0001 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE IF NOT PAID BY OCT 1. A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%. PLUS COLLECTION COSTS WILL APPLY.

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**  
 1940 NORTH MONROE STREET  
 TALLAHASSEE FL 32399-0783

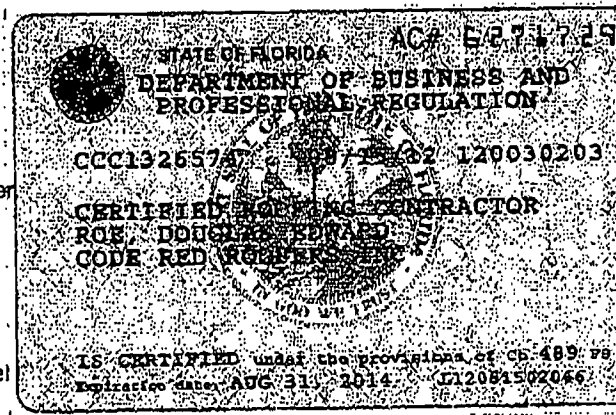
(850) 487-1395

**ROE, DOUGLAS EDWARD**  
**CODE RED ROOFERS INC**  
 3341 SE SLATER ST  
 STUART FL 34997

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's Initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK® PATENTED PAPER

AC# 6271129

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# 12081502046

DATE	BATCH NUMBER	LICENSE NUMBER
08/15/2012	120030203	CCCL326574

The ROOFING CONTRACTOR  
 Named below IS CERTIFIED  
 Under the provisions of Chapter 489, FS  
 Expiration date: AUG 31, 2014

**ROE, DOUGLAS EDWARD**  
**CODE RED ROOFERS INC**  
 3341 SE SLATER ST  
 STUART FL 34997



**RICK SCOTT**  
GOVERNOR

**KEN LAWSON**  
SECRETARY

DISPLAY AS REQUIRED BY LAW



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: 3C

DATE (MM/DD/YYYY)

06/14/2013

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).

<b>PRODUCER</b> Bouchard - Kissimmee 222 Church Street Kissimmee, FL 34741 Mitch Wiley, CRIS Bryan	Phone: 407-847-2841 Fax: 407-846-2841	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>PRODUCER CUSTOMER ID #:</b> CODER-1	<b>FAX (A/C, No):</b> _____																				
	<b>INSURED</b> Code Red Roofers Inc. Code Red Fence Co. 3341 SE Slater Street Stuart, FL 34997-5706		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>First Mercury Insurance Co</td> <td>10657</td> </tr> <tr> <td>INSURER B:</td> <td>Bridgefield Employers Ins Co</td> <td>10701</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	First Mercury Insurance Co	10657	INSURER B:	Bridgefield Employers Ins Co	10701	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER D:																							
INSURER E:																							
INSURER F:																							

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Project Aggre GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		NJCG000000785202	03/21/2013	03/21/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 60,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		NJEX000000797402	03/21/2013	03/21/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	083038104	08/18/2013	06/18/2014

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

**CERTIFICATE HOLDER**

**CANCELLATION**

	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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220  
4765

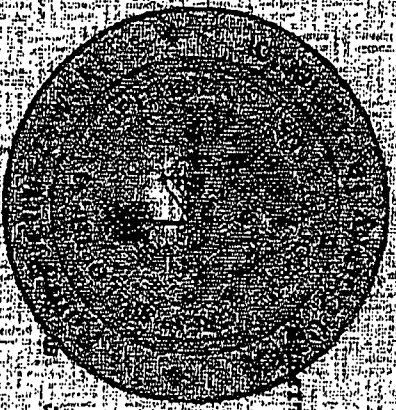
2014-2014 MARTIN COUNTY ORIGINAL

BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSSINI/CFC, TAX COLLECTOR  
3485 SE WILLOUGHBY BLVD, STUART, FL 34994  
(872) 288-5802

ALBANY 2083-813-3846  
PHONE 1 (772) 287-2938  
JOB # 1001

3341 SE FLORISS ST  
STUART, FL 34997



CHARACTER COURSE IN MARTIN COUNTY

PROPERTY	\$ 00	EXCISE	\$ 126.25
	\$ 00	PENALTY	\$ 00
	\$ 00	FEES	\$ 00
	\$ 00	TRANSFERS	\$ 00
TOTAL			\$ 126.25

ROB DOUGLAS HOWARD LOCALITY

CODE RED ROOFERS, INC

3341 SE FLORISS ST

STUART, FL 34997

PERMITS/COSES TO DISCLOSED BY BUSINESS AND PERSONS OPERATING  
STATE CERT RMBD/ROOFING COND

EXCISE FROM LISTED LOCALITIES PER SCO BEHUNGER DATA

22 NOV 2014 AUGUST 2014  
PAID \$1,200.00 04129-0091

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE IF NOT PAID BY OCT 1. A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS WILL APPLY

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS



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 CERTIFICATION

PERMIT # \_\_\_\_\_

CONTRACTOR'S NAME: Code Red Roofers Inc PHONE #: 772 287 2801 FAX: 772 287 7763

OWNER'S NAME: James F. McMahon

CONSTRUCTION ADDRESS: 57 S Sewall's Pt CITY Stuart STATE FL

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: \$ 60,100.<sup>00</sup>

ROOF TYPE:  HIP \_\_\_\_\_ BOSTON-HIP \_\_\_\_\_ GABLE \_\_\_\_\_ FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: 3 1/2 - 12 /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: Shingles & BUR EXISTING COVERING TO BE REMOVED? YES  NO \_\_\_\_\_

PROPOSED NEW ROOF COVERING: 5v metal & flat torch

MANUFACTURER Gulf Coast PRODUCT NAME 5v crimp PRODUCT APPR # FL 11651-21 - 2400 sqs.  
Certaineed Max Bit. 14-0224.03 - 561 sqs.  
 (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: Remove existing roof material to deck; rerailed to code. On slope, install self-adhered underlayment, new metal roof. Two ply torch applied to flat.

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: 6/16/14  
 SIGNATURE OF CONTRACTOR



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

### ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
	Boral MLT Underlayment	14	rolls	
	1/4" RS Nails	}	as needed	
	Tin tags			
	2 3/8" RS Nails			
	Woodzac screws			
	Driedge 3x3 Zega galv.	15	PCS.	
	5v panels	24	85.	
	Ridge metal	200 LF	LF.	
	Elintlastic STA	7	rolls	
	Flintlastic GTA	7	rolls	
	Granules	}	as needed.	
	Propane			



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

*omg  
FWP*

RE: Permit # 10907

Date 9/5/14

**Inspection Affidavit**

I Douglas E. Roe, licensed as a(n) Contractor\* / Engineer/Architect,  
 (please print name and circle Lic. Type) FS 468 Building Inspector\*

License #: CCC1326574

On or about 9/3/2014, I did personally inspect the roof  
 (Date & time)

deck nailing and/or secondary water barrier work at 57 S Sewells Point Rd  
 (circle one) (Job Site Address)

Stuart FL

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]  
 Signature

STATE OF FLORIDA  
 COUNTY OF

Sworn to and subscribed before me this 5 day of September, 2014

By Douglas E Roe

Notary Public, State of Florida

[Signature]

Rebecca Restifo  
 (Print, type or stamp name)

Commission No.: EE871345

Personally known  or

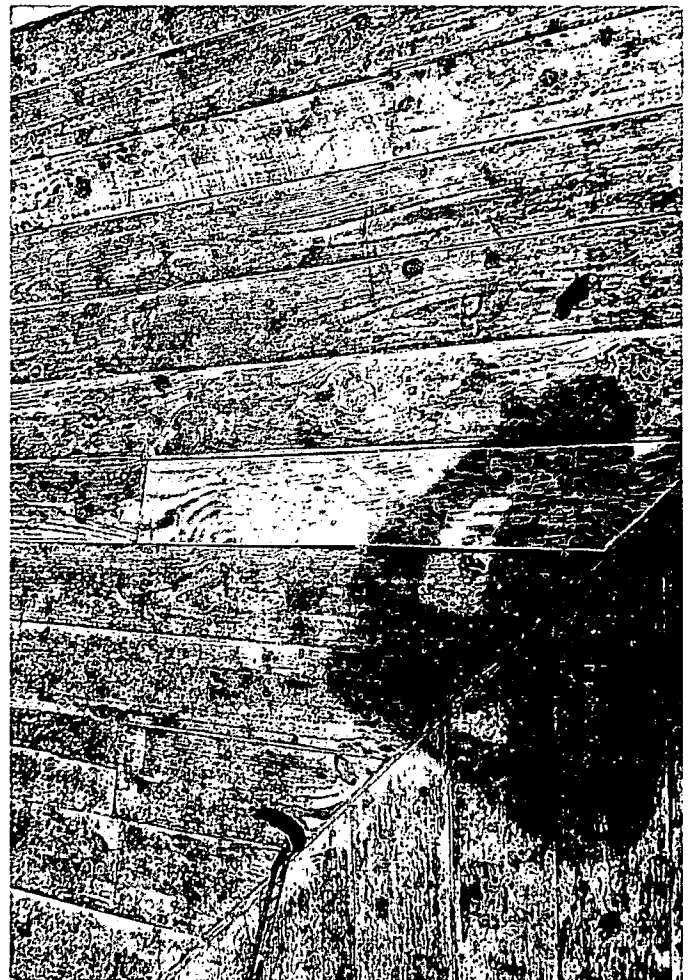
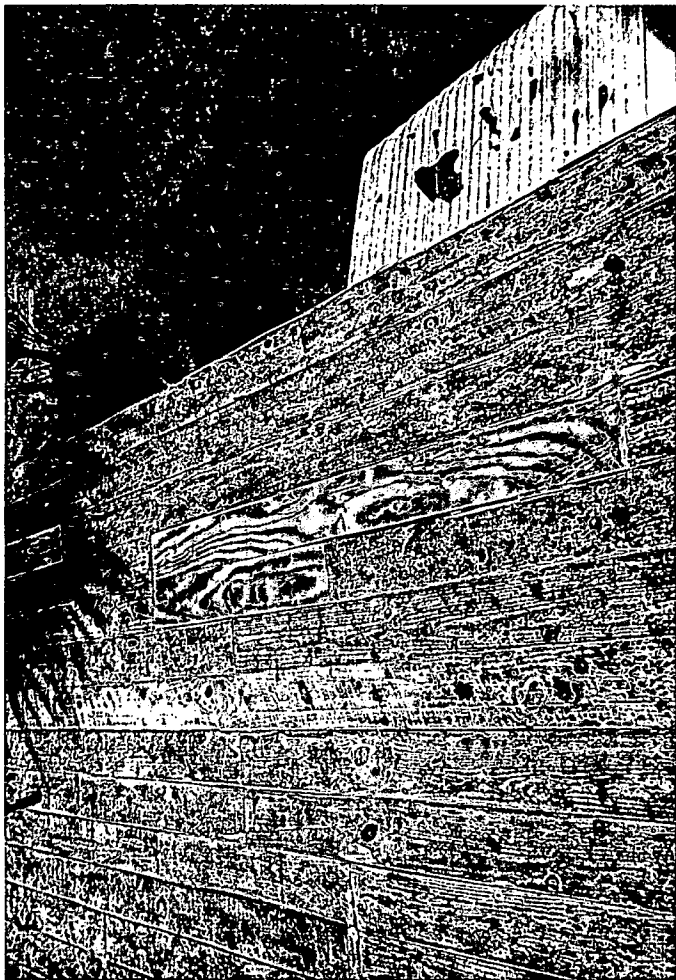
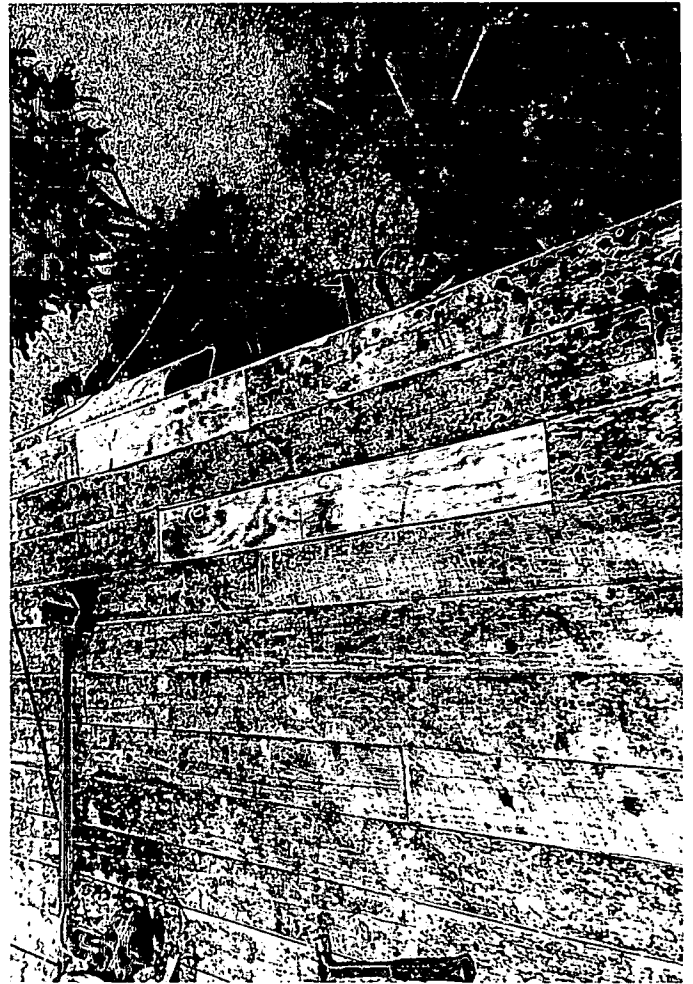
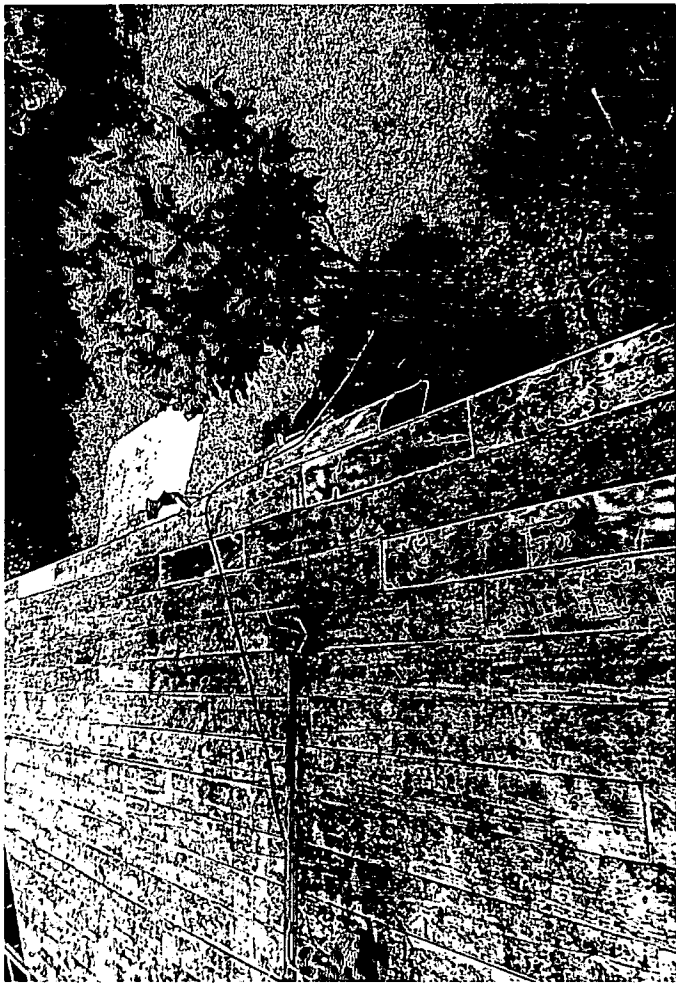
Produced Identification

Type of identification produced. \_\_\_\_\_

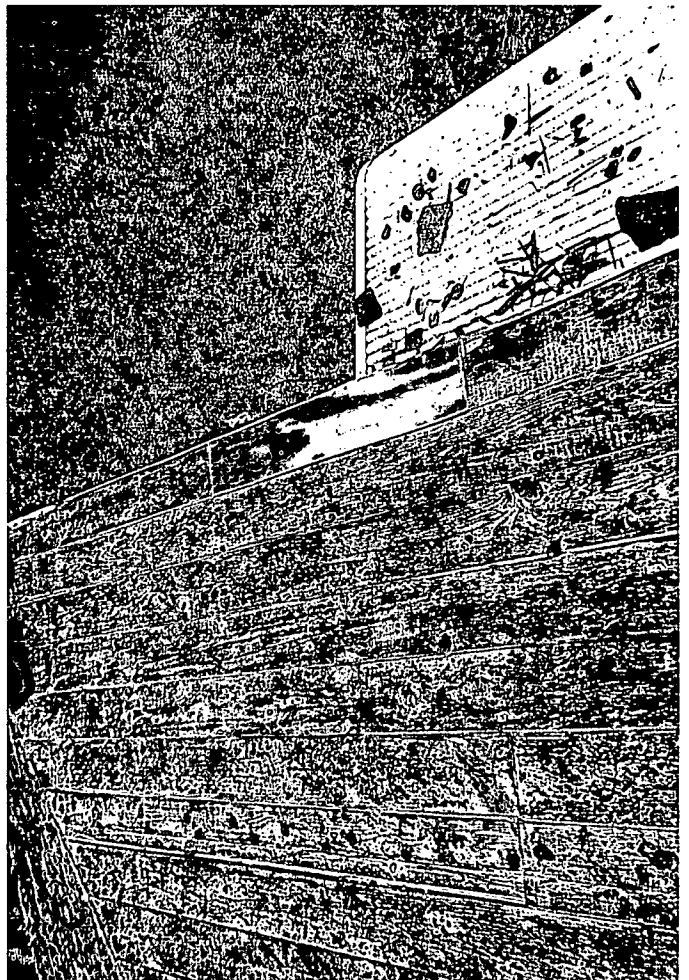
\* General, Building, Residential, or Roofing Contractor or any individual certified under 908 F.S. to make such inspection. Include photographs of each plane of the roof with the permit # or address and photos of any work on the deck for each inspection.

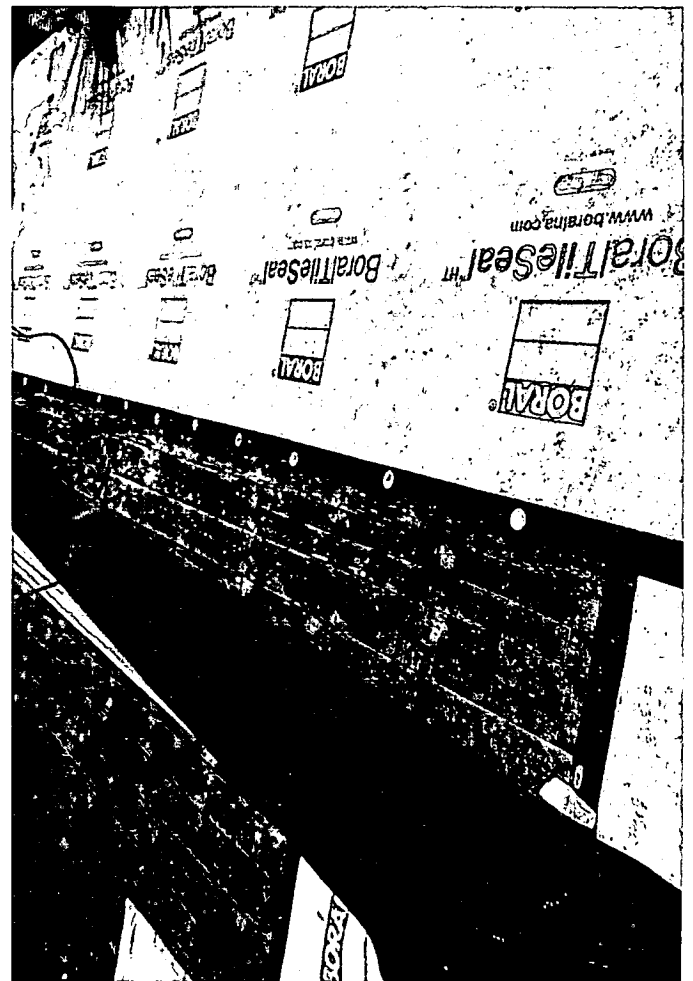
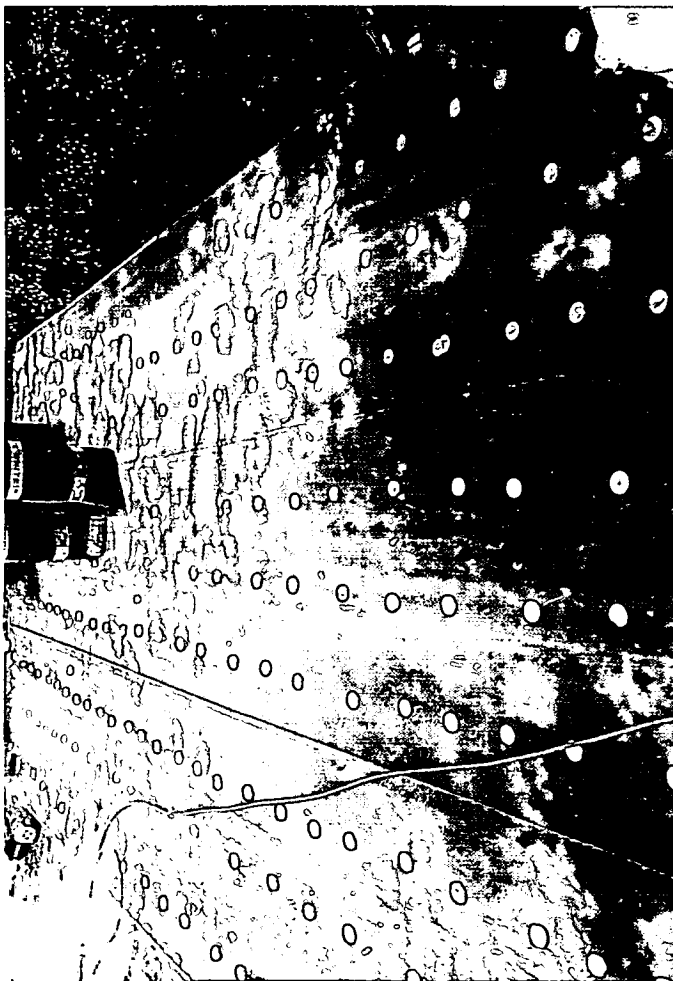
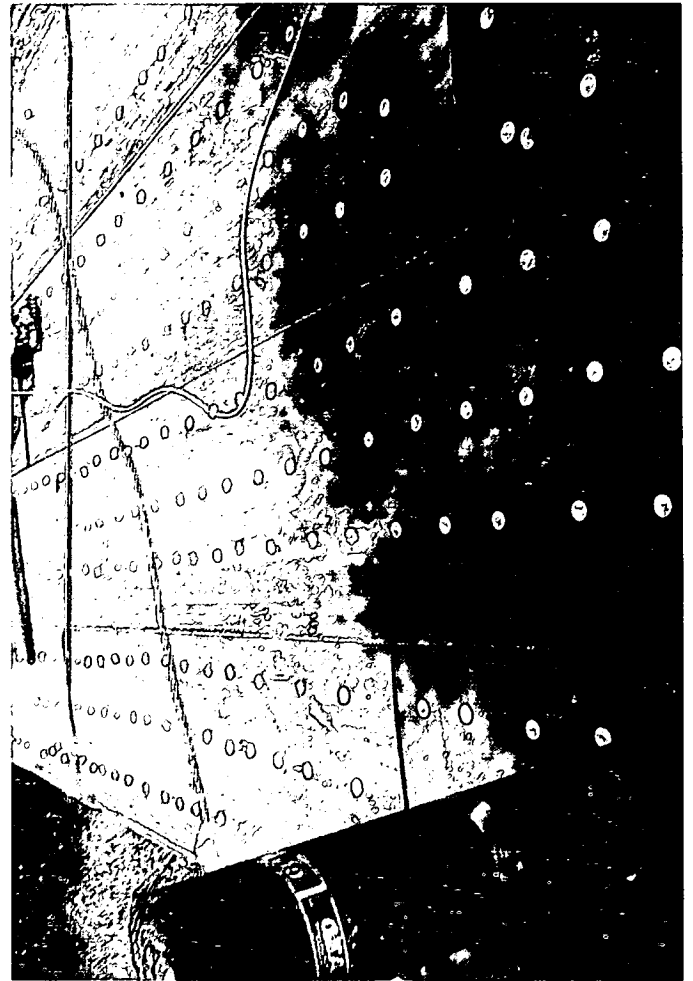
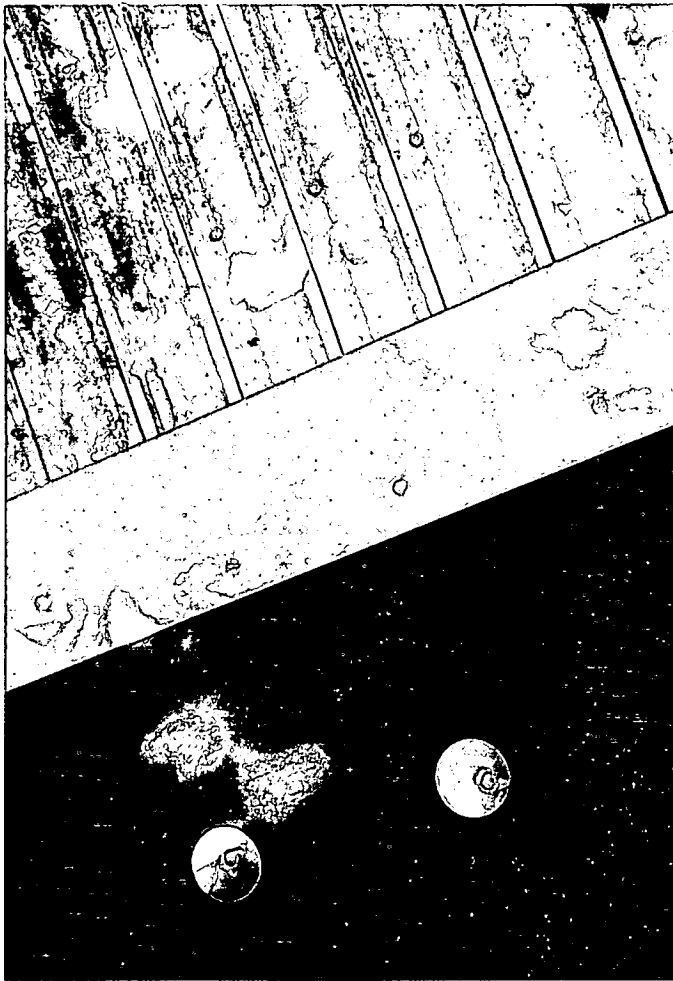


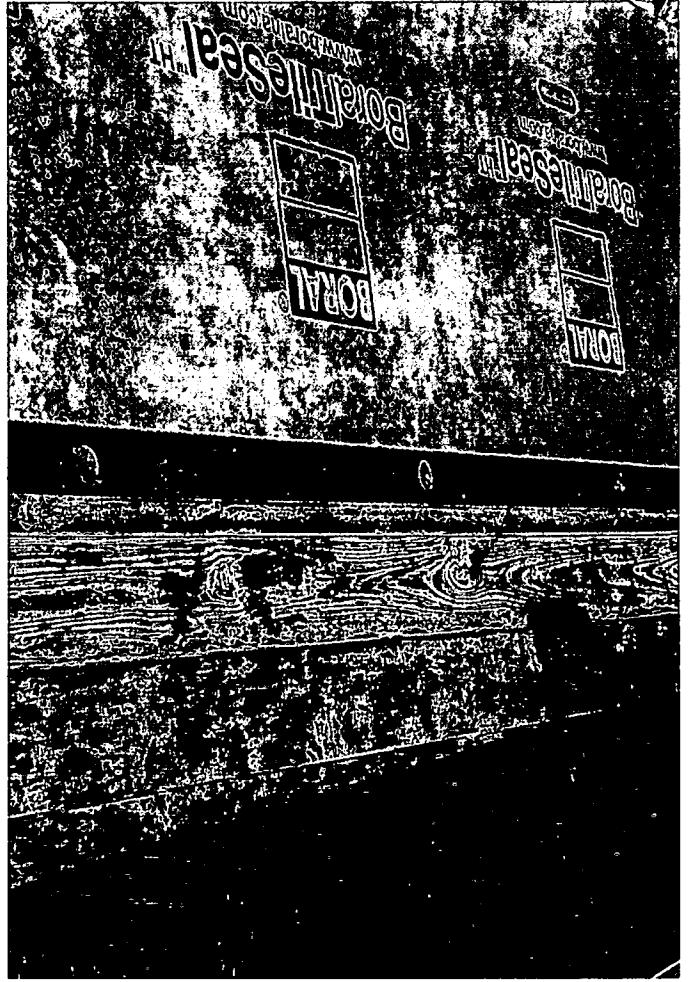
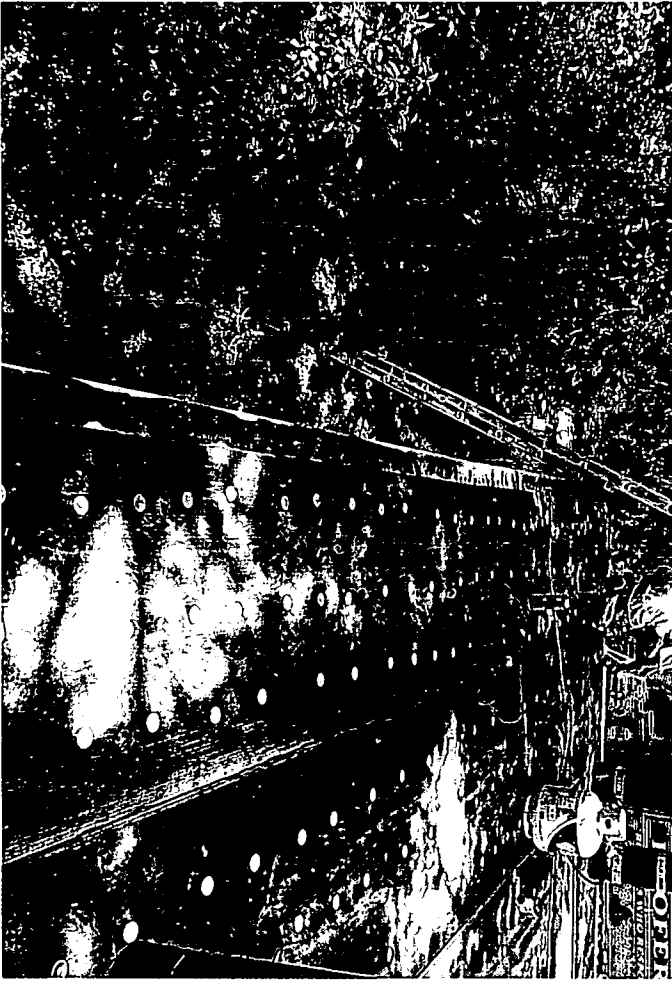












# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10957	Aune	Roof Tile		
9am	1 Michael Rd	In Progress	PASS	
	Darren Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10851	Baron	Final		
	25 Fieldway Dr	Roof Repair	PASS	CLOSE
	Pinnacle			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10967</del>	Mc Mahon	Sheathing		
	<del>57 S SPR</del>	Dry-in Metal	<del>PASS</del>	
	Code Red			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10988	Barick	Sheathing		
	24 N Via Lucindia	In Progress	PASS	
	Apostolopoulos + Paulick Const.			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Harrington	Tree Removal		W/ CONDITIONS
	5 S. Via Lucindia	Permit	OK	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10827	De Rosa 16 N SPR JB Innerio	Insulation	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11021	1 Banyan Road For Him Plumbing	Underground plumbing	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11044 <del>11049</del>	Gould 48 S SPR Florida Exotic	Landscaping sod	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11005 After noon	Blanchard 20 N SPR Stuart Fence	Footer Inspection	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10907</del>	Mc Mann <del>57 S SPR</del> Code Red Roofer	Final Roof	<del>PASS</del>	<del>INSPECTOR</del> INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10627	Elder 110 S SPR O/B	Concrete Form Inspection Driveway	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# **CORRESPONDENCE**

# TOWN of SEWALL'S POINT

**COMMISSIONERS:**

WILLIAM H. BEDELL, MAYOR  
SEWARD R. CHARDAVOYNE, VICE MAYOR  
DOLORES deIC. CLARKE, COMMISSIONER  
B.J. ESCUE, COMMISSIONER  
JOAN PERRY WILCOX, COMMISSIONER



**TELEPHONE: (407) 287-2455**

FAX (407) 220-4765

TOWN CLERK  
JOAN H. BARROW

CHIEF OF POLICE  
LOUIS J. SAVINI

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

May 29, 1992

Ms. Candy Kiernan  
Mortgage Specialist  
First National Bank and Trust  
P. O. Box 9012  
Stuart, Florida 34995-9012

Dear Ms. Kiernan:

Re: McMahon residence

57 South Sewall's Point Road  
(part Lot 12 Arbela s.d.)

The Town of Sewall's Point was incorporated in June, 1957. A check of Town records indicates that the McMahon residence was built prior to the Town's incorporation.

Sincerely,

Joan H. Barrow, Town Clerk/Treasurer



May 29, 1992

Town of Sewalls Point  
Attn: Joan

In regards to our phone conversation, First National Bank's attorney has reviewed Mr. & Mrs. McMahon's survey. They are unable to determine if the structure meets Sewall's Point zoning requirements or if they are grandfathered in.

Our attorney is requesting the bank to get a letter from the Town of Sewall's Point to make sure the structure is in compliance.

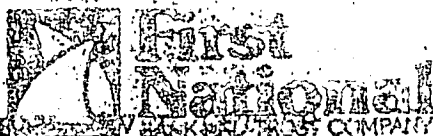
Please fax a copy of the letter to me at (407) 337-6132. If you have any questions please contact me at 337-6114.

Sincerely,

Candy Kierman  
Mortgage Specialist

*Lot 12  
Arboretum  
59 S. S. Blvd.*





CONFIDENTIALITY NOTE:

THE INFORMATION CONTAINED IN THIS FACSIMILE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED BELOW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISCLOSURE OR COPY OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED BELOW VIA UNITED STATES POSTAL SERVICE. THANK YOU.

TO: Opai

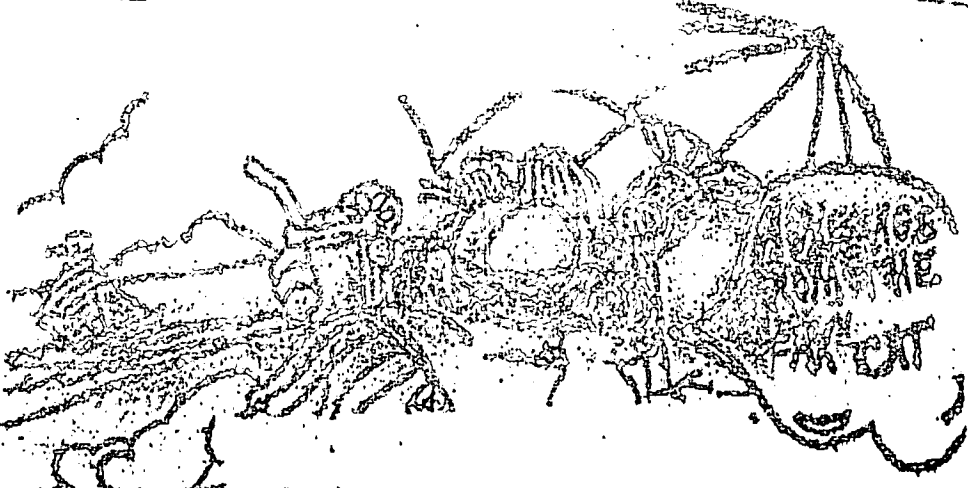
FROM: Candy Kellman

DATE: May 29, 1992

SUBJ: \_\_\_\_\_

PAGES: 2 INCLUDING COVER SHEET

ADDITIONAL INFORMATION: \_\_\_\_\_



**TREE**

**TOWN OF SEWALL'S POINT, FLORIDA**

Date December 17<sup>th</sup> 2004 TREE REMOVAL PERMIT No 2369

APPLIED FOR BY McMANNON (Contractor or Owner)

Owner 57 S. SEWALL'S Pt RD

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 4 PALM

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed Gene Simmons (GAS) Town Clerk BUILDING OFFICIAL

**TOWN OF SEWALL'S POINT**

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

**TREE REMOVAL PERMIT**

RE: ORDINANCE 103

Blank lined area for drawing or site plan.

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Dec 17, 2004 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6544	LANCASTER	HVAC BOUGHT	FAIL	HE WILL RESCHEDULE
3	8 PINEAPPLE MASTERPIECE BUDS			INSPECTOR:
6982	COCORULLO	FINAL DOCK	PASS	CLOSE
2	20 ISLAND RD CUSTOM BUILT MARINE			INSPECTOR:
7103	O'BRIEN	FENCE FINAL	PASS	CLOSE
1	36 E. HIGH PT RD LAWRENCE FENCE			INSPECTOR:
7135	COCORULLO	DOCK ELEC FINAL	PASS	CLOSE
2	20 ISLAND DR RIVERSIDE ELEC			INSPECTOR:
6901	WOLCOTT	FINAL ROOF	PASS	CLOSE
4	32 RIO VISTA PACIFIC	DOCK <del>FINAL</del> DOCK STAIRS	— —	INSPECTOR:
<del>6030</del>	<del>MOMMATION</del>	<del>TRUCK</del>	<del>PASS</del>	
5	57 S. SEAWAY PT			INSPECTOR:
6753	RADER	TIE BEAM	PASS	
6	5 HERITAGE WAY A&P			INSPECTOR:

OTHER: \_\_\_\_\_

215-9013 CUETIS

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

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

**No permit required for:**

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

**Permit Fee:**

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

**Application procedures:**

1. Fill out application information below to include:
  - a. applicant information
  - b. written statement giving reasons for removal, relocation, or replacement if necessary
  - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
  - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner JAMES E. McMAHON Address 575, SEWALL'S PT. RD Phone 287-4173

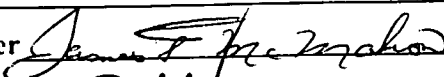
Contractor LIVING WATERS Address STUART, FL. Phone 287-1023

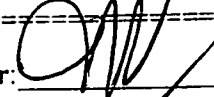
No. of Trees: REMOVE 1 Type: HICKORY

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: INTERNAL ROT AND BARK BORS

Signature of Property Owner  Date July 11, 2005

Approved by Building Inspector:  Date 7/13 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

57S. PRIVATE DRIVEWAY

HOUSE  
57S.

Mc MAHON, JAMES F.

SCREEN  
PORCH

GARAGE

TREE

WOOD  
FENCE

HOUSE  
59S.

HOUSE  
55S.

← S. SEWALL'S PT. RD. →

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7/13, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>TREE</del>	VIOGA	<del>TREE</del>	<del>PASS</del>	
(13)	105 N. SEWALLS PT			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7054	TAPPER	PATIO	PASS	
1	22 ISLAND WINDHIP CONST			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7117	MCGRATH	FINAL WINDOWS	PASS	CLOSE
5	123 S. SEWALLS PT O/B			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>TREE</del>	<del>MCMANON</del>	<del>TREE</del>	<del>PASS</del>	
7	57 S. SEWALLS PT			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7563	ALUMAN	BATH ELEC	PASS	CLOSE
6	106 S RIVER RD O/B			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7542	CLIFFORD	PRE-DRYWALL	PASS	
(11)	20 N. RIVER RD WOODWARD CONST			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6544	LANCASTER	FINAL SFR	PASS	CLOSE
2	8 PINEAPPLE LA MASTERPIECE			READY CARP INSPECTOR: <i>AM</i>

OTHER: \_\_\_\_\_

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Owner James F. McMahon Address 57 S. Sewall's Pt Rd Phone 7287-4173  
 Contractor F.P. + L tree div. Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 4 Type: Palm  
 No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
 No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

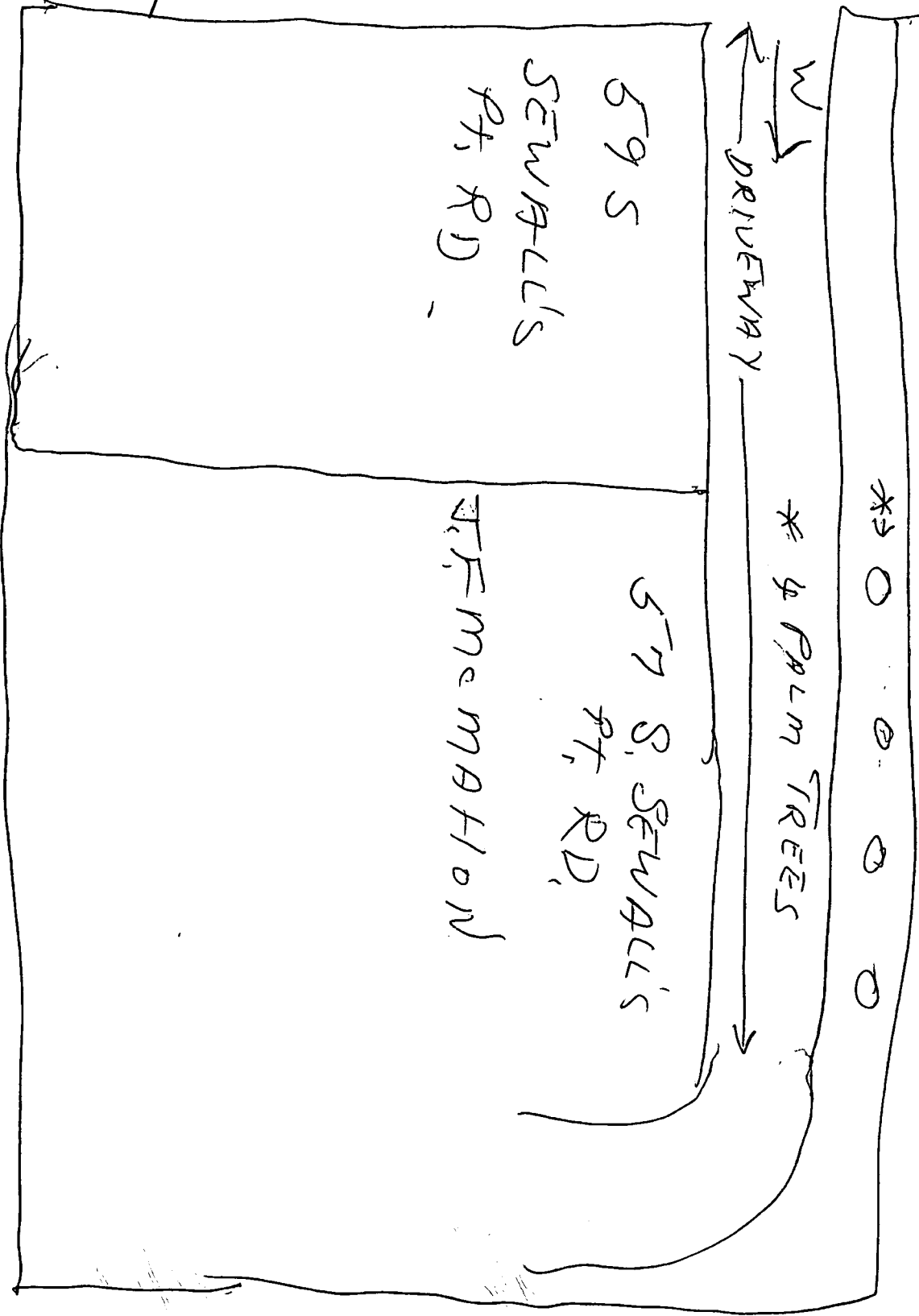
Written statement giving reasons: Tops cut off stem work - new pole + wires  
Trees are now dead.

Signature of Property Owner James F. McMahon Date 12-16-04

Approved by Building Inspector: [Signature] Date 12/17 Fee: 0  
 Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



← N/S SEWALL'S PT. RD. →



595  
SEWALL'S  
PT. RD.

57 S. SEWALL'S  
PT. RD.  
D.F. MEMORANDUM

W  
DRIVEWAY

\* 4 PALM TREES

\* O O O O