

58 South Sewall's Point Road

164

ADDITION

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Frank Kotze Present Address S. Pt. Rd. Phone 287-0319

Architect None Address _____

General Contractor C.A. Durfee Address S Pt. Rd Phone 287-2869
2767

Where Licensed Martin Co License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor C.A. Durfee Where Licensed Martin No. _____

Property Location S. Pt. Road Subdivision Arbelo Lot No. _____

Lot Dimensions _____ Lot Area _____ Sq. Ft. _____

Purpose of Building Addition Type of Construction Same as house

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls _____ Inside of Walls _____

Street or Road building will front on _____

Clearances - Front _____ Back _____ Side 75' Side 75' River 150'

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) 6 Ft.

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$ 000.00

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	_____	<u>12.00</u>	_____
Plumbing (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner) -----	_____	<u>15.00</u>	_____

SIGNED: - General Contractor or Owner Chas A Durfee

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 3/10/69
 Date Permit approved 3/12/69
 Date Permit Fee paid 3/12/69
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

164

164

1095

SFR

#1095

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 12/20/79

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner Ms. Frances Kotze Present address 60 So. Sewall's Point Road
Phone 287-0319

General contractor Herrlin-Deinard, Inc. Address P.O. Box 897
Phone 287-2093 Stuart

Where licensed State of Florida License No. CG C013733

Plumbing contractor South Park License No. _____

Electrical contractor Krauss & Crane License No. 368 Martin County

Air-conditioning contractor _____ License No. 368 Martin County

Describe the building, or alteration to existing building _____
New residence

Name the street on which the building, its front building line and its front yard will face 58th South Sewall's Point Road

Subdivision Harmers Lot No. Parcel 1 Area 15,600 sq. ft.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 1,700

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 60,000.00

Cost of permit \$ 330.00 Plans approved as submitted or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. 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. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor [Signature]

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 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 the neighborhood, as required by the Town's zoning ordinance.

Owner [Signature]

Registration builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Building Inspector (date) 1/15/80

Inspector's initials [Signature]

Town Commissioner (date) 1/15/80

Commissioner's initials [Signature]

Occupancy issued (date) 9/26/80

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

#1095

LEE RESIDENCE - SEWALL'S POINT, FLORIDA

"U" VALUE CALCULATIONS FOR SUB ASSEMBLIES

TYPE ASSEMBLY	CONC. BLOCK		FRAME		CEILING		R VALUE FRAMING	R VALUE CAVITY
	R VALUE FRAMING	R VALUE CAVITY	R VALUE FRAMING	R VALUE CAVITY	R VALUE FRAMING	R VALUE CAVITY		
FILM EXTERIOR	.17	.17	.17	.17	.61	.61		
SURFACE TREATMENT	.10	.10	1.05	1.05				
OUTER SHEATING			1.6	1.6				
FRAMING/HMU	1.04	1.04	4.35		4.35			
CAVITY: A. INSULATION	.94			11.00		19.00		
B. AIR SPACE		1.01						
INTERIOR SURFACE	.45	.45	.45	.45	.45	.45		
AIR FILM INSIDE	.68	.68	.68	.68	.61	.61		
OTHER								
R _v = TOTAL	3.38	3.45	8.3	14.95	6.02	20.67		
U _o = 1/R TOTAL	.3	.29	.12	.07	.17	.05		

U_o (OVERALL "U" VALUE (ENVELOPE CALCULATIONS))

TYPE OF ASSEMBLY	DESCRIPTION	AREAS	GROSS AREA RATIO	"U" VALUE	"U" X RATIO	
GROSS WALL		1,323	100%			
GLASS	WINDOWS/DOORS	338	.26	1.10	.29	
DOORS	WOOD	35	.03	.49	.01	
BLOCK WALL	237	FUR	36	.03	.3	.01
		CAVITY	201	.15	.29	.04
FRAME WALL	678	STUDS	102	.08	.12	.01
		CAVITY	576	.45	.07	.03
		TOTAL WALL "U" VALUE =			.39	
CEILING	TRUSS	286	.15	.17	.03	
GROSS / 1,909	CAVITY	1,623	.85	.05	.04	
		TOTAL CEILING "U" VALUE =			.07	
THIS CODE HOUSE	WALLS		.41	.39	.159	
GROSS / 3,232	CEILING		.49	.07	.03	
		TOTAL CODE HOUSE "U" VALUE =			.19	
		THIS HOUSE COMPLIES LESS THAN			.3	

I hereby Certify that the Design and Construction of this building comply with the Applicable Thermal Energy Efficiency Standard as Required in Part VII, Chapter 553, Florida Statutes. I understand that Falsification of this application may subject me to Prosecution under the Law.

12.19.79

Signature of Owner, or Owners, Authorized Agent

LEE RESIDENCE - SEWALL'S POINT, FLORIDA

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12.19.79 *[Signature]*

Signature of Owner, or Owners, Authorized Agent

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/26/80

This is to request that a Certificate of Approval for Occupancy be issued to Ms. Kotze
For property built under Permit No. 1095 Dated 1/22/80 when completed in
conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
CONCRETE PIERS } Set-backs and footings	2/12/80	} Dan
Rough plumbing	3/10/80	
Slab	TOP SLAB 3/24/80	
Perimeter beam		
Close-in, roof and rough electric	5/27/80	
Final Plumbing	9/26/80	
Final Electric	9/26/80	
Insulation	6/4/80	
Final Inspection for Issuance of Certificate for Occupancy.		

Approved by Building Inspector

[Signature] date 10/6/80

Approved by Building Commissioner

[Signature] date 10/6/80

Utilities notified 9/26/80 date

Original Copy sent to _____

(Keep carbon copy for Town files)

RECEIVED

NOV 29 1979

MARTIN COUNTY HEALTH DEPT.

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan. *see attached*

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287 2277 and give this office a 24-hour notice when ready for inspection.

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Section II - Information:

1. Property Address (Street & House No.)
Lot Block Subdivision
Date Recorded Directions to Job East of Stuart on E. Ocean Blvd;
to Sewalls Point Rd;
2. Owner or Builder FRANCIS KOTZE
P.O. Address 1115 E. Ocean City Stuart
3. Specifications Blvd.

2 Bedrooms

- | | |
|------------------------------------|--|
| Tank | Drainfield |
| <u>750</u> Gals. <u> </u> | ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or |
| <u>750</u> Gals. <u>200</u> | ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench |

Scale 1" = 50'

(Rear)

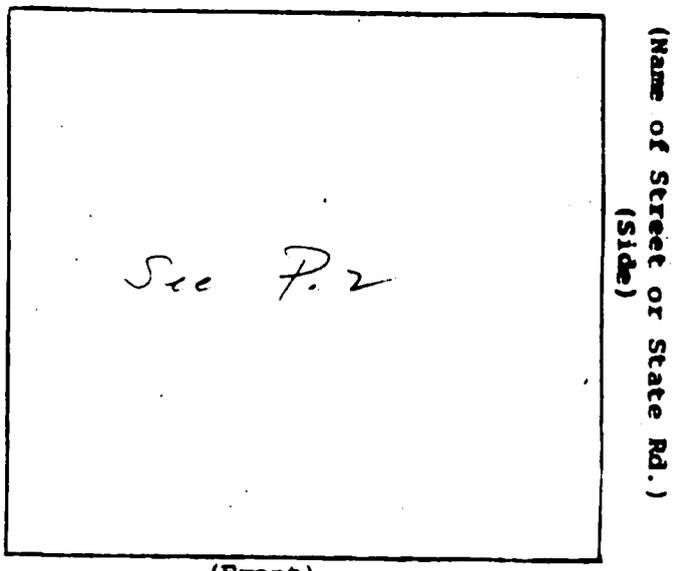
4. House to be constructed:
Check one: FHA
 VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Francis Kotze
Please Print

Signature: Francis Kotze

Date: 11-28-79



(Name of Street or State Road)

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: KEEP #16#
SUMP PUMP AND RAISED DRAINFIELD REQUIRED IF LOW

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: Robert Washam County Health Dept. MARTIN Date 11-30-79

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: By:

FHA No. VA No.

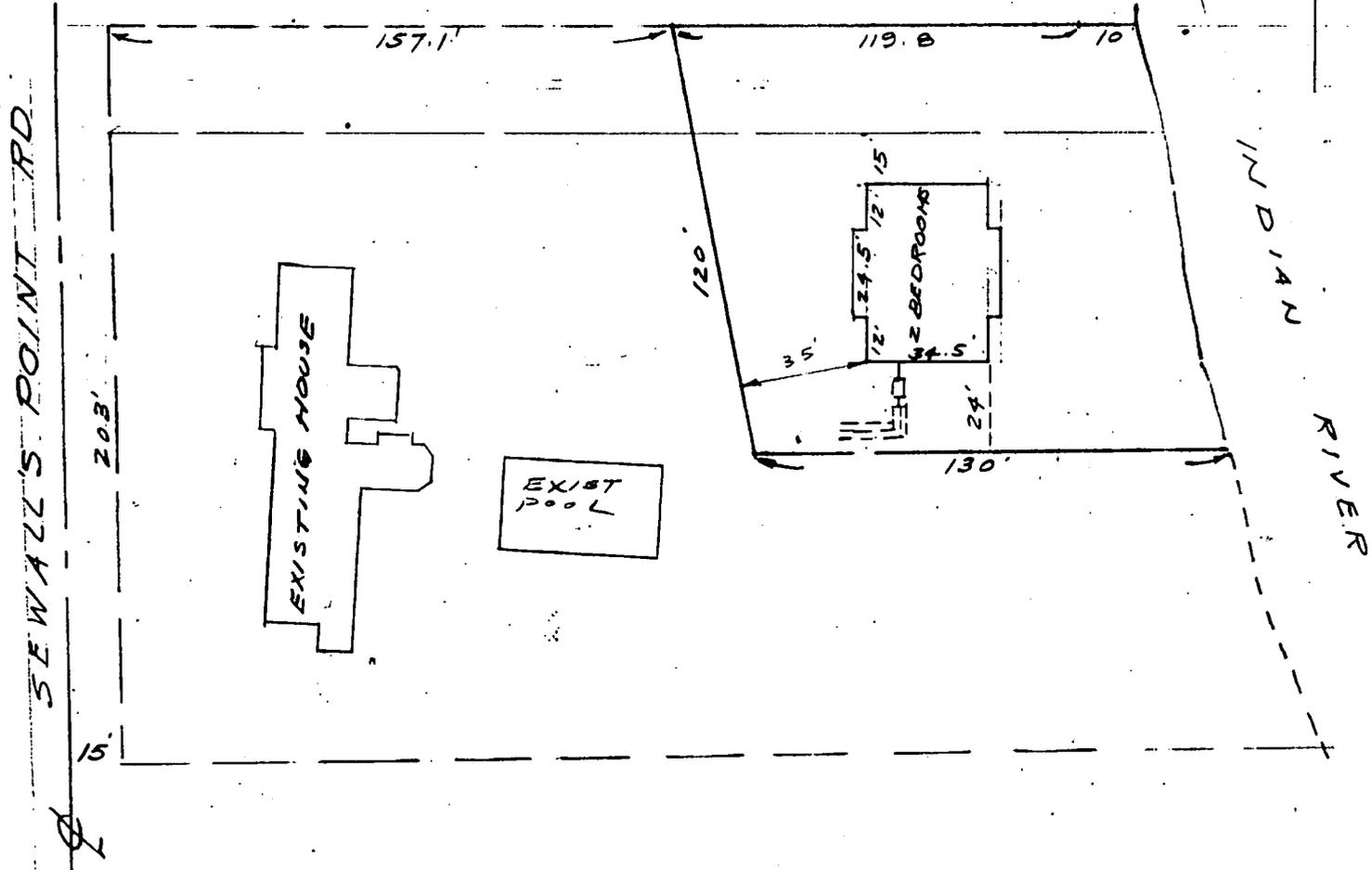
FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
 DATA SHEET

Location: See attached Applicant: Frances Kotze
 County: Martin

NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

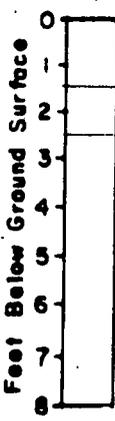


NOTE: CITY WATER

I, Frances Kotze agree to place 7 inches of fill in the septic tank area upon completion of the house.

PLAN
 Scale: 1" = 50'

SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP
 Soil Characteristics _____

Percolation Rate 30 sec min/inch

Water Table Depth 2.5'

Water Table Depth During Wet Season 2'

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

Date _____

CERTIFIED BY: W. J. Williams

FLORIDA PROFESSIONAL No. 1272

Date 11-28-79 Job No. _____

C-617
11-21-4

287-2093

RINKER MATERIALS CORP.
STEEL DIVISION

1095 WED

LOCATION

JOB NO.

REL. NO.

CUST. ORDER NO.

MADE BY

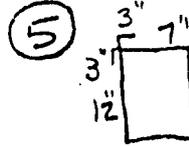
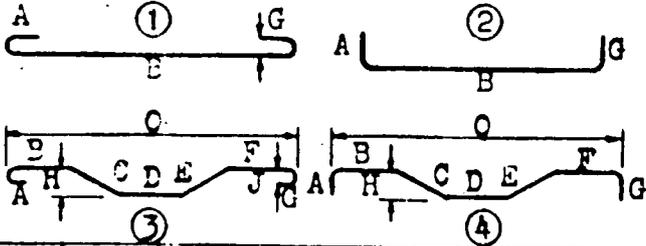
DESCRIPTION OF JOB CANTILEVER BEAMS (FRONT & BACK)

SHEET OF

DIMENSIONS ARE CUT TO CUT

BENT BARS

DIMENSIONS OMITTED ARE ZERO



Kate residence
HERLIN. DEWAD

NO.	SIZE	LENGTH	MARK	TYPE	A	B	C	D	E	F	G	H	O	J	WEIGHT
8	#6	11-2			STR.										
8	#8	12-4		2	1-2	11-2									
40	#3	3-8		5	SEE SKETCH										
4	#5	12-4		2	1-2	11-2			STR.						
8	#7	12-4		2	1-2	11-2									

Note: "J" dimension on 180° hooks to be shown only where necessary to restrict hook size. Otherwise ACI Manual standard hooks are to be used.

Delivery Promised

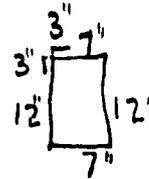
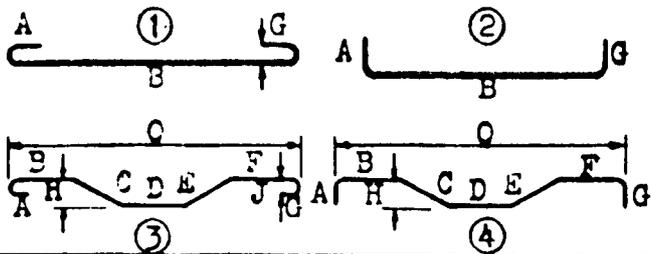
Ticket No.

RINKER MATERIALS CORP.

STEEL DIVISION

~~8-517~~
11-64

B _____ LOCATION _____ JOB NO. _____
 STOCKER _____ REL. NO. _____
 CURN CH. DRYS. _____ JUST. ORDER NO. _____ MADE BY _____
 RT OF JOB Beam REINF. / FRONT & BACK ELEVATIONS (Non REC.) SHEET _____ OF _____
 DIMENSIONS ARE CUT TO CUT BENT BARS DIMENSIONS OMITTED ARE ZERO



NO.	SIZE	LENGTH	MARK	TYPE	A	B	C	D	E	F	G	H	O	J	WEIGHT
✓ 1	#6	33.8				STR.									
✓ 2	#6	16-10				STR.									
✓ 3	#6	12-1		2	3-0	9-1									
✓ 4	#6	19-6		2	3-0	16-6									
✓ 5	#3	3-8		5	SEE SKETCH										

Note: "J" dimension on 180° hooks to be shown only where necessary to restrict hook size. Otherwise ACI Manual standard hooks are to be used.

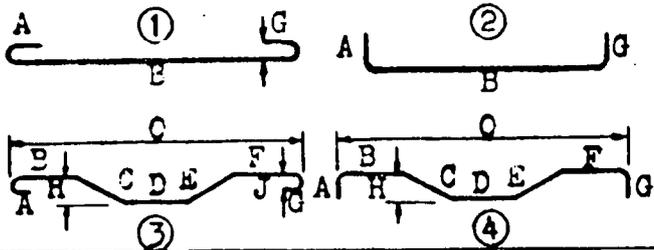
Delivery Promised _____ Ticket No. _____

C-617
11-611

RINKER MATERIALS CORP.
STEEL DIVISION

LOCATION _____ JOB NO. _____
 TICKET NO. _____ REL. NO. _____
 WORK ON DRYS. _____ CUST. ORDER NO. _____ MADE BY _____
 TITLE OF JOB BEAM REINF. / SIDE ELEVATIONS (JOIST BRG.) SHEET _____ OF _____

DIMENSIONS ARE CUT TO CUT BENT BARS DIMENSIONS OMITTED ARE ZERO



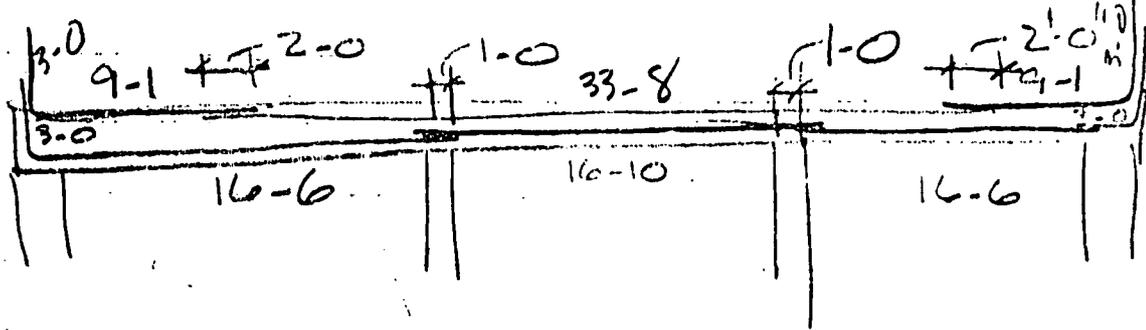
NO.	SIZE	LENGTH	MARK	TYPE	A	B	C	D	E	F	G	H	O	J	WEIGHT
✓ 4	#7	18.9													
✓ 8	#7	12.9		2	3.0	9.7									
✓ 8	#7	20.5		2	3.0	17.5									
68	#3	3.8		5											

Note: "J" dimension on 180° hooks to be shown only where necessary to restrict hook size. Otherwise ACI Manual standard hooks are to be used.

Delivery Promised _____ Ticket No. _____

16-9
 16-9
 32-18
 33-6

FRONT of BRK BLUVA
 (Non last row)



15-10
 + 5
 16-5
 + 6
 16-9
 - 3
 16-6

16-6
 3-0
 19-6

~~15-10~~

#3 STRAPS @
 24" O.C.

15-10
 15-10
 2-0

32-20

33-8

7-1
 3-0
 12-1

7-11
 + 5

8-4
 - 3

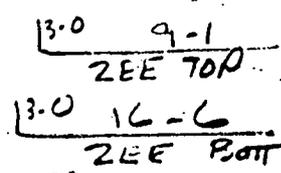
8-1
 + 1-0
 9-1

SIDE S

- x2 2 #6 x 33-8
- x2 2 #6 x 16-10
- x2 4 #6 x 12-1
- x2 4 #6 x 19-6
- x2 4 #3 x 3'-8"

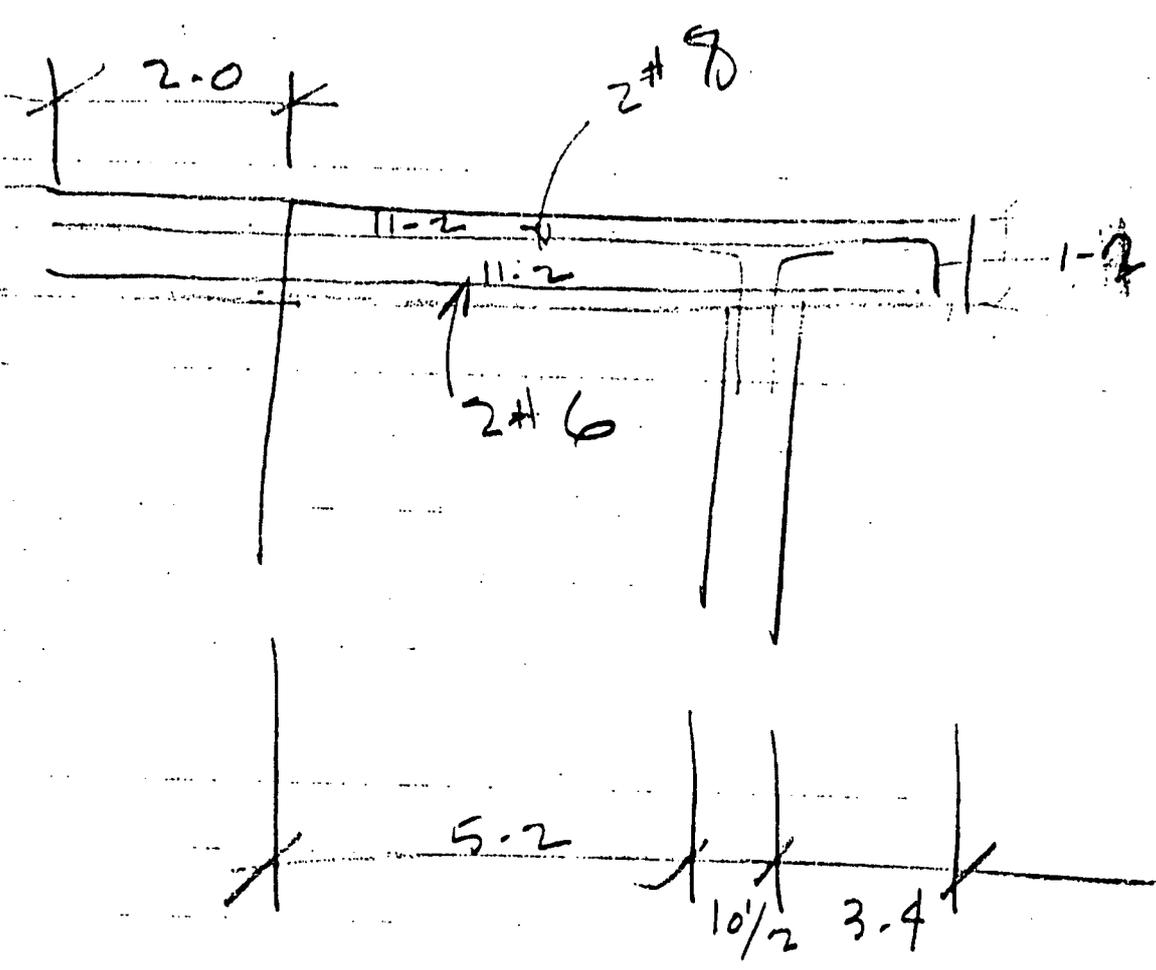
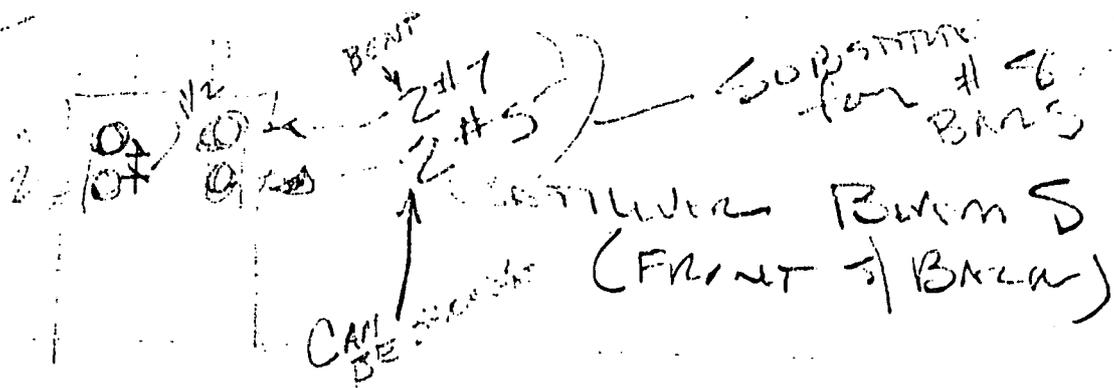
STR

STR



24
 14
 - 6
 44
 3'-8"

[Handwritten signature]

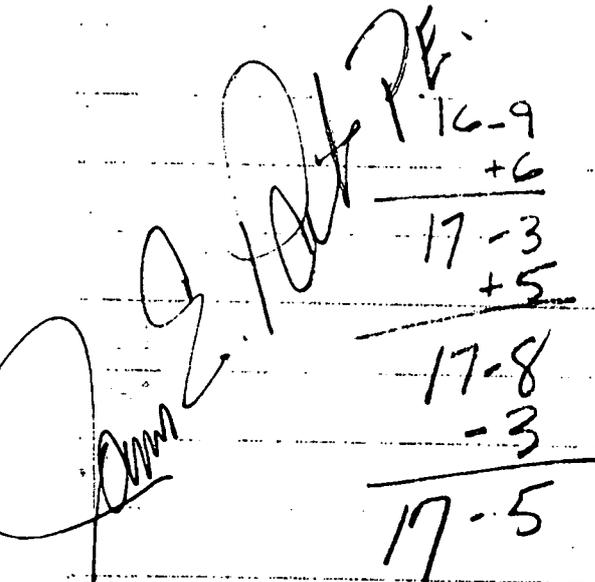
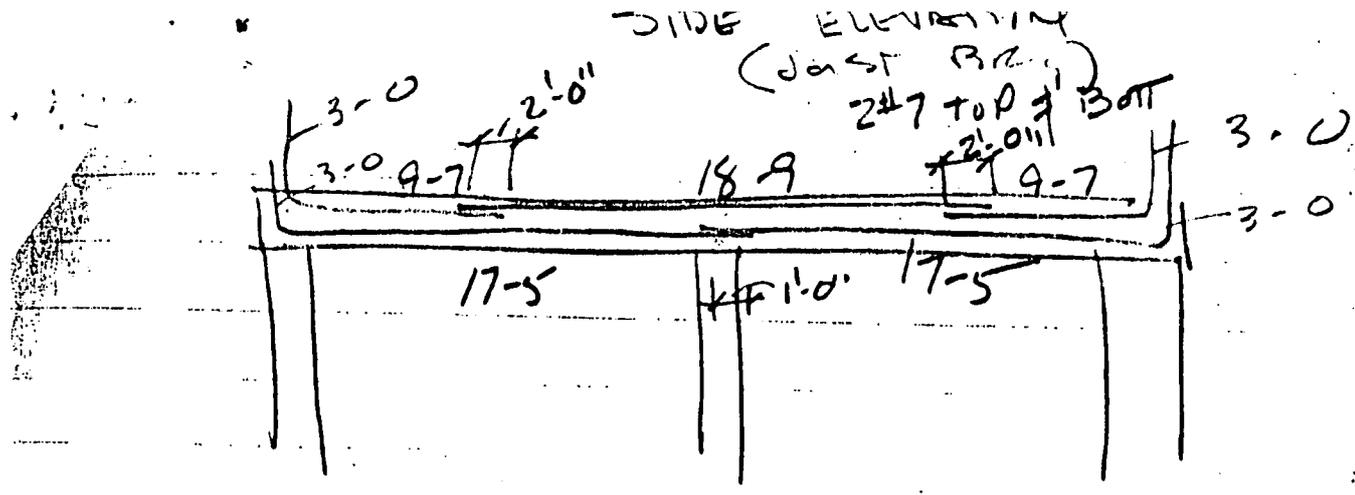


11-2
1-2
12-2

Handwritten signature

P.E. 2-0
5-2
10 1/2
3-4
10-16 1/2
11-4 1/2"
- 2 1/2"
11-2"

x4 2#8 x 12-6¹⁴ total
x4 2#6 x 11-2 STR
x4 10#3 x 3'-8"



$$\begin{array}{r}
 16-9 \\
 +6 \\
 \hline
 17-3 \\
 +5 \\
 \hline
 17-8 \\
 -3 \\
 \hline
 17-5
 \end{array}$$

~~$$\begin{array}{r}
 16-9 \\
 2-0 \\
 \hline
 18-9
 \end{array}$$~~

$$\begin{array}{r}
 17-5 \\
 3-0 \\
 \hline
 20-5
 \end{array}$$

$$\begin{array}{r}
 8-4\frac{1}{2} \\
 1-0 \\
 \hline
 9-4\frac{1}{2} \\
 +5 \\
 \hline
 9-9\frac{1}{2} \\
 -3 \\
 \hline
 9-6\frac{1}{2}
 \end{array}$$

$$\begin{array}{r}
 9-7 \\
 3-0 \\
 \hline
 12-7
 \end{array}$$

x2 2#7 x 18-9

STR TOP +5

x2 3#3 x 3'-8"

x2 4#7 x 20.5

3-0 | 17-5 | 2EE BOT

x2 4#7 x 12-7

3-0 | 9-7 | 2EE TOP

LEE RESIDENCE - SEWALL'S POINT, FLORIDA

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12.19.79 *[Signature]*

Signature of Owner, or Owners, Authorized Agent

No survey need
sub-division not approved
per Knight.

Bd of Ad. just want to approve & s'

4362

ADDITION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/2/98

BUILDING PERMIT NO. 4362

Building to be erected for FRANCES KNOBEL Type of Permit BUILDING

Applied for by ALAN B MORRIS (Contractor) Building Fee 960

Subdivision ARBELA Lot HARMER'S RE-SUB Block Radon Fee 8

Address 58 S. SEWALLS POINT ROAD Impact Fee —

Type of structure SINGLE FAM. RES. ADDITION A/C Fee 100

Parcel Control Number: _____

Electrical Fee 100

Plumbing Fee 100

Roofing Fee 100

Amount Paid 1368 Check # 1709 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 120,000 TOTAL Fees 1368

Signed _____ Applicant

Signed  Town Building Inspector

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

Town of Sewall's Point

P.L.N. _____

Date _____

BUILDING PERMIT APPLICATION

NEW CONSTRUCTION ADDITION ^{to construct} ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: _____ CONTRACT PRICE 120,000.00

Owner's Name FRANCES KNOBEL

Owner's Address 58 SEWALLS PT RD.

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City SEWALLS PT State FL Zip _____

Contractor's Name ALAN B. MORRIS

Contractor's Address 2163 PINE RIDGE ST

City JENSEN BCH. State FL Zip 34557

Job Name KNOBEL RESIDENCE

Job Address 58 SEWALLS PT RD

City SEWALLS PT State FL Zip 3499

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name JOSEPH P. MCCANN

Architect/Engineer's Address 900 EMT OSCEOLA ST STUART, FL

Mortgage Lender's Name _____

Mortgage Lender's Address _____

02708999A

03701 26

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

Building Permit Application Checklist

Survey of the property certified to The Town of Sewall's Point showing the following:

- Complete legal description of the property.
- Existing finish grade elevations, expressed in NGVD.
- Calculations of lot size in square feet.
- All boundaries, easements, rights of way, encroachments, setback lines, existing improvements, and FIRM flood zone.
- Indication of trees on site by caliper and species, and those to be relocated or removed.

Site Plan showing all of the above except the trees to be removed, plus the following:

- Total area of existing and proposed improvements, by category, expressed in square footage, and total percentage of lot coverage.
- Drainage diagram and calculations for the retention of rainwater from a 3-day, 100-year storm event.
- Elevation of lowest habitable floor.

Building documents signed and sealed by an Architect or Engineer showing in detail the following:

- Elevations of each floor level and highest ridge of the roof with a tie-in with NGVD.
- Wind Load Certification of the structure for 140 mph, Exposure D, according to ASCE/ASCE 7-88
- Specifications for gravity and uplift connections.
- Foundation Plan with typical and special Section Drawings.
- Floor Framing Plan(s). Floor plan(s) with ceiling heights given for each non-typical room.
- Emergency egress panels or windows must be indicated.
- Roof framing plan. (Sealed)
- Electrical, Plumbing, and Mechanical drawings. (Sealed)
- Cross Section(s), Sections and Details, Elevations:
- Energy Code Calculations.

Other:

- Florida Department of Health septic tank permit or connection agreement to Martin County sewer.
- Recorded Notice of Commencement for work exceeding \$2,500 must be presented prior to construction.
- Water Meter connection and Electric Service must be provided to site prior to first inspection.
- Properly executed Building Permit Application with receipt from School Board for Impact Fees.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Residential Whole Building Performance Method A

Project Name: Knobel Residence Address: 58 South Sewalls Point City, State: Sswalls Point, fl 34996- Owner: James and Frances Knobel Climate Zone: Central	Builder: Driftwood Homes Permitting Office: 7 Permit Number: Jurisdiction Number:
---	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>5. Conditioned floor area (ft²)</td><td style="text-align: right;">880 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>6. Glass area & type</td><td></td><td></td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">24.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. Tint/other SC - single pane</td><td style="text-align: right;">138.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> d. Tint/other SC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Floor types</td><td></td><td></td></tr> <tr><td> a. Raised Concrete</td><td style="text-align: right;">R=5.0, 880.0ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>8. Wall types</td><td></td><td></td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 1189.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. 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Glass/Floor Area: 0.18 Total as-built points: 22562.00 **EPI = 98.2**
 Total base points: 22964.00

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

PREPARED BY: _____
DATE: 2/27/10

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

OWNER/AGENT: _____
DATE: _____

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



BUILDING OFFICIAL: _____
DATE: _____

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
561-287-6735

DPR Registration Number 9639

May 12, 1998

Sewall's Point Building Department
1 South Sewall's Point Road
Sewall's Point, Florida
34996

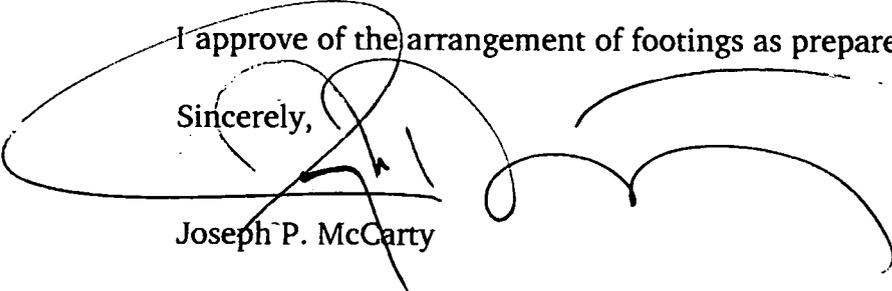
RE: Knobel Residence, 58 South Sewall's Point Road,

To whom it may concern:

Please be advised that I have inspected the footings on the above referenced job, and advised the contractor on how to blend the new footings with the existing.

I approve of the arrangement of footings as prepared.

Sincerely,


Joseph P. McCarty



4477

ALTERATION

Town of Sewall's Point

P.L.N. _____

Date 9/30/98

#4427

BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: _____ CONTRACT PRICE ^{\$} 5,400.00

Owner's Name JAY + FRANCES KNOBER

Owner's Address 30 S. SEWALLS PT RD.

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City STUART State FL Zip _____

Contractor's Name ALAN B MORRIS

Contractor's Address 2163 PINE RIDGE ST

See File 4362 Permit

City JONSON State FL Zip 34957

Job Name KNOBER DECK

Job Address SAME

City _____ State _____ Zip _____

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name JOE MCCARTY

Architect/Engineer's Address 900 EAST OSEOLA ST, STUART

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

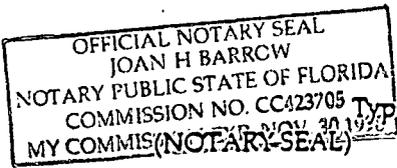
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature] _____ Date 9/30/98
Owner or Agent

[Signature] _____ Date 9/30/98
Contractor

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 30th day of July, 1998, by Alan B. Morris who: [] is/are personally known to me, or [] has/have produced Fl.d.l. as identification, and who did not take an oath.



Name: [Signature]

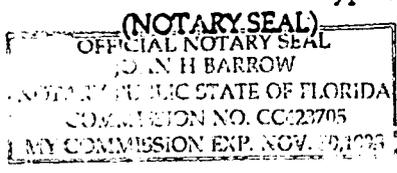
I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 30th day of July, 1998 by Alan B. Morris who: [] is/are personally known to me, or [] has/have produced Fl.d.l. as identification, and who did not take an oath.

Name: [Signature]

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



Certificate of Competency Holder

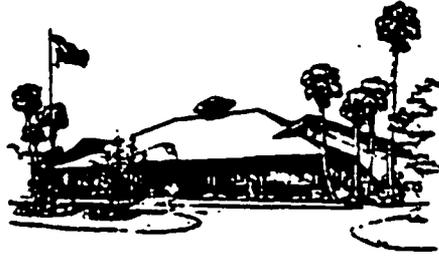
Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

TOWN OF SEWALL'S POINT



One South Sewall's Point Road, Sewall's Point, Florida 34996
Phone: (561) 287-2455 • FAX: (561) 220-4765

BUILDING INSPECTORS APPROVAL MANIFEST.

The following has been review and found in compliance with all the codes and ordinances applicable and appropriate to the Town of Sewall's Point.

Accordingly, the permits, Certificates of Occupancy or _____ listed below have been signed by me and are now being forwarded for the signature of the appropriate town official.



Philip Caruana, Building Inspector

3/31/98
DATE

PERMIT / DOCUMENT NUMBER

PROJECT NAME OR DESCRIPTION

4294

DANIEL KING (INTERIOR)

(PENDING)

GREG + SUSAN BRAUNSTEN

(~~PENDING~~) ~~APPROVED~~ FRANCES KABBEL

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
561-287-6735 fax: 561-287-4618

DPR Registration Number 9639

September 30, 1998

Sewall's Point Building Department
One South Sewall's Point Road
Sewall's Point, Florida
34996

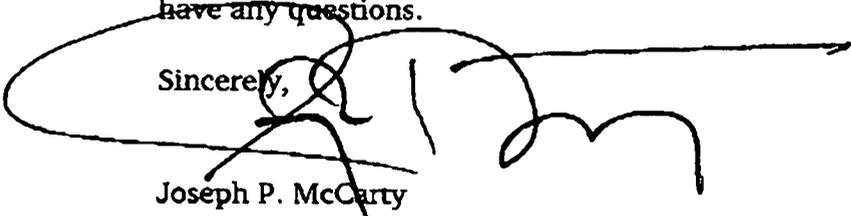
sent via fax: 220-4765

RE: Knobel Residence Deck, 58 South Sewall's Point Road

To whom it may concern:

Please be advised that Chance 430 SA ground anchors are to be added to all new footings to increase upload resistance. (2500 lb uplift capacity each) The above referenced project is designed to withstand 140 MPH wind load. Please call if you have any questions.

Sincerely,



Joseph P. McCarty

TOWN OF SEWALL'S POINT
One South Sewall's Point Road
STUART, FLORIDA 34996

SPEED MEMO

(561) 287-2455
FAX (561) 220-4765

DATE	3/30/98	JOB NO.
ATTENTION		
RE:	KNOBEL RESIDENCE	
	ADDITION	
	58 SOUTH SEWALLS POINT RD	

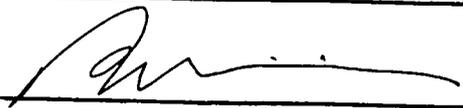
TO ROBERT M. WIENKE, BLDG. COMM

**APPROVED
AS NOTED**

I FIND THAT THE ATTACHED PERMIT SUBMITTAL MEETS THE
APPLICABLE CODES OF THE TOWN OF SEWALLS POINT EXCEPT FOR
THE FOLLOWING:

SEE: LETTER OF TRANSMITTAL ATTACHED

COPY TO COMMISSIONERS, TOWN ATTORNEY

SIGNED: 

If enclosures are not as noted, kindly notify us at once. PHILIP CARUANA, BLDG. INSP.

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
STUART, FLORIDA 34996

LETTER OF TRANSMITTAL

(561) 287-2455
FAX (561) 220-4765

TO ALAN B. MORRIS
DRIFTWOOD HOMES
(PICIL - UP)

DATE	3/27/98	JOB NO.
ATTENTION		
RE:	KNOBEL RESIDENCE	
<u>RETURNED</u>		

WE ARE SENDING YOU Attached Under separate cover via check hand deliver the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order THE FOLLOWING

COPIES	DATE	NO.	DESCRIPTION
2	2/27/98		PLANS - JOSEPH P. MC CARTY
3	1/15/98		SKETCH OF SURVEY - STEVEN J. BROWN
1	-		PERMIT APPLICATION - ALAN B. MORRIS.
1	3/23/99	1704	CHECK - DRIFTWOOD HOMES
1	'73-'80		SECTION 4-27. LINTELS - TOWN CODE

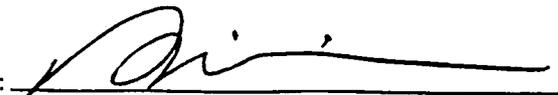
THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS S-1 "TYP. ELEV. AT OPENINGS" SHOWS CONSTRUCTION DETAILS FOR
WOOD FRAME OPENINGS WITH A CLEAR SPAN OF THE HEADER OF
LESS THAN 6'-0" - THE PLANS SHOW OPENINGS WHICH
MAY EXCEED THAT. - PLEASE REVIEW SECTION 4.22 OF
THE TOWN CODE FOR MINIMUM REQUIREMENTS.

USE NEC '96 FOR ELECTRICAL - (SMOKES) (GFCI'S)
NO PLUMBING, ELECTRICAL BELOW B.F.E.

COPY TO _____

SIGNED: 

7475

DRYWALL REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/11/05

BUILDING PERMIT NO. 7.475

Building to be erected for KNOBEL

Type of Permit DEMOWALL + TRIM REPAIR

Applied for by UNITED RESTORATION SCS (Contractor)

Building Fee 7K & 9.60/1000 = 67.20

Subdivision ARBELA Lot 12 Block _____

Radon Fee _____

Address 58 S. SEWALL'S PT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

0138410010120002110000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 67.20 Check # 2731 Cash _____

Other Fees (_____)

Total Construction Cost \$ 7000.00

TOTAL Fees 67.20

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

MAR 31 2005

BY:

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 3/18/05

Permit Number: _____

OWNER/TITLEHOLDER NAME: Knobel, James D. Phone (Day) 772-486-5943 (Fax) _____

Job Site Address: 58 S Sewall's Point Rd. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Arbela, Beg on N/LN lot 12 Parcel Number: 01-38-41-001-012-00021-1
& E R/W S Pt Rd, E ALG N/LN 157.10' for POB, by angle 101

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Description of Work To Be Done: drywall, paint & trim

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7,000.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: United Restoration Services, Inc Phone: 772-398-3330 Fax: 772-398-2717

Street: 1260 SE Industrial Blvd. City: Port St Lucie State: FL Zip: 34952

State Registration Number: _____ State Certification Number: CRC057642 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
James D. Knobel

State of Florida, County of: Martin

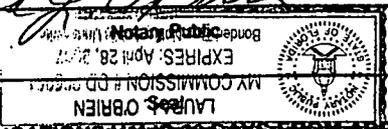
This the 31st day of MARCH, 2005

by FRANCESKOTZ KNOBEL who is personally

known to me or produced FLDL K514-251-48-7550

as identification [Signature] x7/15/10

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2005

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____

Notary Public Seal

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

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder other than those provided by this policy. This certificate does not amend, extend, or alter the coverage afforded by the policies described herein.

Named Insured(s):

Gevity HR, Inc and its wholly owned subsidiaries including but not limited to Gevity HR, LP; Gevity HR II, LP; Gevity HR III, LP; Gevity HR IV, LP; Gevity HR V, LP; Gevity HR VI, LP; Gevity HR VII, LP; Gevity HR VIII, LP; Gevity HR IX, LP; Gevity HR X, LP; Gevity HR XI, LLC; Gevity HR XII Corp.

600 301 Boulevard West
Bradenton, Florida 34205

MARSH

Insurer Affording Coverage

**American Home Assurance Co.,
Member of American International Group, Inc.(AIG)**

Coverages:

This is to certify that the policy(ies) of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the Certificate may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, conditions and exclusions of such policy(ies). (Aggregate) Limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Exp. Date	Policy Number	Limits	
Workers' Compensation	1-1-2006	RMWC0330470 RMWC0330495	Employers Liability	
			Bodily Injury By Accident \$2,000,000	Each Accident
			Bodily Injury By Disease \$2,000,000	Policy Limit
			Bodily Injury By Disease \$2,000,000	Each Person

Other :

Employees Leased To:
12892.United Restoration Services Inc

Effective Date : 01-JAN-2005

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

Notice of Cancellation: Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Certificate Holder

Town of Sewalls Point
1 S Sewalls Point
Sewalls Point, FL 34996



Michael C. Weiss
Authorized Representative of Marsh USA Inc.

(866)443-8489

Phone

05-APR-2005

Date Issued

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TJ
UNITR-1

DATE (MM/DD/YYYY)
02/10/05

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	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 United Restoration Services Inc. 1260 SE Industrial Blvd P.O. Box 7213 Port St. Lucie FL 34985-7213	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Colony Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Colony Insurance Co		INSURER B: Auto Owners Insurance Co	18988	INSURER C:		INSURER D:		INSURER E:	
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INSURER A: Colony Insurance Co													
INSURER B: Auto Owners Insurance Co	18988												
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MP3147213	02/11/05	02/11/06	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 1,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 1,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000				
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																					
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	41-401-553-00	04/01/04	04/01/05	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$								
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BODILY INJURY (Per accident)	\$																					
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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr> <tr><td>AGG</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$										
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		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$						
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AGGREGATE	\$																					
	\$																					
	\$																					
	\$																					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%;">WC STATU-TORY LIMITS</td> <td style="width:10%;">OTH-ER</td> <td style="width:25%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td>\$</td></tr> </table>		WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
	WC STATU-TORY LIMITS	OTH-ER																				
E.L. EACH ACCIDENT			\$																			
E.L. DISEASE - EA EMPLOYEE			\$																			
E.L. DISEASE - POLICY LIMIT			\$																			
		OTHER																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Claims restoration service - state of Florida

CERTIFICATE HOLDER Towns-1 Town of Sewalls Point 220-4765 1 S Sewalls Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

AC# 1471309

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04070201866

DATE	BATCH NUMBER	LICENSE NBR
07/02/2004	040004005	CRC057642

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

MARSTON, KENNETH J
UNITED RESTORATION SERVICES INC
2504 SE ANCHORAGE COVE #A1
PORT ST LUCIE FL 34952

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 0937098

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03061001674

DATE	BATCH NUMBER	LICENSE NBR
06/10/2003	200466206	QB0010735

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

UNITED RESTORATION SERVICES INC
10225 SE LENNARD RD
PORT ST LUCIE FL 34952

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW



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

Site Provided by...
 governmax.com T1.1

Summary

Owner
 1 of 1

Parcel Info
Summary

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-001-012-00021-1	58 S SEWALL'S POINT ROAD	17574	Owner	0	1

- Land
- Residential
- Improvement
- Commercial
- Image
- Transfer
- Taxes →
- Assessments →
- Parcel Map →
- Full Legal →

Summary

Property Location 58 S SEWALL'S POINT ROAD
Tax District 2200 Sewall's Point
Account # 17574
Land Use 101 0100 Single Family
Neighborhood 193110
Acres

Legal Description

Property Information
 ARBELA, BEG ON N/LN LOT 12 &
 E R/W S PT RD, E ALG N/LN
 157.10' FOR POB, BY ANGLE 101

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Sales
- Neighborhood
- Map →

Owner Information

Owner Information
 KNOBEL, JAMES D & FRANCES K

Mail Information

58 S SEWALLS POINT RD
 STUART FL 34996

Assessment Info
Front Ft.

Market Land Value \$1,045,500
Market Impr Value \$255,870
Market Total Value \$1,301,370

Site Functions

- Property Search
- Feedback
- On-Line Help
- Home
- County Login

Recent Sale
Sale Amount \$219,000

Sale Date 4/1/1998
Book/Page 1300/ 1983

Legal disclaimer / Privacy Statement

Data updated on 03/11/2005



John
Parr
Jr

\$7000-

PERMIT # _____

TAX FOLIO # PARCELID 01-38-41-001-012-0021-1

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Arbela, Beg on N/LN Lot 12 & E R/W S Pt Rd., E ALG N/LN 157.10' for POB, by angle 101

GENERAL DESCRIPTION OF IMPROVEMENT: drywall, painting & trim, GARAGE DOORS.

OWNER: Knobel, James D

ADDRESS: 58 S Sewall's Point Rd., Stuart, FL 34996

PHONE #: 772-486-5943

FAX #: _____

CONTRACTOR: United Restoration Services, Inc.

ADDRESS: 1260 SE Industrial Blvd., Stuart, FL 34952

PHONE #: (772) 398-3330

FAX #: (772) 398-2717

SURETY COMPANY (IF ANY): _____

STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

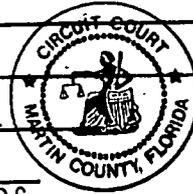
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

James D. Knobel
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31st DAY OF MARCH
2005 BY FRANCES KOTZE KNOBEL

Frances Kotze Knobel
NOTARY SIGNATURE
LAURAL O'BRIEN
MY COMMISSION # 00 205361
EXPIRES: April 26, 2007
/data/gmd/bzd/bldg_forms/Notary

OR
PERSONALLY KNOWN
PRODUCED BY ELDK 514-251-48-755-C
TYPE OF ID 871/5/10



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: [Signature] D.C.
DATE: _____

INSTR # 1826587 OR BK 01997 PG 1423 RECD 03/31/2005 11:14:36 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

INTERDEPARTMENTAL REFERRAL

7475

To:

Building Dept. Maintenance Dept. Police Dept. Other

Date: 3/14/05 Time: 0900 Location: 58 SSPR

Nature of Problem: NO Permit pulled / posted for
hurricane repair work (drywall)

Observed By: Ok. H. S. John

Action Taken: POSTED STOP WORK ORDER

STOP WORK ORDER

DATE: 3/14

ADDRESS: 58 S.S.P.R

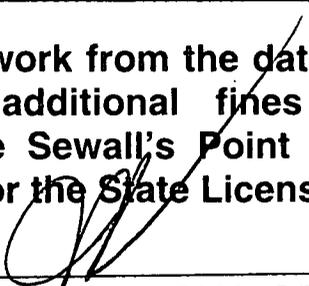
OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

DRY WALL REPLACEMENT FROM
HURRICANE DAMAGE

ARRANGE TO MEET W/
DENE SIMMONS - THE
BUILDING OFFICIAL

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

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