

85 South Sewall's Point Road

RECEIVED
APR 25 1975

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

4/29/75
Permit No #523
Date 25 Apr 75

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

Owner KURT SCHICKEDADZ Present Address 33 GLENBOURNE PK RD 416 UNIONVILLE, ONT, CANADA Ph 887-5617

General Contractor SELF Address — Ph —

Where licensed — License No. —

Plumbing Contractor — License No. —

Electrical Contractor AH CO ELECT License No. —

Street building will front on 85 SOUTH SEWALLS POINT RD.

Subdivision BIO VISTA Lot No. 62 Area —

Building area, inside walls (excluding garage, carport, porches) Sq ft 1700

Other Construction (Pools, additions, etc.) Pool

Contract Price (excluding land, rugs, appliances, landscaping) \$ 41,000

Total cost of permit \$ 225.00

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.

Roger Shroyer agent for owner
Signed by General Contractor

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

Roger Shroyer, agent for owner
Signed by Owner

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

TOWN RECORD

Date submitted 4/25/75

Date approved 4/29/75

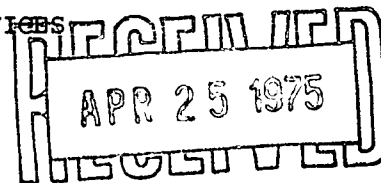
4/29/75 JH Touch
4/29/75 Chloe Dange

Certificate of Occupancy issued 12/29/75 Date #523

Application/Permit No. HD75-169

MARTIN County Health Department

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.

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

#523

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.

Section II - Information:

1. Property Address (Street & House No.) RIO VISTA DRIVE
Lot 62 Block _____ Subdivision RIO VISTA
Date Recorded _____ Directions to Job R1A TO SEWALL'S POINT ROAD, RIGHT TO RIO VISTA, RIGHT, CORNER LOT ON RIGHT.
2. Owner or Builder SCHICKEDANZ BROS FLA.
P.O. Address PO. Box 2794 City STUART FLA.
3. Specifications 3 BEDROOMS

Tank Drainfield Scale 1" = 50'
900 Gals. 2107 ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or
 _____ Gals. _____ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

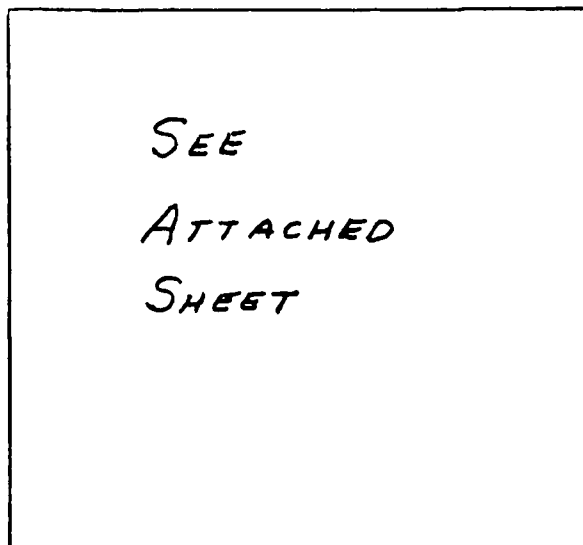
4. House to be constructed:
Check one: _____ FHA
_____ VA Conventional

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: SCHICKEDANZ BROS FLA
Please Print

Signature: Schickedanz Bros, Fla. / W.B. Larson

Date: 4/24/75



(Front)
(Name of Street or State Road)

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: See data sheet

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: [Signature] County Health Dept Health Date 4/24/75

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____
FHA No. _____ VA No. _____

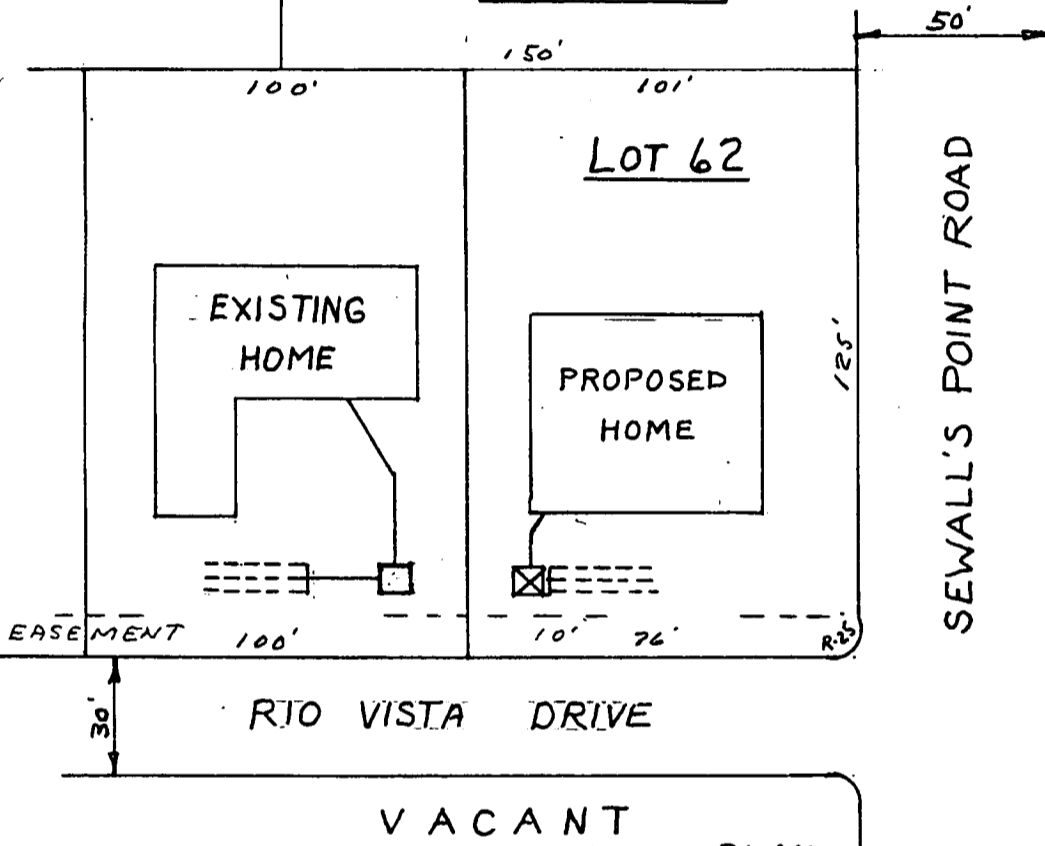
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

#523

Location: PLO VISTA DRIVE Applicant: SCHICKEDANZ BROS FLA.
LOT 62 County: MARTIN
RIO VISTA

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.



Plot plan must show all data required in IOD-6.03 2(a) and all other pertinent data.

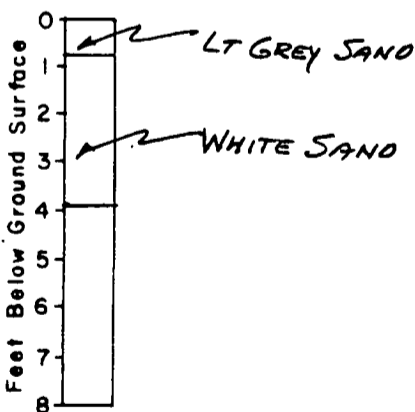
PROVIDE 22" OF COMPACTED WELL GRADED SAND OVER SEPTIC SYSTEM AREA & KEEP SYSTEM AS HIGH AS POSSIBLE.

PUBLIC WATER.

TEST LOCATION IS LEVEL WITH ROAD 2.

PLAN
Scale: 1" = 50'

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SW
Soil Characteristics WELL GRADED SANDS.

Percolation Rate 1/2 min/inch
Water Table Depth 30" 4/19/75
Water Table Depth During Wet Season 14" EST.
Compacted Fill Of 22" Req'd
Compacted Fill Checked By: _____
Date _____

LEGEND

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



CERTIFIED BY: K.G. Larson
FLORIDA PROFESSIONAL No. 16552
Date 4/24/75 Job No. 75-039-03

FROM: Larson & O'Neill, Inc.
Consulting Engineers
30 East Ocean Boulevard
Stuart, Florida 33494

523

TO: All owners, agents for owners and installers of individual sewage disposal facilities involving septic tanks and drainfields

The preparation of a permit by the above Consulting Engineers and the approval by the applicable Florida County Health Department means that an individual sewage disposal facility, (commonly referred to as a septic tank and drain field), may be installed strictly in accordance with the Rules of State of Florida, Department of Health and Rehabilitative Service, Division of Health, Chapter 10D-6.

The installer of the septic tank and/or drainfield shall verify all dimensions in the field and shall not locate the septic tank and/or drainfield:

1. Within 50 feet of the high water line of a lake, stream or canal or other waters
2. Within 75 feet of any private well
3. Within 100 feet of any public water supply
4. Within 10 feet of water supply pipes
5. Within 5 feet of property line
6. Within 100 feet of any public sewer system
7. Within 5 feet of any building

The Consulting Engineers, Larson & O'Neill, Inc. will assume no responsibility whatever in the improper or illegal installation of individual sewage disposal facilities.

Kenneth G. Larson

Kenneth G. Larson, President
Larson & O'Neill, Inc.

Gustav Schickedanz, as Trustee
Lot 62 - Rio Vista
Residence & Pool

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date December 29, 1975

This is to request that a Certificate of Approval for Occupancy be issued to Gustav Schickedanz, as Trustee

For property built under Permit No. 523 Dated April 29, 1975

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	6/16/75	Slab 6/24/75 Charles Duryea
Rough plumbing	6/23/75	"
Perimeter beam	7/11/75	9/29/75 "
Rough electric	9/29/75	"
Close in	9/29/75	"
Final plumbing	12/29/75	"
Final electric	12/29/75	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles G. Duryea 12/29/75 date

Approved by Town Commission Joe [Signature] 12/29/75 date

Utilities notified December 29, 1975 date

Original Copy sent to Mr. Roger Morgan

(Keep carbon copy for Town files)

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 SCHILHERAN 2 LOT 62

For property built under Permit No. 523 Dated 4/29/75

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	6/18/75	6/24/75 SLAB CD
Rough plumbing	6/23/75	9/11/75 CD
Perimeter beam	9/29/75	9/29/75
Rough electric	9/29/75	
Close in	9/29/75	
Final plumbing		
Final electric	12/29/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles C. Dwyer date

Approved by Town Commission [Signature] date 12/29/75

Utilities notified 12/29/75 date

Original Copy sent to _____

(Keep carbon copy for Town files)

62

RECEIVED
APR 25 1975

SCHICKEDANZ BROTHERS FLORIDA

P. O. Box 2744

Stuart, FL. 33494

#523

Building Department
Town of Sewall's Point
1 South Sewall's Point Road
Jensen Beach, FL. 33457

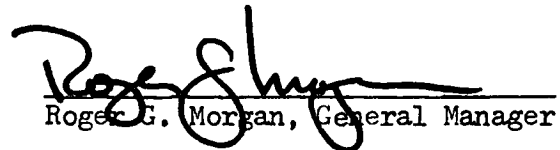
Gentlemen:

I certify that the house to be constructed on proposed Lot 62, Rio Vista Subdivision will conform to all set back and location requirements. No attempt will be made to show "hardship" at a later date, in the unlikely event that the house is not properly located.

It is to be understood that no certificate of occupancy will be issued for the described residence until the Rio Vista Subdivision is recorded.

Very truly yours,

SCHICKEDANZ BROTHERS FLORIDA


Roger G. Morgan, General Manager

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 SCHILHERAN 2 LOT 62

For property built under Permit No. 523 Dated 4/29/75

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	6/18/75	6/24/75 SLAB CD
Rough plumbing	6/23/75	
Perimeter beam	9/11/75	9/29/75
Rough electric	9/29/75	
Close in	9/29/75	
Final plumbing		
Final electric	12/29/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles C. Dwyer date

Approved by Town Commission [Signature] 12/29/75 date

Utilities notified 12/29/75 date

Original Copy sent to _____

(Keep carbon copy for Town files)

62

2484

RE-ROOF

Permit No. 2484

Date 2/13/89

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 plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner JAMES DOLAN/Carol Dolan Present Address 85^S SEWALLS PT. RD.

Phone 263-1642

Contractor MARTIN Co Quality Roofing Inc Address 3171 DOMINICA TER.

Phone 407-287-7788 STUART FLA.

Where licensed MARTIN COUNTY License number 00414

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: _____

Subdivision RIO VISTA Lot number 62 Block number _____

Contract price \$ 12,750.⁰⁰ Cost of permit \$ 50^{XX}

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 [Signature]

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 Carol Dolan

TOWN RECORD Approved: Dale Brown 2/13/89
Building Inspector Date

Date submitted _____

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SPI282 Permit No. 2484

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.

MARTIN COUNTY
 QUALITY ROOFING, INC.
 2171 Dominica Terrace
 STUART, FLORIDA 34997

(407) 287-7708

PROPOSAL

TO Mr. Jim Dolan 85 N. Swallow Point Rd. Stuart, FL	PHONE 287-1642	DATE 01/12/89
	JOB NAME / LOCATION (name)	
	JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:

Complete removal of existing roof from premises.
 Installation of 3/8" plywood sheathing and installation of woodraft
 masonite shake roofing system over an underlayment of asphalt
 saturated felt. Job to include all new perimeter flashings and
 valley metals (ALL MADE OF COPPER) *Roofed*
 Flat deck will be removed and replaced with (1) ply 43 lb. base *as manual*
 sheet mechanically fastened, (2) ply perforated felt and (3) ply
 fiberglass, mopped into hot asphalt and a flood coat of asphalt as
 final roof. Job to include all new lead flanges and drip edge.
 Upon completion contractor will issue manufacturer's 25 year
 warranty and via this proposal a 10 year guarantee on materials
 and workmanship.

AREA OF ROOF PITCH TRANSITION

**Note: Valley metals and wall flashing to be of copper composition. *W*

FASTENERS TO BE OF COPPER AND OR BRONZE ALL LOCATIONS.

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:
 Twelve thousand seven hundred and fifty dollars (***) \$ 12,750.00

Payment to be made as follows:
 50% upon commencement
 50% upon completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature *[Signature]* V.P. MCCR J.D.13.
 Note: This proposal may be withdrawn by us if not accepted within *-30-* days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.
 Date of Acceptance: _____
 Signature *[Signature]* 2/13/89
 Signature _____

2501

SCREEN ENCLOSURE

Permit No. _____

Date 2-16-89

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

250/

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 Dolan Present Address 85 S. Sewalls Pt. Rd.

Phone 283-1642

Contractor Climate Control Inc. Address 3718 Interstate Pk. Rd. N.

Phone 283-8070 Riviera Beach, FL

Where licensed _____ License number CRC018080

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: Pool Screen Enc. (Andrews Pools)

85 S. Sewalls Pt. Rd.
State the street address at which the proposed structure will be built:

Subdivision Bio Vista Lot number 62 Block number _____

Contract price \$ 3100-00 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 Climate Control Inc. Barbara Murray

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 Carol Dolan

TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector Date

Approved: _____ Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282 #250/

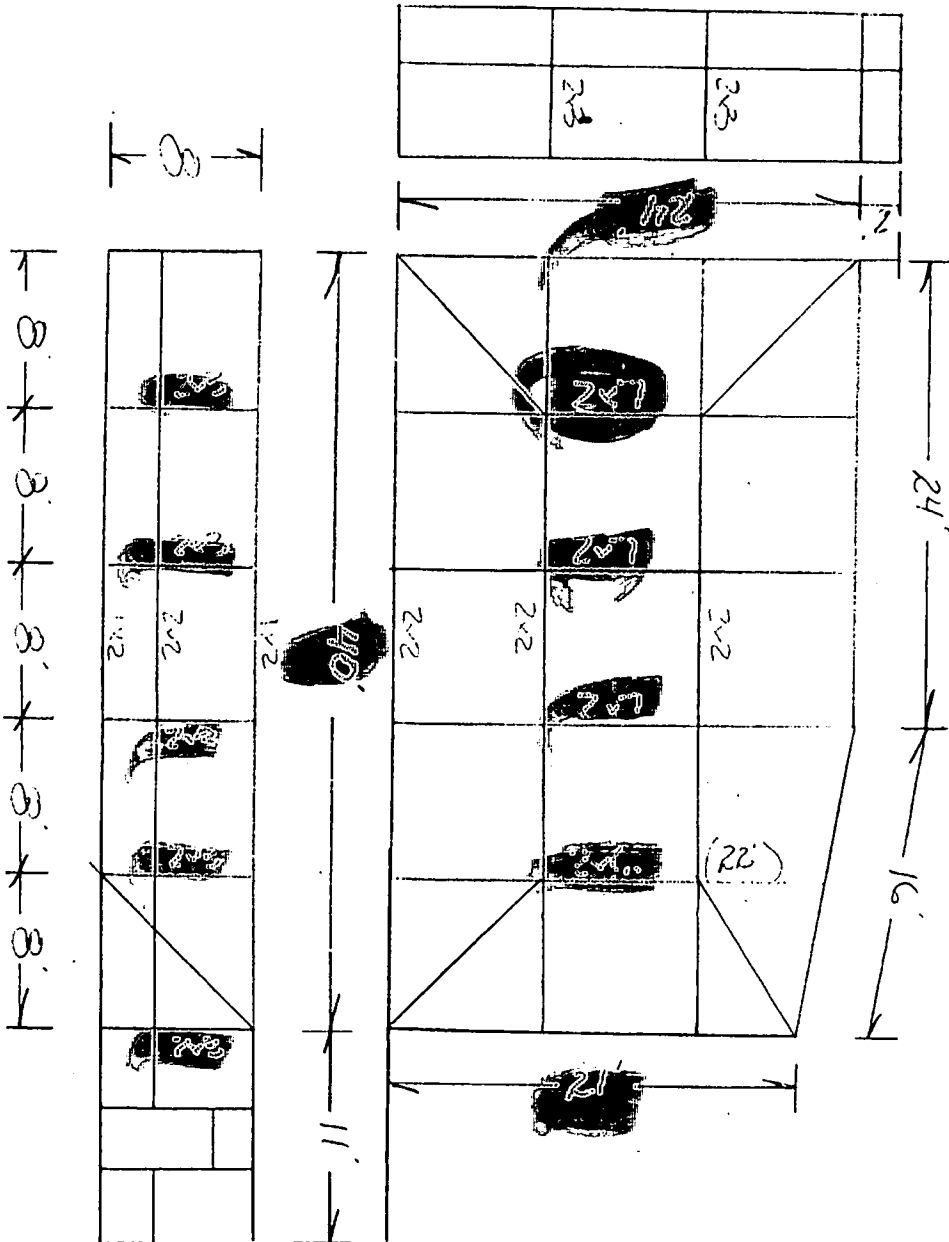
Permit No. _____

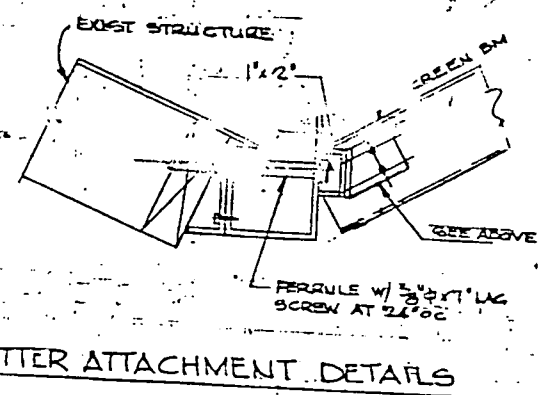
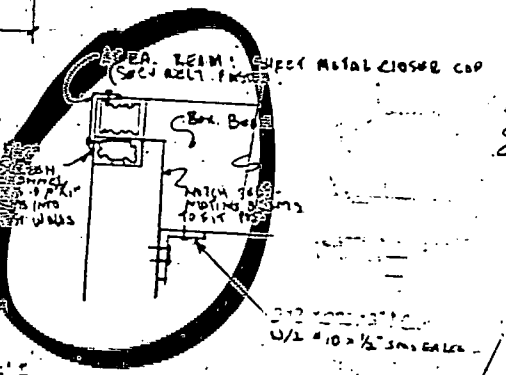
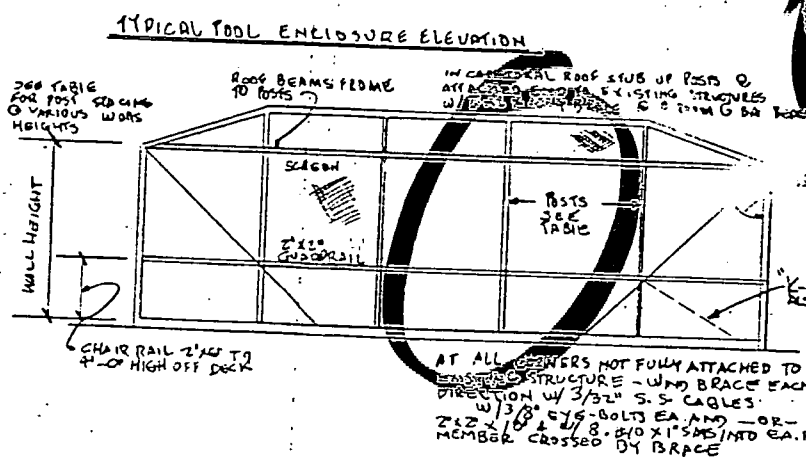
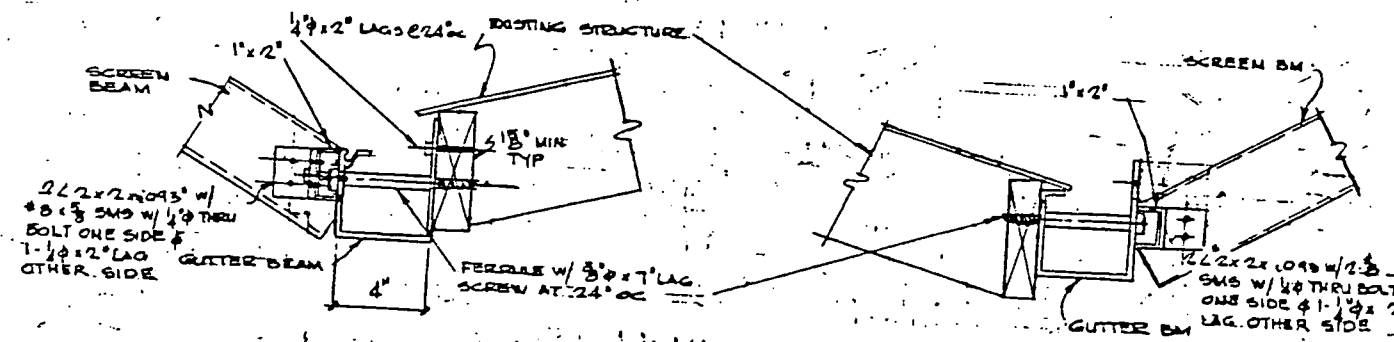
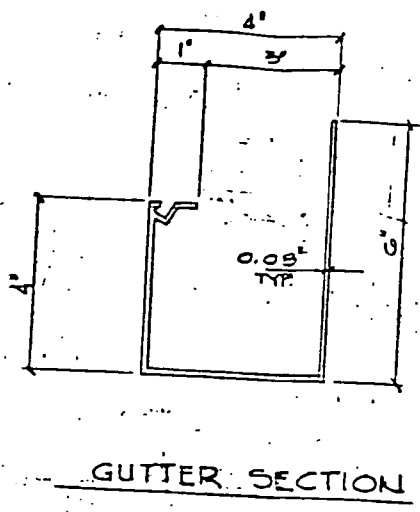
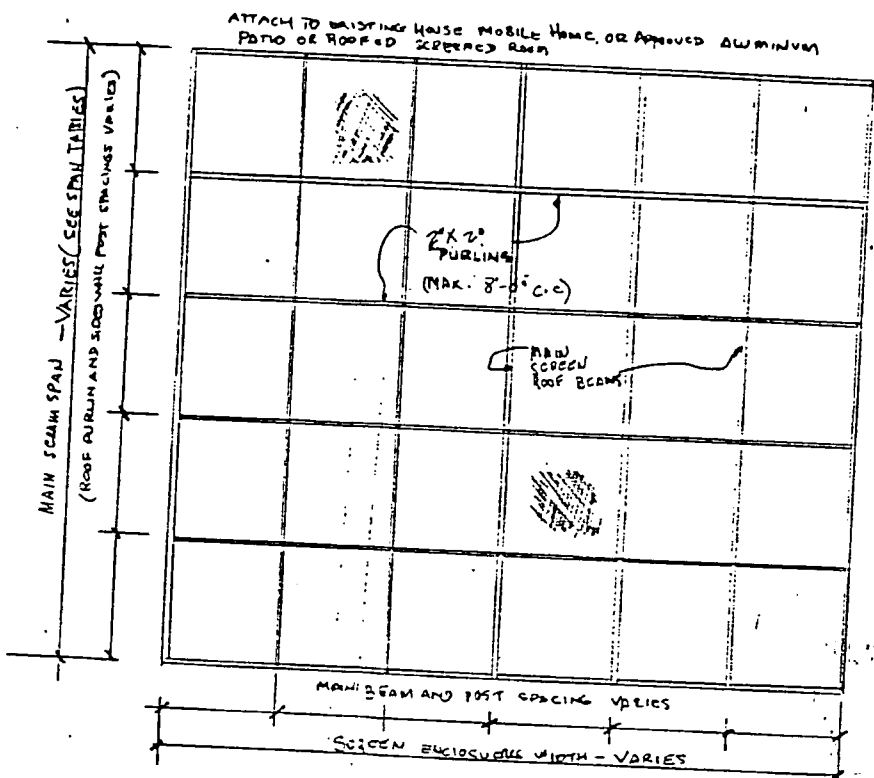
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

JOB NAME DOLAN JOB # _____
 JOB ADDRESS _____
 CITY _____ LOT _____ BLOCK _____
 SUBDIVISION _____

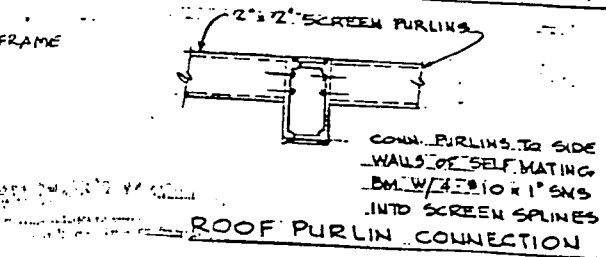
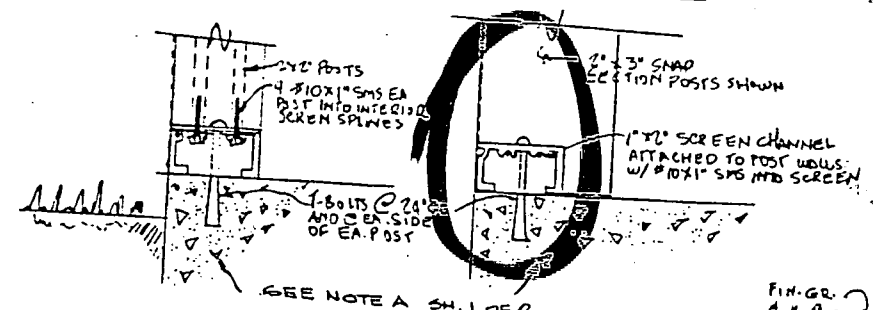
DATE ISSUED _____
 DATE MEASURED _____
 DATE LAY-OUT _____
 DATE WANTED _____
 BEAMS _____
 COLOR ROOF _____
 WALLS _____
 CHAIR RAIL _____
 FL. GLASS _____
 RATE _____
 INSTALLED BY _____
 DATE COMPLETED _____

SIGNED CONTRACT _____
 PERCENTAGE _____
 DEPOSIT/CREDIT _____
 SURVEY _____
 PERMIT APPLIED FOR _____
 PAN ORDER _____

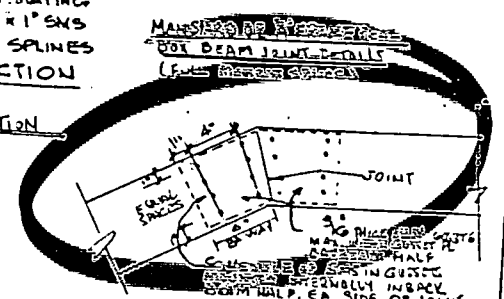
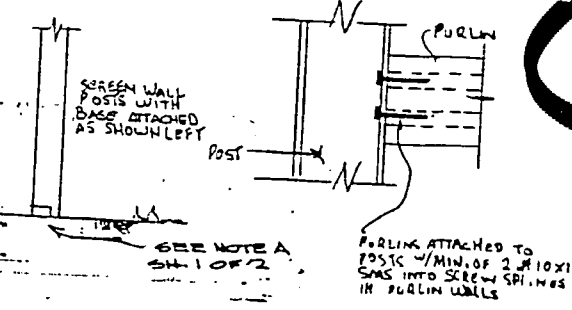




TYPICAL BASE PLATE AND POST CONNECTION DETAILS



PURLIN TO POST CONNECTION



BEAM SECTIONS

ALL OT 6063T6

SELF MATING BOX BEAMS

SECTION	DEPTH (IN)	HEIGHT (IN)	WEIGHT (LB/FT)	SA (IN ²)
606	6.00	6.00	2.38	1.04
608	6.00	8.00	3.78	1.64
609	6.00	10.00	5.18	2.24
610	6.00	12.00	6.58	2.84

TABLE 1 - POST LENGTHS AND SPACING IN SCREENED WALLS

NORMAL WALL HEIGHT	POST SIZES AND SPACING BY SCREENED WALL HEIGHT			
	7'-0"	8'-0"	9'-0"	10'-0"
7'-0"	2x2	2x2	2x2	2x2
8'-0"	2x2	2x2	2x2	2x2
9'-0"	2x2	2x2	2x2	2x2
10'-0"	2x2	2x2	2x2	2x2

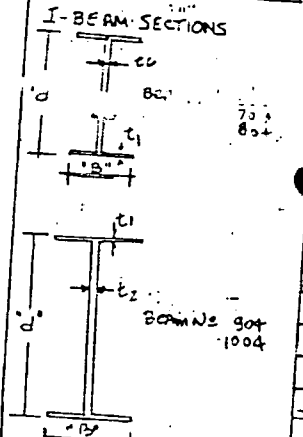


TABLE 2 - ROOF BEAMS

BEAM SIZE	MAXIMUM SPACING	SCREENED ROOF BEAMS
2x4	20'-0"	2x4 @ 24" OC
2x6	15'-0"	2x6 @ 24" OC
2x8	12'-0"	2x8 @ 24" OC
2x10	10'-0"	2x10 @ 24" OC

SECTION PROPERTIES

SECTION NO	DEPTH (IN)	HEIGHT (IN)	WEIGHT (LB/FT)	SA (IN ²)
603	6.00	3.00	0.76	0.31
702	7.00	3.00	1.15	0.46
705	8.00	4.00	1.65	0.63
904	9.00	4.00	2.15	0.81
1004	10.00	4.00	2.65	1.00

- SPECIFICATIONS
- SHEET METAL SCREWS (SMS) DOMINUM PLATED OR STAINLESS
 - BOLTS: ALUM ALLOY 3024 T-4
 - ANCHOR BEAMS: ALUM ALLOY 6063 T6
 - POSTS: PURLINS CHANNELS AND ANGLES: ALUM ALLOY 6063 T6
- NOTE: ALL EXTENSIONS MUST ACCEPT EITHER FLAT OR ROUND SPLINE INTERFERE TO HILL SCREEN INTO EXTENSION SPLINE GROOVE

ALL SPANS ARE UPON BEAMS BEING LATERALLY SUPPORTED SO L_{SE}/145

FOR GENERAL NOTES SEE SHEET 1 OF 2

William H. Lee
9/22-88

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES

170 MPH WIND REGION

PLAN SECTION AND DETAIL VIEWS AND TECHN. DATA

SHEET NO 1 OF 1

HORIZON BUILDERS & BILL WAGLE

2/19/08 REVISED SECT. PROPERTIES GENERAL REVISION

SCALE: 1/2" = 1'-0"

DATE: 11/11/05

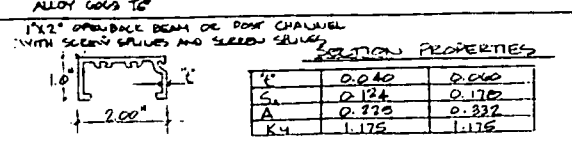
APPROVED BY: [Signature]

DRAWN BY: [Signature]

619 BRICK RD SUITE 100 FL 201

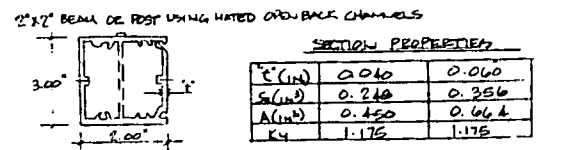
10 OF 11

EXTENDED ALUMINUM SECTIONS (1/2" SCALE)
ALLOY 6063 T5



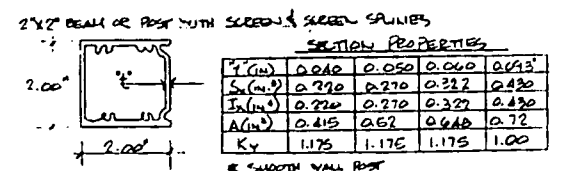
SECTION PROPERTIES

S _x	0.040	0.040
S _y	0.124	0.170
A _{IN}	0.770	0.332
K _y	1.175	1.175



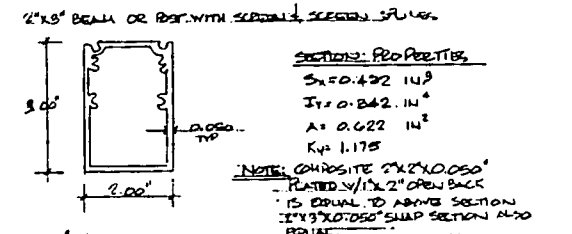
SECTION PROPERTIES

S _x (IN)	0.040	0.040
S _y (IN)	0.240	0.356
A _{IN} (IN)	0.450	0.664
K _y	1.175	1.175



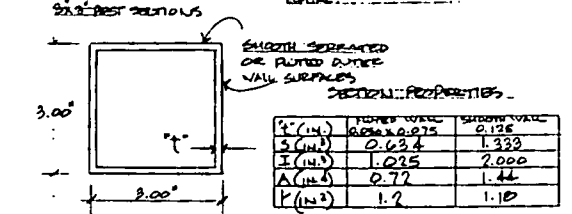
SECTION PROPERTIES

S _x (IN)	0.040	0.050	0.060	0.070
S _y (IN)	0.270	0.270	0.272	0.230
I _x (IN)	0.220	0.270	0.277	0.230
A _{IN} (IN)	0.415	0.62	0.648	0.72
K _y	1.175	1.175	1.175	1.00



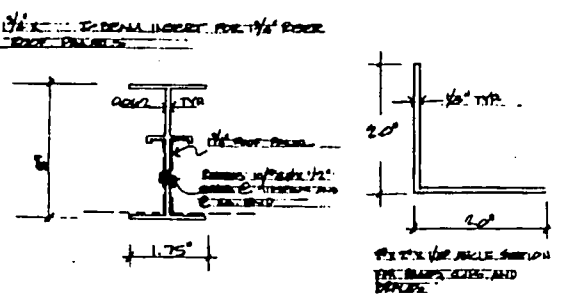
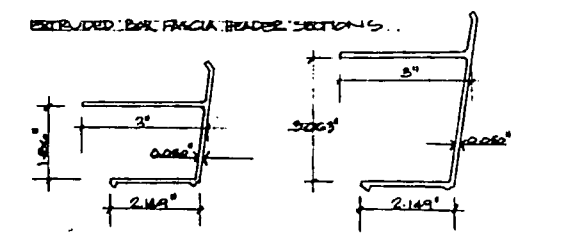
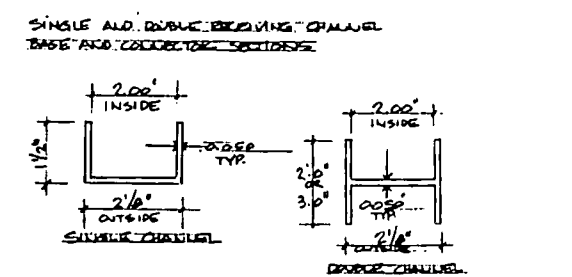
SECTION PROPERTIES

S _x	0.040	0.050	0.060	0.070
S _y	0.270	0.270	0.272	0.230
I _x	0.220	0.270	0.277	0.230
A _{IN}	0.415	0.62	0.648	0.72
K _y	1.175	1.175	1.175	1.00

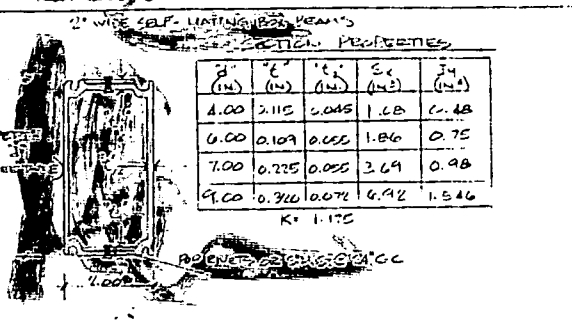


SECTION PROPERTIES

S _x (IN)	0.040	0.075	0.120
S _y (IN)	0.234	0.232	0.230
I _x (IN)	1.025	2.000	1.44
A _{IN} (IN)	0.72	1.44	1.10
K _y (IN)	1.2	1.10	1.10

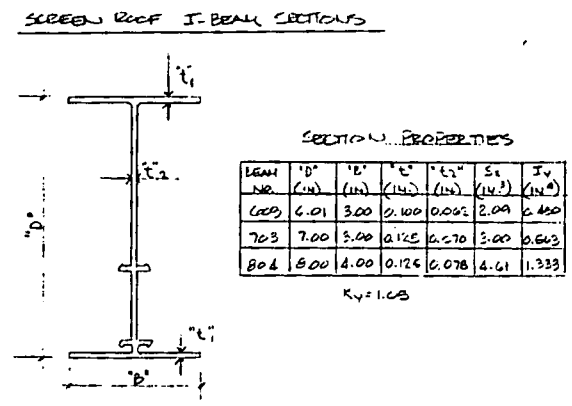


EXTRUDED ALUMINUM BEAM SECTIONS (1/2" SCALE)
ALLOY 6063 T5



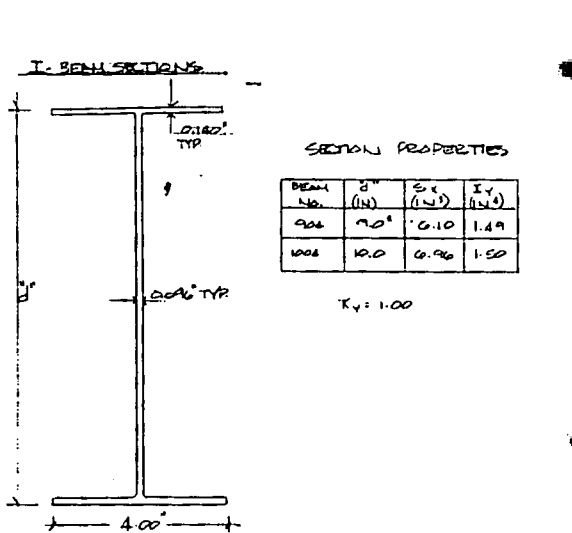
SECTION PROPERTIES

S _x	0.040	0.040	0.040	0.040	0.040
S _y	0.124	0.170	0.170	0.170	0.170
A _{IN}	0.770	0.332	0.332	0.332	0.332
K _y	1.175	1.175	1.175	1.175	1.175



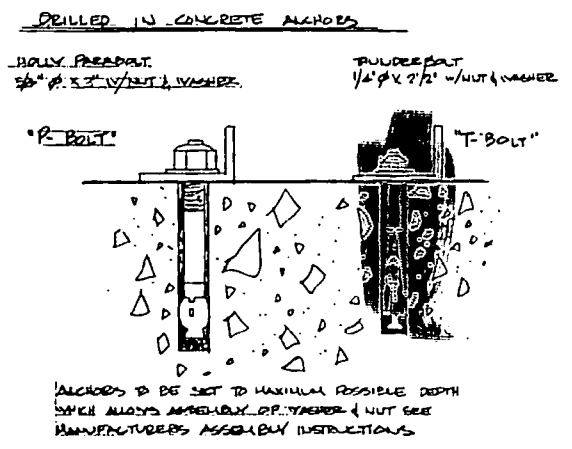
SECTION PROPERTIES

BEAM NO.	10	11	12	13	14	15
S _x	0.040	0.040	0.040	0.040	0.040	0.040
S _y	0.124	0.170	0.170	0.170	0.170	0.170
A _{IN}	0.770	0.332	0.332	0.332	0.332	0.332
K _y	1.175	1.175	1.175	1.175	1.175	1.175



SECTION PROPERTIES

BEAM NO.	16	17	18	19	20	21
S _x	0.040	0.040	0.040	0.040	0.040	0.040
S _y	0.124	0.170	0.170	0.170	0.170	0.170
A _{IN}	0.770	0.332	0.332	0.332	0.332	0.332
K _y	1.175	1.175	1.175	1.175	1.175	1.175



ANCHORS TO BE SET TO MAXIMUM POSSIBLE DEPTH WHICH ALWAYS APPROX. OP. TYPICAL BUT SEE MANUFACTURER'S ASSEMBLY INSTRUCTIONS.

NOTE: INTERPOLATION BETWEEN VALUES IS PERMITTED.

POST AND BEAM SPAN TABLES

TABLE 1 - SPAN TABLE FOR EDGE BEAMS IN CANOPY ROOF STRUCTURES

MINIMUM CLEAR BEAM SPANS FOR CANOPY ROOF BEAMS BY ROOF PANEL CROSS HEADS PERIOD

BEAM SIZE	12 FT	14 FT	16 FT	18 FT	20 FT	22 FT
2" X 2" X 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-8"
2" X 3" X 0.050"	6'-5"	5'-2"	5'-0"	5'-0"	5'-7"	5'-5"
2" X 4" S.U. BEAM	11'-0"	10'-7"	10'-3"	9'-10"	9'-6"	9'-3"
2" X 6" S.U. BEAM	14'-6"	13'-11"	13'-5"	13'-0"	12'-7"	12'-2"
2" X 7" S.U. BEAM	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	16'-6"
I-BEAM # 603	15'-3"	14'-8"	14'-2"	13'-8"	13'-3"	12'-10"
I-BEAM # 709	18'-0"	17'-6"	17'-1"	16'-5"	15'-11"	15'-5"
I-BEAM # 804	22'-0"	21'-7"	20'-6"	20'-2"	19'-6"	19'-0"
I-BEAM # 904	24'-3"	23'-0"	22'-0"	21'-4"	20'-6"	19'-9"
I-BEAM # 1004	25'-10"	24'-6"	23'-7"	22'-7"	21'-10"	21'-0"
2" X 4" S.U. BEAM	27'-1"	26'-0"	25'-1"	24'-3"	23'-6"	22'-9"

NOTE: INTERPOLATION BETWEEN VALUES IS PERMITTED. BEAM ENDS MAY CANTILEVER UP TO 40% OF TABULAR SPANS. FOR SIMPLE SPANS REDUCE TABULAR VALUE BY 10%.

TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS

BEAM SIZE	4'-0" C.C.	5'-0" C.C.	5'-6" C.C.	6'-0" C.C.	6'-6" C.C.	7'-0" C.C.	7'-6" C.C.	8'-0" C.C.
2" X 4" S.U. BEAM	25'-0"	22'-0"	21'-0"	20'-0"	19'-0"	18'-0"	17'-11"	17'-0"
2" X 6" S.U. BEAM	27'-10"	24'-0"	23'-3"	22'-0"	21'-0"	20'-4"	19'-6"	18'-10"
I-BEAM # 603	34'-0"	31'-4"	30'-0"	27'-4"	26'-0"	25'-4"	24'-10"	24'-2"
I-BEAM # 709	41'-0"	37'-0"	36'-0"	33'-0"	31'-6"	31'-0"	30'-11"	29'-1"
I-BEAM # 804	50'-0"	46'-0"	44'-0"	41'-0"	39'-6"	38'-4"	37'-0"	36'-0"
I-BEAM # 904	55'-0"	49'-0"	47'-0"	44'-0"	42'-7"	41'-2"	40'-10"	39'-9"
I-BEAM # 1004	60'-0"	54'-0"	52'-0"	49'-0"	47'-6"	46'-2"	45'-7"	44'-4"

NOTE: BEAM SPANS ASSUME LATERAL RIGIDITY (R₂) @ 2% FRAMED A CROSS RAFT @ EACH POST IN SCREENED SIDE WALLS.

TABLE 3 - POST HEIGHTS AND SPACING IN SCREENED OR METAL SKULLED WALLS

POST SIZE	MINIMUM WALL HEIGHT	SCREENED WALLS MAX. SPACING, C.C.	METAL SKULLED WALLS MAX. SPACING, C.C.
2" X 2" X 0.060"	7'	5'-3"	2'-7"
2" X 3" X 0.050"	8'	4'-0"	2'-0"
2" X 4" X 0.040"	9'	3'-0"	2'-0"
2" X 6" X 0.030"	10'	2'-0"	2'-0"
2" X 7" X 0.020"	11'	2'-0"	2'-0"
2" X 8" X 0.015"	12'	2'-0"	2'-0"
2" X 10" X 0.010"	13'	2'-0"	2'-0"
2" X 12" X 0.008"	14'	2'-0"	2'-0"
2" X 14" X 0.006"	15'	2'-0"	2'-0"
2" X 16" X 0.005"	16'	2'-0"	2'-0"
2" X 18" X 0.004"	17'	2'-0"	2'-0"
2" X 20" X 0.003"	18'	2'-0"	2'-0"
2" X 22" X 0.002"	19'	2'-0"	2'-0"
2" X 24" X 0.002"	20'	2'-0"	2'-0"

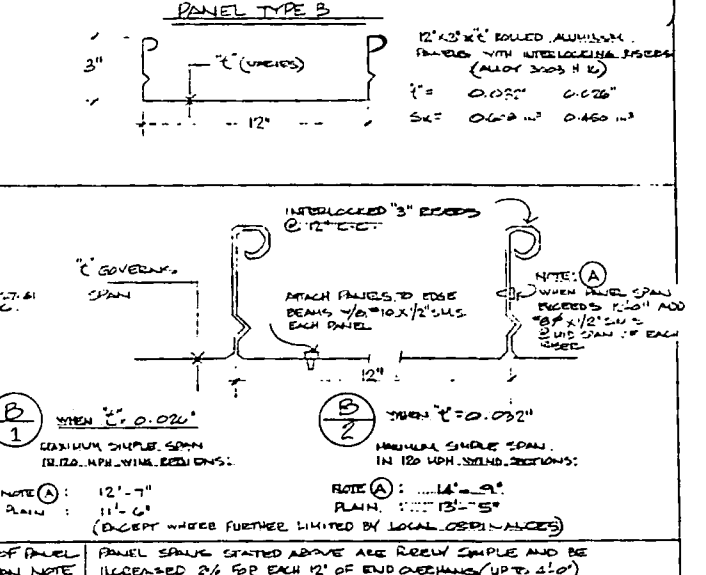
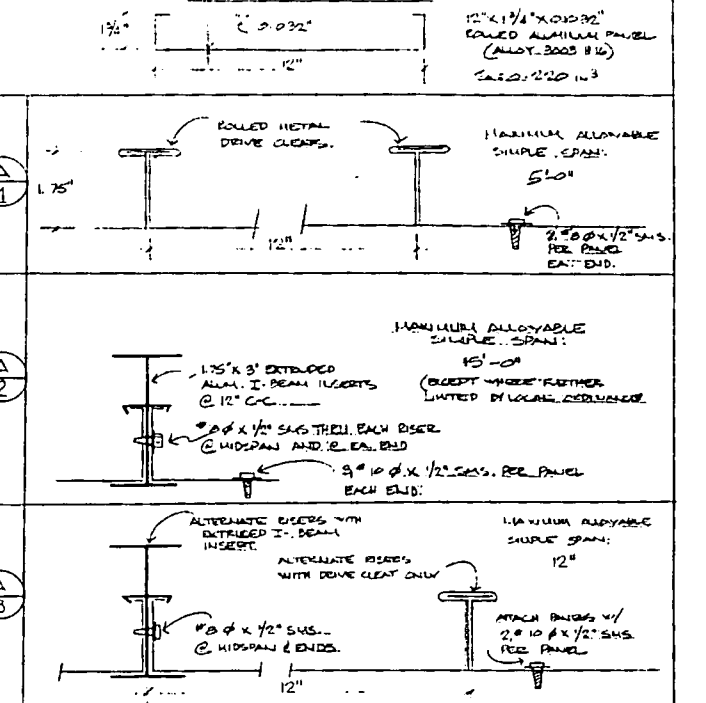
NOTE: INTERPOLATION BETWEEN VALUES IS PERMITTED.

APPROVED: AUG 21, 1995

Control No. 81-24-1

By: R.W. JOO, Chairman

ROOF PANEL SECTIONS AND ASSEMBLY DATA



REQUIREMENTS OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAVE BEEN VERIFIED BY LOAD TESTS. CALCULATED UNDER SUPERVISION OF THIS UNDERWRITER'S ENGINEER.

STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE (R02), FOR LOAD CONDITIONS FOLLOWS:

DEAD LOADS + 20 PSF. WIND LOAD (A=1/80 MAX) 120 MPH WIND VELOCITY REGION.

ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER PROTECTIONS, SPANS AND LONG CONDITIONS THIS SPAN HAS SPECIFICALLY DESIGNED ALSO TO CONFORM TO PALM BEACH COUNTY CODE WHEN STATED RESTRICTIONS ARE ADHERED TO.

SHEET METAL SCREEN FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION HANDBOOK. DESIGNED ALSO TO MEET PALM BEACH COUNTY WIDE CODE (30 PSF LL AND 2 PSF BS) WITH APPROPRIATE FACTORS APPLIED. ALSO CONFORMS TO THE SOUTH FLORIDA BUILDING CODE, 1991 EDITION.

WASHER PLATE-ALUMINUM PATTEN CARBON STEEL ROOF, CABINETS AND POOL ENCLOSURES (120 MPH WIND REGION)

COMPONENT SECTIONS & DATA WITH SPAN TABLES

CLINE/NTH LTD., INC. 901 S.R. 584 WEST OLDSMAR, FL 33557 (813) 775-8234 (813) 855-6648

QUATRA FLORIDA CORPORATION 5700 SOUTH HURSTWOOD ROAD, CADA, FLORIDA 32922

2 OF 2

C-1997-A

3756

RE-ROOF

3756

PEROOF

TAX FOLIO NO. 12-38-41-002-000-00620-7000

DATE 03/06/95

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 plot plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner W. J. Dolan Present address 85. South Sewalls

Phone 283-1642 Point Road

Contractor Wilfram Construction Address 9027 Pine Cone Lane

Phone 546-6579 Hobe Sound, Florida 33455

Where licensed MARTIN CC00624 License number cc 00624

Electrical Contractor N/A License number N/A

Plumbing Contractor N/A License number N/A

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:

85 South Sewalls Point Road. Sewalls Point 34996

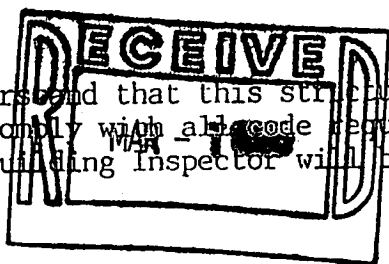
Subdivision ~~XXXXXXXXXXXX~~ RIO VISITA Lot Number 626 Block Number 43/45

Contract price \$ 9952 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 [Signature]



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 W. J. Dolan

TOWN RECORD

Date submitted _____

Approved: [Signature] 3/8/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

Proposal

WILFRAM CONSTRUCTION

9027 SE Pine Cone Lane
 HOBE SOUND, FLORIDA 33455
 (407) 546-6579

Sewalls Point 287-245
6844
 Copy of License
 Insurance certificate

PROPOSAL SUBMITTED TO W. J. DOLAN		PHONE (407) 283-1642	DATE 02/10/95
STREET 85 SOUTH SEWALLS POINT ROAD		JOB NAME SAME	JOB LOCATION SAME
CITY, STATE and ZIP CODE SEWALLS POINT FL 34996		ARCHITECT	DATE OF PLANS
			JOB PHONE

We hereby submit specifications and estimates for:

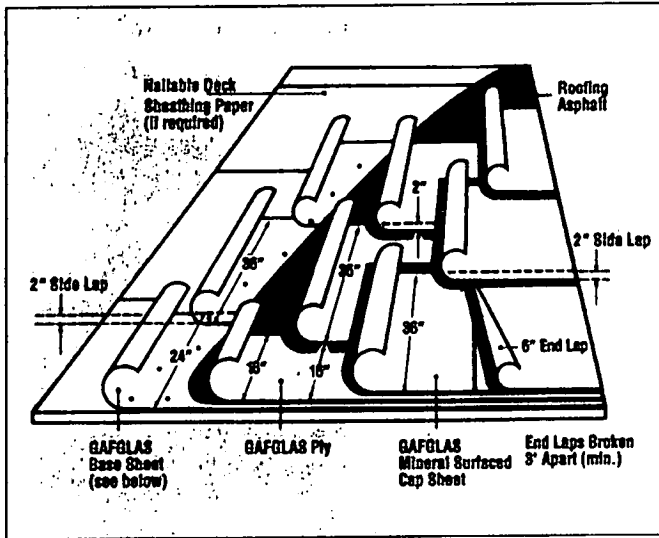
REMOVAL AND DISPOSAL OF EXISTING WOODRUFF ROOF, INSPECTION OF SUBSTRAT FOR WATER DAMAGE, AND REPLACEMENT WITH A NEW ROOF OF ELK PRESTIQUE PLUS SHINGLES, BEARING THE MANUFACTURER'S FORTY (40) YEAR LIMITED WARRANTY. NAIL PER SHINGLE, OVER 30# FELT TINTAGGED TO SHEATHING. FAULTY FLASHINGS WILL BE REPLACED WITH GALVANIZED STEEL.

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PRICE BELOW INCLUDES "CORAVENT" RIDGE VENT ON ALL RIDGES.

REMOVAL AND DISPOSAL OF FLAT ROOF, REPLACEMENT WITH 1 PLY MODIFIED BITUMEN TORCH APPLIED TO 1 PLY 43 # BASE SHEET TINTAGGED TO EXISTING SHEATHING. FLASHINGS WILL BE REPLACED WITH GALVANIZED STEEL.

PER CUSTOMER REQUIREMENT, VEHICLES WILL NOT PERMITTED ON THE LAWN AREAS ON THE SIDE OF THE HOME



West Zone Only

Nailable Decks up to 6 inches per foot slope. Acceptable plywood, wood, Weyerhaeuser Struc-One OSB decks only.

Materials

Sheathing paper (1 ply, if required)
 GAFGLAS Base Sheet (1 ply)
 GAFGLAS Ply (1 ply)
 GAF Materials Corporation Roofing Asphalt
 Interplies
 Cap Sheet
 GAFGLAS Mineral Surfaced Cap Sheet (1 ply)

Approximate Weight per Square

135-175 lbs.

Specifications

General

Application recommendations detailed on pages 17-20 shall apply in addition to the following recommendations and specifications.

Application of Roofing Membrane

- Over entire surface, lay one ply of sheathing paper where applicable. Lap each sheet 2 inches over preceding sheet. Nail sufficiently to hold in place.
- Starting at the low point of the roof, lay one ply of GAFGLAS Base Sheet, lapping each sheet 2 inches at edges and not less than 6 inches at end laps. Using nails with integral 1 inch minimum diameter or square metal heads, nail along lap of base ply at intervals not to exceed 9 inches and stagger nail down center of sheet in two rows with nails spaced at 18 inch intervals in each row. Use fasteners recommended by GAF Materials Corporation or the deck manufacturer. (See "Special Instructions" below.)
- Starting at the low point of the roof, mop one ply of GAFGLAS Ply with a 2 inch side lap and 6 inch end lap mopping solidly to the base ply. Laps should be offset 12 inches from the laps in the base ply.

Asphalt Requirements

Interply moppings of Roofing Asphalt must be applied in a continuous film and shall consist of approximately 25 pounds per 100 square feet of roof area with a tolerance not to exceed 20% plus or minus. The appropriate asphalt for the slopes involved must be used.

Slope per foot	Asphalt Type
Up to 3"	Steep ASTM Type III
3" - 6"	HT-Steep ASTM Type IV

On slopes up to 1/2 inch per foot, Flat ASTM Type II may be used except in Florida, Texas, New Mexico, Arizona, and California.

Surfacing

Apply GAFGLAS Mineral Surfaced Cap Sheet in accordance with the application instructions so that the laps are offset 12 inches from the laps of the ply sheets, see page 20.

Special Instructions

- Acceptable base sheets include: GAFGLAS #75 Base Sheet, GAFGLAS® PLY 6® or GAFGLAS Ply 4. If GAFGLAS PLY 6 or GAFGLAS Ply 4 is used as a base sheet, a sheathing paper is required.
- See "Nailing of the Base Sheet," pages 18-19.
- For roof slopes of 1 inch per foot or more, all plies must be back-nailed 4 inches in from the felt edge. See "Installation on Steep Roofs," page 10.
- See recommendations for wood decks, page 7.

UL Classification

UL Class	Substrate	Slope
A	C	1"
A	NC	3"
B	C	3 1/2"

UL Chart Key

1. Substrate

C = Combustible and Noncombustible

Combustible = Wood planks, boards, etc., plywood (min. 1/2 inch thickness), oriented strand board (min. 1/2 inch thickness).

NC = Noncombustible only

Noncombustible = Steel, poured or precast structural concrete, lightweight insulating concrete, gypsum, structural wood fiber, etc.

2. Slope

Maximum slope allowed, in inches per foot.

Guarantees Available

Specification Liberty Guarantees

N-B-3-M 10, 5+5, 5 yr.

6532

DOOR REPLACEMENT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/11/03

BUILDING PERMIT NO. 6532

Building to be erected for JOYNER

Type of Permit REPLACE DOORS

Applied for by MASTERPIECE BUILDERS (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 62 Block _____

Radon Fee _____

Address 85 S. SEWALL'S PT RD

Impact Fee _____

Type of structure SEK

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1238410020000062070000

Roofing Fee _____

Amount Paid 35.00 Check # 22999 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1200.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

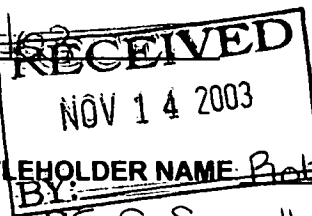
- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input 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 checked="" type="checkbox"/> ADDITION |
| | | <input checked="" type="checkbox"/> REPLACE DOORS |

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 _____ |

Date: 11/6/03

Permit Number: _____



Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLE HOLDER NAME: Robert + Diana Joyner Phone (Day) 283-2096 (Fax) 283-2770
BY: _____

Job Site Address: 85 S Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Description of Property: Bio Vista Lot 62 Parcel Number: 12-38-41-002-000-006207

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

Description of Work To Be Done: Replace Exterior doors - same size opening

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Masterpiece Builders Phone: 283-2096 Fax: 283-2770

Street: 408 Colorado Ave City: Stuart State: FL Zip: 34994

State Registration Number: CGC048543 State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1,200.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____
 Mechanical: N/A State: _____ License Number: _____
 Plumbing: N/A State: _____ License Number: _____
 Roofing: N/A State: _____ License Number: _____

ARCHITECT N/A Phone Number: _____

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

ENGINEER N/A 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.

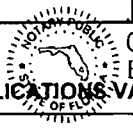
OWNER OR AGENT SIGNATURE (required)
Robert Joyner
 State of Florida, County of: MARTIN
 This the 12 day of NOVEMBER, 2003
 by Robert Joyner who is personally
 known to me or produced
 as identification. Jennifer Puerto
 Notary Public

CONTRACTOR SIGNATURE (required)
Jeffery Bowers
 On State of Florida, County of: MARTIN
 This the 10 day of NOVEMBER, 2003
 by JEFFERY A. BOWERS who is personally
 known to me or produced
 as identification. Jennifer L. Puerto
 Notary Public

My Commission Expires: _____
Jennifer L. Puerto
 Commission #DD151454
 Expires: Sep 18, 2006

My Commission Expires: _____
Jennifer L. Puerto
 Commission #DD151454
 Expires: Sep 18, 2006

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



Atlantic Bonding Co., Inc.

Atlantic Bonding Co., Inc.

**2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34985
(772) 288-5804

LICENSE 1991-313-019 CERT _____
PHONE (561) 283-2094 LIC NO 001521

LOCATION:
408 COLORADO AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

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DEC 11 2003
BY: _____

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
CERTIFIED GENERAL CONTRACTOR

BOERS, JEFFERY A
MASTERPIECE BUILDERS
408 COLORADO AVE
STUART FL 34994

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 2003
AND ENDING SEPTEMBER 30 2004 12 03082601 002351

7



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

RECEIVED
AUG 22 2002
BY: _____

BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

STATE OF FLORIDA AC# 0517998
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CGC048543 08/07/02 200037778
 CERTIFIED GENERAL CONTRACTOR
 BOWERS, JEFFERY ALLAN
 MASTERPIECE BUILDERS

IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2004 SEQ # L0208070099

DETACH HERE

AC# 0517998

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208070099

DATE	BATCH NUMBER	LICENSE NBR
08/07/2002	200037778	CGC048543

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM HINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LP
MASTE-4 DATE (MM/DD/YY)
04/24/03

PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	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 Masterpiece Builders Masterpiece Systems, Inc dba 408 Colorado Avenue Stuart FL 34994	INSURERS AFFORDING COVERAGE INSURER A: Owners Insurance Company INSURER B: Auto-Owners Insurance Co INSURER C: Bridgefield Employers Insuranc INSURER D: INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	20587760-03	05/05/03	05/05/04	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	4232990400	05/05/03	05/05/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
B	EXCESS LIABILITY	4232990401	05/05/03	05/05/04	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 5000					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	083020848	03/01/03	03/01/04	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 1000000
					E.L. DISEASE - EA EMPLOYEE	\$ 1000000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1000000

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

30 days notice of cancellation for workers compensation.

CERTIFICATE HOLDER TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	N	ADDITIONAL INSURED; INSURER LETTER:	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
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BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>12/8/03</u></p>
<p>BUILDING OFFICIAL Gene Simmons</p>

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
P.O. Box 1529
Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series SWD-101 Outswing Aluminum French Door-Impact

APPROVAL DOCUMENT: Drawing No. 971, titled "French Door-X, XX", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/13/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 01-0417.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.12
Expiration Date: November 22, 2006
Approval Date: July 12, 2002
Page 1

JULIO C. BANKS
PROFESSIONAL ENGINEER

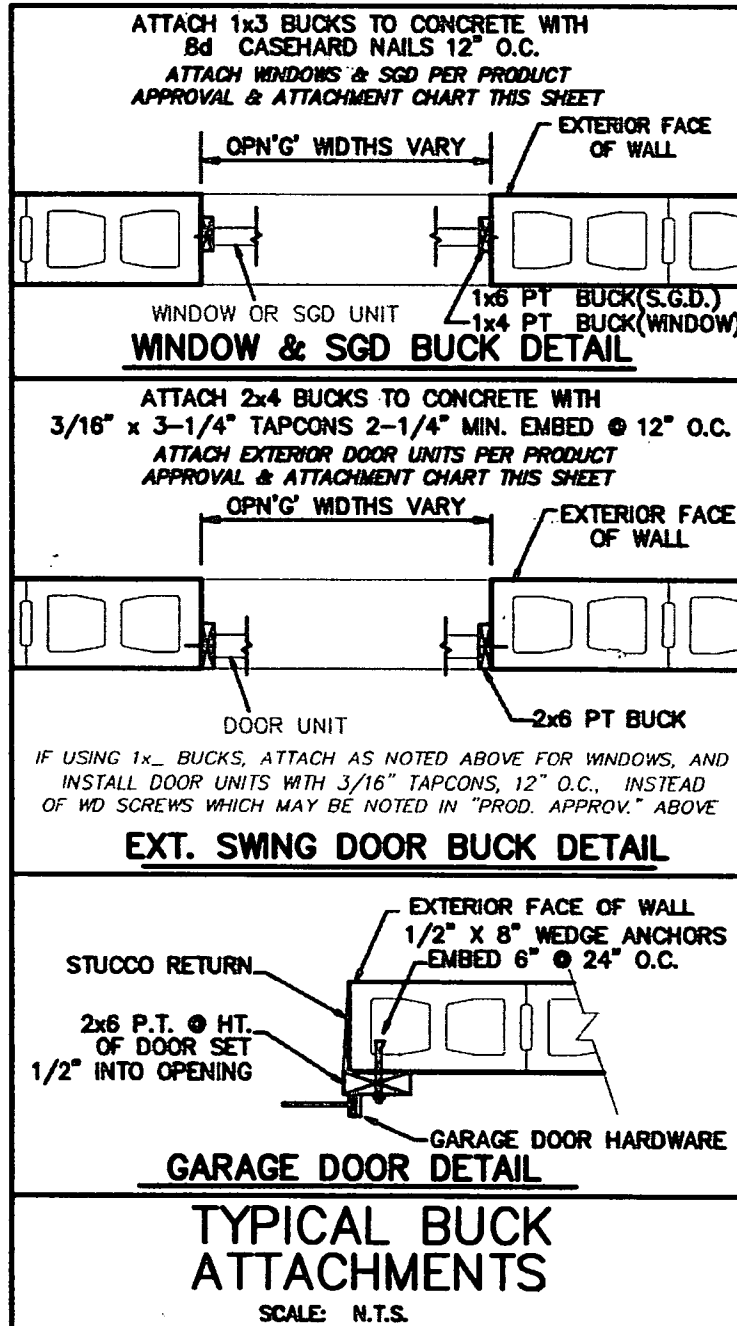
REG. FLA. 46544
PO BOX 880187
PORT ST. LUCIE, FL 34988-0187
(772) 340-3428

12-02-2003

MR. AND MRS. BOB JOYNER

MM695

DOOR BUCK DETAIL



SEAL
Julio C. Banks
12/02/2003

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/17/03 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6509	ABESADA TEER 8 MORGAN CIRCLE BLUE WATER MARINE	FINAL DOOR STAIRS		reschedule
				INSPECTOR: <i>[Signature]</i>
6151	MAXSON 9 S. RIVER SO. FLA CUSTOM POOL	FINAL POOL	Failed	
				INSPECTOR: <i>[Signature]</i>
6391	WHITWELL 1 MARGUERITA W HEMMINGWAY HOMES	TEMP POLE	Passed	
				INSPECTOR: <i>[Signature]</i>
6466	BROWN 7 FIELDWAY IANIELLO	ELEC ROUGH	Passed	
				INSPECTOR: <i>[Signature]</i>
6532	JOYNER 855 SEWALL'S PT MASTER P. ELEC BLDG	FRONT DECK REPAIR	Passed	→ close
				INSPECTOR: <i>[Signature]</i>
6111	GREENE 26 ISLAND WAY O/B	LATHIE		rescheduled for ?? by contractor
				INSPECTOR: <i>[Signature]</i>
6636	FRANCIS 5 S. RIVER RD WILBERDING	FINAL	Passed	
				INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/8, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
653	JOYNER	FRONT DOOR FIN	PASS	CLOSE
2	85 S. SEWALL'S MASTERPIECE BLDG			INSPECTOR: <i>[Signature]</i>
6550	JOYNER	WINDOWS+DOORS FINAL	PASS	CLOSE
2	85 S. SEWALL'S Pt MASTERPIECE BLDG			INSPECTOR: <i>[Signature]</i>
6619	SAFFINGTON	SHEATHING+ TIN TAG	PASS	RESCHEDULE NEXT OF INSP FOR 3/10
1	20 W. HIGH POINT SAMUEL CHES	(PARTIAL)		INSPECTOR: <i>[Signature]</i>
TREE	D'ALESSANDRO/ SHRADER	TREE	PASS	
3	4 EMARITA			INSPECTOR: <i>[Signature]</i>
6626	SANGHRAJKA	REEROOF	—	CANCEL RESCHEDULE FOR 3/10
4	20 S. VIA LUCINDA ARTEKA CONSTR.			INSPECTOR: <i>[Signature]</i>
TREE	MARTIN	TREE	PASS	
	23 ISLAND RD			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER: _____

6550

DOOR & WINDOW
REPLACEMENT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/5/04

BUILDING PERMIT NO. 6550

Building to be erected for JOYNER

Type of Permit REPL WINDOWS + DOORS

Applied for by MASTERPIECE BUILDERS (Contractor)

Building Fee 115.20
#12K * \$9.60/1000 =

Subdivision RIO VISTA Lot 28 Block _____

Radon Fee _____

Address 85 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410020000062070000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 126.72 Check # 23113 Cash _____

Roofing Fee _____
10% PLAN

Other Fees (REVIEW) 11.52

Total Construction Cost \$ 12,000.

TOTAL Fees 126.72

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
- WINDOW + DOOR REPL

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 _____

RECEIVED
DEC 18 2003

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLE HOLDER NAME: Robert & Diana Byner Phone (Day) 283-2096 (Fax) 283-2770

Job Site Address: 85 S. Sewalls Pt Rd City: Stuart State: FL Zip: 34996

Legal Description of Property: Bio Vista Lot 62 Parcel Number: 1d-38-41-002-020-00620-7

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

Description of Work To Be Done: Replace windows + doors as per plans

WILL OWNER BE THE CONTRACTOR? Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Masterpiece Builders Phone: 283-2096 Fax: 283-2770

Street: 408 Colorado Ave City: Stuart State: FL Zip: 34994

State Registration Number: CGC048543 State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 12,000.⁰⁰ (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

ENGINEER Julio C. Banks Phone Number: 340-3428

Street: PO Box 880187 City: Port St Lucie State: FL Zip: 34988

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: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
Robert Byner
State of Florida, County of: MARTIN
This the 24 day of December 2003, 2003
by Robert Byner who is personally known to me or produced as identification. Jennifer L. Puerto

Notary Public
Jennifer L. Puerto
Commission #DD151454
Expires: Sep 18, 2006
Bonded Through Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)
Jeffery A Bowers
On State of Florida, County of: MARTIN
This the 18 day of December 2003
by Jeffery A Bowers who is personally known to me or produced as identification. Jennifer L. Puerto

Notary Public
Jennifer L. Puerto
Commission #DD151454
Expires: Sep 18, 2006
Bonded Through Atlantic Bonding Co., Inc.

PRODUCER
R. V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996
Phone: 772-287-3366 Fax: 772-287-4255

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
Masterpiece Builders
Masterpiece Systems, Inc dba
408 Colorado Avenue
Stuart FL 34994

- INSURER A: Owners Insurance Company
- INSURER B: Auto-Owners Insurance Co
- INSURER C: Bridgefield Employers Insuranc
- INSURER D:
- INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	20587760-03	05/05/03	05/05/04	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	4232990400	05/05/03	05/05/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
B	EXCESS LIABILITY	4232990401	05/05/03	05/05/04	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 5000					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	083020848	03/01/03	03/01/04	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 1000000
					E.L. DISEASE - EA EMPLOYEE	\$ 1000000
					E.L. DISEASE - POLICY LIMIT	\$ 1000000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
days notice of cancellation for workers compensation.

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN024			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.
Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996			AUTHORIZED REPRESENTATIVE <i>[Signature]</i>



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

RECEIVED
AUG 22 2002
BY: _____

BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

STATE OF FLORIDA AC# 0517998
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CGC048543 08/07/02 200037778
 CERTIFIED GENERAL CONTRACTOR
 BOWERS, JEFFERY ALLAN
 MASTERPIECE BUILDERS
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2004 SEQ # L0208070099

DETACH HERE

AC# 0517998

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208070099

DATE	BATCH NUMBER	LICENSE NBR
08/07/2002	200037778	CGC048543

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34985
(772) 298-5804

LICENSE 1991-513-019 CERT _____

PHONE (561)283-2094 SIC NO 001521

LOCATION:
408 COLORADO AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

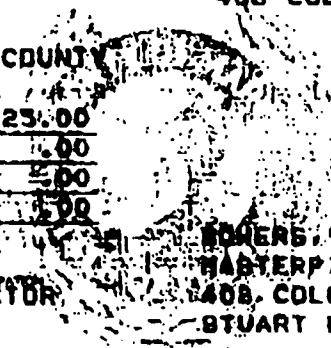
PREV. YR. \$	<u>00</u>	LIC FEE \$	<u>25.00</u>
\$	<u>00</u>	PENALTY \$	<u>00</u>
\$	<u>00</u>	COL FEE \$	<u>00</u>
\$	<u>00</u>	TRANSFER \$	<u>00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO EXERCISE THE BUSINESS PROFESSION OF CONTRACTOR
OF **CERTIFIED GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 03
AND ENDING SEPTEMBER 30, 2004

12 03082601 002351



JEFFERY A
MASTERPIECE BUILDERS
408 COLORADO AVE
STUART FL 34994

RECEIVED
DEC 11 2003
BY: _____



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

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

NOTICE OF ACCEPTANCE (NOA)

**Therma-Tru Corporation
108 Mutzfeld Road
Butler, IN 46721**

SCOPE:

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

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

DESCRIPTION: ~~"Benchmark & Legend" Outswing Residential Insulated Steel Door- Impact Resistant~~

APPROVAL DOCUMENT: Drawing No. ED-1701-B, titled "Outswing Residential Insulated Steel Door with Wood Frame", sheets 1 through 5 of 5, prepared by Rick Wright Consulting, dated 2/21/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews NOA # 99-0429.01 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



**NOA No 02-0408.04
Expiration Date: May 30, 2007
Approval Date: May 09, 2002
Page 1**



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

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

NOTICE OF ACCEPTANCE (NOA)

**PGT Industries
P.O. Box 1529
Nokomis, FL 34274**

SCOPE:

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

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

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

DESCRIPTION: Series DD-101 Outswing Aluminum French Door w/ Sidelites - Impact

APPROVAL DOCUMENT: Drawing No. 972, titled "Aluminum French Door w/ Sidelites", sheets 1 through 8 of 8, prepared by manufacturer, dated 7-12-99 and last revised on 01-17-03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises & renews NOA # 02-0702.01 and, consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.



**NOA No 02-0927.13
Expiration Date: February 13, 2008
Approval Date: February 13, 2003
Page 1**



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6339

Your application for Notice of Acceptance (NOA) of:

SH-701 Aluminum Single Hung Window Impact Resistant

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0629.08
EXPIRES: 11/01/2006

Raul Rodriguez
Chief Product Control Division

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

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 11/01/2001





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

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

NOTICE OF ACCEPTANCE (NOA)

**PGT Industries
P.O. Box 1529
Nokomis, FL 34274**

SCOPE:

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

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

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

DESCRIPTION: 1" Std. Wall-Aluminum Tube Clipped Mullions

APPROVAL DOCUMENT: Drawing No. 6620, titled "1" STD. Wall Mullion", sheets 1 through 5 of 5, prepared, signed and sealed by Robert L. Clark, P.E., dated 5/24/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

This NOA revises NOA # 00-0912.05 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berinan, P.E.



**NOA No 02-0701.05
Expiration Date: June 28, 2006
Approval Date: July 10, 2002
Page 1**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/26, 2024 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6550	OWNER	DOOR+WINDOW	FAIL	
2	85 S. SEWALL MASTERPIECE	(early please)		INSPECTOR: <i>MJ</i>
6574	ESQUE	SHEATHING ROOF	PASS	
7	2 BANYAN DR COOPER ROOFING	TIN TAG		INSPECTOR: <i>MJ</i>
6564	LANCASTER	DRY IN ROOF	FAIL	NO PERMIT POSTED
1	5 S. VIA LUCINDIA STUART ROOFING	(first please)	PASS	OK INSPECTOR: <i>MJ</i>
6579	COOK	IN PROGRESS	PASS	WILL SCHEDULE
8	22 RIDGEVIEW STUART ROOFING	(last please)		FINAL INSPECTOR: <i>MJ</i>
6456	SHARFI	FOOTER CARPORT	PASS	
6	73 N. SEWALLS PT O/B-WINCHIP			INSPECTOR: <i>MJ</i>
* TREE	ROSE	TREE	PASS	
3	9 N. RIDGEVIEW	REINSPECT		INSPECTOR: <i>MJ</i>
* TREE	SMITH	TREE	PASS	
5	133 S. RIVER RD	REINSPECT		INSPECTOR: <i>MJ</i>

OTHER:



TOWN OF SEWALL'S POINT

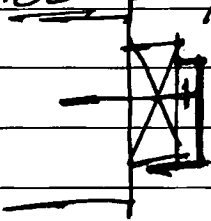
One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 85 S. SEWALL'S

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

W/DW / DOOR BUCK
GAP BETWEEN BUCK &
W/DW MAX 1/4" SHIM SPACE
BUCK TO BE SECURED
DIRECTLY TO BLOCK WALL,



\$30 FEE.

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

DATE: 1/28

PHIL

INSPECTOR

DO NOT REMOVE THIS TAG



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 85 S. SEWALL

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

BUCK & WDW,

NEED PRODUCT APPROVAL FOR
FRONT ENTRY DOOR.

TAPCON SPACING TO MATCH W/
PRODUCT APPROVALS.

SHIM SPACE TO BE MAX 1/4"

AS PER PRODUCT APPROVALS,
BUCKS TO BE INSTALLED W/ TAPCONS
OR ENGR LETTER APPROVING
EXIST. METHOD OF ATTACHMENT

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

DATE: 1/28/04

PHIC

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/28, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6495	LUBINA	Rough Plumbing	PASS	
2	DALE & LUCINDA HARBOR BAY POOLS	POOL		INSPECTOR: <i>OM</i>
6550	JOYNER	Door + Window Bldgs	FAIL	
6	88 S. Sewall's Pt PIECE BLDG			#30 INSPECTOR: <i>OM</i>
6325	MOONEY	INSULATION	PASS	
8	19 HILLCREST SEAGATE BUILDERS			INSPECTOR: <i>OM</i>
6580	ILLUSTRATED PROP	FINAL A/C CLAY	-	COULD NOT ACCESS
1	3727 NE OCEAN #100	(elev to 2nd fl. down hallway turn @ rt & end of that hall door -> utility -> roof)		POOF - CALL FOR KEY INSPECTOR: <i>OM</i>
6413	POWERS	SLAB	-	WILL RESCHEDULE
3	70 S. SEWALL'S PT FLORIDA'S FINEST	TIE BEAM		INSPECTOR: <i>OM</i>
6538	MISER	ROUGH + WEGAS	PASS	CLOSE
5	21 ISLAND DR MARTIN CITY POOL	TANK + LINES		INSPECTOR: <i>OM</i>
TREE	HIGH POINT CIVIC ASS	TREE	PASS	
4	CORNER 4 NG CURB <small>WHERE INSTAL</small>			INSPECTOR: <i>h</i>

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/2, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6391	WHITWELL	TRUSS ENG	—	CANCELLED
3	1 MARGUERITA	Window + Door Bus		
	HEMINGWAY HOMES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6574	ESQUE	FINAL ROOF	PASS	CLOSE
4	2 BANYAN	9-12		
	COOPER ROOFING			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6575	ESQUE	FINAL SIGHT		WAITING FOR
4	2 BANYAN	9-12		DOCUMENTATION
	COOPER ROOFING			FROM MANUF.
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	ZECHIEL	TREE		(FRI)
	1 RIVERVIEW			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6550	JOYNER	Door + Window	PASS	CLOSE
1	85 S SEWALLS PT	Bus		
	MASTERPIECE BUSES	Sam or early if possible		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	SLAB	PASS	
2	705, SEWALLS PT	COLUMN		
	FLORIDA'S FINEST	BEAM		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LAW	TREE	PASS	YARD → Phil
	4 COPAIDE			
				INSPECTOR:
OTHER:	LAGANA	TREE	PASS	YARD → GS
TREE	23 S. SEWALLS PT			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri **3/8**, 200**4** Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6532	JOYNER	FRONT DOOR	FINAL PASS	CLOSE
2	85 S. SEWALL'S MASTERPIECE BIDS			INSPECTOR: <i>[Signature]</i>
6550	JOYNER	WINDOWS + DOORS	FINAL PASS	CLOSE
2	85 S. SEWALL'S Pt MASTERPIECE BIDS			INSPECTOR: <i>[Signature]</i>
6619	SAFFINGTON	SHEATHING +	PASS	RESCHEDULE
1	20 W. HIGH POINT SAMUEL CHES	TIN TAG (PARTIAL)		REST OF INSP FOR 3/10 INSPECTOR: <i>[Signature]</i>
TREE	D'ALESSANDRO/ SHRADER	TREE	PASS	
3	4 EMARITA			INSPECTOR: <i>[Signature]</i>
6626	SANGHRAJKA	REEROOF	—	CANCEL RESCHEDULE FOR 3/10 INSPECTOR: <i>[Signature]</i>
4	20 S. VIA LUCINDA ARTEKA CONSTR.			
TREE	MARTIN	TREE	PASS	
	23 ISLAND RD			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER:

6946

GARGAGE DOOR &
WINDOW

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/13/04

BUILDING PERMIT NO. 6946
REPLACE WINDOW/
GARAGE

Building to be erected for JOYNER

Type of Permit _____

Applied for by O/B (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 62 Block _____

Radon Fee _____

Address 85 S. SEWALL'S PT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

1238410020000062070000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ 1988.00

TOTAL Fees _____

Signed Wain Jones
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input 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 checked="" type="checkbox"/> ADDITION |
| | | <input checked="" type="checkbox"/> GARAGE DOOR + WINDOW |

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 *FOR* Permit Number: _____

Date: 10/12/07
OWNER/TITLEHOLDER NAME: Robert + Diana Phone (Day) 286-5647 (Fax) _____

Job Site Address: 85 S. Sewalls Pt Rd City: Stuart 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 garage door destroyed by hurricane

Replace garage window " " "

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1488.00
(Notice of Commencement needed over \$2500) F 500.00

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: American Palm Beach Phone: 772 2830919 Fax: _____

Street: 2201 SE INDIAN ST UNIT A-2 City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP01904

SUBCONTRACTOR INFORMATION:

Fred Mafra

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)
Diana Joyner

State of Florida, County of: MARTIN

This the 12TH day of OCTOBER, 2007

by DIANA JOYNER who is personally

known to me or produced as identification Laura L. O'Brien

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2007

by _____ who is personally

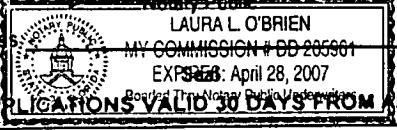
known to me or produced as identification _____

Notary Public

My Commission Expires: _____

My Commission Expires: _____

Seal



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



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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
SH-701 Aluminum Single Hung Window Impact Resistant
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0629.08
EXPIRES: 11/01/2006

Raul Rodriguez
Chief Product Control Division

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

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

APPROVED: 11/01/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 10/13/06

BUILDING OFFICIAL
Gene Simmons

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Amarr Garage Doors.
165 Carriage Court
Winston Salem NC 27105

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

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

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

DESCRIPTION: Sectional Garage Door 16'- 0" Wide.

APPROVAL DOCUMENT: Drawing No. IRC-9516-169-26, titled "Model 950 Heritage w/DuraSafe Short Panel, Long Panel and Flush Panel", drawn on 03/12/03 and checked on 03/14/03 with no revisions, sheets 1 and 2, prepared by Amarr Garage Doors, signed and sealed by T.L. Shelmerdine, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 32000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance

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

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

This NOA consists of this page 1 as well as the approval document mentioned above.

The submitted documentation was reviewed by **Candida F. Font PE.**

[Handwritten signature and date]
 09/04/03



NOA No 03-0502.04
Expiration Date: September 04, 2008
Approval Date: September 04, 2003
Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/29, 2002 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7045	CHONTOS	PREDOM WALL	PASS	CLOSE
5	83 S. SEW. PT. RD. O.B.			INSPECTOR:
7151	HARRIGAN	SEMIWALL FOOTING	PASS	
7	2 PALMETTO DRIVE WORREN	SLAB EARLY PLEASE		INSPECTOR:
TREE	BAUM GARTNER	TREE	PASS	
8	20 BANYAN RD			INSPECTOR:
7148	DAYTON	DRY IN-ROOF	PASS	WILL SCHEDULE
9	14 PALM COURT PARKS			FOOTING/STRAPPING INSPECTOR:
6946	JOYNER	PERM (FINAL)	PASS	
4	85 S. Sewall's Pt O/B	GARAGE DOOR		INSPECTOR:
7137	JOYNER	FINAL FILL	PASS	CLOSE
4	85 S. Sewall's Pt O/B			INSPECTOR:
TREE	CHONTOS	TREE	PASS	
5	83 S. Sewall's Pt			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/15, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6945	JOYNER	FINAL WINDOWS	PASS	CLOSED
6	85 S. SEWALLS O/B	+ GARAGE DOOR 772-286-5647 (25th fl XL)		INSPECTOR: <i>OM</i>
6924	BUSHA	POOL	FAIL	
21	10 PALM CT.			INSPECTOR: <i>OM</i>
7615	VITALE	FINAL REEROOF	FAIL	
7	13 KNOWLES RD FLA CUSTOM CONST			INSPECTOR: <i>OM</i>
7566	NEARING	FINAL HURRICANE	PASS	
8	5 LANTANA LA O/B	SHUTTERS 284-9690 call 283-9788 (After 10 please)		INSPECTOR: <i>OM</i>
7565	KUHNS	METAL LAATL	PASS	
4	99 S. RIVER RD. O/B			INSPECTOR: <i>OM</i>
7469	NORGREN	POOL DECK	PASS	
3	5 KINGSTON CT OLYMPIC POOLS			INSPECTOR: <i>OM</i>
7390	GOLDMAN	TIE BEAMS +		CXL
	5 SUMMER LANE O/B	COLUMNS *LAST PLEASE		INSPECTOR:
OTHER: SANDRA PALTER 91 S RIVER RD. PASS				

ADMIN
VARIANCE

BAUER & TWOHEY, P.A.

ATTORNEYS AT LAW

312 Denver Avenue, Stuart, FL 34994

Sherwood "Chip" Bauer, Jr.*
Christopher J. Twohey

Telephone: (561) 221-8221
Facsimile: (561) 221-8225

*Also Admitted in Connecticut

June 19, 2003

VIA HAND DELIVERY

Gene Simmons
Town of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, Florida 34996

RE: ADMINISTRATIVE VARIANCE APPLICATION
APPLICANTS: WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN
PROPERTY ADDRESS: 85 S SEWALL'S POINT ROAD, STUART, FL 34996

Dear Gene:

In connection with the referenced Administrative Variance Application, enclosed please find the following:

- * Town of Sewall's Point Administrative Variance Application Form;
- * This firm's trust account check in the amount of \$400.00;
- * Two (2) Letters of No Objection from Adjacent Owners; and
- * Survey (8 originals and 1 reduced copy).

If there are any other documents or information you require to consider the Application do not hesitate to give me a call. Thank you for your time and assistance.

Very truly yours,
BAUER & TWOHEY, P.A.


Christopher J. Twohey

CJT/jsm

Enclosure

C:\OFFICE\WPWIN\WPDOCS\CJT\AAA\1\ADMIN\VAR\DOLAN\ADMIN.LTR



WRIGHT, PONSOLDT & LOZEAU

TRIAL ATTORNEYS, L.L.P.

TIM B. WRIGHT
WILLIAM R. PONSOLDT, JR.*
LOUIS E. LOZEAU, JR.

* Board Certified in Business Litigation

September 9, 2003

Mr. Gene Simmons
Building Official
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Resolution Granting Administrative Variance of Willaird and Carol Dolan

Dear Mr. Simmons:

I enclose my draft resolution approving the encroachment variance for Mr. and Mrs. Willaird Dolan. I do not have a reduced copy of the construction plan in my file and request that you attach the reduced version in your file as Exhibit "A" and forward the package to Mrs. Barrow for recording. Please contact me if you have any questions.

Sincerely yours,


Tim B. Wright

TBW/mcf

Enclosure

cc: Mrs. Joan H. Barrow
Mr. and Mrs. Willaird Dolan

596

UK BN CIB22 PG 0/1

RESOLUTION NO. 596

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE ADMINISTRATIVE VARIANCE OF WILLIARD J. DOLAN, JR. AND CAROL F. DOLAN, HIS WIFE, FOR SIX (6) ENCROACHMENTS ON LOT 62, RIO VISTA SUBDIVISION , RECORDED IN PLAT BOOK 6, PAGE 95 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

INSTR # 1696525
OR BK 01822 PG 0723
RECORDED 09/30/2003 11:12:41 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Burkey

WHEREAS, Williard J. Dolan, Jr. and Carol F. Dolan, his wife, ("Applicants"), the owners of the above-described property, have applied for an administrative variance under the Code (see survey attached as Exhibit "A"); and

WHEREAS, the Town Building Department received, reviewed and recommended approval of the Applicants' application for a variance of the following:

1. An encroachment of 1.24 feet and 1.27 feet of the NE and SE bay windows;
2. An encroachment of 0.02 feet on the SE corner of the residence;
3. Encroachments of 0.06 feet and 0.06 feet on the SE corners of the residence;
4. Encroachments of 0.07 feet and 0.07 feet on the NW and SW corners of the residence;
5. An encroachment of 0.03 feet on the NW pool deck; and
6. An encroachment of 0.31 feet on the N. pool equipment pad;

WHEREAS, the Town Commission held a public hearing on the variance on July 16, 2003; and

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicants, to all record owners of property located adjacent to the property involved in the variance and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, the Applicants at the public hearing presented proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicants demonstrated an extreme hardship, which justified a variance of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicants' variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida;
2. This variance is expressly conditioned upon the Applicants reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances;
3. This Resolution shall be recorded by the Applicants in the Martin County, Florida Public Records at the Applicants' expense.

The vote was as follows:

MARC S. TEPLITZ, Mayor
JAMES D. BERCAW, Vice Mayor

AYE

NAY

✓
✓

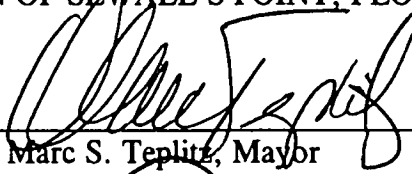
Resolution 596
Page three

RICHARD L. BARON, Commissioner
THOMAS P. BAUSCH, Commissioner
E. DANIEL MORRIS, Commissioner

✓ _____
✓ _____
absent _____

The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 16th day of July, 2003.

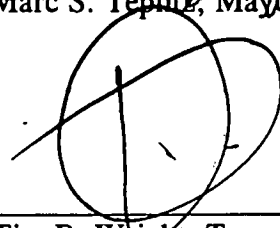
TOWN OF SEWALL'S POINT, FLORIDA



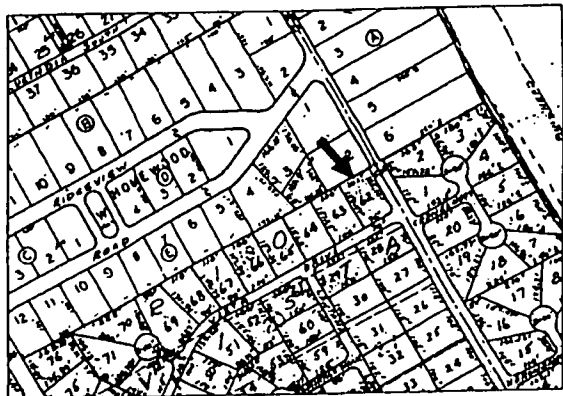
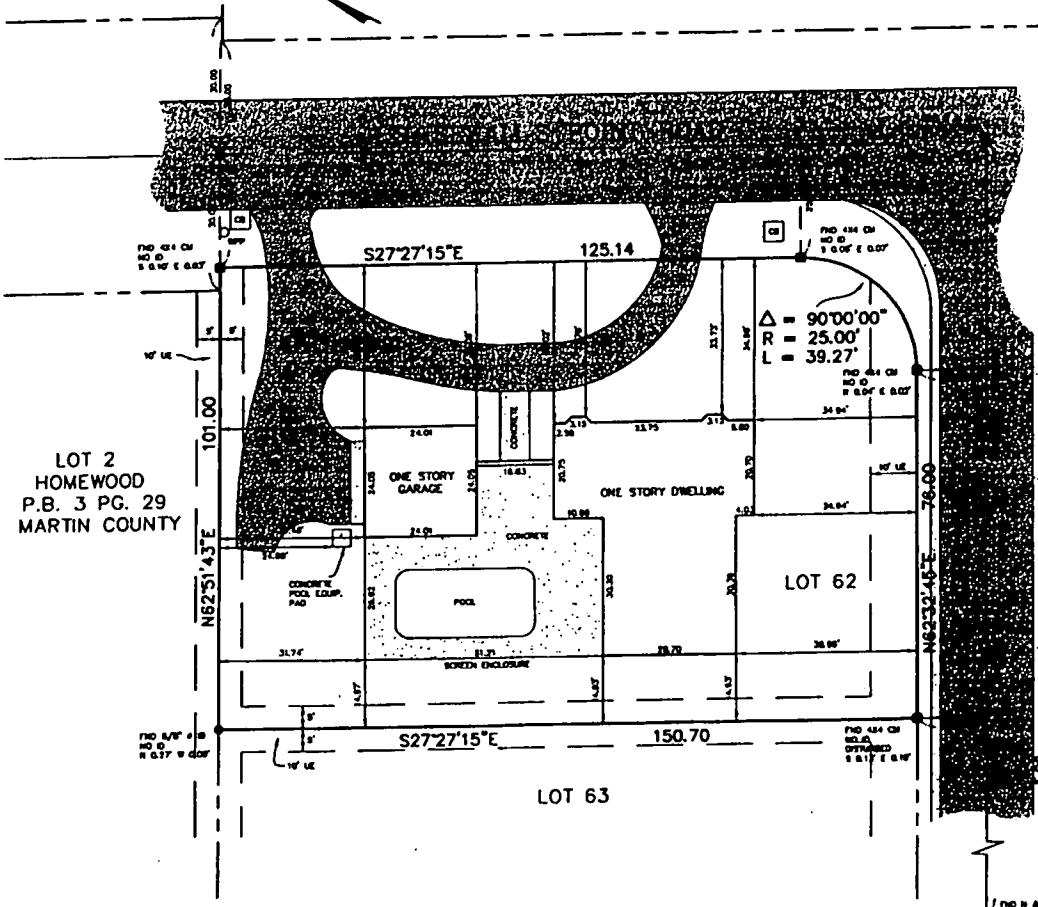
Marc S. Teplitz, Mayor

ATTEST:

Joan H. Barrow
Joan H. Barrow, Town Clerk
(TOWN SEAL)



Tim B. Wright, Town Attorney
Approved as to form and
legal sufficiency



LOCATION MAP

LEGAL DESCRIPTION

LOT 62, RIO VISTA SUBDIVISION, AS RECORDED IN PLAT BOOK 6, PAGE 95, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

AREAS	15492 SQ. FT.	100 TO
TOTAL LOT AREA	15492	100 TO
MAIN HOUSE	1782	129
GARAGE	977	64.2
POOL & DECK	1071	11.2
DRIVE, POOL WALK	2114	14.2
TOTAL IMPERVIABLE AREA	6114	41.2

- AC A/C
- ALUM ALUMINUM
- AN ANCHOR
- AP APPROXIMATE
- AV AVENUE
- BE BEARING
- BL BOLLARD
- BLD BUILDING
- BO BOULDER
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NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA-LICENSED SURVEYOR AND MAPPER.

STEPHEN J. BROWN, INC.

STEPHEN J. BROWN, PROFESSIONAL SURVEYOR & MAPPER
REGISTRATION NO. 4049, STATE OF FLORIDA

- NOTES:
- Survey of description as furnished by Client.
 - Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
 - All bearings are referenced to the centerline of Rio Vista Drive, platted as S 62°32'43" W, all others relative thereto.
 - Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on encroachments, unless otherwise shown.
 - There are no above ground encroachments, unless otherwise shown.
 - The National Flood Insurance Program designation as indicated on the F.E.M.A. Map No. 12085C-0154E, dated 10/04/2002, locates the parcel in Zone AE & VE, base flood elevation 9 & 10 feet; subject to any seeping and interpolation factors associated with mapping of this occupancy.
 - Underground foundations & utilities not located unless shown.

Date of field survey: 06/07/2003

THE TOWN OF SEWALL'S POINT

REVISIONS	BY
ASSETS 0/11/04	DEL

BOUNDARY SURVEY
PREPARED FOR: JOYNER

STEPHEN J. BROWN, INC.
SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
60 EAST 9TH STREET, SUITE F, FLORIDA 32904
(772) 288-7776

LICENSED BUSINESS NUMBER: 6494

DRAWN	S.J.B.
CHECKED	S.J.B.
DATE	06/10/2003
SCALE	1" = 20'
JOB NO.	507-79-01
SHEET	ONE
OF ONE	94175

DR BK 01822 PG 0726
01822 PG 0726

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

MARC S. TEPLITZ
Mayor

JAMES D. BERCAW
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

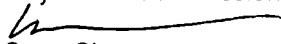
JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

To: Mayor and Commissioners

Fm: 
Gene Simmons
Building Official

Ref: Request for Administrative Variance by Willaird and Carol Dolan

Date: July 10, 2003

Attached for your review and approval is an application for an administrative variance requested by Mr. & Mrs. Doland residing at 85 South Sewall's Point Road.

The encroachments, which need to be addressed, are as follows:

1. NE & SE Bay Windows – existing front setbacks of 33.76 feet and 33.73 feet - required 35 feet front setback from S. Sewall's Point Road - encroachment of 1.24 feet and 1.27 feet exists.
2. SE Corner – existing front setback of 34.98 feet – required 35 feet front setback from S. Sewall's Point Road – encroachment of 0.02 feet exists.
3. SE Corners – existing side setbacks of 34.94 feet and 34.94 feet – required 35 feet side setback from Rio Vista Drive – encroachments of 0.06 feet and 0.06 feet.
4. NW & SW Corners – existing side setbacks of 14.93 feet and 14.93 feet – required 15 feet side setback – encroachments of 0.07 feet and 0.07 feet.
5. NW Pool Deck – existing side setback of 14.97 feet – required 15 feet side setback – encroachment of 0.03 feet.
6. N Pool Equipment Pad – existing rear setback of 24.69 feet – required 25 feet rear setback – encroachment of 0.31 feet

Per Administrative Ordinance No. 292 dated November 19, 2002 the applicant has met the following requirements as outline in the ordinance:

1. The setback violation(s) for the encroachment(s) shown on the survey was/were a good faith error(s) and was/were not intentional.
2. I have inspected the files for 85 S. Sewall's Point Road and have determined that the resident and pool for which this variance is requested were permitted under one permit number 523 dated April 29, 1975.
3. I have received surveys (24" X 36" and one 8 ½" X 11" for recording) containing all pertinent information.
4. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
5. The encroachments are less than 30% of the setback requirements.



Sewall's Point Road, Sewall's Point, Florida 34996

Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org

Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org



July 10, 2003Page 2 of 1.

If any other information is requested please do not hesitate to contact me at 287-2455.

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

Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org

Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

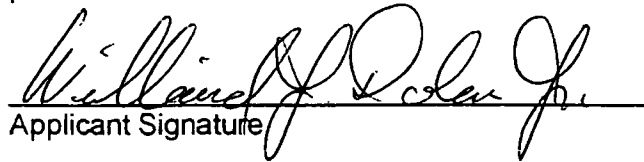
TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: Willaird J. Dolan, Jr. and Carol F. Dólan
2. Address of Property: 85 South Sewall's Point Road, Stuart, Florida 34996
3. Address of Applicant: 85 S Sewall's Point Road, Stuart, Florida 34996
4. Phone Number of Applicant: (772) 283-1642
5. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):
FRONT: 1.24' and 1.27' at the Northeast and Southeast bay window - 35' setback
SIDE: .06' on the South side of the home adjacent to Rio Vista - 35' setback
REAR: .31' on the Northwest side of pool equipment - 25' setback
SIDE: .03' and .07' at the Northeast and Southeast corners - 15' setback
6. The following items must accompany this application:
 - A. \$400.00 Filing Fee (non-refundable).
 - B. Certificate of Ownership (copy of warranty deed or tax receipt).
 - C. A list certifying the name and address of all adjacent property owners as shown in the Official Records of the Martin County Tax Collector's Office.
 - D. A building permit or building permit application with the building permit number indicated on it.
 - E. Original permit drawings, plans or surveys.
 - F. Current surveys (six each) 24" X 36" and one (1) 8 1/2" X 11".
Surveys must be:
 - (1). Prepared by a licensed surveyor registered in Florida in accordance with the minimum technical standards established by the Florida Board of Professional Surveyors and Mappers.
 - (2). Contain the address of the property, including street name and number, and show the proximity of all boundary streets.
 - (3). Show the location of all buildings, structures, and above-ground encroachments and improvements.
 - (4). Show all setback requirements under the Town of Sewall's Point Code of Ordinances.
 - (5). Show location and identification of all encroachments into setbacks under this code, including the type of improvement comprising the encroachments and specifically identifying any encroachment that is the subject of the application.
 - (6). Contain a certification to the Town of Sewall's Point.
 - (7). Contain any other information the Town Commission may require to show whether the setback encroachment is entitled to an administrative variance.
 - G. Letters of No Objection from all adjacent property owners or proof that a copy of the administrative variance application has been sent to all adjacent property owners by certified mail with a written notice informing

them that any objections to the requested administrative variance must be filed with the Town Clerk within fifteen days of the date that the notice was mailed.

7. The Town Commission may grant the variance if the Town Commission finds that:
 - A. The encroachment is less than or equal to thirty (30) percent of the setback requirement in effect on the date that the encroachment was created.
 - B. Either letters of no objection have been filed by the applicant for all adjacent property owners, or 15 days have passed since the mailing to adjacent neighbors informing them of their right to file an objection with the town clerk, and no letter of objections to the administrative variance application have been filed.
 - C. The structure(s) for which a variance is sought was constructed under a valid permit. This requirement does not apply to variances with encroachments of less than twenty (20) inches.
 - D. The setback violation was a good faith error and was not intentional.

I hereby certify that all of the information above and the application materials I have provided are true and correct.


Applicant Signature

Dated this 18 of JUNE 2003

CERTIFICATE OF OWNERSHIP

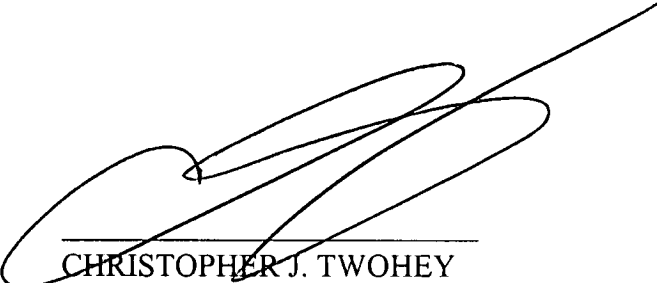
For: Town of Sewall's Point

I HEREBY CERTIFY that **CAROLE J. CHONTOS**, whose address is 83 S Sewall's Point Road, Stuart, Florida 34996, is the apparent title holder of the parcel of land being described as:

Lot 2 and a portion of Lot 3, Block "E" - Amended Plat of HOMEWOOD, as recorded in Plat Book 3, Page 35, Martin County, Florida, Public Records and being more particularly described as follows:

Begin at the Southeasterly corner of said Lot 3, bear North 27°27'30" West along the Easterly line of said Lot 3, a distance of 125 feet; thence South 33°48'42" West, a distance of 137.90 feet to the Westerly line of said Lot 3, thence South 41°34'20" East along said line a distance of 60 feet to the Southwesterly line of said Lot; thence North 62°49'30" East along the Southerly line of said Lot a distance of 106.29 feet to the point of beginning.

DATED this 16 day of June, 2003.



CHRISTOPHER J. TWOHEY
Attorney for Applicants
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(772) 221-8221

LETTER OF NO OBJECTION

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

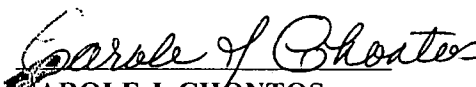
**RE: APPLICATION FOR ADMINISTRATIVE VARIANCE PURSUANT TO APPENDIX
B- ZONING SECTION VII.F, TOWN OF SEWALL'S POINT CODE OF
ORDINANCES FILED BY WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN**

Dear Town of Sewall's Point:

We have received the Administrative Variance Application filed by **WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN** with the Town of Sewall's Point. I am an adjacent property owner to the Property, which is subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

Date 6/17/03


CAROLE J. CHONTOS
83 S Sewall's Point Road
Stuart, Florida 34996

CERTIFICATE OF OWNERSHIP

For: Town of Sewall's Point

I HEREBY CERTIFY that **KIRK D. KVAPIL** and **TAMMY A. KVAPIL**, whose address is 4 Rio Vista Drive, Stuart, Florida 34996, is the apparent title holder of the parcel of land being described as:

Lot 63, RIO VISTA SUBDIVISION, according to the Plat thereof recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

DATED this 16 day of June, 2003.



CHRISTOPHER J. TWOHEY
Attorney for Applicants
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(772) 221-8221

LETTER OF NO OBJECTION

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

**RE: APPLICATION FOR ADMINISTRATIVE VARIANCE PURSUANT TO APPENDIX
B- ZONING SECTION VII.F, TOWN OF SEWALL'S POINT CODE OF
ORDINANCES FILED BY WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN**

Dear Town of Sewall's Point:

We have received the Administrative Variance Application filed by **WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN** with the Town of Sewall's Point. I am an adjacent property owner to the Property, which is subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

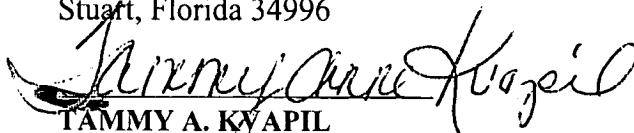
Date: 6/18/03



KIRK D. KVAPIL

4 Rio Vista Drive
Stuart, Florida 34996

Date: 6/18/03



TAMMY A. KVAPIL

4 Rio Vista Drive
Stuart, Florida 34996

This instrument prepared by
JOHN H. PENNINGAN, Esquire
Post Office Box 2210
Stuart, Florida 33494

256102

SPECIAL WARRANTY DEED

THIS DEED dated the date set forth hereinbelow between GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANNE SCHICKEDANZ, of Toronto, Province of Ontario, Canada, the Grantor, and WILLAIRD J. DOLAN, JR. and CAROL P. DOLAN, his wife, whose post office address is 85 South Sewall's Point Road, Jensen Beach, Florida 33457, of the County of Martin, State of Florida, Grantee,

W I T N E S S E T H

That for the sum of TEN (\$10.00) DOLLARS and other good and valuable consideration, said Grantor does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the said Grantee all that certain parcel of land situate in Martin County, Florida, described as follows:

Lot 62, RIO VISTA SUBDIVISION, according to the plat thereof filed 11 December 1975 in Plat Book 6, Page 95, Martin County, Florida, public records.

SUBJECT, HOWEVER, to the following:

1. Taxes accruing subsequent to 12/31/75;
2. Zoning regulations and ordinances of the Town of Sewalls Point, Florida;
3. The provisions and easements set forth on the aforesaid plat of RIO VISTA SUBDIVISION;
4. The provisions of DECLARATION OF PROTECTIVE COVENANTS COVERING ALL OF RIO VISTA SUBDIVISION recorded in Official Records Book 393, Page 1469, Martin County, Florida, public records, as amended by the First Amendment to Declaration of Protective Covenants covering all of Rio Vista Subdivision recorded in Official Records Book 403, Page 549, Martin County, Florida, public records,

and the said Grantor does hereby warrant the title to said land against the lawful claims of all persons claiming under, by, or through Grantor.

IN WITNESS WHEREOF, the said Grantor has set forth his Hand and Seal this 15 day of September, 1976.

WITNESSES:

[Signature] (SEAL)
Gustav Schickedanz, Individually
and as Trustee

[Signature] (SEAL)
Anne Schickedanz

DOMINION OF CANADA
PROVINCE OF ONTARIO
DISTRICT OF YORK

The foregoing instrument was acknowledged before me by GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANNE SCHICKEDANZ, on this 15 day of September, 1976.



[Signature]
Notary Public
My Commission is for life.
It does not expire.

JOHN H. PENNINGAN, FRANKLIN
PENNINGAN, P.A.
ATTORNEY AT LAW
P.O. BOX 2210
STUART, FLORIDA

CERTIFICATE OF OWNERSHIP

For: Town of Sewall's Point

I HEREBY CERTIFY that **WILLAIRD J. DOLAN, JR. and CAROL F. DOLAN**, whose address is 85 S Sewall's Point Road, Stuart, Florida 34996, is the apparent title holder of the parcel of land being described as:

Lot 62, RIO VISTA SUBDIVISION, ccording to the Plat thereof recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

DATED this 16 day of June, 2003.



CHRISTOPHER J. TWOHEY

Attorney for Applicants

BAUER & TWOHEY, P.A.

312 Denver Avenue

Stuart, Florida 34994

(772) 221-8221

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/16/04

BUILDING PERMIT NO. 7.137

Building to be erected for JOYNER

Type of Permit FULT DRIVE INSP.

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 62 Block _____

Radon Fee _____

Address 85 S. SEWALLS Pt RD

Impact Fee _____

Type of structure SFL

A/C Fee _____

Parcel Control Number:

1238410020000062070000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash

Other Fees (_____)

Total Construction Cost \$ 1150.00

TOTAL Fees 35.00

Signed Kristin Joyner
Applicant

Signed Gene Simmons (GAS)
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 _____

RECEIVED

DEC 06 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 12/6/04

OWNER/TITLEHOLDER NAME: Diana Joyner Phone (Day) 286-5647 (Fax) _____

Job Site Address: 85 S. Sewall's Pt City: _____ State: _____ Zip: _____

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

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

Description of Work To Be Done: Restore & fill flower/shrub bed washed out by

WILL OWNER BE THE CONTRACTOR?:

YES (circled) NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ Surfaces + Impact on Swale \$1150
(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: _____ Phone: _____ Fax: _____

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

State Registration Number: _____ 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: _____

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) Diana Joyner

State of Florida, County of: MARTIN

This the 6th day of December, 2004

by Diana Joyner who is personally

known to me or produced

as identification [Signature]

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

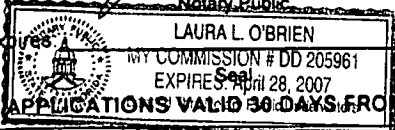
This the _____ day of _____ 200

by _____ who is personally

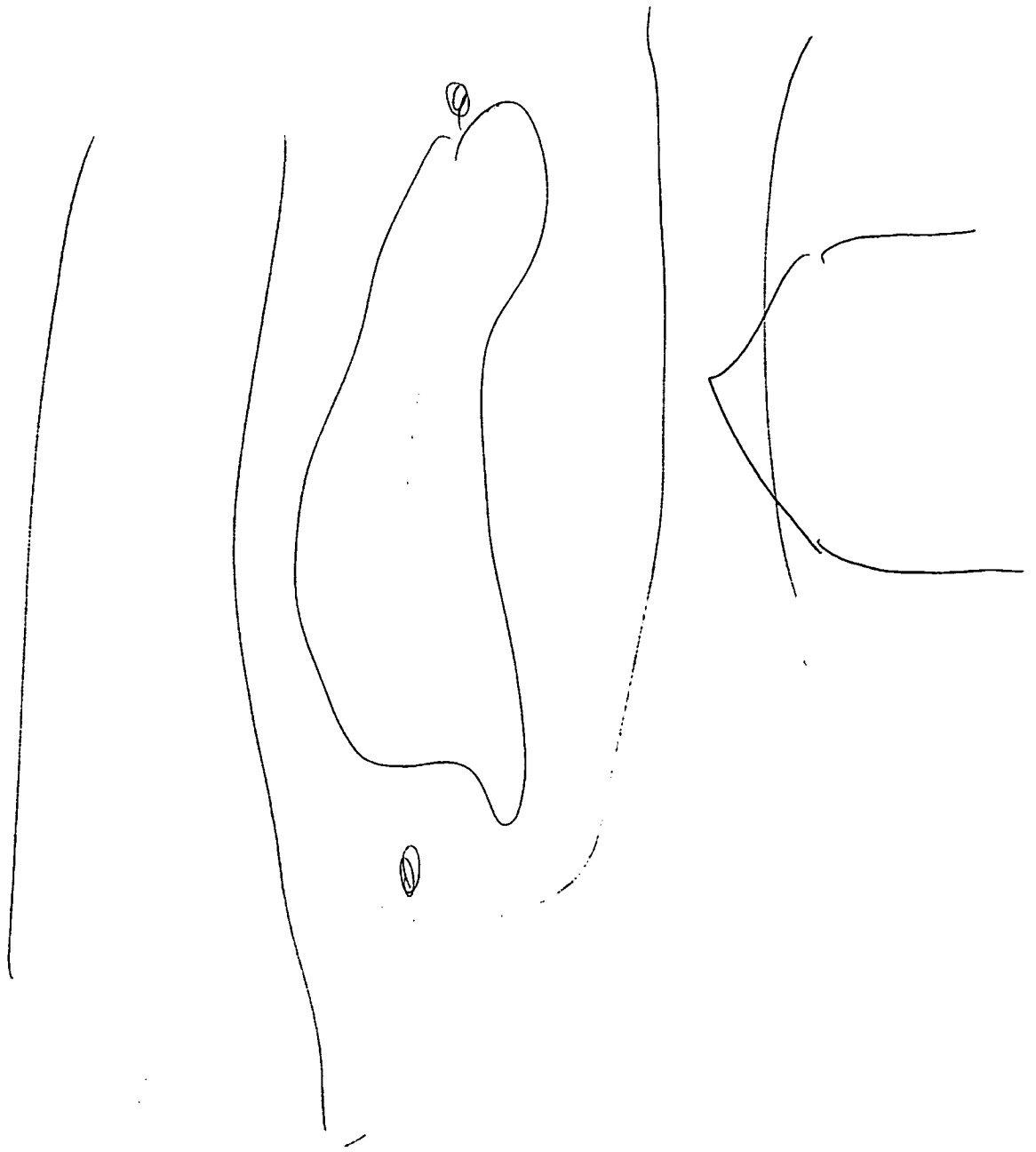
known to me or produced _____

As identification. _____

My Commission Expires: _____



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



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

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

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Diana Joyner Date: 12/15/04

Signature: Diana Joyner

Address: 85 S. Sewalls

City & State: _____

Permit No. _____

RESUBMITTAL

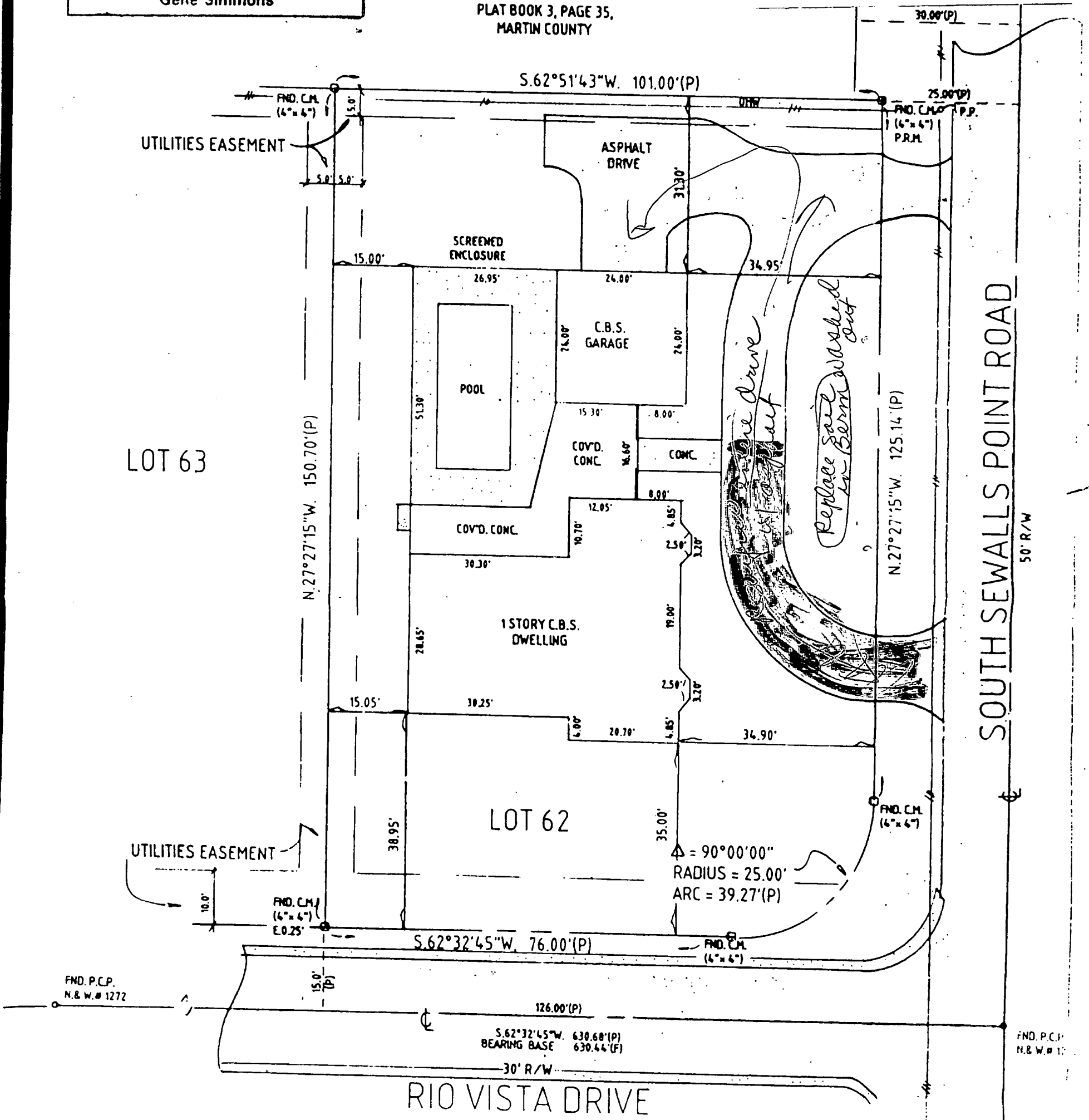
JOYNER

286-5647

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 12/14/04
 BUILDING OFFICIAL
 Gene Simmons

LOT 2.
 BLOCK "E"
 AMENDED PLAT OF HOMEWOOD
 PLAT BOOK 3, PAGE 35,
 MARTIN COUNTY

Funding provided by the Florida Department of Transportation.



- PROPERTY LOCATED WITHIN FLOOD ZONE "V-13"
- PROPERTY ADDRESS: 85 SOUTH SEWALLS POINT ROAD
- CERTIFIED TO:
 WILLARD J. DOLAN, JR. & CAROL F. DOLAN;
 AB MORTGAGE CORPORATION, ITS SUCCESSORS AND/OR ASSIGNS;
 UNIVERSAL LAND TITLE, INC.

- NOTES:
- Survey of description as furnished by
 - Lands shown hereon were not abstract and/or rights-of-way of record
 - (P) Denotes distance or bearing by description
 - (F) Denotes measured distance or bearing
 - (C) Denotes calculated distance or bearing
 - All bearings are referenced to the instrument as shown hereon, unless otherwise noted
 - Elevations shown hereon are relative to Vertical Datum of 1929, and are based
 - There are no above ground encroachments

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/29, 2002 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7045	CHONTOS	PRE-DRY WALL	PASS	CLOSE
5	83 S. SEW. PT. RD. O.B.			INSPECTOR:
7151	HARRIGAN	Stemwall Footing	PASS	
7	2 PALMETTO DRIVE WORRELL	SLAB EARLY PLEASE		INSPECTOR:
TREE	BAUM GARTNER	TREE	PASS	
8	20 BANYAN RD			INSPECTOR:
7148	DAYTON	DRY IN-ROOF	PASS	WILL SCHEDULE
9	14 PALM COURT PARKS			FOOTING/STRAPPING INSPECTOR:
6946	JOYNER	Detail (Final)	PASS	
4	85 S. Sewalls Pt O/B	Garage Door		INSPECTOR:
7137	JOYNER	FINALE	PASS	CLOSE
4	85 S. Sewalls Pt O/B			INSPECTOR:
TREE	CHONTOS	TREE	PASS	
5	83 S. SEWALLS PT			INSPECTOR:

OTHER: _____

7173

DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/4/05

BUILDING PERMIT NO. 7.173

Building to be erected for JOYNER

Type of Permit REPAIR & RESURFACE DRIVEWAY

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 62 Block _____

Radon Fee _____

Address 85 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384,0620000062070000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 155 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1200.00

TOTAL Fees 35.00

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
- DRIVEWAY

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 _____

RECEIVED
DEC 28 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 12/28/04

OWNER/TITLEHOLDER NAME Diana & Robt Joyner Phone (Day) 586-5647 (Fax) _____

Job Site Address: 83 S. Sewalls Pt Rd City: Stuart State: _____ Zip: _____

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

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

Description of Work To Be Done: Resurface & repair driveway w/ asphalt

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1200

(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: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

State Registration Number: _____ 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: _____

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)
Diana Joyner

State of Florida, County of: Martin

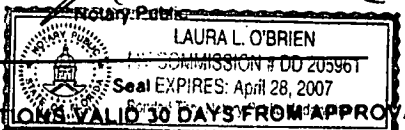
This the 28th day of December, 200

by Diana Joyner who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On 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

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

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

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

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Diana Joyner Date: 1/5/05

Signature: Diana Joyner

Address: 85 S Sewalls Pk Rd

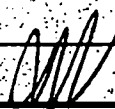
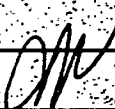

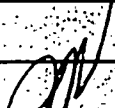
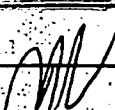
City & State: Sewalls Pt

Permit No. 7173

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEB 16, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7206	FRIBOURS	FINAL-REINSTALL		RESCHEDULE FOR
11	9 COPAIRE RD	SOLAR		FRIDAY, 2/18
	O/B	(Please Please)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7293	H BASSOC-SABOUEIN	FRAMING	FAIL	
13	3766 SE OCEAN			
	JANETAU			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7205	SHARFI	DOCK DEMO.	PASS	CLOSE
18	73 N SEWALL'S Pt			
	SB MARINE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6719	DONOHUE	Partial Elec	PASS	HEIGHT OF LAKE
5	163 S. Sewall's Pt	TEUSS ENG	PASS	ON 2 STORY PEAK
	HALL SAMMONS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7305	H BASSOC (PATCHING)	ROOF SHEATHING	PASS	
12	3766 SE OCEAN			
	ROOFMAN, INC.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7173	JOYNER	DRIVEWAY	PASS	CLOSE
10	85 S. SEWALL'S Pt	RESURFACE FINAL		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6952	WELAND	FINAL ROOF	PASS	CLOSE
4	118 S. SEWALL'S Pt	260-5803		
	PACIFIC ROOFING			INSPECTOR:

OTHER: _____

10214

A/C CHANGE OUT



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:	10214	DATE ISSUED:	SEPTEMBER 10, 2012
SCOPE OF WORK:	AC CHANGEOUT LADDER REQ'D FOR INSPECTION		
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	123841002-000-006207	SUBDIVISION	RIO VISTA - LOT 62
CONSTRUCTION ADDRESS:	85 S SEWALLS PT RD		
OWNER NAME:	SPENCER		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

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 _____
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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

Date: 9/5/12 Permit Number: 10214
 OWNER/LESSEE NAME: Andrew R. Spencer Phone (Day) 486-8808 (Fax) _____
 Job Site Address: 85 S. SEWALLS PT. Rd. City: Stuart State: FL Zip: 34996
 Legal Description: RIO VISTA LOT 02 Parcel Control Number: 12-38-41-008-000-00020-7
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace A/C equipment like for like change

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: \$ 1011.94
 (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

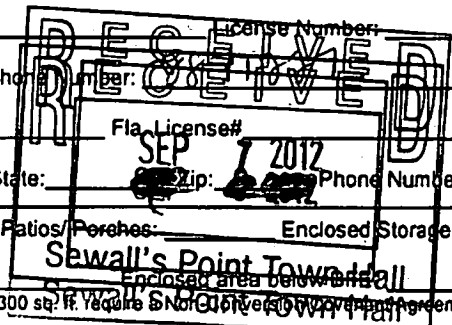
Construction Company: KRAUSS: CRANE, INC. Phone: 8871787 Fax: 8834055
 Qualifiers name: JOHN H. CRANE III Street: 904 S. DIXIE HWY City: STUART State: FL Zip: 34994

State License Number: CAC049286 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: JOHN H. CRANE III Phone Number: _____

DESIGN PROFESSIONAL: _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof 1710sf + 2 Elevated Deck: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Notice of Commencement.



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:

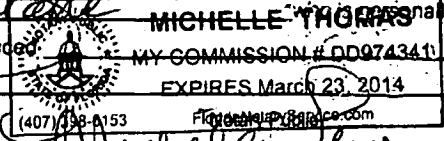
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST 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 see signed proposal
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification: _____
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 x John Crane
 State of Florida, County of: Martin
 On This the 6th day of September, 2012
 by John Crane
 known to me or produced: MICHELLE THORAS
 As identification: _____
 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!

AK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10214

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Andrew Spencer

CONSTRUCTION ADDRESS: 85 S. Sewall's Point Rd.

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Hook up A/C compressor and air handler.

VALUE OF CONSTRUCTION \$ 500.⁰⁰

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

P.O. Drawer 0 Port Salerno, FL 34992
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Lloyd Johnson

TELEPHONE NO: 772-223-7397 FAX NO: 772-223-7145

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC-0003162

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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: TRANE Model# 8AMSAC42

Volts ^{208/}240 CFM's 1160 Heat Strip 10 Kw

Min. Circuit Amps 55 Wire gauge #4

Max. Breaker size 60 Min. Breaker size 55

Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type R410A

Location: Existing New

Attic/Garage/Closet (specify) Attic

Access: scuttle hole

(Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TTB4048E1

Volts ^{208/}240 SEER/EER 16 BTU's 48000

Min. Circuit Amps 83 Wire gauge to be done by electrician

Max. Breaker size 40 Min. Breaker size 83

Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type R410A

Location: Existing New

Left/Right/Rear/Front/Roof Rear Left

Condensate Location @ condenser

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# TWEC048

Volts ^{208/}240 CFM's 1160 Heat Strip 10 Kw

Min. Circuit Amps 55 Wire gauge #4

Max. Breaker size 60 Min. Breaker size 55

Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type R22

Location: Ext. New

Attic/Garage/Closet (specify) Attic

Access: scuttle hole

Condenser: Mfg Am. Std. Model# 2A7A2048

Volts ^{208/}240 SEER/EER 18 BTU's 48000

Min. Circuit Amps 83 Wire gauge to be done by electrician

Max. Breaker size 40 Min. Breaker size 83

Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type R22

Location: Ext. New

Left/Right/Rear/Front/Roof rear Left

Condensate Location @ condenser

Certification:

I herby 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

John Luce
 Signature

9/6/18
 Date



General Data

Product Specifications

Model No. ①	4TTB4042E1	4TTB4048E1	4TTB4049E1	4TTB4060E1	4TTB4061E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	26	34	45
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1	1-2
RL AMPS - LR AMPS	17.9 - 112	19.9 - 109	19.9 - 109	26.4 - 134	32.1 - 152.9
Outdoor Fan FL Amps	0.93	0.93	1.0	0.93	2.80
Fan HP	1/5	1/5	1/5	1/5	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	8/4-LB/OZ	8/5-LB/OZ	11/9-LB/OZ	8/8-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46.4 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
Optional Accessories: ④					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN4

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line. For 061 units, Max. linear length 60 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (†denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



TRANE®

Electrical Data

WIRING DATA											
GAM5A0C42M31SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	4.1*	5	15	-	-	4.1*	5	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	30	30	3.60	12300	17.3	27	30
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	45	45	5.76	19700	27.7	40	40
BAYEAAC10BK1A BAYEAAC10LG1A	1	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEAAC10LG3A	1-3 PH	9.60	32800	23.1	33	35	7.20	24600	20.0	30	30
BAYEABC15LG3A	1-3 PH	14.40	49200	34.6	48	50	10.80	36900	30.0	42	45
BAYEABC15BK1A - Circuit 1 ①	2	9.60	32800	40	55	60	7.20	24600	34.6	48	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ① MCA and MOP for circuit 1 contains the motor amps



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150835

Date: 9/4/2012

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

Outdoor Unit Model Number: 4TTB4042E1

Indoor Unit Model Number: GAM5A0C42M31

Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

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):	42000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.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.



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CERTIFICATE NO.: 129912551698515060

Project Information

For: Andrew Spencer
 85 S. Sewell's Pt. Rd., Stuart, FL 34996
 Phone: 486-8802

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 25988 Btuh
 Ducts 2741 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 28730 Btuh

Sensible Cooling Equipment Load Sizing

Structure 30245 Btuh
 Ducts 2838 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 31892 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft ²)	1554	1554
Volume (ft ³)	12428	12428
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	79	41

Latent Cooling Equipment Load Sizing

Structure 3692 Btuh
 Ducts 986 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 4678 Btuh
 Equipment total load 36570 Btuh
 Req. total capacity at 0.79 SHR 3.4 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no.n/a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	28730 Btuh
Temperature rise	19 °F
Actual air flow	1400 cfm
Air flow factor	0.049 cfm/Btuh
Static pressure	0.50 in H2O
Space thermostat	

Cooling Equipment Summary

Make Trane
 Trade XB14
 Cond 4TTB4042E1
 Coil GAM5A0C42M31
 AHRI ref no.4150835

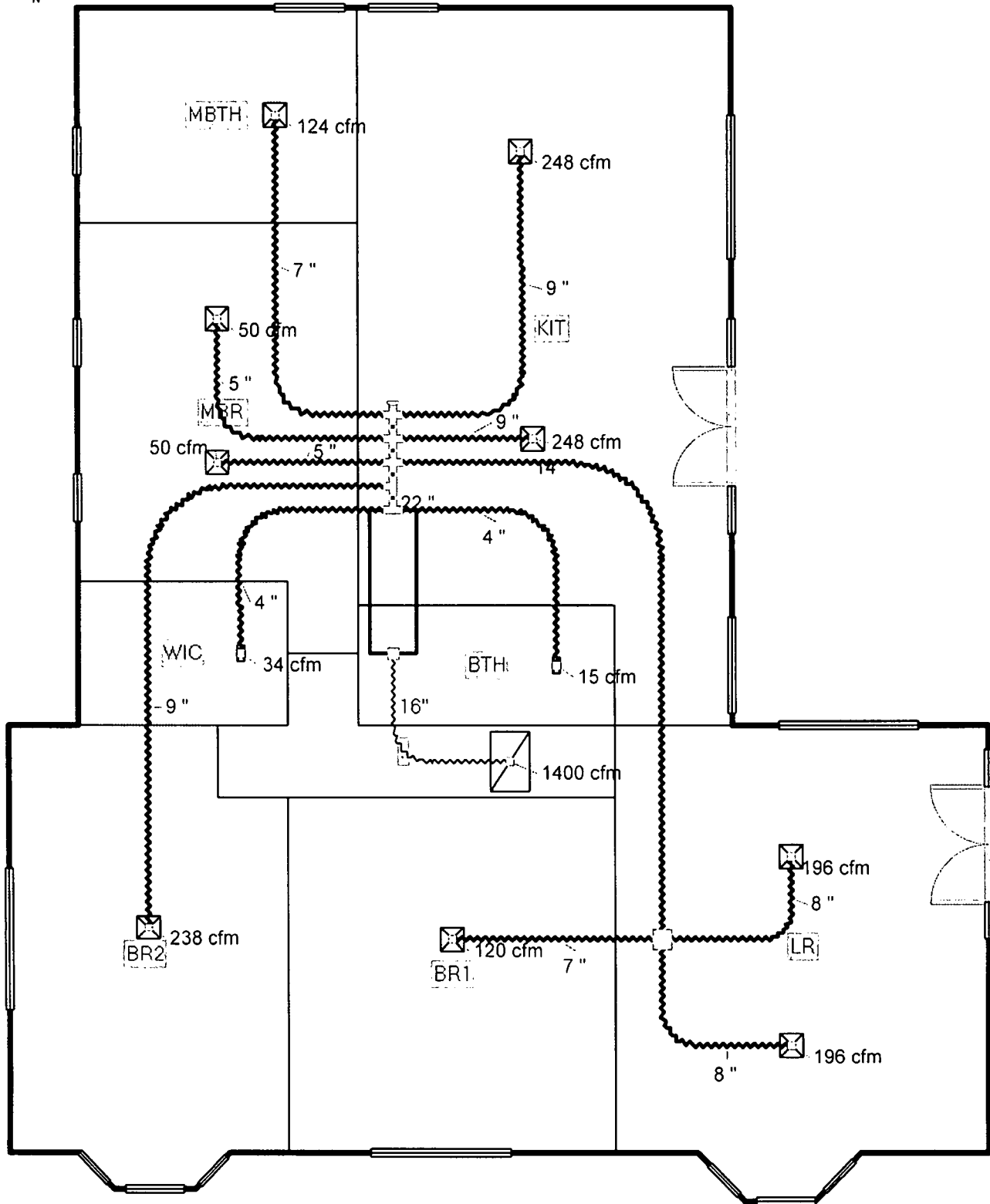
Efficiency	13.0 EER, 16 SEER
Sensible cooling	33180 Btuh
Latent cooling	8820 Btuh
Total cooling	42000 Btuh
Actual air flow	1400 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0.50 in H2O
Load sensible heat ratio	0.88

Bold/italic values have been manually overridden

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



Main floor



Job #:
Performed for:
Andrew Spencer
85 S. Sewell's Pt. Rd.
Stuart, FL 34996
Phone: 486-8802

Krauss & Crane, Inc.
904 South Dixie Hwy.
Stuart, FL 34994
Phone: 772-287-1227 Fax: 772-283-4055
www.kciac.com mfooster@kciac.com

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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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: ANDREW R. SPENCER Contractor name: KRAUSS; CRANE INC.
Street address: 85 S. SEWALLS PT. RD Jurisdiction: SEWALLS PT. ~~FL~~
City: STUART Permit No.: _____
Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: John Crane Date: 9/6/12
Printed Name: JOHN CRANE
Contractor License #: CAC049280

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____
Printed Name: _____

K&C

1957

Krauss & Crane, Inc.

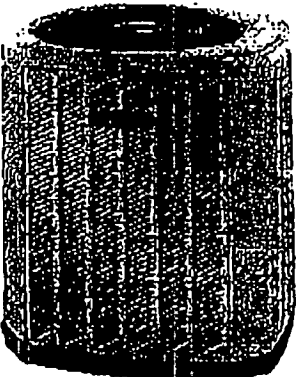


AIR CONDITIONING SALES AND SERVICE

License
CA0049286

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kancr@kclac.com

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name: Andrew Spencer	Date: 8/29/2012	Consultant: Mike Foster
Site Address: 85 S. Sewall's Pt. Rd.	Proposal #: R10829201291724-1	Billing Address:
City: Stuart		City:
State: FL		State:
Phone: 486-8802 Zip: 34998		Phone: Postal Code:

TRANE XB14 CONDENSER	Trane Air Handler	System Investment																						
  		<table border="0" style="width: 100%; font-size: small;"> <tr> <td>Base System:</td> <td style="text-align: right;">\$8,786.64</td> </tr> <tr> <td>Optional Items Total:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">Trane Rebate</td> <td style="text-align: right;"><\$0.00></td> </tr> <tr> <td style="padding-left: 20px;">FPL Rebate</td> <td style="text-align: right;"><\$85.00></td> </tr> <tr> <td>Sales Tax:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>System Total:</td> <td style="text-align: right;">\$8,111.64</td> </tr> <tr> <td>Initial Investment:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Balance:</td> <td style="text-align: right;">\$6,111.64</td> </tr> <tr> <td style="padding-left: 20px;">Term: Rate: % Est. Payment:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Investment Type: Check</td> <td></td> </tr> <tr> <td>Net Investment After Credit & Rebates</td> <td style="text-align: right;">\$8,111.64</td> </tr> </table>	Base System:	\$8,786.64	Optional Items Total:	\$0.00	Trane Rebate	<\$0.00>	FPL Rebate	<\$85.00>	Sales Tax:	\$0.00	System Total:	\$8,111.64	Initial Investment:	\$0.00	Balance:	\$6,111.64	Term: Rate: % Est. Payment:	\$0.00	Investment Type: Check		Net Investment After Credit & Rebates	\$8,111.64
	Base System:	\$8,786.64																						
	Optional Items Total:	\$0.00																						
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	FPL Rebate	<\$85.00>																						
	Sales Tax:	\$0.00																						
	System Total:	\$8,111.64																						
	Initial Investment:	\$0.00																						
	Balance:	\$6,111.64																						
	Term: Rate: % Est. Payment:	\$0.00																						
Investment Type: Check																								
Net Investment After Credit & Rebates	\$8,111.64																							

Purchased Accessories

Model No: - TCONT600AF11MA



Description: - Trane Digital Prog. 5/2
Comfort Control 1H/1C



By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer: *Andrew Spencer* Date: *8/30/12*

Representative: *Mike Foster*
Approved by:

Date: *8/30/12*
Date: *8/30/12*



1957

Krauss & Crane, Inc.
AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kandc@kclac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name **Andrew Spencer** Proposal Number **R10828201281724-1** Date **8/28/2012**

Components in Base System Investment

Tax Credits and Rebates

Qty.	Model#	Description	Inclusions
1	GAM5A0C42M31SA	Trane Hyperion High Efficiency Air Handler	All work to be performed in a neat manner. Charge system to manufactures specifications. Clean up work area before leaving worksite. Complete system start up. Ensure proper condensate drainage. Evacuate refrigerant system to remove all moisture. Installation to meet or exceed all codes. Our own professional journeyman class technicians. Quality Assurance Review. Property dispose of old equipment off premises. Outside unit secured to hurricane code. Seal duct connections for greater energy efficiency. Galvanized steel weatherproof piping cover. Warranty is 10 years parts and 1 year labor.
1	4TTB4042E1000A	Trane XB14 3.5 Ton Cooling Unit	
1	REFLN98-78-50	Refrigeration Lineset Up to 50'	
1	TCONT600AF11MA	Trane Digital Prog. 5/2 Comfort Control 1H/1C	
1	BAYEAAC10BK1AA	10kw Trane strip heater for Series 4 and 5 air handlers with circuit breaker.	
1	ESA-1	One Year Energy Savings Agreement.	
1	DISCONHRU	Disconnect Existing Heat Recovery Unit. HRU To Remain On Wall.	
1	SUBSELECT08	Sub-Contracted Electrical Work	
1	STATWIRE	Install New Thermostat Wire	
1	DRIPPAN-FS	Drip Pan For Air Handler With Float Switch	
2	ELECTRECON	Reconnect Electrical to Equipment	
1	HORZ-RETURN-PLENUM	New Horizontal Return Plenum With Access Door For Easy Cleaning	
1	RETURN-1	Return Air Run Installed In Attic	
1	SUP PLENUM	New Supply Plenum	
1	EVAC-RECLAIM	Evacuate / Reclaim Existing Refrigerant	
1	UL36363	Cladlite Outside Unit Pad	
1	PER-SP	Permit Fee for Sewalls Point	
1	AC-AH1	Outdoor Unit With Air Handler	
1	HORZ-AH1	Indoor Unit Easily Accessible With Walkable Attic	
1	ADDLABOR	Additional Labor Hours	

Exclusions

Homeowners are required to register equipment warranties within 60 days of installation.

Installation Instructions

RELOCATE THE CONDENSING UNIT TO THE REAR LEFT CORNER OF THE HOUSE. REINSTALL IT ON THE EXISTING STAND AND SECURE THE STAND TO A NEW PAD. INCLUDES A CUSTOM MADE RETURN GRILLE FOR THE HALL RETURN.

By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer

Date

Representative

Date

Approved by

Date

Andrew Spencer

8/30/12

[Signature]

8/29/12
[Signature]
8/29/12

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-4-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10274	Spencer	Final	Pass	NO ANSWER
4	85 S Sewalls Knauss/Erane			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10275	Muller	Final		
2	4 Copare Rd Rick Strong	Bathroom Remodel	Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10232	Resnick	Final		
3	27 Lantana Alma Jackson	Pool deck	Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10298	Moran	Final		
1	32 N Sewalls Roof Repairs Only	Skylights	Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10192	Vasko			
AM	11 EMERALD WAY OIB	FINAL	Fail	NOT READY INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10300	Woods	FINAL DRIVEWAY		
5	32 E HIGH PT LANDSCAPES		Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	18 Riv Vista	Trees		
	Bob Baker Rd Christina Baker		OK	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **2-15-13** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Gaudis 25 S River Team Parks	lathe	PASS	
				INSPECTOR <i>[Signature]</i>
1	25 S River	Investigate Fence by Nehme		
				INSPECTOR
10294	Guggio 2 Island Rd Cosmopolitan	Roof	PASS	
2				INSPECTOR <i>[Signature]</i>
10248	Baker 2 N Sewalls Renar	entry door attachment		RESCHEDULE YES
5				INSPECTOR
10353	Sapp 6 Miramar Capps Roofing	Shedding tin tag	FAIL RESCHEDULE	NO PERMIT POSTED NO CANNOT
4				INSPECTOR <i>[Signature]</i>
10214	Spencer 85 S Sewalls	Fence	PASS	
3	Kraus & Crane			INSPECTOR <i>[Signature]</i>
		TREE	FAIL	THERE IS ROOM FOR DRIVEWAY
	172 S. RIVER			INSPECTOR <i>[Signature]</i>

10835

RE-ROOF



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:	10835	DATE ISSUED:	4/23/2014
SCOPE OF WORK:	RE-ROOF FLAT ROOF ONLY		
CONTRACTOR:	DAN BUTCHER ROOFING INC		
PARCEL CONTROL NUMBER:	12384100200006207	SUBDIVISION	RIO VISTA LOT 62
CONSTRUCTION ADDRESS:	85 S SEWALL'S POINT ROAD		
OWNER NAME:	ANDREW R SPENCER		
QUALIFIER:	DAN BUTCHER ROOF	CONTACT PHONE NUMBER:	772 221-3252

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.

Danbutcherroofing@msn.com

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10835

Date: 4/20/2014

OWNER/LESSEE NAME: Andrew R Spencer Phone (Day) _____ (Fax) _____

Job Site Address: 855 Sewells Pt Rd City: Sewells Pt State: FL Zip: _____

Legal Description: Rio Vista LOT 62 Parcel Control Number: 12-38-41-002-000-00620-7

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** RE-ROOF FLAT ROOF

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: \$ 94200 -
(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: Dan Butler Roofing Inc Phone: 772-221-3252 Fax: _____

Qualifiers name: DAN BUTLER Street: 1620 SW Beverly Trl City: Stuart State: FL Zip: 34997

State License Number: CCC1326250 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: DAN Phone Number: 772-260-4828

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: 90059 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) 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. 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.

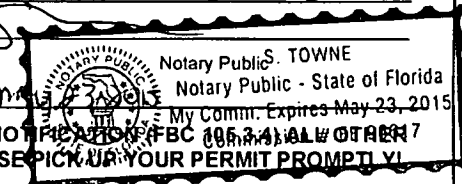
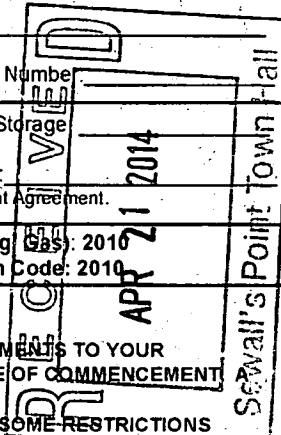
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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
Andrew Spencer
Notary Public State of Florida
Lynne Ellen Butcher
My Commission EG 839117
Expires 10/10/2016
State of Florida, County of: Martin
On This the 15 day of APRIL, 2014
by ANDREW SPENCER who is personally
known to me or produced DRIVERS LICENSE
As identification. Lynne Ellen Butcher
Notary Public
My Commission Expires: 10/10/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
Dan Butler
State of Florida, County of: Martin
On This the 21st day of April, 2014
by Dan Butler who is personally
known to me or produced FL Drivers License
As identification. _____
Notary Public: TOWNE
Notary Public - State of Florida
My Commission Expires: May 23, 2015

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION FBC 105.3.2 - PLEASE PICK UP YOUR PERMIT PROMPTLY
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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10835		
ADDRESS:	85 S SEWALL'S POINT ROAD		
DATE ISSUED:	4/23/2014	SCOPE OF WORK:	RE-ROOF - FLAT ROOF ONLY

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,200.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 3.00	\$ 300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	314.00

4-23-14 Pd Ck 7151
 PERMITS 836 & 835

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082101641

DATE	BATCH NUMBER	LICENSE NBR
08/21/2012	128047665	CCC1326250

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

BUTCHER, DANNY STEPHEN
DAN BUTCHER ROOFING INC
1620 SW BEVERLY TERRACE
STUART FL 34997

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT
HONORABLE RUTH PIETRUSZEWSKI, CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 1999-520-0006 CERT# CCC1326250
PHONE (772) 221-3252 SIC NO 238160
LOCATION:
1620 SW BEVERLY TER STU

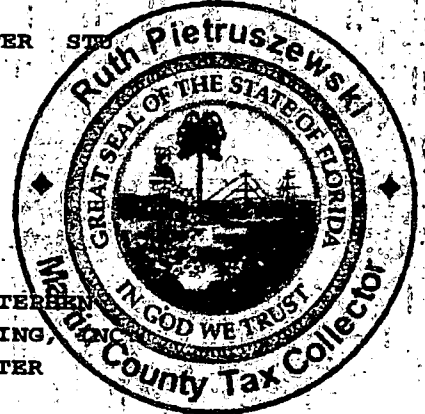
CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL		26.25	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF STATE CERTIFIED ROOFING CONTRACT
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF JULY 2013
AND ENDING SEPTEMBER 30, 2014

BUTCHER, DANNY STEPHEN
DAN BUTCHER ROOFING,
1620 SW BEVERLY TER
STUART, FL 34997



91 2012 03971.0001 26.25 PAID



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 4/4/2014 EXPIRATION DATE: 4/3/2016
PERSON: BUTCHER DANNY S
FEIN: 650970322

BUSINESS NAME AND ADDRESS:

DAN BUTCHER ROOFING INC

1620 SW BEVERLY TERRACE

STUART FL 34997

SCOPES OF BUSINESS OR TRADE:

LICENSED ROOFING
CONTRACTOR

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

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00620-7

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): R10 VISTA LOT 62, 85 S SEWALL'S POINT RD, SEWALL'S POINT

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

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

NAME: ANDREW R. SPENCER
ADDRESS: 85 S SEWALL'S POINT ROAD, STUART, FL 34996
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: DAN BUTCHER ROOFING INC.

ADDRESS: 1620 SW BEVERLY TERR STUART, FL 34997
PHONE NUMBER: 772-221-3232 FAX NUMBER: _____

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 IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Signature of Andrew Spencer
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

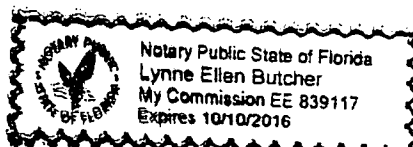
SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15 DAY OF APRIL, 2014

BY: ANDREW SPENCER AS OWNER FOR
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS RECORDED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION [checked] TYPE OF IDENTIFICATION PRODUCED D.I.

Signature of Lynne Ellen Butcher
NOTARY SIGNATURE/ SEAL



RECORDED 04/21/2014 09:56:26 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK
INSTR # 2450924
OR BK 2713 PG 1429



THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
CAROLYN TIMMANN, CLERK
BY DATE 4/21/14 D.C.



EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 Christian Street
Oxford, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 89408

Evaluation Report P9290.02.08-R10
FL1654-R12
Date of Issuance: 02/11/2008
Revision 10: 08/21/2013

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code. The product described herein has been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass SBS and APP Modified Bitumen Roof Systems

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity | ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 5, plus a 31-page Appendix.

Prepared by:

Robert J.M. Nieminen, P.E.

Florida Registration No. 59166, Florida DCA ANE1983

CERTIFICATION OF INDEPENDENCE:

1. Exterior Research & Design, LLC. d/b/a Trinity | ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Exterior Research & Design, LLC. d/b/a Trinity | ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 08/21/2013. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.



ROOFING SYSTEMS EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Modified Bitumen Roof Systems
Compliance Statement: Polyglass SBS and APP Modified Bitumen Roof Systems, as produced by Polyglass USA, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1504.3.1	Wind	FM 4474	2004
1504.7	Impact	FM 4470	1992
1507.11.2	Physical Properties	ASTM D6163	2000
1507.11.2	Physical Properties	ASTM D6164	2005
1507.11.2	Physical Properties	ASTM D6222	2002
1507.11.2	Physical Properties	ASTM D6509	2000

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST6049)	Physical Properties	P10490.10.08-2	10/30/2008
ERD (TST6049)	FM 4470/4474	P13760.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P13770.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P30540.11.09-R1	11/30/2009
ERD (TST6049)	FM 4470/4474	P30550.12.09	12/02/2009
ERD (TST6049)	Physical Properties	P33960.12.10	12/30/2010
ERD (TST6049)	FM 4470/4474	P33970.03.11	03/15/2011
ERD (TST6049)	Physical Properties	P37590.03.13-3A	03/06/2013
ERD (TST6049)	FM 4470/4474	P39680.03.13	03/04/2013
ERD (TST6049)	Physical Properties	P37590.03.13-1-R1	06/26/2013
ERD (TST6049)	Physical Properties	P37590.03.13-2-R1	07/01/2013
ERD (TST6049)	Physical Properties	P37590.07.13-2	07/01/2013
ERD (TST6049)	Physical Properties	P37590.03.13-5-R1	07/01/2013
ERD (TST6049)	Physical Properties	P37590.07.13-1	07/02/2013
ERD (TST6049)	FM 4470/4474	P41630.08.13	08/06/2013
FM Approvals (TST1867)	FM 4470	2W7A7.AM	08/04/1994
FM Approvals (TST1867)	FM 4470	0D3A3.AM	04/04/1997
FM Approvals (TST1867)	FM 4470	2D0A0.AM	12/23/1998
FM Approvals (TST1867)	FM 4470	2D5A9.AM	06/22/1999
FM Approvals (TST1867)	FM 4470	3006646	01/04/2000
FM Approvals (TST1867)	FM 4470	3001334	01/25/2000
FM Approvals (TST1867)	FM 4470	3001334	02/15/2000
FM Approvals (TST1867)	FM 4470	3000857	01/12/2000
FM Approvals (TST1867)	FM 4470	3004091	01/12/2000
FM Approvals (TST1867)	FM 4470	3006115	05/02/2001
FM Approvals (TST1867)	FM 4470	3012321	07/29/2002
FM Approvals (TST1867)	FM 4470	3014692	08/05/2003
FM Approvals (TST1867)	FM 4470	3014751	08/27/2003
FM Approvals (TST1867)	FM 4470	3007170	01/13/2004
FM Approvals (TST1867)	FM 4470	3019317	06/30/2004
FM Approvals (TST1867)	FM 4470	3020703	07/30/2004
FM Approvals (TST1867)	FM 4470/4474	3018332	01/31/2006
FM Approvals (TST1867)	FM 4470/4474	3023368	03/20/2006
FM Approvals (TST1867)	FM 4470/4474	3024594	05/23/2006
FM Approvals (TST1867)	FM 4470/4474	3023458	07/18/2006
FM Approvals (TST1867)	FM 4470/4474	3030668	09/12/2007
FM Approvals (TST1867)	FM 4470/4474	3032172	06/12/2009
PRI (TST5878)	Physical Properties	PUSA-062-02-01	12/04/2007



Entity	Examination	Reference	Date
PRI (TST5878)	Physical Properties	PUSA-061-02-02	01/28/2008
PRI (TST5878)	Physical Properties	PUSA-064-02-02	02/27/2008
PRI (TST5878)	Physical Properties	PUSA-062-02-02	12/04/2008
Miami-Dade (CER1592)	HVHZ Compliance	Various NOAs	Various
Miami-Dade (CER1592)	Proposal for Review	10-0823	10/12/2010
UL LLC (QUA9625)	Quality Control	Service Confirmation, R14571	Exp. 08/08/2015

4. PRODUCT DESCRIPTION:

This Evaluation Report covers Polyglass Modified Bitumen Roof Systems installed in accordance with Polyglass USA, Inc. published installation instructions and the Limitations / Conditions of Use herein. The following Polyglass membranes make up the subject systems.

Table 1: Roll-Goods for Polyglass Modified Bitumen Roof Systems				
Type	Product	Specification		
		Reference	Grade	Type
Base Sheets	Polyglass G2 Base	ASTM D4601	N/A	II
	Polyglass APP Base	ASTM D6509	N/A	N/A
SBS Membranes	Elastobase	ASTM D6163	S	I
	Elastoflex V	ASTM D6163	S	I
	Elastoflex SA V Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V FR Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V Plus	ASTM D6163	S	I
	Elastoflex SA V Plus FR	ASTM D6163	S	I
	Elastobase Poly	ASTM D6164	S	I
	Elastoflex S6	ASTM D6164	S	I
	Elastoflex S6 G	ASTM D6164	G	I
	Elastoflex S6 G FR	ASTM D6164	G	I
	Polyfresko MOP	ASTM D6164	S	I
	Polyfresko MOP FR	ASTM D6164	S	I
	Elastoshield TS G	ASTM D6164	G	I
	Elastoshield TS G FR	ASTM D6164	G	I
	Elastoflex SA P	ASTM D6164	G	I
	Elastoflex SA P FR	ASTM D6164	G	I
	Polyfresko SBS SAP	ASTM D6164	S	I
	Polyfresko SBS SAP FR	ASTM D6164	S	I
APP Membranes	Polyflex	ASTM D6222	S	I
	Polyflex G	ASTM D6222	G	I
	Polyflex G FR	ASTM D6222	G	I
	Polyfresko Torch	ASTM D6222	S	I
	Polyfresko Torch FR	ASTM D6222	S	I
	Polybond	ASTM D6222	S	I
	Polybond G	ASTM D6222	G	I
	Polyflex SA P	ASTM D6222	G	I
	Polyflex SA P FR	ASTM D6222	G	I
	Polyfresko APP SAP	ASTM D6222	S	I
	Polyfresko APP SAP FR	ASTM D6222	S	I
	Polykool	ASTM D6222	S	I
	Polybianko	ASTM D6222	S	I



5. LIMITATIONS:

- 5.1 This Evaluation Report Is not for use in HVHZ.
- 5.2 Refer to a current Roofing Materials Directory for fire ratings of this product.
- 5.3 For steel deck installations, foam plastic insulation shall be separated from the building interior in accordance with FBC 2603.4 unless the exceptions stated in FBC 2603.4.1 and 2603.6 apply.
- 5.4 Unless otherwise noted in Appendix 1, roof decking and its attachment shall be specified and installed to meet project design criteria to the satisfaction of the AHJ.
- 5.5 For recover installations, the existing roof shall be examined in accordance with FBC 1510.
- 5.6 For mechanically attached insulation or membrane or strip-bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16. Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
- 5.7 For fully-adhered insulation, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16. No rational analysis is permitted for these systems
- 5.8 For mechanically attached insulation or membrane over existing roof decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
- 5.9 For bonded insulation or membrane over existing substrates in a re-roof (tear off) or recover installation, the existing deck or existing roof surface shall be examined for compatibility with the adhesive to be installed. If any surface conditions exist that bring system performance into question, field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124 shall be conducted on mock-ups of the proposed new roof assembly.
- 5.10 For bonded insulation or membrane over existing substrates in a recover installation, the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or TAS 124.
- 5.11 Metal edge attachment (except gutters), shall be designed and installed for wind loads in accordance with FBC Chapter 16 and tested for resistance in accordance with ANSI/SPRI ES-1 or RAS 111, except the basic wind speed shall be determined from FBC Figure 1609.
- 5.12 All products in the roof assembly shall have quality assurance audit in accordance with the FBC and F.A.C. Rule 9N-3.

6. INSTALLATION:

- 6.1 Polyglass Modified Bitumen roof systems shall be installed in accordance with Polyglass USA, Inc. published installation instructions, subject to the Limitations / Conditions of Use noted herein.
- 6.2 System attachment requirements for wind load resistance are set forth in Appendix 1.



- 6.3 Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.
- > PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
 - > PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
 - > PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
 - > PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
 - > PG700 White Reflective Roof Coating;
 - > PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
 - > PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
 - > Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
 - > Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
 - > Polybrite 70 White Elastomeric Roof Coating.

7. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

8. MANUFACTURING PLANTS:

Contact the noted QA agency for information on product locations covered for F.A.C. Rule 9N-3 QA requirements

9. QUALITY ASSURANCE ENTITY:

UL LLC - QUA9625; (314) 578-3406, k.chancellor@us.ul.com

- THE 31-PAGES THAT FOLLOW FORM PART OF THIS EVALUATION REPORT -



APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

Table	Deck	Application	Type	Description	Page
1A-1	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	4-5
1A-2	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	6
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	7
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	7
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	8
1E	Wood	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	9-11
1F	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	11
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	12
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	13
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	14
3A-1	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	15-18
3A-2	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Temporary Roof, Bonded Insulation, Bonded Roof Cover	18-19
3B	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	19
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	20-21
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	21
4C	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	22-24
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	25
5B	CWF	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	26
5C	CWF	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	27
5D	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	27
5E	CWF	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	27
6A	Gypsum	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	28
6B	Gypsum	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	28-29
6C	Gypsum	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	29
6D	Gypsum	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	29
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	30-31
7B	Various	Recover	F	Non-Insulated, Bonded Base Sheet, Bonded Roof Cover	31

The following notes apply to the systems outlined herein:

- Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
 - Wood: Minimum 0.75-inch penetration.
 - Steel: Minimum 0.75-inch penetration and engage the top flute of the steel deck.
 - Concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.
- Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, DensDeck, DensDeck Prime, DensDeck DuraGuard, SECUROCK Gypsum-Fiber Roof Board or SECUROCK Glass-Mat Roof Board that meets the QA requirements of F.A.C. Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.6, when installed with the roof cover.

4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
5. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
 - > HA (HA): Full coverage at 25-30 lbs/square.
 - > Dow Insta-Stik Roofing Adhesive (D-IS): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
 - > Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
 - > OMG OlyBond 500 (OB500): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). *Note: OlyBond Green may be used where OlyBond 500 is referenced.*
 - > OlyBond Classic (OB Classic): Full coverage at 1 gal/square.
 - > 3M CR-20: Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c. *Note: TITSEET may be used where CR-20 is referenced.*
 - > *Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.*
 - > *Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.*
6. Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:
 - > Millennium One Step Foamable Adhesive (M-OSFA): MDP -157.5 psf (Min. 0.5-inch thick)
 - > OMG OlyBond 500 (OB500): MDP -45.0 psf (Min. 0.5-inch thick Multi-Max FA-3)
 - > OMG OlyBond 500 (OB500): MDP -187.5 psf (Min. 0.5-inch thick ISO 95+ GL)
 - > OMG OlyBond 500 (OB500): MDP -315.0 psf (Min. 0.5-inch thick ENRGY 3)
 - > OMG OlyBond 500 (OB500): MDP -487.5 psf (Min. 0.5-inch thick ACFoam II)
 - > 3M CR-20: MDP -117.5 psf (Min. 1.0-inch thick)
7. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
8. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
9. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
10. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
11. For existing substrates in a bonded recover installation, the existing roof system shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.

13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

TABLE 1: POLYGLASS ROOF COVERS			
Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	Polyglass G2 Base, FBC Approved ASTM D4601, Type II	HA at 20-40 lbs/square
	Ply	FBC Approved ASTM D2178, Type IV or VI or ASTM D4601, Type II	
SBS-AA (SBS, Asphalt-Applied)	Base or Ply	Elastobase, Elastobase Poly, Elastoflex V, Elastoflex S6	HA at 20-40 lbs/square
	Cap	Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-TA (SBS, Torch-Applied)	Base or Ply	Elastoflex V, Elastoflex S6	Torch-Applied
	Cap	Elastoflex V, Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-SA (SBS, Self-Adhering)	Base	Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering
	Cap	Elastoflex SA P, Elastoflex SA P FR, Polyfresko SBS SAP, Polyfresko SBS SAP FR	
APP-TA (APP, Torch-Applied)	Base or Ply	Polyglass APP Base, Polyflex, Polybond	Torch-Applied
	Cap	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko Torch, Polyfresko Torch FR	
APP-SA (APP, Self-Adhering)	Cap	Polyflex SA P, Polyflex SA P FR, Polyfresko APP SAP, Polyfresko APP SAP FR, Polykool, Polyblanko	Self-Adhering

14. Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.

- > PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
- > PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
- > PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
- > PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
- > PG700 White Reflective Roof Coating;
- > PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
- > PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
- > Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
- > Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
- > Polybrite 70 White Elastomeric Roof Coating.

15. The following represent priming requirements for gypsum-based coverboards:

- > DensDeck and DensDeck Prime shall be field-primed with PG100 prior to self-adhering or torch-applied membrane application. No priming is required for hot-asphalt membrane applications.
- > SECUROCK Gypsum-Fiber Roof Board or DensDeck DuraGuard do not require field priming for any membrane application.

16. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design wind loads.

**TABLE 1A-1: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
W-1	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289 polyiso	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA or SBS-AA	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-52.5
W-2	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289 polyiso	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-3	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289 polyiso	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA or SBS-AA	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-60.0
W-4	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289 polyiso	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
W-5	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	32 ga., 1-5/8-inch diameter tin caps with 12 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	Min. 2-inch ACFoam II, III, H-Shield, H-Shield CG, Multi-Max FA3 or ENRGY-3	D-IS, OB500, CR-20 or M-OSFA, atop fastener rows, 7-inch o.c.	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	D-IS, OB500, CR-20 or M-OSFA	BP-AA or SBS-AA	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-60.0



**TABLE 1A-1: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
W-6	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	32 ga., 1-5/8-inch diameter tin caps with 12 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	Min. 2-inch ACfoam II, III, H-Shield, H-Shield CG, Multi-Max FA3 or ENRGY-3	D-IS, OB500, CR-20 or M-OSFA, atop fastener rows, 7-inch o.c.	(Optional) Additional layers of base insulation	D-IS, OB500, CR-20 or M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0

**TABLE 1A-2: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
W-7	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289, type II polyisocyanurate	HA	Min. 0.25-Inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-Inch Fesco Board (homogeneous) or min. 0.5-Inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA or SBS-AA	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-52.5
W-8	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-Inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289, type II polyisocyanurate	HA	Min. 0.25-Inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-9	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	OMG Flat Bottom Plates (square) with Roofgrip #12	12-Inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289, type II polyisocyanurate	HA	Min. 0.25-Inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-Inch Fesco Board (homogeneous) or min. 0.5-Inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA or SBS-AA	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-60.0
W-10	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	OMG Flat Bottom Plates (square) with Roofgrip #12	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) FBC Approved, ASTM C1289, type II polyisocyanurate	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0



TABLE 1B: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER										
SYSTEM TYPE B: MECHANICALLY ATTACHED BASE INSULATION, BONDED TOP INSULATION, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Base Insulation Layer			Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Base	Ply	Cap	
W-11	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #12 or TruFast MP-3 with TruFast DP	1 per 1.33 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional If using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-12	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #12 or TruFast MP-3 with TruFast DP	1 per 1.33 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0

TABLE 1C: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER										
SYSTEM TYPE C: MECHANICALLY ATTACHED INSULATION, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Base Insulation Layer	Top Insulation Layer			Roof Cover			MDP (psf)	
			Type	Fasten	Attach	Base	Ply	Cap		
W-13	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	(Optional) One or more layers, any combination, loose laid	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation or min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	Dekfast Galvalume Steel Hex with Dekfast #12 DP	1 per 1.33 ft ²	(Optional If using AA Ply) BP-AA, SBS-AA	(Optional If using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5	
W-14	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails	(Optional) One or more layers, any combination, loose laid	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation or min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	Dekfast Galvalume Steel Hex with Dekfast #12 DP	1 per 1.33 ft ²	(Optional If using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-67.5	
W-15	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	(Optional) One or more layers, any combination, loose laid	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation or min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	Dekfast Galvalume Steel Hex with Dekfast #12 DP	1 per 1.33 ft ²	(Optional If using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-82.5	
W-16	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	(Optional) One or more layers, any combination, loose laid	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Galvalume Steel Hex with Dekfast #12 DP or TruFast MP-3 with TruFast DP	1 per 1.33 ft ²	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-82.5	

**TABLE 1D: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER
SYSTEM TYPE D: PRELIMINARILY ATTACHED INSULATION, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Insulation Layer(s)		Base Sheet			Roof Cover		MDP (psf)
		Type	Attach	Base	Fasten	Attach	Ply	Cap	
W-17	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	One or more layers, any combination	Prelim. Attached	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-18	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-19	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly	OMG Flat Bottom Plates (square) with Roofgrip #12	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0
W-20	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #12	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0

**TABLE 1E: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasten	Attach	Ply	Cap	
W-21	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-22	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-23	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-24	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-25	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
W-26	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d common nails	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
W-27	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Polyglass APP Base	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) SBS-SA, APP-SA or APP-TA	SBS-SA, APP-SA or APP-TA	-52.5
W-28	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with poly top surface)	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) SBS-SA or APP-SA	SBS-SA or APP-SA	-52.5
W-29	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	Original Simplex Cap Nails (1-inch metal head diameter, 11 gauge x min. 1.25-inch long annular grooved shank)	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-30	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0

**TABLE 1E: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasten	Attach	Ply	Cap	
W-31	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
W-32	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	OMG Flat Bottom Plates (square) with Roofgrip #12	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0
W-33	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 8d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #12	12-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
W-34	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	6-inch o.c. at 2-inch lap and 6-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-90.0
W-35	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Polyglass APP Base	OMG #12 Standard Roofgrip or OMG #14 Heavy Duty (min. 1-5/8-inch long) with OMG 3" Round Metal Plates or OMG Flat Bottom Metal Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-90.0
W-36	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	OMG #12 Standard Roofgrip or OMG #14 Heavy Duty (min. 1-5/8-inch long) with OMG 3" Round Metal Plates or OMG Flat Bottom Metal Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-90.0
W-37	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	Trufast #12 DP or Trufast #14 HD (min. 1-5/8-inch long) with Trufast 3" Metal Insulation Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows	(Optional) BP-AA or SBS-AA	SBS-AA	-90.0
W-38	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails.	4-inch o.c. in 4-inch lap and 4-inch o.c. in four, equally spaced, staggered center rows	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-97.5
W-39	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase	Simplex MAXX Cap	6-inch o.c. at 2-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-105.0

**TABLE 1E: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasten	Attach	Ply	Cap	
W-40	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-112.5
W-41	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails. Note: Tin caps are to be primed with PG100 or ASTM D41 primer.	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) One or more SBS-SA (no Elastoflex SA V Base or Elastoflex SA V FR Base), SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-112.5
W-42	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Polyglass APP Base	OMG #12 Standard Roofgrip or OMG #14 Heavy Duty (min. 1-5/8-inch long) with OMG 3" Round Metal Plates or OMG Flat Bottom Metal Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in five, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-120.0
W-43	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	OMG #12 Standard Roofgrip or OMG #14 Heavy Duty (min. 1-5/8-inch long) with OMG 3" Round Metal Plates or OMG Flat Bottom Metal Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in five, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-120.0
W-44	Min. 15/32-inch thick exterior grade plywood attached per Code to meet pressure requirements.	Elastobase (with sand top surface)	Trufast #12 DP or Trufast #14 HD (min. 1-5/8-inch long) with Trufast 3" Metal Insulation Plates	6-inch o.c. at 4-inch lap and 6-inch o.c. in five, equally spaced, staggered center rows	(Optional) BP-AA or SBS-AA	SBS-AA	-120.0

**TABLE 1F: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE F: NON-INSULATED, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Roof Cover				MDP (psf)
			Joint Treatment	Base	Ply	Cap	
W-45	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d ring shank nails	(Optional) PG100	None	SBS-SA	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-90.0
W-46	Min. 15/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #12 screws	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Base or Elastoflex SA V FR Base	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-97.5
W-47	Min. 15/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #12 screws	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-135.0

**TABLE 2A: STEEL OR CONCRETE DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER
SYSTEM TYPE B: MECHANICALLY ATTACHED BASE INSULATION, BONDED TOP INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Insulation Layer			Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Base	Ply	Cap	
SC-1.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #14, Trufast MP-3 with Trufast HD or OMG 3-inch Galv Plate with OMD HD	1 per 2 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*
SC-2.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	Min. 2-inch ACFoam II, ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #14, Trufast MP-3 with Trufast HD or OMG 3-inch Galv Plate with OMD HD	1 per 4 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*
SC-3.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	1 per 1.33 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-90.0
SC-4.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	1 per 1.33 ft ²	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA, SBS-AA (Top surface primed with PG100 primer)	One or more layers, SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-90.0

**TABLE 2B: STEEL OR CONCRETE DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) or RECOVER
SYSTEM TYPE C: MECHANICALLY ATTACHED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Insulation Layer	Top Insulation Layer			Roof Cover			MDP (psf)
			Type	Fasten	Attach	Base	Ply	Cap	
SC-5.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	(Optional) One or more layers, any combination, loose laid	Min. 0.5-inch SECUROCK Gypsum-Fiber Roof Board	OMG 3-inch Galvalume Steel Plate with OMG #14 HD	1 per 1.78 ft ²	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-75.0
SC-6.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination, loose laid	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation or min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	Dekfast Galvalume Steel Hex with Dekfast #12 (steel only) or #14 or TruFast MP-3 with TruFast DP (steel only) or HD	1 per 1.33 ft ²	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-82.5
SC-7.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	(Optional) One or more layers, any combination, loose laid	Min. 1.5-inch ENRGY 3, H-Shield or Polytherm	Dekfast Galvalume Steel Hex with Dekfast #12 (steel only) or #14 or TruFast MP-3 with TruFast DP (steel only) or HD	1 per 1.33 ft ²	SBS-SA	(Optional) One or more SBS-AA, SBS-TA, SBS-SA or APP-TA	SBS-AA, SBS-TA, SBS-SA, APP-TA, APP-SA	-82.5

TABLE 2C: STEEL OR CONCRETE DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER
SYSTEM TYPE D: PRELIMINARILY ATTACHED INSULATION, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER
NOTE: INSULATION IS OPTIONAL FOR RECOVER APPLICATIONS

System No.	Deck (See Note 1)	Insulation Layer(s)		Base Sheet			Roof Cover		MDP (psf)
		Type	Attach	Base	Fasten	Attach	Ply	Cap	
SC-8.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Elastobase, Elastobase Poly or JM Perma-Ply 28	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. In 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*
SC-9.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Elastobase, Elastobase Poly, Polyglass G2 Base, CertainTeed Glasbase, Firestone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. In 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
SC-10.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #14, Dekfast Hex with Dekfast #14 or TruFast MP-3 with TruFast HD	12-inch o.c. In 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5
SC-11.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly	OMG Flat Bottom Plates (square) with Roofgrip #12 (steel only) or #14	12-inch o.c. In 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-60.0
SC-12.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Elastobase or Elastobase Poly with poly top surface	OMG Flat Bottom Plates (square) with Roofgrip #12 (steel only) or #14	12-inch o.c. In 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
SC-13.	Min. 22 ga., type B, Grade 80 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Polyflex	Dekfast Isofast IF-2.375-AT Plates with Dekfast #15 HS	12-inch o.c. In the 5-inch wide, heat-welded side lap	(Optional) APP-TA	SBS-TA, APP-TA	-82.5
SC-14.	Min. 22 ga., type B, Grade 80 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Polybond or Polyflex	Trufast 2.4 in. Barbed Seam Plates with Trufast EHD Fasteners	12-inch o.c. In the 6-inch wide, heat-welded side lap	(Optional) APP-TA	SBS-TA, APP-TA	-82.5
SC-15.	Min. 22 ga., type B, Grade 33 steel or min. 2,500 psi structural concrete	One or more layers, any combination	Prelim. Attached	Polybond, Polyflex	Dekfast Hex with Dekfast #14 or OMG Flat Bottom Plates with OMG Roofgrip #14	12-inch o.c. in the 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-112.5

**TABLE 3A-1: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
			Type	Attach	Type	Attach	Base	Ply	Cap	
SELF-ADHERING SYSTEMS WITH BASE INSULATION AND OPTIONAL TOP INSULATION OF THE SAME TYPE:										
C-1	Concrete	(Optional) PG100	Min. 1.5-Inch H-Shield or Multi-Max FA3	D-IS	(Optional) additional layers(s) of base insulation	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-67.5
C-2	Concrete	(Optional) PG100	Min. 1.5-Inch ACFoam II or ENRGY 3	D-IS	(Optional) additional layers(s) of base insulation	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-135.0
C-3	Concrete	None	Min. 1.5-Inch, min. 1.5 pcf EPS Insulation board	D-IS	(Optional) additional layers of base insulation	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-157.5
C-4	Concrete	None	Min. 1.5-Inch, min. 2.0 pcf EPS Insulation board	OB500	(Optional) additional layers of base insulation	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-120.0
C-5	Concrete	None	Min. 1.5-Inch ENRGY 3	OB500	(Optional) additional layers(s) of base insulation	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-127.5
C-6	Concrete	None	Min. 1.5-Inch ACFoam II, or H-Shield	OB500	(Optional) additional layers(s) of base insulation	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-150.0
C-7	Concrete	None	Min. 1.5-Inch ACFoam II, ENRGY 3, H-Shield or Multi-Max FA3	M-OSFA	(Optional) additional layers(s) of base insulation	M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-232.5
C-8	Concrete	None	Min. 1.5-Inch, min. 2.0 pcf EPS Insulation board	CR-20	(Optional) additional layers of base insulation	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
C-9	Concrete	None	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG, Multi-Max FA3, or ISO 95+ GL	CR-20	(Optional) additional layers(s) of base insulation	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-270.0
C-10	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	OB Classic	(Optional) additional layers(s) of base insulation	OB Classic	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-270.0
C-11	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	(Optional) additional layers(s) of base insulation	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-480.0
SELF-ADHERING SYSTEMS WITH BASE INSULATION AND COVERBOARD:										
C-12	Concrete	None	Min. 1.5-Inch Multi-Max FA3	D-IS	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-67.5

**TABLE 3A-1: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
			Type	Attach	Type	Attach	Base	Ply	Cap	
C-13	Concrete	None	Min. 1.5-inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene	D-IS	Min. 0.25-inch DensDeck, DensDeck Prime	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-120.0
C-14	Concrete	None	Min. 2-Inch ACFoam II, ENRGY-3 or H-Shield	D-IS	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-247.5
C-15	Concrete	None	Min. 1.5-inch ENRGY 3	OB500	Min. 0.25-Inch DensDeck, DensDeck Prime	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-127.5
C-16	Concrete	None	Min. 1.5-Inch ACFoam II, H-Shield or ISO 95+GL	OB500	Min. 0.25-Inch DensDeck, DensDeck Prime	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-150.0
C-17	Concrete	None	Min. 2-Inch ACFoam II, ENRGY-3 or H-Shield	OB500	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-247.5
C-18	Concrete	None	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or Multi-Max FA3	M-OSFA	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-232.5
C-19	Concrete	None	Min. 2-Inch ACFoam II, ENRGY-3 or H-Shield	M-OSFA	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-247.5
C-20	Concrete	None	Min. 1.5-Inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene	CR-20	Min. 0.25-Inch DensDeck, DensDeck Prime	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
C-21	Concrete	None	Min. 2-Inch ACFoam IV, min. 1.5-inch Ultra-Max or Multi-Max FA-3, min. 1.3-inch ACFoam III or min. 1.0-Inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3	CR-20	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
C-22	Concrete	None	Min. 2-Inch ACFoam II, ENRGY-3 or H-Shield	CR-20	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-247.5
C-23	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	OB Classic	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB Classic	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-350.0
C-24	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	HA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-350.0

ASPHALT AND/OR TORCH APPLIED SYSTEMS:

**TABLE 3A-1: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
			Type	Attach	Type	Attach	Base	Ply	Cap	
C-25	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	D-IS	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	D-IS	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-26	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	D-IS	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	D-IS	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5
C-27	Concrete	None	Min. 2-inch ACFoam II or H-Shield	OB500	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-28	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	OB500	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	OB500	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5
C-29	Concrete	None	Min. 2-inch ACFoam II or H-Shield	M-OSFA	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-30	Concrete	None	Min. 2-Inch ACFoam II or H-Shield	M-OSFA	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5
C-31	Concrete	None	Min. 2-Inch ACFoam IV, min. 1.5-Inch Ultra-Max or Multi-Max FA-3, min. 1.3-Inch ACFoam III or min. 1.0-Inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3	CR-20	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	CR-20	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-32	Concrete	None	Min. 2-Inch ACFoam IV, min. 1.5-Inch Ultra-Max or Multi-Max FA-3, min. 1.3-Inch ACFoam III or min. 1.0-Inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3	CR-20	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	CR-20	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5
C-33	Concrete	None	(Optional) Min. 2-Inch ACFoam II or H-Shield	OB Classic	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	OB Classic	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-34	Concrete	None	(Optional) Min. 2-Inch ACFoam II or H-Shield	OB Classic	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	OB Classic	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5
C-35	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	HA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
C-36	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.25-Inch SECUROCK Gypsum-Fiber Roof Board	HA	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5

TABLE 3A-1: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF) SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Primer	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
			Type	Attach	Type	Attach	Base	Ply	Cap	
C-37	Concrete	PG100	Min. 0.75-Inch Fesco Board (homogeneous)	HA	None	N/A	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-277.5
C-38	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.75-Inch Fesco Board (homogeneous)	HA	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-290.0
C-39	Concrete	PG100	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	None	N/A	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-285.0
C-40	Concrete	PG100	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.5-Inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-480.0
C-41	Concrete	PG100	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	HA	Min. 0.25-Inch DensDeck Prime	HA	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-480.0
C-42	Concrete	PG100	Min. 0.25-Inch DensDeck Prime	HA	None	N/A	(Optional if using AA Ply) One or more BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-510.0

TABLE 3A-2: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF) SYSTEM TYPE A-1: BONDED TEMP ROOF, BONDED INSULATION, BONDED ROOF COVER											
System No.	Deck (See Note 1)	Primer	Temp Roof	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
				Type	Attach	Type	Attach	Base	Ply	Cap	
C-43	Conc	PG100	Elastoflex SA V Plus	Min. 1.5-Inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene or Min. 1.5-Inch ACFoam II, ENRGY-3, H-Shield or Multi-Max FA3	D-IS	(Optional if using polyisocyanurate base insulation) Min. 0.25-Inch DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
C-44	Conc	PG100	Elastoflex SA P or Polyglass Base (torched)	Min. 1.5-inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene or Min. 1.5-inch ACFoam II or ENRGY 3	D-IS	(Optional if using polyisocyanurate base insulation) Min. 0.25-Inch DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-75.0

**TABLE 3A-2: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED TEMP ROOF, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Temp Roof	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
				Type	Attach	Type	Attach	Base	Ply	Cap	
C-45	Conc	PG100	Elastoflex SA V Plus	Min. 1.5-inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene or Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG, Multi-Max FA3 or ISO 95+GL	CR-20	(Optional if using polyisocyanurate base insulation) Min. 0.25-inch DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
C-46	Conc	PG100	Polyglass Base, (torched)	Min. 1.5-inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene or Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG, Multi-Max FA3 or ISO 95+GL	CR-20	(Optional if using polyisocyanurate base insulation) Min. 0.25-inch DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-75.0
C-47	Conc	PG100	Elastoflex SA P	Min. 1.5-inch, min. 2.0 pcf ASTM C578 Expanded Polystyrene	CR-20	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
C-48	Conc	PG100	Elastoflex SA P	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG, Multi-Max FA3 or ISO 95+GL	CR-20	(Optional) Additional layers of base insulation	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-250.0
C-49	Conc	PG100	Elastoflex SA P	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, H-Shield, H-Shield CG, Multi-Max FA3 or ISO 95+GL	CR-20	Min. 0.5-inch Temple HD6 or Structodek High Density Fiberboard Roof Insulation or min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-270.0

**TABLE 3B: CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE F: NON-INSULATED, BONDED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Primer	Roof Cover			MDP (psf)
			Base	Ply	Cap	
C-50	Concrete	PG100	SBS-SA	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-315.0
C-51	Concrete	PG100	BP-AA (Optional if using asphalt applied Ply)	(Optional if using asphalt applied Base) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-622.5

**TABLE 4A: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Base Insulation Layer		Coverboard		Roof Cover			MDP (psf)
	Struct. Deck	LWC	Type	Attach	Type	Attach	Base	Ply	Cap	
SELF-ADHERING SYSTEMS WITH BASE INSULATION AND OPTIONAL TOP INSULATION OF THE SAME TYPE:										
LWC-1	Concrete	Min. 200 psi, min 2-inch Elastzell	Min. 1.5-inch, min. 2.0 pcf ASTM C578 expanded polystyrene	OB500	(Optional) Additional layers of base insulation	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-120.0
LWC-2	Concrete	Min. 200 psi, min 2-inch Elastzell	Min. 1.5-inch ACFoam II, ENRGY 3, ISO 95+ GL or H-Shield	OB500	(Optional) Additional layers of base insulation	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-225.0
LWC-3	Concrete	Min. 200 psi, min. 2-inch Elastzell	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	(Optional) Additional layers of base insulation	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-180.0
LWC-4	Concrete	Min. 200 psi, min. 2-inch Celcore or Mearlcrete	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	(Optional) Additional layers of base insulation	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-222.5
SELF-ADHERING SYSTEMS WITH BASE INSULATION AND COVERBOARD:										
LWC-5	Concrete	Min. 200 psi, min 2-inch Elastzell	Min. 1.5-inch, min. 2.0 pcf ASTM C578 expanded polystyrene	OB500	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-120.0
LWC-6	Concrete	Min. 200 psi, min 2-inch Elastzell	Min. 1.5-inch ACFoam II, ENRGY 3, ISO 95+ GL or H-Shield	OB500	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-225.0
LWC-7	Concrete	Min. 200 psi, min. 2-inch Elastzell	Min. 1.5-Inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-180.0
LWC-8	Concrete	Min. 200 psi, min. 2-inch Celcore or Mearlcrete	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-222.5
ASPHALT AND/OR TORCH APPLIED SYSTEMS:										
LWC-9	Concrete	Min. 200 psi, min 2-inch Elastzell	Min. 1.5-Inch ACFoam II, ENRGY 3, ISO 95+ GL or H-Shield	OB500	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	BP-AA, SBS-AA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-225.0

**TABLE 4A: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Base Insulation Layer		Coverboard		Roof Cover			MDP (psf)
	Struct. Deck	LWC	Type	Attach	Type	Attach	Base	Ply	Cap	
LWC-10	Concrete	Min. 200 psi, min. 2-inch Elastzell	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	BP-AA, SBS-AA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-180.0
LWC-11	Concrete	Min. 200 psi, min. 2-inch Celcore or Mearlcrete	Min. 1.5-inch ACFoam II, ACFoam III, ENRGY 3, ISO 95+ GL, H-Shield, H-Shield CG, Multi-Max FA3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	BP-AA, SBS-AA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-222.5

**TABLE 4B: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
	Struct	LWC	Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
LWC-12	Min. 22 ga., Type B, vented steel at max. 5 ft spans	Min. 300 psi Approved cellular LWC	GAFGLAS #75	OMG CR BSF	7-inch o.c. at 4-inch lap and 7-inch o.c. in two, equally spaced center rows	(Optional) Min. 1.5-inch ACFoam II, H-Shield, Multi-Max FA3 or Polytherm	HA	Min. 1.5-inch Thermarroof Composite, Polytherm Composite, or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation or min. 0.75-inch Fesco Board (homogeneous)	HA	(Optional If using AA Ply) BP-AA, SBS-AA	(Optional If using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0
LWC-13	Min. 22 ga., Type B, vented steel at max. 5 ft spans	Min. 300 psi Approved cellular LWC	GAFGLAS #75	OMG CR BSF	7-inch o.c. at 4-inch lap and 7-inch o.c. in two, equally spaced center rows	Min. 1.5-inch ACFoam II, H-Shield, Multi-Max FA3 or Polytherm	HA	None	N/A	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-45.0

**TABLE 4C: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Base Sheet (See Note A below)			Roof Cover		MDP (psf)
	Structural Deck	Lightweight Concrete	Type (See Note A)	Fasten	Attach	Ply	Cap	
'GENERIC' CELLULAR LIGHTWEIGHT INSULATING CONCRETE:								
LWC-14	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick cellular LWC. <i>Note: To qualify the LWIC under this assembly, an OMG CR BPF shall achieve an average withdrawal of 53 lbf when tested per TAS 105 or ANSI/SPRI FX-1</i>	B3	OMG CR BPF	7-inch o.c. in a 3-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	(Optional) One or more BP-AA, SBS-AA	SBS-AA, APP-TA	-45.0
CELCORE CELLULAR LIGHTWEIGHT INSULATING CONCRETE:								
LWC-15	Min. 0.0179-inch Tensiform S-75 or min. 0.0205-inch Tensiform 75 at max. 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Celcore	B1, B2, B3 or B7	ES FM-90 or OMG CR BPF	8-inch o.c. in a 3-inch lap and 16-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-37.5
LWC-16	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Celcore	B1 through B12	ES FM-90 or OMG CR BPF	7-inch o.c. in a 3-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-45.0
LWC-17	Min. 26 ga., type HF steel at max 5 ft spans or structural concrete	Min. 225 psi, min. 2-inch thick Celcore MF	B1, B2, B3, B4, B7, B8, B10, B11 or B12	OMG CR BPF	9-inch o.c. in a 3-inch lap and 9-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-45.0
LWC-18	Min. 22 ga., type B steel at max 6 ft spans or structural concrete	Min. 225 psi, min. 2-inch thick Celcore MF	B1, B2, B3, B4, B7, B8, B10, B11 or B12	OMG CR BPF	7-inch o.c. in a 3-inch lap and 14-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-45.0
LWC-19	Min. 22 ga., type B steel at max 6 ft spans or structural concrete	Min. 225 psi, min. 2-inch thick Celcore MF	B1, B2, B3, B4, B7, B8, B10, B11 or B12	OMG CR BPF	9-inch o.c. in a 3-inch lap and 9-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-45.0
LWC-20	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 225 psi, min. 2-inch thick Celcore MF	B1 or B2	ES Twin Loc-Nail	9-inch o.c. in a 4-inch lap and 18-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, or APP-TA	-45.0
LWC-21	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 225 psi, min. 2-inch thick Celcore MF	B2 (with poly-film top surface)	ES Twin Loc-Nail	9-inch o.c. in a 4-inch lap and 18-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-45.0
LWC-22	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Celcore MF	B2	ES FM-90	8-inch o.c. in a 4-inch lap and 8-inch o.c. in three equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, or APP-TA	-60.0

**TABLE 4C: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Base Sheet (See Note A below)			Roof Cover		MDP (psf)
	Structural Deck	Lightweight Concrete	Type (See Note A)	Fasten	Attach	Ply	Cap	
LWC-23	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Celcore MF	B2 (with poly-film top surface)	ES FM-90	8-Inch o.c. in a 4-Inch lap and 8-Inch o.c. in three equally spaced, staggered center rows	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
LWC-24	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Celcore	B1 through B12	ES FM-90 or OMG CR BPF	7-inch o.c. in a 3-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-75.0
LWC-25	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Celcore MF	Elastobase Poly	ES FM-260	10-inch o.c. in a 4-inch lap and 10-inch o.c. in three equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-90.0
ELASTIZELL CELLULAR LIGHTWEIGHT INSULATING CONCRETE:								
LWC-26	Min. 0.0179-inch Tensiform S-75 or min. 0.0205-inch Tensiform 75 at max. 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Elastizell Range II	B1 through B12	ES FM-90 or OMG CR BPF	7.5-inch o.c. in a 3-inch lap and 7.5-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA, SBS-TA, or APP-TA	SBS-AA, SBS-TA, or APP-TA	-30.0
LWC-27	Min. 0.0179-inch Tensiform S-75 or min. 0.0205-inch Tensiform 75 at max. 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Elastizell Range II	B2 (with poly-film top surface)	ES FM-90 or OMG CR BPF	7.5-inch o.c. in a 3-inch lap and 7.5-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-30.0
LWC-28	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Elastizell Range II	B1 through B12	ES FM-90 or OMG CR BPF	7-inch o.c. in a 3-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA, SBS-TA, or APP-TA	SBS-AA, SBS-TA, or APP-TA	-45.0
LWC-29	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Elastizell Range II	B2 (with poly-film top surface)	ES FM-90 or OMG CR BPF	7-inch o.c. in a 3-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-45.0
LWC-30	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 350 psi, min. 2-inch thick Elastizell with Zell-Crete Fibers, supplemental attached with Roofgrip #21 and 3-inch plates at 1 per 8 ft ²	B2	ES Twin Loc-Nails (min. 1.8-inch)	6-inch o.c. in a 4-inch lap and 6-inch o.c. in three, equally spaced, staggered rows in the field of the sheet	One or more BP-AA or SBS-AA	SBS-AA, SBS-TA, SBS-SA, APP-TA or APP-SA	-60.0
LWC-31	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 350 psi, min. 2-inch thick Elastizell with Zell-Crete Fibers, supplemental attached with Roofgrip #21 and 3-inch plates at 1 per 8 ft ²	B2 (with poly-film top surface)	ES Twin Loc-Nails (min. 1.8-inch)	6-inch o.c. in a 4-inch lap and 6-inch o.c. in three, equally spaced, staggered rows in the field of the sheet	SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-60.0
MEARLCRETE CELLULAR LIGHTWEIGHT INSULATING CONCRETE:								

**TABLE 4C: LIGHTWEIGHT CONCRETE DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)		Base Sheet (See Note A below)			Roof Cover		MDP (psf)
	Structural Deck	Lightweight Concrete	Type (See Note A)	Fasten	Attach	Ply	Cap	
LWC-32	Min. 24 ga., type B steel at max 5 ft spans or structural concrete	Min. 200 psi, min. 2-inch thick Mearlcrete	B1 through B12	ES FM-90 or OMG CR BPF	7.5-inch o.c. in a 3-inch lap and 10-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA	SBS-AA	-30.0
LWC-33	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Mearlcrete	B1, B2 or B12	ES FM-90 or OMG CR BPF	7-inch o.c. in a 4-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA, SBS-TA, or APP-TA	SBS-AA, SBS-TA, or APP-TA	-45.0
LWC-34	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Mearlcrete	B2 (with poly-film top surface)	ES FM-90 or OMG CR BPF	7-inch o.c. in a 4-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-45.0
LWC-35	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Mearlcrete	B1, B2, B3, B7 or B11	ES FM-90 or OMG CR BPF	7-inch o.c. in a 4-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more BP-AA, SBS-AA, SBS-TA, or APP-TA	SBS-AA, SBS-TA, or APP-TA	-52.5
LWC-36	Min. 22 ga., type B steel at max 5 ft spans or structural concrete	Min. 300 psi, min. 2-inch thick Mearlcrete	B2 (with poly-film top surface)	ES FM-90 or OMG CR BPF	7-inch o.c. in a 4-inch lap and 7-inch o.c. in two, equally spaced, staggered rows in the field of the sheet	One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-52.5

A. Base Sheets options are coded as follows:

- > B1: Polyglass G2 Base;
- > B2: Elastobase or Elastobase Poly;
- > B3: GAFGLAS #75;
- > B4: Stratavent Eliminator Venting Base Sheet (Nailable);
- > B5: GAFGLAS Ply 4;
- > B6: GAFGLAS FlexPly 6;
- > B7: JM Perma Ply No. 28;
- > B8: JM Vensulation;
- > B9: JM GlasPly IV;
- > B10: JM GlasPly Premier;
- > B11: Tamko Glass-Base;
- > B12: Tamko Vapor-Chan



**TABLE 5A: CEMENTITIOUS WOOD FIBER DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Attach	Type	Attach	Base	Ply	Cap	
CWF-1	Min. 2.5-Inch Tectum Plank or Tectum LS Plank	Min. 1.5-Inch ACFoam II, ISO 95+GL, H-Shield, Polytherm, ENRGY-3	D-IS or OB500	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	D-IS or OB500	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0
CWF-2	Min. 2.5-Inch Tectum Plank or Tectum LS Plank	Min. 1.5-Inch ACFoam II, ISO 95+GL, H-Shield, Polytherm, ENRGY-3	D-IS or OB500	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	D-IS or OB500	SBS-TA, SBS-SA or APP-TA	(Optional) One or more SBS-TA, SBS-SA or APP-TA	SBS-TA, SBS-SA, APP-TA, APP-SA	-45.0
CWF-3	Min. 2.5-Inch Tectum Plank or Tectum LS Plank	Min. 1.5-Inch ACFoam II, ISO 95+GL, H-Shield, Polytherm, ENRGY-3	CR-20	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	CR-20	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5
CWF-4	Min. 2.5-Inch Tectum Plank or Tectum LS Plank	Min. 1.5-Inch ACFoam II, ISO 95+GL, H-Shield, Polytherm, ENRGY-3	CR-20	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-TA, SBS-SA or APP-TA	(Optional) One or more SBS-TA, SBS-SA or APP-TA	SBS-TA, SBS-SA, APP-TA, APP-SA	-52.5

**TABLE 5B: CEMENTITIOUS WOOD FIBER DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
CWF-5	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Inuldek Loc-Nail	9-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-inch ACFoam II, ACFoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-30.0*
CWF-6	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Inuldek Loc-Nail	9-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-inch ACFoam II, ACFoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-TA, SBS-SA or APP-TA	(Optional) One or more SBS-TA, SBS-SA or APP-TA	SBS-TA, SBS-SA, APP-TA, APP-SA	-30.0*
CWF-7	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Twin Loc-Nail	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-inch ACFoam II, ACFoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*
CWF-8	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Twin Loc-Nail	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-inch ACFoam II, ACFoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board	HA	SBS-TA, SBS-SA or APP-TA	(Optional) One or more SBS-TA, SBS-SA or APP-TA	SBS-TA, SBS-SA, APP-TA, APP-SA	-45.0*

TABLE 5C: CEMENTITIOUS WOOD FIBER DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER										
SYSTEM TYPE B: MECHANICALLY ATTACHED BASE INSULATION, BONDED TOP INSULATION, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Base Insulation Layer			Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Base	Ply	Cap	
CWF-9	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Min. 2-inch H-Shield or Polytherm	OMG Polymer GypTec Plate with Polymer GypTec or TruFast TL 3 in. Plate with TL Fastener	1 per 4 ft ²	Min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*

TABLE 5D: CEMENTITIOUS WOOD FIBER DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER										
SYSTEM TYPE C: MECHANICALLY ATTACHED INSULATION, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Base Insulation Layer	Top Insulation Layer			Roof Cover			MDP (psf)	
			Type	Fasten	Attach	Base	Ply	Cap		
CWF-10	Min. 2.5-inch Tectum Plank or Tectum LS Plank	(Optional) One or more layers, any combination, loose laid	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	ES Twin Loc-Nails (min. 1-inch embedment)	1 per 2 ft ²	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*	

TABLE 5E: CEMENTITIOUS WOOD FIBER DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)										
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER										
System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)			
		Base	Fasten	Attach	Ply	Cap				
CWF-11	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Inuldek Loc-Nail	9-inch o.c. in 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-30.0*			
CWF-12	Min. 2.5-inch Tectum Plank or Tectum LS Plank	Elastobase, Elastobase Poly, Polyglass G2 Base	ES Twin Loc-Nails	9-Inch o.c. in 4-inch lap and 18-Inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*			

**TABLE 6A: GYPSUM DECKS – REROOF (TEAR-OFF)
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Attach	Type	Attach	Base	Ply	Cap	
G-1	Existing, sound poured gypsum or gypsum plank deck	Min. 1.5-inch ACFoam II, ENRGY 3 or H-Shield or min. 2.0 pcf, ASTM C578 expanded polystyrene	OB500	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-112.5
G-2	Existing, sound poured gypsum or gypsum plank deck	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or Multi-Max FA3	M-OSFA	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-202.5
G-3	Existing, sound poured gypsum or gypsum plank deck	Min. 1.5-inch, min. 2.0 pcf EPS insulation board	CR-20	(Optional) additional layers of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
G-4	Existing, sound poured gypsum or gypsum plank deck	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	CR-20	None	N/A	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional If using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-245.0
G-5	Existing, sound poured gypsum or gypsum plank deck	Min. 1.5-inch ACFoam II, ACfoam III, ENRGY 3, H-Shield, H-Shield CG or Multi-Max FA3	CR-20	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-257.5

**TABLE 6B: GYPSUM DECKS – REROOF (TEAR-OFF)
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
G-6	Existing, sound poured gypsum or gypsum plank deck	Elastobase, Elastobase Poly, Polyglass G2 Base	ES FM-45 or FM-60	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-inch ACfoam II, ACfoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-30.0*

TABLE 6B: GYPSUM DECKS – REROOF (TEAR-OFF)												
SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER												
System No.	Deck (See Note 1)	Anchor Sheet			Base Insulation		Top Insulation		Roof Cover			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Base	Ply	Cap	
G-7	Existing, sound poured gypsum or gypsum plank deck	Elastobase, Elastobase Poly, Polyglass G2 Base	ES FM-75 or FM-90 or Twin Loc-Nails	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	Min. 1.5-Inch ACFoam II, ACFoam III, ISO95+GL, H-Shield, ENRGY 3, Polytherm or Multi-Max FA3,	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SECUROCK Gypsum-Fiber Roof Board, Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	HA	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*

TABLE 6C: GYPSUM DECKS – REROOF (TEAR-OFF) OR RECOVER									
SYSTEM TYPE C: MECHANICALLY ATTACHED INSULATION, BONDED ROOF COVER									
System No.	Deck (See Note 1)	Base Insulation Layer	Top Insulation Layer			Roof Cover			MDP (psf)
			Type	Fasten	Attach	Base	Ply	Cap	
G-8	Existing sound poured gypsum or gypsum plank deck	(Optional) One or more layers, any combination, loose laid	Min. 0.25-Inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board or min. 0.5-Inch Structodek High Density Fiberboard Roof Insulation	ES Twin Loc-Nails (min. 1-inch embedment)	1 per 2 ft ²	(Optional if using AA Ply) BP-AA, SBS-AA	(Optional if using AA Base) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*

TABLE 6D: GYPSUM DECKS – REROOF (TEAR-OFF)							
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER							
System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasten	Attach	Ply	Cap	
G-9	Existing sound poured gypsum or gypsum plank deck	Elastobase, Elastobase Poly, Polyglass G2 Base	ES FM-45 or FM-60	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-30.0*
G-10	Existing sound poured gypsum or gypsum plank deck	Elastobase, Elastobase Poly, Polyglass G2 Base	ES FM-75 or FM-90 or Twin Loc-Nails	9-inch o.c. in 4-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*

TABLE 7A: RECOVER APPLICATIONS
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER

System No.	Substrate (See Notes 1 & 11)	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Attach	Type	Attach	Base	Ply	Cap	
R-1	Existing asphaltic roof	Min. 1.5-inch Multi-Max FA3	D-IS	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-67.5
R-2	Existing asphaltic roof	Min. 1.5-inch ACFoam II or ENRGY 3 or min. 2.0 pcf EPS insulation board	D-IS	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	D-IS	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-90.0
R-3	Existing asphaltic roof	Min. 1.5-inch, min. 2.0 pcf EPS insulation board	OB500	(Optional) additional layers of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-120.0
R-4	Existing asphaltic roof	Min. 1.5-inch ACFoam II, ENRGY 3 or H-Shield	OB500	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	OB500	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-127.5
R-5	Existing asphaltic roof	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or Multi-Max FA3	M-OSFA	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-157.5
R-6	Existing asphaltic roof	Min. 2-inch ACFoam IV, min. 1.5-inch Ultra-Max or Multi-Max FA-3, min. 1.3-inch ACFoam III or min. 1.0-inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-240.0
R-7	Existing asphaltic roof	Min. 2-inch ACFoam II, ENRGY-3 or H-Shield or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	(Optional) additional layers(s) of base insulation and/or min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	SBS-SA	(Optional) One or more SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-247.5
R-8	Existing asphaltic roof	Min. 1.5-inch Multi-Max FA3	D-IS	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	D-IS	BP-AA, SBS-AA, SBS-TA, SBS-SA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-67.5
R-9	Existing asphaltic roof	Min. 1.5-inch ACFoam II or ENRGY 3 or min. 2.0 pcf EPS Insulation board	D-IS	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	D-IS	BP-AA, SBS-AA, SBS-TA, SBS-SA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, or APP-TA	-90.0

**TABLE 7A: RECOVER APPLICATIONS
SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Substrate (See Notes 1 & 11)	Base Insulation Layer		Top Insulation Layer		Roof Cover			MDP (psf)
		Type	Attach	Type	Attach	Base	Ply	Cap	
R-10	Existing asphaltic roof	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or ISO 95+GL	OB500	Min. 0.25-inch DensDeck, DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board	OB500	BP-AA, SBS-AA, SBS-TA, SBS-SA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, or APP-TA	-127.5
R-11	Existing asphaltic roof	Min. 1.5-inch ACFoam II, ENRGY 3, H-Shield or Multi-Max FA3	M-OSFA	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	M-OSFA	BP-AA, SBS-AA, SBS-TA, SBS-SA, APP-TA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, or APP-TA	-157.5
R-12	Existing asphaltic roof	Min. 2-inch ACFoam IV, min. 1.5-inch Ultra-Max or Multi-Max FA-3, min. 1.3-inch ACFoam III or min. 1.0-inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	BP-AA, SBS-AA	(Optional) One or more BP-AA, SBS-AA	SBS-AA	-225.0
R-13	Existing asphaltic roof	Min. 2-inch ACFoam IV, min. 1.5-inch Ultra-Max or Multi-Max FA-3, min. 1.3-inch ACFoam III or min. 1.0-inch ISO 95+GL, H-Shield, H-Shield CG or ENRGY 3 or min. 2.0 pcf ASTM C578 expanded polystyrene	CR-20	Min. 0.25-inch SECUROCK Gypsum-Fiber Roof Board	CR-20	APP-TA	(Optional) One or more APP-TA	APP-TA	-232.5

**TABLE 7B: RECOVER APPLICATIONS
SYSTEM TYPE F: NON-INSULATED, BONDED BASE SHEET, BONDED ROOF COVER**

System No.	Substrate (See Notes 1 & 11)	Primer	Roof Cover			MDP (psf)
			Base	Ply	Cap	
R-14	Existing asphaltic roof	PG100	BP-AA (Optional if using asphalt applied Ply)	(Optional if using asphalt applied Base) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0



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: DAN Butcher Roofing Inc PHONE #: 772-221-3252 FAX: _____

OWNER'S NAME: Andrew Spencer

CONSTRUCTION ADDRESS: 85 S Sewalls Pt Rd CITY Sewalls Pt STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY) FLAT ROOF ONLY
 _____ 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: \$ _____

ROOF TYPE: _____ HIP _____ BOSTON-HIP _____ GABLE _____ FLAT FLAT ONLY OTHER _____

ROOF PITCH: _____ /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: Modified EXISTING COVERING TO BE REMOVED? YES NO _____

PROPOSED NEW ROOF COVERING: Polyglass Modified Bitumen

MANUFACTURER Polyglass PRODUCT NAME System W-45 PRODUCT APPR # FL 1654-R12

(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 flat roof ... re-nail ... APPLY 1ply polyglass SAV + 1ply polyglass SAP

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

[Signature]
 SIGNATURE OF CONTRACTOR

DATE: 4/20/2014



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

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

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

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

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

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

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

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

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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10942	ROSEMANN 5 RIO VISTA DR CODE RED ROOFERS	DRY - IN WATER IN PROGRESS	PASS	INSPECTOR <i>JA</i>
10686	108 S. SPT RD DRIFTWOOD HOMES	ROOF SWEATING PARTIAL	PASS	INSPECTOR <i>JA</i>
108355	SPENCER 85 S. SPT RD DAN BUTCHER ROOF	ROOF SWEATING	PASS	INSPECTOR <i>JA</i>
10863	BONNEY 11 OAKWOOD	?	CANCEL	INSPECTOR
9:15	FADRESE OAK HILL WAY	JOB SITE MIA		INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner MRS JOINER Address 85 SSPR. Phone _____

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 6 Type: SLASH PINES

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DEAD FROM STORM.

Signature of Property Owner [Signature] Date 1/17/05

Approved by Building Inspector: [Signature] Date 1/17 Fee: 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~###~~ 1-17-15 2005 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7184	LAPIKAS	GARAGE DOOR	PASS	CLOSE
2	3 INDIA WUCIE PUM O/B			INSPECTOR: <i>[Signature]</i>
653	DUNN	PLUMBING etc	FAIL PASS	
1	31 N. RIVER RD FIRST FLORIDA	ELECTRICAL FRAMING	FAIL FAIL	RENEWAL
		* FIRST THING		INSPECTOR:
7151	HARRIGAN	FRAMING	PASS	
6	2 PALMETTO DR WORELL	ELECTRICAL MECHANICAL	PASS PASS	INSPECTOR: <i>[Signature]</i>
TREE	BABBITT	TREE	PASS	
	76 S. SEWALL'S PT			INSPECTOR: <i>[Signature]</i>
7151	JOHN	TREE	PASS	
	85 S. S.P.R.			INSPECTOR: <i>[Signature]</i>
	O'STEEN	TREE	PASS	12 PILES TO BE REMOVED
	1 RIDGEVIEW ANBUS			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER:

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, Marberry, 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 Nana Joyner Address 85 S Sewalls Phone _____

Contractor Tropical Tree Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Pine - slash

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

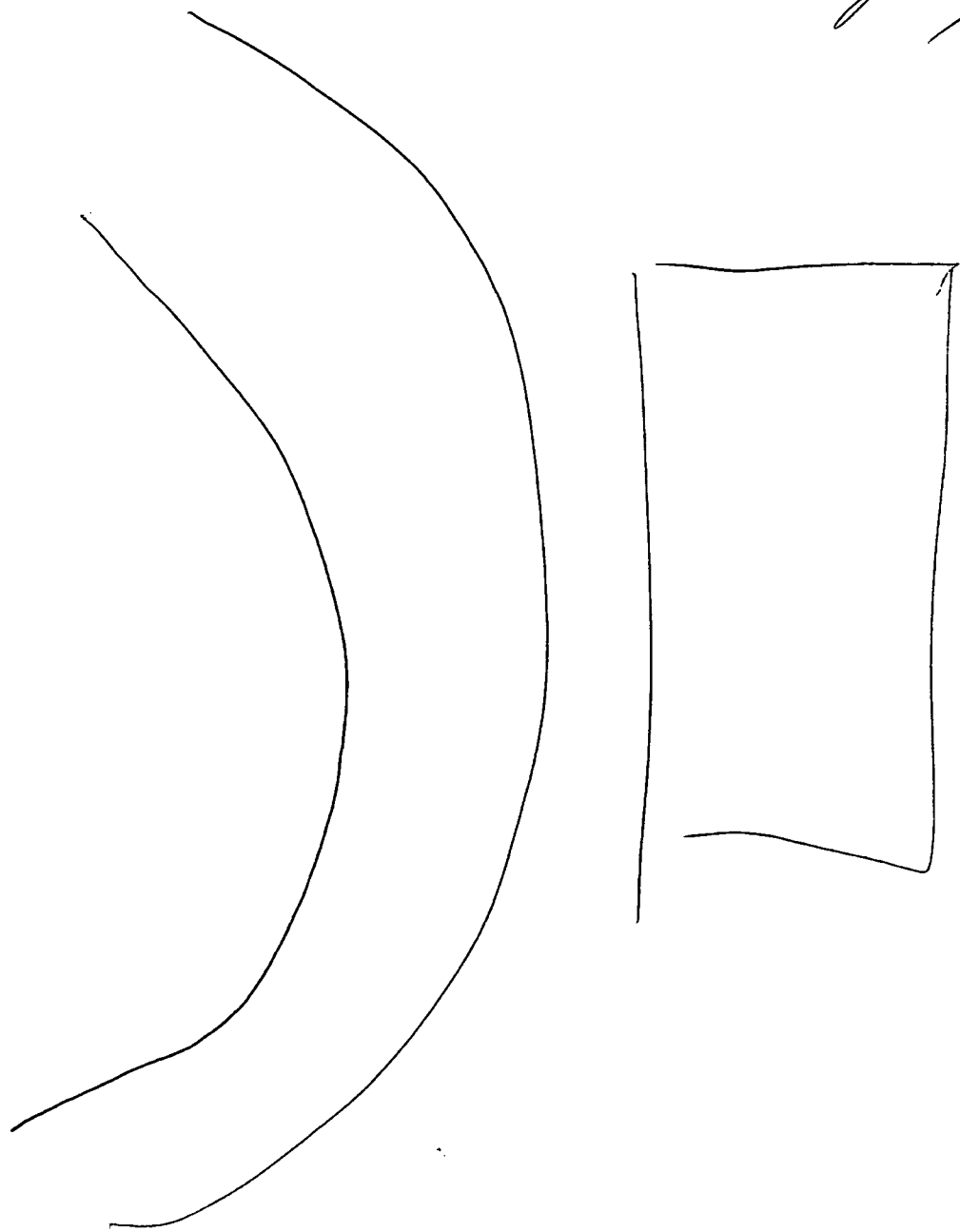
Signature of Property Owner Nana Joyner Date 3/23/05

Approved by Building Inspector: [Signature] Date 3/23 Fee: 0

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



only
left!





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

~~5-10-13~~
 5-10-13
 [Signature]

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Andrew Spencer Address 855 Sewall's Point Rd Phone 772-486-8802

Contractor Monte's Tree Service Address Palm City FL Phone 772-283-8828

No. of Trees: REMOVE 1 Species: Pine

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE 1 Species: Oak Tree

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

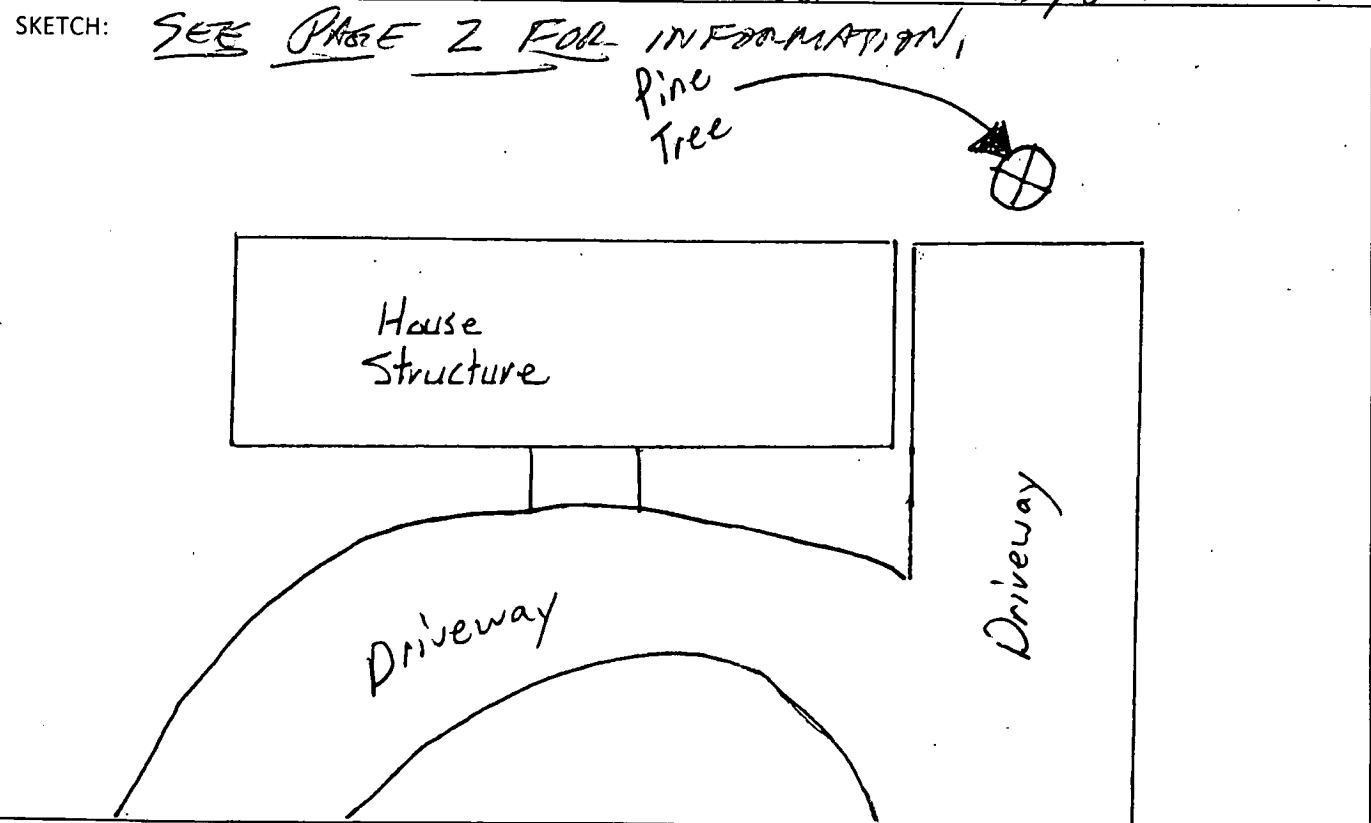
Reason for tree removal/relocation (See notice above) Potential to fall on structure and instability of branches

Signature of Property Owner Andrew Spencer Date 4-19-13

Approved by Building Inspector: [Signature] Date 4-22-13 Fee: _____

NOTES PINE TREE IS PROTECTED SPECIES, AND APPEARS IN GOOD HEALTH.

HOME OWNER WILL NEED WRITTEN CONDEMNATION BY PROFESSIONAL ARBORIST





AFFORDABLE ARBORCARE

5650 S.E. Mitzi Lane, Stuart, FL 34997 • 772-341-1110 Cell Ph. • 772-221-3789 Business Ph.

JIMMIE GAMBLE
ISA Certified Arborist License #SO-0590

Date: May 7, 2013

Name: Andrew Spencer
Address: 85 S. Sewall's Point Road
Address: Sewall's Point Fl 34996
Address: _____

Re: Pine tree evaluation

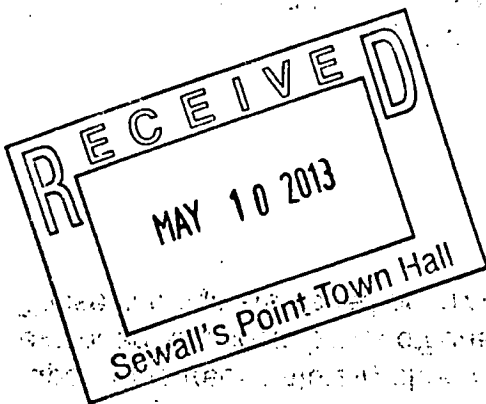
Inspection Date: May 2nd, 2013

In response to your request, I have examined the pine tree next to house/ screen pool enclosure at the referenced address, and my examination disclosed that the pine tree should be removed due to the liability of branch failure and lean of the tree toward the house, lower branches have poor branch taper. Pine trees naturally shed their lower branches and one could go at any time. Branches are well extended and could break off due to excessive weight at end of branches. These findings are based on my experience of 48 years. I will not except the liability.

Jimmie D. Gamble
ISA Certified Arborist
License #SO-0590

Affordable Arborcare charges a minimum evaluation fee of \$65.00 for all insurance evaluations. Consulting, travel, additional trees, and court appearances are some items that increase the fee charged for this professional service.

Insurance Company Name: _____
Policy #: _____ Contact Person: _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/23, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SEWALL'S MEADOWS	TREE	PASS	
3A	RETENTION POND			INSPECTOR:
6831	COBIELLA	FINAL ON	FAIL	
9	8 N. SEWALL'S HEATON	CABANA REROOF		INSPECTOR:
TREE	UTRATA	TREE	PASS	
10	117 N. SEWALL'S			INSPECTOR:
7392	ALLMAN	FOOTER-FENCE	PASS	
5	106 S. RIVER O/B			INSPECTOR:
7348	MCCARTHY	IN PROG. ROOF	PASS	APPEARS NO DRIP EDGE WAS ON EXIST. ROOF & NONE ARE INSTALLED ON NEW
4	3 KINGSTON CT STUART ROOFING			INSPECTOR:
TREE	JOYNER	TREE	PASS	
	85 S. SEWALL'S			INSPECTOR:
TREE	KELLY	TREE	PASS	
	1 OAKWOOD			INSPECTOR:
OTHER:				
	177 SSM -	ELEC. FOR	PASS	
	CHAD GIBSON	AVENUE DOWN -		