

86 South Sewall's Point Road

Call if any ge...
Dated 4/7-4/220
Date 1/27/82

RECEIVED
JAN 28 1982
APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

TOWN OF SEWALL'S POINT, FLORIDA
Permit No. _____ Date 1/27/82
1452

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

Owner NEILS PETER CHRISTENSON Present address 14 N.E. PALM CT
Phone 287-7006 (Home) office 287-3100 SEWALLS PT. FLA

General contractor CARL WILBANKS Address 8680 CONSTELLATION DR.
Phone 622-8283 LAKE PARK, FLA

Where licensed FLA License No. CGC002382

Plumbing contractor E.J. FISHER License No. U-9441

Electrical contractor RANDY ELECTRIE License No. 508083

Air-conditioning contractor BOB EDENFIELD License No. CALO 21350

Describe the building, or alteration to existing building TWO STOREY SINGLE FAMILY RESIDENTS TO BE CONSTRUCTED

Name the street on which the building, its front building line and its front yard will face 86 SOUTH SEWALLS PT. ROAD

Subdivision RIO VISTA Lot No. 2 Area PLAT BOOK 6 PAGE 95, MARTIN CO.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2638

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$135,000
675730

Cost of permit \$ 705 Plans approved as submitted or, as marked

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

Contractor Carl Wilbanks Pres.

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

Owner Neils Peter Christenson

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

Approved by Building Inspector, (date) 2/3/82 Inspector's initials JRM

Approved by Town Commissioner, (date) 2/8/82 Commissioner's initials JS

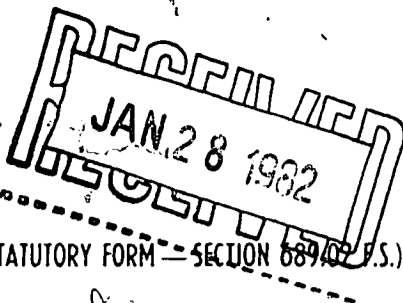
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1452

424613

Warranty Deed

(STATUTORY FORM - SECTION 689.02 F.S.)



GEORGE W. SOMMER P.A.
ATTORNEY AT LAW
738 COLORADO AVENUE
P.O. BOX 2210
STUART, FL 33495

GWS/pk 81-461

This Indenture, Made this 14 day of October 1981, Between

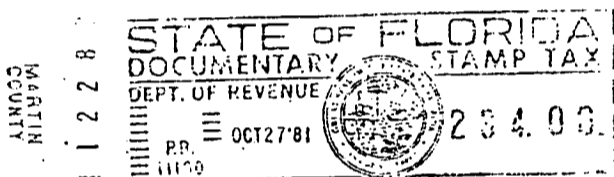
ROBERT S. HERRICK and RITA P. HERRICK, his wife,
of the County of Maricopa, State of Arizona, grantor°, and

NEILS P. CHRISTENSON
whose post office address is 14 Palm Court, Jensen Beach
of the County of Martin, State of Florida 33457, grantee°.

Witnesseth, That said grantor, for and in consideration of the sum of Ten Dollars -----
----- (\$10.00) ----- Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby
acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the fol-
lowing described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 2, RIO VISTA SUBDIVISION, according to the Plat thereof filed 11 December
1975 in Plat Book 6, Page 95 of the Public Records of Martin County, Florida.

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS AND ZONING
OF RECORD, AND TAXES FOR THE YEAR 1981 AND SUBSEQUENT YEARS.



LOUISE H. ISAACS
CLERK OF CIRCUIT COURT
31 OCT 27 AM 11:34
FILED FOR RECORD
MARTIN COUNTY, FLA.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims
of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.
Signed, sealed and delivered in our presence:

[Signature]
James D. Massee

[Signature] (Seal)
ROBERT S. HERRICK
[Signature] (Seal)
RITA P. HERRICK

STATE OF ARIZONA
COUNTY OF Maricopa

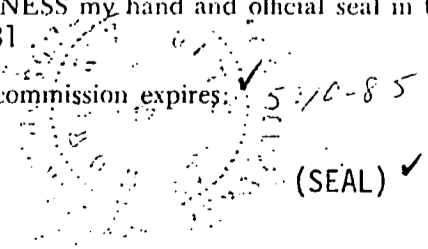
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally
appeared ROBERT S. HERRICK and RITA P. HERRICK, his wife,

to me known to be the person described in and who executed the foregoing instrument and acknowledged before
me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of October
19 81

My commission expires: 5-10-85 [Signature] Notary Public

OR BOOK 532 PAGE 757



1452

To: The town of SEWELL'S POINT, Town Manager
From: Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed on LOT 2 SUBDIVISION RIO VISTA for NELLS PETER CHRISTENSON has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and therefore is granted final approval.

HD # 82-40 By: Alice R. Lee
(Sanitarian)



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

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

APPLICATION FOR SEPTIC TANK PERMIT AND FINAL INSPECTION FORM

#35 WELL FEE IF WELL NOT INSTALLED AT TIME OF SEPTIC SYSTEM INSPECTION

Authority: Chapter 301, 302, 387, FS Chapter 100-6, FAC.

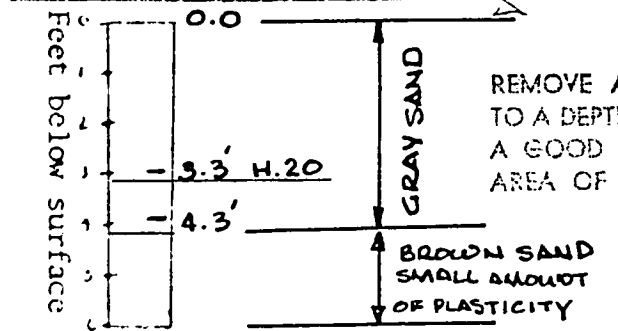
Permit Number HD 82-40

Name of Applicant RdL Const Telephone 747-4220
Mailing Address of Applicant P.O. Box 3241 TEGUSTA, Fla
To be Installed at: (Give Street Address) _____
Lot 2 Block _____ Subdivision RIO VISTA
Plat Book & Page PB 6 PL 95 Date Recorded 12/11/75
Residential: No. Living Units _____ Number Bedrooms 3
Commercial: Type of Business _____ Number People _____ Number Toilets 4
*Note: Attach site location map and other supportive documents.
Signature of Applicant R. Douglas Feldner

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO
Is there a public well within 100 ft. of the proposed septic system? NO
Is there a public sewer within 100 ft. of the proposed lot? EXIST SYSTEM NOT IN USE NO
Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? NO
Is there a septic system or other interference within 75 ft. of the proposed private well? NO
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO
There is 2579 square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6' AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD.

Water table..... - 3.3'
Wet season water table... UNKNOWN
Compacted fill of..... .5' required.
Compacted fill check by J. Albert
Date..... 1/21/82

Certified by: John D. Albert
Florida Professional Number: 2791
Date: 12/31/81 Job Number 1525A
Percolation Rate 10 SEC Minutes/Inch
Soil Identification: GRAY - BROWN SAND
Class 1 Group SW

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed Size 300 Square Ft.
Dosing Tank Capacity _____ Gallons Lateral Drainfield Size _____ Square Ft.
Grease Trap Capacity _____ Gallons Sand Filter Size _____ Square Ft.

Specifications:

1-22-82
Date Processed

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

Robert Was Dean, R.S.
Signature of Sanitarian

MARTIN County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection _____ Type of Tank (Concrete, Fiberglass, Etc.) _____
Size Tank Installed _____ Drainfield Size _____
Dosing Tank Size _____ Grease Trap Size _____ Sand Filter Size _____
Who Made Installation _____

RECOMMENDATION: Approval _____ Disapproval _____

Signature of Sanitarian



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

Authority:
Chapter 381, 206, 382, FS
Chapter 100-6, FAC.

Permit Number _____

Name of Applicant _____ Telephone _____

Mailing Address of Applicant _____

To be Installed at: (Give Street Address)* _____

Lot 2 Block — Subdivision RIO VISTA

Plat Book & Page PB 6 PL 95 Date Recorded 12/11/75

Residential: No. Living Units _____ Number Bedrooms 3

Commercial: Type of Business _____ Number People _____ Number Toilets 4

*Note: Attach site location map and other supportive documents.

Signature of Applicant _____

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO

Is there a public well within 100 ft. of the proposed septic system? NO

Is there a public sewer within 100 ft. of the proposed lot? EXIST SYSTEM NOT IN USE NO

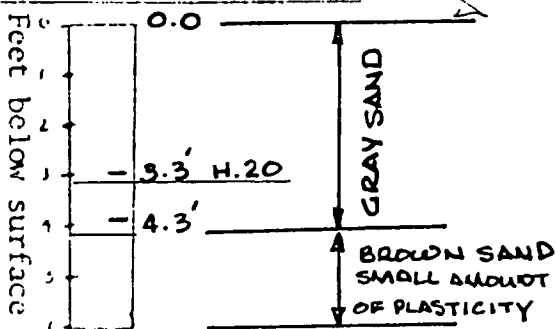
Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? NO

Is there a septic system or other interference within 75 ft. of the proposed private well? NO

Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO

There is 2579 square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



Water table..... - 3.3'
Wet season water table... UNKNOWN
Compacted fill of..... — required.
Compacted fill check by.. —
Date..... —

Certified by: John J. Albert Jr.
Florida Professional Number: 2791
Date: 12/31/81 Job Number 1525A
Percolation Rate 10 SEC Minutes/Inch
Soil Identification: GRAY - BROWN SAND
Class 1 Group SW

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed Size 210 Square Ft.
Dosing Tank Capacity _____ Gallons Lateral Drainfield Size _____ Square Ft.
Grease Trap Capacity _____ Gallons Sand Filter Size _____ Square Ft.

Specifications:

Site Processed

County Health Department

Signature of Sanitarian _____

FINAL INSPECTION DATA

Date and Time of Inspection _____ Type of Tank (Concrete, Fiberglass, Etc.) _____

Size Tank Installed _____ Drainfield Size _____

Dosing Tank Size _____ Grease Trap Size _____ Sand Filter Size _____

Who Made Installation _____

RECOMMENDATION: Approval _____ Disapproval _____

Signature of Sanitarian _____

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE **07/09/81** FILE NO. **CG C002382** BATCH NO. **0662**
 THE **CERTIFIED GENERAL CONTRACTOR**
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER **489** FOR
 THE YEAR EXPIRING **JUNE 30, 1983**

HILBANKS, A C
CARL WILBANKS INC
P O BOX 12276
LAKE PARK FL 33403

GOVERNOR *Rob Granger* DISPLAY IN A CONSPICUOUS PLACE *Nancy Kelly Littlejohn*
 SECRETARY OF PROFESSIONAL REGULATION

STATE OF FLORIDA Department of Professional Regulation

**CONSTRUCTION INDUSTRY
 LICENSING BOARD**

WILBANKS, A C
CARL WILBANKS INC
CERTIFIED GENERAL CONTRACTOR
 HAS PAID THE FEE REQUIRED BY CHAPTER **489**
 FOR THE YEAR EXPIRING **JUNE 30, 1983**

SIGNATURE *Carl Wilbanks*

PLEASE READ IMPORTANT
 INFORMATION ON REVERSE

Nancy Kelly Littlejohn
 SECRETARY OF PROFESSIONAL
 REGULATION

WALLET CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	FILE NO.	BATCH NO.	FEE AMOUNT
	CGC002382	0662	\$90.00

MARTIN COUNTY
1981 COUNTY OCCUPATIONAL LICENSE 1982

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING
 MACHINE SHOWING TRANSACTION NUMBER DATE AND AMOUNT PAID
 PLEASE MAIL OR BRING THIS LICENSE WITH YOUR REMITTANCE.
 PENALTY: 10% FOR MONTH OF OCTOBER, 5% ADDITIONAL
 EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION
 COSTS.

STATE CERTIFICATE NO. _____
 LICENSE FEE \$ 9.00
 DEL. PEN. \$ _____
 TOTAL \$ _____

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

AT ABOVE ADDRESS FOR THE PERIOD

BEGINNING ON THE

28 DAY OF Sept 1981 SEC. 205
 AND ENDING FIRST DAY OF OCTOBER, A.D. 1983

ORIGINAL

512387

LOCATION

MAKE CHECKS PAYABLE TO:
 THOMAS L. CROOK, Tax Collector
 P. O. Box 926, Stuart, Fla. 33495

CARL WILBANKS, INC.
A.C. WILBANKS
P.O. BOX 12526
LAKE PARK, FLA. 33403

NOTE: A PENALTY IS IMPOSED FOR FAILURE
 TO KEEP THIS LICENSE EXHIBITED CON-
 SPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE
 OF BUSINESS

STATE OF FLORIDA Department of Professional Regulation

CONSTRUCTION INDUSTRY
LICENSING BOARD

EDENFIELD, ROBERT A
INDIVIDUAL

CLASS B CERTIFIED AIR COND. CONTR.
HAS PAID THE FEE REQUIRED BY CHAPTER 489
FOR THE YEAR EXPIRING

JUNE 30, 1983

Robert A. Edenfield

SIGNATURE

Paul G. ...
COMMISSIONER

PLEASE READ IMPORTANT
INFORMATION ON REVERSE

Nancy Kelly ...
SECRETARY OF PROFESSIONAL
REGULATION

WALLEY CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	FILE NO.	BATCH NO.	FEE AMOUNT
270868	CAC021350	1234	\$150.00



FLORIDA MODEL ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

BOB GRAHAM
GOVERNOR

SECTION 9
POINTS METHOD

GOVERNOR'S ENERGY OFFICE
LEX HESTER, DIRECTOR

PREPARED BY: BRABHAM KUHNS DEBAY - CONSULTING ENGINEERS

PROJECT NAME AND NUMBER	B+L
	Lot 2 Rio Vista, Alhambra Co.
BUILDER	B+L CONSTRUCTION
OWNER	B+L CONSTRUCTION

STATISTICAL DATA

ZONE	FLOOR AREA	ROOF R-VALUE	HEATING SYSTEM TYPE				
0	2638 sqft	R- 19	STRIP: <input checked="" type="checkbox"/>	HT.PUMP: <input type="checkbox"/>	GAS: <input type="checkbox"/>	OIL: <input type="checkbox"/>	SOLAR: <input type="checkbox"/>
EPI	WALL AREA	WALL R-VALUE	HOT WATER SYSTEM TYPE				
92	3239 sqft	R- 11	ELECTRIC: <input checked="" type="checkbox"/>	HT.REC: <input type="checkbox"/>	GAS: <input type="checkbox"/>	OIL: <input type="checkbox"/>	SOLAR: <input type="checkbox"/>
A/C SYSTEM	GLASS AREA	WALL CONSTRUCTION	NUMBER OF UNITS PER STRUCTURE				
EER- 10.5	788 sq.ft.	CBS: <input type="checkbox"/> FRAME: <input checked="" type="checkbox"/>	SING.FAM: <input checked="" type="checkbox"/>	DUPLEX: <input type="checkbox"/>	TRIPLEX: <input type="checkbox"/>	OVER 3: <input type="checkbox"/>	

THIS DATA TO BE SENT TO THE GOVERNOR'S ENERGY OFFICE

TOTAL HOUSE POINTS	CERTIFIED BY	
EPI- 92	DATE	
Fewer total points mean greater energy savings.		1-13-82

SOLAR WATER HEATER CALCULATION

NUMBER OF BEDROOMS IN HOUSE	
HOT WATER TANK CAPACITY	
TANK CAPACITY PER BEDROOM (= tank capacity ÷ number of bedrooms)	
DCR OF COLLECTOR (daily collection rate in Btu's at 122°F, from Mfr. data)	
DCR PER BEDROOM (= DCR ÷ number of bedrooms)	
HOT WATER POINTS (from table 9c)	

Attach copy of collector rating certificate. Collector must be mounted within 30° of south.

HEAT RECOVERY UNIT CALCULATION

NUMBER OF BEDROOMS IN HOUSE	
HOT WATER TANK CAPACITY	
TANK CAPACITY PER BEDROOM (= tank capacity ÷ number of bedrooms)	
HRU CERTIFIED RATING (In Btuh per ton)	
BACK-UP SYSTEM (electric or gas).	
HOT WATER POINTS (from table 9c)	

Attach copy of HRU's rating certificate indicating output in Btuh/ton when operating with proposed A/C system.

FLORIDA MODEL ENERGY EFFICIENCY CODE

FOR BUILDING CONSTRUCTION

HOUSE POINTS CALCULATION

FORM 900-789

ZONES-789

WINTER				GROSS WINTER POINTS	SUMMER				GROSS SUMMER POINTS
COMPONENT	AREA	WPM			COMPONENT	AREA	SPM		

WALLS	CONCRETE BLOCK	RO-2.9		10.9		WALLS	CONCRETE BLOCK	RO-2.9		24.8	
		R3-3.9		6.2				R3-3.9		16.6	
		R4-5.9		5.0				R4-5.9		15.0	
	R6&UP		4.4		R6&UP			13.9			
	FRAME & BRICK & VENEER	RO-10.9		9.6			FRAME & BRICK & VENEER	RO-10.9		30.5	
		R11-18.9	2395	2.5	5982			R11-18.9	2395	13.9	33291
R19&UP			1.5		R19&UP			8.6			

DOORS	SOLID WOOD		86.5		DOORS	SOLID WOOD		55.4	
	INSULATED R5	56	84.0	4704		INSULATED R5	56	22.2	1243
	STORM DOOR		44.6			STORM DOOR		44.3	
	STORM DOOR R5		42.1			STORM DOOR R5		17.8	

CEILING	UNDER ATTIC	RO-10.9		23.8		CEILING	UNDER ATTIC	RO-10.9		50.9	
		R11-18.9		2.9				R11-18.9		13.3	
		R19-21.9	1956	1.9	3716			R19-21.9	1956	8.4	16430
		R22-29.9		1.7				R22-29.9		7.6	
		R30&UP		1.5				R30&UP		5.5	
	SINGLE ASSEMBLY (NO ATTIC)	RO-5.9		23.8			SINGLE ASSEMBLY (NO ATTIC)	RO-5.9		50.9	
		R6-7.9		5.4				R6-7.9		22.6	
		R8-9.9		4.0				R8-9.9		17.3	
		R10-11.9		3.5				R10-11.9		14.6	
		R12-18.9		2.5				R12-18.9		10.6	
R19&UP		1.9		R19&UP		8.4					

OVER UNCOND. SPACE	3/4" WOOD	RO-6.9	1956	5.8	11345	FLOOR	3/4" WOOD	RO-6.9	1956	6.6	12910
		R7-10.9		2.4				R7-10.9		2.9	
		R11-18.9		2.1				R11-18.9		2.3	
		R19&UP		1.4				R19&UP		1.5	
	CONCRETE	RO-2.9		6.8			CONCRETE	RO-2.9		8.2	
		R3-5.9		4.3				R3-5.9		5.7	
		R6-10.9		3.4				R6-10.9		3.6	
		R11-18.9		2.3				R11-18.9		2.9	
		R19&UP		1.5				R19&UP		1.9	

SUB-TOTAL 1 (WINTER)

SUB-TOTAL 1 (SUMMER)

SLAB ON GRADE PERIMETER	EDGE INSULATION	PERIMETER	WPM	GWP
	RO - 2.9	226	28.3	6396
	R3 - 5.9		21.4	
	R6 & UP		12.4	

32149

63874

GLASS	OR	AREA	SINGLE	DOUBLE	WOF	GWP	GLASS	OR	AREA	SINGLE CLR TINT	DOUBLE CLR TINT	SOF	GSP
	N	112	55.4	38.5	1.0	62054		N	112	204	176	163	139
NE	41	55.4	38.5	.99	2299	NE	41	309	264	258	218	.91	9850
E	91	55.4	38.5	.89	4927	E	91	425	360	362	304	.84	27518
SE		55.4	38.5			SE		418	354	355	298		
S	236	55.4	38.5	.90	11767	S	236	346	294	287	242	.90	55507
SW		55.4	38.5			SW		418	354	355	298		
W	93	55.4	38.5	1.0	5152	W	93	425	360	362	304	.84	28123
NW	53	55.4	38.5	1.0	2936	NW	53	309	264	258	218	.64	12211
H		22.6	6.8			H		720	605	627	524		
N	83	55.4		1.0	4598	N	83		176			1.0	14628
N	53	55.4		1.0	2936	N	53		176			.97	9048
NE	26	55.4		1.0	1490	NE	26		264			.76	5217
					41770								181460

H = HORIZONTAL GLASS (SKYLIGHT)

FOR TINTED GLASS SCORES SEE SEC 902.2(d)

245274

TOTAL GROSS WINTER POINTS	73919	TOTAL GROSS SUMMER POINTS	
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DUCT INSULATION MULTIPLIER	1" FIBERGLASS	1.15	85009	DUCT INSULATION MULTIPLIER	1" FIBERGLASS	1.15	282065
	1.5" FIBERGLASS	1.12			1.5" FIBERGLASS	1.12	
	DUCT IN COND. SP.	1.00			DUCT IN COND. SP.	1.00	

HSM from table 9A	x 1.0	85009	CSM from table 9B	x .62	179880
-------------------	-------	-------	-------------------	-------	--------

FLOOR AREA (DIVIDE)	- 2638	32	FLOOR AREA (DIVIDE)	- 2638	66
---------------------	--------	----	---------------------	--------	----

WINTER POINTS (WP)	32	SUMMER POINTS (SP)	66
--------------------	----	--------------------	----

CREDIT POINTS from table 9D	CEILING FANS	MULTIZONE A/C	VENTILATION	OTHER	TOTAL CP
	2	2	5	—	9

NOT MORE THAN 10 TOTAL CREDIT POINTS

PENALTY POINTS from table 9E	W&D IN COND SPACE	INOPERABLE WINDOWS	OTHER	TOTAL PP
	3	—	—	3

FORM 900-789 TOTALS					ZONES-789
WINTER POINTS	SUMMER POINTS	HOT WATER POINTS	CREDIT POINTS	PENALTY POINTS	92 EPI
32	+ 66	—	+ 9	+ 3 =	

FEWER TOTAL POINTS ARE ENCOURAGED FOR MAXIMUM ENERGY SAVINGS

NOT TO EXCEED 100

ENVELOPE ANALYSIS

Building: _____
Perimeter: 226
Wall Height: 8'-1"
Wall Area: 3239
Opaque doors: 56
~~GLASS~~
~~GSS (net):~~ 788
Frame (net): 2395
Ceiling: 1956
Roof: _____
Skylight: _____
Floors over
unheated spaces: 1956
Living area: 2638

Address	Area	Elevation	Orientation	Ovhtg.	WOF	SOF	Comment
		S	FRONT				
6°-68-1 8°-68-11	90 107			4°	.90	.80	
12°-68-1 Misc: = 1 22-3-1	21 3 5 <u>236</u>						
		E	RIGHT				
34°-11-1 2-2-1	56 4			4°	.89	.84	
37°-61-11 9°-3-1 46°-3-1 8°-3-1	31/91 22 14/41 26 <u>70</u>	NE		4° MAX	.99 1.0	.91 .76	
		W	LEFT	4°	1.0	.84	
11-12-1 5-3-1	15						
37°-61-11 8°-68-1	78/93 53 <u>53</u>			64	1.0	.76	
		N	REAR				
12°-68-1 37°-61-11	21 31/112			8 4	1.0	.98	
14-23-1 46°-3-11 8°-3-11	5 27 31/83				1.0	1.0	
8°-68-1	53/53			104	1.0	.97	
	788						

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/9/83

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Christensen
For property built under Permit No. 1452 Dated 2/9/82 when completed in
conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
Insulation	8/3/82	
Set-backs and footings	2/22/82	D.S. - end Title 3/7/82
Rough plumbing	5/18/82	4/7/27/82
Slab	Garage Slab 5/25/82	
Perimeter beam	None	
Close-in, roof and rough electric	7/27/82	
Final Plumbing	2/9/83	
Final Electric	2/9/83	
Foundation	Steel - Same 5/5/82	
Steel in Perimeter	7/1/82	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Amozgusca date 2/9/83

Approved by Building Commissioner J. C. Strubell date 2/9/83

Utilities notified 2/9/83 date

Original Copy sent to _____

(Keep carbon copy for Town files)

2613

POOL

Permit No. 2613

Date 9-7-89

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 Mrs. & Mrs. Wm Alexander Present Address 86 S Sewalls Pt Rd

Phone 286-7499

Contractor DESTEFANO CUSTOM POOLS Address 2900 SE WAALER ST

Phone 288-7447 STUART FL 34997

Where licensed MARTIN License number SP00807

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: SWIMMING POOL & SPA

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

86 S. SEWALLS POINT RD STUART

Subdivision RIO VISTA Lot number 2 Block number _____

Contract price \$ 20,679.00 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 William Destefano

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 Wm Alexander

Date submitted _____ Approved: Dale Brun 9/14/89
Building Inspector Date

Approved: Debra Corne 9/14/89 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

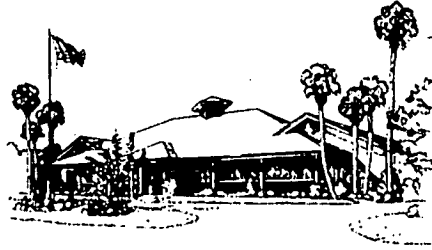
Permit No. _____

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

TOWN of SEWALL'S POINT

COMMISSIONERS:

DOLORES delC. CLARKE, MAYOR
CLARK T. DONLIN, VICE MAYOR
IRENE E. O'BRIEN, COMMISSIONER
WILLIAM H. BEDELL, COMMISSIONER
ERIC B. HOLLY, COMMISSIONER



TELEPHONE: (407) 287-2455

TOWN CLERK
JOAN H. BARROW

CHIEF OF POLICE
LOUIS J. SAVINI

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

July 24, 1989

To Whom It May Concern:

The setbacks for Lot 2 Rio Vista, 86 South Sewall's Point Road, are as follows:

35' from front property line
15' from side property lines
25' from rear property line

A pool can be constructed in the location as shown on the original building permit for the residence (#1452) on file at the Town Hall.

TOWN OF SEWALL'S POINT

Dolores delC. Clarke
Dolores delC. Clarke, Mayor/
Building Commissioner

2617

FENCE

Permit No. _____

Date _____

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

2617

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 Bill Alexander Present Address 86 S. Sewalls Pt. rd.

Phone 286-7499

Contractor United fence Address 1210 Rickenbacker terr.

Phone 335-2627

Where licensed Martin P.S.C. License number 00541, 2011

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: 7' Shad. box w/ lattice, Rear perimeter

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

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 3879.00 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 George J. [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 [Signature]

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

1210 RICKENBACKER TERRACE
 PORT ST. LUCIE, FL 34952

**UNITED
 UNITED
 UNITED
 UNITED**

**GEORGE QUINN
 335-2627**

**WE BUILD
 ANY FENCE**

**CHAIN LINK &
 BEAUTIFUL CUSTOM
 WOOD FENCES AND
 DECKS SINCE 1964**

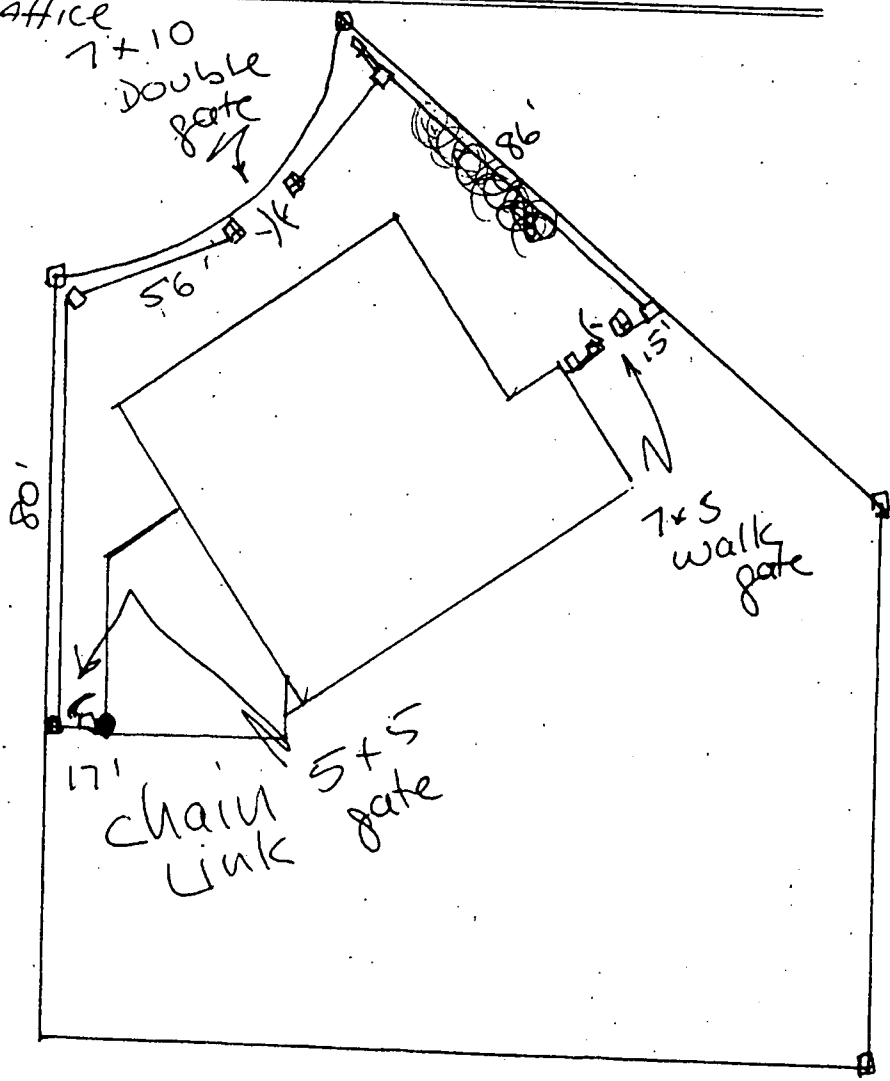
LICENSED & INSURED

Alexander Fence & Steel

NAME Bill ~~Anderson~~ Alexander
 ADDRESS 86 S. Sewells Pt. rd.
 CITY Sewells Pt.
 PHONE 286-7499

DATE 9.6.89
 TOTAL FOOTAGE WOOD 231 ~~157~~ C.C. 17'

FENCE 1-Board on Board w/ Lattice
 TOP RAIL 2x8 Cedar
 LINE POST 4x4x10
 CORNER POST "
 END POST "
 GATE POST 5x8x10
 WALK GATES 1- 5x7 / 1- 5x5
 DOUBLE DRIVE GATES 1- 7x10
 WOOD FENCE Pres. treated
 WOOD POSTS " "
 SURVEY yes
 HOT DIPPED GALVO. NAILS yes
 FENCE LINE CLEARED yes



	Height	# Rolls	1 1/2"	1 3/4"	2"	2 1/2"
FABRIC						
FABRIC						
TERMINAL POSTS						
LINE POSTS						
RAIL ENDS						
BRACE BANDS						
TENSION BARS						
TENSION BANDS						
TERMINAL CAPS						
LOOP CAPS						
TOP RAIL						
BARB ARMS						
BARB WIRE						
TIES						
GATES						
MALES						
FEMALES						
FORKS						
BACKS						
DROP RODS						

S.P. Road

10 year guarantee against rot, rust + sagging gates

TOTAL PRICE \$ 3879.00
 LESS DEPOSIT \$ 1552.00 / 1200.00
 C.O.D. ON COMPLETION \$ 1127.00
 SALESMAN George Quinn
 CUSTOMER _____
 OFFICE ACCEPTANCE _____

Prices quoted do not include any clearing of fence lines. United will clear fence lines for a fee of \$20.00 per man, per hour. The above is an estimate based on our inspection and does not cover any additional labor which may be required after the work has been opened up. Occasionally, after the work has started, large buried objects are discovered which were not evident on the first inspection. Because of this the above prices may have to be renegotiated. This circumstance is rare.

4394

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/22/98

BUILDING PERMIT NO. 4394

Building to be erected for BILL ALEXANDER Type of Permit RE-ROOF

Applied for by SAMUEL E. CHESSE (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 2 Block _____ Radon Fee _____

Address 86 S. SEWALL'S POINT RD. Impact Fee _____

Type of structure RE-ROOF - GALVALUME SV A/C Fee _____

Electrical Fee _____


Parcel Control Number: _____

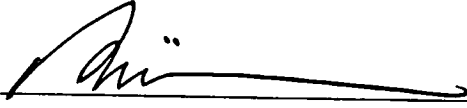
Plumbing Fee _____

Roofing Fee 100

Amount Paid 100 Check # 6552 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 23,880 TOTAL Fees 100

Signed X  Applicant

Signed  Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

4394
4687

Town of Sewall's Point

PIN. _____

Date 5/20/98

BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: REROOF CONTRACT PRICE 23,880⁰⁰

Owner's Name BILL ALEXANDER

Owner's Address 86 S. SEAWALL PT. RD. STUART, FL 34996

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

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

City _____ State _____ Zip _____

Contractor's Name SAMUEL E. CHASS

Contractor's Address 1218 SW. MANUSO AVE

City FT. ST. LUCIE State FL Zip 34953

Job Name ALEXANDER RESIDENCE

Job Address 86 S. SEAWALL PT. RD.

City STUART State FL Zip 34996

X Legal Description RIO VISTA S/D Lot 2

Bonding Company N/A

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name NONE

Architect/Engineer's Address _____

Mortgage Lender's Name NONE

Mortgage Lender's Address _____

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

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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

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

[Signature] _____ Date 5/21/98
Owner or Agent

[Signature] _____ Date 5/21/98
Contractor

COUNTY OF MARTIN
STATE OF FLORIDA

f Sworn to and subscribed before me this 21 day of May, 1998, by William T. Alexander who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.



DEBORAH D HAAS
My Commission CC443189
Expires Apr. 14, 1999
Bonded by NFNU
800-224-6368

Name: Deborah D Haas

(NOTARY SEAL)

Typed, printed or stamped

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

STATE OF FLORIDA
COUNTY OF MARTIN

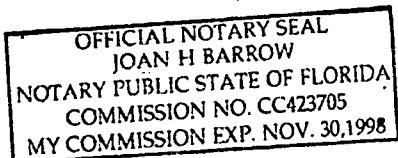
Sworn to and subscribed before me this 21st day of May, 1998 by Samuel Chess who: is/are personally known to me, or has/have produced F.I.D.I. as identification, and who did not take an oath.

Name: Joan H Barrow

(NOTARY SEAL)

Typed, printed or stamped

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



Certificate of Competency Holder

Contractor's State Certification or Registration No. RC - 0061026

Contractor's Certificate of Competency No. SP - 00320

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner



Town of Sewall's Point
Phone: (561) 267-2455 **Fax: (561) 220-4765**
One South Sewall's Point Road, Sewall's Point, Florida 34996

GENERAL CONDITIONS OF BUILDING PERMITS

All construction must conform to the Code of Ordinances of the Town of Sewall's Point, The South Florida Building Code (Dade County 1994 Edition updated to Supplement No. 4, January 1998, and Florida Statutes.

A Notice of Commencement is required for work, \$2,500 or more in value.

The Building Official does not have the authority to approve drawings or construction which would be in violation of the above mentioned Codes. Errors or omissions by the building department will not relieve the Owner or the Contractor from the above requirements, nor does this permit grant any waivers from the Code.

The permit is valid for one year, and may be renewed upon the payment of another permit fee equal to the original permit fee.

Wind load requirements for all new construction is based upon 140 MPH, exposure D as listed in ANSI/ASCE 7-88 approved November 27, 1990. Storm protection devices (shutters) are required on ALL windows and doors.

Permanent water and temporary or permanent electric service must be provided on site. Borrowing services from a neighbor is not allowed.

Toilet facilities for workers must be provided. Construction sites must be kept free of debris at all times. Trash containers are required on all construction sites. They should not be overflowing.

Inspections and permits may be suspended or revoked and the Town may take other actions for failure to correct defects, concealing work without an approval by inspection, or by any willful violations of the above conditions or special conditions noted on the construction documents including the permit.

Working Hours - 8:00 am until 5:00 pm, Mon. - Sat.

Building Permit Application Checklist

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

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

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

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

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

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

Other:

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

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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

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

X Rio Vista s/d lot 2 86 S. Sewalls Pt Rd

GENERAL DESCRIPTION OF IMPROVEMENT: GALVALUME SU CAMP METAL ROOF

OWNER: Bill Alexander

ADDRESS: 86 S. Sewalls Pt Rd, Stuart, FL 34996

PHONE #: 286-7499 FAX #: _____

CONTRACTOR: Samuel E Choss

ADDRESS: 1218 SW. MANCUSO AVE Pt St Lucie, FL 34953

PHONE #: (561) 336-2192 FAX #: _____

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: N/A

LENDER: NONE

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: Thomas A. Fogt, Esq.

ADDRESS: 700 Colorado Ave, Stuart, FL 34994

PHONE #: 561/288-3303 FAX #: 561/286-3303

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

PHONE #: _____ FAX #: _____

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

X [Signature]
SIGNATURE OF OWNER

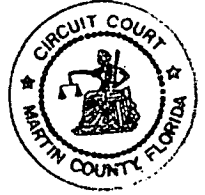
SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF May 1998 BY William T. Alexander

X [Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
BY [Signature] D.C.
DATE 5.21.98



ADMIN
VARIANCE

RESOLUTION NO. 579

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE APPLICATION OF WILLIAM T. ALEXANDER AND SALLIE S. ALEXANDER, HIS WIFE, FOR A VARIANCE OF FOUR (4) ENCROACHMENTS ON LOT 2, IN THE RIO VISTA SUBDIVISION, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 6, PAGE 95, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

WHEREAS, William T. Alexander and Sallie S. Alexander, his wife ("Applicants"), the owners of the above-described property, have applied for an administrative variance under the Code; 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 0.2 feet on the NW corners of the residence;
2. An encroachment of 0.4 feet on the NE corner of the residence;
3. An encroachment of 2.5 feet on the SE corner of the pool deck; and
4. An encroachment of 0.4 feet on the SE corner of the residence; and

WHEREAS, the Applicants filed a variance request pursuant to the Town Code; and

WHEREAS, the Town Commission held a public hearing on the variance on December 17, 2002; 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 sign their variance application;
3. 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;
4. The Town Building Department, upon the payment of the appropriate permit application fee and professional fees, shall issue a variance permit for the four (4) encroachments listed above, at 86 South Sewall's Point Road, Sewall's Point, Florida, in

accordance with the plans and specifications reviewed by the Town Commission at the public hearing (attached as Exhibit "A"); and

5. This Resolution shall not constitute permission or a license, either now or in the future, to conduct any activity other than the variance of the four (4) encroachments listed above as proposed by the Applicants in their permit application. Any material deviation in the encroachment permit, survey, drawings, plans, or other application materials provided by the Town Building Department by the Applicants, shall revoke the approval granted by this resolution and shall be a violation of the Town of Sewall's Point Code of Ordinances.

6. This Resolution shall be recorded by the Applicants in the Martin County, Florida Public Records at the Applicants' expense.

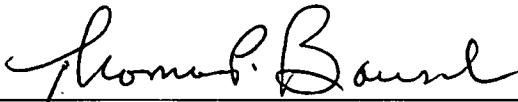
The vote was as follows:

	AYE	NAY
THOMAS P. BAUSCH, Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MARC S. TEPLITZ, Vice Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RICHARD L. BARON, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JAMES D. BERCAW, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. DANIEL MORRIS, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Mayor thereupon declared this Resolution approved and adopted by the Town

Commission of the Town of Sewall's Point on this 17th day of December, 2002.

TOWN OF SEWALL'S POINT, FLORIDA



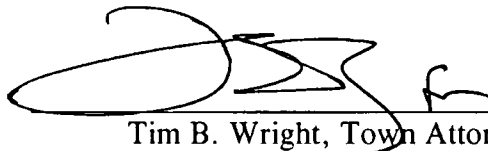
THOMAS P. BAUSCH, Mayor

ATTEST:



Joan H. Barrow, Town Clerk

(TOWN SEAL)



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



**BOUNDARY SURVEY
LOT 2, RIO VISTA SUBDIVISION
PLAT BOOK 6, PAGE 95
MARTIN COUNTY, FLORIDA.**

LEGAL DESCRIPTION:

LOT 2, RIO VISTA SUBDIVISION, ACCORDING TO THE PLAT THEREIN AS RECEIVED IN PLAT BOOK 6 PAGE 95 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SURVEYOR'S NOTES:

1. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND UTILITIES (EITHER ADJACENT TO THIS SITE, THE APPROPRIATE LOCATION OF ALL UTILITIES SHOWN HEREIN WERE TAKEN FROM AS-BUILT DRAWINGS AND/OR ON-SITE LOCATION) AND SHOULD BE VERIFIED BEFORE CONSTRUCTION.
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FENCES ON THE ADJACENT TO THIS SITE.
3. LANDS SHOWN HEREIN WERE SURVEYED WITHOUT THE BENEFIT OF TITLE SEARCH.
4. BEARINGS SHOWN HEREON REFER TO AN ASSIGNED MERIDIAN OF 110°27'15" W ALONG THE CENTERLINE OF SEWALL'S POINT ROAD.
5. ALL ELEVATIONS ARE BASED ON NATIONAL GEODETIC VERTICAL DATUM OF 1929.
6. LEGAL DESCRIPTION FURNISHED BY CLIENT.
7. THIS SITE LIES IN FLOOD ZONE "A10" (BASE ELEVATION = 5.0') AS SCALED AND INTERPOLATED FROM FEMA MAP NO. 12064-0100-01 DATED JULY 16, 1993.
8. SITE AREA: 16,374 SQUARE FEET OR 0.38 ACRES MORE OR LESS.
TOTAL IMPROVABLE AREA IS 3,824.69 SQUARE FEET OR 0.087 ACRES MORE OR LESS.
TOTAL RESIDUAL AREA IS 12,549.31 SQUARE FEET OR 0.287 ACRES MORE OR LESS.
CONCRETE PAD IS 14.15 SQUARE FEET OR 0.00032 ACRES MORE OR LESS.
WOOD FRAME RESIDENCE IS 2,000.00 SQUARE FEET OR 0.045 ACRES MORE OR LESS.
IMPROVED IMPERVIOUS COVERED TRAIL SPACE IS 1,814.50 SQUARE FEET OR 0.041 ACRES MORE OR LESS.
9. ALL DIMENSIONS MUST BE FIELD VERIFIED BEFORE CONSTRUCTION.

SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND MEETS THE MAXIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPPLERS IN CHAPTER 1101.05, F.L.A.C.S. AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A LICENSED FLORIDA SURVEYOR AND MAPPLER.

William & Sallie Alexander
WILLIAM & SALLIE ALEXANDER
PROFESSIONAL LAND SURVEYORS
NO. 4134 STATE OF FLORIDA

**BLOOMSTER
PROFESSIONAL LAND
SURVEYORS, INC.**
L.B. #008

791 NORTHEAST DIXIE HIGHWAY
JENSEN BEACH, FLORIDA 34957
PHONE 561-334-0848

PREPARED FOR: WILLIAM & SALLIE ALEXANDER
86 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, MARTIN COUNTY, FLORIDA



AMENDED PLAT OF HOMEROOD
PLAT BOOK 3, PAGE 35
MARTIN COUNTY, FLORIDA.

LOT 3

LOT 2

LOT 1

SEWALLS POINT ROAD
CRANES NEST

CRANES NEST

LEGEND

- PL. BERRY PINE
- (S) 6 PALMS
- P.S. PERMANENT PRESENCE MONUMENT
- C.S. CONCRETE BLOCK STRUCTURE
- R. RADIUS
- L. LENGTH
- D. DIRECTION
- EE. EASEMENT
- TL. TOWN HIGHWAY
- . OPEN CULVERT

CERTIFICATIONS:

1. WILLIAM AND SALLIE ALEXANDER
2. TOWN OF SEWALL'S POINT

RIVERVIEW DRIVE
 PART, FL 34996
 1238410010000023000000
 0010233502
 Subd: RIVERVIEW (SP)
 S/T/R:12/38/41
 Acreage:0.000
 Int:1.000000 1

ICDS Agr L:
 IFND Impr: 144,146
 S001 Mfd:
 T221 Pers:
 WSFM Min:
 Tot: 201,521 0100
 Mkt Ag:

RIVERVIEW DR SP

RAY, LYNN M
 RIVERVIEW S/D LOT 23

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties			
201,521	201,521	0	201,521	3,434.27	.00			
GEORGE KEITH E & MARGARET B CRANES NEST JANES FL 34996-6403						27514	REAL ESTATE	HX H6 C001 Mkt L: 79,200
						1238410020000001050000		ICDS Agr L:
						0010233528		IFND Impr: 136,825
						SP-04		S001 Mfd:
						Subd: RIO VISTA		T221 Pers:
						S/T/R:12/38/41		WSFM Min:
						Acreage:0.000		Tot: 216,025 0100
						Int:1.000000 2	CRANES NEST	SP Mkt Ag:

IO VISTA S/D LOT 1

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties			
216,025	182,092	25,000	157,092	2,677.13	.00			
WILLIAM T SOUTH SEWALL'S POINT RD PART, FL 34996						27515	REAL ESTATE	H6 HX C001 Mkt L: 88,000
						1238410020000002030000		ICDS Agr L:
						0010233536		IFND Impr: 206,340
						Subd: RIO VISTA		S001 Mfd:
						S/T/R:12/38/41		T221 Pers:
						Acreage:0.000		WSFM Min:
						Int:1.000000 86	S SEWALL'S POINT RD	SP Mkt Ag: 294,340 0100

EXANDER, SALLIE S

IO VISTA S/D LOT 2

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties			
294,340	228,493	25,000	203,493	3,467.88	.00			

ITSM "C"

10/29/2002
15:19:21

PROPERTY APPRAISER
2002 ASSESSMENT TAX ROLL

Owner	Acct/Geo/Old Acct/MPIN	Make/Model/Ser/Ttl/Lic	Exmpt Dist	Assessed
VASQUEZ, ALFREDO & CHARLENE M	17646	REAL ESTATE	H6 HX C001	Mkt L: 350
82 S SEWELL'S POINT RD	138410060010005030000		ICDS	Agr L: 516
STUART, FL 34996	0010142539		IFND	Impr: 516
			S001	Mfd:
			T221	Pers:
			WSFM	Min:
				Tot: 866
	Subd: HOMEWOOD			
	S/T/R:01/38/41			
	Acreage:0.000			
	Int:1.000000 82	S SEWALLS PT RD	SP	Mkt Ag:

HOMEWOOD, LOT 5 BLK A

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
866,283	866,283	25,000	841,283	14,336.98	.00
VASQUEZ, ALFREDO & CHARLENE M	17647		REAL ESTATE		C001 Mkt L: 350
82 S SEWELL'S POINT RD	138410060010006010000				ICDS Agr L:
STUART, FL 34996	0010142547				IFND Impr:
	SP-04				S001 Mfd:
	Subd: HOMEWOOD				T221 Pers:
	S/T/R:01/38/41				WSFM Min:
	Acreage:0.000				Tot: 350
	Int:1.000000				Mkt Ag:

HOMEWOOD, LOT 6 BLK A OR 350/1496

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
350,000	350,000	0	350,000	5,964.64	.00
SEYMOUR, MICHAEL W	17648		REAL ESTATE		H6 HX C001 Mkt L: 61
73 S SEWALLS POINT RD	138410060020001000000				ICDS Agr L:
STUART, FL 34996	0010142554				IFND Impr: 12
					S001 Mfd:
	Subd: HOMEWOOD				T221 Pers:
	S/T/R:01/38/41				WSFM Min:
	Acreage:0.000				Tot: 18
	Int:1.000000 73		SEWALL PT RD	SP	Mkt Ag:

JEFFCOAT, DANA

HOMEWOOD, LOT 1 BLK B OR 364/UJK.

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
				745.07	.00

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

THOMAS P. BAUSCH
Mayor

MARC S. TEPLITZ
Vice Mayor

E. DANIEL MORRIS
Commissioner

JAMES D. BERCAW
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 Mr. & Mrs. Alexander residing at 86 S. Sewall's Point Road

Date: December 11, 2002

Attached for your review and approval is an application for an administrative variance requested by Mr. & Mrs. Alexander residing at 86 S. Sewall's Point Road.

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

1. NW corner of residence - existing setback of 14.8 feet - required 15 feet. An encroachment of 0.2 feet exists.
2. NE corner of residence - existing setback of 14.6 feet - required 15 feet. An encroachment of 0.4 feet exists.
3. SE corner of pool deck - existing setback of 32.5 feet - required 35 feet. An encroachment of 2.5 feet exists.
4. SE corner of residence - existing setback of 14.6 feet - required 15 feet. An encroachment of 0.4 feet exists. (14.7) (14.8)

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 file of 86 S. Sewall's Point Road and have determined that the residence, which variances are applied, was permitted under permit number 1452 dated February 1982. The pool/deck for which a variance is applied was permitted under permit number 2613 dated September 1989.
3. I have received surveys (24" X 36" and one 8 1/2" 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.

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



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

GET OWNERS TO SIGN NO. OBJECTION.

TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: WILLIAM T & SALLIE S. ALEXANDER
2. Address of Property: 86 SOUTH SEWALLS PT. ROAD
3. Address of Applicant: 3727 SE. OCEAN BLVD. SEWALLS PT.
4. Phone Number of Applicant: 772-220-9909 (cell 772-486-3369)
5. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):

NW WALL 4.8" MAX. ENCROACHMENT

NE WALL 3.6" MAX ENCROACHMENT

SOUTH CORNER 4.8" ENCROACHMENT

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".

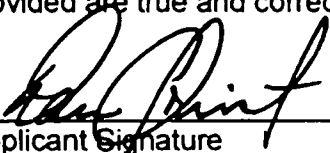
Surveys must be:

 - (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, ARCHITECT

Dated this 12 of Dec 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Keith E Bruce
 2 Cranes Nest
 Sewall's Point, FL 34996

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Beth Bruce* Agent Address

B. Received by (Printed Name) *BETH BRUCE* C. Date of Deliv *05 DEC 2002*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchand
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0510 0002 8995 6233

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Alfredo Vasquez
 82 South Sewall's Pt Rd
 Sewall's Point FL 34996

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Charlene Vasquez* Agent Address

B. Received by (Printed Name) *Charlene Vasquez* C. Date of Deliv *12/11/02*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchanc
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0510 0002 8998 7879

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Andrew T. Walker
 6 Cranes Nest
 Sewall's Point FL 34996

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *A.T. Walker* Agent Address

B. Received by (Printed Name) *Sydney Walker/25-a* C. Date of Deliv *12/11/02*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchanc
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0510 0002 8995 3812

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

6147

REMODEL

TOWN OF SEWALL'S POINT

Date 2/26/03

BUILDING PERMIT NO. 6147

Building to be erected for ALEXANDER, WM Type of Permit ADDITION/REMODEL

Applied for by JOHANSON HOMES INC (Contractor) Building Fee 101,250 x 9.60/1000 = 972.00

Subdivision RIO VISTA Lot 2 Block _____ Radon Fee _____

Address 86. S. SEWALL'S POINT Impact Fee _____

Type of structure SFR A/C Fee 120.00

QUAL: CHARLES JOHANSON

Electrical Fee 120.00

Parcel Control Number: LIC#: CGC 0A0529

Plumbing Fee _____

1238410020000002030000 Roofing Fee 120.00

Amount Paid _____ Check # _____ Cash _____ Other Fees (PLAN REV.) 97.20

Total Construction Cost \$ 101,250.00 TOTAL Fees 1429.20

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

- ELECTRICAL + A/C
- 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 _____

MASTER PERMIT NO. 6147

TOWN OF SEWALL'S POINT

Date 2/24/03

BUILDING PERMIT NO. 6148

Building to be erected for ALEXANDER, WM

Type of Permit AC-SUB

Applied for by JOHANSON HOMES (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 2 Block _____

Radon Fee _____

Address 86 S. SEWALL'S POINT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Qual: PHIL NISA

Electrical Fee PN 6147

Lic #: CAC041199

Parcel Control Number:
1238410020000002030000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ ~~_____~~

TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature] (Job)
Town Building Official

MASTER PERMIT NO. 6147

TOWN OF SEWALL'S POINT

Date 2/21/03

BUILDING PERMIT NO. 6149

Building to be erected for ALEXANDER, WM Type of Permit ELEC-SUB

Applied for by JOHANSON HOMES, INC (Contractor) Building Fee /

Subdivision RIO VISTA Lot 2 Block Radon Fee /

Address 86 S. SEWALL'S POINT ROAD Impact Fee /

Type of structure SER A/C Fee /

Quar. Albert Eberhardt

Parcel Control Number: Lot # ER0009428 Electrical Fee PN 6147

1238410020000002030000 Plumbing Fee /

Amount Paid / Check # / Cash / Other Fees (/) Roofing Fee /

Total Construction Cost \$ / TOTAL Fees /

Signed Albert Eberhardt

Applicant

Signed Gene Simmons (TOS)

Town Building Official

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 6150

Date 2/26/03

Building to be erected for ALEXANDER, WM Type of Permit ROOFING-SUB

Applied for by JOHANSON HOMES (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 2 Block _____ Radon Fee _____

Address 86 S. SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Quasi Sam's Chess
Lic#: RC-0061026


Electrical Fee PN 6147

Parcel Control Number: _____ Plumbing Fee _____

1238410020000002030000 Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed  Applicant

Signed Gene Summons (Rob) Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: MR & MRS WILLIAM ALEXANDER City: SEWALL'S POINT State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

Location of Job Site: 86 S. SEWALL'S POINT ROAD Type of Work To Be Done: REMODEL

CONTRACTOR/Company Name: JOHANSON HOMES INC. Phone Number: 772-281-5733

Street: 1501 DECKER AVE SUITE 101-A City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: CGC 040529 Martin County License Number: _____

ARCHITECT: WESSIEL ASSOCIATES AIA Phone Number: 220-9909

Street: 3727 S.E. OCEAN, SUITE 101 City: STUART State: FL Zip: 34996

ENGINEER: VAN GOLDSMITH CERT # FE 8620 Phone Number: 561-575-9144

Street: 17212 130TH AVE. N. City: JUPITER State: FL Zip: 33478

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 577 Garage: _____ Covered Patios: _____ Screened Porch: _____

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

Type Sewage: _____ Septic Tank Permit Number From Health Dept. NA Well Permit Number: NA

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$101,250.00 Estimated Fair Market Value (FMV) Prior

To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO

SUBCONTRACTOR INFORMATION

Electrical: ALBERTS ELECTRIC State: FL License Number: ME 0011A

Mechanical: NA-AIR State: FL License Number: CACG 41199

Plumbing: NA State: _____ License Number: _____

Roofing: ROOFING UNLIMITED State: FL License Number: SRA 0513

SAMUAL E CHEST FL SPO0320

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, 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) South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

THEREBY 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) [Signature]

State of Florida, County of: Martin

This the 15th day of November, 2002

by Allie D. Alexander who is personally

known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires: 6-27-2006

CONTRACTOR SIGNATURE (Required) [Signature]

On State of Florida, County of: Martin

This the 18 day of November, 2002

by Charles Johanson who is personally

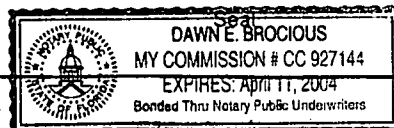
known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires: 4/11/04

KATHY A. JOHANSON
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION #DD129685
EXPIRES 06/27/2006
BONDED THRU 1-888-NOTARY1





STATE OF FLORIDA

AC#0644489

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC40529

10/08/02 200147456

CERTIFIED GENERAL CONTRACTOR
JOHANSON, CHARLES THOMAS
JOHANSON HOMES INC

IS CERTIFIED under the provisions of Ch.489 FS.

Expiration date: AUG 31, 2004 SEQ # L02100800302

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Staff Leasing Inc. d/b/a Gevity HR and its wholly owned subsidiaries including Gevity HR, LP; Gevity HR IV, LP; Gevity HR IX, LP; Gevity HR X, LP

600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



INSURANCE IN TOUCH WITH BUSINESS

Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Employers Liability	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Bodily Injury By Accident	Each Accident
			\$ 1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$ 1,000,000	Each Person

Other:

Employees Leased To:
12458.Johanson Homes Inc

Effective Date: 1/1/2001

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

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Johanson Homes Inc
1501 Decker Avenue #101-A
Stuart FL 34994

Trudy Williams
Authorized Representative

St. Louis, MO (877) 427-5567 9/17/2002
Office Phone Date Issued


ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID I.P JOHAN-1	DATE (MM/DD/YY) 02/20/03
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 Johanson Homes Inc 1501 SE Decker Ave Unit 101-A Stuart FL 34994		INSURERS AFFORDING COVERAGE	
		INSURER A:	Northern Insurance Co. of N Y
		INSURER B:	Auto-Owners Insurance Co
		INSURER C:	The Hartford Insurance Co.
		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	RCM17221848	09/18/02	09/18/03	EACH OCCURRENCE	\$ 100000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10000
					PERSONAL & ADV INJURY	\$ 500000
					GENERAL AGGREGATE	\$ 1000000
					PRODUCTS - COMP/OP AGG	\$ 1000000
					GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	4133827200	01/30/03	01/30/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 500000
	<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			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY	NOT COVERED			EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGGE6933	07/12/02	07/12/03	WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 100000
					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

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

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 <u>10*</u> 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 

Feb 20 03 01:56p Kathy Johanson 772-287-5718 P.2

2002-2003 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 288-5804

LICENSE 998-513-018 CERT _____

PHONE (561) 287-5733 SIC NO 001521

LOCATION:
1501 DECKER AVE 101A

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>	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

09 DAY OF SEPTEMBER 2002
AND ENDING SEPTEMBER 30, 2003

12 02090601 002 691

JOHANSON, CHARELS T
JOHANSON HOMES INC
1501 DECKER AVE UNIT 101-A
STUART FL 34994



**CITY OF STUART
OCCUPATIONAL LICENSE
2002-2003**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
892	17546	061001

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

BUSINESS TYPE **CONTRACTOR - GENERAL**

OWNER AND LOCATION **CHARELS T. JOHANSON
1501 DECKER AVENUE UNIT 101-A**

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS **JOHANSON HOMES, INC
CHARELS T. JOHANSON
1501 DECKER AVENUE UNIT 101-A
STUART, FL 34994**

DATE
09/23/2002

DIANNE O'DONNELL
CITY CLERK

AC#0644489

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02100800302

DATE	BATCH NUMBER	LICENSE NBR
10/08/2002	200147456	CGC40529

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



JOHANSON, CHARLES THOMAS
JOHANSON HOMES INC
1501 SE DECKER AVENUE #101
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

01-28-2002

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 02/18/2002
EXPIRATION DATE 02/18/2004
EXEMPTED INDIVIDUAL NAME EBERHARDT ALBERT E
S.S. 445-42-6913
BUSINESS NAME ALBERT ELECTRICAL SERVICES
FEIN
BUSINESS ADDRESS 45 SE ERIE TERRACE
STUART FL 34997

NOTE: Pursuant to Chapter 440.10(h),(g), 2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

DATE (MM/DD/YY)
 02/20/2003

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 Albert Eberhardt
 Albert's Electrical Services
 45 SE Erie Terrace
 Stuart, FL 34997 5554
 # ER 0009428

INSURER A: Owners Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liability plus GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	002312 20584263 02	03/01/2002	03/01/2003	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NONE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NONE			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	NONE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Town of Sewall's Point 1 S Sewall's Point Road Sewall's Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Joanne Wilson/JO <i>Joanne Wilson</i>

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (772) 546-3600 FAX (772) 546-1008
 Campbell-Wilson Ins. Agency
 8882 SE Bridge Road
 Hobe Sound, FL 33455

DATE (MM/DD/YYYY)
 01/16/2003

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 Albert Eberhardt
 Albert's Electrical Services
 45 SE Erie Terrace
 Stuart, FL 34997 5554
 # ER 0009428

INSURER A: Owners Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	002312 20584263 03	03/01/2003	03/01/2004	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) \$ 30,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/DP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY	NONE			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
	GARAGE LIABILITY	NONE			AGG \$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
	EXCESS LIABILITY	NONE			AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE
 Joanne Wilson/JO *Joanne Wilson*

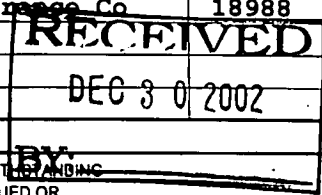
ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
NISAI-1

DATE (MM/DD/YYYY)
12/20/02

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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INSURED Nisair Air Conditioning Personalized Services Inc dba 1501 Decker Ave, Suite D404 Stuart FL 34994	<table border="1"> <tr> <td style="width: 70%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 30%;">NAIC #</td> </tr> <tr> <td>INSURER A: Southern Owners</td> <td>10190</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Southern Owners	10190	INSURER B: Auto Owners Insurance Co	18988	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Southern Owners	10190												
INSURER B: Auto Owners Insurance Co	18988												
INSURER C:													
INSURER D:													
INSURER E:													



COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20609861	12/20/02	12/20/03	EACH OCCURRENCE \$ 500000								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000												
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	96-826-376	12/20/02	12/20/03	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000								
	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

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

Air Conditioner Contractor - Florida Employees Only

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID C2 WISAT-1	DATE (MM/DD/YY) 01/02/03
PRODUCER The Plastridge Agency-80 811 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572		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 Nissair Air Conditioning Personalized Services Inc. dba 1501 Decker Avenue, #D404 Stuart FL 34994-3964		INSURERS AFFORDING COVERAGE	
		INSURER A: FCCI Insurance Co.	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (See schedule) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	44571	01/01/03	01/01/04	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 100000	E.L. DISEASE - EA EMPLOYEE	\$ 100000	E.L. DISEASE - POLICY LIMIT	\$ 500000
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$ 100000												
E.L. DISEASE - EA EMPLOYEE	\$ 100000												
E.L. DISEASE - POLICY LIMIT	\$ 500000												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 * 30 days notice of cancellation is required for Workers' Compensation as per FL Statute 440.42

CERTIFICATE HOLDER Town of Sewall's Point Dale Brown Building Inspector 1 S Sewall's Point Road Stuart FL 34996	N	ADDITIONAL INSURED; INSURER LETTER: TOWNSEI	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 Jean Rod Parks
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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
1501 DECKER AVE
#D-404
STUART

FL 34994

STATE OF FLORIDA AC# 0469768

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC041199 06/27/2002 011150837

CERTIFIED AIRCOND CONTR
NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2004 SEQ #L0206270066

DETACH HERE

AC# 0469768

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206270066

DATE	BATCH NUMBER	LICENSE NBR
06/27/2002	011150837	CAC041199

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



NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
1501 DECKER AVE
#D-404
STUART

FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: ME00114
Expires September 30, 2003

Name: ALBERT E. EBERHARDT
Company: ALBERT'S ELECTRICAL SVCS
Address: 45 SE Erie Ter
City: ST: Stuart FL 34997
License Type: MASTER ELECTRICIAN

AC# 0531605

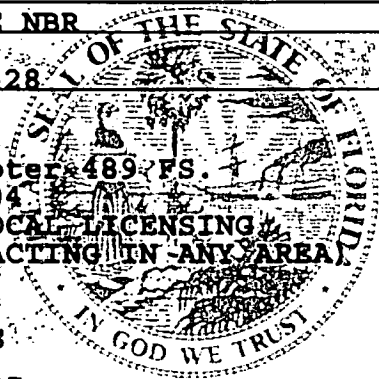
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECTRICAL CONTRACTORS LICENSING BOARD SEQ# L02081402333

DATE	BATCH NUMBER	LICENSE NBR
08/14/2002	492706341	ER0009428

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

EBERHARDT, ALBERT E
 ALBERT'S ELECTRICAL SERVICES
 45 SE ERIE TERRACE
 STUART FL 34997



JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
 SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/23/03

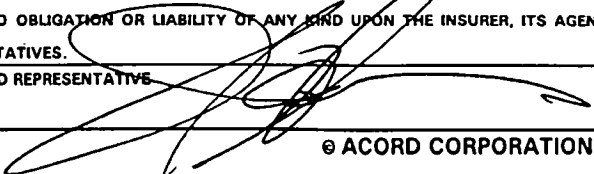
PRODUCER Admiral Insurance Associates 2313 S Kanner Hwy Stuart, FL 34994 772 781-1099	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE
INSURED Samuel Chess & John Jones 1218 SW Mancuso Ave Pt. St. Lucie, FL 34953	INSURER A: ESSEX INSURANCE CO.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3AQ5042	06-17-02	06-17-03	EACH OCCURRENCE \$100,000	
	FIRE DAMAGE (Any one fire) \$EXCLUDED					
	MED EXP (Any one person) \$EXCLUDED					
	PERSONAL & ADV INJURY \$EXCLUDED					
	GENERAL AGGREGATE \$100,000					
	PRODUCTS - COMP/OP AGG \$100,000					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	OTHER					

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

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point Fl. 34996	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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STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 12/11/2001
EXPIRATION DATE 12/11/2003
EXEMPTED INDIVIDUAL NAME CHESS SAMUEL E
S.S. 262-53-5297
BUSINESS NAME CHESS SAMUEL E
FEIN 650074550
BUSINESS ADDRESS 1218 SW MANCUSO AVENUE
PORT SAINT LUCIE FL 34953

NOTE: Pursuant to Chapter 440.10(1)(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 12/11/2001

EXPIRATION DATE 12/11/2003

EXEMPTED PERSON LAST NAME CHESS

FIRST NAME SAMUEL E

SOCIAL SECURITY NUMBER 262-53-5297

BUSINESS NAME CHESS SAMUEL E

FEDERAL IDENTIFICATION NUMBER 650074550

BUSINESS ADDRESS 1218 SW MANCUSO AVENUE

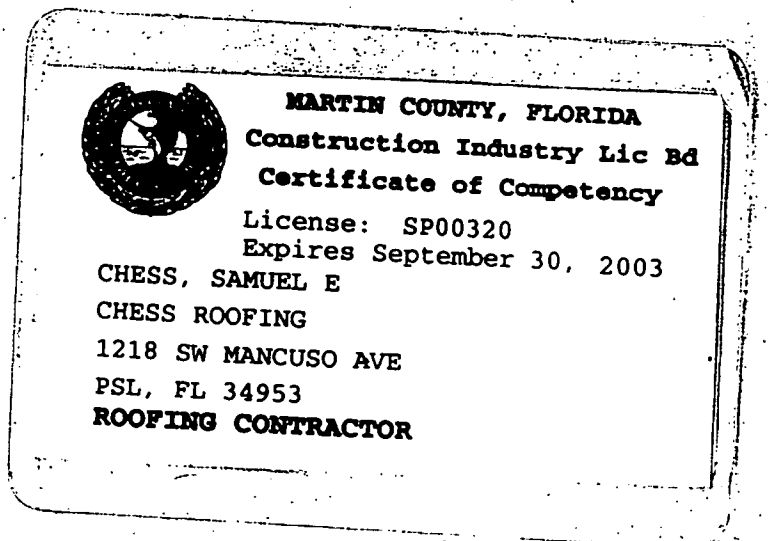
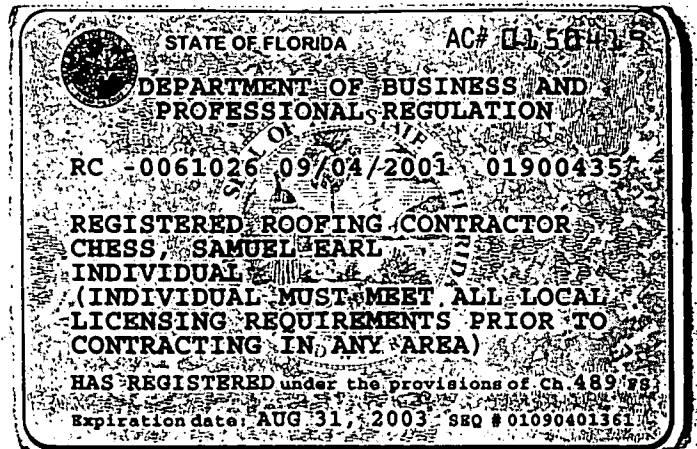
PORT SAINT LUCIE FL 34953

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NOTE: Pursuant to chapter 440.10(1)(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.



Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Staff Leasing Inc. d/b/a Gevity HR and its wholly owned subsidiaries including Gevity HR, LP; Gevity HR IV, LP; Gevity HR IX, LP; Gevity HR X, LP

600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



INSURANCE IN TOUCH WITH BUSINESS

Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employers Liability	
			Bodily Injury By Accident \$ 1,000,000	Each Accident
			Bodily Injury By Disease \$ 1,000,000	Policy Limit
			Bodily Injury By Disease \$ 1,000,000	Each Person

Other:

Employees Leased To:
12458.Johanson Homes Inc

Effective Date: 1/1/2001

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

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Johanson Homes Inc

1501 Decker Avenue #101-A

Stuart FL 34994

Trudy Williams
Authorized Representative

St. Louis, MO (877) 427-5567
Office Phone

9/17/2002
Date Issued

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LP
JOHAN-1

DATE (MM/DD/YY)
08/28/02

PRODUCER
R.V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996
Tel: 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
Johanson Homes Inc
1501 SE Decker Ave
Unit 101-A
Stuart FL 34994

INSURERS AFFORDING COVERAGE

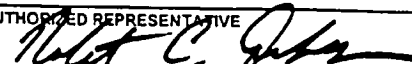
INSURER A:	Northern Insurance Co. of N Y
INSURER B:	Auto-Owners Insurance Co
INSURER C:	The Hartford Insurance Co.
INSURER D:	
INSURER E:	

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	RGM17221848	09/18/02	09/18/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 500000
					GENERAL AGGREGATE \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	4133827200	01/30/02	01/30/03	COMBINED SINGLE LIMIT (Ea accident) \$ 500000
	<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			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY	NOT COVERED			EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER	07/12/02	07/12/03	WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$ 100000
					E.L. DISEASE - EA EMPLOYEE \$ 100000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
		MARTI03	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.
MARTIN COUNTY CONTRACTORS CERTIFICATION & LICENSING DIV. 2401 SE MONTEREY ROAD STUART FL 34996			AUTHORIZED REPRESENTATIVE 

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT**

**Design Certification for Windload Compliance By Architect or Engineer of Record
(To be submitted with application and construction drawing for permit)**

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

ALEXANDER RESIDENCE ADDN.
86 SOUTH SEWALL'S PT. ROAD
SEWALL'S PT., FL 34996

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONSTRUCTION TYPE _____

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specification have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced the Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

BUILDING PARAMETERS AND ANALYSIS

**CODE EDITIONS: 2001 FLORIDA BUILDING CODE
CHAPTER 6 OF ASCE 7-98**

Building Design as: Partially Enclosed _____ Enclosed Open _____ Wind Tunnel Test _____
Basic Wind Speed: 140 MPH 3 Second Gusts _____ Importance/Use Factor 1
Velocity Pressure 42.8 psf Garage Door Design Pressure NA +(psf) (End Zone) 37.7 +psf -45.5 +psf
Door Design Pressure (Int. Zone) 50.2 +psf 54.9 -psf (End Zone) 50.2 +psf 54.9 -psf
Window Design Pressure (Int. Zone) 44.7 +psf 48.6 -psf (End Zone) 54.2 +psf 58.9 -psf
Minimum Soil Bearing Pressure 2500 psf Exposure C Mean Building Height 20
Floor Loads 40 Roof Dead Load 15 Shear Wall Considered Yes _____ No _____
Continuous Load Path Provided Yes _____ No _____
Components and Cladding Details Provided Yes _____ No _____
Impact Protection (Exterior Openings): Approved Shutters _____ Impact Resistance Class
(Must be indicated on permit documents for all residential/commercial buildings, alterations and renovations)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME: Van Goldsmith
CERTIFICATION# PE 8620
DATE: 10-23-02
DESIGN FIRM: GOLDSMITH ENGINEERING & INC.
Job 1734

SEAL

Van Goldsmith
10-29-02

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-002-000-00020,30000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: REMODEL GARAGE, ENTRY

OWNER: MR. & MRS WILLIAM ALEXANDER

ADDRESS: 86 SOUTH SEWELL'S POINT RD. SEWELL'S POINT, FL. 34996

PHONE #: 286-7499

FAX #: _____

CONTRACTOR: JOHANSON HOMES INC.

ADDRESS: 1001 DECKER AVE SUITE 101-A STUART, FL. 34994

PHONE #: 287-5733

FAX #: 287-5718

SURETY COMPANY(IF ANY) Homeside Lending

ADDRESS: PO Box 47524

STATE OF FLORIDA
MARTIN COUNTY

PHONE # 1-800-342-7581

FAX #: _____ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

BOND AMOUNT: _____

MARSHA EWING, CLERK

LENDER: _____

BY: Linda Phares D.C.

ADDRESS: _____

DATE: 11-18-02

PHONE #: _____

FAX #: _____

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

NAME: NA

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

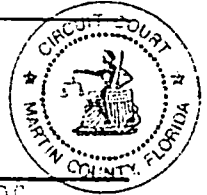
Dallie J Alexander
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th DAY OF November 19 2002 BY Dallie J. Alexander

OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____

Kathy A. Johanson
NOTARY SIGNATURE

KATHY A. JOHANSON
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION #00126688
EXPIRES 06/27/2008
BONDED THRU 1-688-NOTARY1



SEPTIC SYSTEM SPECIAL CONDITIONS LIST

PERMIT 43-SS- 4106

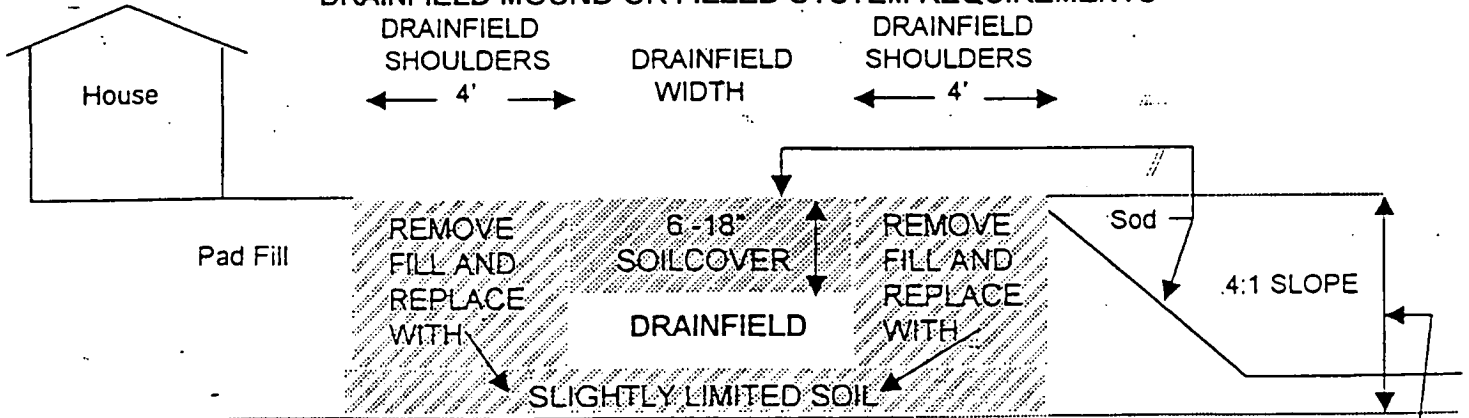
Special conditions marked "X" are in effect

1. Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation. The driveway cannot be constructed within 4 feet of the system's available area.
2. Drainfield must be protected from vehicular traffic with permanent barriers.
3. A certified well driller, prior to the initial building construction or system inspection, must abandon existing well.
4. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$ _____ Annual Permit Fee (For _____ Indust./Manuf. _____ Aerobic System _____ Commercial System _____ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

1. Excavate one foot beyond drainfield area to a depth of _____ inches below natural/ existing grade elevation of _____ feet N.G.V.D. / Assumed.
2. In addition to item #1, 33% of unsuitable soils at depths greater than _____ inches below #1 elevation above must be removed to a depth of slightly limited soils.
Unsuitable fill is, brought in to the installation area - this will have to be removed -
3. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the five-foot drainfield shoulder must be filled with suitable soils prior to building construction.
4. If a mound or filled drainfield is proposed, see following sketch. No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

DRAINFIELD MOUND OR FILLED SYSTEM REQUIREMENTS



Note: Soil cover over the drainfield should be slightly limited soil, the same as used on sides and under the drainfield. Moderate limited soil may be use.

NATIVE UNFILLED SOIL

Fill amount required as specified on permit.

1' BEYOND DRAINFIELD 1'
"EXCAVATED AREA"
SEE REQUIREMENTS ABOVE

[Signature] 01-0115 02/10/03
Completed By _____ Date _____

Martin County Health Department

THIS PLAN IS APPROVED FOR:

Septic System: Approval # 4355 4106

Well Location: Approval # 43-

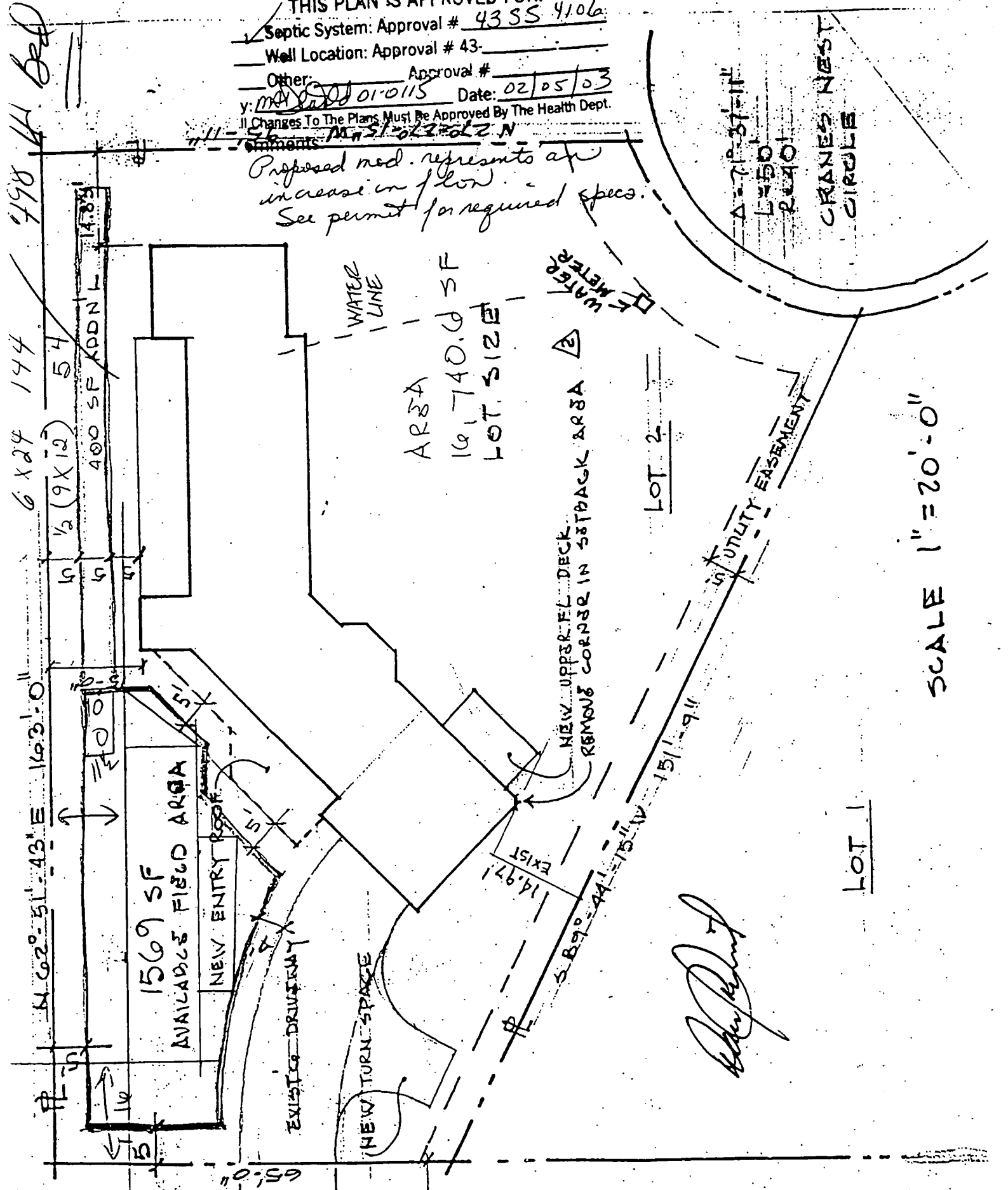
Other: Approval #

y: MA 01/01/15 Date: 02/05/03

All Changes To The Plans Must Be Approved By The Health Dept.

Comments: MA 51-022-022 N

Proposed mod. represents an increase in flow. See permit for required specs.



AREA 16,740.0 SF LOT SIZE

LOT 2

UTILITY EASEMENT

LOT 1

SCALE 1" = 20'-0"

[Handwritten Signature]

CRANES NEST CIRCLE
L 450
R 401
Δ = 71° 37' 11"

998 ft Bed

6 x 24 144
5 1/2 (9x12) 54
400 SF KDDNL 14.85

65'-0"
116
15

EXIST 14.971

NEW UPPER FL. DECK
REMOVE CORNER IN BACK AREA

EXISTING DRIVEWAY
(NEW TURN SPACE)

1569 SF
AVAILABLE FIELD AREA
NEW ENTRY ROOF

WATER LINE

WATER METER



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

Building Dept

CENTRAX #: 43-SS-04106
 OSTDSNBR: 03-0054-E

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Innovative Other
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: ALEXANDER, WILLIAM & SALLIE AGENT: N/A, N/A

PROPERTY STREET ADDRESS: 86 S SEWALLS POINT Rd SEWALL'S POINT FL 33494

LOT: 2 BLOCK: _____ SUBDIVISION: RIO VISTA
 [Section/Township/Range/Parcel No.]
 PROPERTY ID #: 1238410020000002 [OR TAX ID NUMBER]

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

SYSTEM DESIGN AND SPECIFICATIONS

(EXISTING TANK)
 T [1200] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: []
 A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
 N [0] GALLONS GREASE INTERCEPTOR CAPACITY
 K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [769] SQUARE FEET PRIMARY DRAINFIELD SYSTEM *(BED ONLY See diagram of possible installation)*
 R [0] SQUARE FEET SYSTEM *(50x12) + (6x24) + 1/2(9x12)*
 A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND []
 I CONFIGURATION: [] TRENCH [] BED [] _____
 N _____

F LOCATION TO BENCHMARK: Grade Next To Fence At NW Corner @ 3.4 NGVD
 I ELEVATION OF PROPOSED SYSTEM SITE [1.0] [INCHES] [] BELOW BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [5.0] [INCHES] [] ABOVE BENCHMARK/REFERENCE POINT
 L
 D FILL REQUIRED: [24.0] INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: [0.0] INCHES
 OTHER REMARKS:

Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation (Filled elevation is estimated to be 5.7 NGVD). "Fill Required" as noted above must be slightly limited quality in the available area with a minimum of a four feet shoulder beyond the drainfield location (any unsuitable pad fill in the four foot shoulder and drainfield installation area must be removed and replaced with suitable soil). All wells must be properly installed and marked. The drainfield must be at least 16 feet from the front and 11.5 feet from the side property line(s). Install an approved outlet filter device in the septic tank. Outlet filter must be accessible during inspection. Continued on Page Two of Four

SPECIFICATIONS BY: DeWald, Angeline *Angeline DeWald* TITLE: EH Specialist II

APPROVED BY: Cross, Ray TITLE: Environmental Supervisor Martin CHD


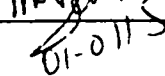
DATE ISSUED: 2/10/03 EXPIRATION DATE: _____

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
 (Stock Number: 5744-001-4016-0) (ostds_cons_4016-1)

43-SS-04106

Page Two of Four

A minimum of 6" and a maximum of 18" of moderately or slightly limited soil cap allowed over drainfield. A minimum Category 2 tank is required based on gravity flow from the tank and no more than 18" of soil cover. Deviations from this must be approved in advance of construction. Existing septic tank must be pumped and abandoned as described on page three. Repaired drainfield must be properly graded and stabilized within 14 days of system construction approval.

SPECIFICATIONS BY: DeWald, Angeline  TITLE: EH Specialist II
APPROVED BY: Cross, Ray  TITLE: Environmental Supervisor Martin CHD
DATE ISSUED: 2/10/03 EXPIRATION DATE: _____
DH 4016, 03/97 (Obsoletes previous editions which may not be used)



Martin County Health Department

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 4106

Existing / Mod

- If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of 24 inches (above original grade 3.3), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.
- If gravity flow from the building to the septic tank cannot be maintained, this permit must be revised to show an approved drainfield dosing pump system.
- For systems that require dosing pump(s), an operational test of the pumps and high water alarm (audible and visual) is required prior to final construction approval.
- For single-family homes, if the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.
- If fill is required, contact Martin County or your city building division for requirements.
- Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- Septic system must be installed in unobstructed area as shown on the approved site plan. Any alteration of the information or conditions of this permit found to be in non-compliance with 64E-6, Florida Administrative Code, or Chapter 381, Florida Statute, will be sufficient cause for revocation of this permit. If any information on a permit changes, an amended application and \$25 review fee must be submitted to our office immediately.
- Future ponds or surface water created onsite must be greater than 75' from septic system.
- Septic system must be a minimum of 15 feet from groundwater interceptor drains and 15 feet from the design high-water line of retention areas, detention areas, or swales designed to contain standing or flowing water for less than 72 hours after a rainfall or the design high-water level of normally dry drainage ditches or normally dry individual lot storm water retention areas.
- The mound area must be sodded prior to a request for final grade inspection.
- Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed.
- Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from the system or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the system. In no case can the sleeved line be located within 24 inches of the system or at an elevation lower than the bottom of the drainfield.
- A well construction permit from our office is required prior to well installation.
- \$70.00 reinspection fee is required if the well is not installed at time of initial septic system inspection and a \$25.00 re-inspection fee is required if violations are found during the septic system inspection.
- For repairs, the septic tank must be pumped prior to installation of the drainfield.
- To abandon a septic tank, the tank must be pumped, the bottom opened or ruptured, or the entire tank must be collapsed to prevent the tank from retaining water, and the tank must be filled with clean sand, and then completely covered with soil. If an inspector does not witness the work, the contractor must submit a statement that the work was completed.
- The organic vegetation layer at the existing grade must be removed from the fill area and slightly limited soil must be placed under the drainfield.
- If a professional engineer designs the septic system, the engineer must certify that the installed



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. 43554106

APPLICANT: Sallie Alexander AGENT: _____

LOT: 2 BLOCK: _____ SUBDIVISION: Rio Vista

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 0.38 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 500 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: 950 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1569 SQFT UNOBSTRUCTED AREA REQUIRED: 1538 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Grade next to fence NW corner @ 3.4 NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 1 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 60 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 3.3 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 5/1-6/1 gray	Sand	0 TO 12
10YR 6/2 Lt Br Gray	Sand	12 TO 24
10YR 7/1 Lt Gray	Sand	24 TO 36
10YR 5/3-4 Br	Sand	36 TO 48
10YR 5/4 Br Yel	Sand	48 TO 54
10YR 3/2 Very Dk Br Yel P S		54 TO 56
		TO
Stopped @ 56" - collapsing too much due to		
		TO 4.0
Saturated @ 30"		
		TO
USDA SOIL SERIES: #41 Jonathan sand like		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 5/1 gray	Sand	0 TO 6
10YR 6/1 gray	Sand	6 TO 18
10YR 7/1 gray	Sand	18 TO 30
10YR 6/2 Lt Br Gray	Sand	30 TO 38
10YR 5/3-5/4 Br-Yel Br.	Sand	38 TO 50
		TO
Stopped @ 50" - collapsing too much due to		
		TO 4.0
		TO
		TO
USDA SOIL SERIES: #41 Jonathan sand like		

transition to #35 Salerno-like lat @ 20"

OBSERVED WATER TABLE: 20 INCHES [ABOVE] [] BELOW EXISTING GRADE. TYPE: [PERCHED] [] APPARENT
ESTIMATED WET SEASON WATER TABLE ELEVATION: 10 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: RFS 0.57 / 0.65 DEPTH OF EXCAVATION: None INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA:
Had next to fence NW corner shown as 3.4 on survey. = 4' 3/4" = 48.75"
Had over existing Md 2' 9 1/2" - 14" over
Site 1 = 4' 2" - 1.3 FP in. ≈ 3.3 Site 2 = 4' 1 3/4" - other side of DW away from D.F. ≈ 3.3
SITE EVALUATED BY: M.A. [Signature] 01-0115 DATE: 02/07/03

RECEIVED
JAN 21 2003

MARTIN COUNTY
HEALTH DEPARTMENT



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

PERMIT NO. 43-83-4106
DATE PAID: 1/15/03
FEE PAID: 25-115
RECEIPT #: 1999 60661

03-0054-E

APPLICATION FOR:

- New System
- Existing System
- Repair
- Abandonment
- Holding Tank
- Temporary
- Innovative
-

APPLICANT: Sallie Alexander Charlie misc 727884
cell - 200-8884
287-5733

AGENT: CET TELEPHONE: 220-0810

MAILING ADDRESS: 2952 SE Maroc St Stuart FL 34997

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 2 BLOCK: _____ SUBDIVISION: RIO VISTA PLATTED: _____

PROPERTY ID #: 1238410020000002-0-3 ZONING: RES I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 16,740 sq ft = 0.38 acre ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 86 S. SEWALL'S POINT RD.

DIRECTIONS TO PROPERTY: TURN SOUTH OFF E. OCEAN BLVD ONTO S. SEWALL'S POINT RD, HOUSE ON LEFT

BUILDING INFORMATION

- RESIDENTIAL
- COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>single family</u>	<u>3</u>	<u>3001 + 577</u>	<u>ADDITIONAL</u>
2			<u>+ 127</u>	
3			<u>TOTAL 704</u>	
4			<u>overall total 3705</u>	

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Bert Hoffman DATE: 1-15-03



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. 4355 4106

APPLICANT: Sallie Alexander AGENT: CPT

LOT: 2 BLOCK: _____ SUBDIVISION: RIO VISTA

PROPERTY ID # 123841002 0000002.0-3 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION: Top of tank
ELEVATION OF PROPOSED SYSTEM SITE IS 6 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT. DITCHES/SWALES: 5 FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 10 FT POTABLE WATER LINES: 15 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/2	Fill	0 TO 20
6/1	Sand	20 TO 30
7/2		30 TO 60
refuse		TO
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Jonathan #41</u>		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/2	Fill	0 TO 20
6/1	Sand	20 TO 30
7/2		30 TO 58
4/4		58 TO 62
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Jonathan #41</u>		

OBSERVED WATER TABLE: 34 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 30 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: .8 DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: Adding onto house

SITE EVALUATED BY: Bret Hoffman DATE: 1-15-03



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # 43 SS 4106

APPLICANT: Sallie Alexander

CONTRACTOR / AGENT: CET

LOT: 2 BLOCK: _____ SUBDIV: BID VISTA ID#: _____

=====

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

=====

EXISTING TANK INFORMATION

1000 900 gal / per pig. permit, MD
 1000 GALLONS SEPTIC TANK/GPD AND LEGEND: None Found MATERIAL: concrete BAFFLED: (Y / N)
 GALLONS SEPTIC TANK/GPD AND LEGEND: _____ MATERIAL: _____ BAFFLED: (Y / N)
 GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____ BAFFLED: (Y / N)
 GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: ()

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON / /, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____ BUSINESS NAME _____ DATE _____

EXISTING DRAINFIELD INFORMATION

300 357 per pig. permit, MD
 300 SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES () DIMENSIONS: 15 x 20
 SQUARE FEET SYSTEM NO. OF TRENCHES () DIMENSIONS: X
 TYPE OF SYSTEM: STANDARD FILLED MOUND
 CONFIGURATION: TRENCH BED
 DESIGN: HEADER D-BOX GRAVITY SYSTEM DOSED SYSTEM
 ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 28 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

1982 per permit info attached MD
 SYSTEM INSTALLATION DATE TYPE OF WASTE DOMESTIC COMMERCIAL
 GPD ESTIMATED SEWAGE FLOW BASED ON METERED WATER TABLE 1, 64E-6, FAC

SITE DRAINAGE STRUCTURES POOL PATIO / DECK PARKING
 CONDITIONS: SLOPING PROPERTY

NATURE OF HYDRAULIC OVERLOAD SOILS MAINTENANCE SYSTEM DAMAGE
 FAILURE: DRAINAGE / RUN OFF ROOTS WATER TABLE

FAILURE SEWAGE ON GROUND TANK D BOX/HEADER DRAINFIELD,
 SYMPTOM: PLUMBING BACKUP

REMARKS/ADDITIONAL CRITERIA No Failure at this time. Adding onto house

SUBMITTED BY: But Miller

TITLE/LICENSE SK0981297

DATE: 1-15-03

Martin County Health Department

THIS PLAN IS APPROVED FOR:

Septic System: Approval # 43554106

Well Location: Approval # 43-

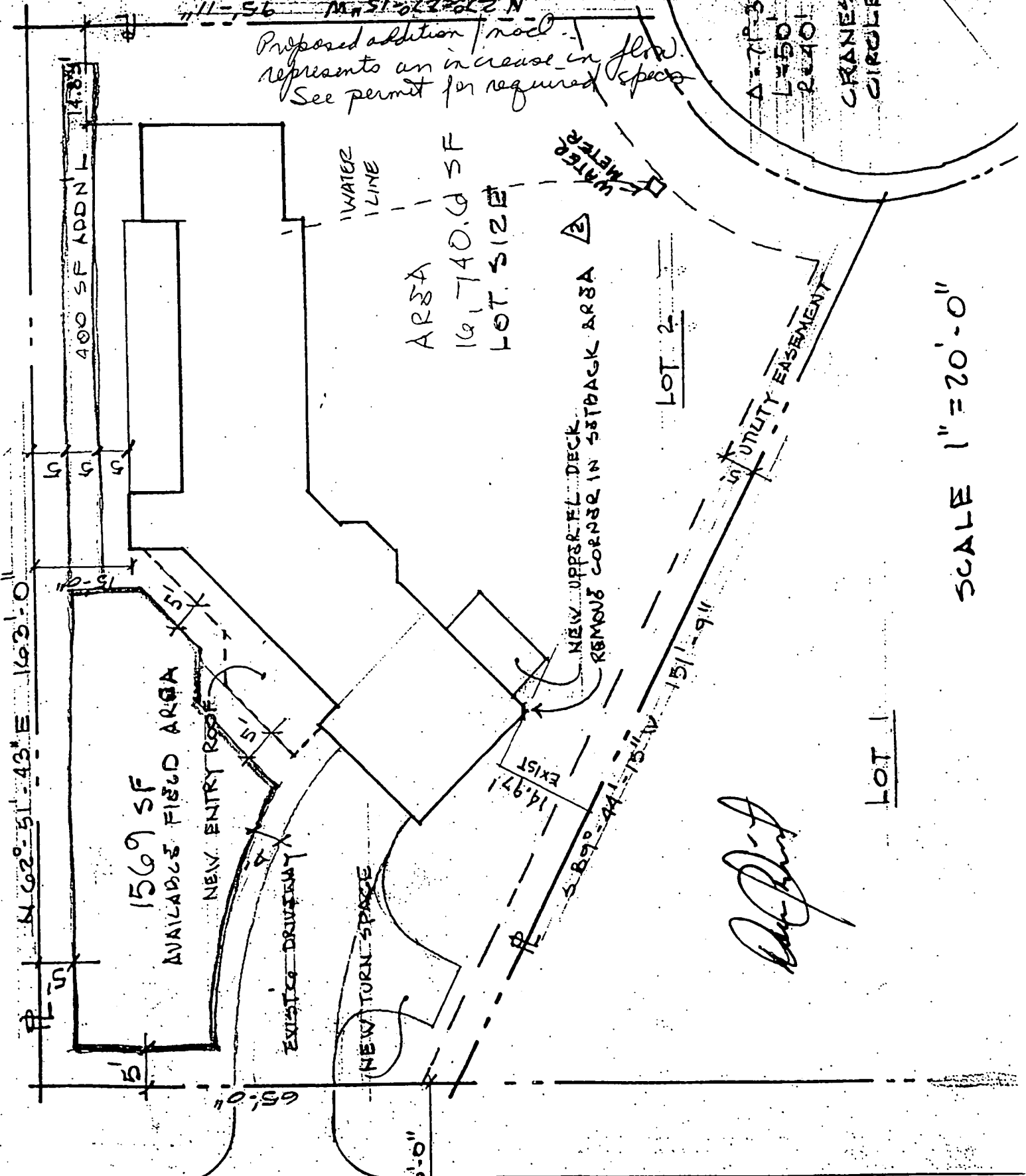
Other: Approval #

MAI 01-015 Date: 02/05/03

Changes To The Plans Must Be Approved By The Health Dept.

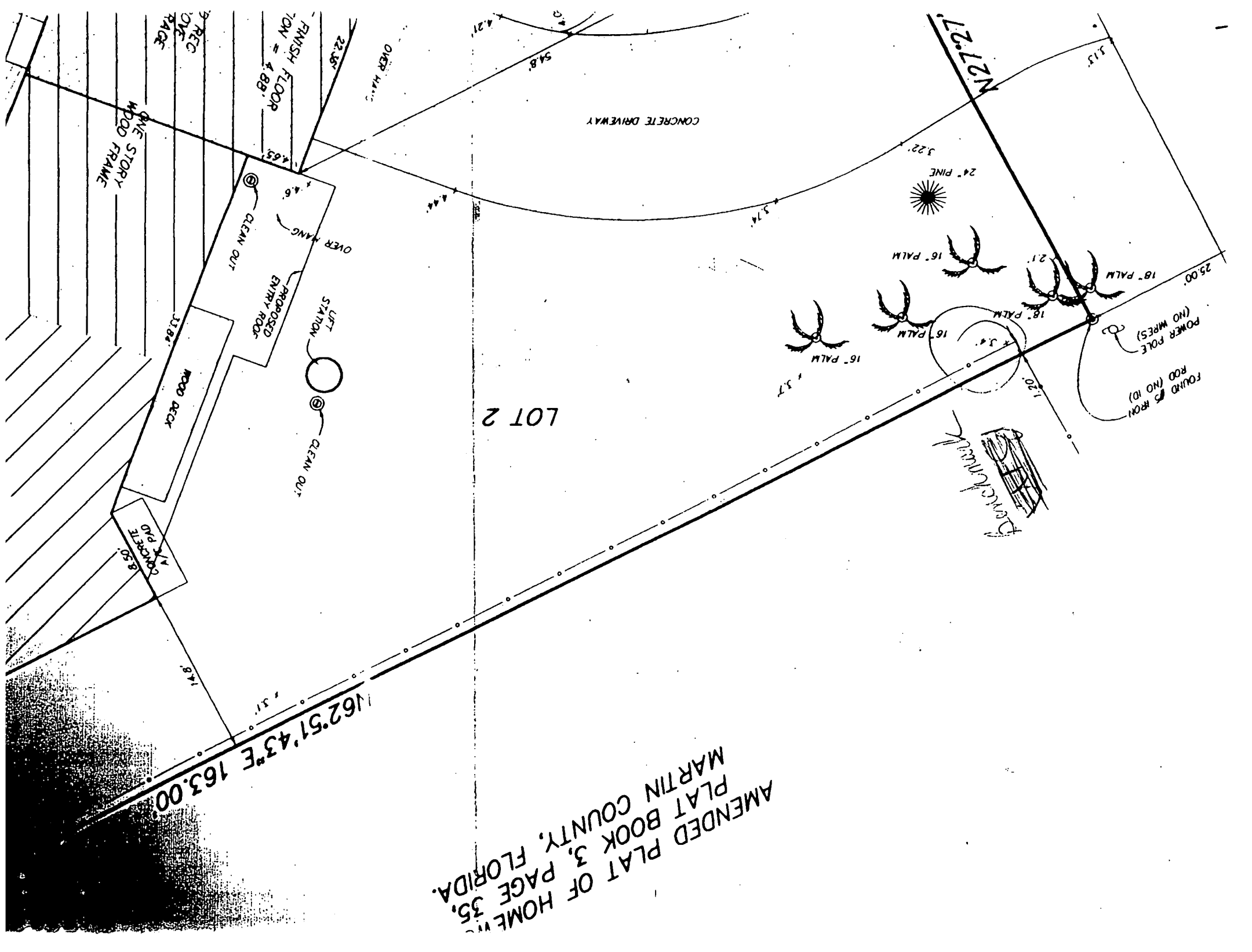
Comments:

Proposed addition/mod represents an increase in flow. See permit for required specs



SCALE 1" = 20'-0"

Handwritten signature



L2.L2N

CONCRETE DRIVEWAY

LOT 2

ONE STORY WOOD FRAME

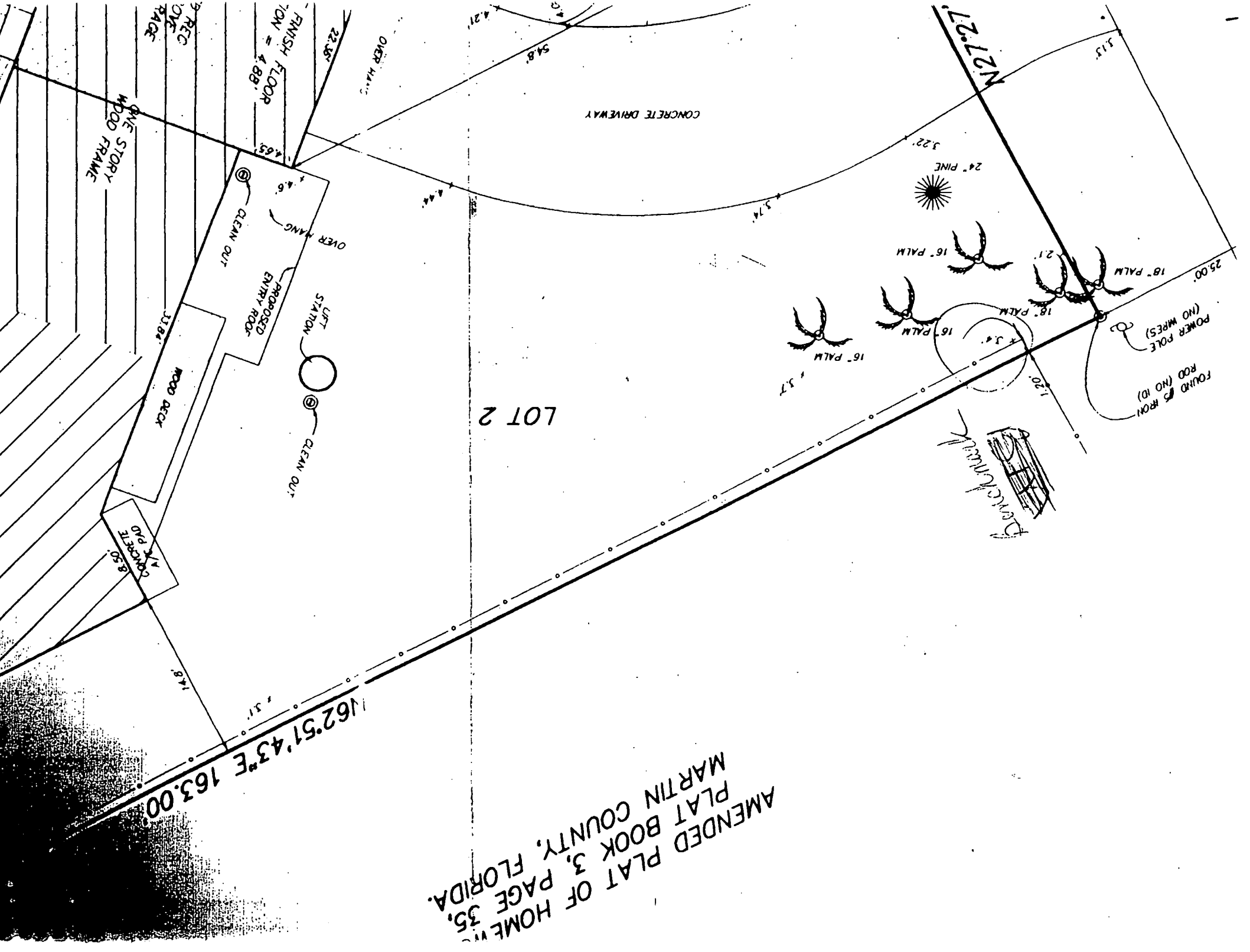
CONCRETE

162.51'43"E 163.00'

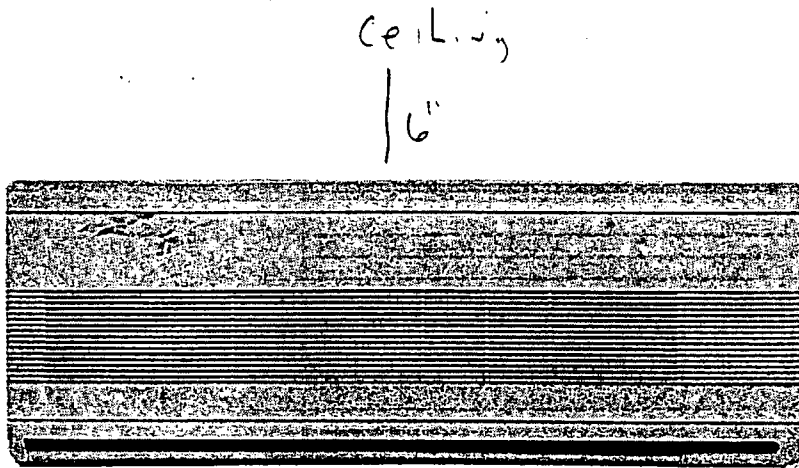
AMENDED PLAT OF HOME
 PLAT BOOK 3, PAGE 35,
 MARTIN COUNTY, FLORIDA.

POWER POLE
 (NO WRES)
 FOUND 5' FROM
 ROD (NO ID)

Handwritten note:
 Bench mark



Goodman®



20"

Below Ceiling
ceiling
ceiling

1 THRU 2 TON 60 HZ DUCTLESS SPLIT SYSTEM HEAT PUMP INDOOR SECTIONS

Description / Application

- Wall mounted ductless split system design for residential and light commercial applications.
- Ideal for new or existing construction where duct work is not present or is difficult to install.

Construction

- Cabinet high impact and chemical resistant thermoplastic.
- Coil constructed of hydrophilic coated aluminum fins and copper tubes.

ISO-Certification

- Manufacturing facility is ISO 9000 certified.

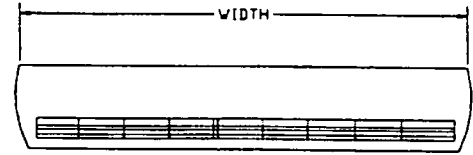
Standard Equipment / Features

- Simple easy-to-use wireless remote control provides local zone control for the living and work environment.
- Microprocessor control provides 12 hour timer with energy savings sleep mode.
- 3-Speed motor and single blower design for ultra quiet operation and maximum air flow through multi-flap 4-way discharge louvers.
- Permanent easy to remove and clean filters help to remove airborne dust and keep the system operating at maximum capacity and efficiency.
- Designer cabinet blends into any decor.
- Designed for ease of installation - all electrical wiring and refrigerant tubing connect to the outdoor unit through the same opening in the wall.

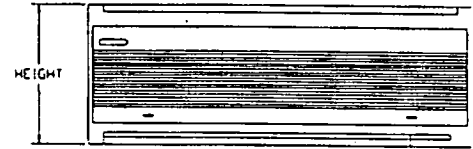
SPECIFICATIONS:

MODEL	WMH12-1	WMH18-1	WMH24-1
CONTROL	LCD MICRO COMPUTER REMOTE CONTROL		
DISCHARGE AIR	LOUVER (UP & DOWN) & GRILLE (LEFT & RIGHT)		
ROOM TEMPERATURE	ELECTRONIC THERMOSTAT		
RATINGS			
NOMINAL CAPACITY (KCAL/H / BTUH)	220/240 / 1 / 60		
COOLING	2772 / 11,000	4032 / 16,000	4662 / 18,500
HEATING	2648 / 10,500	3906 / 15,000	4662 / 18,500
SEER / COP (see footnote 1) (COOLING / HEATING)	10.0 / 2.50	10.0 / 2.75	10.0 / 2.72
MIN. CIRCUIT AMPACITY (A) (see footnote 1)	7.9	12.3	15.0
MAX. OVERCURRENT PROTECTION (A) (see footnote 1)	15	25	30
AIRFLOW (cm ³ / dm ³)	8.22 / 290	11.9 / 420	15.3 / 540
SOUND PRESSURE			
HIGH FAN (dBA)	43	48	52
MED. FAN (dBA)	41	44	48
LOW FAN (dBA)	39	39	45
BLOWER WHEEL	TANGENTIAL		
MOTOR			
NO. POLES	4	4	2
V / PH / HZ	208/240 / 1 / 60		
INPUT WATTS (W)	32	40	110
RUNNING CURRENT (A)	0.16	0.19	0.51
OVERLOAD PROTECTION	INTERNAL THERMAL OVERLOAD RELAY		
REFRIGERANT COIL			
FACE AREA (M ² /FT ²)	0.179 / 1.927	0.224 / 2.411	0.224 / 2.411
NO. ROWS	2		
TUBES			
MATERIAL	COPPER (SEAMLESS INNER GROOVED TUBE)		
DIAMETER (mm / in)	7.00 / 0.276	9.52 / 3/8	9.52 / 3/8
THICKNESS (mm / in)	0.32 / 0.013	0.38 / 0.014	0.38 / 0.014
FIN			
MATERIAL	ALUMINUM (HYDROPHILIC COATED)		
FIN / in	20	14	14
AIR FILTER MEDIA	ANTI FUNGUS POLYPROPYLENE HONEYCOMB		
COND. DRAIN SIZE (mm / in)	16 / .063	20 / 0.79	20 / 0.79
DIMENSIONS			
HEIGHT (mm / in)	360 / 14.2	372 / 14.6	372 / 14.8
WIDTH (mm / in)	849 / 33.4	1,043 / 41.1	1,043 / 41.1
DEPTH (mm / in)	152 / 6.0	189 / 7.4	189 / 7.4
SHIPPING WEIGHT (kg / lbs)	9.5 / 20.9	14.5 / 32.0	15.0 / 33.1

1. RATINGS - RATINGS INDICATED ARE WITH MATCHING HDP OUTDOOR SECTION



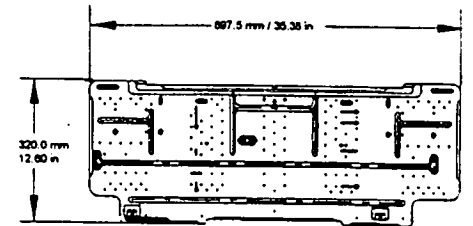
TOP VIEW



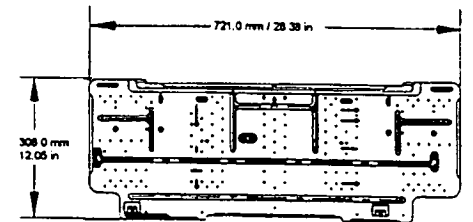
FRONT VIEW



SIDE VIEW

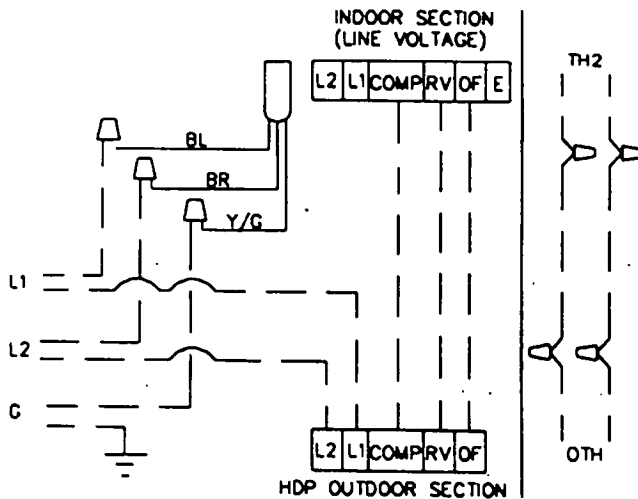


INSTALLATION PLATE WMH18-1 & WMH24-1



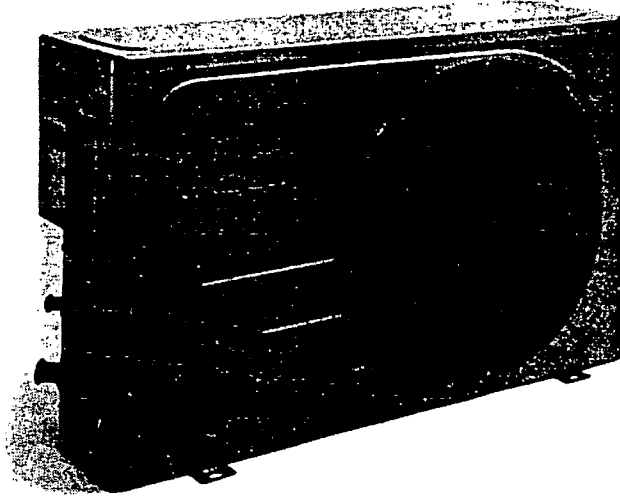
INSTALLATION PLATE WMH12-1

INTERCONNECTING SYSTEM WIRING DIAGRAM



ALL WIRING NEC CLASS 1

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE



1 THRU 2 TON 60 HERTZ HORIZONTAL DISCHARGE SPLIT SYSTEM HEAT PUMP



Description / Application

- Model series HDP are for heat pump applications.
- Modern compact design with quiet operating horizontal discharge air.
- Narrow footprint ideal for ground level, rooftop, or wall mounting.
- Designed for use with Goodman WMH series indoor wall-hung sections.

Cabinet Construction

- Weather resistant baked powder enamel paint finish with 500 hr. salt spray approval.
- Heavy gauge, G90 galvanized steel sheet metal.

Standard Equipment

- Copper tube, aluminum fin construction.
- Brass suction and liquid line shut off valves with flare connections.
- Liquid shutoff-valve provided with built-in flowrate expansion device.
- Fully charged for 25' tubing length.
- Line voltage control circuit suitable for connection to typical mini split indoor section.
- Totally enclosed permanently lubricated condenser motor designed for PSC operation.
- Isolated compressor compartment.
- Liquid line filter drier factory installed.
- Quiet hermetically sealed reciprocating compressor with internal overload protection or rotary compressor with external overload protection.

ELECTRICAL DATA

MODEL	POWER SUPPLY			**MINIMUM CIRCUIT AMPACITY	*MAXIMUM OVERCURRENT PROTECTION	MAXIMUM VOLTS	MINIMUM VOLTS	COMPRESSOR			COND. FAN MOTOR		
	VOLTS	PH	HZ					FLA	LRA	VOLTS	FLA	HP	VOLTS
HDP12-1	280/230	1	60	7.9	15	253	197	5.8	29	280/230	.6	1/15	280/230
HDP18-1	280/230	1	60	12.3	20	253	197	9.8	45	280/230	.6	1/15	280/230
HDP24-1	280/230	1	60	15.0	25	253	197	12.0	61	280/230	.6	1/15	280/230

* MAY USE FUSES OR HACR TYPE CIRCUIT BREAKERS OF THE SAME SIZE AS NOTED.

** FOR SELECTION OF WIRE SIZE

COOL AND HEAT PERFORMANCE DATA

OUTDOOR SECTION	INDOOR SECTION	TOTAL COOLING BTUH (1)	SENS. COOLING BTUH	(2) BTUH @ 75°F/63°-95°F		COOLING SEER	COOLING EER (3)	HEATING BTUH 47°F	HEATING COP 47°F	HEATING BTUH 17°F	HEATING COP 17°F	HEATING HSPF	SOUND RATING BELS
				TOTAL	SENS								
HDP12-1	WMH12-1	11400	6800	11000	6000	10.00	9.00	11400	2.80	6000	2.00	6.80	7.4
	WMH18-1	13000	9600	12600	7560	10.00	9.00	12000	2.80	6500	2.00	6.80	
HDP18-1	WMH18-1	17000	11050	16470	9885	10.00	9.00	15600	2.80	8000	2.00	6.80	7.4
	WMH24-1	18000	11500	17450	10460	10.00	9.00	16000	2.80	8200	2.00	6.80	
HDP24-1	WMH24-1	20000	13000	19380	11600	10.00	9.00	18000	2.80	9200	2.00	6.80	7.4

(1) Certified per ARI 210/240 @80°F/67°-95°F

(2) TVA Rating

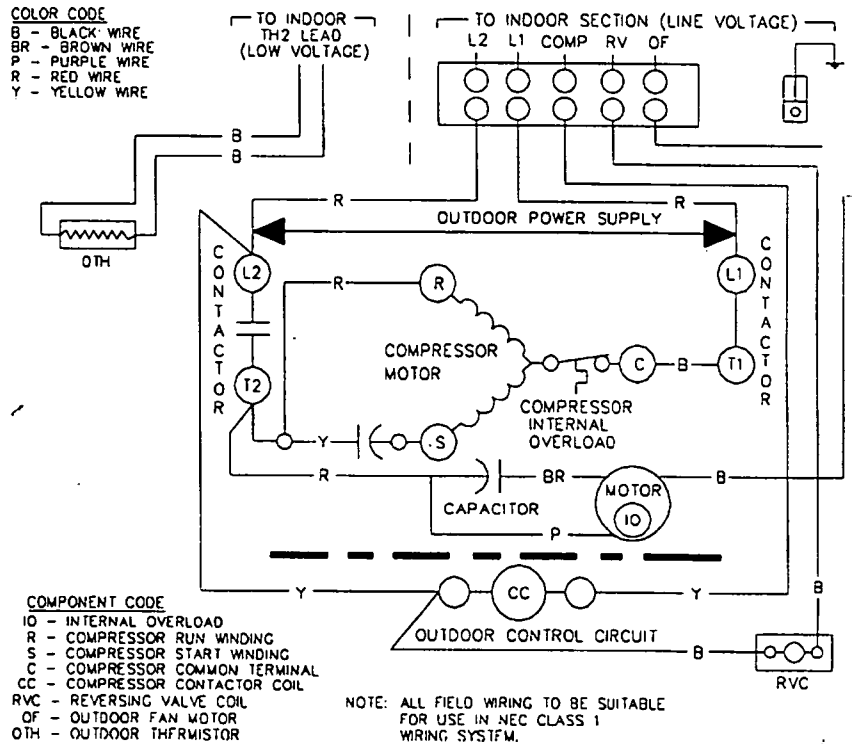
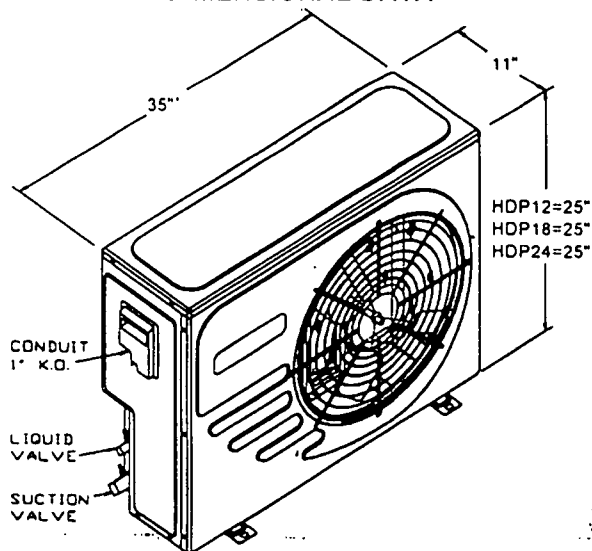
(3) Energy Efficiency Ratio

HSPF = Heating Seasonal Performance Factor

PHYSICAL DATA

ITEM	
FAN	
DIA. CM (IN)	7.1 (18)
RPM	950
COIL	
FACE AREA M ² (FT ²)	6.10
TUBE DIA. - MM (IN)	3/8
NO. ROWS/FINS/CM (IN)	19
NO. OF TUBES	20
FIN TYPE	RIPPLED
REFRIGERANT CON.	
LIQUID DIA - MM (IN)	3/8
SUCTION DIA - MM (IN)	5/8
TYPE	FLARE
WEIGHT -KG (LBS).	130

DIMENSIONAL DATA



WIRING DIAGRAM - LINE VOLTAGE CONTROL CIRCUIT
(TYPICAL WIRING FOR USE WITH DUCTLESS INDOOR SECTION)

NOTE: SPECIFICATIONS AND PERFORMANCE DATA LISTED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE.

RESIDENTIAL HVAC ANALYSIS

PROJECT TITLE: THE ALEXANDER REC.ROOM
DESCRIPTION:
JOB NUMBER: JOHANSON
DATE: 11/4/2002

PREPARED FOR: MR. & MRS. ALEXANDER
LOT#2, CRANE'S NEST CIRCLE
STUART FL ____-____
() ____-____

PREPARED BY: JOSE
NISAIR AIR CONDITIONING
1501 DECKER AVE. D404
STUART,FL.
PHONE: (561) 283-0904 FAX: (561) 283-7229

	SenHtg -----	SenClg -----	SenLat -----
Building Winter Design: Db=45 Summer Design: Db=91 Wb=78 Infiltration AC/HR: Win=0.7 Sum=0.4 SqFt = 575	7922	7013	2107
Zone - One: Whole House Thermostats: Win=72 Sum=75 Indoor Humidity: Sum=55 Grains=53 Blower CFM: Win=0 Sum=0 SqFt = 575	7922	7013	2107
Room - One: REC.RM Blower CFM: Win=0 Sum=0 Ventilation CFM = 0 Infiltration CFM: Win=54 Sum=31 Exterior Loads Interior Loads Duct Loss: Win=0.20 Sum=0.20 Zone Adjustment = 1.00 SqFt = 575	7922	7013	2107
	0	0	0
	1597	541	1107
	5004	4103	
		1200	1000
	1320	1169	
	0		
People - 4		1200	1000
Wall - 12D3 Wd Frm R-13 1/2" Gypsm Brd R-0.5 Dir: NW Gross Area=184.0 HTM: Win=2.2 Sum=1.6 Net Area=159.0	343	249	
Window - 1C Single Pane Clr Glass Metal Frm Low E: NO Shading Coefficient: 1.00 Panels: 1 Tint: TINTED Shading: DRAPES HTM: Win=31.1 Sum=34.8 Area=25.0	776	870	
Wall - 12D3 Wd Frm R-13 1/2" Gypsm Brd R-0.5 Dir: NE Gross Area=32.0 HTM: Win=2.2 Sum=1.6 Net Area=32.0	69	50	
Wall - 12D3 Wd Frm R-13 1/2" Gypsm Brd R-0.5 Dir: SE Gross Area=184.0 HTM: Win=2.2 Sum=1.6 Net Area=129.0	279	202	
Window - 1C Single Pane Clr Glass Metal Frm Low E: NO Shading Coefficient: 1.00 Panels: 1 Tint: TINTED Shading: DRAPES HTM: Win=31.1 Sum=41.8 Area=15.0	466	310	
Glass Door - 8C Sliding Door, 1 PN Clr Metal Frm Low E: NO Shading Coefficient: 1.00 Panels: 1 Tint: TINTED Shading: DRAPES HTM: Win=31.1 Sum=41.8 Area=40.0	1242	1038	

	SenHtg -----	SenClg -----	SenLat -----
Wall - 12D3 Wd Frm R-13 1/2" Gypsm Brd R-0.5 Dir: SW Gross Area=200.0 HTM: Win=2.2 Sum=1.6 Net Area=200.0	432	314	
Roof - 16G Under Ventilated Attic R-30 Gross Area=575.0 HTM: Win=0.8 Sum=1.2 Net Area=575.0	466	690	
Floor - 20H Carpetd Flr over garage/open crwl spc R-13 HTM: Win=1.6 Sum=0.7 Area=575.0	931	379	

THE LOAD CALCULATION WAS PERFORMED ACCORDING TO ACCA MANUAL J SEVENTH EDITION. NO WARRANTY, EITHER EXPRESSED OR IMPLIED IS GIVEN WITH RESPECT TO THE ACCURACY OR SUFFICIENCY OF THE INFORMATION PROVIDED, AND THE USER MUST ASSUME ALL RISKS AND RESPONSIBILITIES IN CONNECTION WITH ITS USE THEREOF.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 82.2

The higher the score, the more efficient the home.

MR. & MRS. ALEXANDER, Lot: 2, Sub: SEWALL'S PT., Plat: , STUART, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 1 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 577 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <p style="padding-left: 20px;">a. Clear - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SHGC - single pane 85.8 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types</p> <p style="padding-left: 20px;">a. Raised Wood, Stem Wall R=13.0, 577.0ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="padding-left: 20px;">a. Frame, Wood, Exterior R=13.0, 600.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="padding-left: 20px;">a. Under Attic R=30.0, 577.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="padding-left: 20px;">a. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="padding-left: 20px;">a. Central Unit Cap: 12.0 kBtu/hr <input type="checkbox"/> SEER: 10.00, Unducted <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="padding-left: 20px;">a. Electric Heat Pump Cap: 12.0 kBtu/hr <input type="checkbox"/> HSPF: 7.00, Unducted <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="padding-left: 20px;">a. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	---

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	THE ALEXANDER RECREATION ROOM	Builder:	JOHANSON
Address:	Lot: 2, Sub: SEWALL'S PT., Plat:	Permitting Office:	
City, State:	STUART, FL	Permit Number:	
Owner:	MR. & MRS. ALEXANDER	Jurisdiction Number:	
Climate Zone:	South		

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 1 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 577 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SHGC - single pane 85.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Raised Wood, Stem Wall R=13.0, 577.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=13.0, 600.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 577.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 12.0 kBtu/hr <input type="checkbox"/> SEER: 10.00, Unducted <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Heat Pump Cap: 12.0 kBtu/hr <input type="checkbox"/> HSPF: 7.00, Unducted <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
--	--

Glass/Floor Area: 0.15	Total as-built points: 8068	PASS
	Total base points: 9575	

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

PREPARED BY: JOSE


DATE: 11-4-2002

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: SEWALL'S PT., Plat: , STUART, FL, PERMIT #:

BASE	AS-BUILT																																
GLASS TYPES																																	
.18 X Conditioned X BSPM = Points Floor Area	Overhang Type/SC Omt Len Hgt Area X SPM X SOF = Points																																
.18 577.0 32.50 3375.5	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Single, Tint</td> <td style="width: 5%;">NW</td> <td style="width: 5%;">2.5</td> <td style="width: 5%;">0.5</td> <td style="width: 10%;">30.0</td> <td style="width: 10%;">37.22</td> <td style="width: 10%;">0.55</td> <td style="width: 10%;">608.7</td> </tr> <tr> <td>Single, Tint</td> <td>SE</td> <td>2.5</td> <td>0.5</td> <td>15.0</td> <td>62.23</td> <td>0.39</td> <td>360.4</td> </tr> <tr> <td>Single, Tint</td> <td>SE</td> <td>2.5</td> <td>0.5</td> <td>40.8</td> <td>62.23</td> <td>0.39</td> <td>980.2</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: right;">85.8</td> <td></td> <td></td> <td style="text-align: right;">1949.3</td> </tr> </table>	Single, Tint	NW	2.5	0.5	30.0	37.22	0.55	608.7	Single, Tint	SE	2.5	0.5	15.0	62.23	0.39	360.4	Single, Tint	SE	2.5	0.5	40.8	62.23	0.39	980.2	As-Built Total:				85.8			1949.3
Single, Tint	NW	2.5	0.5	30.0	37.22	0.55	608.7																										
Single, Tint	SE	2.5	0.5	15.0	62.23	0.39	360.4																										
Single, Tint	SE	2.5	0.5	40.8	62.23	0.39	980.2																										
As-Built Total:				85.8			1949.3																										
WALL TYPES Area X BSPM = Points																																	
Type	R-Value Area X SPM = Points																																
Adjacent Exterior	0.0 0.00 0.0 600.0 2.70 1620.0																																
Frame, Wood, Exterior	13.0 600.0 2.40 1440.0																																
Base Total:	600.0 1620.0																																
As-Built Total:	600.0 1440.0																																
DOOR TYPES Area X BSPM = Points																																	
Type	Area X SPM = Points																																
Adjacent Exterior	0.0 0.00 0.0 0.0 0.00 0.0																																
Base Total:	0.0 0.0																																
As-Built Total:	0.0 0.0																																
CEILING TYPES Area X BSPM = Points																																	
Type	R-Value Area X SPM X SCM = Points																																
Under Attic	577.0 2.80 1615.6																																
Under Attic	30.0 577.0 2.77 X 1.00 1598.3																																
Base Total:	577.0 1615.6																																
As-Built Total:	577.0 1598.3																																
FLOOR TYPES Area X BSPM = Points																																	
Type	R-Value Area X SPM = Points																																
Slab	0.0(p) 0.0 0.0																																
Raised	577.0 -2.16 -1246.3																																
Raised Wood, Stem Wall	13.0 577.0 -0.55 -317.4																																
Base Total:	-1246.3																																
As-Built Total:	577.0 -317.4																																
INFILTRATION Area X BSPM = Points																																	
Area X SPM = Points																																	
577.0 18.79 10841.8	577.0 18.79 10841.8																																
Summer Base Points:	Summer As-Built Points:																																
16206.6	15512.1																																
Total Summer X System = Cooling Points Multiplier Points	Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU)																																
16206.6 0.4266 6913.7	15512.1 1.00 1.000 1.000 0.341 1.000 5289.6																																

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: SEWALL'S PT., Plat: , STUART, FL, PERMIT #:

BASE	AS-BUILT
WATER HEATING	
Number of Bedrooms X Multiplier = Total	Tank Volume EF Number of Bedrooms X Tank X Multiplier X Credit = Total Multiplier
1 2369.00 2369.0	1 1.00 2369.00 1.00 2369.0
	As-Built Total: 2369.0

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
6914		293		2369		9575	
5290		409		2369		8068	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: SEWALL'S PT., Plat: , STUART, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	



BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 160
MIAMI, FLORIDA 33130-156
(305) 375-2901 FAX (305) 375-2900

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2528

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2967

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-2903

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98 Avenue
Hialeah Gardens, FL 33018

Your application for Notice of Acceptance (NOA) of:
Sectional Residential Garage Door
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 the product or material at any time from a jobsite or manufacturer's plant for quality control testing. If the 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.: 01-0626.01
EXPIRES: 10/04/2006

Raul Rodriguez
Chief Product Control Division

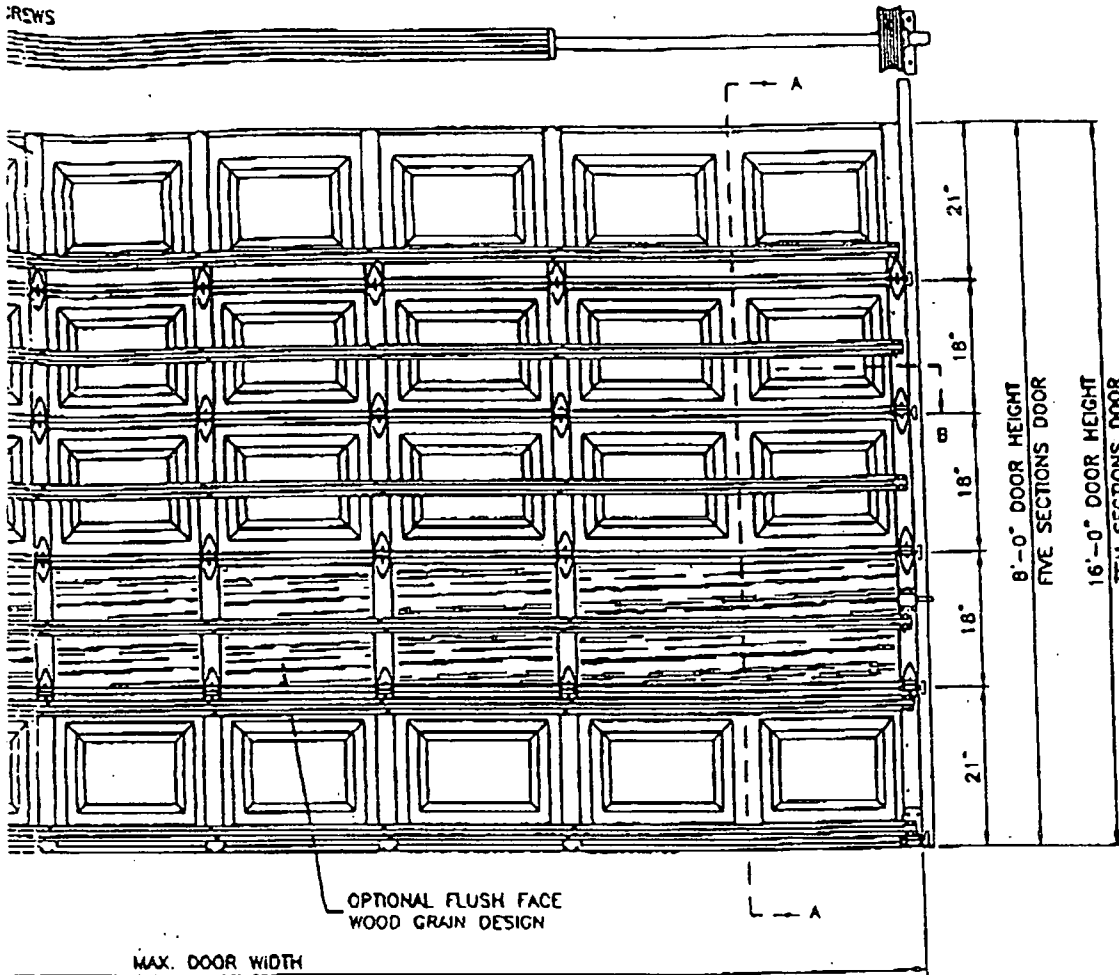
THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

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: 10/04/2001





AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL (305) 264-8100 FAX (305) 262-6978
 GARAGE 01-19DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
 12195 N.W. 98 TH. AVE.
 HIALEAH GARDENS, FL. 33018
 TEL (305) 556 - 6624

INSIDE ELEVATION
RAISED PANEL EMBOSSED DOOR

DAB DOOR MODEL 824
 MAX. SIZE 16'-2" WIDE X 16'-0" HIGH

DESIGN PRESSURE RATING = + 48.0 PSF
 - 52.0 PSF

GENERAL NOTES

1. THIS STRUCTURE IS DESIGNED AS PER THE SOUTH FLORIDA BUILDING CODE 1994 EDITION FOR DADE COUNTY. ALSO FOR WIND LOADS AS PER ASCE 7-88 USING CORRESPONDING LOADS.
2. ANCHORS SHALL BE AS LISTED. SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
3. ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL
4. ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.

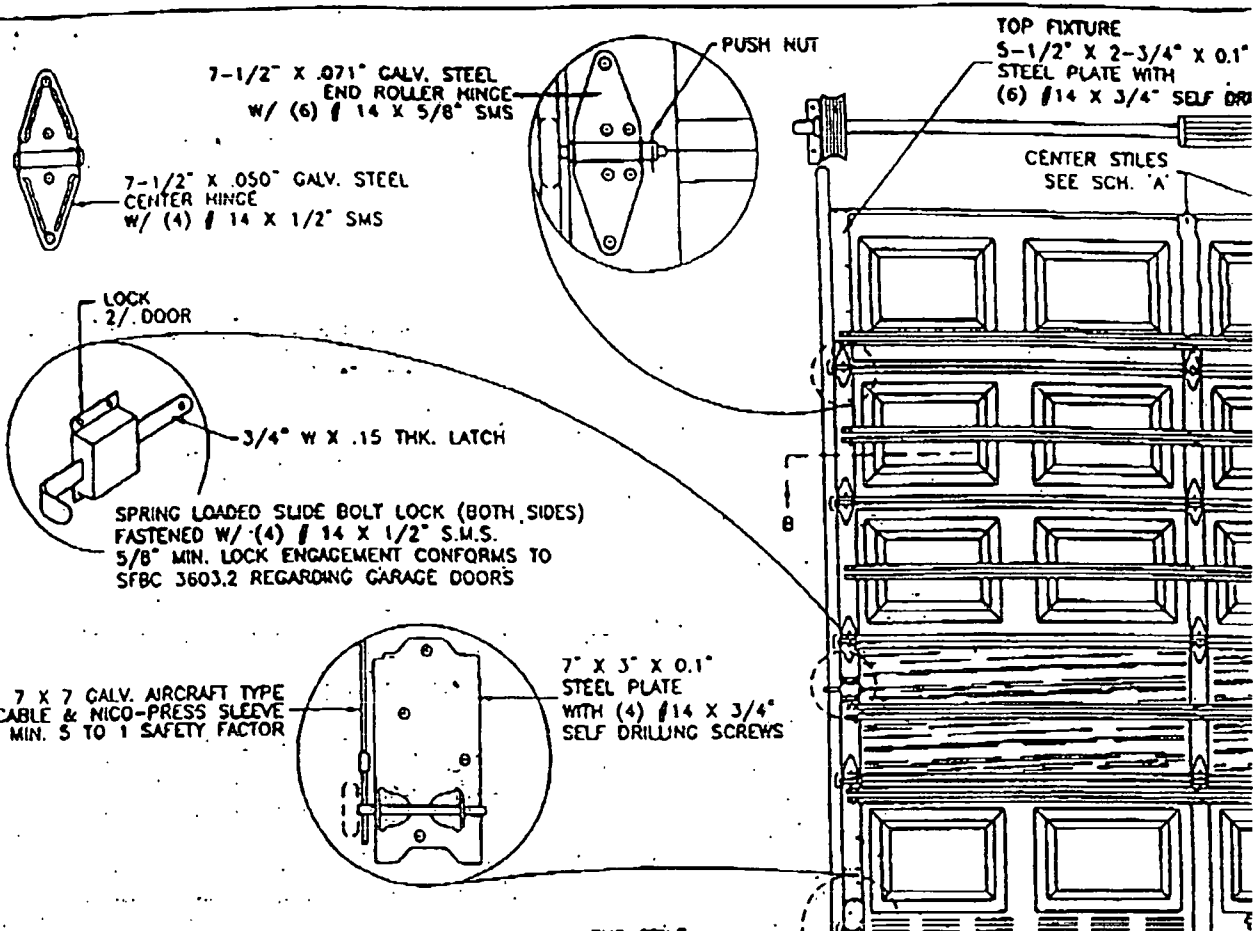
Engr. DR. MUMAYYUN FAROOQ
 STRUCTURES
 FLA. PE # 16557

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE **OCT 04 2001**
 BY _____
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. **01-0626.01**

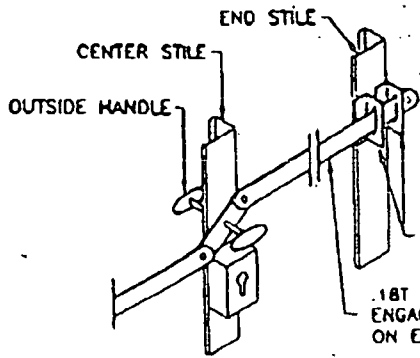
SEP 04 2001

NO	DATE	BY	DESCRIPTION
1	08.30.01	A	REV. PER BCCO COMMENTS

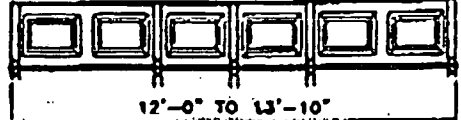
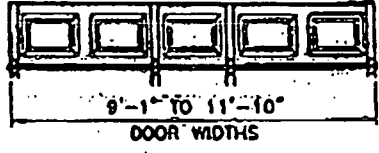
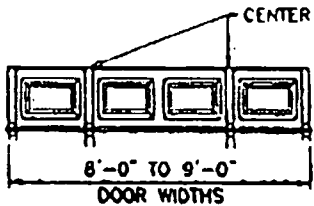
DATE: 04-09-01	SCALE: 1/2"=1'-0"	DR. BY: HAWID	CHK. BY:
DRAWING NO.			01-19



DOOR HEIGHT	CONSISTS OF	
6'-6"	2 SECTIONS 18"	2 SECTIONS 21"
6'-9"	1 SECTION 18"	3 SECTIONS 21"
7'	4 SECTIONS 21"	-
7'-3"	-	-
7'-6"	5 SECTIONS 18"	-
7'-9"	4 SECTIONS 18"	1 SECTION 21"
8'	3 SECTIONS 18"	2 SECTIONS 21"
8'-3"	2 SECTIONS 18"	3 SECTIONS 21"
8'-6"	1 SECTION 18"	4 SECTIONS 21"
8'-9"	5 SECTIONS 21"	-
9'	8 SECTIONS 18"	-
9'-3"	5 SECTIONS 18"	1 SECTION 21"
9'-6"	4 SECTIONS 18"	2 SECTIONS 21"
9'-9"	3 SECTIONS 18"	3 SECTIONS 21"
10'	2 SECTIONS 18"	4 SECTIONS 21"
10'-3"	1 SECTION 18"	5 SECTIONS 21"
10'-6"	6 SECTIONS 21"	-
10'-9"	6 SECTIONS 18"	1 SECTION 21"
11'	5 SECTIONS 18"	2 SECTIONS 21"
11'-3"	4 SECTIONS 18"	3 SECTIONS 21"
11'-6"	3 SECTIONS 18"	4 SECTIONS 21"
11'-9"	2 SECTIONS 18"	5 SECTIONS 21"
12'	1 SECTION 18"	6 SECTIONS 21"
12'-3"	7 SECTIONS 21"	-
12'-6"	8 SECTIONS 18"	2 SECTIONS 21"
12'-9"	5 SECTIONS 18"	3 SECTIONS 21"
13'	4 SECTIONS 18"	4 SECTIONS 21"
13'-3"	3 SECTIONS 18"	5 SECTIONS 21"
13'-6"	2 SECTIONS 18"	6 SECTIONS 21"
13'-9"	1 SECTION 18"	7 SECTIONS 21"
14'	8 SECTIONS 21"	-
14'-3"	6 SECTIONS 18"	3 SECTIONS 21"
14'-6"	5 SECTIONS 18"	4 SECTIONS 21"
14'-9"	4 SECTIONS 18"	5 SECTIONS 21"
15'	3 SECTIONS 18"	6 SECTIONS 21"
15'-3"	2 SECTIONS 18"	7 SECTIONS 21"
15'-6"	1 SECTION 18"	8 SECTIONS 21"
15'-9"	9 SECTIONS 21"	-

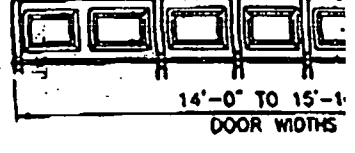


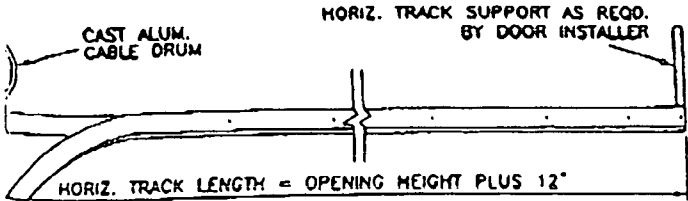
OUTSIDE KEYED LOCK LOCK BAR LOCKING SHOWN



SCHEDULE 'A'

CENTER STILES CONFIGURATION	
DOOR WIDTHS	# OF CENTER STILE
8'-0" TO 9'-0"	2
9'-1" TO 11'-10"	2
12'-0" TO 13'-10"	3
14'-0" TO 15'-10"	4
15'-11" TO 16'-2"	5





DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS							
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8
6'-0"	18"	18"	18"	18"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
6'-6"	21"	18"	18"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
7'-0"	21"	21"	21"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
7'-6"	18"	18"	18"	18"	18"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
8'-0"	21"	18"	18"	18"	21"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"

*-SECTIONS ARE NUMBERED STARTING AT THE BOTTOM FOR DOORS MORE THAN 8 FT. HIGH, USE ADDITIONAL TOP BRACKETS AT 10" O.C.

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL (305) 264-8100 FAX (305) 262-6978
 GARAGE 101-19DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
 12195 N.W. 98 TH. AVE.
 HIALEAH GARDENS, FL. 33018
 TEL (305) 556 - 6624

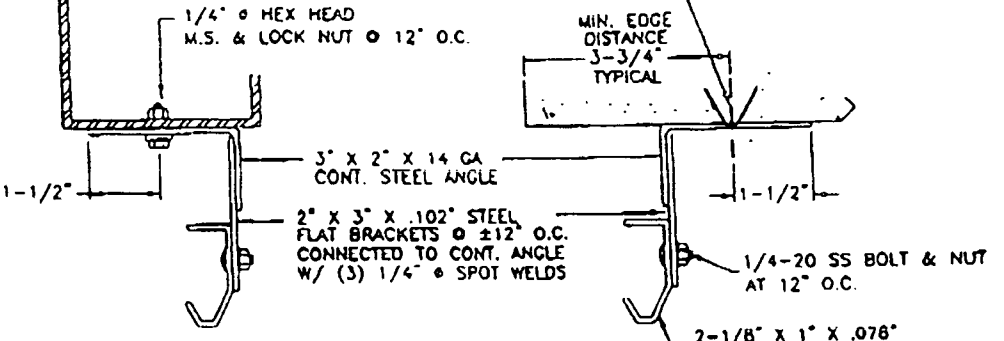
14 GA. GALV. STEEL TRACK

2" X 3-1/2" X 12 GA TRACK BRACKETS
 2-3/16" HIGH
 CONNECTED TO TRACK WITH ONE
 1/4" BOLTS & NUTS.

STEEL STRUCTURE BY OTHERS
 MUST SUPPORT THE LOADS IMPOSED
 BY DOOR SYSTEM

MULTI SLEEVE ANCHOR SPACING			
ANCHOR	STRUCTURE	EMBED	SPACING
5/16	BLOCK	1-1/4"	6
	CONC.	1"	6
3/8	BLOCK	1-1/4"	8
	CONC.	1-1/4"	9

CONC. = MIN. 3000 PSI



ALTERNATE TRACK INSTALLATION

FINISHES
 OPENING SHALL BE FRAMED SOLID
 WITH PRESSURE TREATED GRADE 2
 LUMBER FROM FOOTING TO THE BEAM.

SECTION TO MASONRY
 TRACK BRACKETS TO BE ATTACHED TO WOOD JAMBS WHICH SHALL BE SET IN REINFORCED MASONRY COLUMN W/ 1/4" TAPCONS @ A SPACING OF 8" O.C. EYE ANCHORS, 1-3/4" MIN. OF 12" O.C. ALL JOINTS SHALL BE GROUT FILLED AND 5 BARS EXTENDING INTO BEAMS. ALL BARS SHALL BE EMBEDDED TO FULL DEPTH.

Engr: DR. HUBAYOUN FAROOQ
 STRUCTURES
 FLA PE # 16557

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE OCT 04 2001
 BY [Signature]

SEP 04 2001

PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0626.01

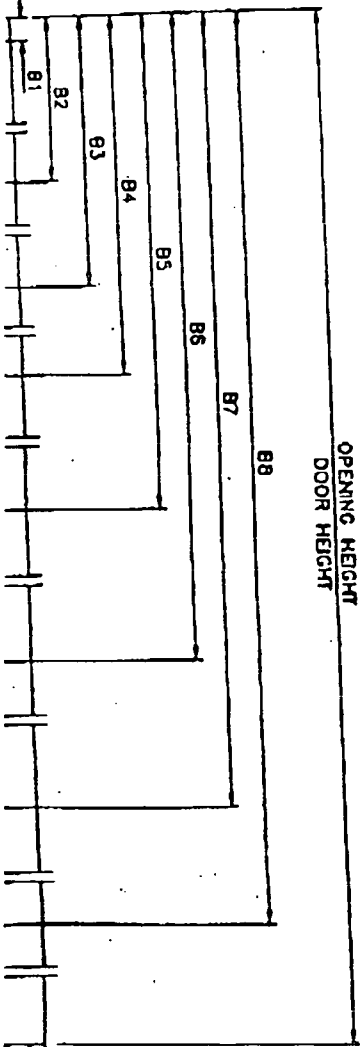
Revisions:	NO	DATE	BY	DESCRIPTION

DATE: 04-08-01
 DRAWN BY: HANID
 CHECK BY:

DRAWING NO. 01-19

WOOD FRAME
STUD WALLS OR
BY NOT LESS 1
OR BETTER WOK
STUD WALLS TO
WOOD BUCK
TRACK SHALL
BE ANCHORED
BLOCK WALL
WITH 1-3/4"
OR 3/8" DIA
EMBED AND A
THE BLOCK W
REINFORCED I
FOOTING AND
CONTINUOUS

TRACK CONFIGURATION



5/16" x 1-5/8" LAG SCREWS INTO WOOD OR
5/16" SLEEVE ANCHORS
WITH 1-1/4" EMBED INTO MASONRY
3 PER BRACKET
2-1/2" x 4-1/4" x 13 GA STEEL PLATES
WELDED TO 1-1/2" x 1-1/2" x 14 GA ANGLE
FASTENED TO TRACK
WITH (4) 1/4"-20 SS. BOLT & NUTS

MIN. .024" ROLL FORMED STEEL PANEL
DRAWING QUALITY G-40
MIN. YIELD STRENGTH = 39 KSI
WITH PRIMER AND BAKED-ON
POLYESTER PAINTED TOP COAT
APPLIED TO BOTH SIDES OF STEEL

OPTIONAL INSULATIONS
BY APACHE PRODUCTS CO.
EPS-EXPANDED POLYSTYRENE
DENSITY = 1.07 PCF
N.O.A # 98-0904.04
OR
ISO-25 POLY-ISOCYANURATE
DENSITY = 2.0 PCF
N.O.A # 98-0904.03

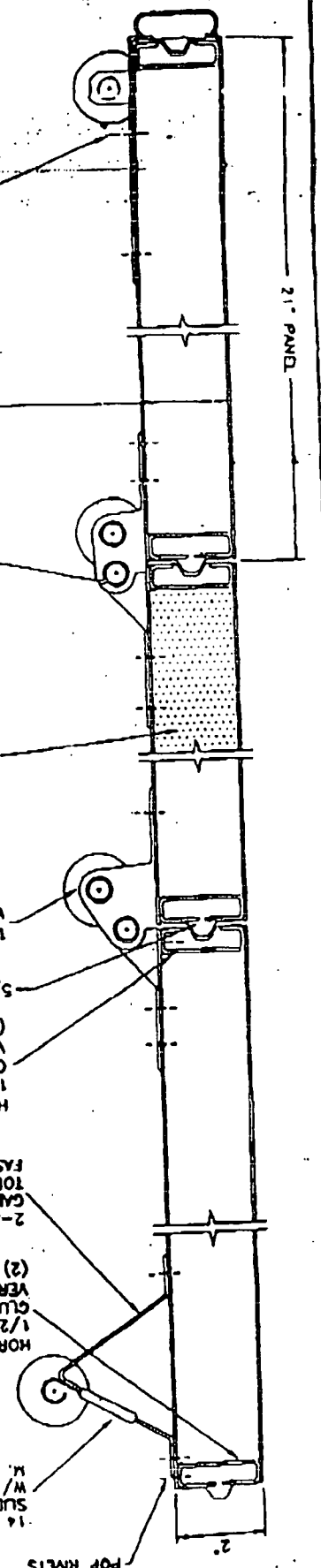
HORIZONTAL REINFORCEMENT
1/2" x 1-3/4" x .058" FORMED STEEL
GLUED TO PANEL AND FASTENED TO
VERTICAL STUDS WITH
(2) 3/16" POP RIVETS
5/16" MEETING RIB
1.82" DIA x .50" ROLLERS
W/ .44 DIA x 4-1/4" STEM

HORIZONTAL REINFORCEMENT
1/2" x 1-3/4" x .058" FORMED STEEL
GLUED TO PANEL AND FASTENED TO
VERTICAL STUDS WITH
(2) 3/16" POP RIVETS
2-3/4" x 5-1/2" x 3" x .104"
GALV. STEEL
TOP ROLLER BRACKET (DOUBLE)
FASTENED W/ (6) # 14 x 5/8" S.M.S.

14 GA GALV. STEEL ADJUSTABLE
SLIDE FASTENED TO BRACKET
W/ 5/16-18 x 3/4" HEX HEAD
M. SCREWS & NUTS.
POP RIVETS

12 GA GALV. STEEL
BOTTOM BRACKET FASTENED
W/ (4) # 14 x 5/8" S.M.S

14 GA GALV. STEEL
ROLLER RINGS FASTENED
W/ (6) # 14 x 5/8" S.M.S



24 GA. STEEL PANEL

FLAPS BENT OVER PANEL

1/2" PUNCHED HOLES
 @ 4" O.C.

END STILE

16 GA. X 2-1/4" X 2" GALV. STEEL U.BAR
 REINFORCING TRUSS
 TRUSS FASTENED TO VERTICAL INTERMEDIATE
 STILES W/ TWO # 14 X 5/8" S.M.S.
 AND TO END STILE
 W/ FOUR # 14 X 3/4" SELS DRILLING SCR.

TOP SECTION
 REINFORCING

3/4" X 2" X 2-1/2" X .049" STEEL
 END STILE, CONNECT TO PANELS WITH
 FLAPS AND (4) 3/16" ALUM RIVETS
 SEE DETAIL ABOVE

3-3/4" MIN.
 EDGE DISTANCE

1-1/8"

1/2" MILTI SLEEVE ANCHORS OR EQUAL
 1-1/2" MIN. EMBED INTO MASONRY
 1 PER BRACKET

1/4"-20 SS BOLT
 & NUT

RIVETS

1/4" X .371"
 HINGE

Engr. DR. HUMAYOON FAROOQ
 STRUCTURES
 FLA. PE # 16557

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE OCT 04 2001

BY 
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

SEP 04 2001

afc

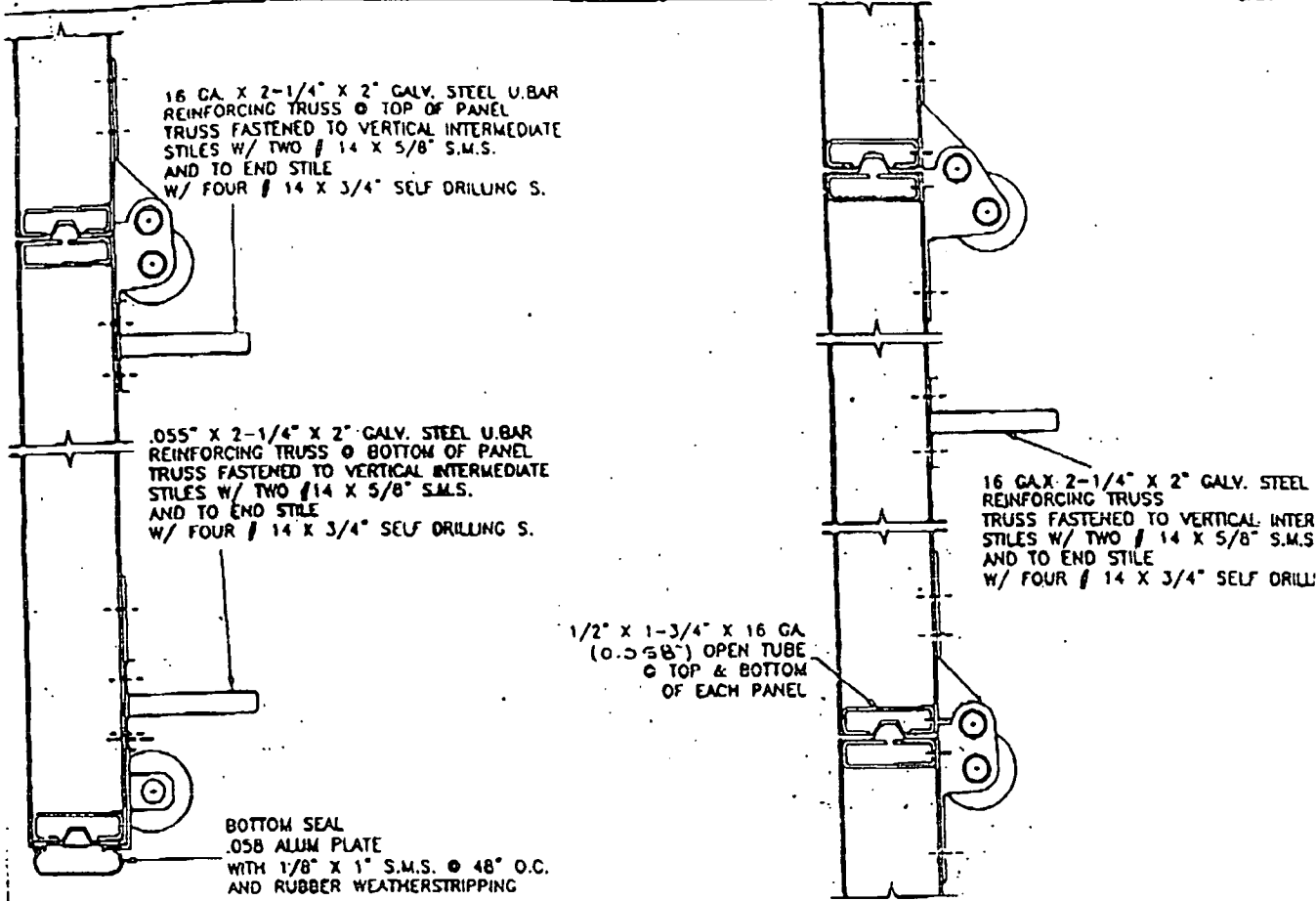
AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL (305) 264-8100 FAX. (305) 262-6978
 GARAGE\01-19DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
 DAB DOORS INC.
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 TEL (305) 556 - 6624

Revisions:	no	date	by	description

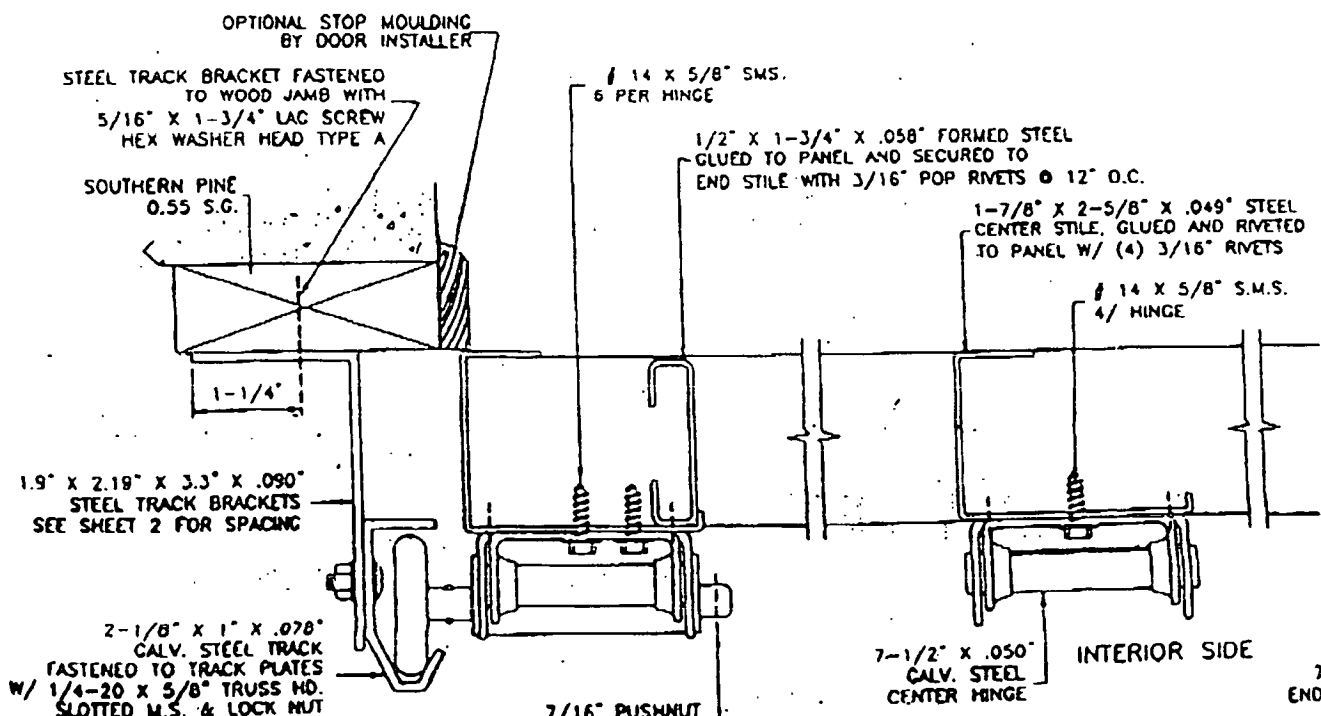
date: 04-08-01
 scale: -
 dr. by: MAND
 ch. by:

drawing no.
 01-19

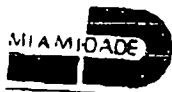


**1ST SECTION (BOTTOM)
REINFORCING**

**INTERMEDIATE SECTIONS
REINFORCING**



SECTION B-B



PGT INDUSTRIES

TEL NO: (941) 480-1900

#1003-49 PAGE: 2-16

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901 FAX (305) 375-2908

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2358

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of
Series C-700 Outswing Aluminum Casement Window - Non-Impact & 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.: 01-0329.03
EXPIRES: 04/16/2006

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

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT**

**Design Certification for Windload Compliance By Architect or Engineer of Record
(To be submitted with application and construction drawing for permit)**

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

ALEXANDER RESIDENCE ADDN.
86 SOUTH SEWALL'S PT. ROAD
SEWALL'S PT. FL 32996

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONSTRUCTION TYPE _____

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specification have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced the Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

BUILDING PARAMETERS AND ANALYSIS

**CODE EDITIONS: 2001 FLORIDA BUILDING CODE
CHAPTER 6 OF ASCE 7-98**

Building Design as: Partially Enclosed _____ Enclosed X Open _____ Wind Tunnel Test _____
Basic Wind Speed: 140 MPH 3 Second Gusts _____ Importance/Use Factor 1
Velocity Pressure 42.8 psf Garage Door Design Pressure NA +(psf) (End Zone) 37.7 +psf -42.5 +psf
Door Design Pressure (Int. Zone) 50.2 +psf 54.9 -psf (End Zone) 50.2 +psf 54.9 -psf
Window Design Pressure (Int. Zone) 44.7 +psf 48.6 -psf (End Zone) 54.2 +psf 58.9 -psf
Minimum Soil Bearing Pressure 2500 psf Exposure C Mean Building Height 20
Floor Loads 40 Roof Dead Load 15 Shear Wall Considered X Yes _____ No _____
Continuous Load Path Provided X Yes _____ No _____
Components and Cladding Details Provided X Yes _____ No _____
Impact Protection (Exterior Openings): Approved Shutters _____ Impact Resistance Class X
(Must be indicated on permit documents for all residential/commerical buildings, alterations and renovations)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME: Van Goldsmith
CERTIFICATION#: PE 8620
DATE: 10-23-02
DESIGN FIRM: GOLDSMITH ENGINEERING & INC.

SEAL

Job 1734

Van Goldsmith
10-29-02

**BOUNDARY SURVEY
LOT 2, RIO VISTA SUBDIVISION
PLAT BOOK 6, PAGE 95
MARTIN COUNTY, FLORIDA.**

LEGAL DESCRIPTION:

LOT 2, RIO VISTA SUBDIVISION, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 6, PAGE 95, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SURVEYOR'S NOTES:

1. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND UTILITIES ON/OR ADJACENT TO THIS SITE. THE APPROXIMATE LOCATION OF ALL UTILITIES SHOWN HEREON WERE TAKEN FROM AS-BUILT DRAWINGS AND/OR ON-SITE LOCATION AND SHOULD BE VERIFIED BEFORE CONSTRUCTION.
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FENCES ON/OR ADJACENT TO THIS SITE.
3. LANDS SHOWN HEREON WERE SURVEYED WITHOUT THE BENEFIT OF TITLE SEARCH.
4. BEARINGS SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF N.127°27'15" W. ALONG THE CENTERLINE OF SEWALL'S POINT ROAD.
5. ALL ELEVATIONS ARE BASED ON NATIONAL GEODETIC VERTICAL DATUM OF 1929.
6. LEGAL DESCRIPTION FURNISHED BY CLIENT.
7. THIS SITE LIES IN FLOOD ZONE "A10" (BASE ELEVATION = 8.0') AS SCALED AND INTERPOLATED ON FEMA MAP NO. 120184-0002-D, DATED: JUNE 16, 1992.
8. SITE AREA: 16,379 SQUARE FEET OR 0.38 ACRES MORE OR LESS. TOTAL PERVIOUS AREA IS 8,824.823 SQUARE FEET OR 0.2X FRONT WOOD DECK IS 88 SQUARE FEET OR 0.43%. TOTAL IMPVIOUS AREA IS 6,554.15 SQUARE FEET OR 40% CONCRETE DRIVEWAY AND CONCRETE PADS IS 815.13 SQUARE FEET OF 5.6% CONCRETE POOL AND PATIO AREA IS 1,865.2 SQUARE FEET OR 12.0%. REAR COVERED WOOD DECK IS 771.43 SQUARE FEET OR 4.7%. WOOD FRAME RESIDENCE IS 2,801.02 SQUARE FEET OR 17.7%. PROPOSED IMPVIOUS CONCRETE TURF SPACE IS 117.45 SQUARE FEET OR 1.3%.
9. ALL DIMENSIONS MUST BE FIELD VERIFIED BEFORE CONSTRUCTION.

SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPPERS IN CHAPTER 91G1-6, FLORIDA STATUTES, AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A LICENSED FLORIDA SURVEYOR AND MAPPER.

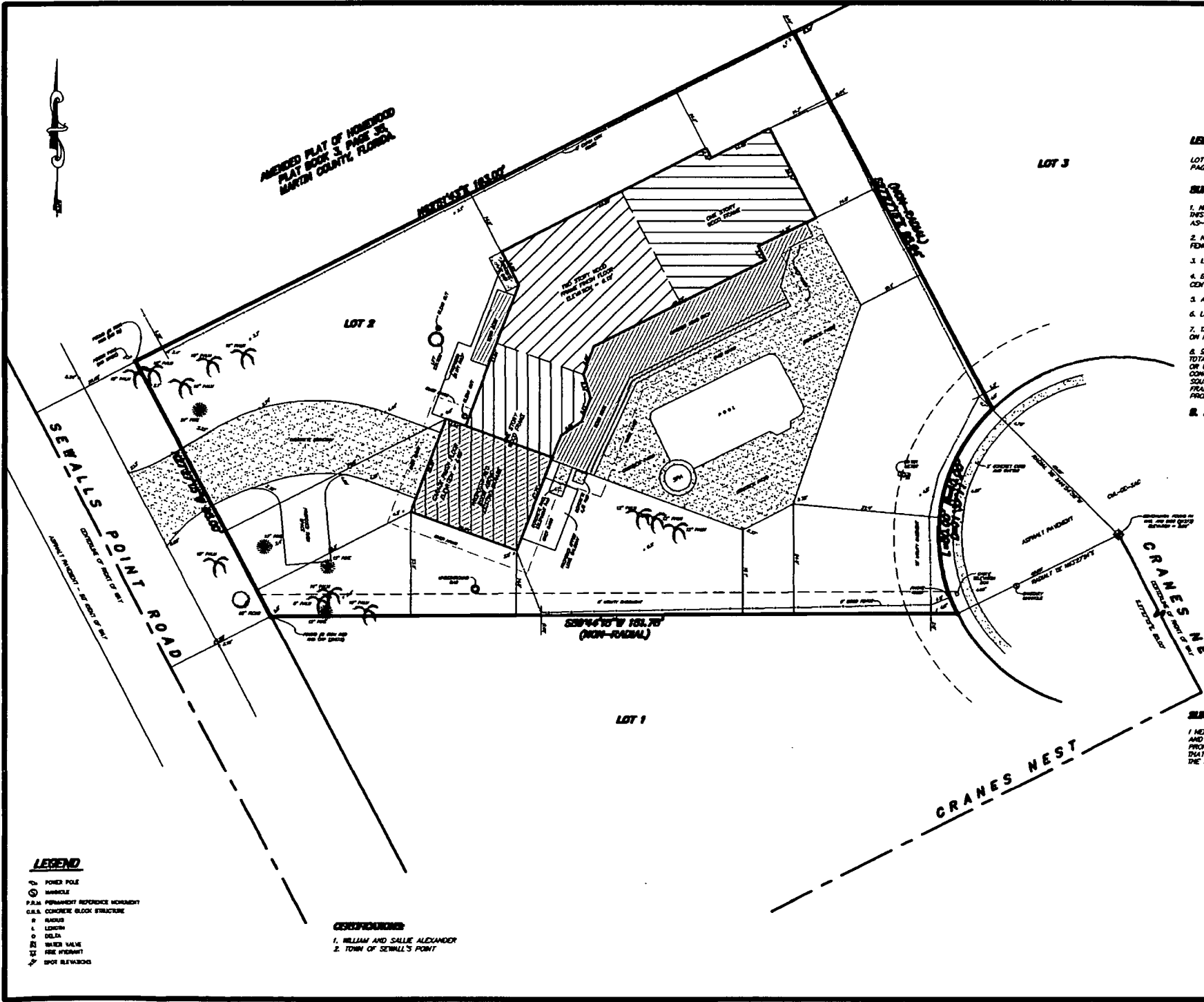
ROBERT BLOOMSTER, JR.
PROFESSIONAL LAND SURVEYOR
NO. 4134 STATE OF FLORIDA

**BLOOMSTER
PROFESSIONAL LAND
SURVEYORS, INC.**
L.A. 9010

791 NORTHEAST DIXIE HIGHWAY
JENSEN BEACH, FLORIDA 34957
PHONE 561-334-0868

SHEET 1 OF 1	
DATE:	DATE:
BY:	BY:
DESCRIPTION:	DESCRIPTION:

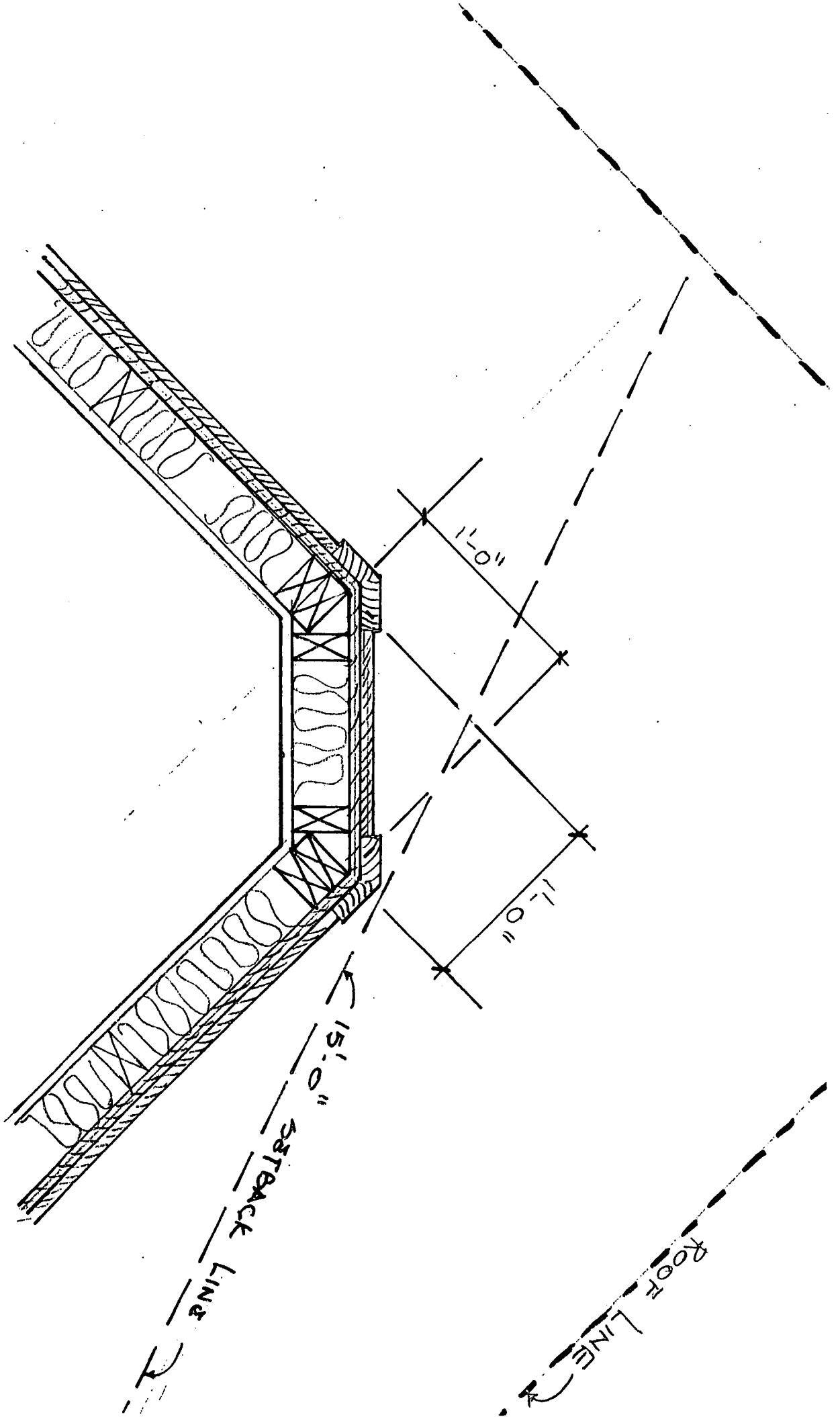
PREPARED FOR: WILLIAM & SALLIE ALEXANDER
86 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, MARTIN COUNTY, FLORIDA



- LEGEND**
- POWER POLE
 - ⊙ WINDMILL
 - P.M. PERMANENT REFERENCE MONUMENT
 - C.S. CONCRETE BLOCK STRUCTURE
 - R RADIUS
 - L LIGNUM
 - D DGLTA
 - W WATER VALVE
 - FI FIRE HYDRANT
 - ⊕ SPOT ELEVATION

- ABBREVIATIONS**
- 1. WILLIAM AND SALLIE ALEXANDER
 - 2. TOWN OF SEWALL'S POINT

DETAIL AT S. CORNER OF GARAGE
1/2" = 1'-0"



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri, 2002 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5960	LEWIS	FRAMING	Passed	
	41 RIO VISTA	ALL TRADE	Passed	
	DRIFTWOOD			INSPECTOR: <i>[Signature]</i>
6147	ALEXANDER	ROOF SHEATHING	Passed	
	86 S. Sewall Pk	WALL SHEATHING		
	JOHANSON			INSPECTOR: <i>[Signature]</i>
6211	CALDWELL	REAR SUB FLOOR	Passed	
①	10 PEERWINKLER			
	O/B			INSPECTOR: <i>[Signature]</i>
Tree	WAKEFIELD	TREE		
	19 SIMACA ST			
				INSPECTOR: <i>[Signature]</i>
6092	PLITT	TRUSSES	Passed	
	12 HERON'S NEST	NAILING/SHEATHING		
	O/B			INSPECTOR: <i>[Signature]</i>
6215	Rabinsky	Driveway	Passed	
	10 Maudelay			
	FL Prior			INSPECTOR: <i>[Signature]</i>
Tree		Tree?		
	2 Timor			
				INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/30, 2008 3 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6221	RUSSELL	LATHE	Passed	
	47 S. SEWALL'S RD			
	O/B			INSPECTOR: <i>[Signature]</i>
6202	DICKINSON	ROUGH PLUMBING	Passed	
(4)	9 EMERALTA WAY			
	Palmer Const.			INSPECTOR: <i>[Signature]</i>
6147	ALEXANDER	Footings + Slab	Passed	
(8)	86 S. Sewall Pt Rd			
	Johanson			INSPECTOR: <i>[Signature]</i>
6146	Convoy	Partial Lathe	Passed	
(10)	12 Palmetto			
	O/B			INSPECTOR: <i>[Signature]</i>
TREE	STONE	TREE	Passed	
(5)	22 EMERALTA WAY			
				INSPECTOR: <i>[Signature]</i>
6241	MCPHEE	HURRICANE SHUTTERS	Passed	
(7)	8 ADMIRAL'S WALK			546 5453
	(Rio Vista)			INSPECTOR: <i>[Signature]</i>
6104	Byer	Perce Survey	required for final	
(3)	32 N Sewall Pt			(dispute w. neighbor)
	Perce Craters			INSPECTOR: <i>[Signature]</i>
OTHER:				
	26 Island Rd.	Tree permit	→ pay + pick up	<i>[Signature]</i>
	18 Riverview	Tree permit	→ find tree	<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-21, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	MAXSON	TREE	Passed	
(2)	9 S. RIVER RD			INSPECTOR:
6270	GOSSEIN	SHEATHING	Passed	5/19
(5)	5 DELANO CARDINAL ROOFING	IN PROGRESS ROOF		INSPECTOR:
6013	FABINSKY	Pre-pour driveway	→	Cancelled resched Friday
(9)	10 Mandalay Fla Finest			INSPECTOR:
5960	LEWIS	Insulation	Passed	
(7)	41 RIO VISTA DRIFTWOOD			INSPECTOR:
6147	ALEXANDER	FRAMING +	Passed	Late
(8)	86 S. SEWALL'S PT JOHANSON HOMES	ELECTRICAL	Passed	INSPECTOR:
6270	GOSSEIN	TIN TAG +	Passed	
(5)	5 DELANO CARDINAL ROOFING	IN PROGRESS		INSPECTOR:
5875	MAXSON	Truss (9am)	Passed	Eug. only
(1)	9 S. RIVER RD KNEPPER			No steps
OTHER: 3 E. HGT POINT Driveway? No Permit?!				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/14, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5875	MAXSON	TIE DOWN PLUMBING	PASS	
	9 S. RIVER ROAD	ELECTRICAL		LOAD CALC & RPT TO PLAN REVIEW
		FRAMING	FAIL	NOT OF RECORD INSPECTOR TO RESPOND
6147	ALEXANDER	INSULATION	PASS	
	86 S. SEWALL'S			
	JOHANSON HOMES			INSPECTOR:
6269	GEARY	FRENCH DOORS	PASS	
	10 RIVERVIEW RD	FINAL		
	APOSTOLOPOULOS P			INSPECTOR:
6202	DICKINSON	INSULATION	PASS	
	19 EMERALTA WAY			
	PALMER CONST			INSPECTOR:
6283	MCCAFFREY	IN PROGRESS	FAIL	9:30 * RISE SHUT THE ACTIONS NOT MAIL
	4 MICHAELS RD			
	J TAYLOR ROOFING			INSPECTOR:
6232	MOORE	FOOTING STEM	FAIL	MUFER - DOWELS MISSING
	5 OAK HILL			
	AR MARTIN HOMES			INSPECTOR:
6146	CONROY	DRIVEWAY	PASS	WILL TICKET STAMP SIDE DURING PERK
	12 PALMETO			
	O/B			INSPECTOR:

OTHER:

IN PROGRESS 3 KINGSTON - DANVERS - VISIT - NO TIME

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/18, 2003 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6147	ALEXANDER	Demolition	Pass	
(3)	86 S. SEWALLS PRD JOHANSON HOMES	Pour		INSPECTOR: <i>[Signature]</i>
E636	FRANCIS	ELEC FINAL	Pass	
(8)	5 S. RIVER WILBERDING			INSPECTOR: <i>[Signature]</i>
6324	BALLARD	TIN TAG+METAL	Pass	
(4)	2 PALM COURT PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	STUKEL	TREE	Pass	
(7)	7 LANTANA LA			INSPECTOR: <i>[Signature]</i>
5946	ALLMAN	Pool Deck FINAL	Pass	Affidavit: ✓
(5)	3 SUMMER LANE BRIAN'S QUALITY POOL			close INSPECTOR: <i>[Signature]</i>
6054	ALLMAN	MASONRY WALL FINAL	Pass	Final Survey:
(6)	3 SUMMER LANE O/B			done INSPECTOR: <i>[Signature]</i>
6326	WEGMAN	DRY IN + SHEATHING	Pass	
(1)	5 KINGSTON CT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
OTHER:	SEYMOUR			
(2)	73 S. SEWALLS PRD	dumpster?	(Tree debris = O.K.)	<i>[Signature]</i>



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 86 S. Sewalls Pt. Rd.

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.

Addition Final

Failed: Paperwork incomplete

AC contractor / Verify AC breaker size
ET Contractor

Panel 60A
Handle 30A / 30A

Unit: max 15A

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: _____

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/29, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5636	FRANCIS 5 S. RIVER ROAD WILBERDING	TIE BEAM ref. wall (as early as possible)	Passal	INSPECTOR: <i>[Signature]</i>
6261	SMITH 7 SIMARA ST SUNRISE COAST	TIE BEAM	Failed Passed	corrected 11 ³⁰ INSPECTOR: <i>[Signature]</i>
6147	ALEXANDER 86 S. SEWALLS PKD JOHANSON 260	FINAL ADDITION/ REMODEL 8887 contractor	Failed	Don't permit 7/22/0 9909 INSPECTOR: <i>[Signature]</i>
6232	Moore 5 Oaklille way ARAWAK	slab	Passal	INSPECTOR: <i>[Signature]</i>
6404	Gaul 107 S. River Pacific	Roof Sheathing	Passal	INSPECTOR: <i>[Signature]</i>
T/A	Breeze 113 Hillcrest Asplund		Passal	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: ** Air Handler 60A
Hole 30A 30A Panel unit 10A?*



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 86 S. Sewall's Pt.

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.

CO Final

Failed : Documentation incomplete
Final Survey → height blgs.
→ previous inspections

(*) Nislin AC breaker size ✓
PN 5/16/08 - 30AMP per NIS AIR
Final Terminate ✓

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: 2/2/13



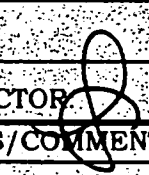


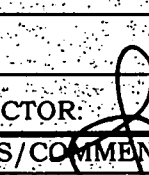
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/3, 2003 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6147	ALEXANDER	ADDN/DEMOL	Failed	
(4)	86 S. SEWALL'S PT JOHANSON	FINAL		INSPECTOR: 
6111	GREENE	FOOTER	Passed	
(7)	26 ISLAND WAY O/B	For columns		INSPECTOR: 
TREE	RICHARDSON	TREE	Passed	
(13)	15 RIDGELAND DR			INSPECTOR: 
6489	MCKINNEY	BOATLIFT FINAL		? need survey
(8)	24 SIMARA ST J & B BOATLIFT			INSPECTOR: 
5992	LANDI	REMOVE SCREEN	Passed	close
(6)	2 W HIGH POINTE RD ENCL - FINAL O/B			INSPECTOR: 
6232	MOORE	ROOF DRY IN + METAL	Failed	
(3)	5 OAK HILL WAY AR MARTIN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-15, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6149	Quinn	Final (A/C)	FAIL	
1	86 S. Sewalls Johansen	Amps	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
9010	Treudenberg 116 N Sewalls Flamingo Pools	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
9033	ATT John SPR & U. de Cristo & ^{meter} _{electrical} Priority Elec	Final	FAIL	AM RE-INSPECT PASS INSPECTOR: <i>[Signature]</i> CLOSE
9060	Conroy 126 SSPR. Tropic Marine	sheet piling	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

Date 6.10.08

TERMITE CONTRACT CERTIFICATE

Travis Pest Management, Inc. hereby certifies that the structure(s) treated on the above date, and owned by Alexander Res. / Johanson Homes and located at 86 S. Sewalls Pt. Rd. Stuart, Fl. 34996 have been treated against infestation of Subterranean Termites

The initial term of this contract shall be for 12 months, and may thereafter be renewed annually, upon consent of both parties, for a period of 4 years. The company however, reserves the right to adjust the annual renewal fee of \$ 200.00 as it may deem necessary, prior to any anniversary date. Failure to remit the annual renewal fee within sixty (60) days following the anniversary date shall be considered as automatic cancellation of this contract.

This service contract provides for retreatment only of those parts or sections of the structure(s) previously treated by our company for prevention or control of the above subject pest. It does not provide for repairs to/or replacements of damaged parts of the structure(s).

In the event, the above subject structure(s) is modified, altered or otherwise changed after the date of original treatment, this agreement shall automatically terminate, unless a prior agreement shall have been entered into between the customer and the company to inspect, provide additional treatment and/or adjust the annual renewal fee.

The owner also warrants full cooperation with the company during the life of this contract and agrees to maintain the area(s) treated free from any factor which may contribute to infestation. These conditions include, but are not limited to, wood, lumber or direct wood-soil contact in the treated area(s). It is also agreed the owner shall eliminate faulty plumbing leaks, and any other sources of dampness such as drains, condensation or roof leaks which may adversely effect the treated area(s). Failure of the owner to maintain the subject structure(s) as described in this paragraph, shall render this contract null & void.

This contract is transferable to any subsequent owner of the subject structure(s) upon proper notification to the company.

It is specifically understood and agreed that the company and customer are bound only by the terms and conditions as herein stated, and not by any other representation oral or otherwise.

#17648

CONTRACT NUMBER



PEST MANAGEMENT INC.

Christopher Tran

PRESIDENT

8903

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:	8903	DATE ISSUED:	MAY 16, 2008
SCOPE OF WORK:	A/C CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	NISAIR		
PARCEL CONTROL NUMBER:	123841002000000203	SUBDIVISION	RIO VISTA-LOT 2
CONSTRUCTION ADDRESS:	86 S SEWALLS POINT RD		
OWNER NAME:	ALEXANDER		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	772-466-8115

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 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED 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.

RECEIVED
DATE: 5-15-08
TOWN OF SEWALL'S POINT

Date: 5/14/08 **BUILDING PERMIT APPLICATION** Permit Number: _____

OWNER/TITLEHOLDER NAME: William Alexander Phone (Day) 286-7499 (Fax) _____

Job Site Address: 86 So. Sewall's Pt. Rd. City: STUART State: FL Zip: 34996

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

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

Scope of work: Change out of Air Conditioning Equipment

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2,075.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V _____ A9 _____ A8 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 ***

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

CONTRACTOR/Company: NISAIR Air Conditioning Phone: 466-8115 Fax: 468-9752

Street: 3700 SO US HWY 1 City: Fort Pierce State: FL Zip: 34982

State Registration Number: CA04199 State Certification Number: _____ Municipality License Number: _____

PROJECT SUPERINTENDANT: Philip Nisa, JR CONTACT NUMBER: 260-2067

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build. Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2003 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

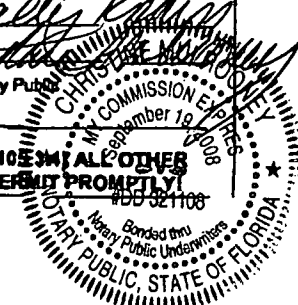
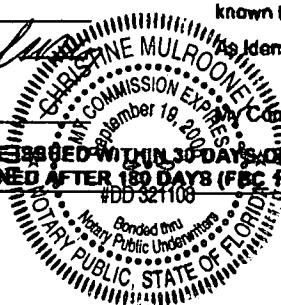
NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND 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 51.04.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
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.

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

OWNER SIGNATURE (required)
[Signature]
State of Florida, County of: Martin
This the 14 day of May 2008
by [Signature] who is personally known to me or produced as identification.
My Commission Expires: 9-19-08

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 14 day of May 2008
by [Signature] who is personally known to me or produced as identification.
My Commission Expires: 9-19-08



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.31) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA Captains Cove Lot 1 COUNTY OF MARTIN 35374L001000000109

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):
86 So. Swallows Point Road Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Air Conditioning Change-out

OWNER NAME: William Alexander
ADDRESS: 86 So Swallows Pt Rd Stuart, FL 34996
PHONE NUMBER: 286-7499 FAX NUMBER: _____

INTEREST IN PROPERTY: owner

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

CONTRACTOR: Nisair Air Conditioning
ADDRESS: 3700 So US Hwy 1 Fort Pierce FL 34982
PHONE NUMBER: 772-466-2415 FAX NUMBER: 772-462-9752

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

LENDER/MORTGAGE COMPANY: N/A
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) (a) 7., FLORIDA STATUTES:

NAME: N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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.

[Signature]
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

OWNER
SIGNATORY'S TITLE/OFFICE

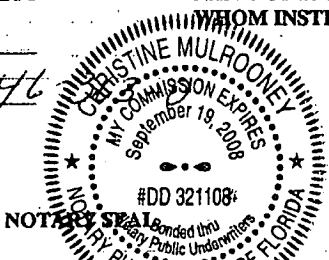
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF _____, 2008

BY: [Signature] AS owner FOR same
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION WHOM INSTRUMENT WAS EXECUTED

TYPE OF IDENTIFICATION PRODUCED A425-920-46

[Signature]
NOTARY SIGNATURE



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).



THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK

BY: [Signature] DATE: 05-19-2008 D.C.

INSTR # 2083895 OR BK 02328 PG 0588 RECD 05/15/2008 08:11:49 AM
Pg 05887 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney



PN 8903

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 86 S. SEWALLS PT RD

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.

INSTALLATION OF A/C EQUIPMENT

OR -

THERE IS AN EXISTING ELECTRICAL
CODE VIOLATION THAT MUST BE
CORRECTED PRIOR TO FINAL
INSPECTION.

JUNCTION BOX & CAP FLEX
AT CONDENSER NEEDS REPAIR / REPLACE
CONDUIT ROTTED CAN FLEX NOT
SUPPORTED J BOX SUPPORTED BY CONDUIT

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: 6-6-08

JA

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-6, 2008 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8916	Kimes	Final	FAIL	
1ST	2 Riverview	A/C CHANGEOUT		
	Adams A/C - 537-6579			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8903	William	Final	Fail	
JOHN	230 86 Sewalls		Fail	
	N. 30th			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2	8589 Hardin	insulation	PASS	
2ND	275 River Station	main house		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	8893 Dwyer	Final	FAIL	
	32 N River Rd			INSPECTOR: <i>[Signature]</i>
	Stuart Lane			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6	McGovern	all trades	—	courtesy
lost 11AM	2 Fusca La	framing	—	INSPECTOR: <i>[Signature]</i>
	Driftwood			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3	8914 GILBERT	SHEATHING/DRY-IN	PASS	
	170 S. RIVER	ROOF AFFIDAVIT		INSPECTOR: <i>[Signature]</i>
	MARZO ROOFING			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4	8872 Bean	rough electric	FAIL	
	112 S Sewalls			INSPECTOR: <i>[Signature]</i>
	WB Const.			
OTHER:				

HERWORTH RIVERVIEW - EROSION IN STREET



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 86 S. S. P. R.

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

A/C ELEC.

30 AMP BREAKER FOR
LENNOX 5804J01458
COND. UNIT EXCEEDS
MAX ALLOWABLE OF 20A.

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: 6/15

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Geisinger 8 Castle Hill OB	Meter final	FAIL	INSPECTOR: <i>AW</i>
8972	Bear 1125 Sewalls WB	insulation PLB, POUCH etc. "	PASS PASS PASS	INSPECTOR: <i>AW</i>
8551	Valko 107 Hillcrest Ct Bunks	Final	PASS	CLOSE INSPECTOR: <i>AW</i>
8901 <i>(LATE)</i>	Richardson 15 Ridgeland Everglades	plumbing electric framing	FAIL FAIL FAIL	INSPECTOR: <i>AW</i>
8903	Quintana	Plumbing	FAIL	
5	86 S Sewall Pt Nishi 103 (Mo 772-708-4838 any?)	Business Elec Code Violation		INSPECTOR: <i>AW</i>
Tree 1	Quick 9 Island Rd	Tree	FAIL	INSPECTOR:
8482	Gensheimer 63 N River Rd Masterpiece	Final	PASS	CLOSE INSPECTOR: <i>AW</i>
OTHER: 8911	Willis 3 NORTH ST ERIC JOHNSON	STRAPPING	PASS	<i>AW</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/23/08, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8877		FINAL	PASS	CLOSE
1	2 MINDORO EVERLAST SCREEN	BONDWIRE		INSPECTOR: <i>[Signature]</i>
8903	Alvarado	Final	PASS	CLOSE
2	86 S Sewalls Nislin (Arlington)	(replaced breaks)		INSPECTOR: <i>[Signature]</i>
TREE		TREE	PASS	
	24 E. HIGH PT. NAT. BALANCE			INSPECTOR: <i>[Signature]</i>
Tree	Wallenquest 3 Copake Rd	Tree	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER: _____				

10374

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:	10374	DATE ISSUED:	MARCH 1, 2013
SCOPE OF WORK:	REROOF FLAT DECK (10'X12') PICTURES REQ'D		
CONTRACTOR:	DUREN ROOFING		
PARCEL CONTROL NUMBER:	123841002-000-000203	SUBDIVISION	RIO VISTA - L 2
CONSTRUCTION ADDRESS:	86 S SEWALLS PT RD		
OWNER NAME:	ALEXANDER		
QUALIFIER:	JON DUREN	CONTACT PHONE NUMBER:	546-7595

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10374
ADDRESS	86 S SEWALLS PT RD - ALEXANDER
DATE 3/1/13	SCOPE OF WORK REROOF FLAT DECK (10'X12')

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	1200
Total number of inspections @ \$100.00 each	2		200
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	3
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	3
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	211

fd
ck #26518

Town of Sewall's Point

Date: 2-22-13 BUILDING PERMIT APPLICATION Permit Number: 10374

OWNER/LESSEE NAME: William Alexander Phone (Day) 286-7449 (Fax)
Job Site Address: 86 Sewall's Point S. City: Stuart State: FL Zip: 34996
Legal Description: Rio Vista S/D Lot 2 Parcel Control Number: 12-38-41-002-00000020-3
Fee Simple Holder Name: Address:
City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Re-Roof 10x12 Cappd flat Deck

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: \$ 2,200
(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 AEB 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: Duren Roofing Phone: 772-546-7595 Fax: 1-888-710-5556
Jon Duren Qualifiers name: Street: PO Box 969 City: Hobe Sound State: FL Zip: 33475

State License Number: CC-C057678 License Number:
LOCAL CONTACT: Robb Huff Phone Number: 772-263-0126
DESIGN PROFESSIONAL: N/A Fla. License#
Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios Porches: Enclosed Storage:
Carpport: Total under Roof 170 Elevated Deck: Enclosed area below BFE:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

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

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

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
Sallie Alexander
State of Florida, County of: Martin
On This the 27th day of Feb, 2013
by Sallie Alexander who is personally known to me or produced
As identification: 7-3015
My Commission Expires:
Notary Public State of Florida Robert Huff My Commission EE 113842 Expires 07/30/2011

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
Jon Duren
State of Florida, County of: Martin
On This the 22nd day of Feb, 2013
by Jon Duren who is personally known to me or produced
Notary Public State of Florida Robert Huff My Commission Expires 113842 7-30-15

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!

Duren Roofing Inc.

PALM BEACH

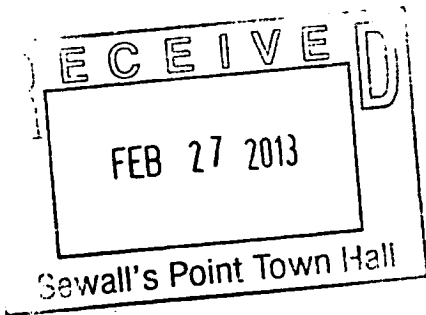
(561) 744-8000

P.O. Box 969 • Hobe Sound, FL 33475
Fax: 1-888-710-5556

MARTIN

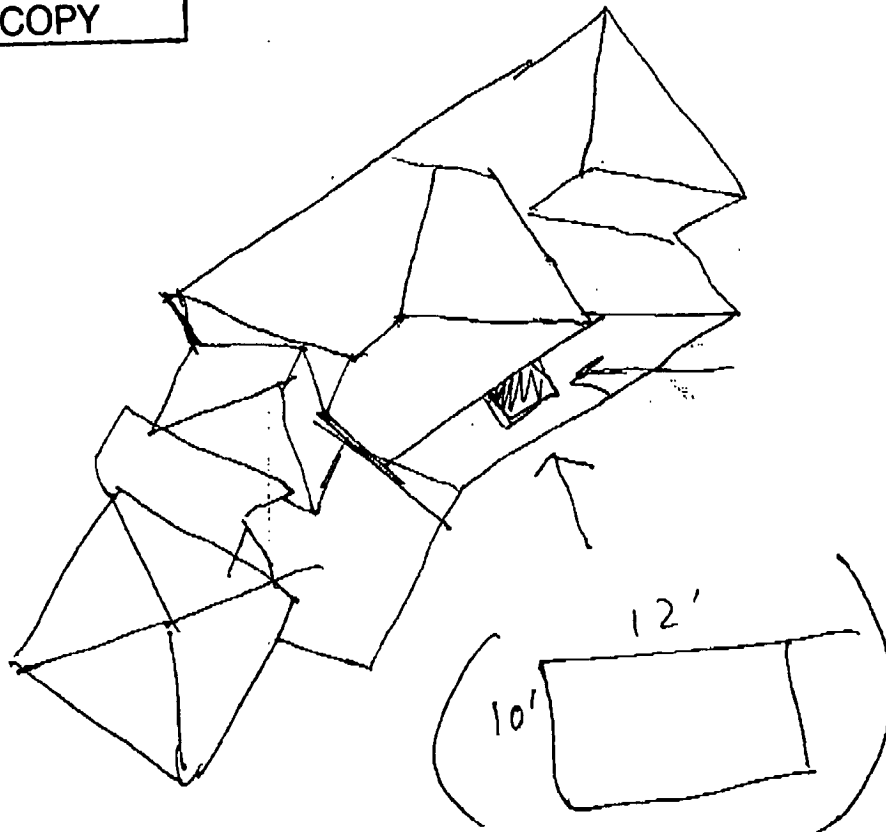
(772) 546-ROOF
(7863)

INDIAN RIVER
(772) 562-5325



86 Sewall's Point

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



State Lic. # CC-C057678

www.DurenRoofing.com



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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Duren Roofing PHONE #: 772-546-7595 FAX: 1-888-710-5556

OWNER'S NAME: _____

CONSTRUCTION ADDRESS: 86 Sewall's Point CITY Stuart STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY) Rd

(Flat 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 _____ OTHER _____

ROOF PITCH: 1/4 /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: Modified

MANUFACTURER JM PRODUCT NAME APP PRODUCT APPR # 120123.02

(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: _____

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 OF CONTRACTOR DATE: 2-22-13



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.

PermaPly 28

X _____ 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.



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY
 AFFAIRS (PERA)
 BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY
 PRODUCT CONTROL SECTION
 11805 SW 26 Street, Room 208
 Miami, Florida 33175-2474
 T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera

Johns Manville Corporation
 717 17th Street
 Denver, CO 80202

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County PERA – Product Control Section 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 Section (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. PERA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

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

DESCRIPTION: Johns Manville APP Modified Bitumen Roofing Systems Over Wood Decks.

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

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

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

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

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

This NOA renews and revises NOA No. 11-0223.06 and consists of pages 1 through 14.
 The submitted documentation was reviewed by Jorge L. Acebo.



NOA No.: 12-0123.02
 Expiration Date: 06/14/13
 Approval Date: 05/10/12
 Page 1 of 14

ROOFING SYSTEM APPROVAL

Category:	Roofing
Sub-Category:	Modified Bitumen
Materials:	APP
Deck Type:	Wood
Maximum Design Pressure	-52.5 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
JM APP Base	39-3/8" x 48'	ASTM D 6509	APP modified asphalt, fiberglass reinforced, smooth surfaced base sheet.
APPeX 4S	39-3/8" x 34'	ASTM D 6222, type I, grade S	APP modified asphalt, polyester reinforced, smooth surfaced membrane.
APPeX 4.5M	39-3/8" x 34'	ASTM D 6222, type I grade G	APP modified asphalt, polyester reinforced, mineral surfaced membrane.
APPeX 4.5MFR	39-3/8" x 34'	ASTM D 6222, type I grade G	APP modified asphalt, polyester reinforced, fire-retardant, mineral surfaced membrane.
Tricor MFR	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, granule surfaced membrane.
Tricor S	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, smooth surfaced membrane.
PermaPly 28	36" x 106'; 72 lb. roll	ASTM D 4601	Type II asphalt impregnated and coated glass fiber base sheet
Ventsulation	36" x 36'	ASTM D 4897 Type II	Heavy duty fiber glass base sheet impregnated and coated on both sides with asphalt with or without fine mineral stabilizer.

APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
ENRGY 3, 25-PSI	Isocyanurate Insulation.	Johns Manville
Fesco Foam, DuraFoam	Isocyanurate Insulation with perlite facer	Johns Manville
Retro-Fit Board, DuraBoard	A high-density perlite roof insulation.	Johns Manville
Fesco Board	Rigid perlite roof insulation board.	Johns Manville
Structodek	High Density Wood Fiber insulation board.	Blue Ridge Fiberboard



NOA No.: 12-0123.02
 Expiration Date: 06/14/13
 Approval Date: 05/10/12
 Page 2 of 14

APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	UltraFast Fasteners	Insulation fastener for wood and steel.		Johns Manville
2.	UltraFast ASAP	Pre-assembled Insulation fastener and plate		Johns Manville
3.	UltraFast 3" Round Metal Plate or Square Recessed Metal Plate	Galvalume AZ55 steel plate	3" round & 3" square	Johns Manville
4.	Olympic Fastener #12 & #14	Insulation fastener		Olympic Mfg. Group
5.	ASAP Roofgrip	Pre-assembled Insulation fastener and plate		Olympic Mfg. Group
6.	OMG 3" Galvalume Steel Plate	Galvalume AZ50 steel plate	3" round	Olympic Mfg. Group
7.	Tru-Fast HD Fastener (#14)	Insulation fastener for steel and wood decks		The Tru-Fast Corp.
8.	Tru-Fast 3" Metal Insulation Plate	Galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.

EVIDENCE SUBMITTED:

Test Agency	Test Identifier	Description	Date
Factory Mutual Research Corp.	J.I. 0X0A9.AM	4470	03/25/94
	J.I. 0W6A2.AM	4470	02/05/93
	J.I. 0X7A4.AM	4470	08/26/93
	J.I. 3001482	4470	08/11/98
	J.I. 3002823	4470	04/01/99
	J.I. 3003468	4470	02/02/00
	J.I. 3007148	4470	04/19/00
	3009499	4470	04/04/01
	3011248	4470	11/01/02
	3012974	4450	06/03/02
Underwriters Laboratories, Inc.	R-10400	UL 790	Published Annually
Exterior Research & Design, LLC	#4361-2.04.97-1	TAS 114(J) – Wind Uplift	04/15/97
	10390A.12.97-1	TAS 114(J) – Wind Uplift	12/15/97
	10390A.10.97-1	TAS 114(J) – Wind Uplift	10/15/97
	10391.01.03	TAS 114(J) & TAS 117 (B)	01/29/03



NOA No.: 12-0123.02
 Expiration Date: 06/14/13
 Approval Date: 05/10/12
 Page 3 of 14

Membrane Type: APP
Deck Type 1I: Wood, Non-Insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type E: Base sheet mechanically fastened.

All General and System limitations apply.

Base Sheet: *(Option #1)* One ply of JM APP Base, PermaPly 28, Glasbase Plus or Ventsulation mechanically fastened to the deck with JM UltraFast, Olympic or Tru-Fast metal plates and fasteners at a 4" side lap 12" o.c. and two rows staggered in the center of the sheet 18" o.c.
(Maximum Design Pressure -45 psf - See General Limitation #9.)

(Option #2) Minimum two plies of JM PermaPly 28 or Ventsulation simultaneously fastened to the deck lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. at the lap and two rows staggered in the center of the sheet 12" o.c.
(Maximum Design Pressure -52.5 psf - See General Limitation #7.)

(Option #3) Minimum two plies of JM PermaPly 28 or Ventsulation simultaneously fastened to the deck with JM Ultrafast fasteners and Metal Plates spaced 9" o.c. in a 4" lap and 12" o.c. in two staggered rows in the center of the sheet.
(Maximum Design Pressure -52.5 psf - See General Limitation #7.)

Ply Sheet: (Optional) One or more plies of JM APP Base or APPeX 4S heat welded to base sheet.

Membrane: One or more plies of APPeX 4S, APPeX 4.5M or APPeX 4.5 MFR heat welded.

Surfacing: (Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets. Any coating, listed below, used as a surfacing, must be listed within a current NOA.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design Pressure: See Fastening Options



WOOD DECK SYSTEM LIMITATIONS:

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

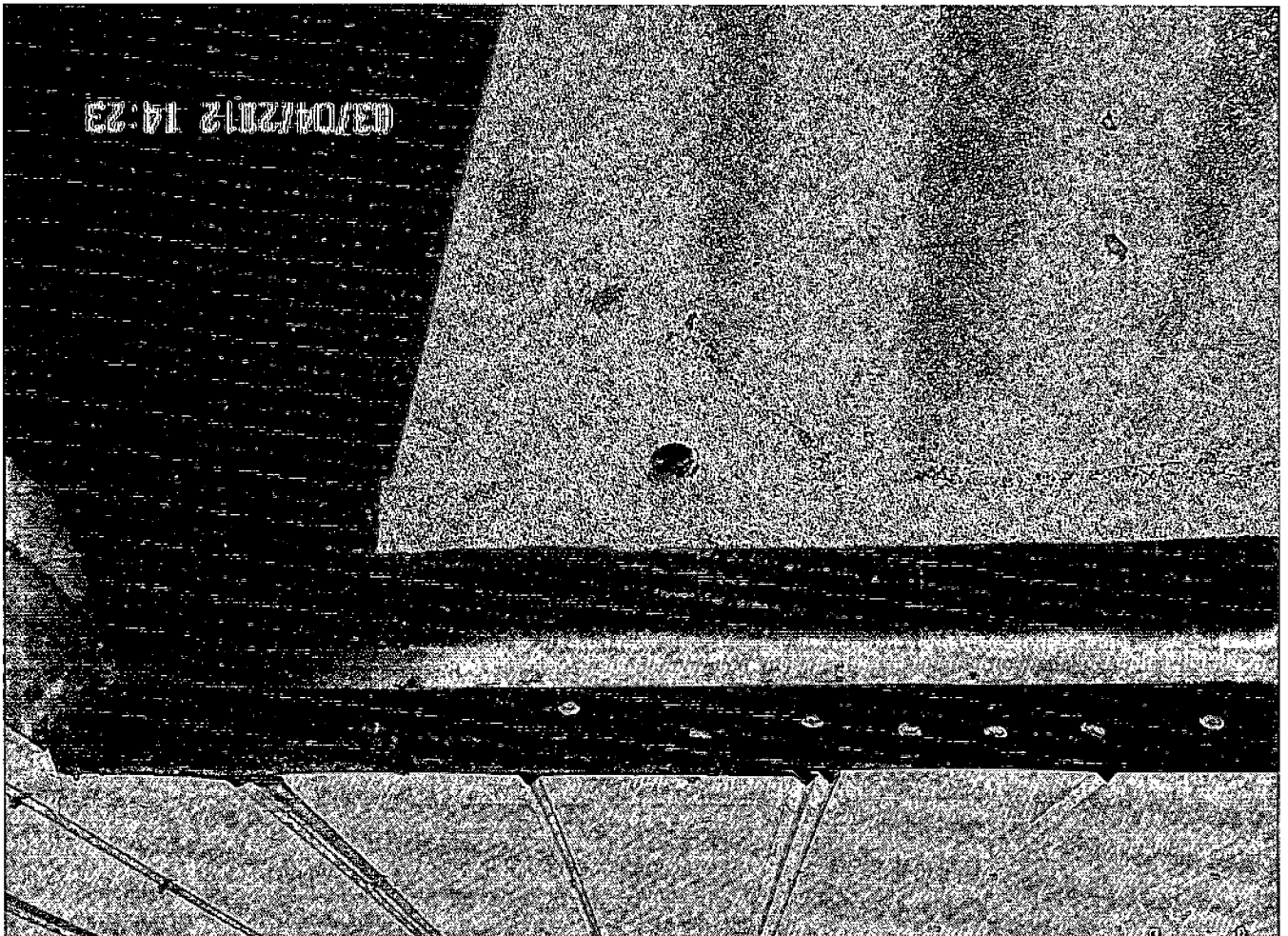
GENERAL LIMITATIONS:

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

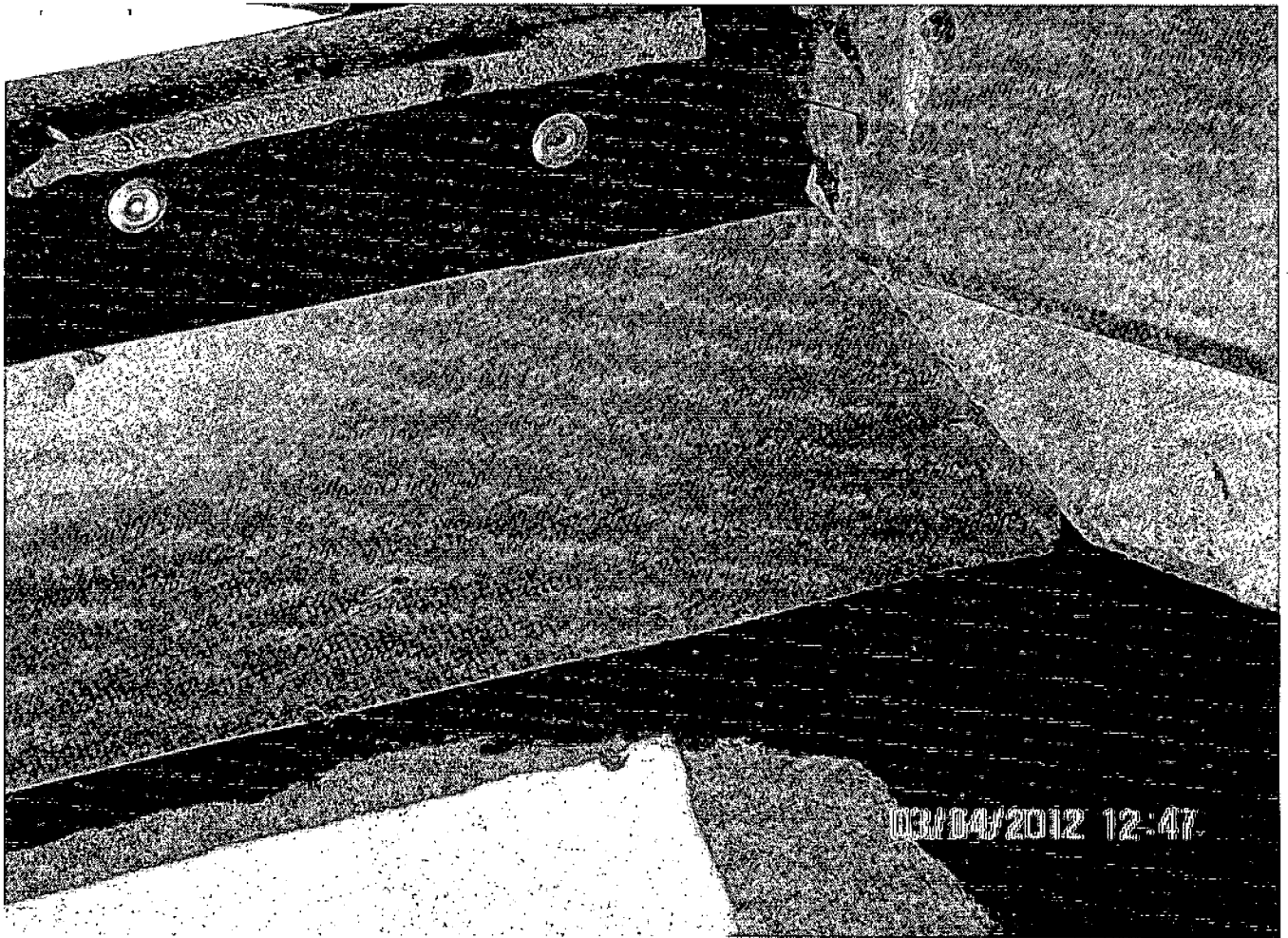
END OF THIS ACCEPTANCE



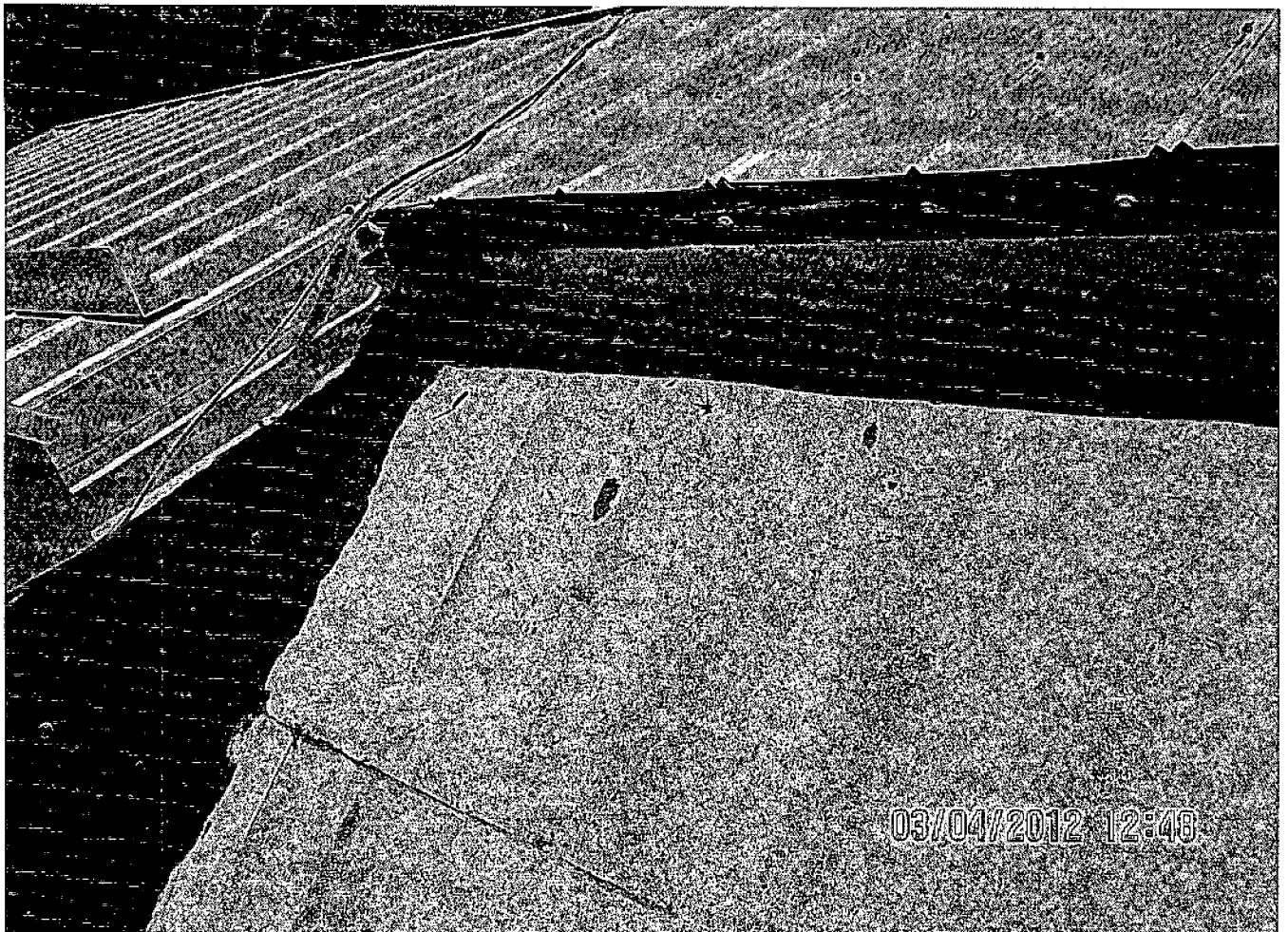
NOA No.: 12-0123.02
Expiration Date: 06/14/13
Approval Date: 05/10/12
Page 14 of 14



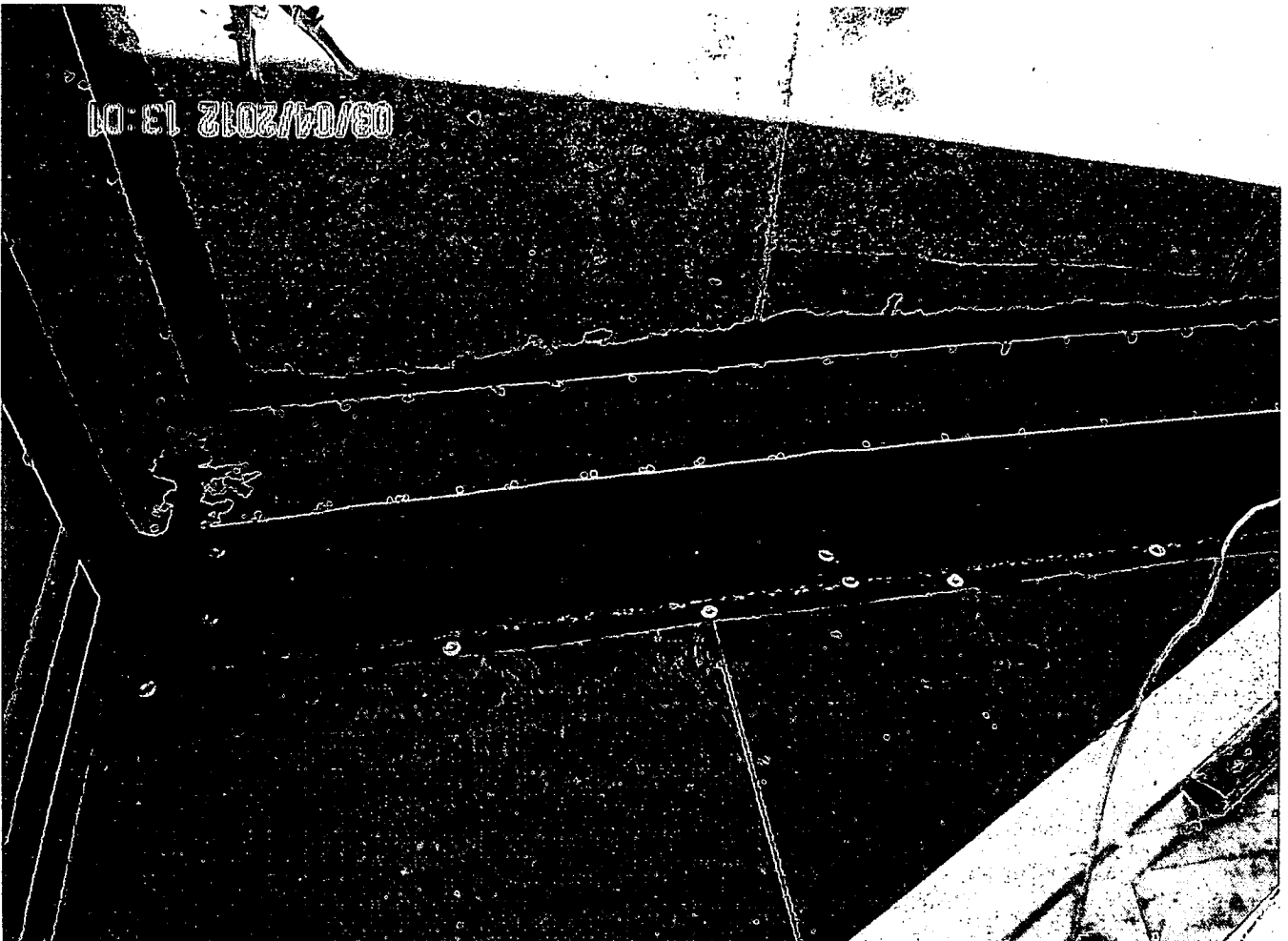
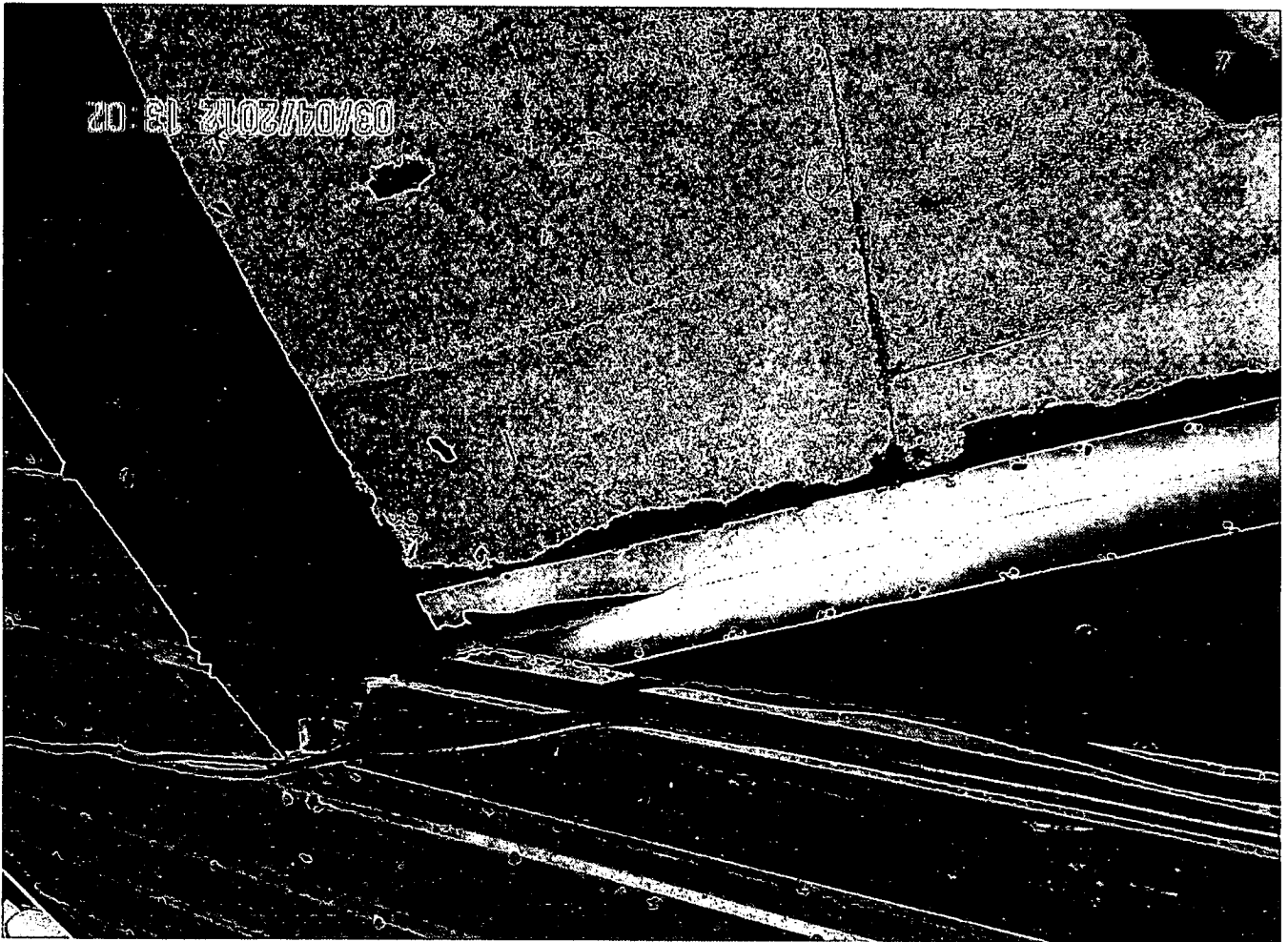
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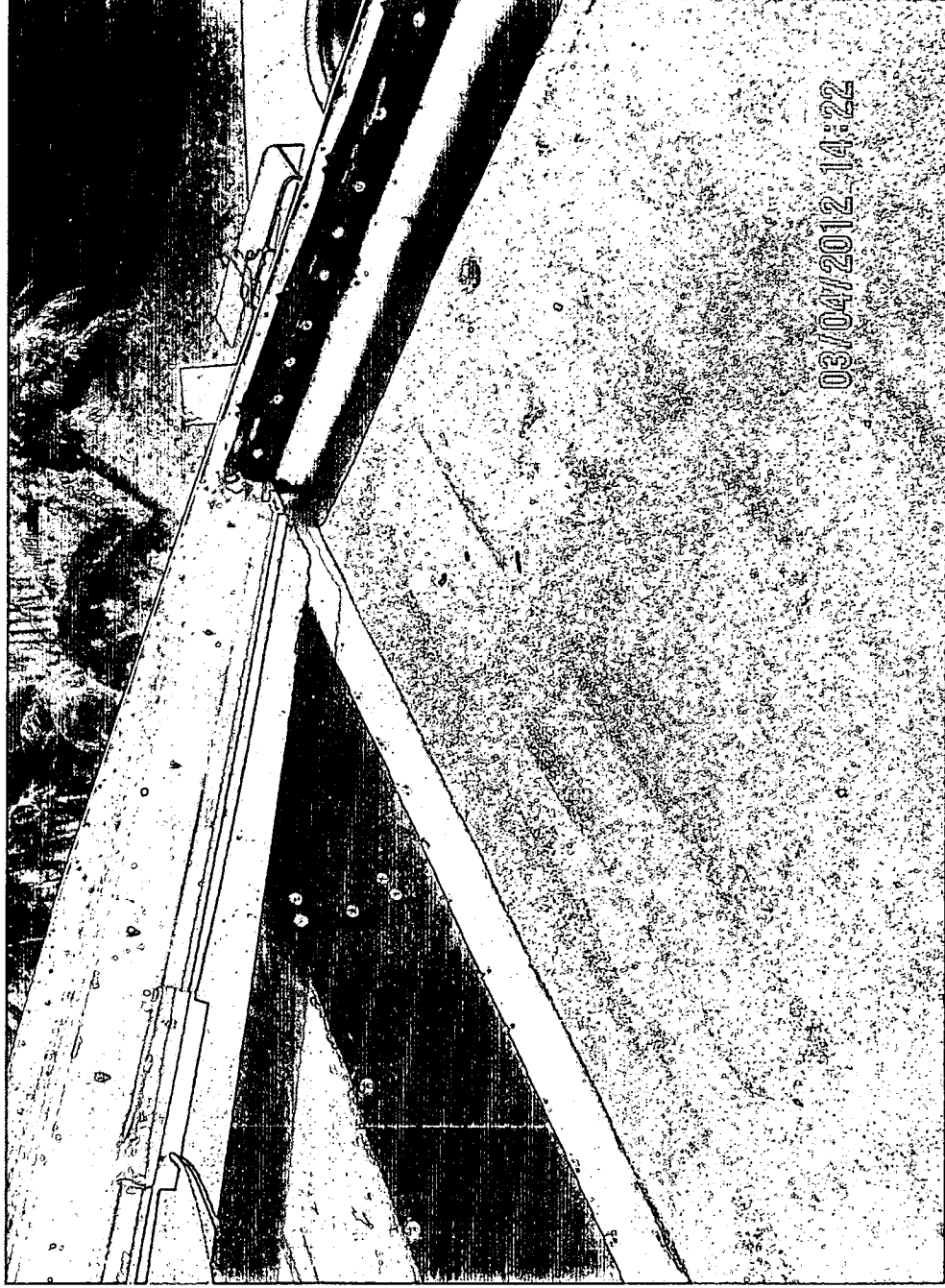
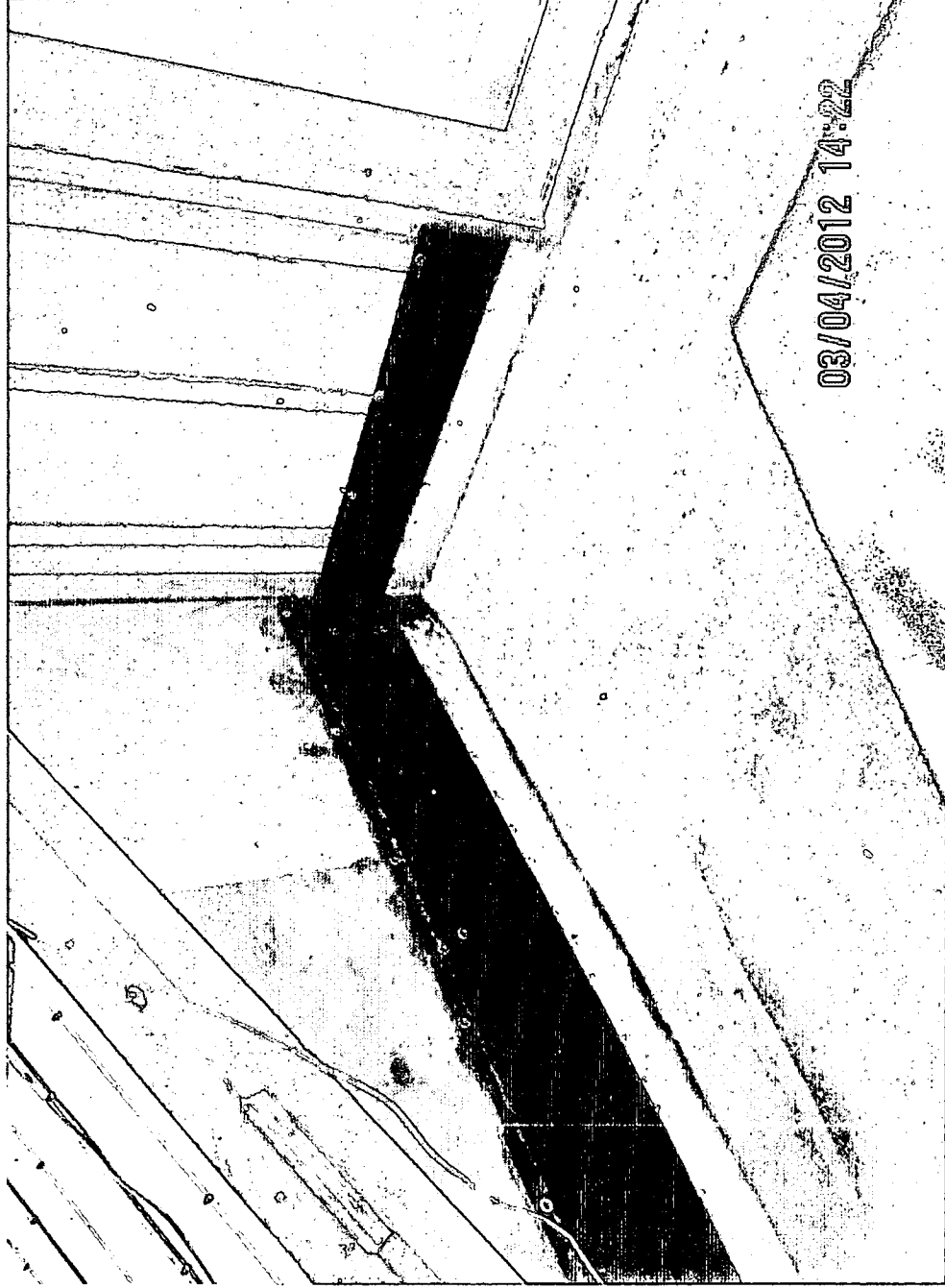
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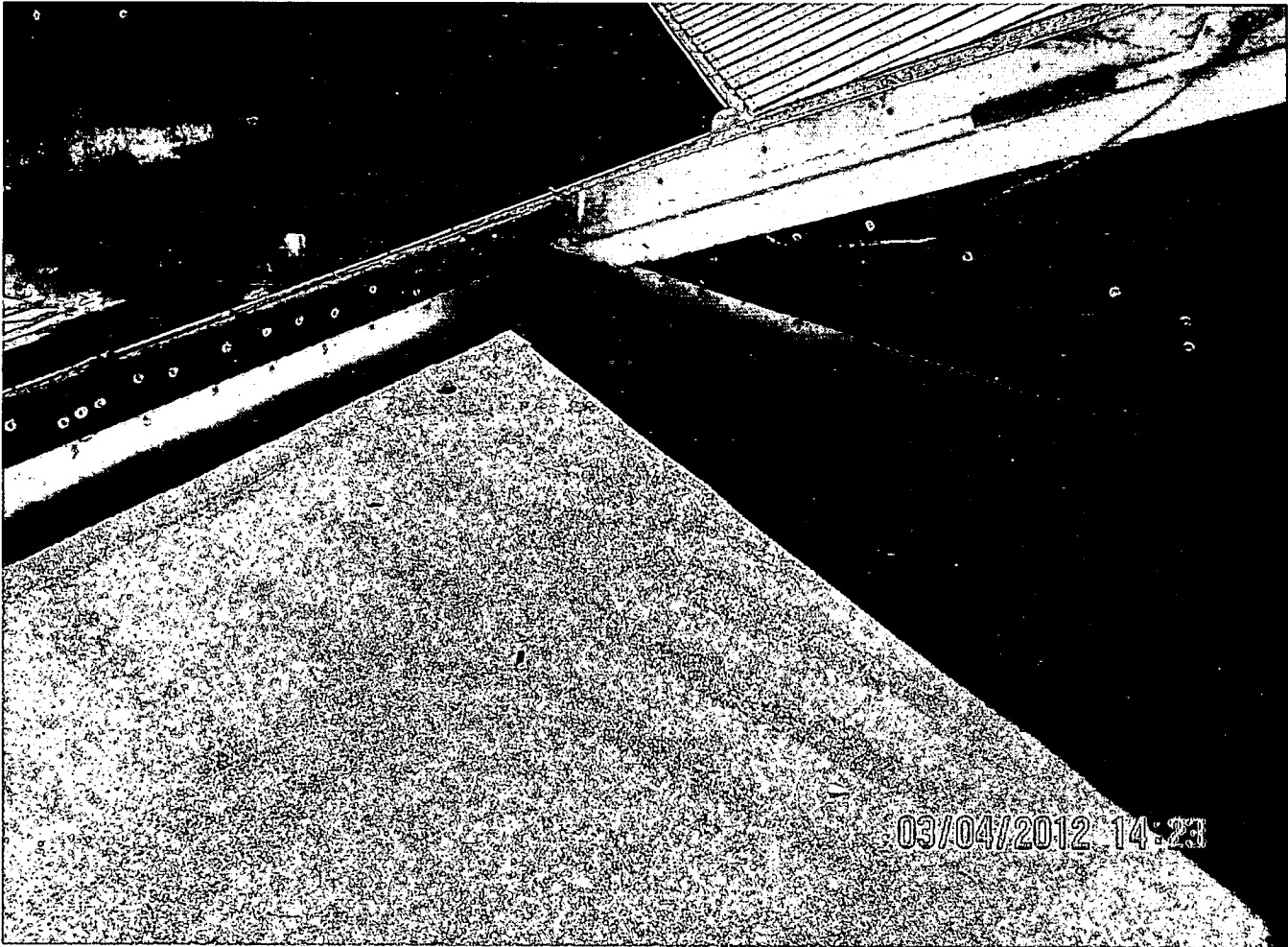


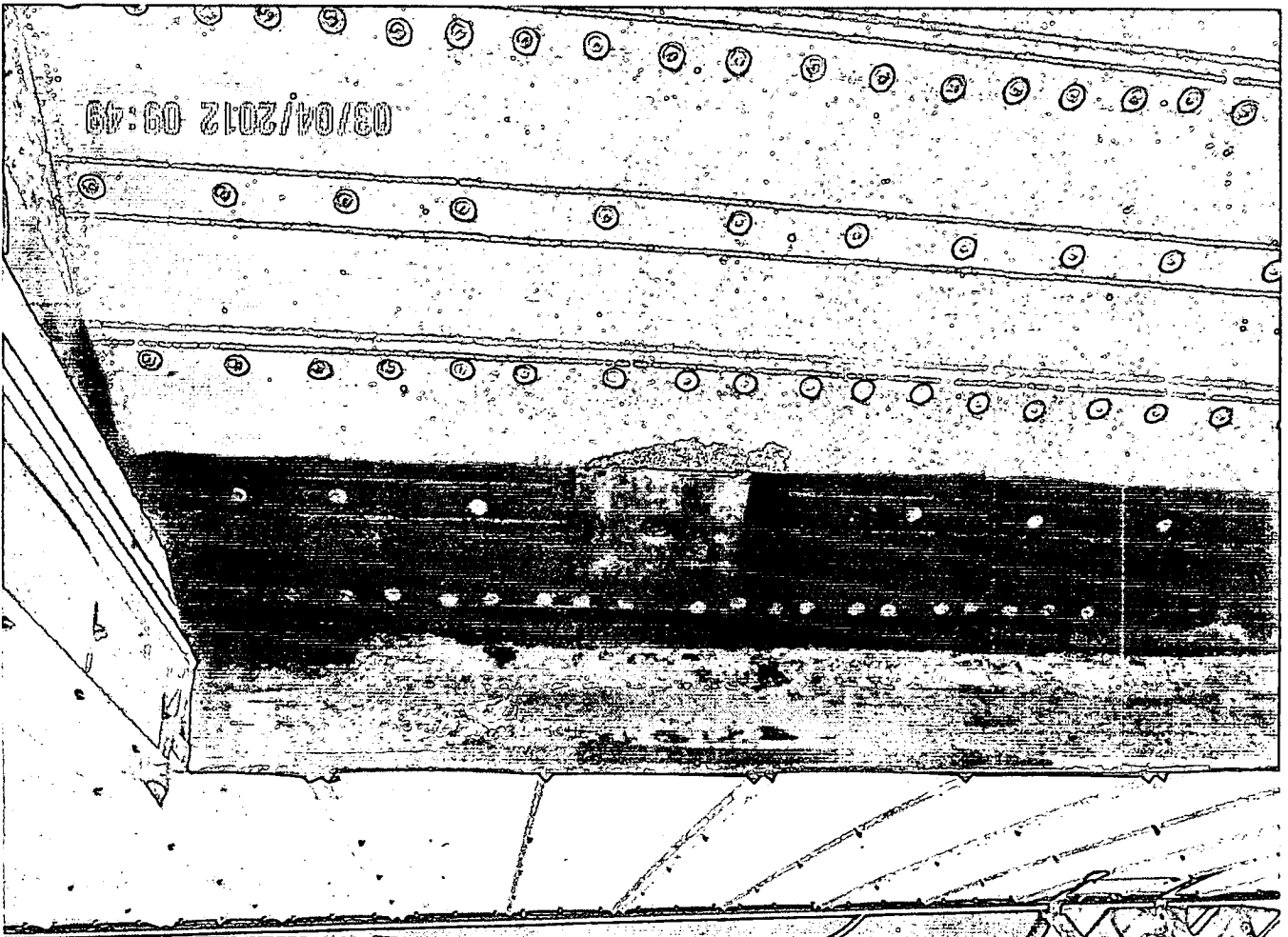
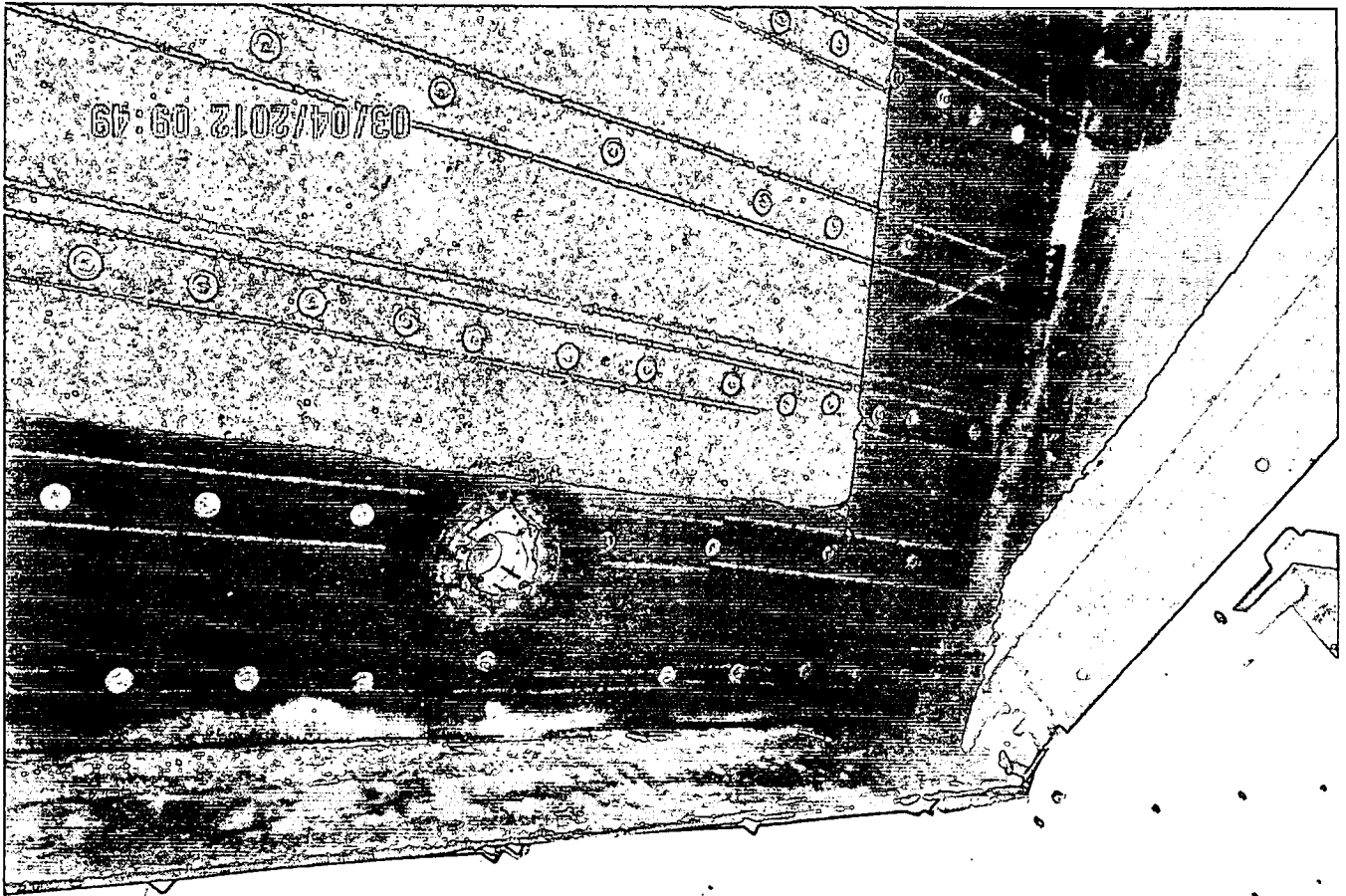


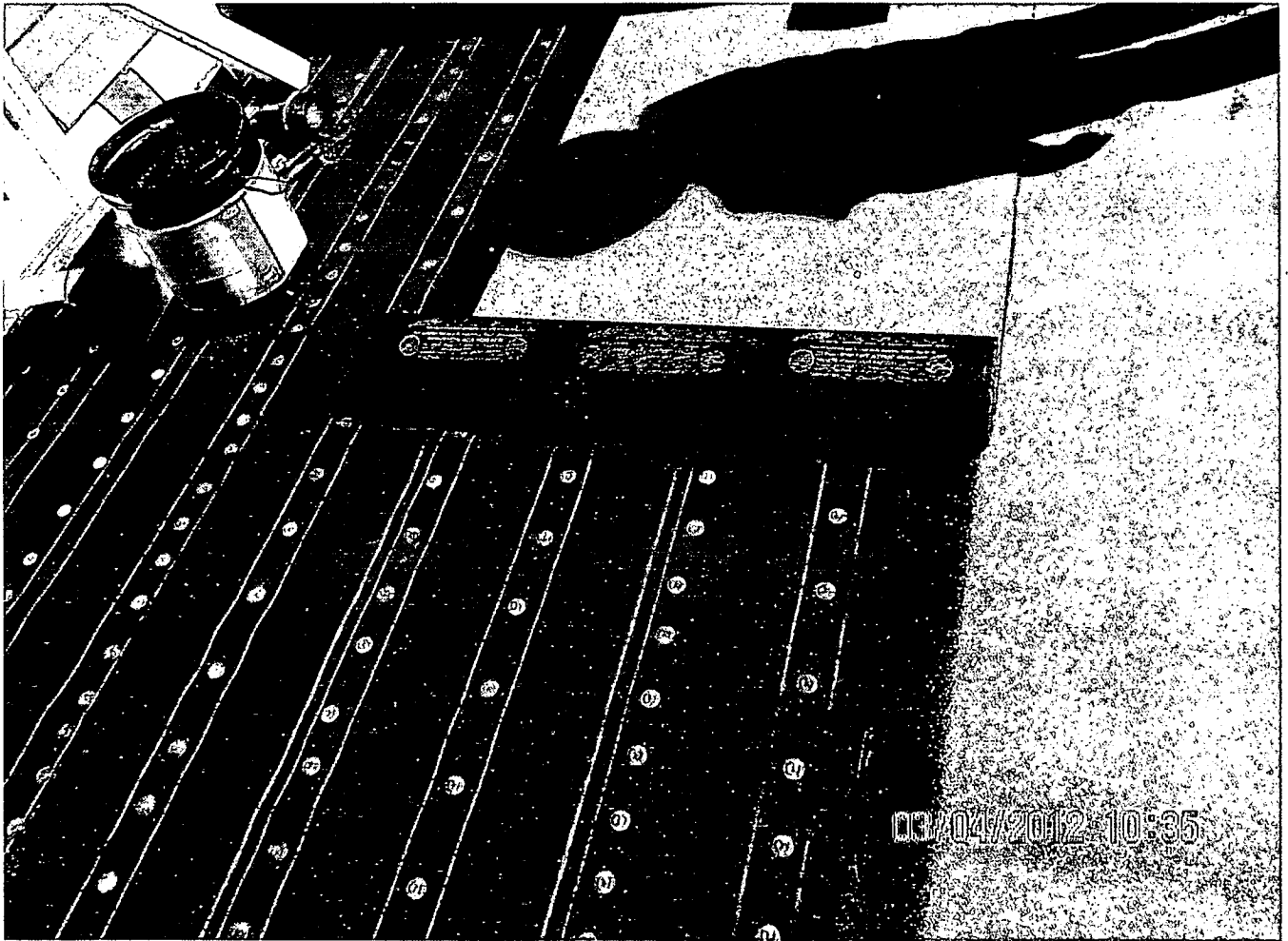














TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **3-8-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10321	Quintana	Shed on property	Picture	lead
	Buren Roofing	Final		INSPECTOR <i>[Signature]</i>
10097	Buro	Final addition	Pass	Close issue
1st	101 Henry Sewall Gm Const			C.C. INSPECTOR <i>[Signature]</i>
10037	Robinson	Job site		
	173. S. River Rd	MTC	OK	
	Emil LaViola			INSPECTOR <i>[Signature]</i>
10036	Sebastianow	FRAMING	Fail	NOT READY
	6. W. HIGH Pt			NEED TRUSS REPAIRS
	OB			INSPECTOR <i>[Signature]</i>
10335	Jonas	Final		
	12 N Sewalls	Paver driveway	Pass	Close
	Chitwood			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEAWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-14-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10339	Robinson 1735 Reiner Rd Emil La Viola	upper retaining wall bolts	Pass	INSPECTOR <i>JH</i>
10294	Guiggio 2 Island Rd Cosmopolitan	rough electric	Pass	INSPECTOR <i>JH</i>
10311	Obelando 86 S Seawalls Duren Roof	sketching dry in metal no progress penal	Pass Pass	INSPECTOR <i>JH</i>
Tree	3727 S Ocean	Trees	OK	INSPECTOR
10157	Lein 8 Morgan Cir Scott Holmes	Footer (STAIRS)	Pass	INSPECTOR <i>JH</i>
	S Via Lucinda & S River	gumbo limbs	OK	7' FROM EDGE OF ROAD INSPECTOR
10027 130	Goudis 25 S Reiner Team Parks	framing reinspect	Pass	INSPECTOR <i>JH</i>

10758

SIDING



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:	10758	DATE ISSUED:	02/04/2014
SCOPE OF WORK:	INSTALL TONGUE AND GROOVE ON CEILING OF PORCH. REPAIR AND REPLACE ROTTEN / DAMAGED LEGACY SIDING		
CONTRACTOR:	ISLAND TIME RENOVATION AND DESIGN		
PARCEL CONTROL NUMBER:	123841002000000203	SUBDIVISION	RIO VISTA
CONSTRUCTION ADDRESS:	86 S SEWALL'S POINT ROAD		
OWNER NAME:	FRANK AND EVA WENDT		
QUALIFIER:	HOLLY BONDAR	CONTACT PHONE NUMBER:	561 373-4465

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10758	
ADDRESS	86 SEWALL'S POINT ROAD	
DATE 02/04/2014	SCOPE OF WORK	INSTALL TONGUE AND GROOVE ON CEILING OF PORCH. REPAIR AND REPLACE ROTTEN / DAMAGED LEGACY SIDING

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

ACCESSORY PERMIT	Declared Value:	\$	2000.00
Total number of inspections @ \$100.00 each	1		200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE: after the fact - double fee		\$	209.00

PA 2/7/14
CK# 2705

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10758Date: Jan 29, 2014OWNER/LESSEE NAME: Frank and Lisa Wendt Phone (Day) _____ (Fax) _____Job Site Address: 86 S. Sewall's Point Road City: Sewall's Point State: FL Zip: 34996Legal Description: Rio Vista S/D Lot 2 Parcel Control Number: 12-38-41-002-000-0020-3Fee Simple Holder Name: Wendt Frank & Eva Lisa Address: 86 S. Sewall's Point RoadCity: Sewall's Point State: FL Zip: 34996 Telephone: _____Install tongue and groove on ceiling of porch.***SCOPE OF WORK (PLEASE BE SPECIFIC):**Repair and replace rotten/damaged brassy siding**WILL OWNER BE THE CONTRACTOR?**

(If yes, Owner Builder questionnaire must accompany application)

YES _____ NO X**Has a Zoning Variance ever been granted on this property?**YES _____ (YEAR) _____ NO X

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

COST AND VALUES: (Required on ALL permit applications)Estimated Value of Improvements: \$2,000

(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: Island Time Renovation & Design Phone: 561-373-4465 Fax: _____Qualifiers name: Holly Bondar Street: 126 Center St #B6 City: Jupiter State: FL Zip: 33458State License Number: CRC 1330784 OR: Municipality: _____ License Number: _____LOCAL CONTACT: same as above Phone Number: sameDESIGN PROFESSIONAL: same Fla. License# _____

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

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

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

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

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

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

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

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

OWNER /AGENT/ LESSEE - NOTARIZED SIGNATURE:

x Eva Lisa Wendt
 State of Florida, County of: Martin
 On This the 31st day of JANUARY, 2014
 by EVA LISA WENDT who is personally
 known to me or produced FL D/L W530 209495430
 As identification. Christine C Bergeron

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

x Holly Bondar
 State of Florida, County of: Martin
 On This the 31st day of January, 2014
 by Holly Bondar who is personally
 known to me or produced FL D/L B536 33367 912-0
 As identification. Christine C Bergeron

My Commission Expires: _____

Notary Public

My Commission Expires: _____

Notary Public
 CHRISTINE C. BERGERON
 Commission # DD 982111

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION OF PERMIT DENIAL OR OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE REAPPLY PROMPTLY

CHRISTINE C. BERGERON
 Bonded Thru Troy Fain Insurance 800-385-7019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tequesta Agency, Inc. dba Tequesta Insurance Advisors 218 S US Highway One, Ste 300 Tequesta FL 33469	CONTACT NAME: Norma Forbes, AAI	
	PHONE (A/C, No, Ext): (561) 746-4546	FAX (A/C, No): (561) 746-9599
E-MAIL ADDRESS: nforbes@tequestainsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Southern Owners Insurance Co		10190
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL1311608587 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			72948632	9/12/2013	9/12/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<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 checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			72948632	9/12/2013	9/12/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

Town of Seawall's Point Building Dept
Town Hall One S. Sewall's
Point Road
Sewall's Point, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

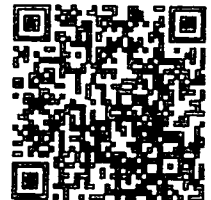
AUTHORIZED REPRESENTATIVE

Mark Kasten/NORMA

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

LICENSE NUMBER	
CRC1330784	

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



BONDAR, HOLLY M
ISLAND TIME RENOVATION & DESIGN
126 CENTER STREET SUITE B6
JUPITER FL 33458



RICK SCOTT
GOVERNOR

ISSUED: 05/06/2013 SEQ # L1305060000492
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY



Town of Jupiter
210 Military Trail
Jupiter, FL 33458

No. 14-00039666

Expires: SEPTEMBER 30, 2014

BUSINESS TAX RECEIPT

Qualifier: HOLLY BONDAR

** Location: 126 CENTER ST B6, JUPITER FL 33458 **

Total Fee

\$ 75.00

Business Name & Mailing Address:

13-14

DESCRIPTION

1522/CONTR-IN TOWN: COUNTY

ISLAND TIME RENOVATION &
DESIGN
126 CENTER ST B6
JUPITER, FL 33458

DISPLAY IN PLACE OF BUSINESS
NON-TRANSFERABLE



Town of Jupiter
210 Military Trail
Jupiter, FL 33458

No. 14-00039665

Expires: SEPTEMBER 30, 2014

BUSINESS TAX RECEIPT

Qualifier: HOLLY BONDAR

** Location: 126 CENTER ST B6, JUPITER FL 33458 **

Total Fee

\$ 75.00

Business Name & Mailing Address:

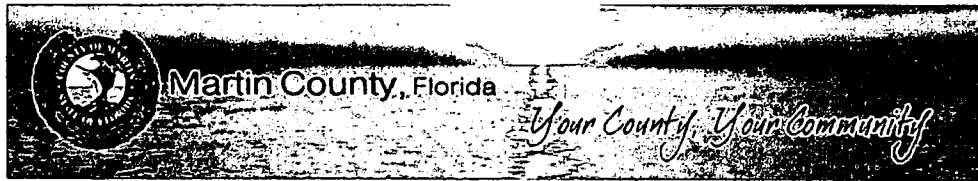
13-14

DESCRIPTION

2039/OFFICE: CONSTRUCTION

ISLAND TIME RENOVATION &
DESIGN
126 CENTER ST B6
JUPITER, FL 33458

DISPLAY IN PLACE OF BUSINESS
NON-TRANSFERABLE



Contractors List

[Reset](#)

Search Display [Go](#)

Name	License Type	Company	License & Exp	Status	Address	City	Phone Number	Liability & Exp	Wk Comp & Exp
BONDAR, HOLLY M	RESIDENTIAL CONT. CERTIFIED	ISLAND TIME RENOVATION & DESIGN	CRC1330784 (31-AUG-14)	ACTIVE	126 CENTER STREET SUITE B6	JUPITER FL 33458	561-339-7898	TEQ AGENCY (12-SEP-14)	ANDREW ATSAVES (01-NOV-14)

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1 - 1

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[Sheriff's Scanner](#)
[FHP Traffic](#)
[FDOT 511](#)
[911](#)

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*Some images courtesy of the Martin County Convention & Visitors Bureau

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10926

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:	10926	DATE ISSUED:	7/7/2014
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	12384100200000203	SUBDIVISION	RIO VISTA LOT 2
CONSTRUCTION ADDRESS:	86 S SEWALLS POINT RD		
OWNER NAME:	WENDT		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	772-287-1227

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10926		
ADDRESS:	86 S SEWALLS POINT RD		
DATE ISSUED:	7/7/2014	SCOPE OF WORK:	A/C CHANGEOUT

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:	\$	\$ 5,357.54
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

*pd 7-8-14
 CK 29204
 Permits 10927/26*

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 10926³

Date: 6/25/14

OWNER/LESSEE NAME: FRANK EVA WENDT Phone (Day) 784 6647 (Fax) _____
 Job Site Address: 200 S. SEWALLS PT. RD City: STUART State: FL Zip: 34996
 Legal Description: RIO VISTA SID LOT 8 Parcel Control Number: 18-88-41-008-000-00020-3
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** REPLACE (8) MINI SPLIT A/C UNITS

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: \$ 5307.54
 (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: KRALISS & CRANE Phone: 787 71887 Fax: 787 34055
 Qualifiers name: DON H CRANE Street: 904 SE DIXIE HWY City: STUART State: FL Zip: 34994
 State License Number: CAC049886 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 x *SEE SIGNER'S PROPOSAL*
 State of Florida, County of: _____
 On This the _____ day of _____, 2014
 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 7th day of JULY, 2014
 by JOHN CRANE who is personally
 known to me or produced FL 94 C 650-468-56-402
 As identification: Christine C Bergeron
 Notary Public

My Commission Expires: _____
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NO REVISIONS (FBC 105.3.2) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

WENDT - UPSTAIRS



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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# 411V1W0518
Volts 208/120 CFM's 340 Heat Strip N/A Kw
Min. Circuit Amps N/A Wire gauge N/A
Max. Breaker size N/A Min. Breaker size N/A
Ref. line size: Liquid 1/4 Suction 3/8
Refrigerant type R410A
Location: Existing [checked] New
Attic/Garage/Closet (specify) wall mount
Access: upstairs
(Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TYK6518
Volts 208/120 SEER/EER 10 BTU's 17000
Min. Circuit Amps 10 Wire gauge #10
Max. Breaker size 15 Min. Breaker size 10
Ref. line size: Liquid 1/4 Suction 3/8
Refrigerant type R410A
Location: Existing [checked] New
Left/Right/Rear/Front/Roof REAR OF GARAGE
Condensate Location @ COND.

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: MITSUBISHI Model# MU2A
Volts 208/120 CFM's 340 Heat Strip N/A Kw
Min. Circuit Amps N/A Wire gauge N/A
Max. Breaker size N/A Min. Breaker size N/A
Ref. line size: Liquid 1/4 Suction 3/8
Refrigerant type R410A
Location: Ext. [checked] New
Attic/Garage/Closet (specify) wall mount
Access: upstairs

Condenser: Mfg MITSUBISHI Model# MU2A
Volts 208/120 SEER/EER 10 BTU's 17000
Min. Circuit Amps 10 Wire gauge #10
Max. Breaker size 15 Min. Breaker size 10
Ref. line size: Liquid 1/4 Suction 3/8
Refrigerant type R410A
Location: Ext. [checked] New
Left/Right/Rear/Front/Roof REAR OF GARAGE
Condensate Location @ COND

Certification:

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

[Signature]
Signature

Date



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

WENDT - GARAGE

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# 4MNYW650A
 Volts ^{208/230} 208/230 CFM's 330 Heat Strip N/A Kw _____
 Min. Circuit Amps N/A Wire gauge N/A
 Max. Breaker size N/A Min. Breaker size N/A
 Ref. line size: Liquid 1/4 Suction 3/8
 Refrigerant type R410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) garage
 Access: wall mounted
 (Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TYK1650A
 Volts ^{208/230} 208/230 SEER/EER 10 BTU's 9000
 Min. Circuit Amps 10 Wire gauge #18
 Max. Breaker size 15 Min. Breaker size 10
 Ref. line size: Liquid 1/4 Suction 3/8
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Rear on ground
 Condensate Location @ cond

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: MITSUBISHI Model# _____
 Volts ^{208/230} 208/230 CFM's 330 Heat Strip N/A Kw _____
 Min. Circuit Amps n/a Wire gauge n/a
 Max. Breaker size n/a Min. Breaker size n/a
 Ref. line size: Liquid 1/4 Suction 3/8
 Refrigerant type R410A
 Location: Ext. New _____
 Attic/Garage/Closet (specify) garage
 Access: wall mounted

Condenser: Mfg MITSUBISHI Model# _____
 Volts ^{208/230} 208/230 SEER/EER 10 BTU's 9000
 Min. Circuit Amps 10 Wire gauge #18
 Max. Breaker size 15 Min. Breaker size 10
 Ref. line size: Liquid 1/4 Suction 3/8
 Refrigerant type R410A
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof rear on ground
 Condensate Location @ cond

Certification:

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

John Bruce
 Signature

 Date



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@kciac.com

License
CAC049286

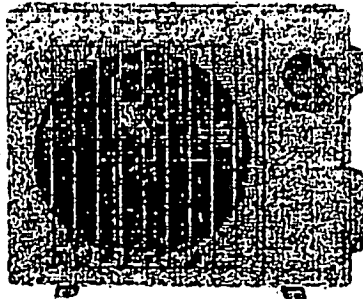
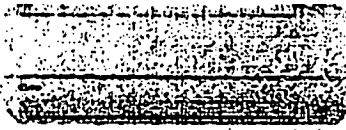
FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name: Frank & Lisa Wendt Consultant: Mike Foster
 Site Address: 86 South Sewall's Pt. Rd. Date: 5/22/2014 Billing Address:
 City: Stuart Proposal #: R10522201414158-1 City:
 State: FL State:
 Phone: 284-6647 Zip: 34996 Phone: Postal Code:

Trane Inside Unit

Trane Outside Unit

System Investment



Base System:	\$3,010.88
Optional Items Total:	\$0.00
FPL Rebate	<\$305.00>
Cash-Check Discount	<\$75.27>
Sales Tax:	\$0.00
System Total:	\$2,630.61
Initial Investment:	\$0.00
Balance:	\$2,630.61
Term:	Rate: % Est. Payment: \$0.00
Investment Type:	Check
Net Investment After Credit & Rebates	\$2,630.61

248-464-2989 UPSTAIRS

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

Customer
[Signature]

Date
6/19/14

Representative
[Signature]
Approved by

Date
5-22-14
Date
5-22-14



Krauss & Crane, Inc.

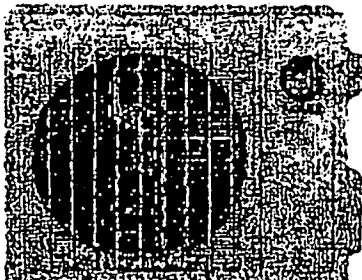
AIR CONDITIONING SALES AND SERVICE

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

License
CAC049286

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

Name:	Frank & Lisa Wendt	Consultant:	Mike Foster
Site Address:	86 South Sewall's Pt. Rd.	Date:	5/22/2014
City:	Stuart	Proposal #:	R10522201411459-1
State:	FL	City:	
Phone:	284-6647	State:	
Zip:	34998	Phone:	
		Postal Code:	

Trane Inside Unit	Trane Outside Unit	System Investment																								
		<table border="0"> <tr> <td>Base System:</td> <td>\$3,111.72</td> </tr> <tr> <td>Optional Items Total:</td> <td>\$0.00</td> </tr> <tr> <td>FPL Rebate:</td> <td><\$305.00></td> </tr> <tr> <td>Cash-Check Discount:</td> <td><\$77.79></td> </tr> <tr> <td>Sales Tax:</td> <td>\$0.00</td> </tr> <tr> <td>System Total:</td> <td>\$2,728.93</td> </tr> <tr> <td>Initial Investment:</td> <td>\$0.00</td> </tr> <tr> <td>Balance:</td> <td>\$2,728.93</td> </tr> <tr> <td>Term:</td> <td>Rate: %</td> </tr> <tr> <td>Est. Payment:</td> <td>\$0.00</td> </tr> <tr> <td>Investment Type:</td> <td>Check</td> </tr> <tr> <td>Net Investment After Credit & Rebates:</td> <td>\$2,728.93</td> </tr> </table>	Base System:	\$3,111.72	Optional Items Total:	\$0.00	FPL Rebate:	<\$305.00>	Cash-Check Discount:	<\$77.79>	Sales Tax:	\$0.00	System Total:	\$2,728.93	Initial Investment:	\$0.00	Balance:	\$2,728.93	Term:	Rate: %	Est. Payment:	\$0.00	Investment Type:	Check	Net Investment After Credit & Rebates:	\$2,728.93
Base System:	\$3,111.72																									
Optional Items Total:	\$0.00																									
FPL Rebate:	<\$305.00>																									
Cash-Check Discount:	<\$77.79>																									
Sales Tax:	\$0.00																									
System Total:	\$2,728.93																									
Initial Investment:	\$0.00																									
Balance:	\$2,728.93																									
Term:	Rate: %																									
Est. Payment:	\$0.00																									
Investment Type:	Check																									
Net Investment After Credit & Rebates:	\$2,728.93																									

CARAGE

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

Customer
[Signature]

Date
6/17/14

Representative
[Signature]
Approved by *[Signature]*

Date
5-22-14

Date
5-22-14



TRANE™

WENDT-UPSTAIRS

4TYK6512A-SUB-1C

TAG: _____

SUBMITTAL

R-410A Split System 16 SEER, Inverter Systems - 60 Hz 4MYW6512A1 / 4TYK6512A1

Specifications

MODEL - Cooling Only	4MYW6512A1QND8A / 4TYK6512A1QND8A
RATED Volts/PH	208 / 230 / 1
Frequency (Hz)	60Hz
Rated Cooling Capacity (Btu/h):	12000
Minimum Cooling Capacity (@95F) (Btu/h):	3300
Maximum Cooling Capacity (@95F) (Btu/h):	12500
Total Capacity (W) (High/Standard/Low):	3663 / 3516 / 967
Rated Power Input (W)	1224
Nominal Input Current (A)	5.56
SEER	16.0
Air Flow Volume (CFM) (H/M/L)	340 / 300 / 260 / 210
Dehumidifying Volume (pt./h)	2.52
EER (@95F)	9.8
Indoor Unit	
Fan Motor Speed (r/min) (SH/H/M/L)	1350 / 1150 / 950 / 750
Fan Motor RLA(A)	0.19
Evaporator	Aluminum Fin-copper Tube
Pipe Diameter (inch)	0.276
Row Fin Gap (inch)	2 - 0.055
Coil length (L) x height (H) x coil width (W) (Inch)	24.0 x 11.6 x 0.9
Output of Swing Motor (W)	1.5
Fuse (A)	3.15
Sound Power Level dB (A)(SH/H/M/L)	54 / 49 / 43 / 38
Sound PRESSURE Level dB (A)(SH/H/M/L) ①	44 / 39 / 33 / 28
Uncrated Dimension (W/D/H) (inch)	30.3 x 7.9 x 11.1
Crated Dimension of Package (W/D/H) (inch)	33.7 x 11.0 x 14.2
Net Weight /Gross Weight (lbs)	19.8 / 26.5
Outdoor Unit	
Compressor Type	Rotary
L.R.A. (A)	16.5
Compressor RLA(A)	7.3
Compressor Power Input(W)	950
Throttling Method	Capillary
Working Temp Range (oF)	-0 - 110
Condenser	Aluminum Fin-copper Tube
Pipe Diameter (inch)	0.276
Row Fin Gap (inch)	2 - 0.055
Coil length (l) x height (H) x coil width (L) (inch)	25.5 x 20.8 x 1.5
Fan Motor Speed (rpm)	880±20
Output of Fan Motor (W)	21
Fan Motor RLA (A)	0.25
Air Flow Volume of Outdoor Unit (CFM)	944
Fan Diameter (inch)	14.6
Defrosting Method	Automatic Defrosting
Sound Power Level dB (A)	62
Sound PRESSURE Level dB (A) ①	52
Uncrated Dimension (W/L/H) (inch)	28.0 x 12.5 x 21.7
Crated Dimension of Package (W/L/H) (inch)	30.5 x 13.8 x 23.9
Net Weight /Gross Weight (lbs)	68.3 / 77.1
Refrigerant Charge (oz)	36-27
MCA	10.0
MOP	15.0
Connection Pipe	
Gas additional charge(oz/ft)	0.2
Outer Diameter Liquid Pipe (inch)	1/4
Outer Diameter Gas Pipe (inch)	3/8
Max Height Distance (ft)	65
Max Length Distance (ft)	100

① Sound PRESSURE Level @ 3.3 ft. dB(A)

WENDT - UPSTAIRS



Certificate of Product Ratings

AHRI Certified Reference Number: 5537384

Date: 6/25/2014

Product: Variable Speed Mini-Split Air-Conditioner, with Remote Outdoor Unit-Air-Source, Free Delivery

Outdoor Unit Model Number: 4TYK6512A10N0BA

Indoor Unit Model Number: 4MYW6512A10N0BA

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name:

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):	12000
EER Rating (Cooling):	9.80
SEER Rating (Cooling):	16.00

CERTIFIED RATINGS FOR VARIABLE-SPEED, MINI- AND MULTI-SPLIT SYSTEMS ARE VALID FOR ALL COMBINATIONS OF INDOOR UNITS (BASED ON COMBINATION TYPES) WITH THE SPECIFIC OUTDOOR UNIT LISTED ABOVE AND IN THE AHRI DIRECTORY OF CERTIFIED EQUIPMENT. VISIT WWW.AHRIDIRECTORY.ORG TO VERIFY THAT THIS COMBINATION IS AN ACTIVE LISTING AND THE DATA LISTED ON THIS CERTIFICATE IS ACCURATE. SEARCH ON THE AHRI REFERENCE # TO QUICKLY LOCATE THIS COMBINATION IN THE DIRECTORY.

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

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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

©2014 Air-Conditioning, Heating, and Refrigeration Institute



AIR-CONDITIONING, HEATING, & REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 130481843147520263

UPSTAIRS

Project Information

For: Frank & Lisa Wendt
 86 S. Sewall's Pt. Rd., Stuart, FL 34996
 Phone: 284-6647

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 4595 Btuh
 Ducts 547 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 5142 Btuh

Sensible Cooling Equipment Load Sizing

Structure 8567 Btuh
 Ducts 622 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 8858 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	528	528
Volume (ft ³)	4224	4224
Air changes/hour	0.61	0.32
Equiv. AVF (cfm)	43	23

Latent Cooling Equipment Load Sizing

Structure 1265 Btuh
 Ducts 241 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 1507 Btuh
 Equipment total load 10365 Btuh
 Req. total capacity at 0.70 SHR 1.1 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no.
 Efficiency 80 AFUE
 Heating input 0 Btuh
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 410 cfm
 Air flow factor 0.080 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make
 Trade
 Cond
 Coil
 AHRI ref no.
 Efficiency 0 SEER
 Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 410 cfm
 Air flow factor 0.045 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.86

Bold/italic values have been manually overridden

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





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

WENDT

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: FRANKLEVA WENDT Contractor name: KRAUSS & CREANE
 Street address: 806 S. SEWALLS PT RD Jurisdiction: TOWN OF SEWALLS
 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 H. Creane III* Date: _____

Printed Name: JOHN H. CREANE III

Contractor License #: C14449866

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: _____



TRANE™

WEINDT - GARAGE

4TYK6509A-SUB-1C

TAG: _____

SUBMITTAL

R-410A Split System 16 SEER, Inverter Systems - 60 Hz 4MYW6509A1 / 4TYK6509A1

Specifications

MODEL - Cooling Only	4MYW6509A10N08A / 4TYK6509A10N08A
RATED Volts/PH	208 / 230 / 1
Frequency (Hz)	60Hz
Rated Cooling Capacity (Btu/h):	9000
Minimum Cooling Capacity (@95F) (Btu/h):	3800
Maximum Cooling Capacity (@95F) (Btu/h):	11500
Total Capacity (W) (High/Standard/Low):	3370 / 2637 / 1114
Rated Power Input (W)	882
Nominal Input Current (A)	4.01
SEER	16.0
Air Flow Volume (CFM) (H/M/L)	330 / 300 / 260 / 210
Dehumidifying Volume (pt./h)	1.44
EER (@95F)	10.23
<hr/>	
Indoor Unit	4MYW6509A10N08A
Fan Motor Speed (r/min) (SH/H/M/L)	1300 / 1100 / 900 / 700
Fan Motor RLA(A)	0.19
Evaporator	Aluminum Fin-copper Tube
Pipe Diameter (inch)	0.276
Row Fin Gap (inch)	2 - 0.055
Coil length (L) x height (H) x coil width (W) (inch)	24.0 x 11.6 x 0.9
Output of Swing Motor (W)	1.5
Fuse (A)	3.15
Sound Power Level dB (A)(SH/H/M/L)	53 / 48 / 42 / 36
Sound PRESSURE Level dB (A)(SH/H/M/L) ①	43 / 38 / 32 / 26
Uncrated Dimension (W/D/H) (inch)	30.3 x 7.9 x 11.1
Crated Dimension of Package (W/D/H) (inch)	33.7 x 11.0 x 14.2
Net Weight /Gross Weight (lbs)	18.7 / 25.4
<hr/>	
Outdoor Unit	4TYK6509A10N08A
Compressor Type	Rotary
L.R.A. (A)	16.5
Compressor RLA(A)	7.3
Compressor Power Input(W)	950
Throttling Method	Capillary
Working Temp Range (oF)	-0 - 110
Condenser	Aluminum Fin-copper Tube
Pipe Diameter (inch)	0.276
Row Fin Gap (inch)	1 - 0.055
Coil length (l) x height (H) x coil width (L) (inch)	25.5 x 20.8 x 0.8
Fan Motor Speed (rpm)	880±20
Output of Fan Motor (W)	21
Fan Motor RLA (A)	0.25
Air Flow Volume of Outdoor Unit (CFM)	944
Fan Diameter (inch)	14.6
Defrosting Method	Automatic Defrosting
Sound Power Level dB (A)	59
Sound PRESSURE Level dB (A) ①	49
Uncrated Dimension (W/L/H) (inch)	28.0 x 12.5 x 21.7
Crated Dimension of Package (W/L/H) (inch)	30.5 x 13.8 x 23.9
Net Weight /Gross Weight (lbs)	63.9 / 72.7
Refrigerant Charge (oz)	26.1
MCA	10.0
MOP	15.0
<hr/>	
Connection Pipe	
Gas additional charge(oz/ft)	0.2
Outer Diameter Liquid Pipe (inch)	1/4
Outer Diameter Gas Pipe (inch)	3/8
Max Height Distance (ft)	65
Max Length Distance (ft)	100

① Sound PRESSURE Level @ 3.3 ft. dB(A)

WENDT - GARAGE



Certificate of Product Ratings

AHRI Certified Reference Number: 5537382

Date: 6/25/2014

Product: Variable Speed Mini-Split Air-Conditioner, with Remote Outdoor Unit-Air-Source, Free Delivery

Outdoor Unit Model Number: 4TYK6509A10N0BA

Indoor Unit Model Number: 4MYW6509A10N0BA

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name:

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):	9000
EER Rating (Cooling):	10.20
SEER Rating (Cooling):	16.00

CERTIFIED RATINGS FOR VARIABLE-SPEED, MINI- AND MULTI-SPLIT SYSTEMS ARE VALID FOR ALL COMBINATIONS OF INDOOR UNITS (BASED ON COMBINATION TYPES) WITH THE SPECIFIC OUTDOOR UNIT LISTED ABOVE AND IN THE AHRI DIRECTORY OF CERTIFIED EQUIPMENT. VISIT WWW.AHRIDIRECTORY.ORG TO VERIFY THAT THIS COMBINATION IS AN ACTIVE LISTING AND THE DATA LISTED ON THIS CERTIFICATE IS ACCURATE. SEARCH ON THE AHRI REFERENCE # TO QUICKLY LOCATE THIS COMBINATION IN THE DIRECTORY. Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, 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 at bottom right.



AIR-CONDITIONING, HEATING, & REFRIGERATION INSTITUTE

we make life better™

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CERTIFICATE NO.: 130481842958600630

Project Information

For: Frank & Lisa Wendt
 86 S. Sewalls Point Rd., Stuart, FL 34996
 Phone: 772-284-6647

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	6670 Btuh
Ducts	529 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	7198 Btuh

Sensible Cooling Equipment Load Sizing

Structure	6851 Btuh
Ducts	748 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	7325 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft ²)	575	575
Volume (ft ³)	4600	4600
Air changes/hour	0.61	0.32
Equiv. AVF (cfm)	47	25

Latent Cooling Equipment Load Sizing

Structure	2143 Btuh
Ducts	309 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	2452 Btuh
Equipment total load	9777 Btuh
Req. total capacity at 0.70 SHR	0.9 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref no./a	
Efficiency	100 EFF
Heating input	0 Btuh
Heating output	7537 Btuh
Temperature rise	21 °F
Actual air flow	330 cfm
Air flow factor	0.046 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref no.	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	330 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.76

Bold/italic values have been manually overridden

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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7/18-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10998	Ribert Green Stuart Roof Repair 26 ISLAND RD	Final Inspection	PASS PICCOLI	CLOSE INSPECTOR <i>A</i>
10927	AM 17 ISLAND RD KRAUSS & CRANE	A/c FINAL	PASS	CLOSE INSPECTOR <i>A</i>
10926	86 So 8th Rd KRAUSS & CRANE	MC FINAL	PASS	CLOSE INSPECTOR <i>A</i>
10889	WILLIAMS 110 HENRY SEWALLS KRAUSS & CRANE	MC FINAL	FAIL NO ANSWER	INSPECTOR <i>A</i>
10922	BENN 5 MIRIAM ELITE GAS	INT GAS ROUGH	CANCEL	INSPECTOR
10833	DOUGHERTY 15 ORA HILL WAY W. WHITE CONSO	FRAME & TRUBES	PASS	INSPECTOR <i>A</i>
10792	LAGANA 1 PINEAPPLE ADVANCED CONCEPTS	ROOF FINAL	PASS	CLOSE INSPECTOR <i>A</i>

11011

DOOR

REPLACEMENT



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:	11011	DATE ISSUED:	September 12, 2014
SCOPE OF WORK:	Change out 2 Doors		
CONTRACTOR:	J&G Carpentry		
PARCEL CONTROL NUMBER:	12-38-41-002-000-0020-3	SUBDIVISION:	Rio Vista S/D Lot 2
CONSTRUCTION ADDRESS:	86 S Sewall's Point Road		
OWNER NAME:	Wendt		
QUALIFIER:	James Davis	CONTACT PHONE NUMBER:	561-855-4052

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11011		
ADDRESS:	86 S Sewall's Point Road		
DATE ISSUED:	9/12/2014	SCOPE OF WORK:	Change out 2 Doors

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:	\$	\$ 3,118.12
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 211.00

JTB

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/LESSEE NAME: Frank Wendt

Phone (Day) 464-2989 (Fax) _____

Job Site Address: 86 S Sewalls Point Rd

City: Sewalls Point State: FL Zip: 34996

Legal Description: Rio Vista Lot 2

Parcel Control Number: 12-38-41-002-000-00020-3

Fee Simple Holder Name: _____

Address: _____

Please Call When Ready

City: _____

State: _____

Zip: _____

Telephone: _____

561-721-5611

PermitMitch@hotmail.com

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Change out (2) doors, no size 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: \$ 3118-12

(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: J+G Carpentry Inc

Phone: 561-855-4059 Fax: 561-855-4054

Qualifiers name: James D Davis

Street: 13461 79th CT N

City: W. Palm Bch State: FL Zip: 33412

State License Number: C6C022831

OR: Municipality: _____

License Number: _____

LOCAL CONTACT: _____

Phone Number: _____

DESIGN PROFESSIONAL: _____

Fla. License# _____

Street: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____

Garage: _____

Covered Patios/ Porches: _____

Enclosed Storage: _____

Carport: _____

Total under Roof: _____

Elevated Deck: _____

Enclosed area below BFE: _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER/AGENT/LESSEE NOTARIZED SIGNATURE:

Frank Wendt
State of Florida, County of: Martin
This is the 27th day of August, 2014
Frank Wendt who is personally

known to me or produced

AS identification.

Notary Public

My Commission Expires: 2/19/2015

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

JDD
State of Florida, County of: Palm Beach
On This the 4 day of Sept., 2014
by James D Davis who is personally

known to me or produced

AS identification.

Notary Public

My Commission Expires: 4-12-2015

ANGELA YOUNG

MY COMMISSION # EE188835

EXPIRES APRIL 12, 2016

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!

KENDAL P. DUNCAN
NOTARY PUBLIC
STATE OF FLORIDA
Commission Expires: 2/19/2015

Sewall's Point Town Hall



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliance Insurance Solutions LLC 7405 N Tamiami Trail Sarasota, FL 34243	CONTACT NAME: PHONE (A/C, No, Ext): 941-306-3077 FAX (A/C, No): 727-497-1280 E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Essential HR, Inc., Essential HR II Inc dba First Star HR 251 O'Connor Ridge Blvd Suite 370 Irving TX 75038	INSURER A: SUNZ Insurance Company NAIC # 34762	
	INSURER B: Aspen Re - London - Best Rating "A"	
	INSURER C: Catlin Syndicate - Lloyds - Best Rating "A"	
	INSURER D: Brit Syndicate - Lloyds - Best Rating "A"	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19748146 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCPEO0000184 01	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation						This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage						
D							

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

Coverage provided for all leased employees but not subcontractors of: J & G CARPENTRY, INC.
 Effective date: 10/1/2013

CERTIFICATE HOLDER

66200008

Town of Sewalls Point
 One South Sewall's Point Rd
 Sewalls Point FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Glen J Distefano

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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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


(850) 487-1395

**DAVIS, JAMES D
J & G CARPENTRY INC
13461 79TH COURT, NORTH
WEST PALM BEACH FL 33412-2118**

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

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

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



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CGC022831 ISSUED 08/06/2014

**CERTIFIED GENERAL CONTRACTOR
DAVIS, JAMES D
J & G CARPENTRY INC**

**IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2016 L1408060001381**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CGC022831	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



**DAVIS, JAMES D
J & G CARPENTRY INC
13461 79TH COURT, NORTH
WEST PALM BEACH FL 33412-2118**





ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

13461 79TH COURT NORTH
 WEST PALM BEACH, FL 33412-2118

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	DAVIS JAMES D	CGC022831	B14.1381177 - 07/21/14	\$27.50	B40103301

This document is valid only when receipted by the Tax Collector's Office.

B3 - 601

J & G CARPENTRY INC
 J & G CARPENTRY INC
 13461 79TH CT N
 WEST PALM BEACH, FL 33412-2118



**STATE OF FLORIDA
 PALM BEACH COUNTY
 2014/2015 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 200305504
 EXPIRES: SEPTEMBER 30, 2015**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

DBA:
Business Name: J & G CARPENTRY INC

Receipt #: 180-247085
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: DAVIS JAMES D/QUAL
Business Location: 13461 79 CT N
 PALM BEACH COUNTY
Business Phone: 561-333-7704

Business Opened: 02/24/2012
State/County/Cert/Reg: CGC022831
Exemption Code:

Rooms Seats Employees Machines Professionals

1

		For Vending Business Only					
		Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid	
27.00	0.00	0.00	0.00	0.00	0.00	27.00	

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
 WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

J & G CARPENTRY INC
 13461 79 CT N
 WEST PALM BEACH, FL 33412

Receipt # 13B-12-00010162
Paid 07/11/2013 27.00

2013 - 2014



SPECIAL SERVICES CUSTOMER INVOICE

Store 6314 STUART
3030 SE FEDERAL HWY
STUART, FL 34994

Phone: (772) 223-7216
Salesperson: RJC991
Reviewer:

SOLD TO	Name WENDT FRANK		Home Phone (248) 464-2989	
	Address 86 S SEWALLS POINT RD		Work Phone	
			Company Name	
	City STUART		Job Description DOOR INSTALL	
	State FL	Zip 34996	County MARTIN	

INSTALLER DELIVERY #1		MERCHANDISE AND SERVICE SUMMARY				We reserve the right to limit the quantities of merchandise sold to customers				
STOCK MERCHANDISE TO BE DELIVERED:		REF # 101								
REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION		
R06	0000-394-446	3.00	EA	2X4-8FT ROUGH GRN WESTERN RED CEDAR	A	N	\$7.97	\$23.91		
R07	0000-161-897	3.00	EA	3/4X4-8FT CEDAR BOARD	A	N	\$7.12	\$21.36		
R08	0000-590-635	3.00	EA	1X4-8FT PRMD FJ PINE BOARD	A	N	\$7.18	\$21.54		
R09	0000-249-026	3.00	EA	1-1/4 X2X8 PVC 2448 BRICK MLD WHITE	A	N	\$10.85	\$32.55		
R10	0000-526-907	42.00	LF	11/16 X2-1/4 PFJ WM376 CASING	A	N	\$0.80	\$33.60		
R11	0000-362-646	1.00	EA	GE SILICONE II W&D CLEAR	A	N	\$5.64	\$5.64		
S/O - MDSE TO BE DELIVERED:		REF # S18				ESTIMATED ARRIVAL DATE: 09/25/2014 P.O. #14521892				
REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION		
S1801	1000-030-234	1.00	EA	NA / ENTRY DOOR RECTANGLE 29.5 X 80.75 UNIT 1 / ENTRY DOORRECTANGLE29.5 X 80.75 EXTERIOR FINISH = WHITEGLASS STRENGTH = HEAT STRENGTHENED	A	N	\$1,438.84	\$1,438.84*		
S/O - MDSE TO BE DELIVERED:		REF # S19				ESTIMATED ARRIVAL DATE: 08/28/2014 P.O. #14521893				
REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION		
S1901	0000-605-463	1.00	EA	NA / ENTRY FIBERGLASS DOORS ENTRY DOOR RIGHT / ENTRY FIBERGLASS DOORS ENTRY DOOR RIGHT 33.5 X 80.375 SMOOTH-PRO 6 PANEL	A	N	\$388.68	\$388.68*		
							MERCHANDISE TOTAL:		\$1,966.12	
							*** CONTINUED ON NEXT PAGE ***			

NOT VALID FOR INTERSTATE MERCHANDISE CARRY-OUT

Check your current order status online at www.homedepot.com/orderstatus

INSTALLER DELIVERY #1	
(Continued)	REF #101
DELIVERY INFORMATION:	DELIVERY DATE: INSTALLER WILL SCHEDULE
INSTALLER WILL DELIVER MDSE TO: SITE OF INSTALLATION #101 AT TIME OF INSTALLATION.	
NOTE: UPON RECEIPT OF ALL S/O MERCHANDISE - INSTALLER WILL CALL CUSTOMER TO SCHEDULE INSTALL DATE.	

INSTALLATION #1	
	REF # 101
ESTIMATED INSTALL BEGIN DATE: 08/21/2014	ESTIMATED INSTALL END DATE: 09/20/2014

MERCHANDISE TO BE INSTALLED:				
REF #	SKU	QTY	UM	DESCRIPTION
R06	0000-394-446	3.00	EA	2X4-8FT ROUGH GRN WESTERN RED CEDAR
R07	0000-161-897	3.00	EA	3/4X4-8FT CEDAR BOARD
R08	0000-590-635	3.00	EA	1X4-8FT PRMD FJ PINE BOARD
R09	0000-249-026	3.00	EA	1-1/4 X2X8 PVC 2448 BRICK MLD WHITE
R10	0000-526-907	42.00	LF	11/16 X2-1/4 PFJ WM376 CASING
R11	0000-362-646	1.00	EA	GE SILICONE II W&D CLEAR
S1801	1000-030-234	1.00	EA	ENTRY DOOR RECTANGLE 29.5 X 80.75 UNIT 1
S1901	0000-605-463	1.00	EA	ENTRY FIBERGLASS DOORS ENTRY DOOR RIGHT

BASIC INSTALLATION LABOR:						
SKU	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
0000-523-672	PRE-HUNG DOOR UP TO 36X96	1.00	EA	N	\$287.00	\$287.00

OPTIONAL LABOR SELECTED INCLUDES:						
OPTION	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
1	HAUL AWAY OF EXISTING DOOR (PER DOOR OPENING)/	2.00	EA	N	\$15.00	\$30.00
11	INSTALL ADDITIONAL NEW PRE-HUNG DOOR UNIT UP TO 36X96 (APPLICABLE ONLY DURING INSTALLATION AT THE SAME ADDRESS AT THE SAME TIME)/	1.00	EA	N	\$240.00	\$240.00
23	UPCHARGE FOR IMPACT OR INSULATED GLASS UP TO 36" WIDE X 96' HIGH/	2.00	EA	N	\$90.00	\$180.00

CUSTOM LABOR SELECTED INCLUDES:						
*** CONTINUED ON NEXT PAGE ***						

INSTALLATION #1 (Continued)		REF #101					
OPTION	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION	
1	REFRAME/BUILDOUT GARAGE	1.00	MR	N	\$50.00	\$50.00	
2	REFRAME/BUILDOUT, CUSTOM RETURN CABANA	1.00	MR	N	\$75.00	\$75.00	
INSTALLATION SITE NAME: WENDT, FRANK					INSTALL LABOR CHARGE:		\$862.00
ADDRESS: 86 S SEWALLS POINT RD					TRIP CHARGE:		\$0.00
CITY: STUART		STATE: FL		ZIP: 34996		CREDIT FOR DEPOSIT/MEASURE:	\$0.00
COUNTY: MARTIN		SALES TAX RATE: 6.000		TAX: Merchandise - N LABOR - N		INSTALL TOTAL DUE	\$862.00
PHONE: (248) 464-2989		ALTERNATE PHONE: (772) 284-6647					
BASIC INSTALLATION LABOR INCLUDES:							
<ul style="list-style-type: none"> * PRE-INSTALLATION JOBSITE INSPECTION * DELIVERY WITHIN 30 MILE RADIUS OF STORE * REMOVAL OF EXISTING DOOR UNIT * INSTALL NEW SLAB OR PRE-HUNG EXTERIOR DOOR UNIT * INSTALLER TO PROVIDE NECESSARY FASTENERS, SHIMS AND CAULKING * INSTALL NEW OR EXISTING LOCKSET AND KICK PLATE (IF APPLICABLE) ON NEW DOOR (CUSTOMER PROVIDES) * ADJUST DOOR TO ENSURE PROPER OPERATION * DRILL HOLE IN JAMB FOR ALARM WIRING IN SAME LOCATION AS EXISTING DOOR * INSTALL NEW INTERIOR CASING AND EXTERIOR TRIM/BRICKMOLD 			<ul style="list-style-type: none"> OF THE NEW DOOR WHEN THE CASING/TRIM IS THE SAME SIZE OR WIDER (CUSTOMER PROVIDES) * INCLUDE NON-COLORED STUCCO PATCH TO REPAIR MINOR CHIPS AND CRACKS RESULTING FROM REMOVAL OF DOOR (FOR LARGER STUCCO REPAIR, SEE OPTIONS) * PRE-HUNG DOOR UP TO 72X96 INCLUDES DOUBLE DOORS AND DOORS WITH SIDELIGHTS * FINAL CLEAN UP OF ALL DEBRIS RELATED TO INSTALLATION * FINAL INSPECTION WITH CUSTOMER INCLUDING INSTRUCTIONS ON CARE AND/OR TEST PRODUCT TO ENSURE PROPER OPERATION 				
UNLESS STATED ABOVE THIS INSTALLATION DOES NOT INCLUDE:							
<ul style="list-style-type: none"> INSTALL DOORS OVER 72X96 INSTALL FIXED ARCH TRANSOM LITE IN EXISTING OPENING REPAIR CARPENTRY TO EXISTING OPENING PLASTER, DRYWALL OR SIDING WORK STUCCO PATCH GREATER THAN 4". PAINT AND STAINING INSTALL ALL AMERICAN DOORS INSTALL FIXED RECTANGULAR TRANSOM LITES NOT PART OF PRE-HUNG DOOR UNIT 			<ul style="list-style-type: none"> INSTALL MORTISE LOCKS ON WOOD DOORS (CUSTOMER PROVIDES) DISCONNECT AND RECONNECT OF SECURITY SYSTEMS/WIRING STRUCTURAL MODIFICATIONS MUST BE APPROVED BY REGIONAL SERVICES MANAGER OR INSTALL MERCHANT ELECTRICAL WORK WORK ON SUNDAYS OR HOLIDAYS 				
SPECIAL NOTES:						*** CONTINUED ON NEXT PAGE ***	

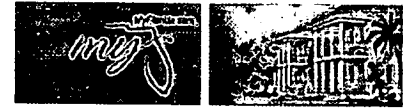
INSTALLATION #1 (Continued)	REF #101	<p>* IF YOU HAVE AN ALARM SYSTEM, YOU MUST HAVE IT DISCONNECTED BEFORE THE INSTALLATION BEGINS. ALSO, IT WILL NOT BE RECONNECTED AS PART OF THIS INSTALLATION.</p> <p>* ELECTRICITY MUST BE ACCESSIBLE TO THE WORK AREA</p> <p>* IT MAY BE NOISY DURING YOUR INSTALLATION</p> <p>* THE INSTALLER WILL BROOM CLEAN THE IMMEDIATE WORK AREA BEFORE COMPLETING THE INSTALLATION. AIRBORNE DUST IN OTHER PARTS OF THE HOME IS A NATURAL OCCURRENCE AND IS THE RESPONSIBILITY OF THE CUSTOMER.</p> <p>* AN ADULT OVER 18 YEARS OF AGE WITH THE AUTHORITY TO MAKE DECISIONS ABOUT YOUR INSTALLATION MUST BE PRESENT DURING THE INSPECTION (WHEN APPLICABLE). DELIVERY AND INSTALLATION</p> <p>* ALL BREAKABLES AND/OR VALUABLE OBJECTS MUST BE REMOVED FROM THE WORK AREA PRIOR TO INSTALLATION</p> <p>* CHILDREN AND PETS MUST BE KEPT AWAY FROM THE WORK AREA</p>	<p>* ADDITIONAL CHARGES AT THE JOBSITE MAY BE NECESSARY TO COMPLETE THE JOB AND/OR BRING THE INSTALL INTO COMPLIANCE WITH LOCAL AND/OR STATE CODES</p> <p>* IF UNFORESEEN LABOR IS NEEDED TO REPAIR DAMAGE FROM WATER, TERMITES, ELECTRICAL OR PLUMBING PROBLEMS, THERE IS AN ADDED CHARGE WHICH MAY NOT BE AVAILABLE FROM HOME DEPOT SO THE CUSTOMER MUST HIRE THEIR OWN CONTRACTOR TO MAKE THE REPAIRS.</p> <p>* CANCELLING APPOINTMENTS WITH INSTALLERS OR MISSING SCHEDULED APPOINTMENTS MAY LEAD TO ADDITIONAL CHARGES</p> <p>* REFER TO PRODUCT MANUAL FOR SPECIFIC WARRANTY AND MAINTENANCE INFORMATION.</p> <p>* THE INSTALLER MAY DECLINE TO INSTALL THE JOB IF IN THEIR PROFESSIONAL OPINION IT SEEMS UNSAFE, IN VIOLATION OF STATE OR LOCAL CODES OR CANNOT BE PERFORMED TO INDUSTRY STANDARDS</p>
		END OF INSTALL #1	

INSTALLATION #2	REF # 113	ESTIMATED INSTALL BEGIN DATE: 08/21/2014	ESTIMATED INSTALL END DATE: 09/20/2014
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BASIC INSTALLATION LABOR:						
SKU	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
0000-114 -442	BUILDING MATERIALS PERMIT FEE-NAT/	0.00	EA	N	\$0.01	\$0.00
OPTIONAL LABOR SELECTED INCLUDES:						
OPTION	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
5	PERMIT AND ADMINISTRATIVE FEE (QTY X \$1.00)/	290.00	EA	N	\$1.00	\$290.00
INSTALLATION SITE NAME: WENDT, FRANK		INSTALL LABOR CHARGE:				\$290.00
ADDRESS: 86 S SEWALLS POINT RD		TRIP CHARGE:				\$0.00
CITY: STUART	STATE: FL	ZIP: 34996	CREDIT FOR DEPOSIT/MEASURE:			\$0.00
COUNTY: MARTIN	SALES TAX RATE: 6.000	TAX: Merchandise - N	LABOR - N	INSTALL TOTAL DUE:		\$290.00
*** CONTINUED ON NEXT PAGE ***						

INSTALLATION #2 (Continued)	
	REF #113
PHONE: (248) 464-2989	ALTERNATE PHONE: (772) 284-6647
INSTALLER SPECIAL INSTRUCTIONS: fl 15180.1, date 12-0208.14	
BASIC INSTALLATION LABOR INCLUDES:	
* ALL FEES ASSOCIATED WITH OBTAINING PERMIT (MUNICIPALITY FEES, ENGINEERING, WIND LOAD CALCULATIONS, RECORDING, POSTAGE AND ADMINISTRATIVE).	OR INSTALLER. IF DELIVERED TO INSTALLER, THE INSTALLER WILL ARRIVE AT JOBSITE ON DAY OF INSTALL AND LEAVE WITH CUSTOMER.
* DELIVER COMPLETED PERMIT PACKAGE TO PROPER MUNICIPALITY, PICK UP FROM THAT MUNICIPALITY AND DELIVER TO EITHER JOBSITE	
SPECIAL NOTES:	
* CUSTOMER IS RESPONSIBLE FOR PAYMENT OF THE PERMIT. ONCE THE PERMIT IS PAID FOR, WORK ON THE PERMIT ASSEMBLY BEGINS IMMEDIATELY. CANCELLATIONS WITHIN 72 HRS. WILL BE REFUNDED	IN FULL. NO REFUNDS ON PERMIT FEES AFTER 72 HRS. OF PAYMENT.
END OF INSTALL #2	

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES									
Policy Id (PI): A: 90 DAYS DEFAULT POLICY.....;	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ORDER TOTAL</td> <td>\$3,118.12</td> </tr> <tr> <td>SALES TAX</td> <td>\$0.00</td> </tr> <tr> <td>TOTAL</td> <td>\$3,118.12</td> </tr> <tr> <td>BALANCE DUE</td> <td>\$0.00</td> </tr> </table>	ORDER TOTAL	\$3,118.12	SALES TAX	\$0.00	TOTAL	\$3,118.12	BALANCE DUE	\$0.00
ORDER TOTAL	\$3,118.12								
SALES TAX	\$0.00								
TOTAL	\$3,118.12								
BALANCE DUE	\$0.00								
The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.									
END OF ORDER No. 6314-303424									



DBPR HOME ABOUT DBPR DBPR DIVISIONS CONTACT DBPR

Florida Department of
**Business & Professional
Regulation**

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Product Approval
USER: Public User

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Product Approval Menu > Product or Application Search > Application List > Application Detail

OFFICE OF THE SECRETARY

FL #

FL16674FR2

Application Type

Revision

Code Version

2010

Application Status

Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments

Archived

Product Manufacturer

JELD-WEN

Address/Phone/Email

3737 Lakeport Blvd
Klamath Falls, OR 97601
(800) 535-3936
fbc1@jeld-wen.com

Authorized Signature

Janet Gerard
fbc1@jeld-wen.com

Technical Representative

JELD-WEN Corporate Customer Service

Address/Phone/Email

3737 Lakeport Blvd.
Klamath Falls, OR 97601
(800) 535-3936
customerserviceagents@jeld-wen.com

Quality Assurance Representative

Address/Phone/Email

Category

Exterior Doors

Subcategory

Swinging Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency

National Accreditation & Management Institute

Validated By

National Accreditation & Management Institute,

Referenced Standard and Year (of Standard)

Standard	Year
AAMA1304	2002
E1886	2005
E1996	2006
E283	2004
E330	2002

Equivalence of Product Standards

Certified By

Product Approval Method Method 1 Option A
 Date Submitted 08/15/2014
 Date Validated 08/19/2014
 Date Pending FBC Approval
 Date Approved 08/21/2014

Summary of Products

FL #	Model, Number or Name	Description
16674.1	Design Pro/ Smooth Pro	Single (X) Impact Opaque Fiberglass Door
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: 3-0x6-8 and 3-0x8-0 Inswing and Outswing		Certification Agency Certificate FL16674_R2_C_CAC_NI011919-01-R2.pdf FL16674_R2_C_CAC_NI011919-R2.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010851A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2750_SS_2014-08-11.pdf Created by Independent Third Party: Yes
16674.2	Design Pro/ Smooth Pro	Single (X) Impact Glazed Fiberglass Door
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: 3-0x6-8 and 3-0x8-0 Inswing and Outswing		Certification Agency Certificate FL16674_R2_C_CAC_NI011918-01-R2.pdf FL16674_R2_C_CAC_NI011918-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010852A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2751_SS_2014-08-11.pdf Created by Independent Third Party: Yes
16674.3	Design Pro/ Smooth Pro	Double (XX) Impact Opaque Fiberglass Door
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: 6-0-0x6-8 and 6-0x8-0 Inswing and Outswing		Certification Agency Certificate FL16674_R2_C_CAC_NI011916-01-R2.pdf FL16674_R2_C_CAC_NI011916-R2.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010853A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2752_SS_2014-08-11.pdf Created by Independent Third Party: Yes
16674.4	Design Pro/ Smooth Pro	Double (XX) Impact Glazed Fiberglass Door
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: 6-0-0x6-8 and 6-0x8-0 Inswing and Outswing		Certification Agency Certificate FL16674_R2_C_CAC_NI011917-01-R2.pdf FL16674_R2_C_CAC_NI011917-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010854A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2753_SS_2014-08-11.pdf Created by Independent Third Party: Yes
16674.5	Design Pro/ Smooth Pro	Single with side lite(s) (X,O/ O,X/ O,X,O) Impact Opaque Fiberglass Door

<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: 9-0-0x6-8 and 9-0x8-0 Inswing and Outswing</p>		<p>Certification Agency Certificate FL16674_R2_C_CAC_NI011922-01-R2.pdf FL16674_R2_C_CAC_NI011922-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010855A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2754_SS_2014-08-11.pdf Created by Independent Third Party: Yes</p>
<p>16674.6</p>	<p>Design Pro/ Smooth Pro</p>	<p>Single with side lite(s) (X,O/ O,X/ O,X,O) Impact Glazed Fiberglass Door</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: 9-0-0x6-8 and 9-0x8-0 Inswing and Outswing</p>		<p>Certification Agency Certificate FL16674_R2_C_CAC_NI011924-01-R2.pdf FL16674_R2_C_CAC_NI011924-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010856A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2755_SS_2014-08-11.pdf Created by Independent Third Party: Yes</p>
<p>16674.7</p>	<p>Design Pro/ Smooth Pro</p>	<p>Double with side lite(s) (XX,O/ O,XX/ O,XX,O) Impact Opaque Fiberglass Door</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: 12-0-0x6-8 and 12-0x8-0 Inswing and Outswing</p>		<p>Certification Agency Certificate FL16674_R2_C_CAC_NI011914-01-R2.pdf FL16674_R2_C_CAC_NI011914-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010857A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2756_SS_2014-08-11.pdf Created by Independent Third Party: Yes</p>
<p>16674.8</p>	<p>Design Pro/ Smooth Pro</p>	<p>Double with side lite(s) (XX,O/ O,XX/ O,XX,O) Impact Glazed Fiberglass Door</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: 12-0-0x6-8 and 12-0x8-0 Inswing and Outswing</p>		<p>Certification Agency Certificate FL16674_R2_C_CAC_NI011915-01-R2.pdf FL16674_R2_C_CAC_NI011915-R3.pdf Quality Assurance Contract Expiration Date 03/30/2018 Installation Instructions FL16674_R2_II_A010858A_SS_2014-07-07.pdf Verified By: Hermes F. Norero, P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL16674_R2_AE_PER2757_SS_2014-08-11.pdf Created by Independent Third Party: Yes</p>

[Back](#) [Next](#)

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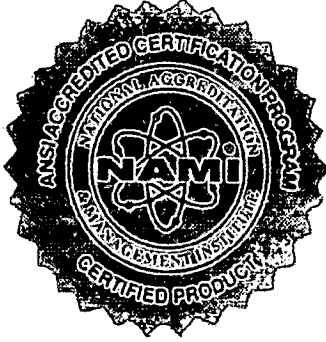
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Product Approval Accepts:





NOTICE OF PRODUCT CERTIFICATION



CERTIFICATION NO: NI011919.01-R2
DATE: 03/26/2014
CERTIFICATION PROGRAM: Structural
COMPANY: JELD-WEN
CODE: 822-1
REVISION DATE: 08/14/2014

To verify that the "Notice of Product Certification" is valid, please visit www.NAMICertification.com to assure that the product is active and currently listed. This certification represents product conformity to the applicable specification and that certification criteria has been satisfied. A NAMI approved certification label must be applied to the product to claim certification status. Please review and advise NAMI if any corrections are required to this document.

COMPANY NAME AND ADDRESS	PRODUCT DESCRIPTION
JELD-WEN 3737 Lakeport Boulevard Klamath Falls, OR 97601	JELD-WEN "Design Pro/Smooth Pro Impact Approved" Fiberglass Opaque In-Swing or Out-Swing Side-Hinged Door Configuration: X IS Frame: W-952mm(37.50") H-2487mm(97.93") OS Frame: W-952mm(37.50") H-2470mm(97.25") Panel: W-908mm(35.75") H-2419mm(95.25")

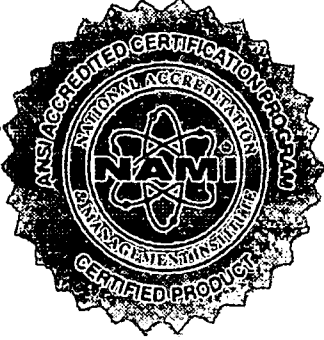
SPECIFICATION	PRODUCT RATING
ASTM E330-02 ASTM E1886-05/E1996-06	Design Pressure: +50/-50 psf Wind Zone 3 - Missile Level D Qualifies Configurations: X

Product Tested By: National Certified Testing Laboratories
Report No: SJW2013-196/SJW2013-129/SJW2013-231/SJW2013-251/SJW2013-252/SJW2013-253/NCTL-210-3924-01/NCTL-210-3925-03/NCTL-210-3930-01/NCTL-210-3930-02/SJW2014-066/SJW2014-076/SJW2014-070/SJW2014-075/PER2750/A010851A SS/W-1671/W-1711
Expiration Date: March 30, 2018

Administrator's Signature: _____

**NATIONAL ACCREDITATION AND
 MANAGEMENT INSTITUTE, INC.**
 4794 George Washington Memorial Highway
 Hayes, VA 23072
 Tel: (804) 684-5124/ Fax: (804) 684-5122

NOTICE OF PRODUCT CERTIFICATION



CERTIFICATION NO: NI011919-R2
DATE: 03/26/2014
CERTIFICATION PROGRAM: Structural
COMPANY: JELD-WEN
CODE: 822-1
REVISION DATE: 08/14/2014

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COMPANY NAME AND ADDRESS	PRODUCT DESCRIPTION
JELD-WEN 3737 Lakeport Boulevard Klamath Falls, OR 97601	JELD-WEN "Design Pro/Smooth Pro Impact Approved" Fiberglass Opaque In-Swing or Out-Swing Side-Hinged Door Configuration: X IS Frame: W-952mm(37.50") H-2081mm(81.93") OS Frame: W-952mm(37.50") H-2081mm(81.25") Panel: W-908mm(35.75") H-2012mm(79.25")

SPECIFICATION	PRODUCT RATING
ASTM E330-02 ASTM E1886-05/E1996-06	Design Pressure: +50/-50 psf Wind Zone 3 - Missile Level D Qualifies Configurations: X

Product Tested By: National Certified Testing Laboratories
Report No: SJW2013-196/SJW2013-129/SJW2013-231/SJW2013-251/SJW2013-252/SJW2013-253/NCTL-210-3924-01/NCTL-210-3925-03/NCTL-210-3930-01/NCTL-210-3930-02/SJW2014-066/SJW2014-076/SJW2014-070/SJW2014-075/PER2750/A010851A SS/W-1671/W-1711
Expiration Date: March 30, 2018

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JELD-WEN

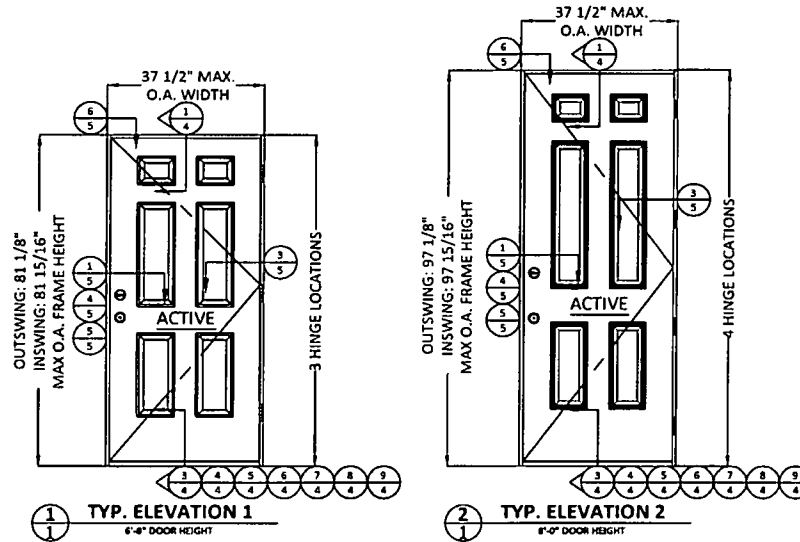
WINDOWS & DOORS

DESIGN PRO / SMOOTH PRO IMPACT APPROVED

FOR USE OUTSIDE THE HIGH VELOCITY HURRICANE ZONE (HVHZ)

GENERAL NOTES:

- THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE CURRENT INTERNATIONAL BUILDING CODE (IBC), INTERNATIONAL RESIDENTIAL CODE (IRC), AND FLORIDA BUILDING CODE (FBC), EXCLUDING HVHZ AND HAS BEEN EVALUATED ACCORDING TO THE FOLLOWING:
 - ASTM E283-04
 - ASTM E330-02
 - ASTM E1886-05
 - ASTM E1996-06
 - AAMA 1304-02
- ADEQUACY OF THE EXISTING STRUCTURAL CONCRETE/MASONRY OR 2X FRAMING AS A MAIN WIND FORCE RESISTING SYSTEM CAPABLE OF WITHSTANDING AND TRANSFERRING APPLIED PRODUCT LOADS TO THE FOUNDATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD FOR THE PROJECT OF INSTALLATION.
- THE INSTALLATION DETAILS DESCRIBED HEREIN ARE GENERIC AND MAY NOT REFLECT ACTUAL CONDITIONS FOR A SPECIFIC SITE. IF SITE CONDITIONS CAUSE INSTALLATION TO DEVIATE FROM THE REQUIREMENTS DETAILED HEREIN, A LICENSED ENGINEER OR ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE WITH THIS DOCUMENT.
- APPROVED IMPACT PROTECTIVE SYSTEM IS NOT REQUIRED ON THIS PRODUCT IN AREAS REQUIRING IMPACT RESISTANCE FOR WIND ZONE 3 OR LESS.
- 6-PANEL DOOR SHOWN FOR ILLUSTRATION PURPOSES. ADDITIONAL PANEL CONFIGURATIONS AND FLUSH DOORS ARE QUALIFIED.
- NOTE: AFCO H-497 SILL MEETS WATER INFILTRATION AT WATER TEST PRESSURE (WTP) OF 9.75 PSF. REMAINING SILLS NOT RATED FOR WATER INFILTRATION. IF AUTHORITY HAVING JURISDICTION REQUIRES THAT PRODUCT MEETS THIS REQUIREMENT, PRODUCT SHALL BE USED WHEN INSTALLED AT LOCATION PROTECTED BY OVERHANG SUCH THAT OVERHANG (OH) RATIO = OH LENGTH ÷ OH HEIGHT IS ≥ 1.0



NOTE:
DOORS SHOWN ABOVE MAY BE LEFT
OR RIGHT HAND OPERATING DOORS.

TABLE OF CONTENTS		
SHEET	REVISION	SHEET DESCRIPTION
1	A	TYPICAL ELEVATIONS, DESIGN PRESSURES, AND GENERAL NOTES
2	-	TYPICAL ANCHOR LAYOUTS AND NOTES
3	-	OPTIONAL 2X BUCK ANCHORING DETAILS
4	-	VERTICAL ASSEMBLIES
5	-	HORIZONTAL ASSEMBLIES
6	-	WOOD SUBSTRATES
7	-	CONCRETE SUBSTRATES
8	-	COMPONENTS & BILL OF MATERIALS

CONFIGURATION	MAX. OVERALL NOMINAL SIZE		DESIGN PRESSURE (PSF)				MISSILE IMPACT RATING
	WIDTH	HEIGHT	INSWING		OUTSWING		
			POS.	NEG.	POS.	NEG.	
X	3'-0"	6'-8"	50*	50	50*	50	LMI & SMI
X	3'-0"	8'-0"	50*	50	50*	50	LMI & SMI

*SEE GENERAL NOTE 6, SHEET 1, FOR WATER INFILTRATION APPROVED SILLS.

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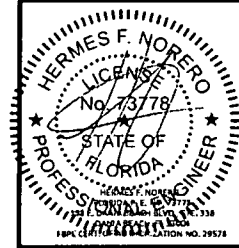
TITLE:
**DESIGN PRO/SMOOTH PRO
IMPACT APPROVED
TYPICAL ELEVATIONS, DESIGN
PRESSURES, AND GENERAL NOTES**

3737 LAKEPORT BLVD.,
 KUMAR FALLS, OR 97001
 PH: (541) 882-3451
 FAX: (541) 850-2609

JELD-WEN
 WINDOWS & DOORS

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

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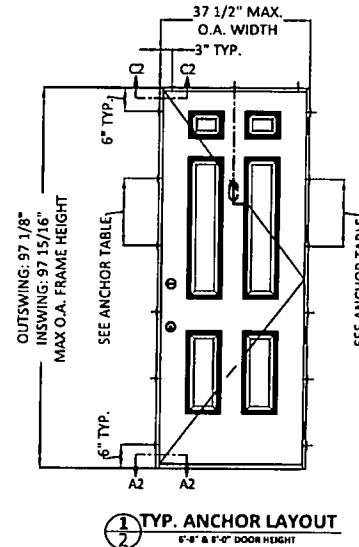
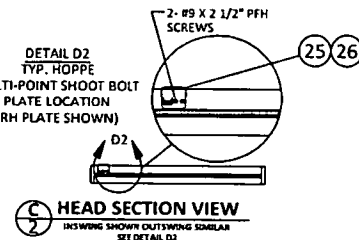
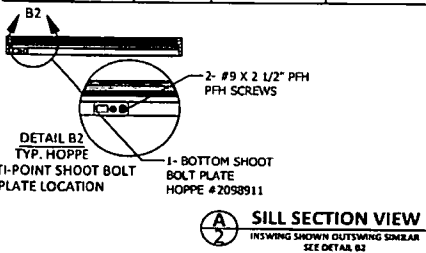
Digitally signed by Hermes F. Norero, P.E.
 Reason: I am approving this document
 Date: 2014.07.07 09:43:22 -04'00'

DATE: **02.05.14**
 DWG. BY: **GL/TJM** | CHK. BY: **SS/MSS**
 SCALE: **NTS**
 DWG. #: **A010851A**
 SHEET: **OF 8**

INSTALLATION NOTES:

- ONE (1) INSTALLATION ANCHOR IS REQUIRED AT EACH ANCHOR LOCATION SHOWN.
- SHIM AS REQUIRED AT EACH INSTALLATION ANCHOR WITH LOAD BEARING SHIM(S). MAXIMUM ALLOWABLE SHIM STACK TO BE 1/4 INCH. SHIM WHERE SPACE OF 1/16 INCH OR GREATER OCCURS. SHIM(S) SHALL BE CONSTRUCTED OF HIGH DENSITY PLASTIC OR BETTER.
- MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDE WALL FINISHES, INCLUDING BUT NOT LIMITED TO STUCCO, FOAM, BRICK VENEER, AND SIDING.
- INSTALLATION ANCHORS AND ASSOCIATED HARDWARE MUST BE MADE OF CORROSION RESISTANT MATERIAL OR HAVE A CORROSION RESISTANT COATING, AND SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS.
- FOR HOLLOW BLOCK AND GROUT FILLED BLOCK, DO NOT INSTALL INSTALLATION ANCHORS INTO MORTAR JOINTS. EDGE DISTANCE IS MEASURED FROM FREE EDGE OF BLOCK OR EDGE OF MORTAR JOINT INTO FACE SHELL OF BLOCK.
- FOR 2X STUD CONSTRUCTION, ANCHORING OF THESE PRODUCTS SHALL BE THE SAME AS FOR 2X BUCK CONCRETE/MASONRY CONSTRUCTION.
- INSTALLATION ANCHOR CAPACITIES FOR PRODUCTS HEREIN ARE BASED ON SUBSTRATE MATERIALS WITH THE FOLLOWING PROPERTIES:
 - WOOD - MINIMUM SPECIFIC GRAVITY OF 0.55.
 - CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI.
 - GROUT-FILLED CMU - UNIT STRENGTH CONFORMS TO ASTM C-90 WITH MINIMUM COMPRESSIVE STRENGTH OF 2000 PSI AND GROUT CONFORMS TO ASTM C 476, MINIMUM GROUT COMPRESSIVE STRENGTH OF 2000 PSI.
 - HOLLOW BLOCK CMU - UNIT STRENGTH CONFORMS TO ASTM C-90 WITH MINIMUM COMPRESSIVE STRENGTH OF 2000 PSI.
- SEE SHEETS 6 AND 7 FOR MORE DETAILS OF THE INSTALLATION REQUIREMENTS, INCLUDING ANCHOR LOCATIONS, EDGE DISTANCES, EMBEDMENTS, AND SHIM SPACING.
- OPTIONALLY, ANCHORS CAN BE PLACED IN NARROW SECTION OF HEAD OR JAMB AS LONG AS MINIMUM EMBEDMENT AND EDGE DISTANCE ARE ACHIEVED.

ANCHOR TABLE						
ANCHOR TYPE	ANCHOR SIZE	SUBSTRATE	MIN. EMBEDMENT	MIN. EDGE DISTANCE	6'8" DOORS	8'0" DOORS
					MAX. O.C. SPACING AT JAMBS	MAX. O.C. SPACING AT JAMBS
WOOD SCREW	#10	2X WOOD BUCK OR FRAMING	1-1/2"	3/4"	17-1/2"	17-1/4"
ITW TAPCON	3/16"	CONCRETE/CMU	1-1/4"	2-1/2"	17-1/2"	17-1/4"
ELCO ULTRACON	1/4"	CONCRETE/CMU	1-3/8" - CONC. 1-1/4" - CMU	1"	17-1/2"	17-1/4"
ITW TAPCON	3/16"	CONCRETE/CMU	1-1/4"	1"	10"	14-3/8"



NOTE:
NO ANCHORS REQUIRED AT THE SILL FOR SINGLE DOORS (X) ONLY.

NOTE:
DOORS SHOWN ABOVE MAY BE LEFT OR RIGHT HAND OPERATING DOORS.

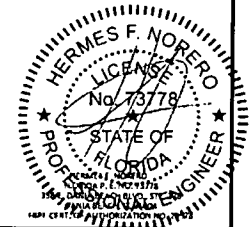
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TITLE: DESIGN PRO/SMOOTH PRO IMPACT APPROVED
TYPICAL ANCHOR LAYOUTS AND NOTES
3737 LAKEPORT BLVD.,
KILAMATH FALLS, OR 97601
PH: (541) 882-3451
FAX: (541) 882-2609
JELD-WEN
A WOODS COMPANY

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

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DATE: 02.05.14
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SCALE: NTS
DWG. #: A010851A
SHEET: OF 8

PREPARED BY:



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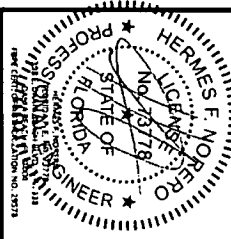
TITLE: **DESIGN PRO/SMOOTH PRO
 IMPACT APPROVED
 OPTIONAL 2X BUCK
 ANCHORING DETAILS**

3737 LAKEPORT BLVD.,
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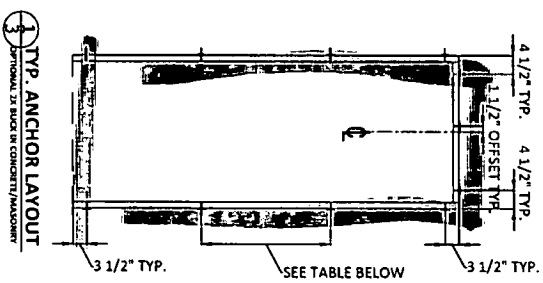


REMARKS	BY	DATE
Add ADA Int. Multi-Point Lock	GL	06/23/14

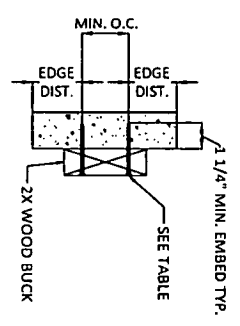
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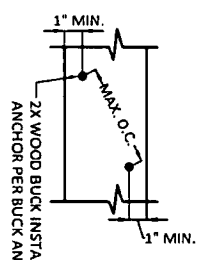
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 SCALE: **NTS**
 DWG. #: **A010851A**
 SHEET: **3** OF 8



1 TYP. ANCHOR LAYOUT
OPTIONAL 2X BUCK IN CONCRETE/MASONRY



3 2X WOOD BUCK INSTALL.
CROSS SECTION

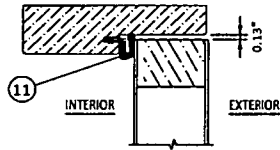


4 2X WOOD BUCK INSTALL.
SIDE VIEW

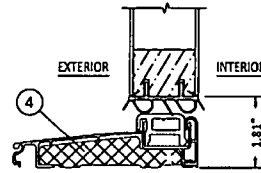
2X BUCK ANCHOR TABLE

ANCHOR TYPE	ANCHOR SIZE	SUBSTRATE	MIN. EMBEDMENT	MIN. EDGE DIST. TO SUBSTRATE	MIN. CENTER TO CENTER DISTANCE	DOORS	
						6\"/>	
ITW TARGON	1/4"	CONCRETE/CMU	1-1/2"	2-1/2"	4"	25"	30-1/4"
ELCO ULTRACON	1/4"	CONCRETE/CMU	1-3/8" - CONG 1-1/4" - CMU	1"	4"	25"	30-1/4"

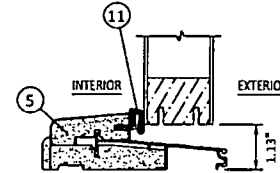
- NOTES:
- 2X BUCK IS NOT FOR INSTALLATION AT SILL.
 - ANCHORS MAY BE STAGGERED AS SHOWN IN DETAIL 4/3.



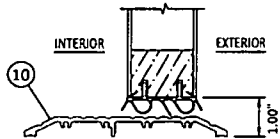
1
4 **OPERABLE HEAD**
OUTSWING SHOWN - INSWING SIMILAR



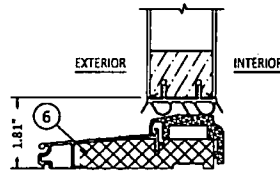
3
4 **OPERABLE SILL**
INSWING
ENDURA ZAIL4565F



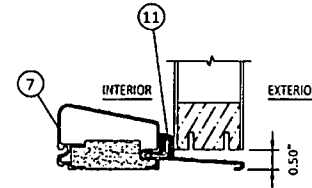
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4 **OPERABLE SILL**
OUTSWING
AFCO J-2297



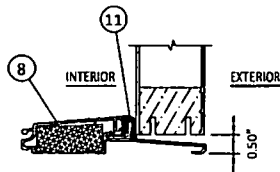
5
4 **OPERABLE ADA SILL**
INSWING/OUTSWING
ENDURA HCI5000



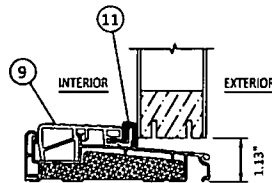
6
4 **OPERABLE SILL**
INSWING
AFCO A-276/P-2000



7
4 **OPERABLE SILL**
OUTSWING
OPTIONAL AFCO H-497



8
4 **OPERABLE SILL**
OUTSWING
OPTIONAL AFCO A-117



9
4 **OPERABLE SILL**
OUTSWING
OPTIONAL ENDURA ZOBL4565F

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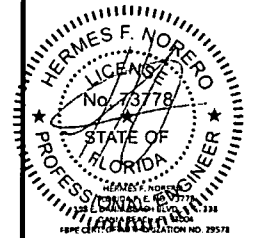
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VERTICAL ASSEMBLIES

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KLEMMATH FALLS, OR 97001
PH: (541) 882-3451
FAX: (541) 880-2609

JELDWEN
WINDOWS & DOORS

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

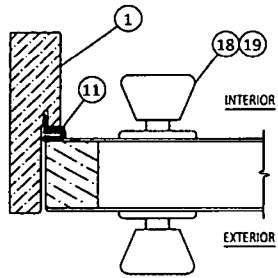
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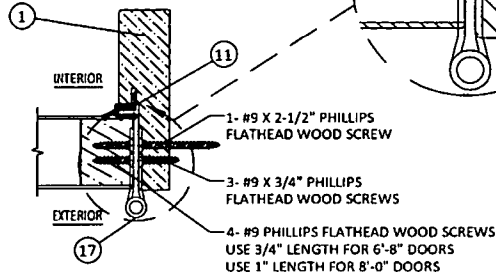
DATE:	02.05.14
DWG. BY:	GL/TJM
CHK. BY:	SS/MSS
SCALE:	NTS
DWG. #:	A010851A
SHEET:	OF 8

HINGE SCHEDULE	
DOOR HEIGHT	QUANTITY
6'-8"	3
8'-0"	4

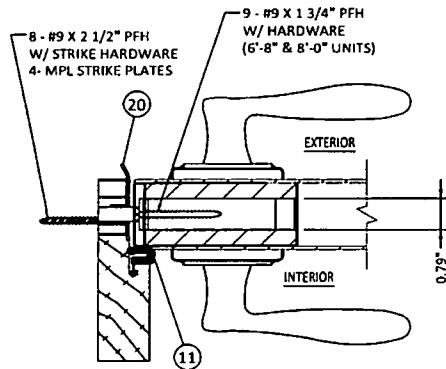
HINGE DETAIL AT JAMB:
PLACE #9 X 2-1/2" PFH SCREW NEXT TO WEATHERSTRIP



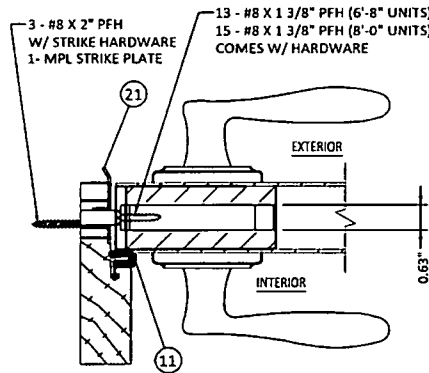
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5 LOCK JAMB
OUTSWING SHOWN - INSWING SIMILAR



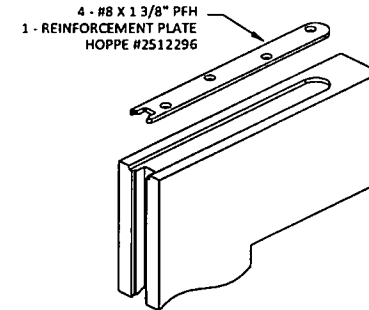
3
5 HINGE JAMB
OUTSWING SHOWN - INSWING SIMILAR




4
5 ROCKWELL MULTI-POINT LOCK JAMB
OUTSWING SHOWN - INSWING SIMILAR



5
5 HOPPE MULTI-POINT LOCK JAMB
OUTSWING SHOWN - INSWING SIMILAR



6
5 HOPPE MULTI-POINT LOCK
TOP REINFORCEMENT PLATE - ACTIVE PANEL ONLY

PREPARED BY:

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398 E. DANIA BEACH BLVD., STE. 338
DANIA BEACH, FL 33004
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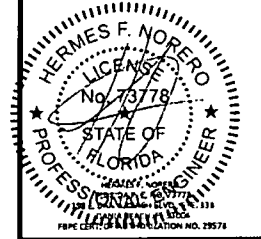
DESIGN PRO/SMOOTH PRO
IMPACT APPROVED
HORIZONTAL ASSEMBLIES

3737 LAKEPORT BLVD.
KUMMATH FALLS, OR 97601
PH: (541) 882-3451
FAX: (541) 850-2609

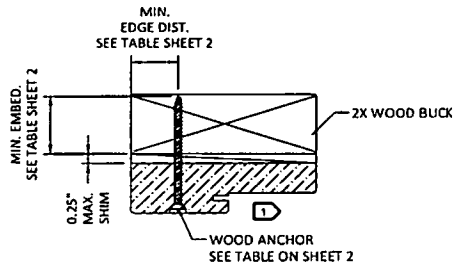
JELD-WEN
CORPORATION

REMARKS	BY	DATE
Add ADA sD, Multi-Point Lock	GL	06/23/14

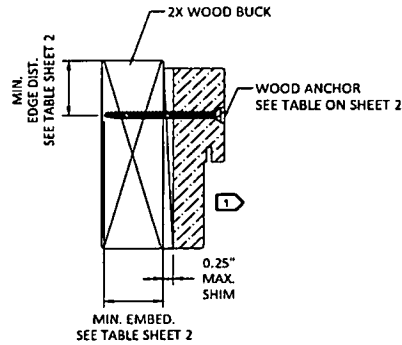
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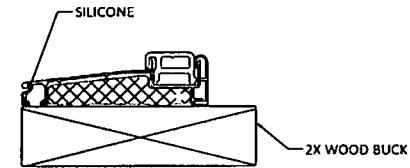
DATE:	02.05.14
DWG. BY:	GL/TJM
CHK. BY:	SS/MSS
SCALE:	NTS
DWG. #:	A010851A
SHEET:	OF 8



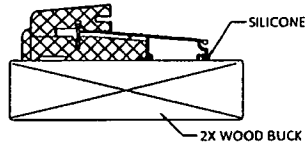
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6 **HEAD (TYPICAL)**
OUTSWING SHOWN - INSWING SIMILAR



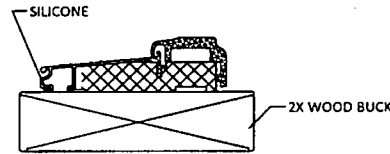
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6 **JAMB (TYPICAL)**
OUTSWING SHOWN - INSWING SIMILAR



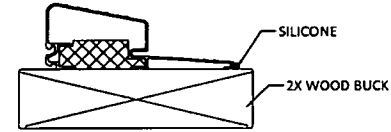
3
6 **OPERABLE SILL**
INSWING - NO ANCHOR REQUIRED
ENDURA ZAIL4565F



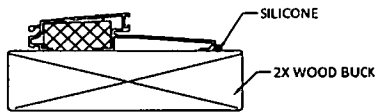
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6 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO I-2297



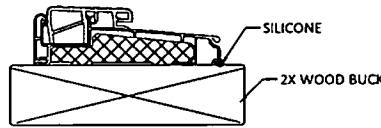
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6 **OPERABLE SILL**
INSWING - NO ANCHOR REQUIRED
AFCO A-276/P-2000



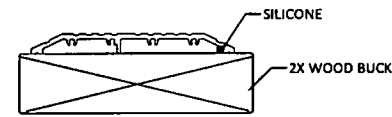
7
6 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO H-497



8
6 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO A-117



9
6 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
ENDURA ZOBL4565F



10
6 **OPERABLE ADA SILL**
INSWING/OUTSWING - NO ANCHOR REQUIRED
ENDURA HC15000

1 OPTIONALLY, ANCHOR CAN BE PLACED IN NARROW SECTION OF HEAD OR JAMB AS LONG AS MINIMUM EMBEDMENT AND EDGE DISTANCE ARE ACHIEVED.

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DESIGN PRO/SMOOTH PRO
IMPACT APPROVED

WOOD SUBSTRATES

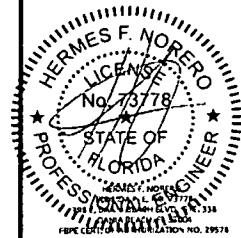
3737 LAKEPORT BLVD.
KUMARATH FALLS, OR 97601
PH: (541) 882-2451
FAX: (541) 850-2609

JELD-WEN
WINDOWS & DOORS

TITLE:

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

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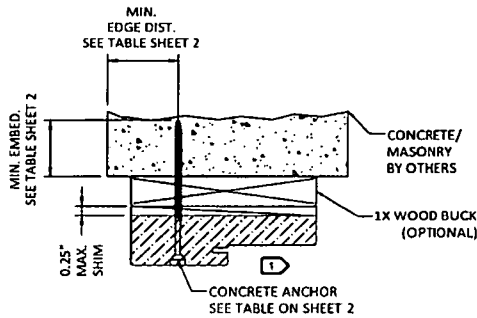
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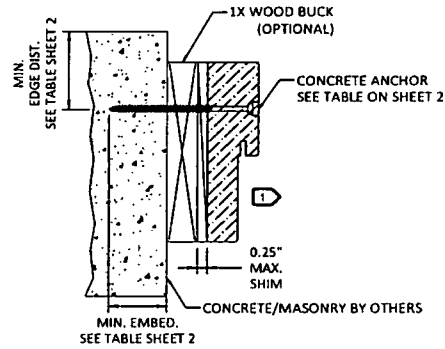
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DWG. #: A010851A

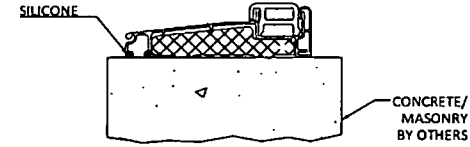
SHEET: OF 8



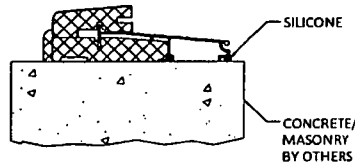
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7 **HEAD (TYPICAL)**
OUTSWING SHOWN - INSWING SIMILAR



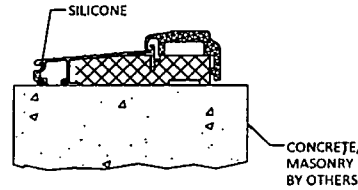
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7 **JAMB (TYPICAL)**
OUTSWING SHOWN - INSWING SIMILAR



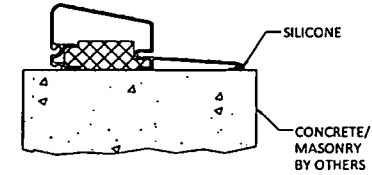
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7 **OPERABLE SILL**
INSWING - NO ANCHOR REQUIRED
ENDURA ZAIL4565F



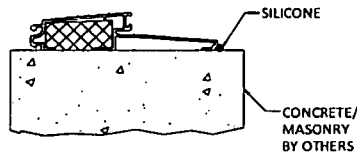
4
7 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO J-2297



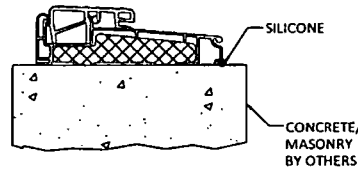
6
7 **OPERABLE SILL**
INSWING - NO ANCHOR REQUIRED
AFCO A-276/P-2000



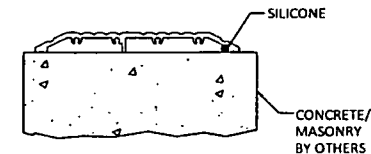
7
7 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO H-497



8
7 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
AFCO A-117



9
7 **OPERABLE SILL**
OUTSWING - NO ANCHOR REQUIRED
ENDURA ZOBL4565F



10
7 **OPERABLE SILL**
OUTSWING/INSWING - NO ANCHOR REQUIRED
ENDURA HCIS000 ADA

OPTIONALLY, ANCHOR CAN BE PLACED IN NARROW SECTION OF HEAD OR JAMB AS LONG AS MINIMUM EMBEDMENT AND EDGE DISTANCE ARE ACHIEVED.

PREPARED BY:



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DESIGN PRO/SMOOTH PRO
IMPACT APPROVED
CONCRETE SUBSTRATES

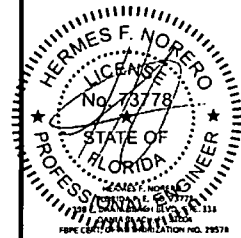
3737 LAKEPORT BLVD.
KUMARATHI FALLS, OR 97003
PH: (541) 882-2451
FAX: (541) 880-2609

JELD-WEN
WINDOWS & DOORS

TITLE:

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

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DATE: 02.05.14

DWG. BY: GL/TJM CHK. BY: SS/MSS

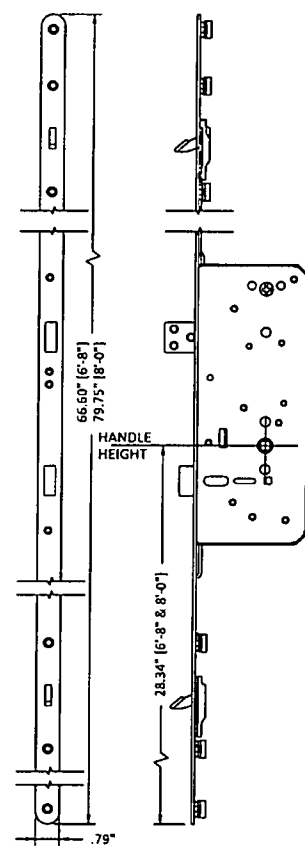
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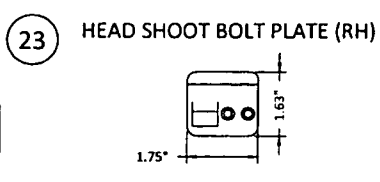
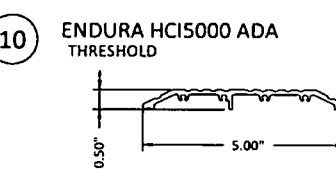
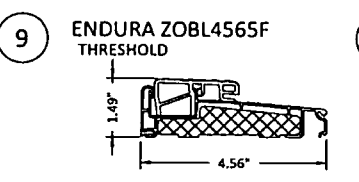
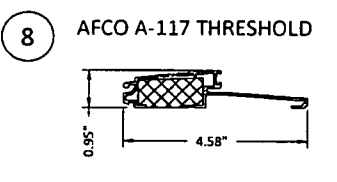
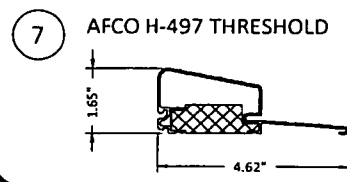
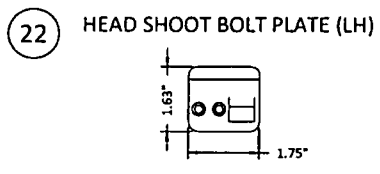
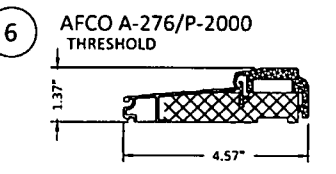
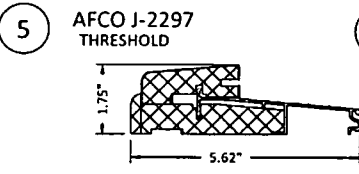
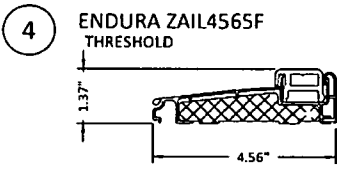
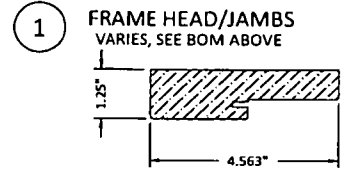
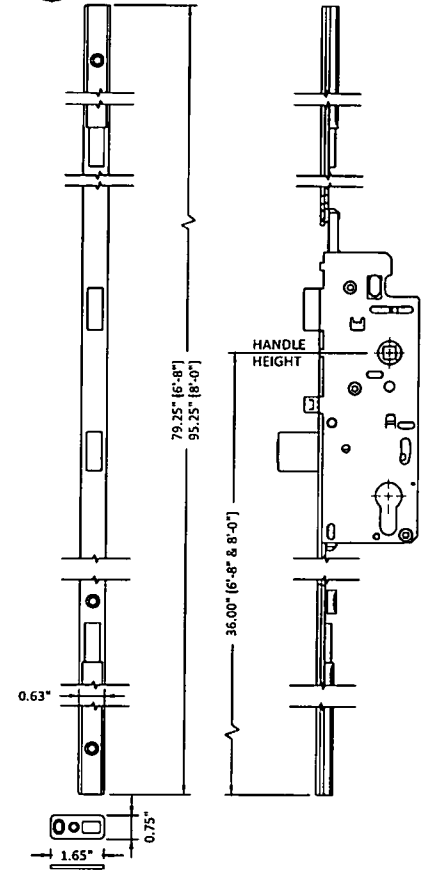
SHEET: OF 8

BILL OF MATERIALS		
ITEM#	DESCRIPTION	MATERIAL
1	FRAME HEAD/JAMBS	FINGER-JOINTED PINE
		SOLID PINE
		LAMINATED VENEER LUMBER
		COMPOSITE
2	(NOT USED)	
3	(NOT USED)	
4	ENDURA ZAIL4565F THRESHOLD	-
5	AFCO J-2297 THRESHOLD	-
6	AFCO A-276/P-2000 THRESHOLD	-
7	AFCO H-497 THRESHOLD	-
8	AFCO A-117 THRESHOLD	-
9	ENDURA ZOBL4565F THRESHOLD	-
10	ENDURA HCI5000 ADA THRESHOLD	-
11	WEATHERSTRIP	URETHANE FOAM & POLYETHYLENE
12	NON-COMPRESSION SHIM (0.25" MAX. THK.)	COMPOSITE
13	(NOT USED)	-
14	(NOT USED)	-
15	#10 WOOD INSTALLATION SCREW W/ 1 1/2" MIN. EMBEDMENT	STEEL
16	CONC./CMU ANCHOR (SEE ANCHOR TABLE SHEETS 2 & 3)	STEEL
17	BUTT HINGE (SEE SCHEDULE SHEET 5)	STEEL
18	KWIKSET LOCK SERIES 400	STEEL
19	KWIKSET DEADBOLT SERIES 780	STEEL
20	ROCKWELL MULTI-POINT TONGUE LATCH # 73228768 6-8 UNIT	STEEL
	ROCKWELL MULTI-POINT TONGUE LATCH #73228780 8-0 UNIT	
21	HOPPE MULTI-POINT HARDWARE HLS9000	STEEL
22	HOPPE MULTI-POINT HEAD SHOOT BOLT PLATE LH #8784091	STEEL
23	HOPPE MULTI-POINT HEAD SHOOT BOLT PLATE RH #8783923	STEEL

20 ROCKWELL MULTI-POINT LOCK



21 HOPPE MULTI-POINT LOCK W/ SILL SHOOT BOLT PLATE #2098911



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 WEB: www.buildingdrops.com

DESIGN PRO/SMOOTH PRO
 IMPACT APPROVED

TITLE: COMPONENTS AND BILL OF MATERIALS

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 KAMATH FALLS, OR 97001
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 FAX: (541) 850-2609

JELD-WEN
 WINDOWS & DOORS

REMARKS	BY	DATE
Add ADA sill, Multi-Point Lock	GL	06/23/14

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DATE: 02.05.14
 DWG. BY: GL/TJM
 CHK. BY: SS/MS
 SCALE: NTS
 DWG. #: A010851A
 SHEET: OF 8

8



BUILDING DROPS

A Perfect Solution in Every Drop

Certificate of Authorization: 29578

398 East Dania Beach Blvd.
Suite 338
Dania Beach, FL 33004
954.399.8478 PH
954.744.4738 FX
contact@buildingdrops.com

Product Evaluation Report *of*

JELD-WEN, inc.
Design Pro / Smooth Pro
Impact Approved
For use outside the High Velocity Hurricane Zone (HVHZ)

for
Florida Product Approval

Report No. 2750

Current Florida Building Code

Method: 1 – A (Certification)
Category: Exterior Doors
Sub – Category: Swinging Exterior Door Assemblies

Product: *Design Pro / Smooth Pro*
Impact Approved
For use outside the High Velocity Hurricane Zone

Material: Fiberglass
Product Dimensions: 3'-0" X 6'-8" (Nominal)
3'-0" X 8'-0" (Nominal)

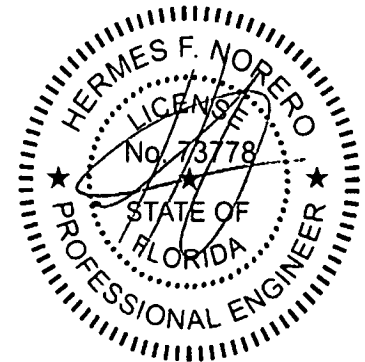
Prepared For:
JELD-WEN, inc.
3737 Lakeport Blvd.
Klamath Falls, OR. 97601

Prepared by:
Hermes F. Norero, P.E.
Florida Professional Engineer # 73778
Date: 07/02/2014

Contents:

Evaluation Report Pages 1 – 5

Digitally signed by Hermes F. Norero, P.E. Hermes F. Norero, P.E.
Reason: I am approving this document Florida No. 73778
Date: 2014.08.11 17:56:50 -04'00'





BUILDING DROPS

A Perfect Solution in Every Drop
Certificate of Authorization: 29578

Date: 07/02/2014
Report No: 2750

Manufacturer: JELD-WEN, inc.

Product Category: Exterior Doors

Product Sub-Category: Swinging Door Assemblies

Compliance Method: State Product Approval Method (1)(a)

Product Name: Design Pro / Smooth Pro
Impact Approved
For use outside the High Velocity Hurricane Zone (HVHZ)
3'-0" X 6'-8" (Nominal)
3'-0" X 8'-0" (Nominal)

Scope: This is a Product Evaluation Report issued by Hermes F. Norero, P.E. (FL # 73778) for JELD-WEN inc. based on Method 1a of the Florida Department of Business and Professional Regulation - Florida Building Commission.

Hermes F. Norero, P.E. does not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

This product has been evaluated for use in locations adhering to the current International Building Code, International Residential Code, and Florida Building Code.

See Installation Instructions **A010851A**, signed and sealed by Hermes F. Norero, P.E. (FL # 73778) for specific use parameters.

Limits of Use:

1. This product has been evaluated and is in compliance with the current International Building Code (IBC), International Residential Code (IRC), and Florida Building Code (FBC), excluding the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment into substrate material shall be beyond wall dressing or stucco.
3. When used in areas requiring wind borne debris protection this product complies with Section 1609.1.2 of the current Florida Building Code and does not require an impact resistant covering for Wind Zone 3 or less.
4. Site conditions that deviate from the details of drawing **A010851A** require further engineering analysis by a licensed engineer or registered architect.
5. See Installation Instructions **A010851A** for size and design pressure limitations.

Hermes F. Norero, P.E.
Florida No. 73778
Page 2 of 5



BUILDING DROPS

A Perfect Solution in Every Drop
Certificate of Authorization: 29578

Date: 07/02/2014
Report No: 2750

Quality Assurance Entity: The manufacturer has demonstrated compliance of window products in Accordance with the Florida Building Code for manufacturing under a Certification Agency through **National Accreditation & Management Institute** (FBC Organization #QUA1789)

Performance Standards: The product described herein has been tested per:

- ASTM E283-04
- ASTM E330-02
- ASTM E1886-05
- ASTM E1996-06
- AAMA 1304-02

Referenced Data:

1. Product Testing performed by **National Certified Testing Laboratories** (FBC Organization # TST1589)
Report # Report Date:
SJW2013-196 09/03/13
SJW2013-129 08/09/13
SJW2013-231 12/03/13
SJW2013-251 12/23/13
SJW2013-252 12/23/13
SJW2013-253 12/23/13
NCTL-210-3924-01 12/18/13
NCTL210-3925-03 02/07/14
NCTL-210-3930-01 02/24/14
NCTL-210-3930-02 03/10/14
SJW2014-066 07/07/14
SJW2014-076 07/07/14
SJW2014-070 07/07/14
SJW2014-075 07/07/14
2. Quality Assurance Entity
National Accreditation & Management Institute
(FBC Organization #QUA1789)
3. Component Material Testing of Dylite Expandable Polystyrene by
Intertek Testing Services NA, Inc.
ASTM E84-08
Report#: 3113726SAT-001 R1 Report Date: 03/13/09



BUILDING DROPS

A Perfect Solution in Every Drop
Certificate of Authorization: 29578

Date: 07/02/2014
Report No: 2750

-
4. Component Material Testing of Fiberglass SMC Skin
Element Materials Technology
ASTM D635-10, ASTM D638-10, ASTM D1929-12, ASTM D2843-10, ASTM G155-05
Report#: ESP010982P Report Date: 02/26/13

Equivalence of Test Standards:

Various test standards have been evaluated for differences in test methodology, if any, between tested editions of the test standards listed below and those editions referenced in the current Florida Building Code. JELD-WEN, Inc. has tested their products to the following test standard edition(s):

- 1) ASTM E84-08
- 2) ASTM D635-10
- 3) ASTM D638-10
- 4) ASTM D1929-12
- 5) ASTM D2843-10
- 6) ASTM G155-05

Chapter 35 of the current Florida Building Code references the following editions of the above mentioned test standards:

- 1) ASTM E84-07
- 2) ASTM D635-06
- 3) ASTM D638-03
- 4) ASTM D1929-96 (2000) e01
- 5) ASTM D2843-99 (2004) e01
- 6) ASTM G155-05a

After review of the above mentioned referenced standards and editions, it has been found that no significant technical changes have been made to the test standards that would affect the results. All referenced standards have been found to be equivalent. All materials test results meet minimum requirements of the current Florida Building Code.



BUILDING DROPS

A Perfect Solution in Every Drop
 Certificate of Authorization: 29578

Date: 07/02/2014
 Report No: 2750

Installation: 1. Approved anchor types and substrates are as follows:

Through Frame Installation:

- A. For two by (2X) wood buck substrate (Min. S.G. = 0.55), use **#10 Wood Screw** type installation anchors of sufficient length to achieve a minimum embedment of 1.50" into the wood substrate.
- B. For concrete (Min. $f'c = 3000$ psi) or masonry (Conforms to ASTM C90) substrate where one by (1X), non-structural, wood bucking is employed, use **3/16" diameter concrete screw anchors** of sufficient length to achieve minimum embedment of 1.25" into concrete or masonry.
- C. For concrete (Min. $f'c = 3000$ psi) or masonry (Conforms to ASTM C90) substrate where wood bucking is NOT employed, use **3/16" diameter concrete screw anchors** of sufficient length to achieve minimum embedment of 1.25" into concrete or masonry.

Refer to Installation Instructions (**A010851A**) for anchor spacing and more details of the installation requirements.

Design Pressure:

CONFIGURATION	MAX. OVERALL NOMINAL SIZE		DESIGN PRESSURE (PSF)				MISSILE IMPACT RATING
	WIDTH	HEIGHT	INSWING		OUTSWING		
			POS.	NEG.	POS.	NEG.	
X	3'-0"	6'-8"	50*	50	50*	50	LMI & SMI
X	3'-0"	8'-0"	50*	50	50*	50	LMI & SMI



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Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #	FL15180
Application Type	New
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Plastpro Inc. / Nanya Plastics Corp.
Address/Phone/Email	5200 W CENTURY BLVD. LOS ANGELES, CA 90045 (440) 969-9773 Ext 16 rickw@rwbldgconsultants.com
Authorized Signature	Vivian Wright rickw@rwbldgconsultants.com
Technical Representative	Scott Johnson
Address/Phone/Email	5200 W Century Blvd. Los Angeles, CA 90045 (440) 969-9773 Ext 18 scottjohnson@plastproinc.com
Quality Assurance Representative	Ron O'Connell
Address/Phone/Email	5200 W Century Blvd. Los Angeles, CA 90045 (440) 969-9773 Ext 16 ronoconnell@plastpro.com
Category	Exterior Doors
Subcategory	Swinging Exterior Door Assemblies
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Lyndon F. Schmidt, P.E.
Florida License	PE-43409
Quality Assurance Entity	National Accreditation and Management Institute
Quality Assurance Contract Expiration Date	12/31/2014
Validated By	Ryan J. King, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received

Certificate of Independence [FL15180_R0_COI_Certificate Of Independence.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	ASTM D1929	1996
	ASTM D2843	1999
	ASTM D635	1998
	ASTM D638	2003
	ASTM E84	2005
	ASTM G26	1995
	TAS 201, 202, 203	1994

Equivalence of Product Standards
Certified By

Florida Licensed Professional Engineer or Architect
[FL15180_R0_Equiv_of_STANDARDS.pdf](#)

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

02/07/2012

Date Validated

02/26/2012

Date Pending FBC Approval

03/05/2012

Date Approved

04/03/2012

Summary of Products

Go to Page 1

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FL #	Model, Number or Name	Description
15180.1	a. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Glazed Fiberglass Single Door - Outswing (X - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.1 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.1.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.1.pdf Created by Independent Third Party: Yes
15180.2	b. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Glazed Fiberglass Single Door with "Impact" Sidelite - Outswing (OX or XO - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.2 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.2.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.2.pdf Created by Independent Third Party: Yes
15180.3	c. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Glazed Fiberglass Single Door with "Impact" Sidelites - Outswing (OXO - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.3 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.3.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.3.pdf Created by Independent Third Party: Yes
15180.4	d. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Glazed Fiberglass Double Door - Outswing (XX - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.4 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.4.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.4.pdf Created by Independent Third Party: Yes
15180.5	e. Smooth/Wood Grain/Rustic/Mahogany Series Fiberglass Door	6'8 "Impact" Glazed Fiberglass Double Door with "Impact" Sidelites - Outswing (OXXO - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes		Installation Instructions FL15180_R0_II_Inst_15180.5.pdf Verified By: Lyndon F. Schmidt, P.E. 43409

<p>Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.5 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.5.pdf Created by Independent Third Party: Yes</p>
15180.6	f. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Glazed Fiberglass Single Door - Outswing (X - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.6 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.6.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.6.pdf Created by Independent Third Party: Yes</p>
15180.7	g. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Glazed Fiberglass Single Door with "Impact" Sidelite - Outswing (OX or XO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.7 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.7.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.7.pdf Created by Independent Third Party: Yes</p>
15180.8	h. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Glazed Fiberglass Single Door with "Impact" Sidelites - Outswing (OXO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.8 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.8.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.8.pdf Created by Independent Third Party: Yes</p>
15180.9	i. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Glazed Fiberglass Double Door - Outswing (XX - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.9 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.9.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.9.pdf Created by Independent Third Party: Yes</p>
15180.10	j. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Glazed Fiberglass Double Door with "Impact" Sidelites - Outswing (OXXO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.10 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.10.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.10.pdf Created by Independent Third Party: Yes</p>
15180.11	k. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Opaque Fiberglass Single Door - Inswing/Outswing (X - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.11 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.11.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.11.pdf Created by Independent Third Party: Yes</p>
15180.12	l. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Opaque Fiberglass Single Door with "Impact" Sidelite - Outswing (OX or XO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes</p>		<p>Installation Instructions FL15180_R0_II_Inst_15180.12.pdf</p>

<p>Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.12 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.12.pdf Created by Independent Third Party: Yes</p>
15180.13	m. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Opaque Fiberglass Single Door with "Impact" Sidelites - Outswing (OXO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.13 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.13.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.13.pdf Created by Independent Third Party: Yes</p>
15180.14	n. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Opaque Fiberglass Double Door - Inswing/Outswing (XX - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.14 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.14.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.14.pdf Created by Independent Third Party: Yes</p>
15180.15	o. Smooth/Wood Grain/Rustic/Mahogany Series N Fiberglass Door	6'8 "Impact" Opaque Fiberglass Double Door with "Impact" Sidelites - Outswing (OXOX - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.15 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.15.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.15.pdf Created by Independent Third Party: Yes</p>
15180.16	p. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Opaque Fiberglass Single Door - Inswing/Outswing (X - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.16 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.16.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.16.pdf Created by Independent Third Party: Yes</p>
15180.17	q. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Opaque Fiberglass Single Door with "Impact" Sidelite - Outswing (OX or XO - Configurations)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.17 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.17.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.17.pdf Created by Independent Third Party: Yes</p>
15180.18	r. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Opaque Fiberglass Single Door with Sidelites - Outswing (OXO - Configuration)
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.18 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15180 RO II Inst 15180.18.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180 RO AE EVAL 15180.18.pdf Created by Independent Third Party: Yes</p>
15180.19	s. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Opaque Fiberglass Double Door - Inswing/Outswing (XX - Configuration)

Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.19 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.19.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.19.pdf Created by Independent Third Party: Yes
15180.20	t. Smooth/Wood Grain Series N Fiberglass Door	8'0 "Impact" Opaque Fiberglass Double Door with "Impact" Sidelites - Outswing (OXXO - Configuration)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 15180.20 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15180_R0_II_Inst_15180.20.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15180_R0_AE_EVAL_15180.20.pdf Created by Independent Third Party: Yes

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Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

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Product Approval Accepts:



R
W
B
C

R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197

Florida Board of Professional Engineers Certificate of Authorization No. 9813

Certificate of Independence

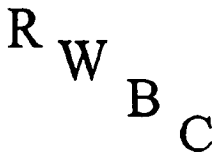
RW Building Consultants and Lyndon F. Schmidt, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named in the accompanying Florida Product Approval.



Lyndon F. Schmidt, P.E.

FL No. 43409

January 2, 2012



R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197

Florida Board of Professional Engineers Certificate of Authorization No. 9813

February 24, 2012

To Whom It May Concern:

FL-15180 ***Equivalency of Standards***

ASTM D 635-98 Equivalent to ASTM D 635-06

The products referenced in this Product Approval have been tested in accordance with ASTM D 635-98. It has been determined by Lyndon F. Schmidt, P.E. and RW Building Consultants, Inc. that ASTM D 635-98 is equivalent to ASTM D 635-06, which is the reference standard and year that has been adopted by the 2010 Florida Building Code.

ASTM E 84-05 Equivalent to ASTM E 84-07

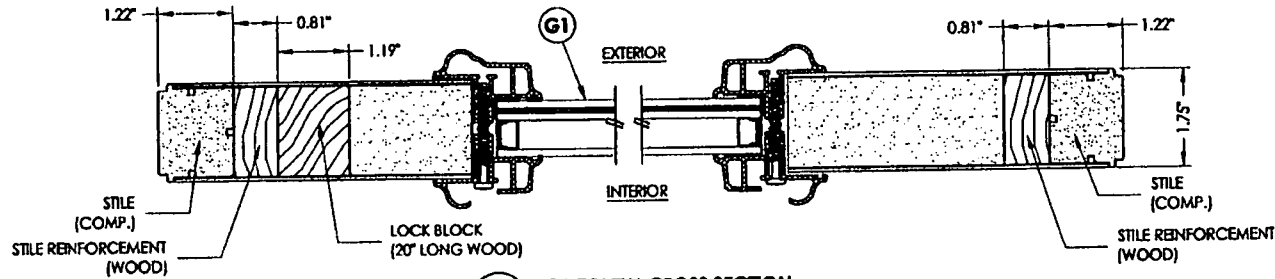
The products referenced in this Product Approval have been tested in accordance with ASTM E 84-05. It has been determined by Lyndon F. Schmidt, P.E. and RW Building Consultants, Inc. that ASTM E 84-05 are equivalent to ASTM E 84-07, which is the reference standard and year that has been adopted by the 2010 Florida Building Code.

ASTM G 26-95 Equivalent to ASTM G 155-05a

The products referenced in this Product Approval have been tested in accordance with ASTM G 26-95. It has been determined by Lyndon F. Schmidt, P.E. and RW Building Consultants, Inc. that ASTM G 26-95 is equivalent to ASTM G 155-05a, which is the reference standard and year that has been adopted by the 2010 Florida Building Code.

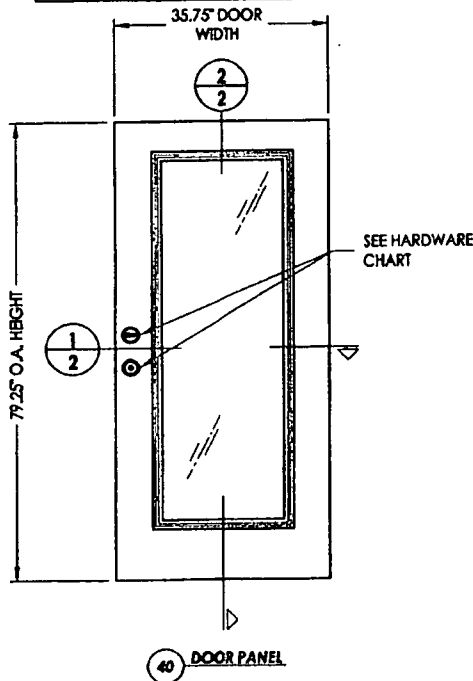
A handwritten signature in black ink, appearing to read 'LFS' followed by a flourish, and the date '2.24.12' written below it.

Lyndon F. Schmidt, P.E.
FL No. 43409
CA No. 9813

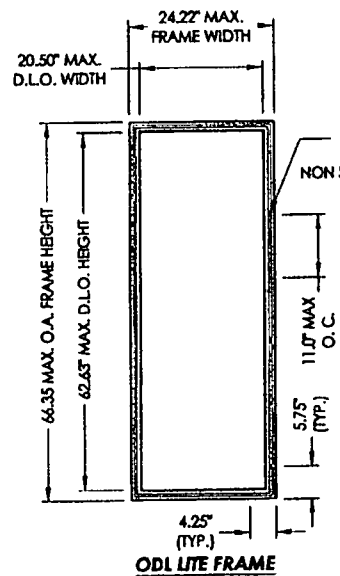


1
2 HORIZONTAL CROSS SECTION

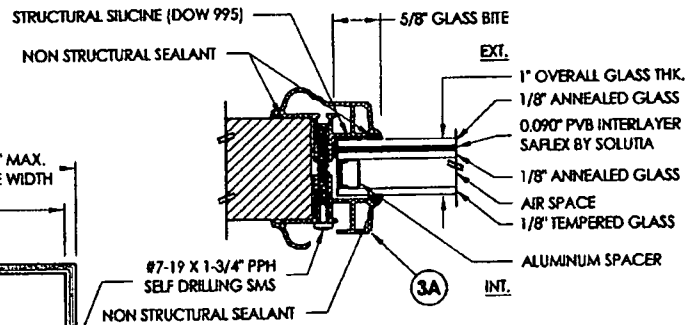
HARDWARE CHART	
MANUFACTURER	MODEL
KWIKSET	LOCK: SIGNATURE SERIES DEADBOLT: SIGNATURE SERIES (780)
YALE	LOCK: YH COLLECTION DEADBOLT: YH COLLECTION (80 SERIES)



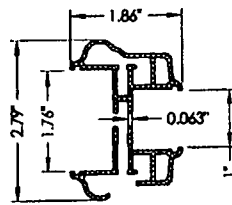
40 DOOR PANEL



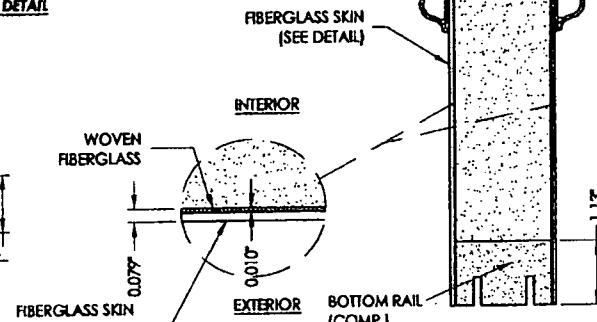
ODL LITE FRAME



G1 GLAZING DETAIL

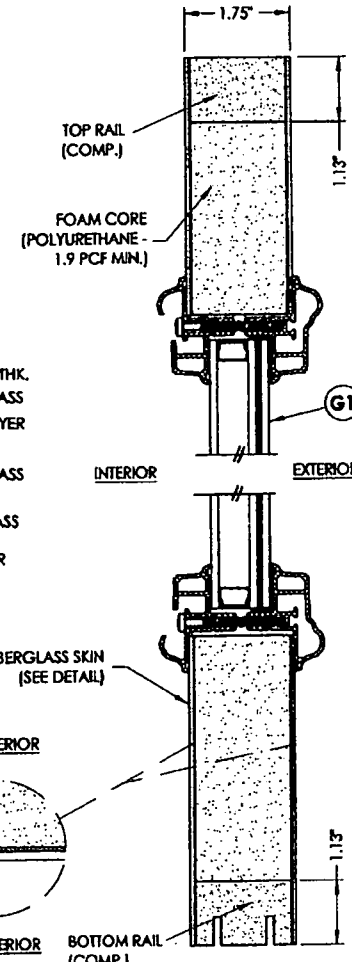


3A ODL LITE FRAME (Alum.)



DOOR SKIN DETAIL

2
2 VERTICAL CROSS SECTION

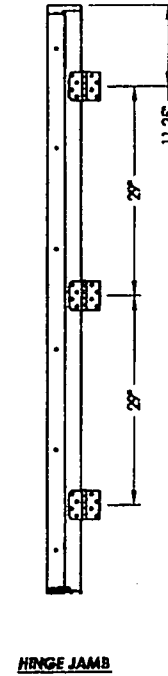
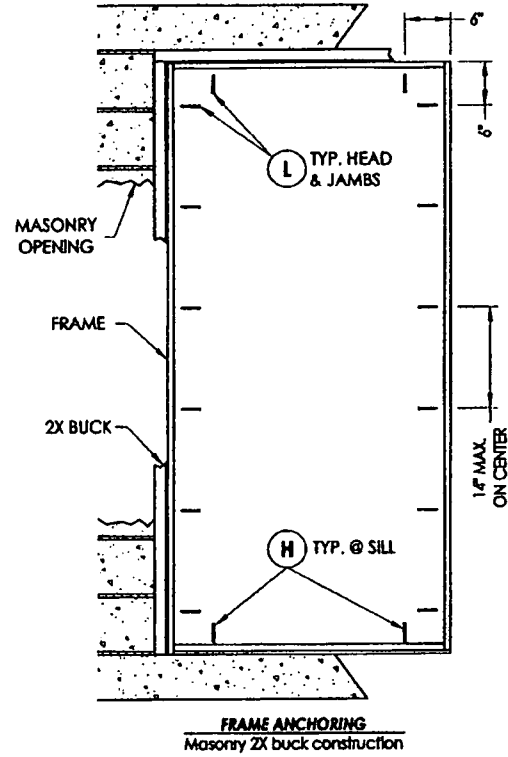
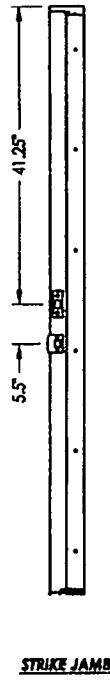
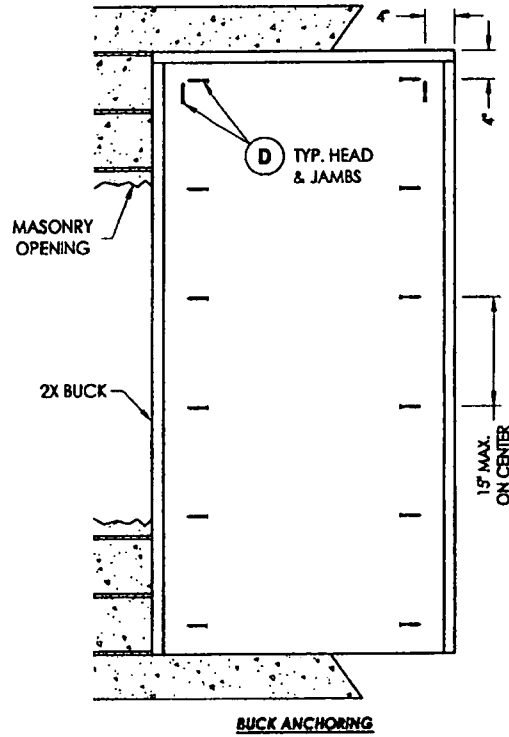


Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
 P.O. Box 230, Vero Beach, FL 33593
 Phone No. 813.669.9187
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 98113
 LYNNON F. SCHMIDT, P.E. No. 43408

DATE: 02/21/12
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15180.1
 SHEET 2 OF 7

NO.	DATE	REVISIONS

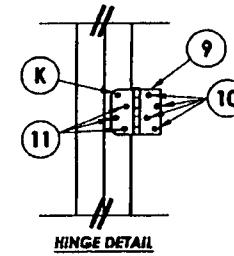
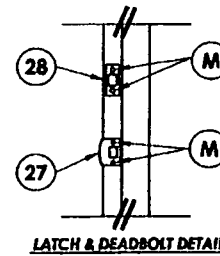
PRODUCT: PLASTPRO INC. FIBERGLASS DOOR
 PART OR ASSEMBLY: DOOR PANEL DETAILS AND GLAZING DETAIL



CONCRETE ANCHOR NOTES:

1. Substitution of equal concrete anchors from a different supplier may have different edge distance and center distance requirements.
2. Concrete anchor locations at the corners may be adjusted to maintain the min. edge distance to mortar joints. Concrete anchor locations noted as "MAX. ON CENTER" must be adjusted to maintain the min. edge distance to mortar joints, additional concrete anchors may be required to ensure the "MAX. ON CENTER" dimension are not exceeded.
3. Concrete anchor table:

ANCHOR TYPE	ANCHOR SIZE	MIN. EMBEDMENT	MIN. CLEARANCE TO MASONRY EDGE	MIN. CLEARANCE TO ADJACENT ANCHOR
ITW	1/4"	1-1/4"	2-1/2"	3"
ELCO	1/4"	1-1/4"	1"	4"



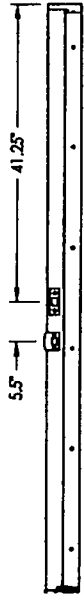
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33009
 Phone No.: 813.659.9197
 Florida Board of Professional Engineers
 Certificate No. 9813
 License No. 22712
 Lyndon F. Schmidt, P.E. No. 43400

PRODUCT: PLASTPRO INC. FIBERGLASS DOOR
 PART OR ASSEMBLY: BUCK AND FRAME ANCHORING 2X BUCK MASONRY CONSTRUCTION

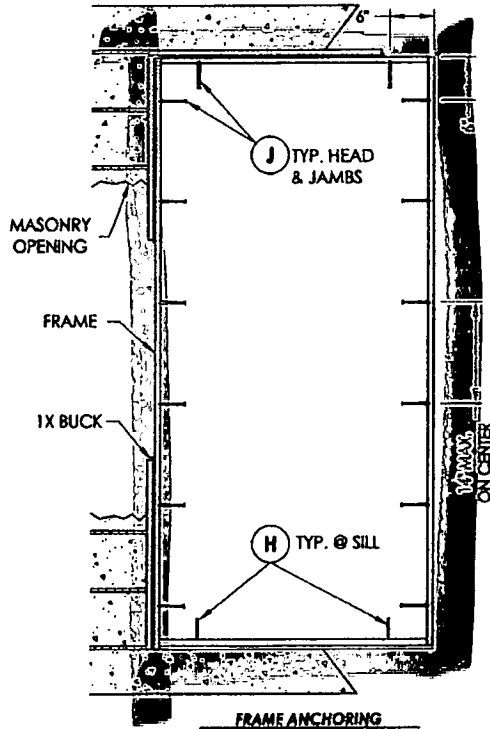
NO.	DATE	BY	REVISIONS

DATE: 02/21/12
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15180.1
 SHEET 5 OF 7

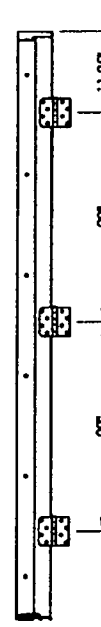
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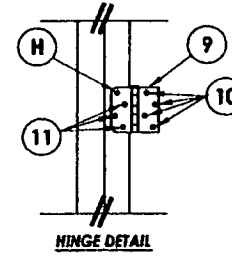
STRIKE JAMB



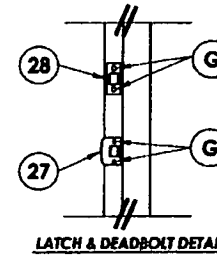
FRAME ANCHORING
Masonry 1x buck construction



HINGE JAMB



HINGE DETAIL



LATCH & DEADBOLT DETAIL

CONCRETE ANCHOR NOTES:

1. Substitution of equal concrete anchors from a different supplier may have different edge distance and center distance requirements.
2. Concrete anchor locations at the corners may be adjusted to maintain the min. edge distance to mortar joints. Concrete anchor locations noted as "MAX. ON CENTER" must be adjusted to maintain the min. edge distance to mortar joints, additional concrete anchors may be required to ensure the "MAX. ON CENTER" dimension are not exceeded.
3. Concrete anchor table:

ANCHOR TYPE	ANCHOR SIZE	MIN. EMBEDMENT	MIN. CLEARANCE TO MASONRY EDGE	MIN. CLEARANCE TO ADJACENT ANCHOR
ITW	1/4"	1-1/4"	2-1/2"	3"
ELCO	1/4"	1-1/4"	1"	4"
ITW	3/16"	1-1/4"	2-5/8"	2-1/4"

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33595
 Phone No.: 813.659.9187
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
 678 2273
 Lyndon F. Schmidt, P.E. No. 43408

PRODUCT: PLASTPRO INC. FIBERGLASS DOOR
 PART OR ASSEMBLY: FRAME ANCHORING 1X BUCK MASONRY CONSTRUCTION

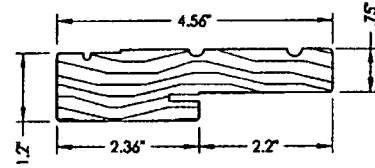
NO.	DATE	BY	REVISIONS

DATE: 02/21/12
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15180.1
 SHEET 6 of 7

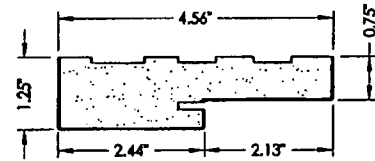
© 2012 R.W. BUILDING CONSULTANTS INC.

BILL OF MATERIALS

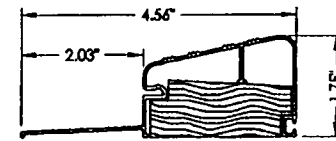
ITEM #	DESCRIPTION	MATERIAL
A	1X BUCK SG >= 0.55	WOOD
B	2X BUCK SG >= 0.55	WOOD
C	1/4" MAX. SHIM SPACE	-
D	1/4" X 2-3/4" PFH ELCO OR ITW CONCRETE SCREW	STEEL
E	MASONRY - 3,192 PSI MIN. CONCRETE CONFORMING TO ACI 301 OR HOLLOW BLOCK CONFORMING TO ASTM C90	CONCRETE
G	3/16" X 3-1/4" PFH ITW CONCRETE SCREW	STEEL
H	1/4" X 3-1/4" PFH ELCO OR ITW CONCRETE SCREW	STEEL
J	1/4" X 3-3/4" PFH ELCO OR ITW CONCRETE SCREW	STEEL
K	#9 X 2-1/2" PFH WOOD SCREW	STEEL
L	#8 X 2-1/2" PFH WOOD SCREW	STEEL
M	#8 X 2" PFH WOOD SCREW	STEEL
7	FORCE 5 WEATHER STRIPPING BY ENDURA	FOAM
8	COMPRESSION WEATHER STRIP QLON 650 BY SCHLEGEL	FOAM
9	4" X 4" BUTT HINGE	STEEL
10	#9 X 1" PFH WOOD SCREW	STEEL
11	#9 X 3/4" PFH WOOD SCREW	STEEL
20	FINGER JOINTED PINE FRAME, HEAD & HINGE JAMBS	WOOD
21	POLY FIBER JAMB	COMP. / VINYL
27	LATCH STRIKE PLATE	STEEL
28	DEADBOLT STRIKE PLATE	STEEL
29	OUTSWING THRESHOLD BY DLP	ALUM./WOOD
40	DOOR PANEL - SEE DOOR PANEL DETAIL SHEET FOR CONSTRUCTION DETAILS	-



20 HEAD & SIDE Jamb



21 HEAD & SIDE Poly fiber jamb



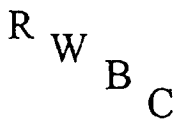
29 OUTSWING THRESHOLD BY DLP

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33595
 Phone No.: 813.058.9187
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
 LFS 2-23-12
 Lyndon F. Schmidt, P.E. No. 43408

PRODUCT: PLASTPRO INC. FIBERGLASS DOOR
 PART OR ASSEMBLY: BILL OF MATERIALS & COMPONENTS

NO	DATE	BY	REVISIONS

DATE: 02/21/12
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15180.1
 SHEET 7 OF 7



R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P.O. Box 230 Vabico, FL 33595 Phone 813.659.9197

Florida Board of Professional Engineers Certificate of Authorization No. 9813

Product Evaluation Report Report No.: **FL-15180.1**
Date: **February 23, 2012**

Product Category	Sub Category	Manufacturer	Product Name
Exterior Doors	Swinging Exterior Door Assemblies	Plastpro Inc. 5200 W. Century Blvd. Los Angeles, CA Phone 440.969.9773	Smooth / Wood Grain / White Wood Grain Rustic / Mahogany Series N Fiberglass Door Outswing - "Impact"

Scope: Product Evaluation report issued by R W Building Consultants, Inc. & Lyndon F. Schmidt, P.E. (System ID # 1998) for Plastpro Inc., based on Rule Chapter No. 9N-3, Method 1D of the State of Florida Product Approval, Department of Business & Professional Regulation.

RW Building Consultants and Lyndon F. Schmidt, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

Limitations:

- This product has been evaluated and is in compliance with the 2010 Florida Building Code structural requirements including the "High Velocity Hurricane Zone".
- Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
- When used in the "HVHZ" this product complies with Section 1626 of the Florida Building Code and does not require an impact resistant covering.
- When used in areas outside of the "HVHZ" requiring Wind-borne Debris Protection this product complies with Section 1609.1.2 of the 2010 FBC and does not require an impact resistant covering. This product meets Missile Level "D" and includes Wind Zone 4 as defined in ASTM E1996 and Section 1609.1.2.4 of the FBC.
- For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
- Site conditions that deviate from the details of drawing FL-15180.1 require further engineering analysis by a licensed engineer or registered architect.
- Outswing configurations meet water infiltration requirements for "HVHZ".
- See drawing FL-15180.1 for size and design pressure limitations.

Supporting Documents:

<ol style="list-style-type: none"> Test Report No. TEL 07-0223-1 TEL 01390365 ETC 07-209-19303.0 ETC 08-209-20609.0 ETC 06-255-17412.0 ETC 05-255-16776.0 Miami-Dade NOA 10-1209.01 09-0127.13 Drawing No. No. FL-15180.1 Calculations Anchoring ASTM E1300 Glass Load Quality Assurance 	<p>Test Standard TAS 201,202,203-94 TAS 201,202,203-94 ASTM D2843-99, ASTM D635-98 ASTM D1929-96(2001), ASTM D638-03 ASTM D2843-99, ASTM D635-98 ASTM D1929-96(2001), ASTM D638-03 ASTM E84-05 ASTM G26-95, D2843-99, D635-98, D 1929-06, D638-03</p> <p>Materials Testing HP Polypropylene Saflex Glass Interlayer by Solutia</p> <p>Prepared by RW Building Consultants, Inc. (CA #9813)</p> <p>Prepared by RW Building Consultants, Inc. (CA #9813) Lyndon F. Schmidt, P.E.</p>	<p>Testing Laboratory Testing Evaluation Lab.,Inc. Testing Evaluation Lab.,Inc. ETC Laboratories ETC Laboratories ETC Laboratories ETC Laboratories</p>	<p>Signed by Wendell Haney, P.E. Lyndon F. Schmidt, P.E. Ben Meunier Gurjinder Dhami Joe Doldan, P.E. Joe Doldan, P.E.</p>
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Signed & Sealed by
Lyndon F. Schmidt, P.E.
Signed & Sealed by
Lyndon F. Schmidt, P.E.

Certificate of Participation issued by National Accreditation and Management Institute, certifying that Plastpro Inc. is manufacturing products within a quality assurance program that complies with ISO/IEC 17020 and Guide 53.

Lyndon F. Schmidt, P.E.
FL PE No. 43409
2/24/2012

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/17/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11020	HB Associates of the TC	Electrical Rough	Fail	Not Ready
	3714 SE Ocean Blvd	Plumbing Rough	Pass	
	Gary Huffnagle	All Frame	Fail	Need etc to pas
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
11011	Wendt	Final		COMMENTS
	86 S Sewall's Pt Rd	Doors	Pass	Close
	JMC			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
10935	Heramis	Dry-in +	Fail	COMMENTS
	172 S. River Rd	metal and		List on front of plans
	J. Conroy	All Frame	Fail	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
				COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
				COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
				COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR
				COMMENTS
				INSPECTOR

11181

REPLACE CABLE

(EXPIRED)

JAMES W. CAMPO, CFP
Mayor

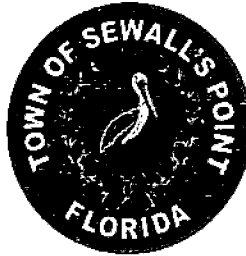
PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

FRANK FENDER
Commissioner

DAN MORRIS
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

LAKISHA Q. BURCH, CMC
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

February 2, 2017

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 86 Sewalls Point Road, more specifically permit #11181 issued on February 19, 2015 for Replace Damaged UG CATV Parallel to RW.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: (1) Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.
Building Official

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org



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:	11181	DATE ISSUED:	February 19, 2015
SCOPE OF WORK:	Replace Damaged U.G CATV Paraellel to RW		
CONTRACTOR:	Reel Telecommunications, Inc.		
PARCEL CONTROL NUMBER:		SUBDIVISION:	
CONSTRUCTION ADDRESS:	86 Sewall's Point Road		
OWNER NAME:	Comcast		
QUALIFIER:	Les Smith	CONTACT PHONE NUMBER:	781-0003

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

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

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

INSPECTIONS

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

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

#027

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 2/4/15

OWNER/LESSEE NAME: COMCAST Phone (Day) 561-227-4127 (Fax) 561-662-8792

Job Site Address: 86 SEWELLS PT RD City: SEWELLS PT State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACE DAMAGED U.G. CATV PARALLEL TO RW

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: \$ 245
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: REEL TELECOMMUNICATIONS INC Phone: 772-781-0003 Fax: _____

Qualifiers name: LES SMITH Street: 7854 ELLISPE WAY City: STUART State: FL Zip: 34997

State License Number: ES0000619 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: LES SMITH Phone Number: 772-781-0003

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE: _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

X WADE HAGERTY

State of Florida, County of: Palm Beach

On This the 3rd day of February, 2015

by Wade Hagerty who is personally

known to me or produced _____

As identification: Juno & Latta

Notary Public

My Commission Expires: 05/16/2016

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!

Expires 05/16/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X LES SMITH

State of Florida, County of: Martin

On This the 3rd day of February, 2015

by LES SMITH who is personally

known to me or produced _____

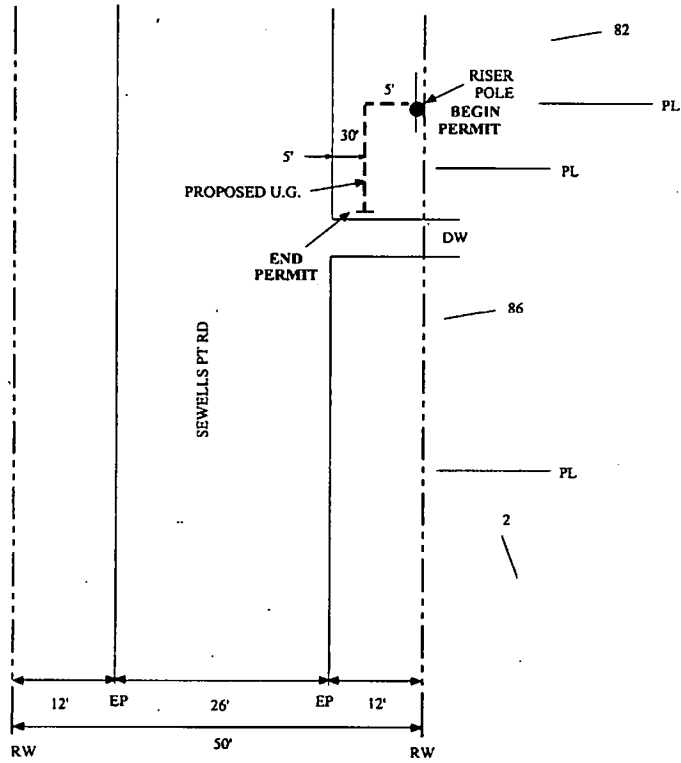
As identification: Jolene M Morgan

Notary Public

My Commission Expires: 8/16/2015

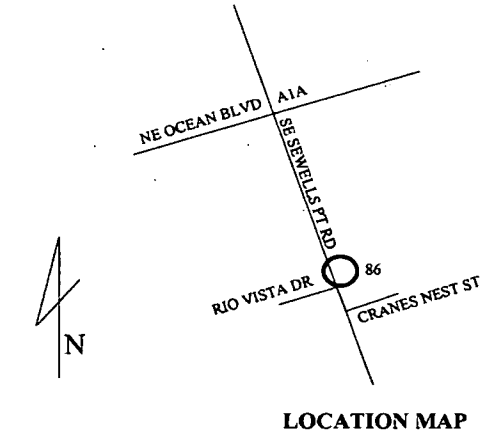
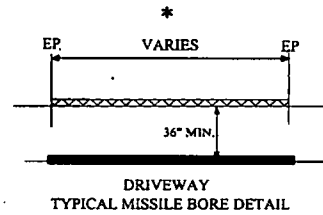
JOLENE M MORGAN
NOTARY PUBLIC (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE PICK UP YOUR PERMIT PROMPTLY!
EXPIRES August 16, 2015
(407) 368-0153 FloridaNotaryService.com

RECEIVED
FEB 02 2015
Sewall's Point Town Hall



SEWELLS PT RD
 PROPOSED U.G. CABLE PARALLEL TO RW
 PROPOSED 2" MISSILE BORE DW
 TOTAL LENGTH OF PERMITTED FACILITIES 35' ±

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



LOCATION MAP

NOTES:

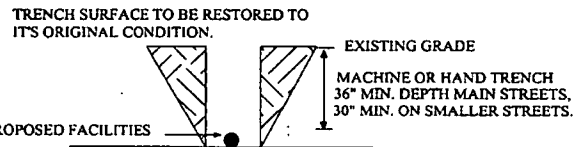
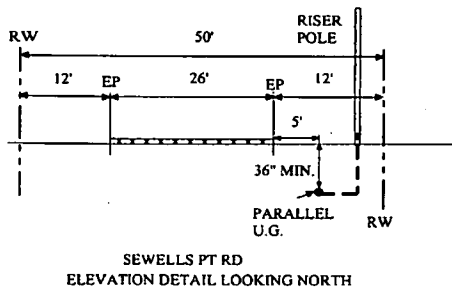
1. ALL CONSTRUCTION TO BE IN ACCORDANCE WITH APPLICABLE CONSTRUCTION AUTHORITY.
2. ACTUAL LOCATION OF EXISTING UTILITIES TO BE DETERMINED IN THE FIELD AT THE TIME OF CONSTRUCTION. THE CONTRACTOR SHALL CONTACT ALL UTILITY COMPANIES PRIOR TO CONSTRUCTION.
3. THE CONTRACTOR SHALL PROTECT ALL UTILITIES AND SHALL BE RESPONSIBLE FOR ANY DAMAGE INCURRED DURING CONSTRUCTION.
4. CALL 1-800-432-4770 FOR UTILITY LOCATIONS.
5. TRAFFIC CONTROL TO BE IN ACCORDANCE WITH THE FDOT DESIGN AND ROADWAY STANDARDS INDEX.
6. AREA OF CONSTRUCTION TO BE RETURNED TO ORIGINAL OR BETTER CONDITION.

IT IS THE RESPONSIBILITY OF THE CONSTRUCTION CONTRACTOR TO MAINTAIN TRAFFIC CONTROL IN ACCORDANCE WITH THE FDOT 2015 DESIGN AND ROADWAY STANDARDS INDEX.

COMCAST

10435 IRONWOOD RD
 PALM BEACH GARDENS, FL 33410

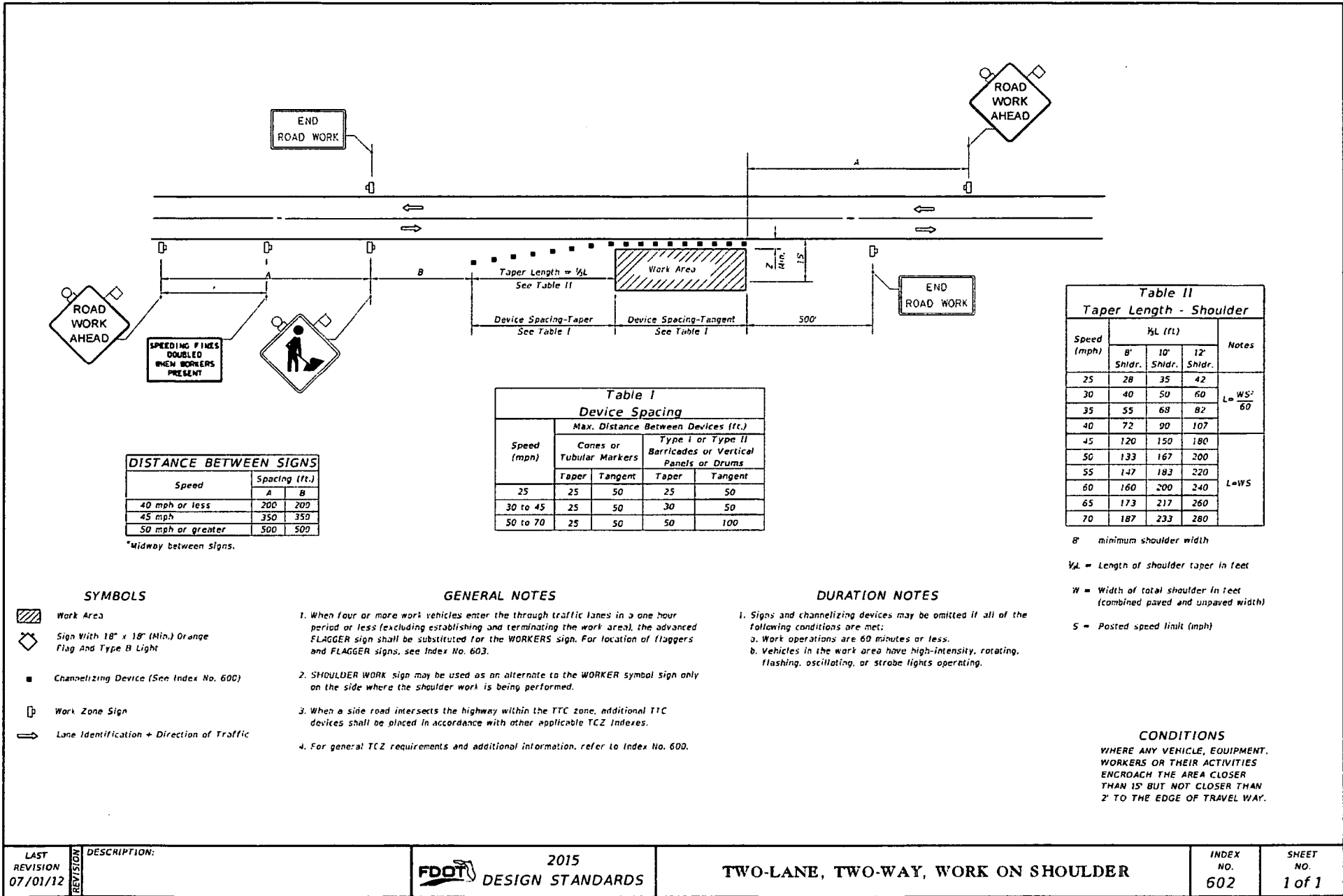
SPAN REPLACEMENT	PROJECT NAME: 86 SE SEWELLS PT RD	
DATE: 1-28-15	PERMIT TYPE: SEWELLS PT	
DRAFT: KK	# 268980	
SCALE: NTS	NODE: S21992	
SEWELLS PT RD 86 M	DWG: 1	DWG: 1



NOTE: AT ALL TIMES DURING EXCAVATION OPERATIONS IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO INSTALL AND MAINTAIN ALL SHORING INCLUDING ALL TRENCH SAFETY APPURTENANCES REQUIRED TO OPERATE IN STRICT ACCORDANCE WITH "OSHA" STANDARDS AND THE "FLORIDA TRENCH SAFETY ACT".

LEGEND

- DRIVEWAY BORE
- TRENCHING
- RISER POLE



Speed	Spacing (ft.)	
	A	B
40 mph or less	200	200
45 mph	350	350
50 mph or greater	500	500

*Midway between signs.

Speed (mph)	Max. Distance Between Devices (ft.)			
	Cones or Tubular Markers		Type I or Type II Barricades or Vertical Panels or Drums	
	Taper	Tangent	Taper	Tangent
25	25	50	25	50
30 to 45	25	50	30	50
50 to 70	25	50	50	100

Speed (mph)	1/2 L (ft)			Notes
	8' Shldr.	10' Shldr.	12' Shldr.	
25	28	35	42	L = $\frac{WS^2}{60}$
30	40	50	60	
35	55	68	82	
40	72	90	107	L = WS
45	120	150	180	
50	133	167	200	
55	147	183	220	
60	160	200	240	
65	173	217	260	
70	187	233	280	

B' = minimum shoulder width

1/2 L = Length of shoulder taper in feet

W = Width of total shoulder in feet (combined paved and unpaved width)

S = Posted speed limit (mph)

SYMBOLS

- Work Area
- Sign With 18" x 18" (Min.) Orange Flag And Type B Light
- Channelizing Device (See Index No. 600)
- Work Zone Sign
- Lane Identification + Direction of Traffic

GENERAL NOTES

- When four or more work vehicles enter the through traffic lanes in a one hour period or less (excluding establishing and terminating the work area), the advanced FLAGGER sign shall be substituted for the WORKERS sign. For location of flaggers and FLAGGER signs, see Index No. 603.
- SHOULDER WORK sign may be used as an alternate to the WORKER symbol sign only on the side where the shoulder work is being performed.
- When a side road intersects the highway within the TTC zone, additional TIC devices shall be placed in accordance with other applicable TCZ indexes.
- For general TCZ requirements and additional information, refer to Index No. 600.

DURATION NOTES

- Signs and channelizing devices may be omitted if all of the following conditions are met:
 - Work operations are 60 minutes or less.
 - Vehicles in the work area have high-intensity, rotating, flashing, oscillating, or strobe lights operating.

CONDITIONS

WHERE ANY VEHICLE, EQUIPMENT, WORKERS OR THEIR ACTIVITIES ENCROACH THE AREA CLOSER THAN 15' BUT NOT CLOSER THAN 2' TO THE EDGE OF TRAVEL WAY.

5/20/2012 4:48:21 PM

LAST REVISION 07/01/12	REVISION	DESCRIPTION:	2015 FDOT DESIGN STANDARDS	TWO-LANE, TWO-WAY, WORK ON SHOULDER	INDEX NO. 602	SHEET NO. 1 of 1
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TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 145
Date Issued 1/14/82

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified as to height and name, common or botanical. Groups of trees may be designated as clumps with an estimated size and number, etc..

Owner NEILS CHRISTENSEN Present Address _____ Phone 287-4717

Contractor BGL CONSTRUCTION Address 64 PENNELL TRAIL W. Phone 746-6214

Number of trees to be removed 8 Long NEEDLE PINES

Number of trees to be relocated within 30 days (no fee)

Number of trees to be replaced within 30 days _____

Permit Fee: \$ 12 (\$5. for 1st tree, plus \$1. each additional tree - not to exceed \$25.)

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one (1) year. Fee for renewal of expired permit is \$5.

Signature of Applicant _____ Date submitted _____

Approved by Building Inspector Jam Date 1/14/81

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

5+7

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 28 2005 TREE REMOVAL PERMIT No 2448

APPLIED FOR BY ALEXANDER (Contractor or Owner)

Owner 86 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 PINE TREES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Jane Summers (GAS)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

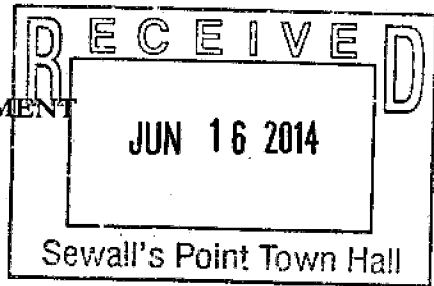
Date of Inspection: Mon Wed Fri 3/28, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
746	SEAMAN	DRY-IN	PASS	
3	104 S. RIVER RD MARZO			INSPECTOR: <i>[Signature]</i>
7282	SHORY	WINDOW BUCK	FAIL	
9	10 N. RIVER RD O.B.			INSPECTOR: <i>[Signature]</i>
7165	TAPPER	DEMO FINAL	PASS	CLOSE
1	22 ISLAND RD WINCHIP			INSPECTOR: <i>[Signature]</i>
7334	WEST	FINAL FENCE	FAIL	
2	5 MIDDLE ROAD JIM CAMPBELL CONS			INSPECTOR: <i>[Signature]</i>
7165	ALEXANDER	TREES	PASS	
4	86 S. SEWALL'S Pt			INSPECTOR: <i>[Signature]</i>
TREE	LANGER	TREE	PASS	263-1009 AL
10	3 LOFTING	BRING BACK KREW COMPANY		INSPECTOR: <i>[Signature]</i>
TREE	JOCHEN	TREES	PASS	
5	22 RIDGELAND			INSPECTOR: <i>[Signature]</i>

OTHER: _____



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



TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Frank WENOT Address 86 S. Sewalls Pt Rd Phone 248 464 2989

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Live Oak

No. of Trees: RELOCATE _____ Species: LAVON

No. of Trees: REPLACE _____ Species: _____

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

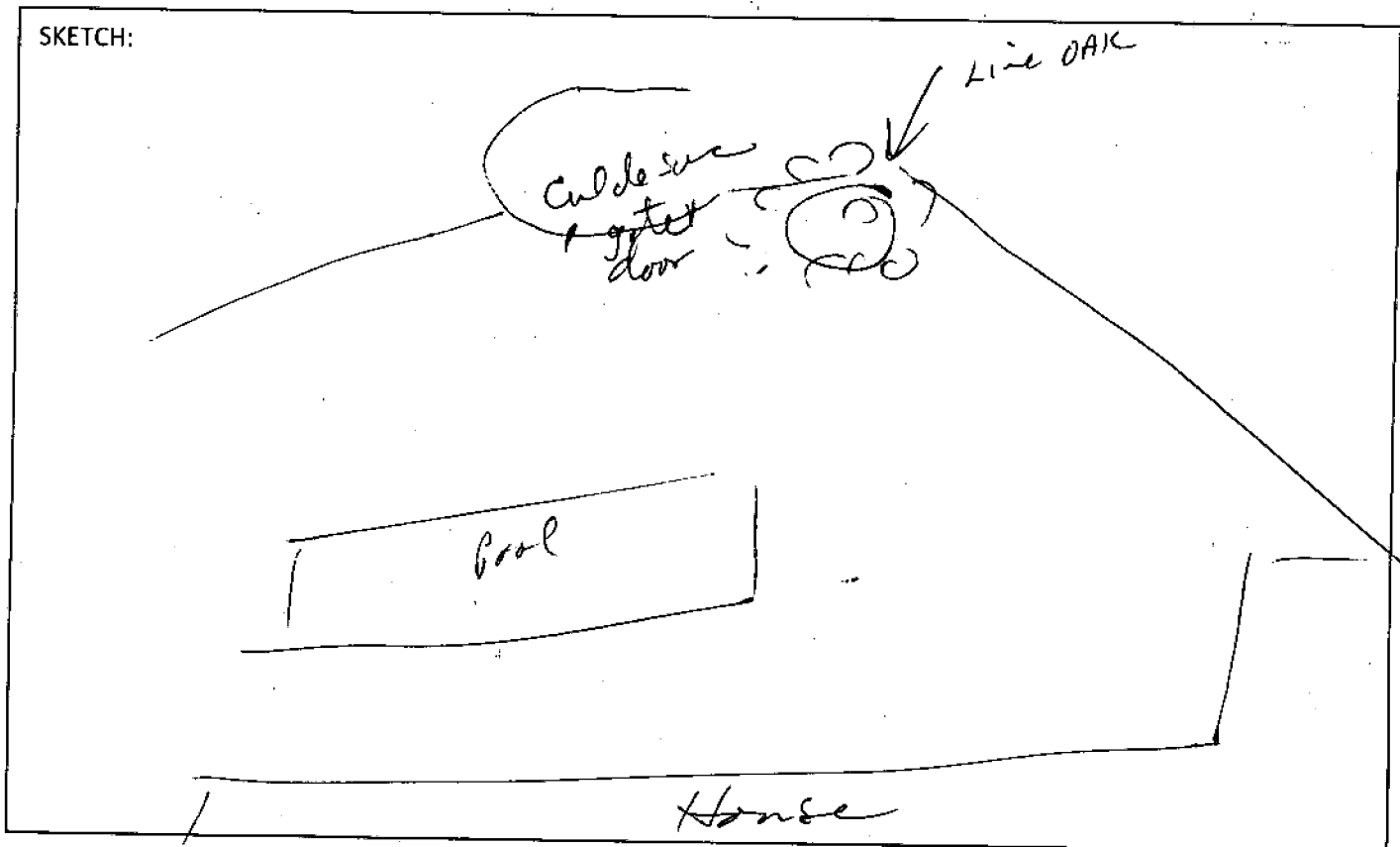
Reason for tree removal /relocation (See notice above) sudden death

Signature of Property Owner Frank Wenot Date 6/16/14

Approved by Building Inspector: [Signature] Date 6.16.14 Fee: N/R

NOTES: TREE IS DEAD

SKETCH:



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

6-16-14 Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
106		FRAMING		
	108 S. Sewalls Pt Rd	TIE-DOWN	Pass	
	DRIFTWOOD HOMES	1 ENB.		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WENDT	TREE		
	816 S. Sewalls Pt Rd		<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR