

91 South Sewall's Point Road

**91 South
Sewall's Point
Road**

RECEIVED
AUG 1 1977

TOWN OF SEWALL'S POINT, FLORIDA

3FR

APPLICATION FOR BUILDING PERMIT

Permit No. 730

Date 1 Aug 77 8/3/77

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

Owner GUSTAV SCHICKGONZ Present Address _____ Ph _____

General Contractor ROGER MORGAN Address _____ Ph _____

Where licensed MARTIN CO License No. 27

Plumbing Contractor HEIDINGER License No. _____

Electrical Contractor HARMAN License No. _____

Street building will front on 41st Sewall's Point Road

Subdivision PO USTA Lot No. 27 Area —

Building area, inside walls (excluding garage, carport, porches) Sq ft 1500

Other Construction (Pools, additions, etc.) —

Contract Price (excluding land, rugs, appliances, landscaping) \$ 31,000 -

Total cost of permit \$ 175⁰⁰

18'
17'

Plans approved as submitted _____ Plans approved as marked _____

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

[Signature]
Signed by General Contractor

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

[Signature] for G. Schickgonz
Signed by Owner

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

TOWN RECORD

Date submitted 1 Aug 77

Date approved [Signature] 8/3/77

Certificate of Occupancy issued [Signature] 8/3/77 Date

12/5/77 [Signature] 12/5/77 [Signature]

#730

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. 730 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	8/5/77	
Rough plumbing	8/12/77	8/17/77 S LAB
Perimeter beam	8/24/77	
Rough electric	10/3/77	
Close in		
Final plumbing	12/5/77	
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Hub Payne date _____

Approved by Town Commission _____ date _____

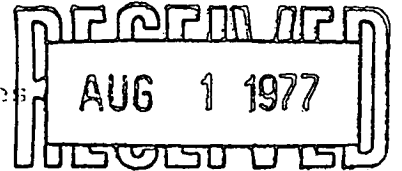
Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

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

Application and Permit
of
Individual Sewage Disposal Facilities



Application/Permit
No. HD 77-573

MARTIN County Health Department

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

Notes:

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

Section II - Information:

1. Property Address (Street & House No.) SEWAN'S Pt. Rd.
Lot 27 Block _____ Subdivision RIO VISTA
Date Platted _____ Directions to Job SOUTH TO RIO VISTA RD
SEWAN'S PT. ROAD
2. Owner or Builder REBECCA DANZ BROS.
P.O. Address _____ City 2300 SE OCEAN BLVD.
Septic tank system to be installed by:

Scale 1" = 50'

2 BR

(Rear)

3. Specifications:

750 gallon tank with
170 square feet of
drainfield with at least
4" inside diameter pipe.

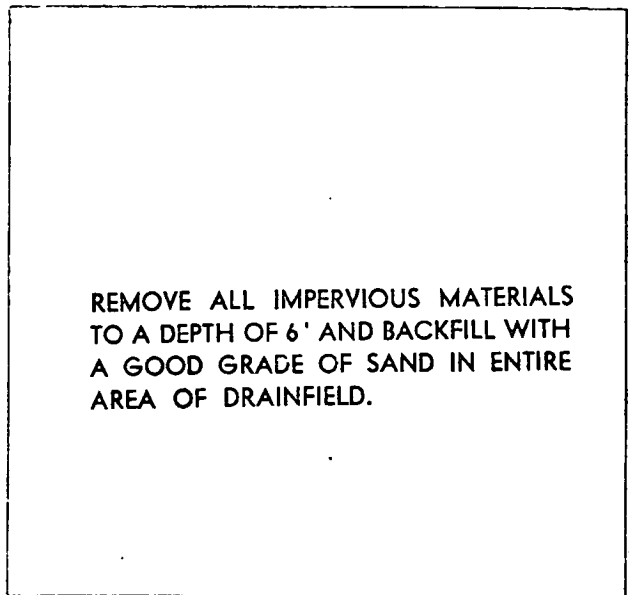
4. House to be constructed:

Check one: FHA
 VA Conventional

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

Applicant: ROGER MORGAN
Please Print

(Name of Street or State Road)
(Side)



(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

Signature: Roger Morgan / Jon

Date: 7/28/77

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: MAINTAIN A 10' SEPARATION FROM ANY PUBLIC WATER LINES.

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: Mark D. Wenz County Health Dept. MARTIN Date 7/28/77

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____

FHA No. _____ VA No. _____

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

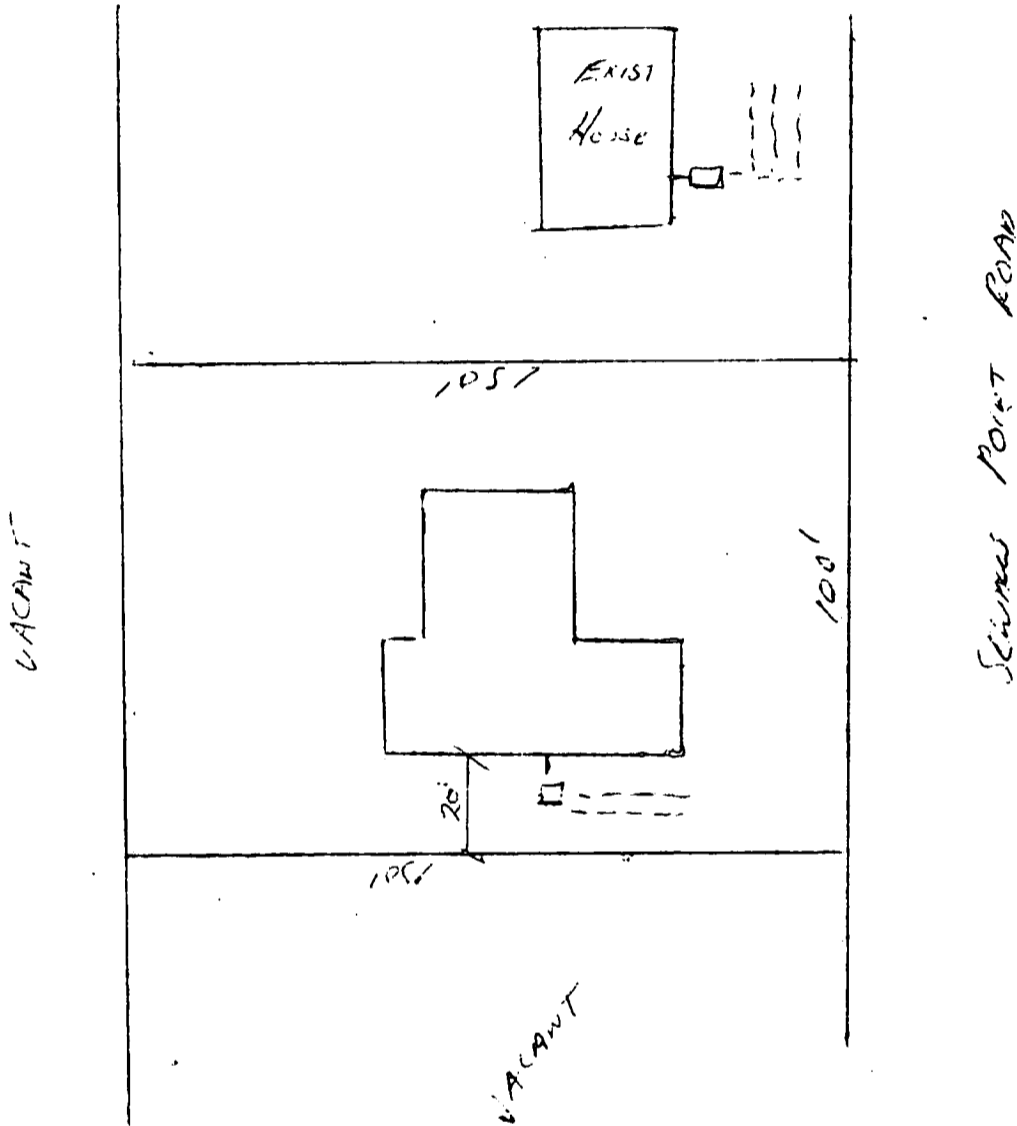
INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

Location: Lot 27 Applicant: SCHICKELANZ BRO.
Rio Vista County: MARTIN

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

NOTE WATER SUPPLY FROM
SO. GOLF UTILITIES



NOTE: SOIL DATA
SAME AS ADDY. 43

SOIL DATA

PLAN
Scale: 1" = 40'

SOIL BORING LOG

Soil Identification CLASS I GROUP SW
Soil Characteristics SANDY

Percolation Rate 12 min/inch

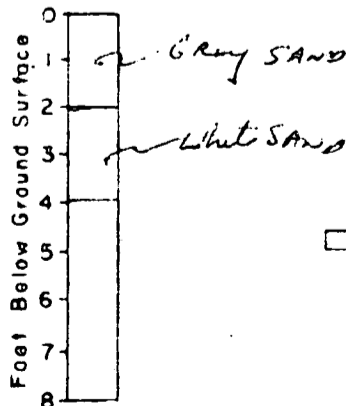
Water Table Depth 3'-8"

Water Table Depth During Wet Season 3'-6"

Compacted Fill Of 0 Req'd

Compacted Fill Checked By: _____

Date _____



LEGEND

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

CERTIFIED BY: J. McNeil

FLORIDA PROFESSIONAL No. 16756

Date 7/28/77 Job No. 77-118-03

Sheet 2 of 2

#730

973

ADDITION

Permit No. 973 ~~ADDITION~~ ADDITION Date 4-19-79

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 sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner John W. Labosky Present address 91 So. Sewalls Pt. Rd.
Phone 283-0335

Contractor First Florida Development Address 130 N.E. Dixie Hwy.
Phone 286-1377

Where licensed Martin County License number 00049

Electrical contractor D.J. Harmon Electric License number 00049

Plumbing contractor n/a License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: AN EXISTING SCREENED porch, with built up rock wall
to be altered to make a family room - windows, doors and walls (plumbed) will be added.
State the street address at which the proposed structure will be built:

91 So. Sewalls Pt. Road.

Subdivision Bio Vista Lot No. 27

Contract price \$ 4900 Cost of Permit \$ 25^{XX}

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Saul L. Karpfeld

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 John W. Labosky

TOWN RECORD

Date submitted _____

Approved: [Signature] Building Inspector Date April 19, 1979

Approved: [Signature] Commissioner Date 20 Apr. 1979

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

#973

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. _____ Dated _____ when completed in conformance with the Approved Plans.

John W. Labosky
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing		
Slab		
Perimeter beam		
Close-in, roof and rough electric	4/26/79	
Final Plumbing		
Final Electric		

Final Inspection for Issuance of Certificate for Occupancy.

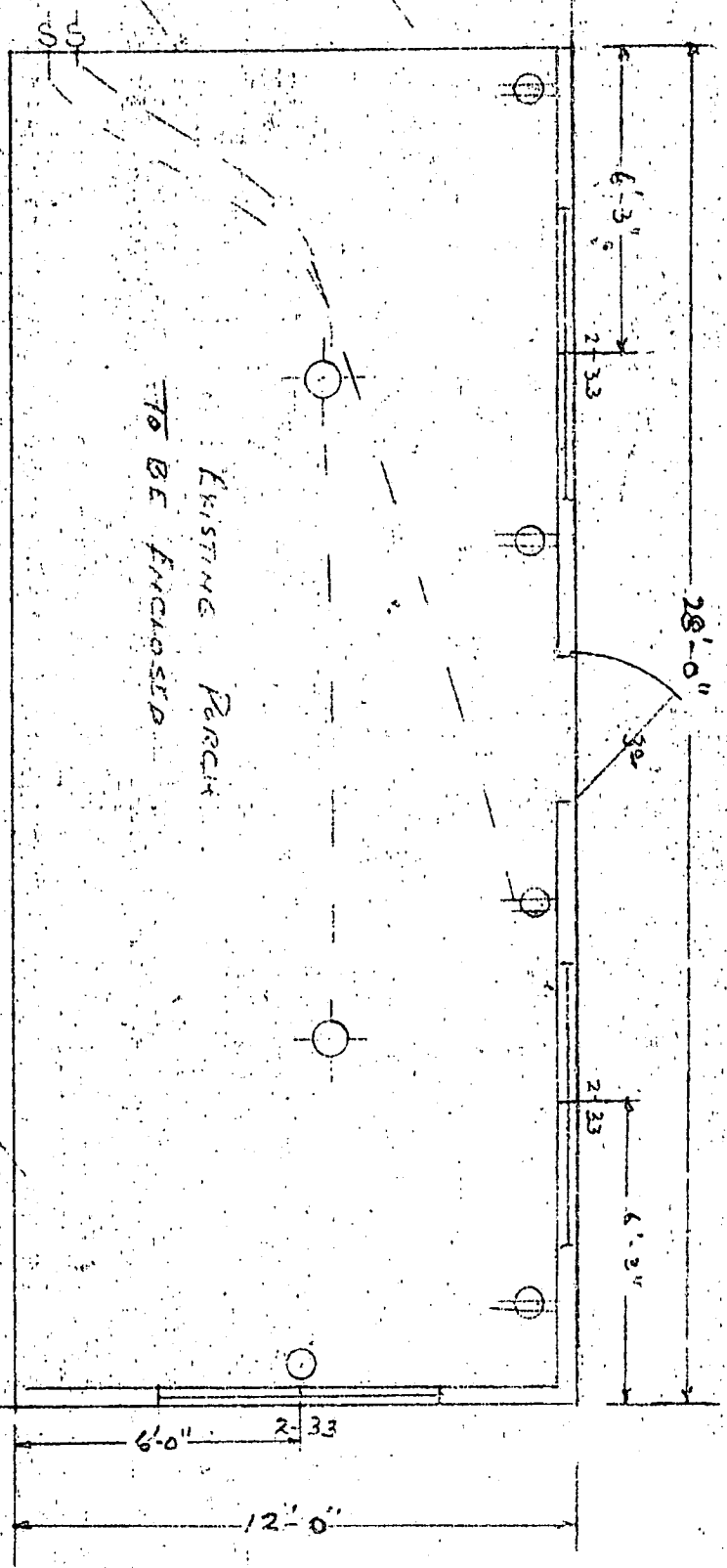
Approved by Building Inspector J. Mazzariello date 5/10/79
Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

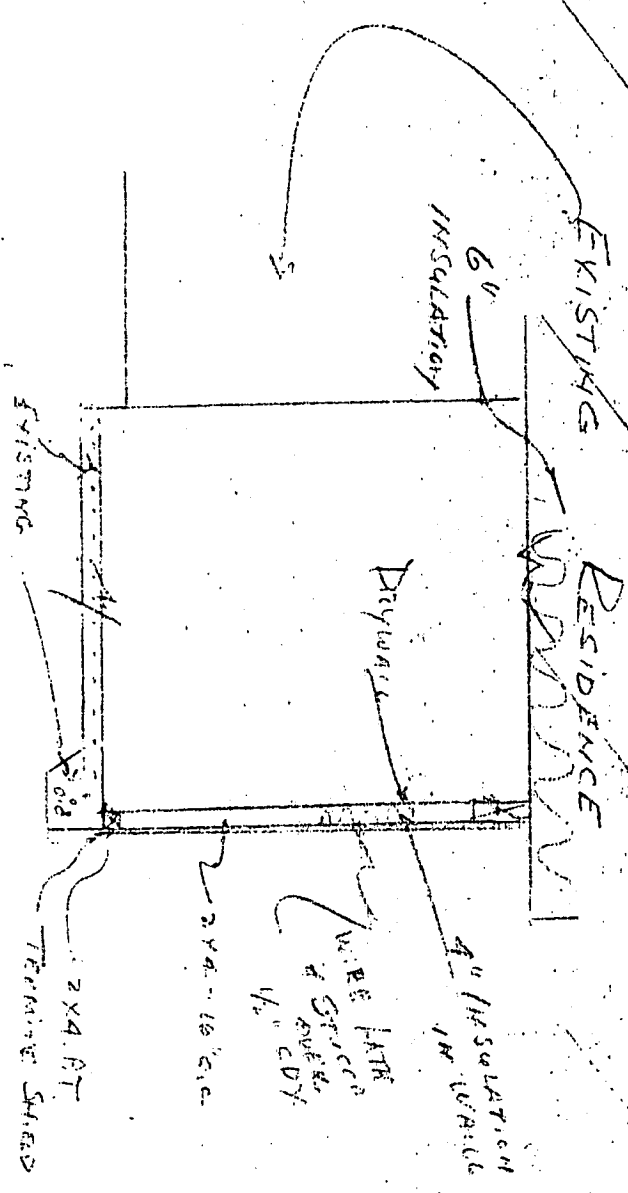
Original Copy sent to _____

(Keep carbon copy for Town files)

Completed 5/10/79



EXISTING RESIDENCE
TO BE ENCLOSED



TYPICAL WALL SECTION

FIRST FLORIDA DEV. INC
FOR MR/MRS J. LOBECKY
91 SOUTH SEAVELLS POINT

1297

FENCE

TOWN OF SEWALL'S POINT FLORIDA

1297

Permit No. _____

Date _____

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

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

Owner JAMES E & CHRISTINA T. TAYLOR Present address _____

Phone 286-2028

Contractor OWNER Address _____

Phone _____

Where licensed FLA License number _____

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: FENCE

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

Subdivision RIO VISTA Lot No. 27

Contract price \$ 500 Cost of Permit \$ 5.00 OK cash

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 a Town Commissioner "Red-tagging" the construction project.

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted _____

Approved: [Signature] Building Inspector Date 3/4/81

Approved: [Signature] Commissioner Date 3/4/81

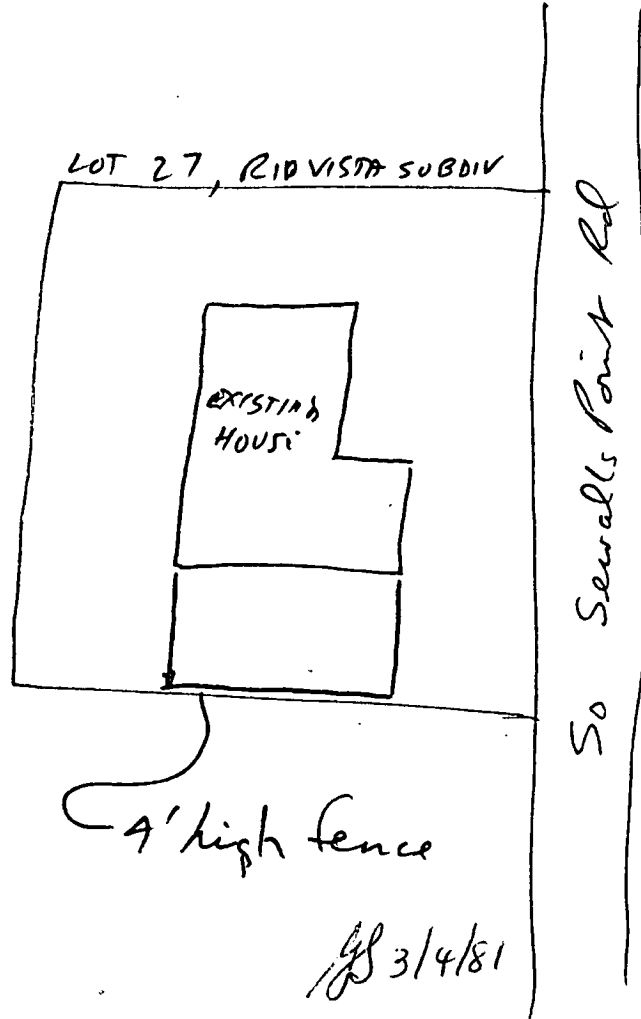
Final Approval given: [Signature] Date 5/5/81

Certificate of Occupancy issued _____ Date _____

SP/1-79

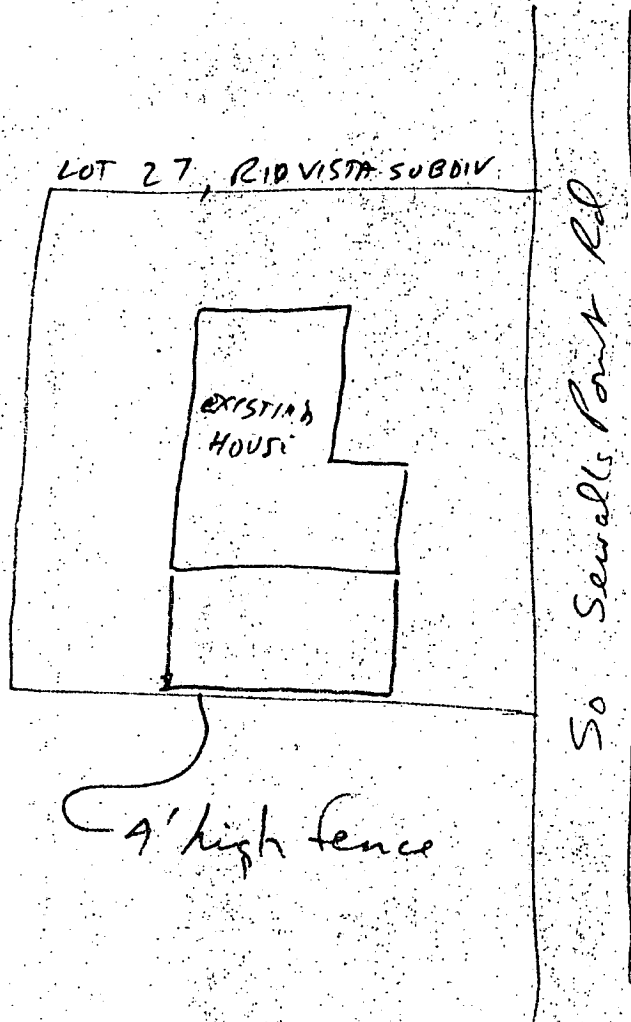
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

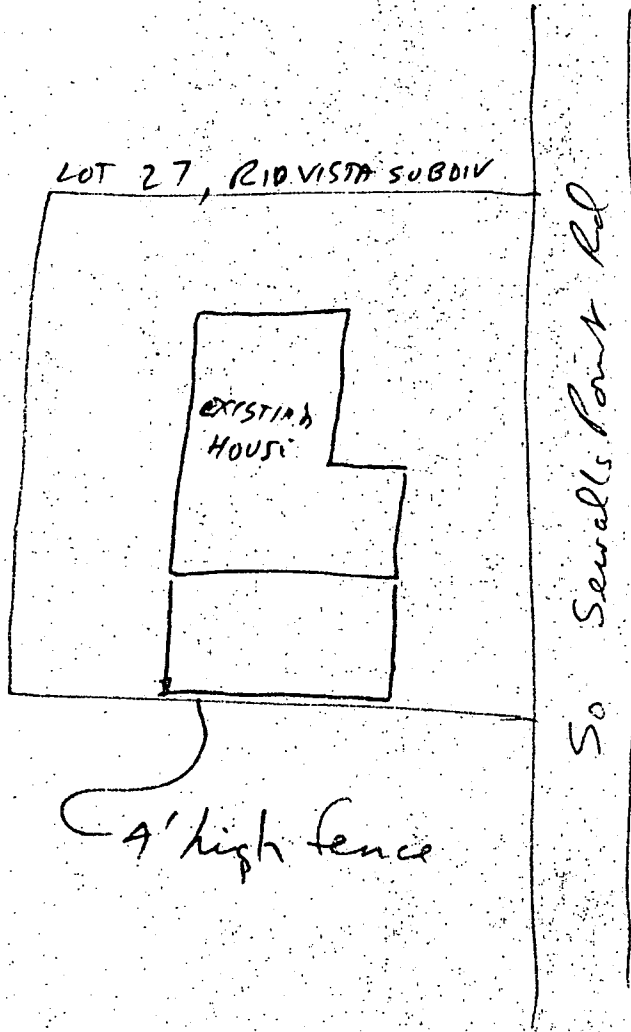
1297



3/4/81

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.





LOT 27, RID VISTA SUBDIV

EXISTING
HOUSE

4' high fence

So Sewalls Point Rd

1522

FENCE

1522

RECEIVED

TOWN OF SEWALL'S POINT FLORIDA

NOV - 3 1982

Permit No. _____

Date 2 NOV 82

APPLICATION FOR ^{As'd} A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner JAMES E. KNIGHT AND CHRISTINA T. KNIGHT, HIS WIFE Present address 91 S Sewall's Point Rd

Phone 286-2277 or 286-2028 Sewall's Point

General contractor OWNER Address SAME AS ABOVE

Phone _____

Where licensed _____ License No. _____

Plumbing contractor _____ License No. _____

Electrical contractor _____ License No. _____

Air-conditioning contractor _____ License No. _____

Describe the building, or alteration to existing building FENCE ENCLOSURE
CONSISTING OF 6' HIGH "SHADOW BOX" STYLE

Name the street on which the building, its front building line and its front yard will face NOT APPLICABLE

Subdivision RIO VISTA Lot No. 27 Area 15,000^{sq}

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

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 1000.00

Cost of permit \$ 5.00 Plans approved as submitted _____ or, as marked _____

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

Contractor [Signature]

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

Owner [Signature]

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

TOWN RECORD

Date submitted _____

Building Inspector (date) [Signature]

Inspector's initials 11/15/82

Town Commissioner (date) _____

Commissioner's initials _____

Day of Occupancy issued (date) None Required

completed 11/15/82

#1522

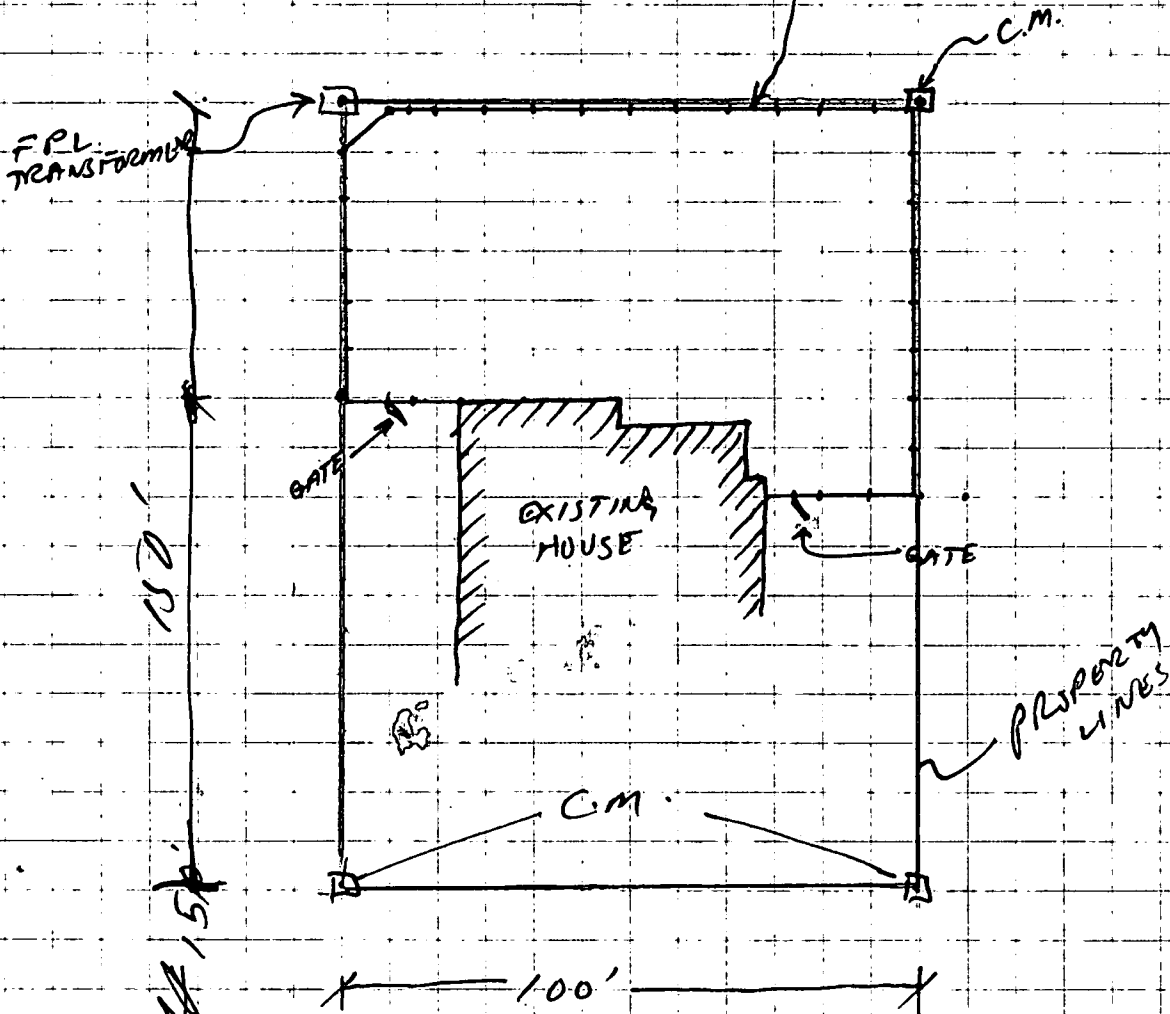
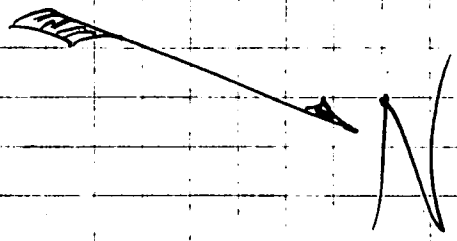
Approval of these plans in no way relieves the contractor or builder of compliance with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

KNIGHT, JAMES E. & CHRISTINA T.
915. Sewall's Point Road
Sewall's Point FL 33994

LOT 27, RIVISTA SUBDIVISION

"SHADOW BOX" FENCE, 6' HIGH

SCALE: 1/4" = 8' [APPROXIMATE]



□ C.M. = CONCRETE MONUMENT

RECEIVED
NOV - 3 1982
Ans'd.....

James E. Knight

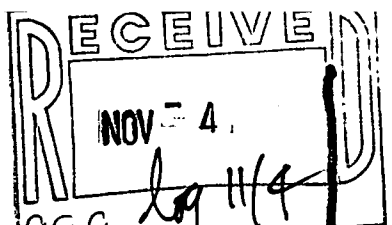
Approval of these plans in no way
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances, the South Florida
Building Code and the State of Florida
Model Energy Efficiency Building Code.

4728

RE-ROOF

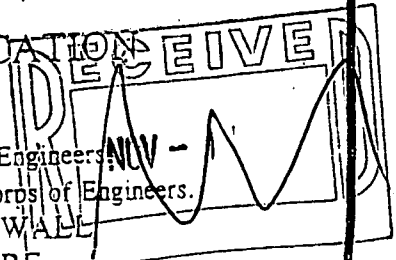
PN 478

Town of Sewall's Point



P.I.N. 12-38-41-002-000-00270-00000 Date Nov. 3, 1999

ACCESSORY STRUCTURE PERMIT APPLICATION
to construct:



- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: RE-ROOF flat deck

Owner's Name PAUL REED

Owner's Address 91 S. SEWALLS Pt. Rd.

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

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

City STUART State FL Zip 34996

Contractor's Name HEATON ENTERPRISES INC

Contractor's Address PO Box 1143

City Palm City State FL Zip 34991

Job Name PAUL REED / Ralph Parks (AGENT)

Job Address 91 S. SEWALLS Pt. Rd.

City STUART County MARTIN

Legal Description Reo Vista s/d Lot 27

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



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

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

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

Ralph Parks (Agent)
Owner or Agent

11/3/99
Date

Frank Stolar Pres.
Contractor

11-3-99
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 3 day of Nov. 1999, by Ralph Parks, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

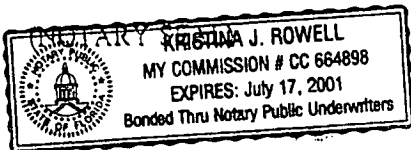


Kristina Rowell
Name:

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of CC664898 and my commission expires: 7-17-01

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 3 day of Nov. 1999, by Daniel E. Heston, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.



Kristina Rowell
Name:

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of CC664898 and my commission expires: 7-17-01

Certificate of Competency Holder

Contractor's State Certification or Registration No. CC036970

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____

Permit Officer

11/19/97



METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

Modified

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

GAF Materials Corporation
1361 Alps Road
Wayne, NJ 07470

Your application for Product Approval of:

GAF Ruberoid® Modified Bitumen Roof Systems for Wood Decks

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Dynatech Engineering, Inc., Factory Mutual Research Corporation, and Underwriters Laboratories, Inc.* has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-60 and the standard conditions on page 61.

This approval shall not be valid after the expiration date stated below. The Building Code Compliance Office 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, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the Building Code Compliance Office 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.: 97-0804.14
Expires: 11/06/00

Revises No.: 95-1003.03

Raul Rodriguez
Product Control Supervisor

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

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

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 11/06/97



5116

POOL

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/19/00

BUILDING PERMIT NO. 5116

Building to be erected for PETER & ELLEN OLNEY

Type of Permit POOL

Applied for by LOUDEN POOLS

(Contractor) Building Fee \$240.00

Subdivision RIO VISTA Lot 27 Block _____

Radon Fee _____

Address 91 S. SEWALL'S POINT RD.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

01-23-84-100-20000-00027-000-000

Electrical Fee _____

Amount Paid \$240.00 Check # 034162 Cash _____

Plumbing Fee _____

Total Construction Cost \$ 19,000.00

Roofing Fee _____

Other Fees (_____)

TOTAL Fees \$240.00

Signed John DeBerry
Applicant

Signed [Signature]
Town Building Inspector OPPOLAK

POOL / SPA PERMIT

INSPECTIONS

SETBACKS	DATE _____
COMPACTION TESTS	DATE _____
GROUND ROUGH	DATE _____
STEEL & BOND	DATE _____
LIGHT NITCHE	DATE _____

DECK	DATE _____
ENCLOSURE & LATCH	DATE _____
DOOR ALARM(S)	DATE _____
FINAL	DATE <u>3/9/01</u>

DATE _____
DATE _____
DATE _____
DATE <u>3/9/01</u>

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

RECEIVED

OCT 03 2000

Bldg. Permit Number: _____

Owner or Titleholder's Name Peter + Ellen O. Olney Phone No. (501) 286-9670
 Street: 91.5 Sewalls Point Rd City Stuart State: Fla Zip 34956
 Legal Description of Property: LOT 27 RIO VISTA SUBDIVISION

Parcel Number: 123-84-100-2000000

Location of Job Site: 91.5 Sewalls Point Rd, Stuart Fl 34956 27000-000

TYPE OF WORK TO BE DONE: Pool, Deck + Screen **SEPARATE SUBMITTAL REQ.**

CONTRACTOR/Company Name: Louden Pools Phone No. (501) 465-2700
 Street: 4306 S US 1 City Fort Pierce State: Fl Zip 34982
 State Registration: _____ State License: _____

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: WALTER KARPINIA P.E. Phone No. (501) 550-0196
 Street: 11406 172nd Pt North City Jupiter State: Fla Zip 33478

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: 1,207 Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: A10 + V13 Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 19,000
 Estimated Fair Market Value (FMV) prior to improvement: \$ 117,000
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: Bob Parks State: FL 0012840 License # ME00454
 Mechanical: N/A State: _____ License # _____
 Plumbing: Louden Pools State: RP0066790 License # SP02616
 Roofing: N/A State: _____ License # _____

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)

Peter Olney Owner
 State of Florida, County of: St. Lucie On this the 29 day of Sept, 2000,
 by Peter Olney who is personally known to me or produced _____ as identification.

Deanna L. Eller
 Notary Public

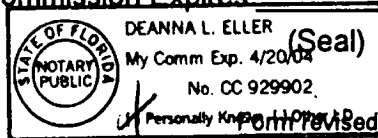
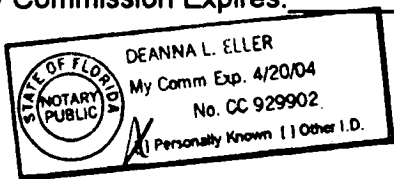
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)

Robert S. Bruhn Contractor
 State of Florida, County of: St. Lucie On this the 29 day of Sept, 2000,
 by Robert S. Bruhn who is personally known to me or produced _____ as identification.

Deanna L. Eller
 Notary Public

My Commission Expires: _____



TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. **ALL APPLICATIONS REQUIRE**
 - a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).
 - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
 - a. Floor Plan
 - b. Foundation Details
 - c. Elevation Views - Elevation Certificate due after slab inspection,
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

NOTICE: In, addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required' from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

PRODUCER

Riedman Insurance
 125 S. 2nd Street
 Ft. Pierce FL 34950
 561-461-7670

COPY

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.

COMPANIES AFFORDING COVERAGE

- COMPANY A **Scottsdale Ins. Co.**
- COMPANY B **Bankers Insurance Company**
- COMPANY C
- COMPANY D

INSURED

FILE FILE

Ref us
Louden Bonded Pools Inc
 4306 South US Hwy 1
 Ft Pierce FL 34982

LIC/INS

RECEIVED
 MAR 31 2000

> COVERAGES <

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	NEW ISSUE	04/01/00	04/01/01	GENERAL AGGREGATE 1,000,000 PROD-COMP/OP AGG. 1,000,000 PERS. & ADV. INJURY 500,000 EACH OCCURRENCE 500,000 FIRE DAMAGE (ANY ONE FIRE) 50,000 MED. EXPENSE (ANY ONE PERSON) 5,000
B B B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	BA 09S300271	04/01/00	04/01/01	COMB. SINGLE LIMIT 500,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				]STAT LIM []OTH EL EA ACCIDENT EL DISEASE-POL. LIM EL DISEASE-EA EMP.
	OTHER				

-DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS-

POOL CONTRACTOR

> CERTIFICATE HOLDER <

TOWN018
 Town of Sewalls Point
 Building Dept
 1 South Sewalls Point Road
 Stuart FL 34996

> CANCELLATION <

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

John Knapp

John M Knapp

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 by the policies listed below.

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and
The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. is
The General Partner and their Successor Corporations
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



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	
			Employer's Liability	
Workers' Compensation	1-1-2001	WC 189165165 WC 189165182	Bodily Injury By Accident	Each Accident
			\$1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$1,000,000	Each Person

Other:

Employees Leased To:

Effective Date: 1/1/00

**8046
Louden Bonded Pools Inc**

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:

TOWN OF SEWALL'S POINT
1 S SEWALLS POINT RD
STUART, FL 34996-6736



Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO

12/15/99

Phone: (877) 427-5567

Date Issued



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02616
Expires September 30, 2001

BRUHN, ROBERT S
LOUDEN BONDED POOLS INC
4306 SO US 1
FT PIERCE, FL 34982
COMMERCIAL POOL/SPA

MARTIN COUNTY
VERIFICATION OF ELECTRICAL CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Peter + Ellen Olney

CONSTRUCTION ADDRESS: 91.5 Sewalls point Rd Stuart 34990

TYPE OF SERVICE: _____ NEW SERVICE _____ SERVICE CHANGE
_____ PUMP SERVICE
_____ OTHER (DESCRIBE WORK) _____

Wiring for pool

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

[Signature]
SIGNATURE OF ELECTRICAL CONTR.

2501 CALUSA Ave P.S.L
ADDRESS OF ELECTRICAL CONTR.

ELECTRICAL COMPANY OF QUALIFIER'S NAME: Payuk Electric
PLEASE PRINT

TELEPHONE NO: 337-4197

MARTIN COUNTY OR STATE OF FLORIDA ELECTRICAL CONTRACTOR'S LICENSE NUMBER:

ME00454

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

***VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: Peter + Ellen Olney

PARCEL CONTROL #: 123-84-100-2000000-27000-000

SUBDIVISION: Sewalls point LOT: 27 BLK: _____ PHASE: Rivista

SITE ADDRESS: 91.5 Sewalls point Rd Stuart FL 34990

ROBERT M. WIENKE
Mayor

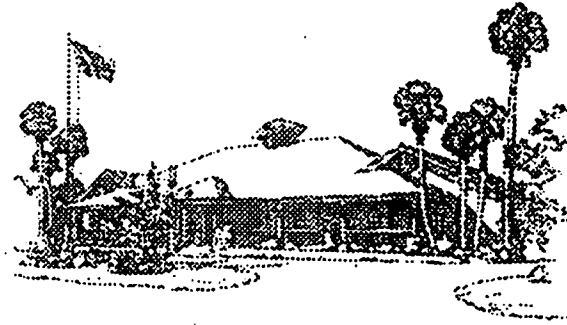
MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager


JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: All Pool/Spa Contractors
From: Edwin B. Arnold, Building Official 
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org



1313 South Killian Drive • Lake Park, Florida 33403
Phone (561) 841-0800 • Fax (561) 841-0888

Dear Parents,

Thank you for your interest in *Pool Barrier* - the industry leader in *Child Resistant Pool Fencing*.

Enclosed please find information about our company, product and service. We feel confident that after taking a closer look, you will agree that our product is engineered to be the strongest and most durable child resistant pool fence on the market today --- and with a warranty to match.

We are in our 10th year of business and have installed in excess of 7,000 pool fences in South Florida alone. Our spotless reputation is unmatched in this industry and will be more than happy to provide an extensive list of references in your area.

- ◆ **POLES** - Our TRI-CORE™ pole was designed by engineers specifically for *Pool Barrier, Inc.* This pole is significantly stronger and more costly to produce than the common hollow aluminum tubes used by other companies.
- ◆ **FABRIC** - We use a high quality TEXTILENE® compound mesh. It is specially formulated for outdoor use and resists fading, fire, mildew, soiling and wear & tear for 5 or more years. It is extremely strong and durable and we believe it is the finest of its type.
- ◆ **HEIGHT** - We offer 42, 48 & 60-inch fencing. Our sales representative will explain the industry views on safety margins and local code requirements.
- ◆ **CODES** - Our fence and installation techniques are designed to meet existing electrical and building codes. Please note that improper materials and/or installation techniques will fail building inspections.
- ◆ **WARRANTY** - Our five-year warranty covers the poles, mesh and hardware with on-site repair and no service or repair charges. We manufacture our product and Authorized Dealers are responsible for the installation and maintenance. Therefore, we control safety and quality throughout the process.
- ◆ **INSTALLERS** - All installers have been carefully factory trained and are protected by Workman's Compensation and liability insurance.

For your convenience, *Pool Barrier* now accepts VISA and Mastercard for payment. In addition, we offer a 90-day NO PAYMENT / NO INTEREST plan for qualified customers. Our sales representative will gladly provide and process the completed application form in less than five minutes.

As a former Chairman of Palm Beach County's Drowning Prevention Coalition and a parent of two small children, I am acutely aware of the potential for accidents involving children and swimming pools. Using design professionals and feedback solicited from our many thousands of satisfied customers, we have built a strong, durable, safe fence.

I sincerely hope that we can earn your business.

Chris Kaczor
~~William Krysta~~
President

COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FLORIDA 34991-2023
(561) 336-7161

FILE

COMPACTION TEST REPORT

ASTM D 2937-83-MOD.

DATE : November 27, 2000

JOB NUMBER : 00-1129

PERMIT NUMBER : **5116**

CLIENT : Louden Pools

CONTRACTOR : Louden Pools

JOB LEGAL : N/A

JOB ADDRESS : **91 So. Sewall Point Road
Sewall Point, FL**

RECEIVED
NOV 28 2000
BY: *[Signature]*

SOIL CLASSIFICATION & REMARKS : A4 Fine brown sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	110.4	111.8	98.7
2)	109.6	111.8	98.0
3)	110.6	111.8	98.9

RESPECTFULLY SUBMITTED:

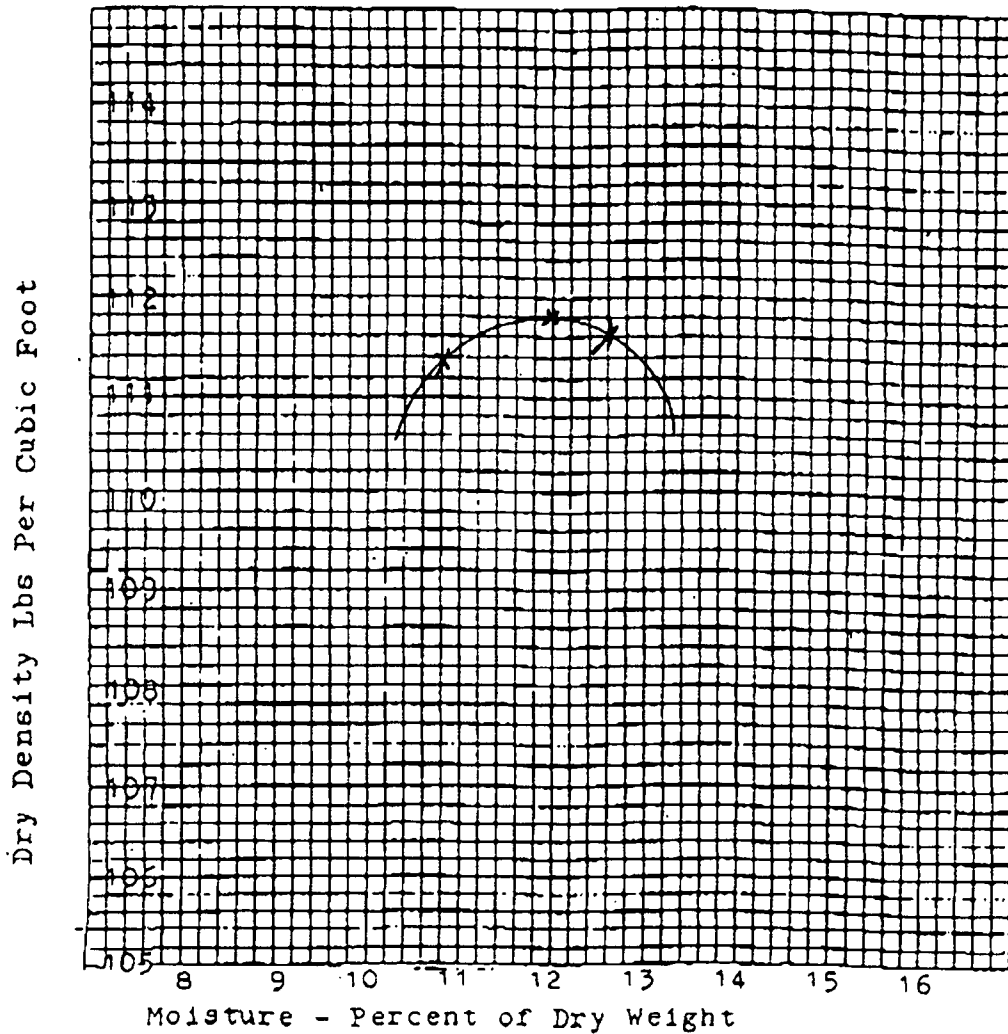
Ernesto Velasco
ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FLORIDA 34991-2023
(561) 336-7161

MOISTURE DENSITY RELATIONSHIP
ASTM 698-91

DATE : November 27, 2000
CONTRACTOR : Louden Pools
JOB NUMBER : 00-1129
PERMIT NUMBER : 5116

RECEIVED
NOV 28 2000
BY: _____



1313 So. Killian Drive
Lake Park, Florida 33403
www.poolbarrier.com



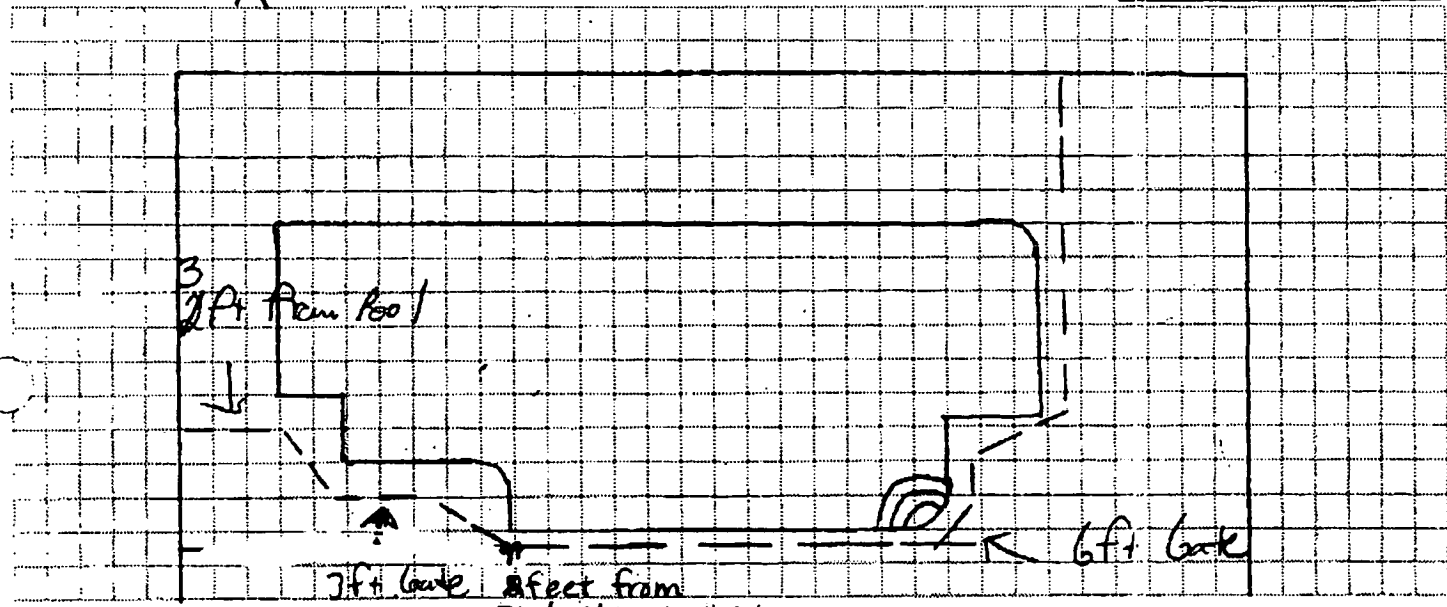
Palm Beaches / Martin
St. Lucie / Indian River
(800) 273-1555

Customer Ellen Olney
91 S. Sewalls Point Rd
Address
City

Date 12/12/00
State FL
Zip Code 31601

Sold By Chris
Phone 561-284-9170
Development Sewalls Pointe
Referred by

Patio Surface: Cement Chat Brick Pavers Tile Other



SPECIAL INSTRUCTIONS
- Measurement done without screen enclosure. Variation +/- 5% to 10%
Black Poles - Black Mesh - 660⁰⁰ + tax
Silver Poles - Black Mesh - 615⁰⁰ + tax

TERMS: C.O.D.
Fence BBB # of Feet 63'
Installed / / Installer
Price 660⁰⁰
Sales Tax 79⁰⁰
Total Due 699.60
Cash Deposit 330⁰⁰ ck # 345
Balance Due \$ 369.60 Balance
Date Paid / / Check #

WARRANTY
Pool Barrier™ agrees to repair or replace, without charge to you for parts or labor, any part of your Pool Barrier™ fence which proves to be defective in materials and workmanship in normal use within five (5) years of the installation date. This warranty does not cover: (a) damage caused by accident, intentional misuse, improper storage, fire, or natural disaster, or (b) damage or loss to other property, economic losses in excess of the cost of repair or replacement, or any other form of incidental or consequential damages. This limited warranty is given in lieu of all other warranties by the dealer and manufacturer, express or implied, all of which are hereby expressly excluded.
This Pool Barrier™ was designed to help protect against pool drowning but is not a complete assurance against access to a pool by children.
Accepted by: Ellen Olney
Date: 12-12-00
Received by: Chris
Date: 12-12-00
Pool Barrier™ Representative

PERMIT # _____

TAX FOLIO # 123-84-100-2000000-27000-000

NOTICE OF COMMENCEMENT

STATE OF Fla

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):

Lot 27 Rio Vista Subdivision 915. Sewall's point Rd Stuart Fla

GENERAL DESCRIPTION OF IMPROVEMENT: Pool deck + Screen

OWNER: Peter + Ellen Olney

ADDRESS: 915 Sewall's point Rd Stuart Fla 34956

PHONE #: 3499 286-9070 FAX #: _____

CONTRACTOR: Louden Pools

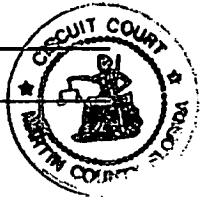
ADDRESS: 4306 S. US 1 4+ piece 34982

PHONE #: 405-2700 FAX #: 405-1063

SURETY COMPANY (IF ANY) n/a

STATE OF FLORIDA
MARTIN COUNTY

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



MARIE HASTLER, CLERK

BY (Signature) D.C.
DATE 10-3-02

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: First Broward Bank

ADDRESS: _____

PHONE # _____ FAX #: 321-757-0952

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 # _____ 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 #: _____

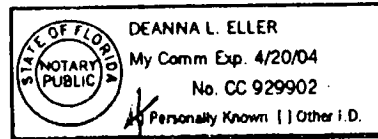
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

(Signature)
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF Sept
2002 BY Peter AND Ellen Olney

OR PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID _____

(Signature)
NOTARY SIGNATURE



Diney - 91 S. Sewall's Pt. Rd. Louden Pools

Sewall's Pointe

Permit # 5116

RECEIVED
NOV 10 2000
BY: *[Signature]*

FILE TOWN COPY
915 SEWALL'S POINT RD.

PN 5116

SWIMMING POOL INSTALLED
WITHIN THE ANGLE OF REPOSE.

EXCAVATION INTO THE ANGLE OF REPOSE IS ALLOWABLE PROVIDED

- 1) SHORING IS INSTALLED ON EXCAVATED SURFACES.
- 2) NO UNDERMINING OCCURS, IF UNDERMINING OCCURS CONSULT DESIGN PROFESSIONAL.
- 3) COMPACTION TEST TO BE SUBMITTED IN CONJUNCTION WITH ASBUILT.
- 4) SHORING IS TO BE SUFFICIENT TO SECURE SOILS FROM EROSION OR SETTLEMENT.

OUTSIDE ANGLE OF REPOSE 6' MINIMUM

4' THICK W/ #4 REBAR @ 12" O.C.

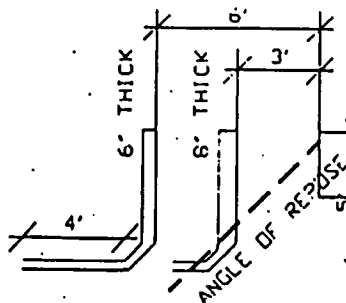
EACH WAY OR #3 @ 6" O.C.

3' TO 6' - 6" THICK W/ #4 REBAR

@ 12" O.C. EACH WAY OR #3 @ 6" O.C.

0' TO 3' - 3" THICK W/ #4 REBAR

@ 12" O.C. EACH WAY OR #3 @ 6" O.C.



INSTALL STEEL TO ABOVE SPECS @ 4'
IN FROM BOTTOM EDGE OF POOL.

[Signature]

2002

CITY OF [REDACTED]
POOL ALARM AFFIDAVIT

FILE

YOU HAVE CONTRACTED TO HAVE A POOL BUILT AT 91.5 Seival's Point Rd
LEGALLY DESCRIBED AS: SECTION Rio Vista S.D. BLOCK _____ LOT 27

PLEASE NOTE: CODE REQUIRES WHERE A WALL OF A DWELLING SERVES AS A PART OF THE BARRIER (FROM THE DWELLING UNIT TO THE POOL) ONE OF THE FOLLOWING SAFETY DEVICES SHALL BE INSTALLED. PLEASE INITIAL THE ONE THAT APPLIES.

- 1. ALL DOORS WITH DIRECT ACCESS TO THE POOL THROUGH THAT WALL SHALL BE EQUIPPED WITH AN ALARM WHICH PRODUCES AN AUDIBLE WARNING WHEN THE DOOR AND ITS SCREEN ARE OPENED. THE ALARM SHALL MEET THE FOLLOWING::

MUST COMPLY
W/ SIS, 27(1)(c)
IF THIS ALTERNATIVE
IS USED.

+ Windows
THE ALARM SHALL SOUND CONTINUOUSLY FOR A MINIMUM OF 30 SECONDS IMMEDIATELY AFTER THE DOOR IS OPENED AND BE CAPABLE OF BEING HEARD THROUGHOUT THE HOUSE DURING NORMAL HOUSEHOLD ACTIVITIES.

THE ALARM SHALL AUTOMATICALLY RESET UNDER ALL CONDITIONS.

THE ALARM SHALL BE EQUIPPED WITH A MANUAL MEANS TO TEMPORARILY DEACTIVATE THE ALARM FOR A SINGLE OPENING. *SUCH DEACTIVATION SHALL LAST NO MORE THAN 15 SECONDS.* THE DEACTIVATION SWITCH SHALL BE LOCATED AT LEAST 54 INCHES ABOVE THE THRESHOLD OF THE DOOR.

- 2. OTHER MEANS OF PROTECTION AS APPROVED BY THE BUILDING OFFICIAL :
 - A. _____ DOOR(S) WHICH PROVIDE DIRECT ACCESS TO THE POOL AREA SHALL BE SELF CLOSING WITH SELF LATCHING DEVICES.
 - B. _____ A ROLL AWAY OR PERMANENT FENCE WHICH PREVENTS ACCESS TO THE POOL AREA.
 - C. _____ THE POOL IS EQUIPPED WITH A POWERED SAFETY COVER IN COMPLIANCE WITH ASTM ES 313-89
 - E. _____ VISUAL ALARM FOR THE HEARING IMPAIRED. (alarm shall be in addition to regular alarm and must be approved by building official)

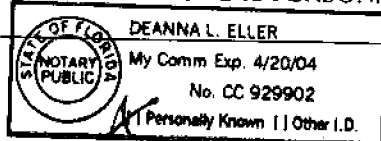
ALTHOUGH IT IS THE POOL CONTRACTOR'S RESPONSIBILITY TO INSTALL ONE OF THE ABOVE SYSTEMS, IT IS THE HOMEOWNERS RESPONSIBILITY TO MAINTAIN AND KEEP THE SYSTEM IN WORKING CONDITION. THE PURPOSE OF THE ABOVE REQUIREMENT IS TO PROTECT THE LIFE AND SAFETY OF YOUR FAMILY AND OTHERS WHO USE YOUR POOL. ANY DISCONNECTION, REMOVAL OR INACTIVATION COULD RESULT IN SERIOUS INJURY OR DEATH.

STATE OF FLORIDA COUNTY OF St. Lucie BEFORE ME THIS DAY PERSONALLY APPEARED Peter Olney WHO BEING DULY SWORN, DEPOSES AND SAYS (S) HE IS HAS READ AND ATTESTS TO THE ABOVE NOTICE AND SHALL ABIDE BY SAME.

SIGNATURE OF PERSON MAKING AFFIDAVIT [Signature]

SWORN AND SUBSCRIBED TO ME THIS 29 DAY OF Sept 192000
Deanna L. Eller

NOTARY PUBLIC STATE OF FLORIDA THE ABOVE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING ID.:
wp60paula\poolaff91799



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/8/00, 2000; Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4978	Rimer	stem wall	PASSED	
⑥	29 S. River Rd. Leor	DWELLING RET. WALL (SHT 4-REV. 5)	Ⓢ	
✓ 5068	Winer	slab for	PASSED	TERMITE SPAY 11/6
①	19 Ridgeland Leor	wine cellar	Ⓢ	
5096	Chinos	Final		cancel
X	83 S. Sewall's Pt. Rd. AW Roofing			
✓ 5116	Olney	Pool steel		CANCEL (BBA)
X	91 S. S.P. Rd. 445-2111			NO FORWARDED SURVEY
	Lowden Pools			CONTR. ADVISED (DEC) 11/8 8:00
✓ 5100	McKenzie	Pool steel		
X	1 River View Rd			CANCEL (BBA)
	Lowden Pools			NO FORWARDED SURVEY
✓ 5137	Carney	Fencing at entrance	PASSED	FRAMING INSP. REQ.
⑦	12 N. River R.L. Shaler	(TRELLIS)	Ⓢ	
✓ 4895	Seely	Insulation	PASSED	
⑨	37 N.E. Loring Way Gribber Const.	COMPUTER RM. RAQUETBALL CT.	Ⓢ	

OTHER: ⑫ T/R APPL - GIFFORD; 85 N. SEWALL'S POINT RD. (SCOTT J. HOLMES, CONST.)
 ✓ APPROVED AS REVISED (MTG ON SITE W/ G.C./OWNER/ARCH.)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/3, 2000; Page 3 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5116	✓ TOLNEY	STEEL/CONC	PASSED	SUBJECT TO REV/APPR.
5 (10)	913 SEWALL'S POINT LOUDEN POOLS		SA	OR FORMBOARD SURVEY PRIOR TO POUR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5102	✓ MCKENZIE	STEEL/CONC	PASSED	SUBJECT TO REV./APPR.
5 (11)	1 RIVERVIEW RD. LOUDEN POOLS - "R22" 971-3038		SA	OF FORMBOARD SURVEY PRIOR TO POUR.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection ~~Mon~~ Wed Fri Sat Sun , 2000; Page ___ of ___

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5155 (2A)	MIRANDA 34 CASTLE HILL WAY R.D. SCHILLER	POOL STEEL	PASSED ✓	- FILED COPY OF FORMBOARD SURVEY TO CONST.
5116	ALNEY	STAIR (REPAIR)	PASSED	OK TO START WORK
(8)	PERF. SEWAGE TREATMENT LOUDEN POOLS	PER EDGAR'S REV.	✓	RCPT/APPR. OF FORMBOARD SURVEY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: BUZZY (LOUDEN POOLS) 286-5760, 971-3038 (CELL) - OLNEY 91 S. ST.
(BOB & COPPS)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 11/22, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4990 (7)	Elder 4 Emerita owner	framing	NOT READY E	REINSPECT (NO FEE) 11/20 TRUSS TIE DOWN (ALL)
✓ S 5119 (3)	KOKODANNIS 80 S. RIVER RD. PACIFIC 10/25/00	ROOF FINAL	PASSED E	9:30
✓ S 5131 (4)	WOOD 15 LANTANA LN. PACIFIC 11/2/00	ROOF FINAL	PASSED E	
✓ N 4963 (5)	JOHNSON 9 QUAIL RUN PACIFIC 6/21/00	ROOF FINAL	FAILED E	OWNER/CONTR. DISPUTE POSSIBLE INST. DEFECTS - REINSPT. REQ (NO FEE)
✓ S 5116 (8)	OLNEY 91 S. Sewalls Blvd LOUDEN	POOL STEEL	PASSED E	- FORM BOARD SURVEY - R.O.V.D.
✓ S 5100 (9)	MCKENZIE 1 RIVERVIEW LOUDEN	POOL STEEL	PASSED E	- FORM BOARD SURVEY - R.O.V.D.
✓ N 5087 (6)	BROWN 7 FIELDWAY DR LOUDEN	POOL STEEL	PASSED E	10:30 NO PERMIT DOCUMENTS - FORM BOARD SURVEY R.O.V.D. 2:15 REINSPECT

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-1, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ③ 5118	Osborne-Loyola 20 C. Hill Way Bella/Plaza	dock final	CANCEL (EPA)	ROLL OVER TO 12/4 (MPN 4877)
✓ S ⑧ 5116	Olney 91 S. S.P. Rd. Louden	POGO	CANCEL (EPA)	ROLL OVER TO 12/4
✓ S ⑥ 4943	Botwinick 27 Emarita 1st Fla.	drywall screw off	FAILED ↘	SCREEN SPC9. (12' OC FIELD) 8 OCT 2000 = 5/7
✓ S ⑨ T/R	AYRES 15 S. RIVER RD. MONTE'S TREE SERV.	FIELD VERIF.	CANCEL (EPA)	ROLL OVER TO 12/4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Fri Sat Sun 12/4, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5100	McKENZIE 1 RIVERVIEW DR. LOUDEN	POOL PATIO / DECK	PASSED	ROLL OVER FROM 12/1
✓ N 5118	OSBORNE/LOYOLA 20 CASTLE HILL WAY PLAZA MARINE	DOCK - FINAL	FAILED	ROLL OVER FROM 12/1 - INTERMEDIATE STRINGERS @ PLATFORM EXCEED 50" R (ENGR. PAGE) - BOLT STRINGERS TO LAND END PU
✓ S 5116	OLNEY 11 S. SEWALL'S POINT RD. LOUDEN	POOL DECK	PASSED	"ROLL OVER" FROM 12/1
✓ S T/R	AYRES 15 S. RIVER RD. MONTE'S TREE SERV.	FIELD VERIF.	FAIL	"ROLL OVER" FROM 12/1 UNABLE TO IDENTIFY TREE LOCATIONS
N 4717	ZARRO 129 N. SEWALL'S PT. RD. BURFORD	DRIVEWAY (FINAL PORTION - LAST YS TO STREET)	PASSED	
4775	CAMPO 5 DRAMA WAY SEAGATE BLVD.	FINAL	PASSED	- ADD'L DOCUMENTATION REQUIRED FOR C.O. (MTC. 12/5/00)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 2/9/01, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5214	ROHLOFF	HOT MOP ?		260-0622 (JOSE)
✓ S (7)	20 RIVERVIEW DR. C + D ENT.			CALL IF NOT NEEDED
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5007	PAGE	TILE - IN	Passed	2/9
✓ S (6)	8 ST. LUCIE CT. WHITE LAKE PRDP.	PROGRESS	Screw	on w. 2 screws near hill crest ! S-Tile
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5229	SEELY	FORM + STEEL	Passed	2/9
✓ N (1)	37 NE. LOFTING HARBOR BAY POOLS	waterfall (wade)		9:00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5242	KOCH	GARDEN WALK	Passed	2/9
✓ N (2)	71 N. RIVER RD. W.B. BROWN (CHRIS 546-6161)	PTGS.		See 11:30 if time.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5234	MCCARTNEY	RET. WALL INSP	Passed	2/9
✓ S (11)	45 W. HIGH POINT WILSON BLDG.	Ret wall		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5245	OLNEY	FINAL -	Passed	2/9
✓ S (8)	911 S. SEWALLS POINT RD K&S IND.	SCREEN EDGE.	Pool	2/9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/9/01, 2001; Page 2 of 12.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5209	TRANER	1st Floor Framing	→	Follow up 3/12
(12)	9 MIDDLE RD. EMMICK	+ ALL TRADES		INSPECTOR:
5087	BROWN	POOL - FINAL	→	Ed A.
(8)	7 FIELDWAY DR. LOUDED POOLS (286-5760)		PASSED	INSPECTOR: ↗
T/R	WIENKE	FIELD VERIF.		OK to remove tree (dead)
(6)	10 HERITAGE WAY O/B			INSPECTOR: 3/9/01
5116	OLNEY	POOL - FINAL	PASSED	
(9)	91 S. SEWALL'S POINT RD	POOL - FINAL	PASSED	Final inspection on 2/9/01 INSPECTOR: 3/9/01
5100	MACKENZIE	POOL - FINAL	→	Follow up
(5)	1 RIVERVIEW DR. LOUDED POOLS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 33 N. River Rd (Fence ??)
(8a)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/19/01, 2000; Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5214	ROHLOFF	HOT MOP ?		260-0622 (JOS)
✓ 7	20 RIVERVIEW DR. C+D ENT.			CALL IF NOT NEEDED
✓ 5007	PAGE	TILE-IN	Passed	2/9
✓ 6	8 ST. LUCIE CT. WHITE LAKE PRDP.	PROGRESS	Screw	on w. 2 screws near hill crest! S-Tile
✓ 5229	SEELY	FORM + STEEL	Passed	2/9
✓ 1	37 NE. LOFTING HARBOR BAY POOLS	Waterfall (Wood)		9 ⁰⁰
✓ 5242	KOCH	GARDEN WALK	Passed	2/9
✓ 2	71 N. RIVER RD. W.B. BROWN (CHRS 546-661)	PTGS.		See 11 ³⁰ if time
✓ 5234	MCCARTNEY	RET. WALL INSP	Passed	2/9
✓ 11	45 W. HIGH POINT WILSON BLDG.	Ret wall		
✓ 5245	OLNEY	FINAL	Passed	2/9
✓ 8	915 S. SEWALLS POINT RD. K&S IND.	SCREEN ENCL.	Pool	2/9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT

JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance



FILE COPY

CERTIFICATE OF COMPLETION

POOL/DECK
 Single Family Residence Other _____

OWNER: PETER/ELLEN OLNEY ; PROPERTY ADDRESS: 915 SEWALL'S POINT RD,

LEGAL DESCRIPTION: LOT 27 BLOCK _____ SUBDIVISION RIO VISTA

GENERAL CONTRACTOR: LOUDEN BOWDED POOLS, INC. ; LIC/CERT No. M.C. SPO2616

ADDRESS: 4306 S. US 1, FORT PIERCE, FL. 34982 ; TEL (561) 465-2700 ; FAX (561) 465-1063

ARCHITECT OR ENGINEER: WALTER KARPINIA, P.E. ; LIC/REG. No. 46535

ADDRESS: 11406 172 PL. NORTH, JUPITER, FL 33478 ; TEL (561) 287-2378 ; FAX (561) 220-6096

PERMIT No: 5116 ; DATE OF ISSUE: 10/19/00 ; RENEWAL PERMIT No: _____ ; DATE OF ISSUE: N/A

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Completion is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 9TH day of MARCH, 2001.

Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point



PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

POOL
MASTER PERMIT NO. 5116

TOWN OF SEWALL'S POINT

Date: 2/1/01
Building to be erected for ELLEN & PETER OLNEY Type of Permit POOL ENCL.
Applied for by K&S INDUSTRIES OF THE T.C. (Contractor) Building Fee \$120.00
Subdivision RIO VISTA Lot 27 Block Radon Fee
Address 91 S. SEWALL'S POINT ROAD Impact Fee
Type of structure S.F.R. A/C Fee

Parcel Control Number: 12-38-41-002-000-00270-00000
Amount Paid \$120.00 Check # N/A Cash \$120.00 Other Fees
Total Construction Cost \$5,256.00 TOTAL Fees \$120.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector OFFICIAL

SCREEN ENCLOSURE PERMIT

INSPECTIONS
SETBACKS DATE STEEL & BOND DATE
FINAL DATE 2/9/01
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!

5245

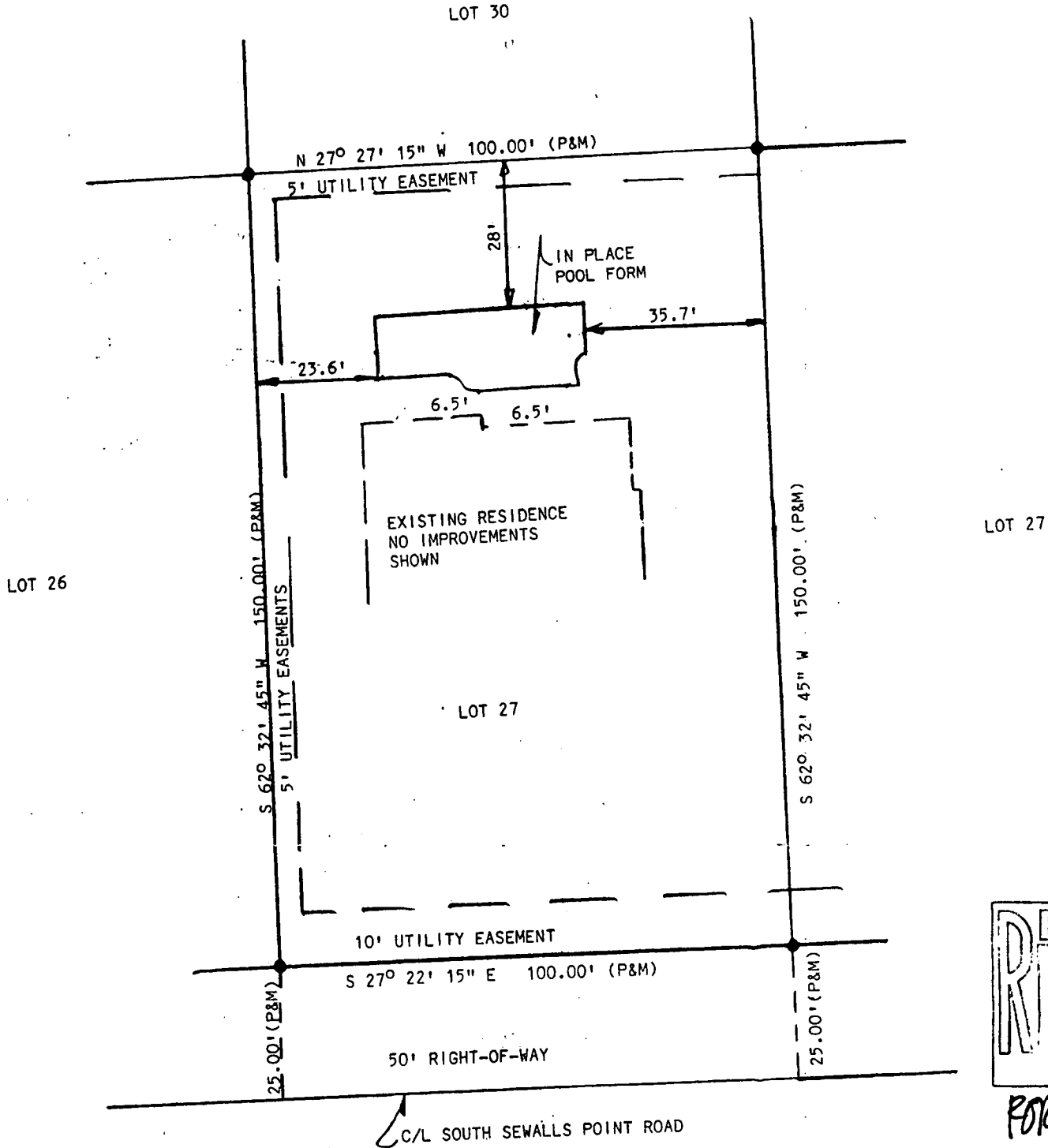
SCREEN

ENCLOSURE

BP # 5116



LEGAL DESCRIPTION
LOT 27
RIO VISTA SUBDIVISION
PLAT BOOK 6, PAGE 95
MARTIN COUNTY, FLORIDA



RECEIVED
NOV 17 2000

FORM BOARD SURVEY

FILE TOWN COPY
915. SEWALLS POINT RD.

PN 5116

SETBACKS, LOCATIONS & CITY SEWER & WATER AVAILABILITIES TO BE VERIFIED BY CONTRACTOR

PLOT PLAN & TOPO SURVEY
 BOUNDARY SURVEY
 FORM BOARD SURVEY
 AS-BUILT SURVEY
 ELEV. ARE ASSUMED
 ELEV. ARE N.G.V.D., 1929 DATA
 LEGEND: D = DEED C = CALCULATED X = EXISTING GRADE PRO. = PRORATION DISTANCE M = MEASURED DISTANCE P = PLAT DISTANCE
 P.C.P. = PERMANENT CONTROL POINT P.R.M. = PERMANENT REFERENCE MONUMENT ELEV. = ELEVATIONS CONC. = CONCRETE
 MON. = MONUMENT C/L = CENTERLINE FD. = FOUND N.G.V.D. = NATIONAL GEODETIC VERTICAL DATUM F.F. = FINISHED FLOOR
 RW = RIGHT OF WAY P.C. = POINT OF CURVE P.R.C. = POINT OF REVERSE CURVE P.T. = POINT OF TANGENT C.M.P. = CORRUGATED METAL PIPE
 C = CHORD CB = CHORD BEARING

BEARINGS HEREON ARE REFERRED TO AN ASSUMED VALUE OF S 27° 22' 15" E FOR THE WEST RW LINE OF SOUTH SEWALL POINT ROAD. SAID BEARING IS IDENTICAL WITH THE PLAT OF RECORD.

NOTES: LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHT-OF-WAY OF RECORD.

NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.

THIS SURVEY SUBJECT TO EASEMENTS & ALL OTHER MATTERS OF RECORD AS RECORDED, WHETHER SHOWN ON SURVEY OR NOT.

THIS SURVEY NOT TO BE USED FOR FENCE INSTALLATION, SPRINKLER SYSTEMS, SHRUBS OR ANY OTHER UTILITIES WITHOUT REVERIFICATION OF PROPERTY CORNERS.

GEORGE M. AYLOR, JR.
REGISTERED LAND SURVEYOR, FLORIDA CERTIFICATE #4018
SIGNATURE DATE: 11-15-00

SCALE 1" = 30'
 JOB NO. 12960-00
 FIELD BK. NO. _____
 FIELD WORK DATE 11-2-00
 DATE 11-15-00

AYLOR
 LAND SURVEYING
 4833 S.E. PINE KNOLL WAY, STUART, FLORIDA 34997 -- MAILING ADDRESS
 3388 S.E. TRESSLER DRIVE, STUART, FLORIDA 34994 -- OFFICE
 TELEPHONE (561) 287-0664

CHECKED BY GMA
 DRAWN BY GMA
 REFERENCES _____
 FLOOD ZONE _____



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Bldg. Permit Number: **5245**
RECEIVED

JAN 15 2001
Phone No. ()

Owner or Titleholder's Name ELLEN & PETER OLNEY
Street: 91 SO. SEWELL'S POINT RD City SEWELL'S POINT State: FL Zip
Legal Description of Property: LOT 27 RIO VISTA SUBDIVISION

Parcel Number: 12-38-41-002-000-00270
Location of Job Site: 91 SO. SEWELL'S POINT RD

TYPE OF WORK TO BE DONE: SCREEN POOL ENCLOSURE

CONTRACTOR/Company Name: K & J INDUSTRIES Phone No. (561) 335-5254
Street: 1725 S.W. BILTMORE ST. City PORT ST. LUCIE State: FL Zip 34984
State Registration: State License: MC-SP00356

ARCHITECT: BOB MONSIEUR (RAMM ENGINEERING) Phone No. (305) 822-3141
Street: 2100 W. 76TH ST. SUITE 311 City HALFMOON State: FL Zip

ENGINEER: Phone No. ()
Street: City State: Zip

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: Garage Area: Carport: Accessory Bldg: 1234
Covered Patio: Scr. Porch: Wood Deck:
Type Sewage: Septic Tank Permit # from Health Dept.
New Electrical Service Size: AMPS

FLOOD HAZARD INFORMATION
Flood zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed first habitable floor finished elevation: NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 2468 5,256
Estimated Fair Market Value (FMV) prior to improvement: \$
If Improvement, is cost greater than 50% of Fair Market Value? YES NO
Method of determining Fair Market Value:

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: State: License #
Mechanical: State: License #
Plumbing: State: License #
Roofing: State: License #

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)
Stephen J. Mahlschnee
Owner
State of Florida, County of: ST. LUCIE On this the 11 day of January, 2000, 2001
by STEPHEN J. MAHLSCHNEE who is personally known to me or produced as identification.

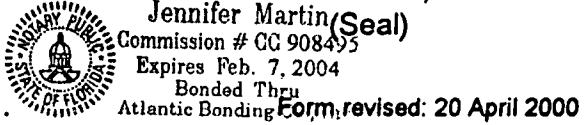
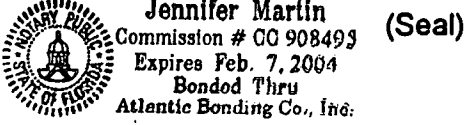
CONTRACTOR SIGNATURE (Required)
Stephen J. Mahlschnee
Contractor
State of Florida, County of: ST. LUCIE On this the 11 day of January, 2000, 2001
by STEPHEN J. MAHLSCHNEE who is personally known to me or produced as identification.

Jennifer Martin
Notary Public

Jennifer Martin
Notary Public

My Commission Expires: FEB 7, 2004

My Commission Expires: FEB 7, 2004



TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
- 8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

NOTICE: In, addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

CERTIFICATE OF LIABILITY INSURANCE

ID LP
P&SSE-1

DATE (MM/DD/YY)
10/04/00

PRODUCER
R.V. Johnson Agency, Inc.
 2041 SE Ocean Blvd
 Stuart FL 34996
 Phone: 561-287-3366 Fax: 561-287-4439

COPY FILE

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
~~P & S Seamless Gutters, Inc.~~
~~OK & S Industries of the TC Inc.~~
 1725 SW Biltmore Street
 Port St. Lucie FL 34984

INSURER A: Queensway Int'l Indemnity Co.
 INSURER B: FCCI Insurance Company
 INSURER C:
 INSURER D:
 INSURER E:

BY: [Signature]
 OCT 10 6 2000
 RECEIVED

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO OTHER 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	QFL4084292-00	10/01/00	10/01/01	EACH OCCURRENCE \$ 500,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000.
					PERSONAL & ADV INJURY \$ 500,000.
					GENERAL AGGREGATE \$ 500,000.
					PRODUCTS - COMP/OP AGG \$ 500,000.
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY	NOT COVERED			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) \$
	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 \$				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	46301-001	05/26/00	05/26/01	WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

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
Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996		TOWN024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Robert C. [Signature]



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP00356
Expires September 30, 2001

MAHLSCHNEE, STEPHEN J
K & S IND OF THE TC INC
1725 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

NO CONSTRUCTION MAY BEGIN UNTIL
NOTICE OF COMMENCEMENT
POSTED ON JOB SITE

RECEIVED
JAN 26 2001
BY: [Signature]

Permit No. _____

Tax ID No. _____

NOTICE OF COMMENCEMENT

State Of FLORIDA
County Of MARTIN

FILE PROVING
APPL

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

LOT 27 RIO VISTA SUB
91 SO. SEWELLS POINT RD

General description improvements SCREEN POOL ENCLOSURE

Owner ELLEN & PETER OLNEY
Address 91 SO. SEWELLS POINT RD STUART, FL
Owner's interest in site of improvement SELF

Fee Simple Title holder (if other than owner) _____

Address _____

Contractor K&S INDUSTRIES
Address 1725 S.W. BILTMOREST PT. ST. LUCIE, FL 34984

Surety NONE
Address _____

Amount of Bond \$ _____

Lender NONE
Address _____

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 _____
Address _____

In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.12 (1) (b), Florida Statutes.

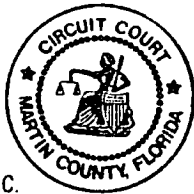
Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified). _____

THIS SPACE FOR RECORDING ONLY

STATE OF FLORIDA
MARTIN COUNTY

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

BY [Signature] D.C.
DATE 1-18-01



Ellen M Olney
OWNERS NAME

STATE OF FLORIDA
COUNTY OF MARTIN
The foregoing instrument was
acknowledged before me this 18
day of JANUARY, 192001, by
ELLEN OLNEY, who is
personally known to me or who has
produced _____



Jennifer Martin as identification.
Commission # CC 908495
Expires Feb. 7, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Jennifer Martin
SIGNATURE OF NOTARY

JENNIFER MARTIN
TYPE OR PRINT NAME OF NOTARY

NOTARY PUBLIC TITLE

CC 908495 COMMISSION NUMBER



Proposal

1725 S.W. Biltmore Street • Port St. Lucie, FL 34984

879-6885 • 335-5254 • FAX: 879-6910

- FRAME: BRONZE WHITE
- SCREEN: 18/14 20/20 20/30 CHARCOAL
- ROOF: MANSARD A-FRAME HIP PAN POLY
- RAIL: 32 18" Other _____
- SCREEN ONLY FLA. GLASS KICKPLATE
- GUTTER: 60 ft. SUPER
- DOWN: _____ 2X3 _____ 3X4
- DOOR: 2 KICKPLATE 8" 16"

We hereby propose to furnish materials and labor necessary for the completion of:

POOL ENCLOSURE - SCREEN PORCH - FRONT ENTRY / DOOR - VINYL WINDOWS - GARAGE DOOR UNIT

DATE: _____

PROPOSAL SUBMITTED TO: ELLEN OLNEY

STREET: 91 S. Sewalls Pt. Rd.

CITY, STATE AND ZIP CODE: Stuart

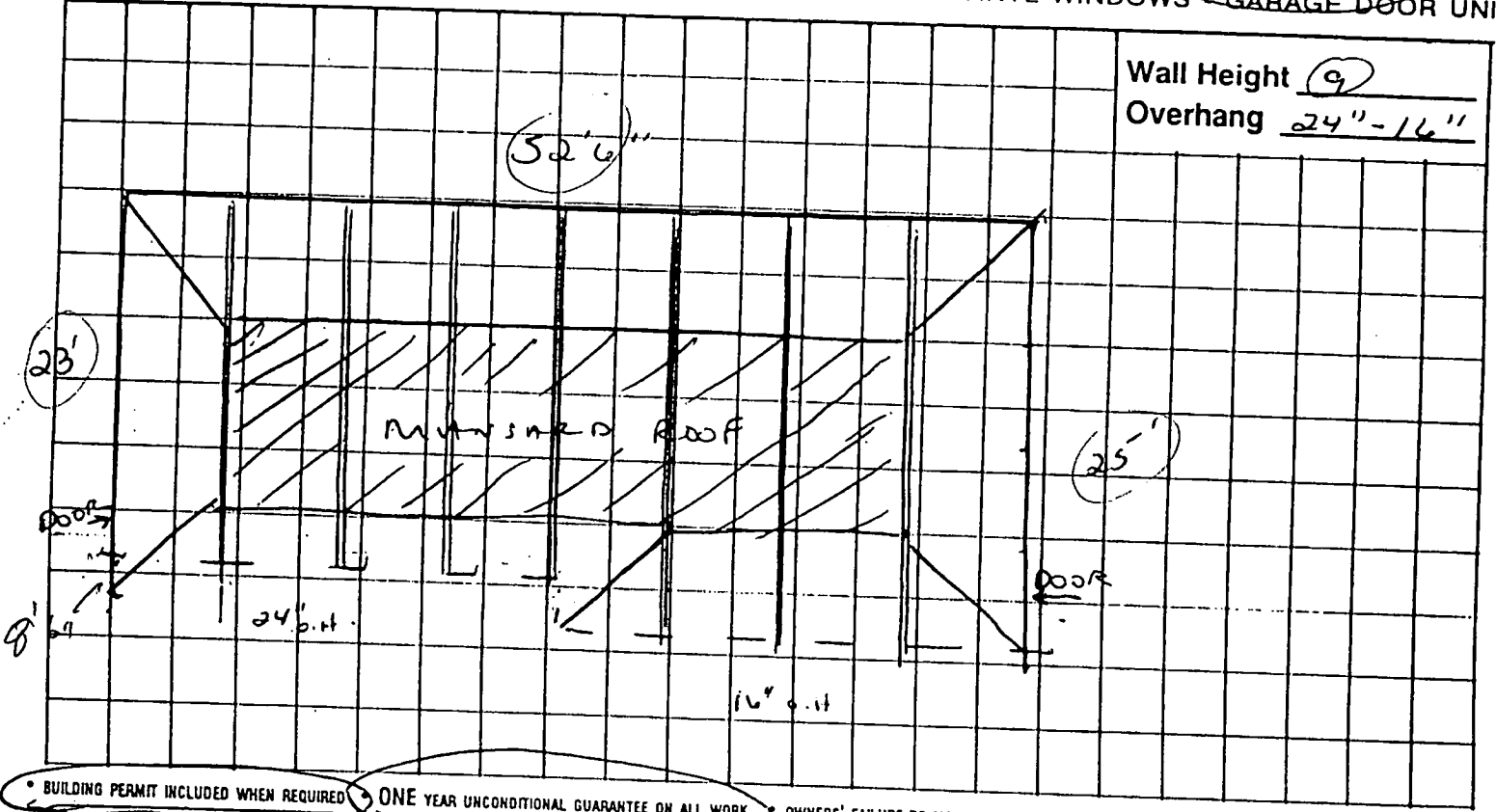
Ref. 7-18' 2x4
4-24' 2x7
3-26' 2x7

PHONE: 286-9670 JOB PHONE: _____

JOB NAME: _____

JOB LOCATION: _____

SEE SPECIAL DRAWINGS



Wall Height 9'
Overhang 24"-16"

BUILDING PERMIT INCLUDED WHEN REQUIRED ONE YEAR UNCONDITIONAL GUARANTEE ON ALL WORK. OWNERS' FAILURE TO MAKE FULL PAYMENTS ACCORDING TO THE CONTRACT SHALL VOID THIS GUARANTEE.

WE PROPOSE hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

Five Thousand Two Hundred Fifty Six dollars (\$ 5256.00)

Payment to be made as follows:
12-6-00 20% Deposit \$ 1000.00 CH # 344 50% Upon Starting Frame \$ 2600.00
 Balance Upon Completion \$ 1656.00

MATERIALS REMAIN THE PROPERTY OF K&S UNTIL PAID IN FULL. 18% ANNUAL INTEREST DUE ON BALANCE PAST 10 DAYS.

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

Authorized Signature: Jerome Bucknary

Note: This proposal may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outline above.

Signature: Ellen M Olney

DEPOSITS NON-REFUNDABLE
Schedules are TENTATIVE and can change regularly.

DATE: 12/16/00

Credit Cards accepted with a 3% Surcharge

RECEIVED
JAN 31 2001
BY: [Signature]

COPY (P.L.C.)
SEALD ORIGINAL
IN TOWN FILE. 5

N 27° 27' 15" W 100.00' (P&M)

5' UTILITY EASEMENT

CONCRETE DECK
POOL

25.5'

25.5'

20.1'

27.3'

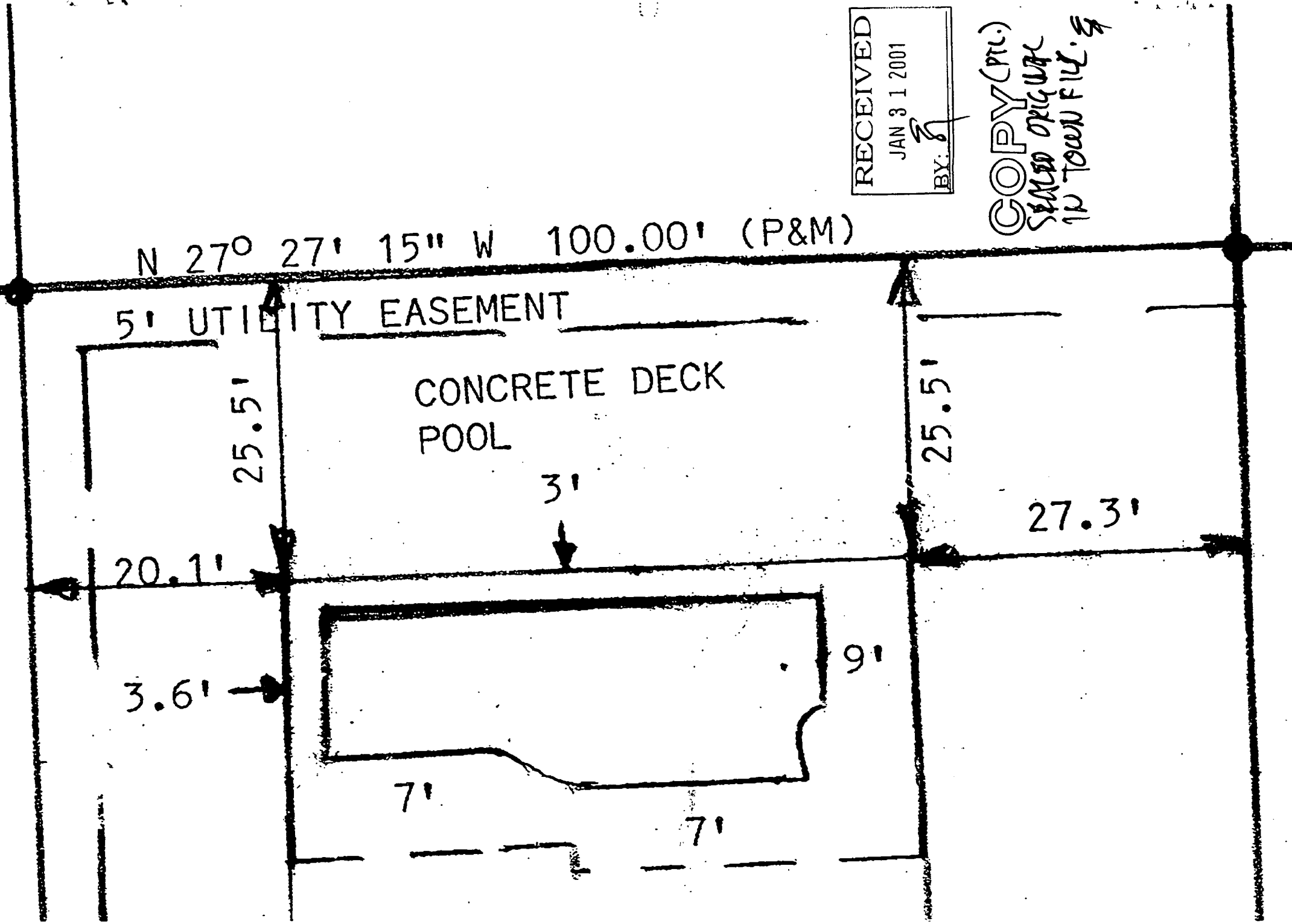
3'

3.6'

9'

7'

7'



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~Friday~~ ~~Saturday~~ ~~Sunday~~ , 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5214	ROHLOFF	HOT MOP ?		260-0622 (JOSE)
✓ S (7)	20 RIVERVIEW DR. C+D ENT.			CALL IF NOT NEEDED
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5007	PAGE	TILE - IN	Passed	2/9
✓ S (6)	8 ST. LUCIE CT. WHITE LAKE PRDP.	PROGRESS	Screw	on w. 2 screws near Hillcrest ! S-Tile
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5229	SEELY	FORM + STEEL	Passed	2/9
✓ N (1)	37 NE. LOFTING HARBOR BAY POOLS	Waterfall (Wood)		9:00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5242	KOCH	GARDEN WALL	Passed	2/9
✓ N (2)	71 N. RIVER RD. W.F. BROWN (CHRIS 546-6161)	PTGS.		See 11:30 if time
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5234	MCCARTNEY	RET. WALL INSP	Passed	2/9
✓ S (11)	45 W. HIGH POINT WILSON BLDG.	Ret wall		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5245	OLNEY	FINAL -	Passed	2/9
✓ S (8)	915 S. SEAWALL BLVD K&S IND.	SCREENED BLDG.	Passed	2/9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

5385

PATIO

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 5/25/01

BUILDING PERMIT NO. 5385

Building to be erected for PETER/ELLEN OLNEY

Type of Permit NEW PATIO R/R EXISTG. D/W

Applied for by O/B

(Contractor) Building Fee \$37.50

Subdivision RIO VISTA Lot 27 Block _____

Address 915 SEWALL'S POINT RD.

Type of structure S.F.R.

Radon Fee _____

Impact Fee _____

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

12-38-41-002-000-00270-00000

Amount Paid \$41.25 Check # 399 Cash _____

Other Fees (PLAB REV) 3.75

Total Construction Cost \$ 1,000.00

TOTAL Fees \$41.25

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE 12/3/01

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

RECEIVED Bldg. Permit Number
MAY 18 2001

7385

Owner or Titleholder's Name: Peter & Ellen Gray Phone No. (561) 276 9670
 Street: 91 S. Sewall's Pt Rd City: Sewall State: FL Zip: 34996
 Legal Description of Property: Lot 27 Rio Vista Subdivision

12-38-AI-062-000-00270-00000 Parcel Number: Lot 27

Location of Job Site: 91 S. Sewall's Pt Rd N. end of lot

TYPE OF WORK TO BE DONE: REMOVE/REPLACE EXST'G. SIDEWALK & DRIVEWAY (PTL.) + PAD

CONTRACTOR (Company Name): owner/Builder Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

State Registration: _____ State License: _____

ARCHITECT: _____ Phone No. () _____

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

ENGINEER: _____ Phone No. () _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 1000.00

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____

Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER OR AGENT SIGNATURE (Required)

Peter M. Gray
 Owner

State of Florida, County of: DeSoto County On

this the 16th day of May, 2000,

by Peter M. Gray who is personally

known to me or produced _____

as identification.

Notary Public _____

My Commission Expires: 7/26/2002



ALLISON MEGALE
 My Comm Exp. 7/26/2002
 No. CC 762458
 (Seal)

CONTRACTOR SIGNATURE (Required)

 Contractor

State of Florida, County of: _____ On

this the _____ day of _____, 2000,

by _____ who is personally

known to me or produced _____

as identification.

Notary Public _____

My Commission Expires: _____

 (Seal)

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

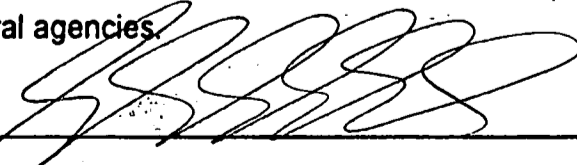
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

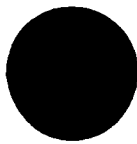
ADDITIONAL Required Documents are:

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
- 8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

NOTICE: In, addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official:  Date: 5/22/07

Approved by Town Engineer _____ Date: _____
(If required)



EDWIN B. ARNOLD, AIA, CBO
Building Official

IA

TOWN OF SEWALL'S POINT

D.

Town Hall
One South Sewall's Point Road
Sewall's Point, Florida 34986

Phone (861) 287-2455
Fax (861) 220-4785

Disclosure Statement

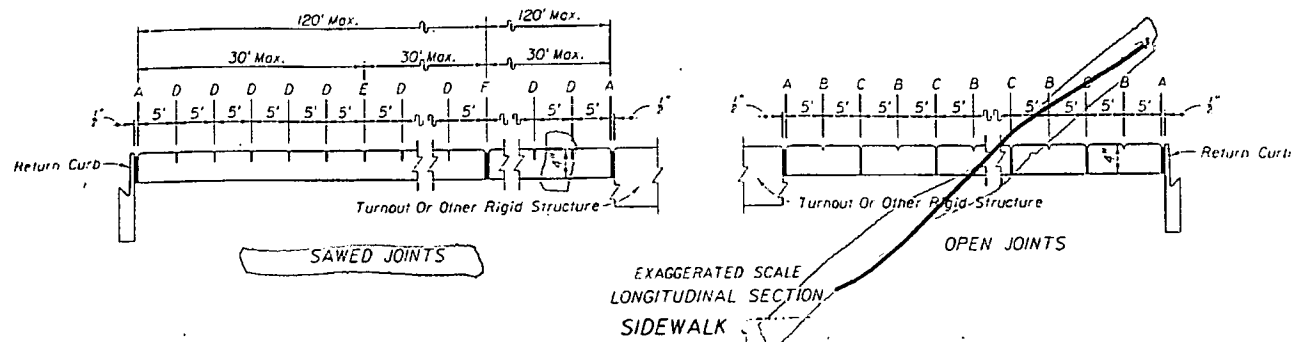
State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself.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

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

Name Peter M. Diney Date 5/18/01
Signed [Signature]
Address 91 S. Sewall's Pt Rd
City & State Stuart FL 34996
Permit No. 5385

This form is for all permits except electrical.
Revised October 25, 1995

Detail



JOINT LEGEND

- A - $\frac{1}{2}$ " Expansion Joints (Preformed Joint Filler)
- B - $\frac{1}{8}$ " Dummy Joints, Tooled
- C - $\frac{1}{4}$ " Formed Open Joints
- D - $\frac{3}{8}$ " Saw Cut Joints, $1\frac{1}{2}$ " Deep (96 Hour) Max. 5' Centers
- E - $\frac{3}{8}$ " Saw Cut Joints, $1\frac{1}{2}$ " Deep (12 Hour) Max. 30' Centers
- F - $\frac{1}{2}$ " Expansion Joint When Run Of Sidewalk Exceeds 120'
- G - Cold Joint With Band Breaker, Tooled

GENERAL NOTES

1. Sidewalks shall be constructed in accordance with FDOT Standard Specification No. 522 except for curb cut ramp runs which shall be finished in accordance with Index No. 304.
2. Band breaker material can be any impermeable coated or sheet membrane or preformed material having a thickness of not less than 5 mils nor more than $\frac{1}{4}$ ".
3. For curb cut ramps see Index No. 304.
4. For turnouts see Index No. 515.
5. Sidewalk shall be paid for under the contract unit price for Sidewalk Concrete (4" Thick), S.Y.

CONCRETE S

All dimensions measured in field 5/9/01

Peter M. Gray

91 S. Sewall's Pt Rd

$$100 \times 150 = 15,000 \text{ sq. ft.} \\ \times .4 \text{ (40\%)} \\ \hline 6,000 \text{ sq. ft.}$$

IMPERMEABLE AREA

		SQ FT	
EXISTING HOUSE (N)	30.1' x 36.7'	1104.67	
	(S) 24' x 61.4'	<u>1473.60</u>	2578.27
EXISTING POOL	N 25' x 28.6'	715.0	
	S 23' x 24'	<u>552.0</u>	1267
EXISTING A/C / POOL PUMP PAD	3' x 8'	<u>24.0</u>	24.0
EXISTING DRIVEWAY	32' x 12'	384.0	
	10.5' x 12'	126.0	
	(10.5 x 8.5).5	44.62	
	(10.5 x 7.8).5	40.95	
	8 x 11	88	
	29.75 x 15	446.25	
	18.4 x 15.5	285.20	
	(5.5 x 8.5).5	23.37	
	<u>40.5</u>	1478.89	
Remove / Replace Sidewalk	3 x 50	<u>150</u>	150.0
TOTAL EXISTING IMPERMEABLE SURFACE			Σ <u>5498.16</u>
Proposed:	Pad	15 x 12	180.0
	Access walk	(15 x 8).5	60.0
		(9 x 5).5	<u>22.5</u>
TOTAL PROPOSED ADDITIONAL I.S.		262.5	262.5
PROPOSED IMPERMEABLE AREA TOTAL			<u>5760.66</u>

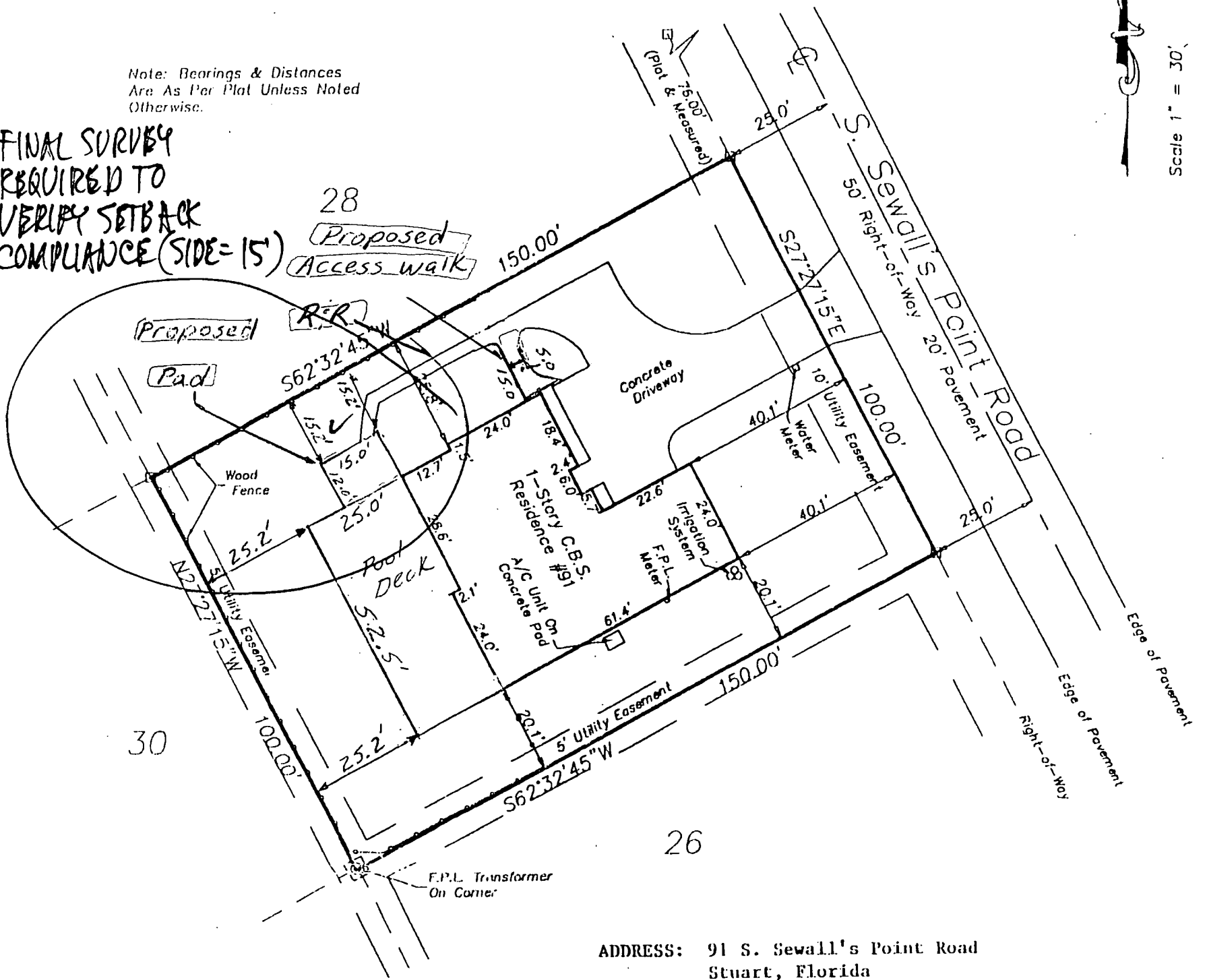
Boundary Survey

Note: Bearings & Distances
Are As Per Plat Unless Noted
Otherwise.



Scale 1" = 30'

**FINAL SURVEY
REQUIRED TO
VERIFY SETBACK
COMPLIANCE (SIDE=15')**



ADDRESS: 91 S. Sewall's Point Road
Stuart, Florida

LEGAL DESCRIPTION:

Lot 27, RIO VISTA SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 6, Page 95 of the Public Records of Martin County, Florida.

CERTIFIED TO:

PETER M. OLNEY;
FIRST UNION MORTGAGE CORPORATION, ITS SUCCESSORS AND/OR ASSIGNS;
JOHN FENNIMAN, CHARTERED;
CHICAGO TITLE INSURANCE COMPANY;
WILLIAM H. OLNEY AND GLORIA B. OLNEY

IMPERMEABLE AREA

EXISTING : 5498.16

PROPOSED : +262.50

5760.66 sq.ft.

5/21/01 TOWN OF SEWALL'S POINT
REVIEWED
[Signature]
TOWN OFFICIAL

Flood Zone "A10" & "V13"

NOTE: Residence is in Flood Zone "A10".

FILE TOWN COPY
91 S. SEWALL'S POINT RD.

MAX: (100 x 150).4 = 6,000 sq.ft

PN 5385

⊙ = Found 5/8" Iron Rod & Cap (Illegible)
⊠ = Found 4" X 4" Concrete Monument (No Identification)

RIO VISTA S/D - Lot 27 . OLNEY .

REVISION	DATE	BY

**LANGBEHN SURVEYING
& MAPPING, INC.**
P.O. BOX 606 JENSEN BEACH, FLORIDA 34956
(561) 308 - 8168
FAX (561) 337 - 7404

CERTIFICATE: This is to certify that this **PLAT OF SURVEY**, of the herein described property, is true and correct to the best of my knowledge and belief, according to the Florida Constitution, unless shown, and meets the Minimum Technical Standards set forth in Chapter 81017, F.A.C. by the Florida Board of Land Surveyors pursuant to Statute 472.004, Florida Statutes.
[Signature]
PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA LICENSE NO. 2158

DRAWN	PCF
DATE OF FIELD SURVEY	2/15/2000
SCALE	1" = 30'
JOB NO.	11959
FIELD BOOK AND PAGE	File

6378

DOOR

REPLACEMENT

TOWN OF SEWALL'S POINT

Date 8/18/03

BUILDING PERMIT NO. 6378

Building to be erected for OLENY

Type of Permit INSTALL NEW DOORS

Applied for by APOSTOLOPOULOS & PAUCK (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 27 Block _____

Radon Fee _____

Address 91 S. SEWALL'S PT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12384100200000270000

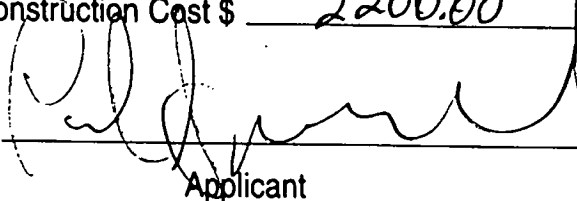
Roofing Fee _____

Amount Paid 35.00 Check # _____ Cash _____

Other Fees (_____)

Total Construction Cost \$ 2200.00

TOTAL Fees 35.00

Signed  Applicant

Signed  Town Building Official

PERMIT

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

INSPECTIONS

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

Permit Number: **RECEIVED**
AUG 14 2003

**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

OWNER/TITLEHOLDER NAME: Peter O'Leary Phone (Day) 215 971 2116

Job Site Address: 91 S Sewalls Pt Rd City: Sewalls Point State: FLA Zip: 34997

Legal Description of Property: LOT 27 RIO VISTA Parcel Number: 12-38-41-002-0000-027 0000

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

Description of Work To Be Done: INSTALL NEW DOORS

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

CONTRACTOR/Company: Apostolos + Paolick Phone: 260-5793 Fax: _____

Street: 3425 SW 78th Ave City: Palm City State: FLA Zip: 34990

State Registration Number: _____ State Certification Number: CG003907 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2200.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER Weyant + Assoc Phone Number: 335 6772

Street: 201 SW P.S.L. BLVD City: P.S.L. State: FLA Zip: 34997

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required) _____

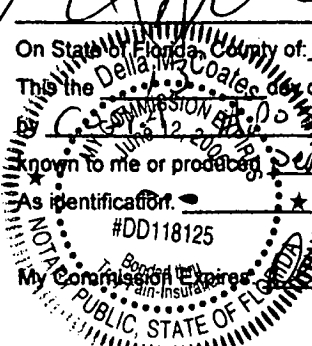
State of Florida, County of: _____
This the _____ day of _____, 2003
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public
My Commission Expires: _____
Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of: Martin
This the 12 day of Aug, 2003
by Apostolos who is personally
known to me or produced Personally Known
As identification. _____

Notary Public
My Commission Expires: _____
Seal



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/03/2002

PRODUCER
A BETTER DEAL INSURANCE AGENCY
1026 SW BAYSHORE BLVD
PT ST LUCIE, FL 34983
561-871-1975

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
APOSTOLOPOULOS AND PAULIC CONST
INC
1501 DECKER AVENUE
STUART, FL 34994

INSURERS AFFORDING COVERAGE

INSURER A: MARYLAND INSURANCE CO.
INSURER B: CLARENDON NATIONAL INS CO
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	SCP 031610232	07/19/00	07/19/02	EACH OCCURRENCE \$300,000
					FIRE DAMAGE (Any one fire) \$50,000
					MED EXP (Any one person) \$10,000
					PERSONAL & ADV INJURY \$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		07-19-02	07-19-03	GENERAL AGGREGATE \$600,000
			07-19-03	07-19-04	PRODUCTS - COMP/OP AGG \$600,000
	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) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AGG \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				\$
					\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY 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 CARPENTRY					

CERTIFICATE HOLDER
TOWN OF SEWELLS POINT
1 SOUTH SEWELLS POINT RD
SEWELLS POINT FL
FAX 220-4765

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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
J. Muracaglia

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

JHC
R076 DATE
03-25-2003

PRODUCER PAYCHEX AGENCY, INC 210705 P:(877)287-1312 F:()- 308 FARMINGTON AVE FARMINGTON CT 06032	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 APOSTOLOPOULOS & PAULICK INC 3425 SW 78TH ST PALM CITY FL 34990	INSURERS AFFORDING COVERAGE INSURER A: Hartford Ins Co of the Southeast 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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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"/> 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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	76 WEG KN0009	03/22/03	03/22/04	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

Business of Insured: CARPENTRY

CERTIFICATE HOLDER Town of Sewalls Point One South Sewalls Point Road 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 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) 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

AC#0478071

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC003907

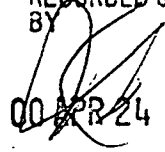
07/05/02 650244824

CERTIFIED GENERAL CONTRACTOR
APOSTOLOPOBLOS COSTA
APOSTOLOPOBLOS PUBLIC CONST IN

IS CERTIFIED under the provisions of ch.489 FS

Expiration date: AUG 31, 2004 SBO # E02070900882

MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY  D.C.

Prepared by and return to:
John Fenniman, Esq.
John Fenniman, Chartered
900 SE Ocean Blvd., Suite 120
Stuart, FL 34994

01429821

00 APR 24 AM 11:33

DOC-DEED # 10106.10 MARSHA STILLER
DOC-MTG # _____ MARTIN COUNTY
DOC-ASM # _____ CLERK OF CIRCUIT COURT
INT. TAX # _____ BY mm D.C.

WARRANTY DEED

THIS INDENTURE, made the date set forth hereinbelow, by and between **PATRICIA NOYES BRADAW n/k/a PATRICIA ST. CIN**, joined by her husband, **CARL FRANCIS ST. CIN**; and **JEAN E. COLLINS PARKS**, joined by her husband, **RALPH PARKS**; and **EDITH ANN HOLLINGSWORTH**, joined by her husband, **CURTIS HOLLINGSWORTH**, whose mailing address is: 3 Mindoro, Stuart, Florida 34996, hereinafter called "Grantor", and

PETER OLNEY, a married man

whose mailing address is: 91 S. Sewalls Point Road
Stuart, Florida 34997

and whose social security or taxpayer identification number is: 105-52-1467

hereinafter called "Grantee".

("Grantor" and "Grantee" are used for singular or plural, as context requires.)

WITNESSETH:

That said Grantor, for and in consideration of the sum of TEN AND NO/100 (\$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 following described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 27, RIO VISTA SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 6, Page 95, Martin County, Florida, public records.

SUBJECT TO reservations, restrictions and easements of record without reimposing the same.

SUBJECT TO taxes accruing subsequent to December 31, 1999.

Parcel ID#: 12-38-41-002-0000-027.0000

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St. Lucie Blvd., Suite #104
Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866

August 11, 2003

Job No. 03 1845

Town of Sewall's Point
One South Sewall's
Sewall's Point, Florida 34996

Subject: A&P CONSTRUCTION
IMPACT FRENCH DOOR INSTALLATION

Gentlemen:


At the request of A&P Construction, we have reviewed a proposed window removal and installation of a pair of french doors.

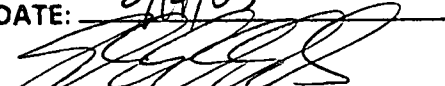
Based upon my review of the proposed door installation, I herein outline the following construction sequence and requirements.

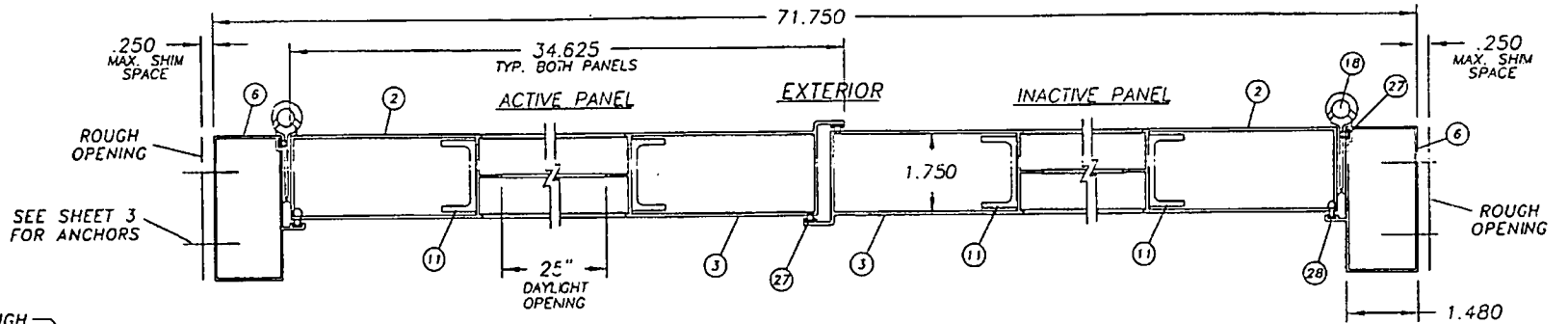
1. Upon removal of the existing window, the rough door opening must be prepared. The jambs, head and sills must be prepared to meet the product approval structural criteria and the rough opening must be configured so that the maximum shim space around the perimeter is 1/4-inch.
2. The frame is to be installed with the following anchor spacing:
 - a) Head and sill - start 7.5-inches from corner.
 - b) Jambs - start 5.5-inches from corner.
 - c) Head and sill - 13-inches o.c. maximum spacing.
 - d) Jambs - 13.5-inches o.c. maximum spacing.
3. The locking and dead bolt devices must be as supplied by the manufacturer and may be either a 2-point locking assembly or a 3-point locking assembly.
4. Upon installation of the doors and frames in accordance with the Product Control Notice of Acceptance, the doors will have a design pressure rating of 75 pounds per square foot, positive and negative. Shutters are not required.
5. This certification is based upon the following specification:
 - a) Manufacturer: PGT INDUSTRIES.
 - b) Model Number: SWD-101 Outswing Aluminum French Door - Impact.
 - c) Miami-Dade Acceptance No.: 01-0417.04.
 - d) Expiration date: November 6, 2006.
 - e) Glass thickness: 0.464 inches.

CERTIFIED THIS 11TH DAY OF AUGUST 2003.

WEYANT ENGINEERING, INC.

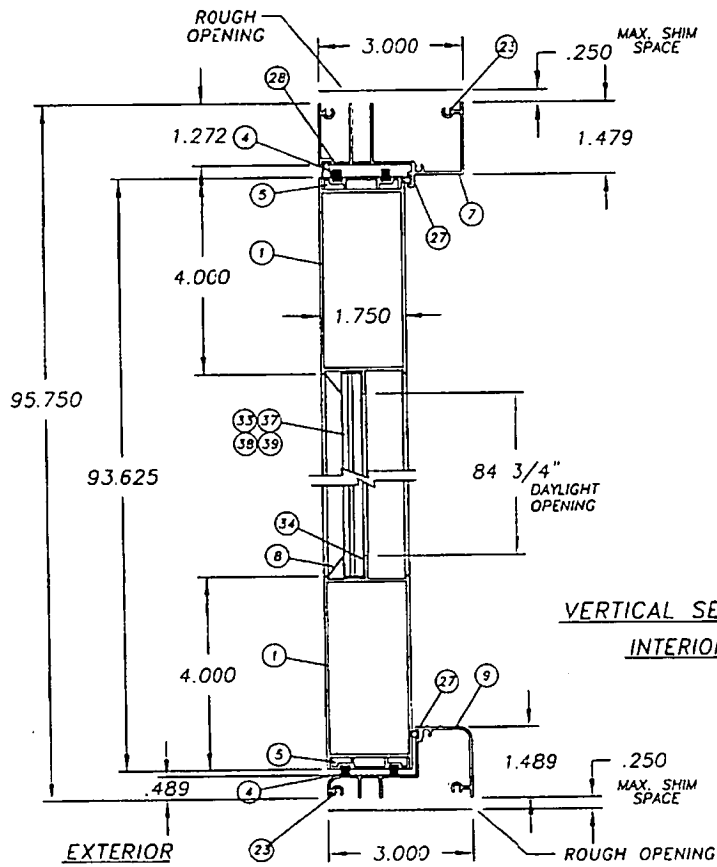

Dwight R. Weyant, P.E.
Principal Structural Engineer

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 8/14/03

BUILDING OFFICIAL
Gene Simmons
EDWIN B. APDOLD



HORIZONTAL SECTION

INTERIOR



VERTICAL SECTION

INTERIOR

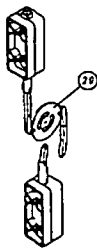
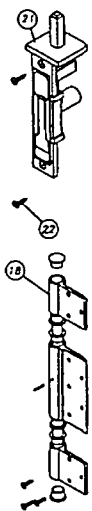
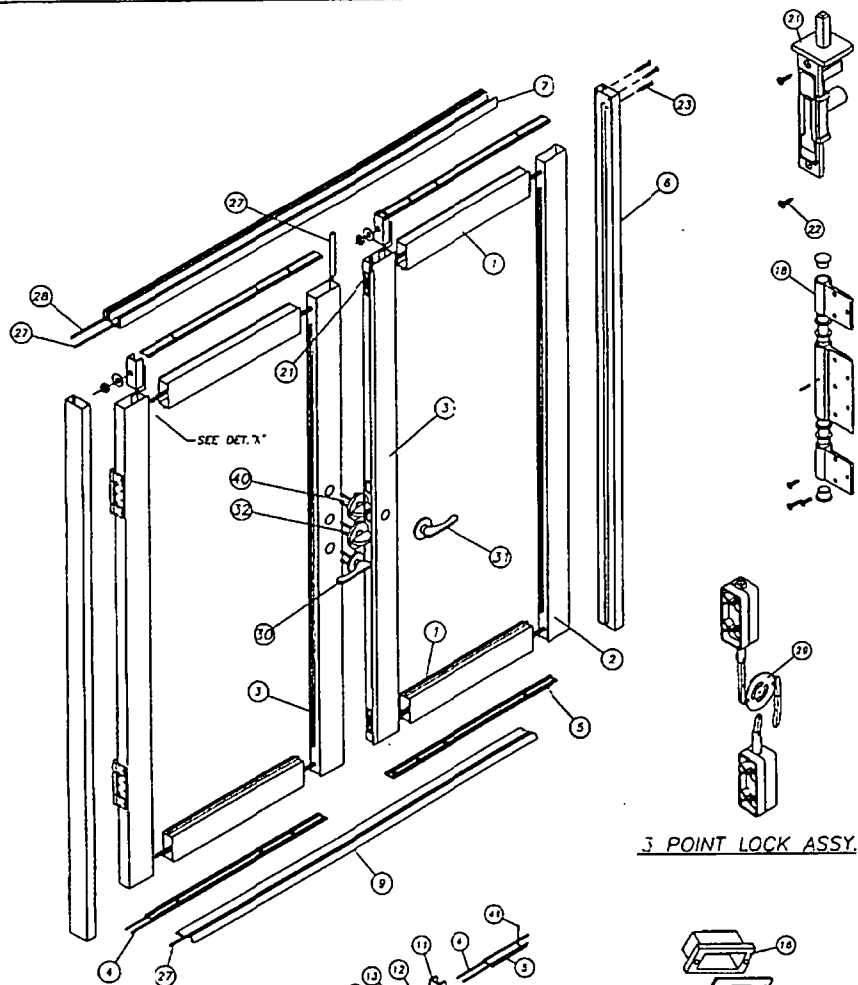
PRODUCT RENEWED

ACCEPTANCE NO. 01-0417-04
 EXPIRATION DATE: NOVEMBER 22, 2006
 By: Islay L. Landa
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

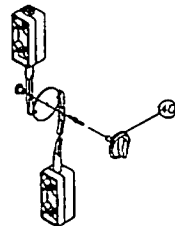
Robert L. Clark
 4/13/01

Robert L. Clark, P.E.
 F.E. #39712
 Structural

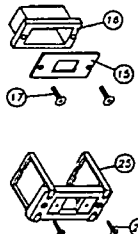
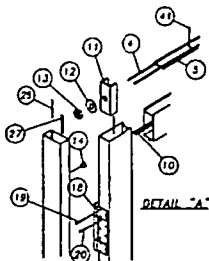
Revisions: D) added 2 pt. lock info		Tolerances - Unless Noted: Fractions: 1/164 Decimals: .00 ± Angular: ± 1°		1070 Technology Dr. Nokomis, Fl. 34275					
Material:		Series/Model: SWD-101		Description: French Door - Elevations					
Rev'd By: D.B.	Date: 11/17/00	Ch'd By: D.B.	Date: 2/16/98	PCT NO.:	VENDOR NO.:	Scale: 2 of 4	Sheet: 971	Drawing No.:	Rev: D



3 POINT LOCK ASSY.

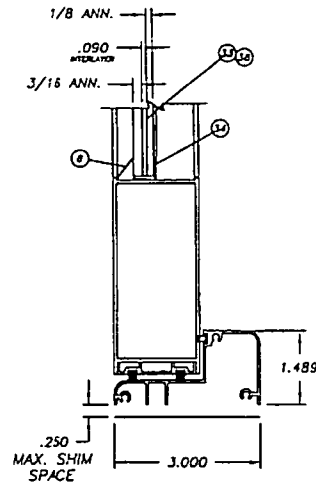


2 POINT LOCK ASSY.

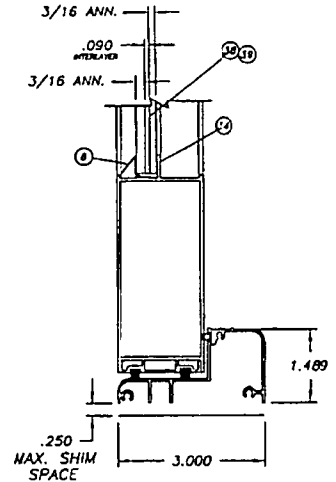


Robert L. Clark
4/13/01

Robert L. Clark,
P.E. #39717



.401" LAM. W/MONSANTO SAFLEX PVB INTERLAYER
OR .401" LAM. W/DUPONT BUTALITE INTERLAYER
SEE NOTE 3 ON SHEET 1
DESIGN PRESSURE RATING: ± 80 psf



.464" LAM. W/MONSANTO SAFLEX PVB INTERLAYER
OR .464" LAM. W/DUPONT BUTALITE INTERLAYER
SEE NOTE 3 ON SHEET 1
DESIGN PRESSURE RATING: ± 75 psf

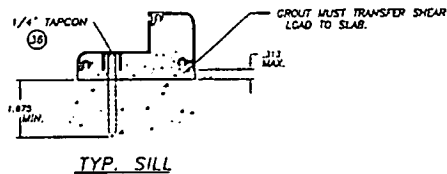
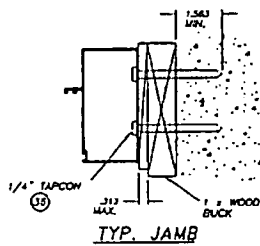
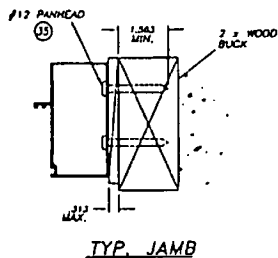
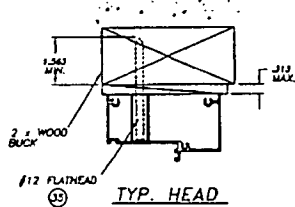
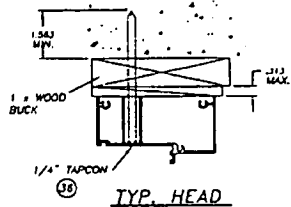
PRODUCT RENEWED

ACCEPTANCE NO. 01-0417-04

EXPIRATION DATE November 22, 2006

by Ishag J. Ziyada
PROJECT DIVISION
BUILDING CODE COMPLIANCE DISTRICT

Revisions: D) added 2 pt. lock info		Tolerances Unless Noted: Fractions: $\pm 1/64$ Decimal: .005 \pm Decimal: .0005 \pm Angular: $\pm 1'$		1070 Technology Dr. Nokomis, Fl. 34275		P&T INDUSTRIES			
Material:		Series/Model: SWD-101		Description: French Door - Exploded/Glazing					
Revised By: D.B.	Date: 11/17/00	Checked By:	Date:	PCT NO:	VENDOR NO:	Scale:	Sheet: 3 of 4	Drawing No. 971	Rev: D
Designed By: D.B.	Date: 2/16/98								



ITEM	DESCRIPTION	V.I. #	QTY./DESCRIPTION	VENDOR	VENDOR #
1	DOOR HEAD/SILL	60375		ALUMAX	AF-10375
2	DOOR JAMB (HINGED)	60376		ALUMAX	AF-10376
3	DOOR ASTRAGAL	60377		ALUMAX	AF-10377
4	.250 x .187 FINSEAL STRIP	67924G	8 (2/each door top & bot. rail)	SCHLEGEL CORP.	FS7924-187
5	DOOR W-STRIP CHANNEL	60379		ALUMAX	AF-10379
6	FRAME JAMB	60380		ALUMAX	AF-10380
7	FRAME HEAD	60411		ALUMAX	AF-12376
8	GLAZING BEAD (ROLL FORM)	65170		FLORIDA SCREEN	
9	OUTSWING THRESHOLD	61069M		ALUMAX	AF-12375
10	5/16x18 THREADED ROD	6TRODA	4 (1/door top & bot. rail)	FASTEC INDUSTRIAL	
11	TRUSS CLAMP	60378M	8 (2/ea. door top & bot. rail)	ALUMAX	AF-10378
12	5/16x1/16 TRUSS WASHER	7WASHA	8 (2/ea. door top & bot. rail)	FASTEC INDUSTRIAL	
13	5/16x18 TRUSS NUT	7JNUTA	8 (2/ea. door top & bot. rail)	FASTEC INDUSTRIAL	
14	FRAME SCR. COVER CAP	41722W		PGT INDUSTRIES	41722W
15	STRIKE PLATE	7955X		CAMCORP	
16	STRIKE PLATE INSERT	41721		PGT INDUSTRIES	41721
17	10x3/4 SCR. FLT. HD. PHIL	71034A		MERCHANTS FASTENER	
18	HINGE ASSY.	7FRMOW	6 (3/frame jombs)	NATIONWIDE IND.	
19	10x.625 FLT. HD. PHIL	71058FP	26 (6/hinge - hinge-door jamb)	MERCHANTS FASTENER	
20	10x1/2 FLT. HD. PHIL	710x12PPW	30 (5/hinge & hinge-frame jamb)	MERCHANTS FASTENER	
21	TOP/BOTT. SLIDE BOLT LOCK	41720	2 (1 @ top/bot. of l.h. astragal)	PGT INDUSTRIES	41720
22	6x1/2 FLT. HD. PHIL	7612FW	4 (2/slide bolt locks)	MERCHANTS FASTENER	
23	8x1 1/2 SCR. PN HD. QUAD.	78112A	12 (6/head & sill)	FASTEC INDUSTRIAL	
24	SEAM SEALER	6SM55W		SCHNEE MOREHEAD	SM5504
25	LOCK SUPPORT ASSY.	4UBLOK	3 (1/lock)	PGT INDUSTRIES	4UBLOK
26	6x3/4 FLT. HD. PHIL.	7634F	6 (2/lock support assy.)	FASTEC INDUSTRIAL	
27	.200 x .190 QLON	60200K	5 (1/astragals, fr. jombs & head)	SCHLEGEL CORP.	Q200X190
28	.375 x .190 QLON	60300W	4 (1/astragals & frame jombs)	SCHLEGEL CORP.	Q375X190
29	3 POINT LOCK ASSY.	FD3PTAY	1 (@ r.h. astragal)	PGT INDUSTRIES	FD3PTAY
30	LOCK (ACTIVE)	7LOKAP	1 (@ r.h. astragal)	HARLOC	100
31	LOCK (DUMMY)	7LOKIP	1 (@ r.h. astragal)	HARLOC	880
32	DEAD-BOLT LOCK	7BLTIP	1 (@ r.h. astragal)	HARLOC	820
33	.401 LAM. W/MONSANTO			H.P.G.	
34	SILICONE	62899C		DOW CORNING	899
35	#12 Ph. Pn. SMS				
36	1/4" TAPCON				
37	.401 LAM. W/DUPONT			H.P.G.	
38	.464 LAM. W/DUPONT			H.P.G.	
39	.464 LAM. W/MONSANTO			H.P.G.	
40	2 POINT LOCK ASSY.		1 (@ r.h. astragal)	PGT INDUSTRIES	
41	#8 x .75 Ph. Fl. Tek	17834FPT		SPENCER PRODUCTS	

PRODUCT RENEWED

ACCEPTANCE NO. 01-0417.04

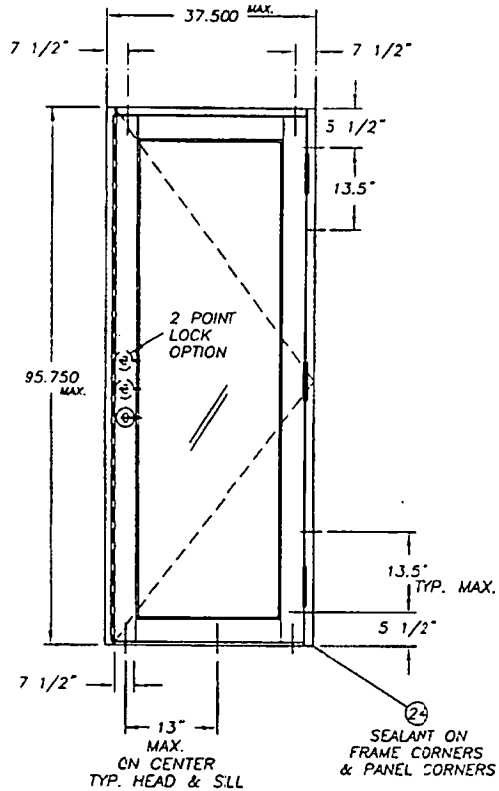
EXPIRATION DATE NOVEMBER 22, 2006

By: 1567 J.C. Lewis
 PRODUCT ENGINEER
 WELDONVILLE, OHIO 45697

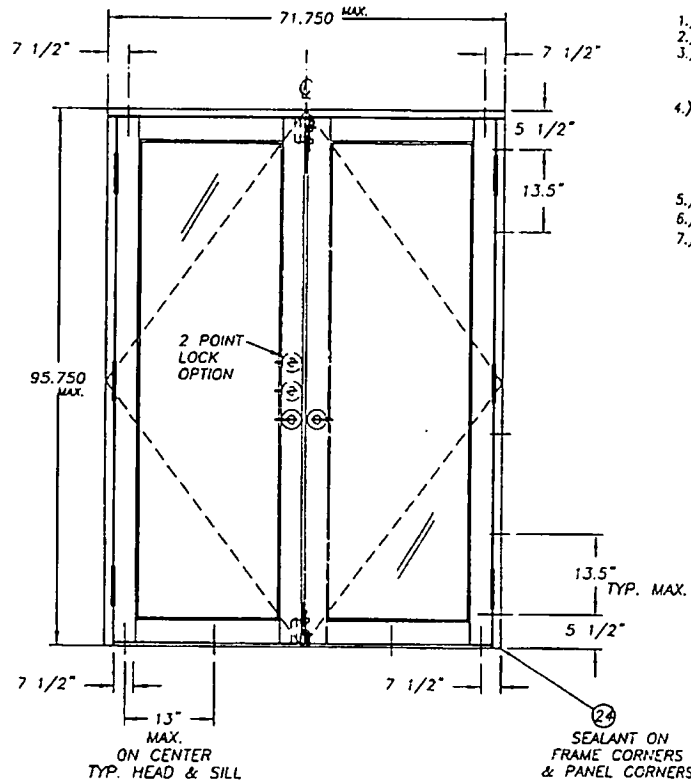
Robert L. Clark
 4/13/01
 Robert L. Clark, P.E.
 P.E. #39712
 Structural

Revisions: D) added 2 pt. lock info	Tolerances Unless Noted: Fractions: 1/64 Decimal: .001 ± Angular: 1°	1070 Technology Dr. Nokomis, Fl. 34275	PGT INDUSTRIES
Material: SWD-101	Series/Model: SWD-101	Description: French Door - Anchorage/B.O.M.	
Revised By: D.B. Date: 11/17/00	Checked By: D.B. Date: 2/16/98	PCT NO: _____	VENDOR NO: _____
Scale: _____	Sheet: 4 of 4	Drawing No. 971	Rev: D

X



XX



LARGE MISSILE IMPACT DOORS

- 1.) GLAZING: .401/.464 LAMINATED W/INTERLAYER (MONSANTO OR DUPONT)
- 2.) CONFIGURATIONS: X, XX
- 3.) DESIGN PRESSURE RATING:
 - 3a) .464 LAM.: +75 P.S.F. -75 P.S.F.
 - 3b) .401 LAM.: +60 P.S.F. -60 P.S.F.
- 4.) ANCHORS:
 - MAX. 7 1/2" FROM CORNERS (HEAD & SILL)
 - MAX. 5 1/2" FROM CORNERS (JAMB)
 - MAX. SPACING AT HEAD & SILL: 13.000
 - MAX. SPACING AT JAMB: 13.500
- 5.) NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-2241
- 7.) FOR LOCKING ASSEMBLY OPTION - SEE SHEET 3 OF 4

PRODUCT RENEWED

ACCEPTANCE No. 01-0417.04
 EXPIRATION DATE: NOVEMBER 27, 2006
 By: Robert L. Clark
 PRODUCT OF INITIAL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

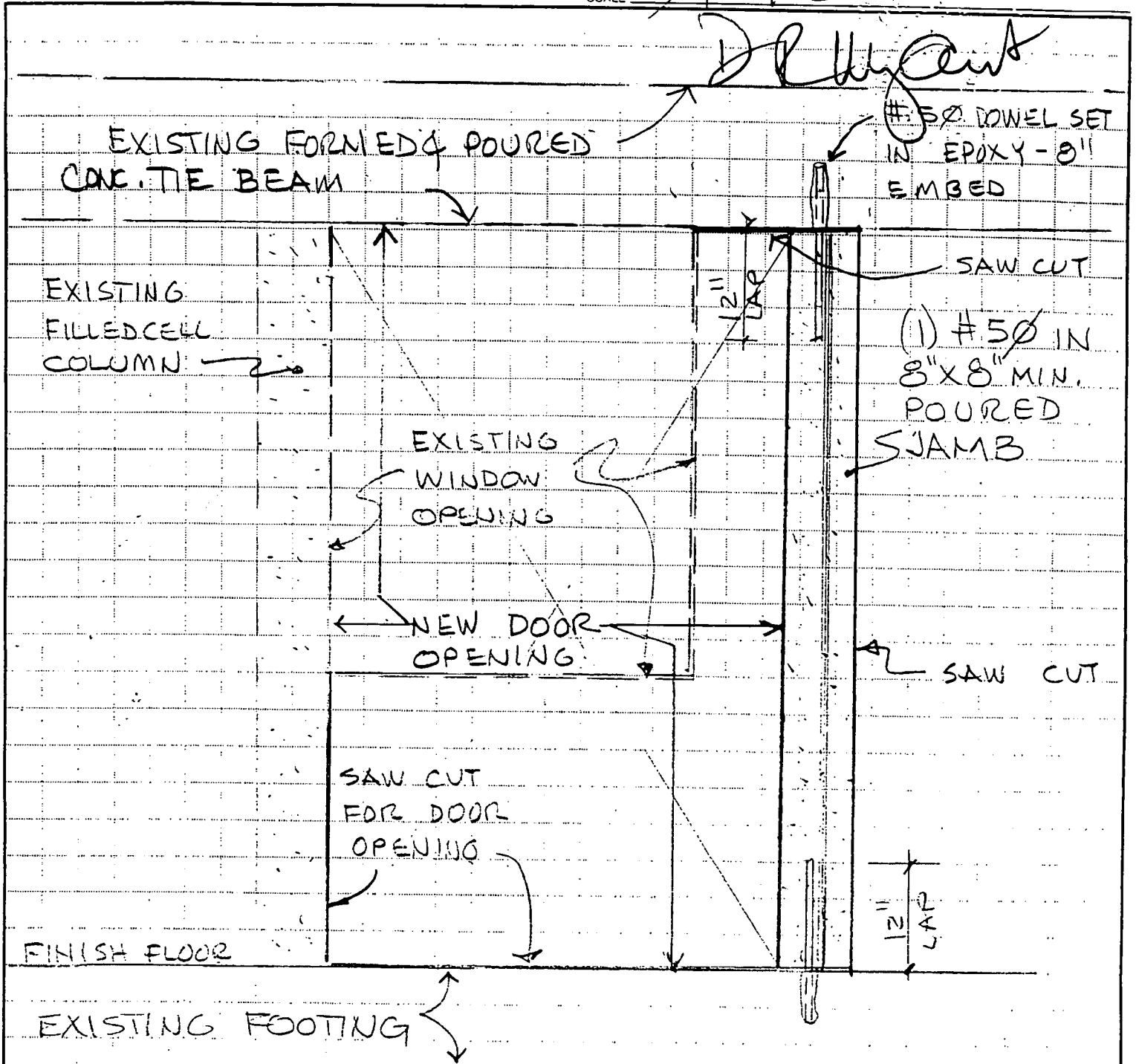
Robert Clark
 4/13/01

Robert L. Clark, P.E.
 P.E. #39712
 Structural

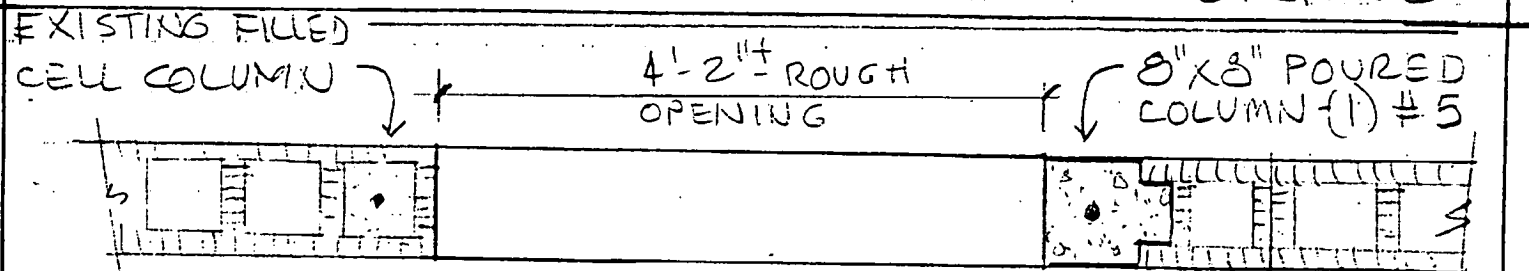
Revisions: D) added 2pt. lock info		Intolerances Unless Stated: Fractions: 1/64 Decimal .00 ± Decimal .000 ± Angular: ± 1'		1070 Technology Dr. Nokomis, Fl. 34275		P&G INDUSTRIES			
Material:		Series/Model: SWD-101		Description: French Door - X, XX					
Revised By: D.B.	Date: 11/17/00	Checked By:	Date:	P&G NO:	VENDOR NO:	Scale: 1x	Sheet: 1 of 4	Drawing No. 971	Rev: D
Drawn By: D.B.	Date: 2/16/98								

WEYANT ENGINEERING, INC.
 CONSULTING ENGINEERS
 CIVIL - STRUCTURAL
 201 SW Port St. Lucie Blvd. Suite 104
 Port St. Lucie, Florida 34984
 (772) 335-0772

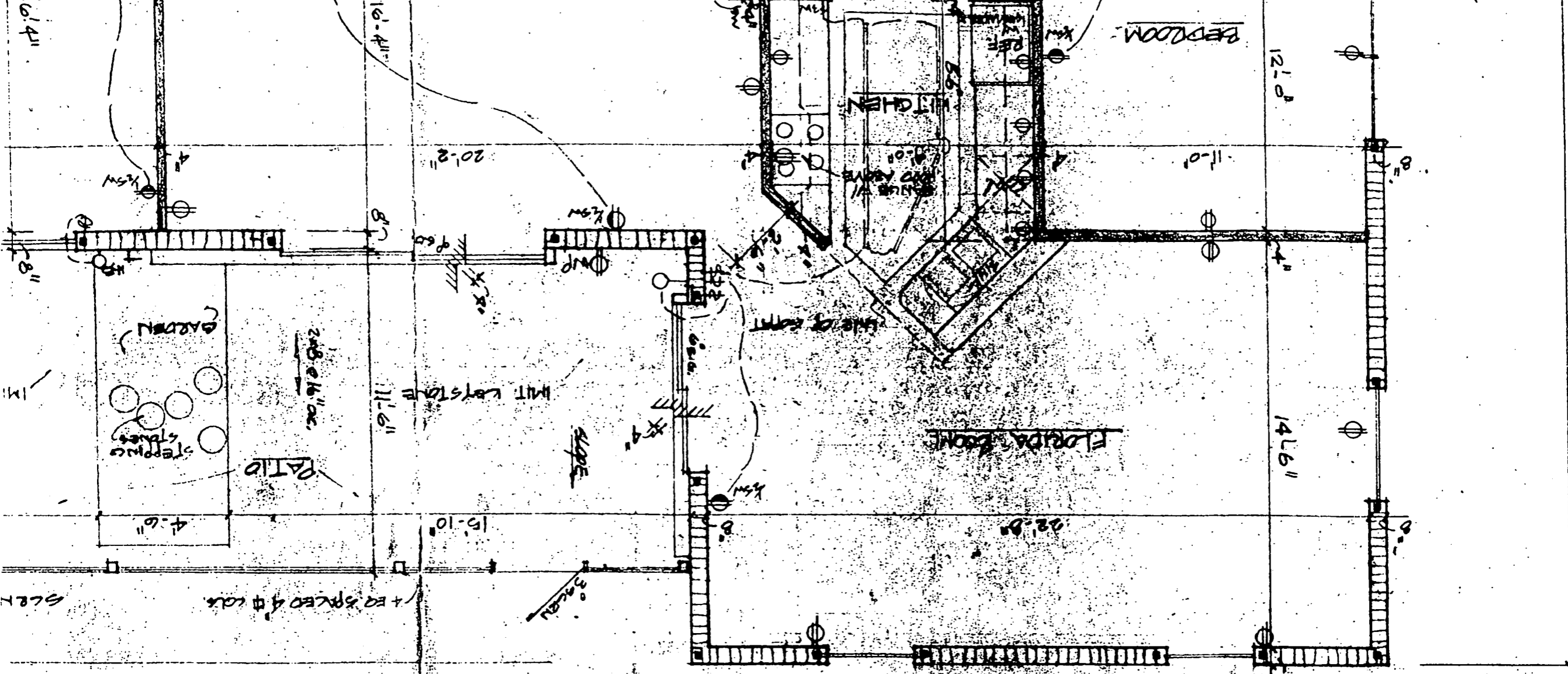
JOB A & P CONST. - SEWALL'S POINT
 SHEET NO. 1 OF 1
 CALCULATED BY DRW DATE 8/13/03
 CHECKED BY _____ DATE _____
 SCALE 3/4" = 1'-0"



ELEVATION VIEW - DOOR OPENING



PLAN VIEW - DOOR OPENING $3/4" = 1'-0"$



CUT 3/8" TO BALL OPENING
 AND FILL IN
 PER EXCEEDED DRAWING

30'-0"

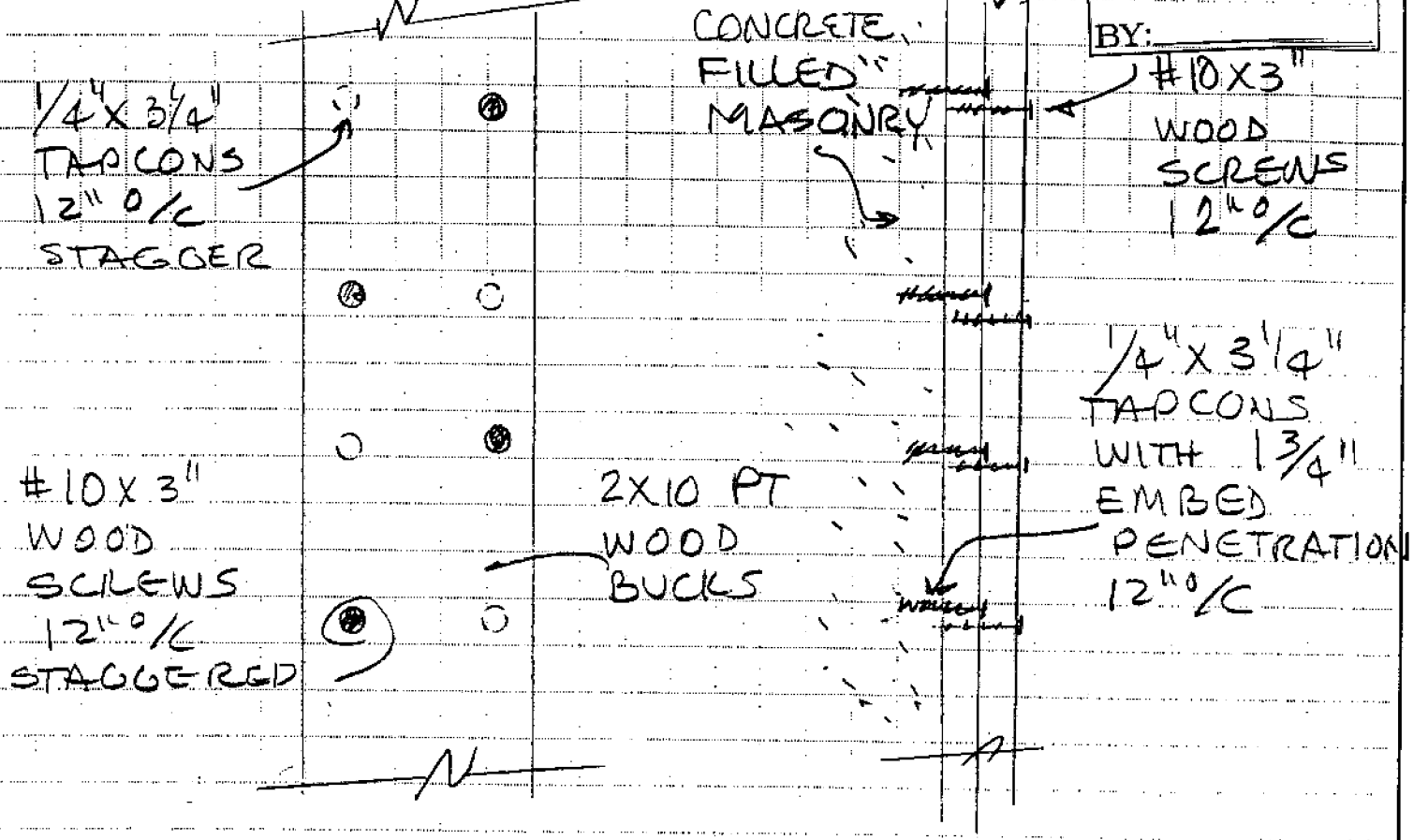
54'-0"

WEYANT ENGINEERING, INC.
 CONSULTING ENGINEERS
 CIVIL - STRUCTURAL
 201 SW Port St. Lucie Blvd. Suite 104
 Port St. Lucie, Florida 34984
 (561) 335-0772

JOB A & P CONST.
 SHEET NO. _____ OF 1
 CALCULATED BY DW DATE 8/21/03
 CHECKED BY _____ DATE _____
 SCALE N.T.S.

FILE

RECEIVED
 AUG 21 2003
 BY: _____



ELEVATION VIEW

SECTION VIEW

DOORS INSTALLED WITH #10 x 3" WOOD SCREWS IN ACCORDANCE WITH MFG. SPECIFICATION

FILE COPY
 THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
 DATE: 8/21/03
 BUILDING OFFICIAL
 Gene Simmons

PN 6378

DOOR BUCK

SUPPLEMENTAL ENGR'G.

DW
 8/21/03



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
Series SWD-101 Outswing Aluminum French Door-Impact
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.: 01-0417.04
EXPIRES: 11/22/2006

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.




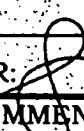
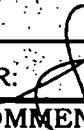


Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 09/06/2001

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/22/2008 Page 3 of







PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6377	HESS	FINAL	Passed	close
	74 N SEWALLS PT	SIDING RAIL		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LAPIKAS	TREE	Passed	
	3 INDIA LUCIE PKWY			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6378	OLEN...	FRAME (DOOR)	Passed	to close
	91 S. SEWALLS PT			
	A&P			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6322	BYERS	COLUMNS	Passed	close
	32 N. SEWALLS PT	FINAL		
	GRAND ENTRY			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6363	BYERS	LIGHTS	Passed	close
	32 N. SEWALLS PT	FINAL		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6154	BYERS	LANDSCAPING	Passed	close
	32 N. SEWALLS PT RD	FINAL	Note:	Rip/Rop cancelled
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6222	Morris	Plbg. u. gra.	Passed	
	5 Oakhill Way	223 8688		
	AR Martin			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/25/03, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6360	DOEDENS/VANT BOSCH	GARAGE DOOR	Passed	close
	36 S. RIVER ROAD	FINAL		
	O/B			INSPECTOR: 
6316	WINER	FINAL	Passed	close
	19 RIDGELAND	POOL DECK BOILER		
	O/B			INSPECTOR: 
6349	WINER	FINAL	Passed	close
	19 RIDGELAND	CHANGE A/C		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R		Tree cut without permit		
	9 Oakhill Way			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6178	Okey	Door Replacement	Passed	close
	91 S. Sewalls	Final		
	A+P			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Cirrello	Tree removal	Passed	
	31 Fildway Dr.			
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

8515

RE-ROOF

TOWN OF SEWALL'S POINT

Date 2-8-07

BUILDING PERMIT NO. 8515

Building to be erected for Olney

Type of Permit Reroof

Applied for by All American Roofing (Contractor)

Building Fee _____

Subdivision Reo Vista Lot 27 Block _____

Radon Fee _____

Address 91 S Sewall's Pt Rd

Impact Fee _____

Type of structure Sfl

A/C Fee _____

Parcel Control Number:

123841-002-000-0027-00000

Electrical Fee _____

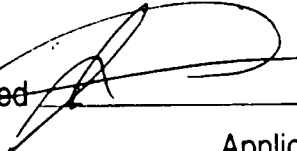
Plumbing Fee _____

Roofing Fee 120

Amount Paid \$120 Check # 7929 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 27147

TOTAL Fees 120

Signed 
Applicant

Signed John Adams
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: Permit Number:

OWNER/TITLEHOLDER NAME: OLNEY, PETER Phone (Day) (Fax)

Job Site Address: 91 S. SEWALL'S P. RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIO VISTA S/D # 27 Parcel Number: 12-38-41-002-000-00270-0

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

Description of Work To Be Done: RE-ROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 27,147.00 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value:

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

CONTRACTOR/Company: AMERICAN ROOFING OF THE TREASURE COAST, INC. Phone: 463-8055 Fax: 463-8054

Street: 3006 SE WAALER ST. City: State: Zip:

State Registration Number: STUART, FL 34907 State Certification Number: CC058118 Martin County License Number:

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER Lic.#: Phone Number:

Street: City: State: Zip:

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

Carport: Total Under Roof Wood Deck: Accessory Building:

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the 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.

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

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

OWNER/AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 1st day of February, 2007 by PETER OLNEY who is personally

known to me or produced as identification.

My Commission Expires: Yvonne M. Koehler Notary Public Commission # DD452231 Expires September 29, 2009

OWNER/AGENT SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 1st day of February, 2007 by PAUL D. WILKINS who is personally

known to me or produced As identification.

My Commission Expires: Yvonne M. Koehler Notary Public Commission # DD452231 Expires September 29, 2009

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TV
ALLA002

DATE (MM/DD/YYYY)
10/13/06

PRODUCER
J.W. Edens & Company
 Commercial Ins of Brevard, Inc
 325 Fifth Avenue, Suite 108
 Indialantic FL 32903
 Phone: 321-725-7000 Fax: 321-725-7856

INSURED
 All American Roofing of The
 Treasure Coast, Inc.
 3006 SE Waaler Street
 Stuart FL 34991

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Canal Indemnity Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GL92255	10/16/06	✓ 10/16/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
					\$	
	<input type="checkbox"/> DEDUCTIBLE				\$	
	<input type="checkbox"/> RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$	
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$	
	OTHER				E.L. DISEASE - POLICY LIMIT \$	

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

CERTIFICATE HOLDER

CANCELLATION

SEWALLS

Town of Sewall's Point
 One South Sewall's Point Rd.
 Stuart FL 33494

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

AUTHORIZED REPRESENTATIVE
 Theresa C. O'Brien *Theresa C. O'Brien*

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/01/2005
PRODUCER Affiliated Agency Ops 16 South River Street Wilkes-Barre, PA 18702	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Employee Leasing Solutions, Inc. 1401 Manatee Ave W, Suite 600 Bradenton, FL 34205	INSURERS AFFORDING COVERAGE INSURER A: EastGUARD Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 14702

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	ADJ1	LTD	INTER	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 APPLIED FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> AGG <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) MED. EXP. (Acc. only, accident) PERSONAL AND FAMILY GENERAL AGGREGATE PRODUCTS - COMBOD. 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"/> NONOWNED 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: SAACC AGG
				EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE
A				EMPLOYERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR PARTHOLDERS/OUTSIDE OF FIRM/EMPLOYEE EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Client ID: #4041121	EMWC802839	01/01/2007	01/01/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
All American Roofing of the Treasure Coast Inc
 Qualifiers Name: Paul D Wilkins
 Aprox active employee count: 43

CERTIFICATE HOLDER Town Of Sewells Point 1 South Sewells Point Road Stuart, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Paul D Wilkins</i>
--	--

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06081601395

DATE	BATCH NUMBER	LICENSE NBR
08/16/2006	050100534	CCC058118

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

WILKINS, PAUL D
ALL AMER ROOF OF THE TREASURE COAST INC
3006 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

007-04-0005 10:22

ALL AMERICAN ROOFING
STATE OF FLORIDA

772 463 8254 P.01-01

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05080901341

DATE	BATCH NUMBER	LICENSE NBR
08/09/2005	050113188	QB0020109

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2007
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

ALL AMERICAN ROOFING OF THE TREASURE COAST IN
3006 WAALER STREET
STUART FL 34997

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENS ~~2002-513-0008~~ CERT ~~cc-c058118~~
PRIN ~~7721463-8055~~ SC NO ~~023561~~

LOCATION

3006 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	.00	LIC FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL		25.00	

IS HEREBY LIMITED TO ENGAGE IN THE BUSINESS AND OCCUPATION
OF ROOFING CONTRACTOR

ALL LOCATION LISTED FOR THE PURPOSES OF THIS LICENSE ON THE

12 DAY OF SEPTEMBER 2006
AND ENDING SEPTEMBER 2007

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 09/13/2008 NORMA
20020005130000
002 2006 0014515
ALL AMERICAN ROOFIN

WILKINS, PAUL D (QUALIFIER)
ALL AMERICAN ROOFING OF THE
TREASURE COAST, INC.
3006 SE WAALER STREET
STUART, FL 34997

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-002-000-00970-0

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): 91 S. SEWALL'S Pt. Rd. RIO VISTA S/O Lot 27

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: OLNEY, PETER
ADDRESS: 91 S. SEWALL'S Pt. Rd., STUART, FL 34996
PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC
ADDRESS: 3006 SE WAALER ST
PHONE #: 772-463-8055 FAX #: 772-463-8054
STUART, FL 34997

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA
ADDRESS: _____ MARTIN COUNTY
PHONE # _____ FAX # _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE # _____ FAX # _____
BY: [Signature] D.C.
DATE: 2/1/07

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: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

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

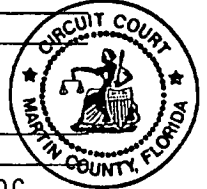
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1st DAY OF February 2007
BY PETER OLNEY

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF Notary Public
Dionne M. Koehler
Commission # DD452231
Expires September 29, 2009
Bonded Troy Fain - Insurance, Inc 800-385-7019



INSTR # 1990324 OR BK 02219 PG 1246 RECD 02/01/2007 03:51:54 PM
Pg 1246 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

	ROOFING MATERIAL LIST	QUANTITY	REMARKS
1	30# FELT	17 Rolls	
2	16 oz. COPPER ACCESSORY METALS	350'	
3	MODIFIED UNDERLAYMENT	34 Rolls	
4	CEMENT ROOF TILES	34#	
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

www.buildingcodeonline.com

Entegra Sales, Inc.

819 N. Federal Highway, Suite 300
Stuart, FL. 34994

SCOPE:

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

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

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

DESCRIPTION: Bermuda Concrete Flat Roof Tile

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 replaces NOA # 06-0610.06 and consists of pages 1 through 6
The submitted documentation was reviewed by Alex Tigera.



NOA No. 06-0606.05
Expiration Date: 06/07/11
Approval Date: 07/06/06



BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Tamko Roofing Products, Inc.
 P.O. Box 1404
 Joplin, MO 64802

SCOPE:

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

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

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

DESCRIPTION: TAMKO Modified Bitumen Roof System Over Wood Decks

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

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

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

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

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

This NOA revises NOA #02-0212.07 and consists of pages 1 through 19.
 The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No. 04-050603
Expiration Date: 05/23/07
Approval Date: 07/01/04
 Page 1 of 19

TOWN OF SEWALL'S POINT
RE-ROOF PERMIT CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: ALL AMERICAN ROOFING PHONE #: 463-8055 FAX: 463-8054

OWNER'S NAME: OLNEY, PETER

CONSTRUCTION ADDRESS: 91 S. SEWALL'S Pt. Rd. CITY STUART STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)

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

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

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

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 4 /12 SLOPE

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

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/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

EXISTING ROOF COVERING: CEMENT TILE EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: CEMENT TILE

MANUFACTURER: ENTEGR PRODUCT NAME: BERNINA PRODUCT APPR #: 06-0606.05

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

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

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: REMOVE TILE DOWN TO DECK. RE-NAIL DECK TO CODE. INSTALL NEW 30# FELT, 16oz. COPPER ACCESSORY METALS, MODIFIED TILE UNDERLAYMENT AND NEW TILE.

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.

Christopher A. J. Figg DATE: 2-6-07
SIGNATURE OF CONTRACTOR

TOWN OF SEWALL'S POINT
FILE COPY
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/8/07
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-7, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8481	Galini's 26 S Sewall Pt	tank in-line	PASS	
10	Prop Disc.			INSPECTOR: <i>OM</i>
7833	Briseve 5 Qumbo Limbo	final-renovations	FAIL	
11	OB			INSPECTOR: <i>OM</i>
8008	Briseve 5 Qumbo Limbo	final-door shutters	PASS	CLOSE
11	OB			INSPECTOR: <i>OM</i>
8222	Marley 39 W High Pt	re-sheet rock	FAIL	
1A	Worrell			INSPECTOR: <i>OM</i>
8515	Worrell 915 Sewall Pt	dry-in metal	PASS	
9	all Am Roof			INSPECTOR: <i>OM</i>
Tree	Enriquez 1 Kingston	Tree	PASS	
6	OB			INSPECTOR: <i>OM</i>
	D. WINEY 19 RIDGELAND	FENCE		
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-11, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8515	Olney	in-progress	PASS	
3	91 S Sewalls All American			INSPECTOR: <i>[Signature]</i>
8560	allen	slab	PASS	
5	6 St Lucie Ct Jimmy Powell	(END HILLCREST)		INSPECTOR: <i>[Signature]</i>
8172	Mariano	rough elec	FAIL	
1	23 Middle Ken Wendell	rough elec		INSPECTOR: <i>[Signature]</i>
8145	Gessinger & Castle Hill	beam (bond)	PASS	
6	O/B (ASP)			INSPECTOR: <i>[Signature]</i>
8557	Pope	rough	PASS	ADDED GAS ROUGH FOR U.H. - NORTH EXTERIOR
2	124 S Sewalls Prop Disc			INSPECTOR: <i>[Signature]</i>
8566	Hepworth	slab-bond	cancel	
4	8 Rio Vista Keith Mahaffey	main drain		INSPECTOR:
8423	SILAS	ROOF METAL	PASS	
7	10 CASTLE HILL O.B. (843-247-5783)	LATH		INSPECTOR: <i>[Signature]</i>
OTHER:	CELL			
8481	Galvinis 26 S Sewalls Prop Disc	Final Gas	CANCEL	- WILL RESCHEDULE <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-18, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galino	Final	FAIL	AND 2971
8	26 S Sewalls Driftwood	215-0074		5600 21670A
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Todd	Tree	FAIL	
11	1 Knowles Rd 01B			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8559	Wolcott	tie back	FAIL	REINSPECTED FOR MISSING TIE
5	32 Rio Vista Linden Marine			SALL LATE MORNING - OK
				INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Kepinger ^{Ward} _{Earle}	Tree	PASS	
2	143 S River Rd Earle/mgr.			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7687	Cooper	Final	PASS	CLOSE
1	33 W Highpoint Total Roofing			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6457	Nelme	Final	PASS	CLOSE
9	19 S Sewalls Pt Total Roofing			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8515	Olney	Final roof	PASS	CLOSE
3	91 S Sewalls Pt all am			INSPECTOR: <i>OW</i>
OTHER:				

8879

FENCE



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:	8879	DATE ISSUED:	APRIL 29, 2008
SCOPE OF WORK:	FENCE		
CONDITIONS:			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841002000002700	SUBDIVISION	RIO VISTA - LOT 27
CONSTRUCTION ADDRESS:	91 S SEWALLS POINT RD		
OWNER NAME:	OLNEY		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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 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.

RECEIVED

DATE: 4-28-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: THOMAS OLNEY, PETER Phone (Day) 286 9670 (Fax) _____

Job Site Address: 91 S. Sewall's Point Rd City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIO VISTA LOT 27 Parcel Number: 12-38-41-002-000-00270-0

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

Scope of work: INSTALL 276' of 6' HIGH VERTICAL SHADOWBOX FENCE & (2) GATES

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:

Estimated Value of Construction or Improvements: \$ 4816.00
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Municipality License Number: CFE3584

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.#: _____ Phone Number: _____

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

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire 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 50-95.

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 OR AUTHORIZED AGENT SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: MARTIN Date: 4-28-08 State of Florida, County of: MARTIN

This the 2 day of April, 2008 This the 7 day of April, 2008

by THOMAS OLNEY who is personally PETER OLNEY by CHESTER RICHMOND who is personally _____

known to me or produced _____ known to me or produced _____

As identification, _____

NOTARY PUBLIC STATE OF FLORIDA
Janis L. Loudin
My Commission Expires: MAY 21, 2010
Commission # DD538831

NOTARY PUBLIC STATE OF FLORIDA
Janis L. Loudin
My Commission Expires: MAY 21, 2010
Commission # DD538831

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 106.9.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUIHKE STREET
STUART, FL 34994
(772) 288-5916
FAX (772) 288-5911

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE
in the (utility/drainage) easement on my property located at 91 S Sewell's Point Rd

LEGAL DESCRIPTION: LOT 37, BLOCK _____, SUBDIVISION 910 VISTA
(Brief description of dimensions and location from property lines)
S.P. SUBV. #1

In the event you have no objection to this project, please complete this form and return to me at:
Address: FAX 772-288-3035
City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: Ellen M. Olney Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: AT&T TELECOMMUNICATIONS INC
By: LEROY WALKER 4/23/08
Title: ENGINEER

Company records indicate that a potential conflict DOES DOES NOT exist. The conflict consists of



Certificate of Registration

DR-11
R. 01/07
05/04/07

Issued Pursuant to Chapter 212, Florida Statutes

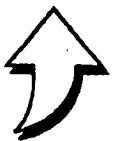
53-8013833306-1	05/03/07	05/01/07	QUARTERLY
Certificate Number	Registration Effective Date	Opening Date	Filing Frequency

This certifies that

STUART FENCE RETAIL INC
3307 SE RAILROAD AVE
STUART FL 34997-4910

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.
POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION
(DETACH AND POST IN A CONSPICUOUS PLACE)**



**REFER TO THE BACK OF THIS SECTION FOR
SPECIFIC INFORMATION REGARDING YOUR
COUNTY'S TAX RATES.**

THIS IS YOUR ANNUAL RESALE CERTIFICATE FOR SALES TAX
Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.
These certificates are valid immediately.



DR-11R, R. 10/06



2007 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 01/07

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2007

<u>Business Name and Location Address</u>	<u>Registration Effective Date</u>	<u>Certificate Number</u>
STUART FENCE RETAIL INC 3307 SE RAILROAD AVE STUART FL 34997-4910	05/03/07	53-8013833306-1

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to: _____
(Insert name of seller on photocopy.) (date)

Presented by:
Authorized Signature (Purchaser) (date)



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUIRICKS STREET
STUART, FL 34994
(772) 288-3914
FAX (772) 288-3911

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Martin County permit to erect a Fence
in the (utility/drainage) easement on my property located at 915 Sewalls Point Rd

LEGAL DESCRIPTION: LOT 27 BLOCK _____ SUBDIVISION BIG VISTA

(Brief description of dimensions and location from property lines)

S.P. SURVEY

In the event you have no objection to this project, please complete this form and return to me at:

Address: FAX 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: Ellen M. Olney Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: COMCAST

By: Rick Johnson

Title: Construction Coordinator

Company records indicate that a potential conflict DOES DOES NOT exist. The conflict consists of

04/11/2008 14:05 7722883035

STUART FENCE

PAGE 02/03

P. 1

Apr 11 2008 1:37PM HP LASERJET FAX

04/11/2008 13:25 7722883035

STUART FENCE

PAGE 02/02



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUIKKE STREET
STUART, FL 34994
(772) 288-5916
FAX (772) 288-5911

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE
In the (utility/drainage) easement on my property located at 91 S Sewell's Point Rd

LEGAL DESCRIPTION: LOT 22, BLOCK _____, SUBDIVISION BIG VISTA
(Brief description of dimensions and location from property lines)
SFC SURVEY

In the event you have no objection to this project, please complete this form and return to me at:
Address: FAX 772-288-3035
City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: Ellen M Olney Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Florida Power Light
By: Bob Morris
Title: PROJECT MANAGER

Company records indicate that a potential conflict DOES DOES NOT exist. The conflict consists of
OK

Apr 11 2008 1:37PM HP LASERJET FAX

p.1

04/11/2008 13:25 7722883035

STUART FENCE

PAGE 02/02



MARTIN COUNTY BUILDING DEPARTMENT
508 SE RUMBLE STREET
STUART, FL 34994
(772) 288-3916
FAX (772) 288-3911

EASEMENT AGREEMENT

Date: _____

Genlesmen: _____

I propose to apply for a Martin County permit to erect a FENCE
In the (utility/drainage) easement on my property located at 91 S Sewalls Point Rd

LEGAL DESCRIPTION: LOT 22 BLOCK _____ SUBDIVISION Rio Vista
(Brief description of dimensions and location from property lines)
SPC SUBVY

In the event you have no objection to this project, please complete this form and return to me at:

Address: FAX 772-288-3035
City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: Ellen M. Olney Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Martin County Utilities
By: Jim Christ, Jr.
Title: Associate Planner

Company records indicate that a potential conflict DOES DOES NOT exist. The conflict consists of

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

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00270-0

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 91 S. SEWALLS POINT RD
KIO VISTA S/D LOT 27

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE

OWNER NAME: PETER OLNEY & ELLEN OLNEY
ADDRESS: 91 S SEWALLS POINT RD, STUART, FL 34996
PHONE NUMBER: 288 1151 FAX NUMBER: 288 3035

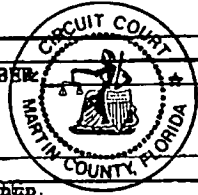
INTEREST IN PROPERTY: _____

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

CONTRACTOR: STUART FENCE CO
ADDRESS: PO BOX 2501 STUART FL 34995
PHONE NUMBER: 288 3035 FAX NUMBER: 288 3035

SURETY COMPANY (IF ANY): _____ THIS IS TO CERTIFY THAT THE
ADDRESS: _____ FOREGOING _____ PAGES IS A TRUE
PHONE NUMBER: _____ AND CORRECT COPY OF THE ORIGINAL.

LENDER/MORTGAGE COMPANY: MARSHA EWING, CLERK
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
DATE: 4-1-08



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: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

FLORIDA STATUTES. PHONE NUMBER: _____ FAX NUMBER: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ (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 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

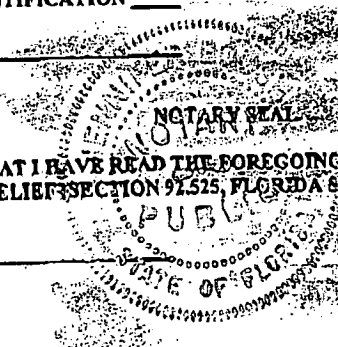
X Ellen M Olney
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

Owner
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 7 DAY OF April, 2008

BY: Ellen M Olney AS Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED
Jennifer Boushie
NOTARY SIGNATURE

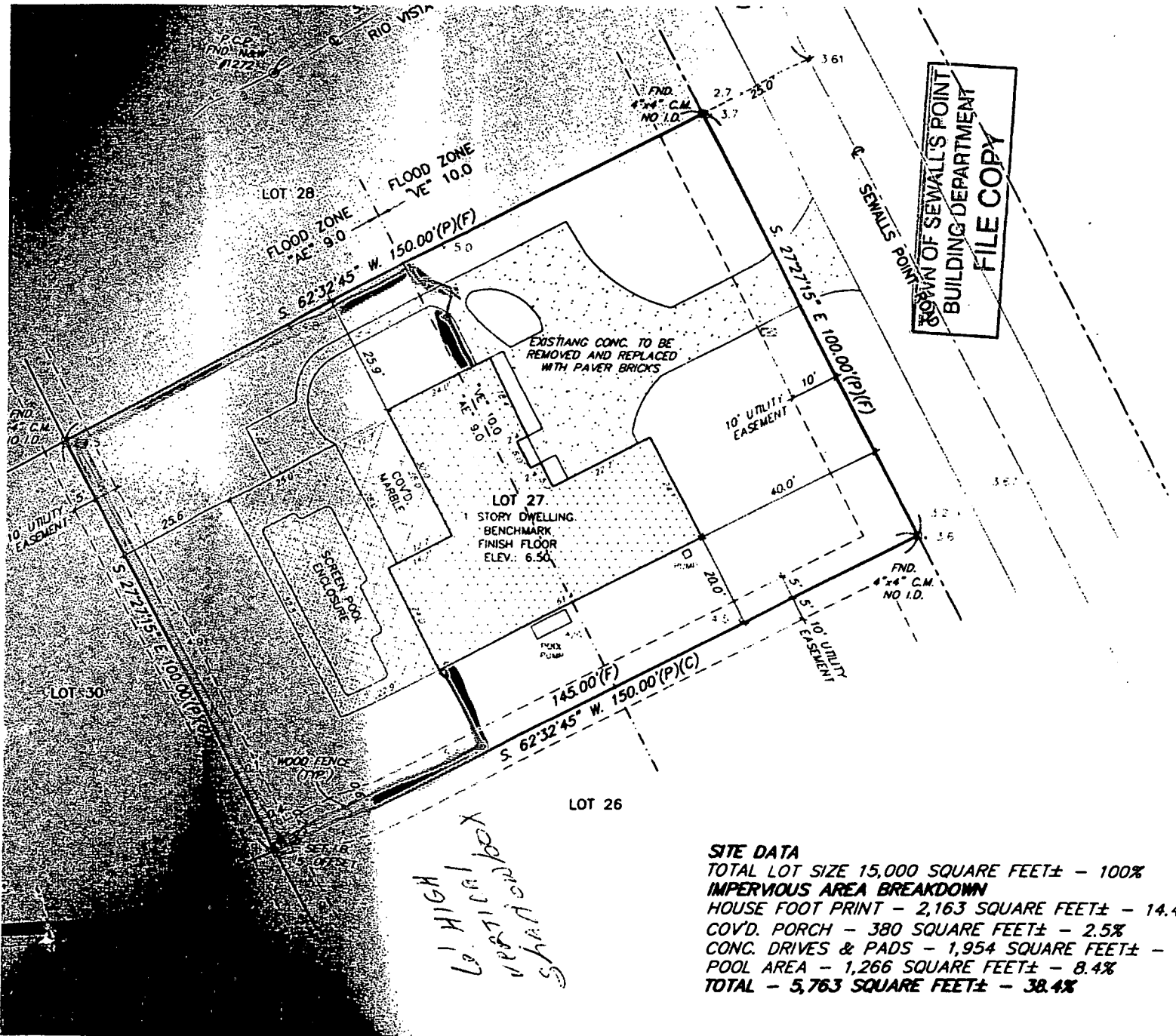


Notary Public State of Florida
Jennifer Boushie
My Commission DD380319
Expires 12/19/2008

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 91.525, FLORIDA STATUTES.

X Ellen M Olney
(Signature of Natural Person Signing Above)

INSTR # 2077837 OR BK 02321 PG 1319 RECD 04/11/2008 03:16:45 PM
Pg 1319 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



LOCATION MAP
NOT TO SCALE

FLOOD ZONE INFORMATION
 PROPERTY LOCATED IN FLOOD ZONE:
 "AE" BASE ELEV.: 9.0 & "VE" BASE ELEV.:
 COMMUNITY & PANEL NO.: 120164-0154-F
 DATED: 10/04/2002

STREET ADDRESS:
 91 SOUTH SEWALL'S POINT ROAD
 STUART, FLORIDA 34996

LEGAL DESCRIPTION:
 LOT 27, BLOCK 235A, RIO VISTA SUBDIVISION
 ACCORDING TO THE PLAT THEREOF, AS
 RECORDED IN PLAT BOOK 6, PAGE 95, OF
 PUBLIC RECORDS OF MARTIN COUNTY, FLOR.

CERTIFIED TO:
 1. PETER AND ELLEN OLNEY
 2. THE TOWN OF SEWALL'S POINT

NOTE
 THE FLOOD ZONE DELINEATION DEPICTED
 HEREON WAS SCALED AND INTERPOLATED TO
 THE BEST OF OUR ABILITY, FROM F.E.M.A. M.
 120164-0154-F SO SAID DEPICTION IS
 RELATIVE THERETO.

- SITE DATA**
 TOTAL LOT SIZE 15,000 SQUARE FEET± - 100%
IMPERVIOUS AREA BREAKDOWN
 HOUSE FOOT PRINT - 2,163 SQUARE FEET± - 14.4%
 COVD. PORCH - 380 SQUARE FEET± - 2.5%
 CONC. DRIVES & PADS - 1,954 SQUARE FEET± - 13.0%
 POOL AREA - 1,266 SQUARE FEET± - 8.4%
TOTAL - 5,763 SQUARE FEET± - 38.4%

*6' HIGH
 wooden fence
 around pool*

VERTICAL SHADOW BOX

PRESSURE TREATED PINE PICKETS

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4-29-08
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Post holes to be
12" in diameter in concrete

FRONT VIEW

3-2"x4" pressure
pine back rail

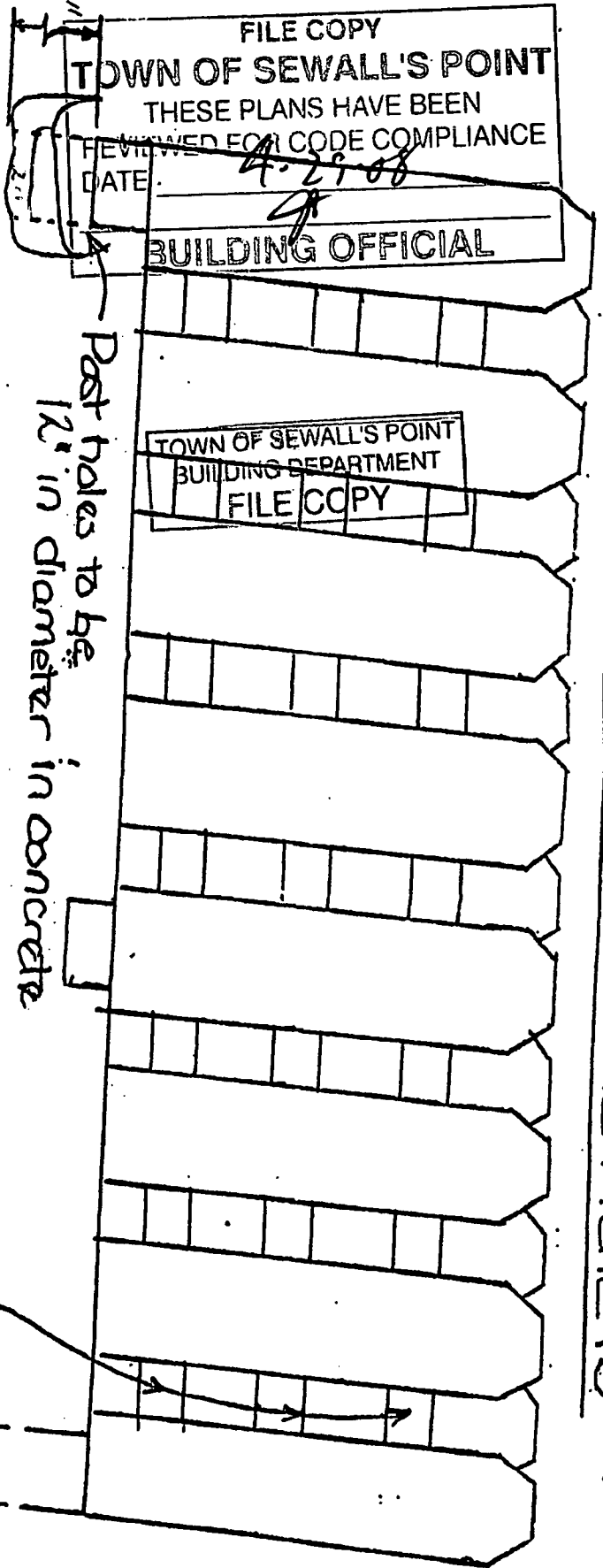
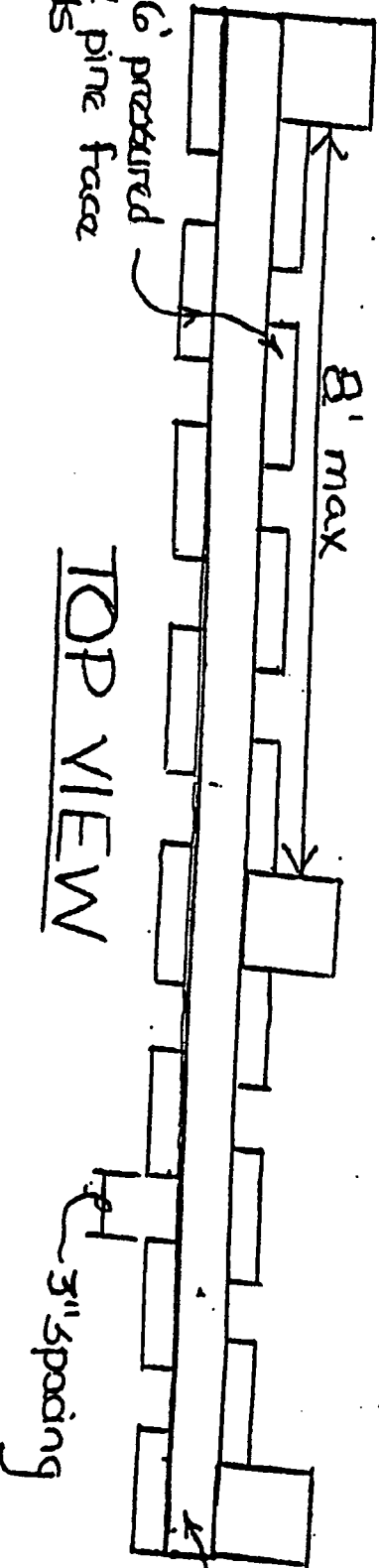
1"x6"x6' pressure
treated pine face
boards

TOP VIEW

3" spacing

2"x
pine
rail

8' max



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 6-5, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8890	Taylor	Final	PASS	CLOSE
4	11 Palm Rd Jupiter Alum			INSPECTOR: <i>JAN</i>
Tree	King	Tree	PASS	
1	35 W High Pt			INSPECTOR: <i>OM</i>
8867	Geller	Pt roof sheathing	PASS	
5	18 Palmetto Dr Ken Wendell	(2:00 P.M.)		INSPECTOR: <i>JAN</i>
8899	Olney	Final	PASS	CLOSE
3	915 Sewalls Pt Stuart Fence			INSPECTOR: <i>OM</i>
8848	Noheyl	electrical	PASS	
2	26 W High Pt Montalto	framing tie down door buck	PASS FAIL PASS	INSPECTOR: <i>JAN</i>
8914	GILBERT 170 S KWEIL MARCO	SHEATH / secondary WATER BARriers	PASS	REC'D AFFIDAVIT INSPECTOR: <i>OM</i>
				INSPECTOR:

OTHER:

8880

GARAGE DOOR



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:	8880	DATE ISSUED:	APRIL 29, 2008
SCOPE OF WORK:	REPLACE GARAGE DOOR		
CONDITIONS :			
CONTRACTOR:	TREASURE COAST GARAGE DOOR		
PARCEL CONTROL NUMBER:	123841002000002700	SUBDIVISION	RIO VISTA - LOT 27
CONSTRUCTION ADDRESS:	91 S SEWALLS POINT RD		
OWNER NAME:	OLNEY		
QUALIFIER:	MARK WAGNER	CONTACT PHONE NUMBER:	879-0487

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: 4-28-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____ OWNER/TITLEHOLDER NAME: Peter Olney Phone (Day) 777-786-9670 (Fax) _____

Job Site Address: 91. S. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PRO VISTA Lot 27 Parcel Number: _____

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

Scope of work: GARAGE DOOR

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

COST AND VALUES:
Estimated Value of Construction or Improvements: \$ 1413.00
(Notice of Commencement required over \$2500)

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

Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)
Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Treasure Coast Group Dms Phone: 877-0487 Fax: 877-0261

Street: 966 S. Baltimore St City: St Lucie State: FL Zip: 34983

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
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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.

OWNER Peter M Olney SIGNATURE (required)

State of Florida, County of: Martin

This the 16 day of April, 2008

by Peter M Olney who is personally known to me or produced as identification.

My Commission Expires: _____
Notary Public, State of Florida
Jeniffer Roushie
Seal
My Commission DD390319
Expires 12/19/2010

CONTRACTOR SIGNATURE (required)
Mark Wagner

On State of Florida, County of: St Lucie

This the 26th day of MARCH, 2008

by MARK WAGNER who is personally known to me or produced as identification.

My Commission Expires: _____
Notary Public
SHANNA Y DERIENZO
MY COMMISSION # DD553272
EXPIRES: May 17, 2010

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!



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Product Approval
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

FL # FL8345
 Application Type New
 Code Version 2004
 Application Status Approved
 Comments
 Archived

Product Manufacturer General American Door
 Address/Phone/Email 5050 Baseline Rd
 Montgomery, IL 60538
 (630) 859-3000 ext 175
 j.campbell@hoermann-gadco.com

Authorized Signature James Campbell
 j.campbell@hoermann-gadco.com

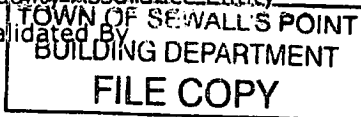
Technical Representative
 Address/Phone/Email

Quality Assurance Representative
 Address/Phone/Email

Category Exterior Doors
 Subcategory Sectional Exterior Door Assemblies

Compliance Method Evaluation Report from a Florida Registered Architect or a
 Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name Doug Barkley
 who developed the Evaluation Report
 Florida License PE-49090
 Quality Assurance Entity Intertek Testing Services NA Inc
 Validated By John E. Scates, PE



Certificate of Independence [FL8345 R0 COJ_independence.pdf](#)

Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	ANSI/DASMA 108	2002
	ASTM E1886/E1996	2002
	ASTM E330	2002

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/28/2007

Date Validated 03/13/2007

Date Pending FBC Approval 03/14/2007

Date Approved 03/29/2007

Summary of Products

FL #	Model, Number or Name	Description
8345.1	DSP	UPTO 16' WIDE PER DRAWING Z3053465
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +36.6 /-44.7 Other: Maximum Size: 16' wide x 8' tall. Maximum Panel Size: 16' wide x 21" tall. Large Missile Impact Resistant as defined by ASTM E1886/E1996.		Installation Instructions FL8345 R0 II z3053465.pdf Verified By: Doug Barkley 49090 Evaluation Reports FL8345 R0 AE evaluation.pdf

[Back](#)

[Next](#)

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

DCA Administration

**Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100**

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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Product Approval Accepts:



FILE COPY
TOWN OF SEWALL'S POINT

Field Survey

THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
 DATE 4-29-08 Date: _____

Customer:	BUILDING OFFICIAL	Phone:
Owner: <u>DIRECTOR</u>		Phone: <u>286-9670</u>
Address: <u>91 S.S. Ellis Point Rd.</u>		Fax:
<u>STUART, FL 34996</u>		Cell:

F18345 23053465

W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
16 x 7	GEORGE HOBAS	DP-140	140	C	+36.6/-44.7	+54.9/-67.05
x						
Wall Construction		Vertical Jamb		Header		Spring Pad
CMU / Wood / Other		2x6		2x6		W/A
Required Anchors		# 10R2 Below				

Wood Jamb Attachment To Structure

- (# 1) For attachment of jambs to cast in place concrete, Use 3/8" x 5". Install bolts a maximum of 6" from each end and at 12" on center. Anchors must have a minimum of 2-1/2" embedment into concrete.
- (# 2) For attachment to hollow block, use 1/4" diameter tapcon anchors. Install a pair of anchors a maximum of 6" from each end and a pair at 12" on center. The pair of anchors should be approximately 3" center to center. Anchors must have a minimum of 1-1/4" embedment into hollow block.
- (# 3) Attach tracks to wood frame with _____ " x _____ " lags & additional track brackets (as required) to secure thru existing _____ " x _____ " jamb with minimum of 1 1/2" embedment into existing stud wall.



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

**TABLE 1606.10
ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (A)**

MEAN ROOF HEIGHT (feet)	EXPOSURE	
	B	C
15	1.00	1.21
20	1.00	1.29
25	1.00	1.35
30	1.00	1.40
35	1.05	1.45
40	1.09	1.49
45	1.12	1.53
50	1.16	1.56
55	1.19	1.59
60	1.22	1.62

For SI: 1 foot = 304.8 mm.

**TABLE 1609.6E
GARAGE-DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B**

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)															
Width (ft)	Height (ft)	84	90	100	110	120	130	140	150	160	170	180	190				
Roof Angle 0 - 10 degrees																	
8	8	10.5	-11.9	11.7	-13.3	14.5	-16.4	17.5	-19.9	20.9	-23.6	24.5	-27.7	28.4	-32.2	32.6	-36.7
10	10	10.1	-11.4	11.4	-12.7	14.0	-15.7	17.0	-19.0	20.2	-22.7	23.7	-26.6	27.5	-30.8	31.6	-35.9
14	14	10.0	-10.7	10.8	-12.0	13.3	-14.8	16.1	-17.9	19.2	-21.4	22.5	-25.1	26.1	-29.1	30.0	-33.3
Roof Angle > 10																	
9	7	11.4	-12.9	12.8	-14.5	15.8	-17.9	19.1	-21.6	22.8	-25.8	26.7	-30.2	31.0	-35.1	35.6	-40.2
16	7	10.9	-12.2	12.3	-13.7	15.2	-16.9	18.5	-20.4	21.8	-24.3	25.6	-28.5	29.7	-33.1	34.1	-38.0

For SI: 1 Square foot = 0.929 Sqm, 1 mph = 0.447 m/s, 1 psf = 47.88 N/m².

1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
4. Negative pressures assume door has 2 feet of width to building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E, for wind loading actions on garage doors for buildings designed as enclosed shall be permitted.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

2977
331
335-911
22-06



TABLE 1609.6D

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (C)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot = 304.8mm.

TABLE 1609.6E

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)							
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150
Roof Angle 0-10 degrees									
8	8	10.5 -11.9	11.7 -13.3	14.5 -16.4	17.5 -19.9	20.9 -23.6	24.5 -27.7	28.4 -32.2	32.6 -36.9
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -26.6	27.5 -30.8	31.6 -35.4
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.9	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4
Roof Angle > 10									
9	7	11.4 -12.9	12.8 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2
16	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.6 -28.5	29.7 -33.1	34.1 -38.0

For SI: 1 Square foot = 0.929 Sqm, 1 mpg = 0.447 m/s, 1psf = 47.88 N/sqm.

1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
4. Negative pressures assume door has 2 feet of width in building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E. for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.

Handwritten annotations: 29.7, 33.94, 33.1, 40.06

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-28, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	Stark	all trades		
7	875 River Rd Emil Lav.	AC, elec. plumbing, low voltage, security	FAIL	INSPECTOR: <i>[Signature]</i>
8867	Geller	steel column	FAIL	
4	10 Palmetto Dr Ken Wendell			INSPECTOR: <i>[Signature]</i>
8901	Richardson	rough plumbing	PASS	
3	15 Ridgeland Everglades			INSPECTOR: <i>[Signature]</i>
CE		stop work order		abandoned
8	1735 Sewalls	tree in back		collecting worms
CE	Bartles	storm water		
9	St Lucie Ct			INSPECTOR:
8896	915 Sewalls	Final-mans	PASS	CLOSE
6	T-Coast Pavers & Garage Doors	pool		CLOSE
Tree	Richardson	Tree	PASS	
1	15 Middle Rd	after-the-fact		INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-28, 2008 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	Stark	all trades		
7	875 River Rd Emil Lav.	AC, elec. plumbing low voltage security	FAIL	INSPECTOR: <i>AM</i>
8867	Geller	steel column	FAIL	
4	10 Palmetto Dr Ken Wendell			INSPECTOR: <i>AM</i>
8901	Richardson	rough plumbing	PASS	
3	15 Ridgeland Everglades			INSPECTOR: <i>AM</i>
CE		stop work order abandoned		
8	173 Sewalls	tree in back		collecting vermin
				INSPECTOR:
CE	Bartles	storm water		
9	St Lucie Ct			INSPECTOR:
8896	Owner	Final	PASS	Close
8880	915 Sewalls T-Coast Pavers &	GAR. DOOR	PASS	Close
				INSPECTOR: <i>AM</i>
Tree	Richardson	Tree	PASS	
1	15 Middle Rd	after-the-fact		INSPECTOR: <i>AM</i>

OTHER: _____

INSTR # 2074047 OR BK 02317 PG 0593 RECD 03/24/2008 08:53:54 AM
Pg 0593; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Lot 27 Block 2354 RIVISTA PLAT 6 PAGE 95 915 Sewalls Pt. Rd.

GENERAL DESCRIPTION OF IMPROVEMENT: Install pavers at Driveway

OWNER NAME: Olney, Peter
ADDRESS: 91 S. Sewalls Pt Rd Stuart, FL 34996
PHONE NUMBER: (772) 286-2550 FAX NUMBER: (772) 286-2472

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: T-CONST PAVERS
ADDRESS: 2920 SE KENSINGTON ST. STUART 34997
PHONE NUMBER: 772-226-4554 FAX NUMBER: 772-781-5968

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

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

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(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.

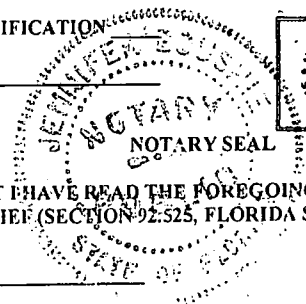
Ellen M Olney
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

OWNER
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 18 DAY OF March, 2008

BY: Ellen M. Olney AS Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

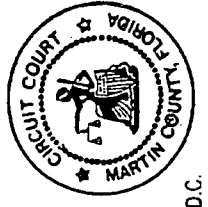
TYPE OF IDENTIFICATION PRODUCED Jennifer Boushie
NOTARY SIGNATURE



Notary Public State of Florida
Jennifer Boushie
My Commission DD380319
Expires 12/19/2008

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).

Ellen M Olney
(Signature of Natural Person Signing Above)



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: [Signature] D.C.
DATE: 03-24-08



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

Site Provided by...
governmentmax.com T1.12

Summary

print [icon] [icon] [icon] [icon] Owner 2 of 3

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00270-0	91 S SEWALLS POINT RD	27540	Owner	0	1

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary

Property Location 91 S SEWALLS POINT RD
Tax District 2200 Sewall's Point
Account # 27540
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.344

Legal Description
Property Information
 RIO VISTA S/D LOT 27

Search By

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

Owner Information
Owner Information
 OLNEY, PETER

Mail Information
 91 S SEWALLS POINT RD
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$247,500
Market Impr Value \$204,610
Market Total Value \$452,110

Site Functions

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

Recent Sale
Sale Amount \$152,300

Sale Date 4/21/2000
Book/Page 1474 1042

[Print](#) | [Back to List](#) | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement Data updated on 04/09/2008



RECEIVED
DATE: 3-24-08
TOWN OF SEWALL'S POINT

Date: 3/17/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: OLNEY, PETER Phone (Day) 772-286-2550 (Fax) 286-2472

Job Site Address: 91 S. SEWALL'S PT. RD City: SEWALL'S PT. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 21, BLK 2354 RIO VISTA Parcel Number: _____

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

Scope of work: REMOVE EXISTING CONCRETE DRIVEWAY AND WALKS AND REPLACE WITH PAVERS.

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: \$ 6500.00
(Notice of Commencement required when over \$2500 prior to first inspection)

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

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
SUBJECT PROPERTY IS LOCATED IN FLOOD ZONE: V _____ A9 _____ A8 _____ X _____
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

CONTRACTOR/Company: T-COAST PAVERS INC. Phone: 772-220-4554 Fax: 772-781-5968

Street: 2900 SE KENSINGTON ST. City: STUART State: FL Zip: 34996

State Registration Number: _____ State Certification Number: _____ Municipality License Number: SP01511

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.#: _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire 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 50-95.

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) CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin

This the 29 day of April, 2008

by Peter M Olney who is personally

known to me or produced as identification. Jennifer Boushie

Notary Public State of Florida
Jennifer Boushie
My Commission Expires: 12-19-08
My Commission DD380319
Expires 12/19/2008

On State of Florida, County of: Martin

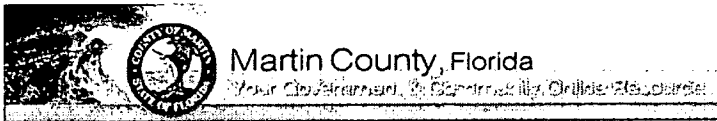
This the 17 day of March 2008

by Maurice Malacarne who is personally

known to me or produced as identification. Jennifer Boushie

Notary Public State of Florida
Jennifer Boushie
My Commission Expires: 12-19-08
My Commission DD380319

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



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Contractor List

[Reset](#)

Search T-Coast Pavers

Display 15 [Go](#)

Name	Company	License Type	License & Exp	Status	Address	Phone	Liability & Exp	Wk Comp & Exp
MALACARNE, MAURICE	T-COAST PAVERS	CONCRETE FORMING & FINISHING	SP01511 30-SEP-09	ACTIVE	2920 SE KENSINGTON ST STUART FL 34997	772-220-4554 772-781-5968	STUART INS INC 26-JAN-09	PAYCHEX, 800-472-0072 01-JUN-08

[Spread Sheet](#)

1 - 1



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:	8896	DATE ISSUED:	MAY 12, 2008
SCOPE OF WORK:	REMOVE CONCRETE DRIVEWAY REPLACE WITH PAVERS		
CONDITIONS :			
CONTRACTOR:	T-COAST PAVERS		
PARCEL CONTROL NUMBER:	123841002000002700	SUBDIVISION	RIO VISTA – LOT 27
CONSTRUCTION ADDRESS:	91 S SEWALLS POINT RD		
OWNER NAME:	OLNEY		
QUALIFIER:	MAURICE MALACARNE	CONTACT PHONE NUMBER:	220-4554

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.

8896

PAVER DRIVE

8929

IRRIGATION



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:	8929	DATE ISSUED:	JUNE 19, 2008
SCOPE OF WORK:	IRRIGATION SYSTEM		
CONDITIONS :			
CONTRACTOR:	TREASURE COAST IRRIGATION		
PARCEL CONTROL NUMBER:	123841002000002700	SUBDIVISION	RIO VISTA - LOT 27
CONSTRUCTION ADDRESS:	91 S SEWALLS POINT RD		
OWNER NAME:	OLNEY		
QUALIFIER:	SCOTT FAY	CONTACT PHONE NUMBER:	546-4535

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 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.

RECEIVED
DATE: 6-17-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Peter Olney Phone (Day) 772-215-4396 (Fax) _____

Job Site Address: 91 S. Sewalls Point Rd City: Sewalls Pt State: FL Zip: 33496

Legal Desc. Property (Subd/Lot/Block) RioVista S/D Lot 27 Parcel Number: 12-38-41-002-000-00270-0

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

Scope of work: Installation of irrigation system w/ Existing Well & Pump

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

COST AND VALUES:
Estimated Value of Construction or Improvements: \$ 3900.00
(Notice of Commencement required over \$2500)
Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Treasure Coast Irrigation Phone: 772-546-4535 Fax: 772-546-4598

Street: 7900 SE Bridge Rd City: Hobe Sound State: FL Zip: 33455

State Registration Number: _____ State Certification Number: _____ Municipality License Number: SP01297

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire 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 50-95.

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.

OWNER SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: Martin

Or State of Florida, County of: Martin

This the 16 day of June, 2008

This the 16 day of June, 2008

by Peter Olney who is personally

by Scott Foy who is personally

known to me or produced

known to me or produced

as identification. FL DR License

As identification. _____

My Commission Expires: _____
ALAN JENKINSON
Notary Public, State of Florida
Commission No. DD471332

My Commission Expires: _____
ALAN JENKINSON
Notary Public, State of Florida
Commission No. DD471332

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. 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 #: 12-38-41-002-000-00270-0

STATE OF FLORIDA COUNTY OF MARTIN

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

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

Rio Vista S/D Lot 27

GENERAL DESCRIPTION OF IMPROVEMENT: Irrigation System using existing Well and Pump

OWNER NAME: Peter Olney
ADDRESS: 91 S. Sewalls Point Road, Sewalls Point, FL 34996
PHONE NUMBER: 772-215-4396 FAX NUMBER: _____

INTEREST IN PROPERTY: owner

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

CONTRACTOR: Treasure Coast Irrigation and Landscape
ADDRESS: 7900 SE Bridge Road, Hobe Sound, FL 33455
PHONE NUMBER: 772-546-4535 FAX NUMBER: 772-546-4598

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

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

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

NAME: Peter Olney
ADDRESS: 91 S. Sewalls Point Road, Sewalls Point, FL 34996
PHONE NUMBER: 772-215-4396 FAX NUMBER:

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

PHONE NUMBER: FAX NUMBER:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: (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 OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16 DAY OF June, 2008

BY: Peter Olney AS owner FOR self
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE

NOTARY SEAL

ALAN JENKINSON
Notary Public, State of Florida
Commission No. DD471332
My Comm. Exp. Oct. 30, 2009
Bonded thru Atlantic Bonding Co., Inc.

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

(Signature of Natural Person Signing Above)

MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: K. Winters
DATE: 6/17/2008 D.C.



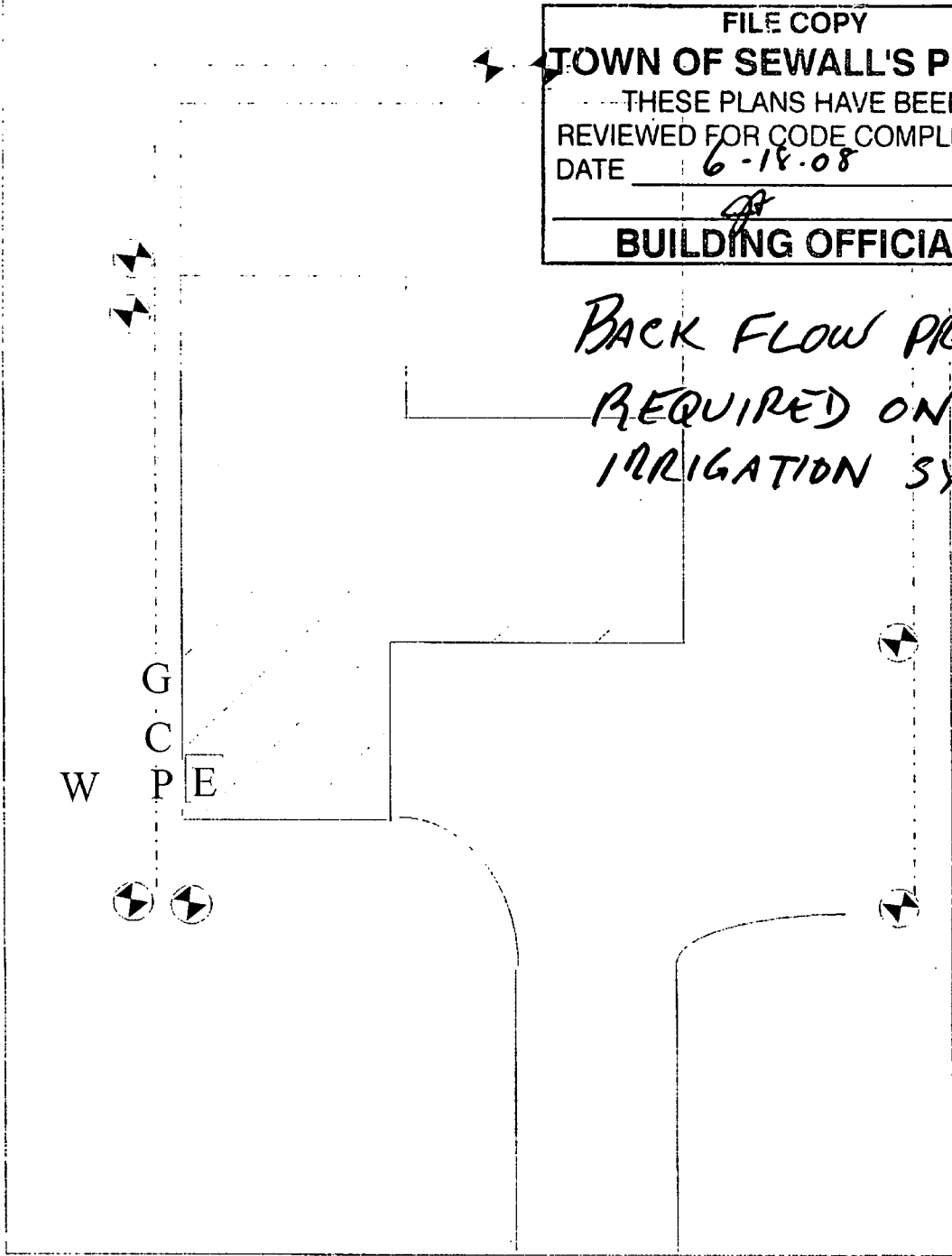
INSTR # 2090545 OR BK 02334 PG 2982 RECD 06/17/2008 12:37:36 PM
Pg 2982; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK K Winters

Irrigation Layout by Treasure Coast Irrigation
 91 S. Sewalls Point Road (Olney Residence)

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6-18-08



BUILDING OFFICIAL

*BACK FLOW PREVENTION
 REQUIRED ON ALL
 IRRIGATION SYSTEMS*

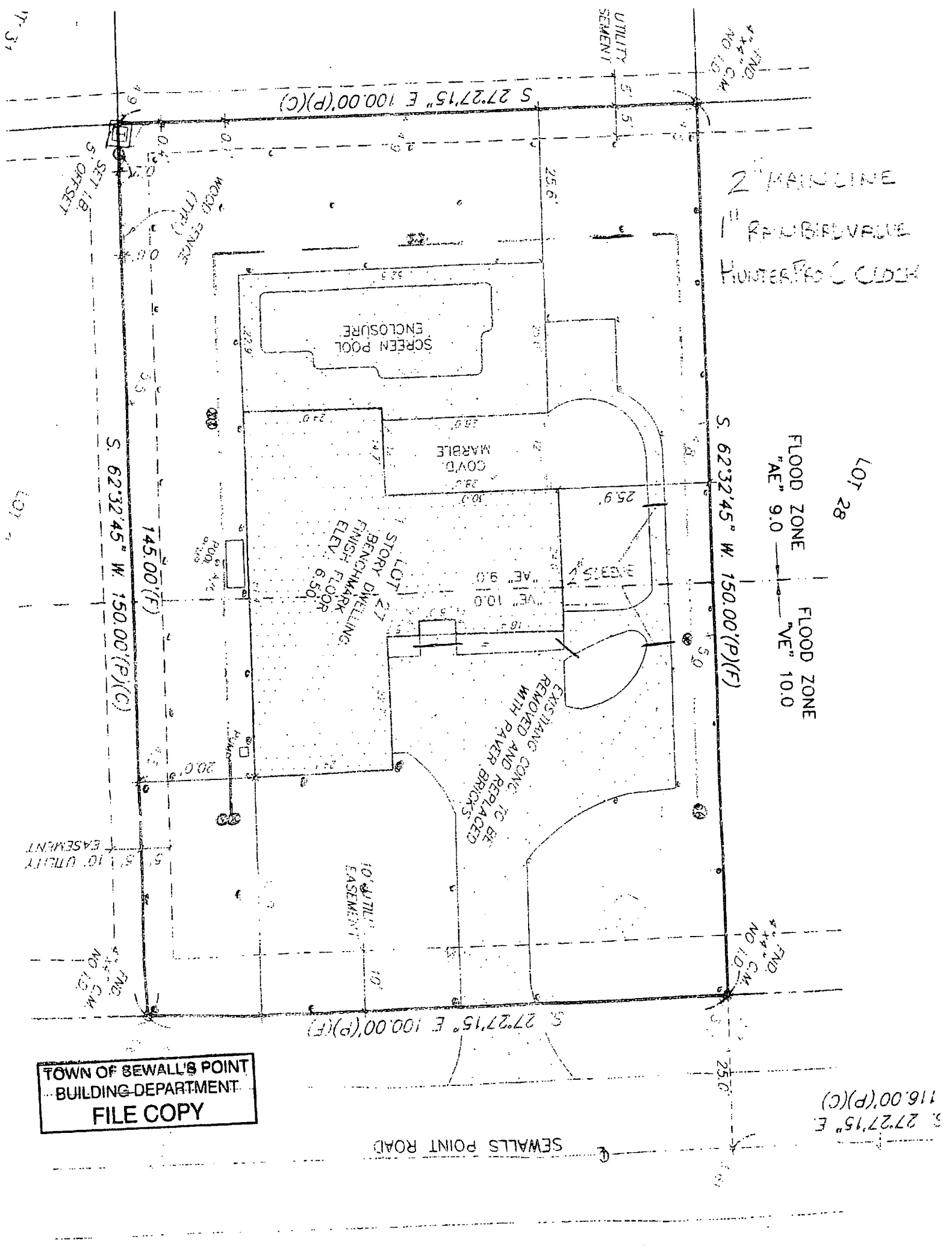


S. Sewalls Point Road

Existing Pump and Well
 Existing Electrical Outlet for Pump & Controller

-  Valves 1" Rain Bird DVF
-  Main Irrigation Line 2"
- P** Pump Existing
- C** Controller Hunter Pro C
- E** Electrical Outlet Existing
- W** Well Existing
- G** Rain Guage

17-37



2" MAINLINE
 1" RAINBIRD VALVE
 HUNTER PRO C CDR

LOT 28

FLOOD ZONE
 "AE" 9.0
 "VE" 10.0

S. 62.32'45" W. 150.00'(P)(F)

S. 27.27'15" E 100.00'(P)(F)

S. 27.27'15" E
 116.00'(P)(C)

SEWALLS POINT ROAD

S. 62.32'45" W. 150.00'(P)(C)

145.00'(F)

LOT 27
 1 STORY DWELLING
 FINISH FLOOR
 ELEV. 6.50

SCREEN POOL
 ENCLOSURE

COVERED
 MARBLE

EXISTING CONC. TO BE
 REMOVED AND REPLACED
 WITH PAVER BRICKS

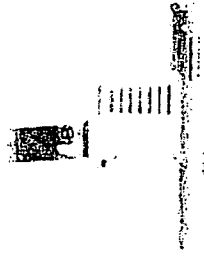
10' UTILITY
 EASEMENT

5' 10' UTILITY
 EASEMENT

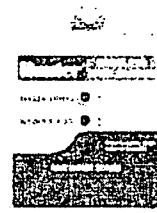
TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT.
 FILE COPY

Hunter[®]
The Irrigation Innovators

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Wireless Rain-Clik Sensor
(Freeze Sensing Optional)



Wireless Rain-Clik Receiver

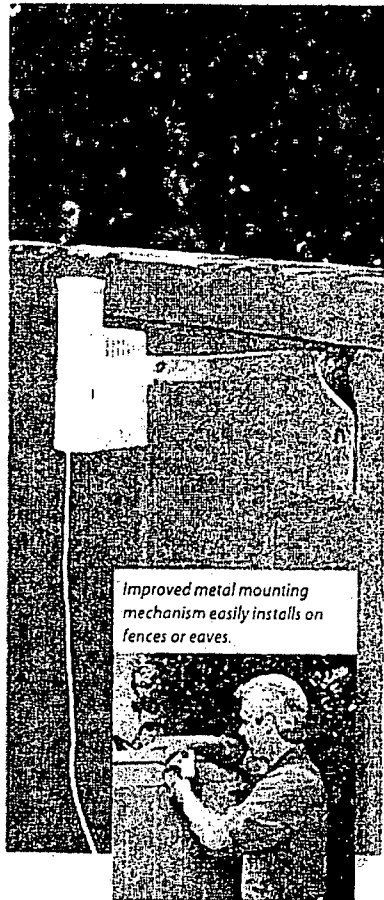
**Wireless
Rain-Clik™**
*The first reliable
wireless rain
sensor provides
fast installation
on any system*

If the thought of running wires from a controller has kept you from adding rain sensors to your systems, now there's a hassle-free alternative. The Hunter Wireless Rain-Clik™ attaches quickly and easily – simply install the receiver unit next to your irrigation controller, then install the transmitter anywhere that the device can receive representative rainfall. No ladders needed to attach to a high outcropping on a building, no messy wires to hide out of view. What also sets a Hunter Rain-Clik

apart are features no other rain-sensing device offers. The unique Quick Response™ feature allows the product to shut off immediately when it starts to rain. And, unlike its competition, Hunter's sophisticated sensing mechanism cannot be fouled by debris, giving the Wireless Rain-Clik the most highly accurate operation.



Features & Benefits



Improved metal mounting mechanism easily installs on fences or eaves.

- Hassle-free, wire-free easy installation**
Simple to add on to a new or existing installation
- Hunter's unique Quick Response feature**
No need for water to accumulate for shutoff
- Rugged construction**
Heavy-duty polycarbonate housing and metal extension arm
- Set a maximum dry-out period**
Adjust the irrigation re-start to account for varying amounts of rain
- Operates up to 1000' from the receiver unit**
Typical wired system limitations vanish
- Maintenance-free design**
With a 10-year battery life there is no need to replace batteries
- Built-in bypass switch on receiver panel**
Adds flexibility to the system
- Wireless Rain/Freeze-Clik option**
Freeze sensor eliminates ice on landscapes, walkways, and roadways



Instant Shut Off When it Rains

There are a lot of rain-sensing devices on the market today, but all of them shut off an irrigation system only when a pre-set level of accumulated water is reached. That means that even after it has started raining, a system will continue to operate, an action that can give the impression water is being wasted (not the image that a municipality wants to give its constituents as they pass by parks, roadways and other city-owned lands). Only the Hunter Rain-Clik products, with their unique Quick Response feature, allow an irrigation system to shut off immediately when it starts to rain.

Models

- WRC – Wireless Rain-Clik (315 MHz for domestic markets)
- WRC-INT – Wireless Rain-Clik (433 MHz for Europe, Australia and other markets)
- WRFC – Wireless Rain/Freeze-Clik (315 MHz for domestic markets)
- SGM – Sensor gutter mount

Dimensions

- 3 1/4" diameter x 4" high

Operating Specifications

- Wiring: normally closed or normally open
- Time to turn off irrigation system: 2 to 5 minutes for Quick Response
- Time to reset Quick Response unit: 4 hours maximum under dry sunny conditions
- Time to reset: 3 days maximum under dry sunny conditions for the total rainfall compensation unit
- Operating temperature: 32°F to 130°F (0°C to 54°C)
- Vent ring allows for adjustment of reset delay
- UV colorfast and stable
- UL listed, FCC/DOC approved, suitable for use in Australia, CUL (CSA), CE
- Rain sensor transmitting range: up to 1,000 feet line of sight*
- Optional gutter mount for Rain-Clik (order SGM)
- WRFC shuts system off when temperatures fall below 37°F
- 10 year maintenance-free battery

Electrical Specifications

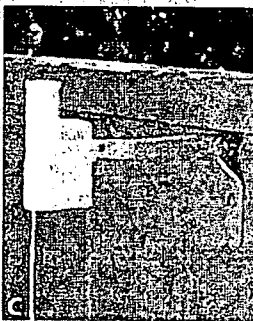
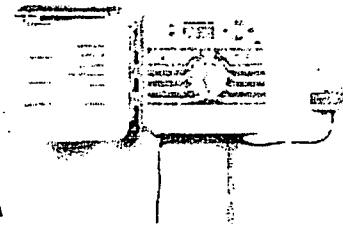
- Receiver power: 22-28VAC, 100 mA (from timer transformer)
- Receiver includes built-in bypass switch, no extra switch required
- Works with all standard controllers

* Range estimate is for WRC (domestic models)

Easy to Test, Easy to Install

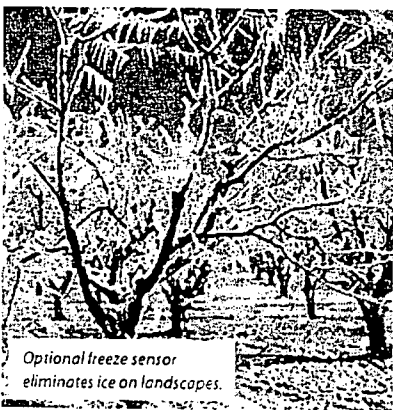
(A) Mount the receiver adjacent to the controller. Activate a station manually in the area where you will be mounting the sensing unit.

(B) Go out to the area where you want to mount the sensing unit. Press the interrupt on the sensing unit to verify if the zone turns off. You are now ready to permanently mount the sensing unit.



(C) Fence mounting is a simple procedure, with no wires to string. Simply attach the sensor and test the system.

(D) For optional gutter mounting (model SGM), a single thumb screw makes attachment easy. Just twist and it will firmly secure to the gutter.



SPECIFICATION GUIDE

EXAMPLE **WRC-INT**

MODEL	OPTION
WRC = Wireless Rain-Clik*	INT = Europe/Australia and other markets (433 MHz operating frequency)*

WRFC = Wireless Rain/Freeze-Clik

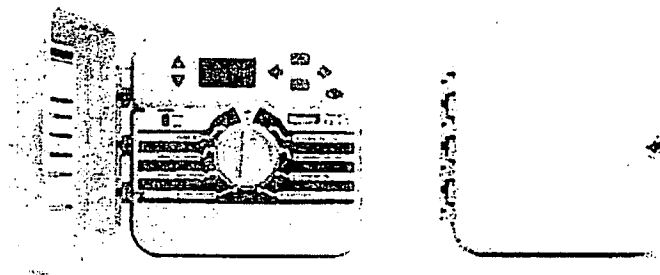
SGM = Optional Gutter Mount

* Consult with factory for compatibility in export markets.

The Wireless Rain-Clik or Wireless Rain/Freeze-Clik can also be installed with an outdoor controller. Just use the included weatherproof rubber cover.

Hunter®

The Irrigation Innovators



indoor

outdoor

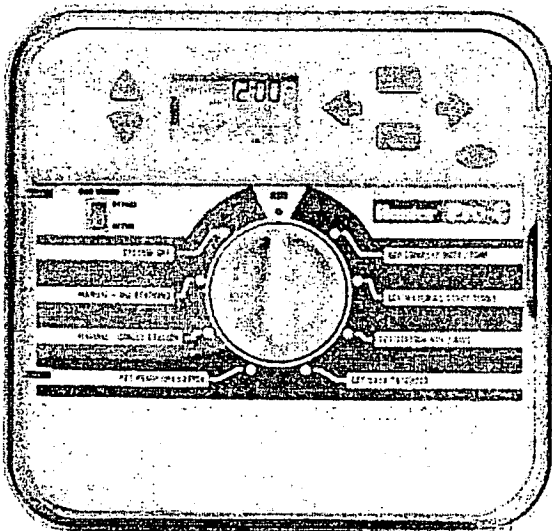
Pro-C

A complete family of full-featured residential and light commercial controllers.

No need to bring along a variety of different-sized controllers to see which one is best for the job. With its ability to customize to the particular size you need (from 3 to 15 stations), the Pro-C will always be the right choice. A modular system also makes inventory a breeze—there are only three different units to stock (indoor cabinets, outdoor cabinets, and station modules). But,

modularity isn't all this controller has to offer, with great features such as three programs with multiple start times, independent day scheduling options, "one touch" manual start and rapid advance, a programmable event day off, robust heavy-duty locking plastic cabinet, and superior surge protection. Pro-C: delivering maximum flexibility for landscapes that require a minimal number of stations.

Features & Benefits



Versatile modular design

Simplified inventory management; easily customize unit to desired number of stations

Large LCD display for simplified programming

Easy to read for schedule review and entry

Three programs (A, B, C) with multiple start times

Independent programming handles many different watering requirements

Choice of independent day scheduling options

Days of the week, odd/even, or 31-day interval for maximum flexibility

Global water budget/seasonal adjustment

Easily change run time of all zones from 10% to 150%

Non-volatile memory

No battery required for backing up programs and current date and time; holds programs indefinitely; excellent insurance against unreliable power

Superior surge protection and self-diagnostic short circuit protection

Microcircuits are protected from electrical spikes, no fuses to worry about

Remote control ready

Supplied with connection for SRR and ICR remote controls

Models

- PC-300i – base model indoor plastic cabinet with plug-in 120VAC transformer, expands to 15 stations
- PC-300 – base model outdoor locking plastic cabinet with 120VAC transformer, expands to 15 stations
- PCM-300 – 3-station plug-in module for use with any PC controller model
- PCM-900 – 9-station plug-in module for use with any PC controller model (expands Pro-C station capability to 15 stations with 1 PCM-300 installed)

Dimensions

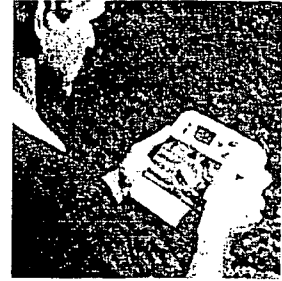
- Indoor Model: 8.3" H x 9.6" W x 3.7" D (21.1 cm H x 24.4 cm W x 9.4 cm D)
- Outdoor Model: 8.9" H x 9.9" W x 4.3" D (22.6 cm H x 25.1 cm W x 10.9 cm D)

Specifications and Features

- Outdoor models, 120VAC transformer with internal junction box
- Indoor model, 120VAC three prong plug-in transformer
- Station output 24VAC .56 Amps
- Transformer output 24VAC 1.0 Amps
- Capable of operating equivalent of 3 solenoids simultaneously
- Operating Temperature: 0 to 150° f
- NEMA rated outdoor cabinet
- UL Listed
- 4 start times per program for repeat watering needs
- Up to six hours run time on each station
- Automated chronological ordering of start times/start time stacking
- 365-day calendar with leap year intelligence
- Programmable event day off allows specific day(s) to be designated as always "off"
- Rain Sensor bypass switch compatible with micro-switch based sensors, displays when sensor is active
- Programmable delay between stations of zero seconds to 4 hours for well recovery or slow-closing valves
- Programmable rain delay for 1 to 7 days
- Compatible with Hunter's SRR and ICR remote control system
- Programmable pump/master valve circuit by station
- Hunter Quick Check™ helps troubleshoot field wiring problems
- Test program feature allows for quick system checks
- Central control compatible with Hunter IMMS™
- Automatic module recognition; automatically identifies stations when modules are installed or removed
- Non-volatile memory backs up watering programs and current date and time
- Electronic short circuit protection; detects and skips shorted stations, no fuse to replace

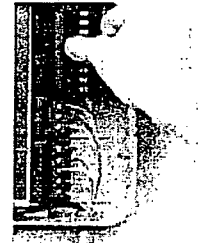
Removable Face Plate: The Power of Desktop Programming is in Your Hands

With the removable face plate on the Pro-C controller, simply detach the front panel of the unit and perform programming functions from a variety of different locations. Take the face plate with you and walk around the yard as you set the program (visiting each different zone as you program it). Program the controller from the comfort of your office before taking it to the customer's site for installation. Or, hand the panel over to your customer during installation and let them sample the programming features.



Modules: Custom-size Controller to the Project

It's designed to fit virtually any residential or light commercial need. It's designed for flexibility right at the job site. It's designed to keep an installer's inventory to a minimum. What is it? It's the modular design of the Hunter Pro-C controller. Beginning with a 3-station base unit, you can expand the controller up to 15 stations. Thus, a contractor no longer needs to stock ten different types of controllers (3-, 6-, 9-, 12-, and 15-station units in both indoor and outdoor models)... he simply needs to keep on hand just four items (indoor and outdoor Pro-C base units and 3-station and 9-station modules).

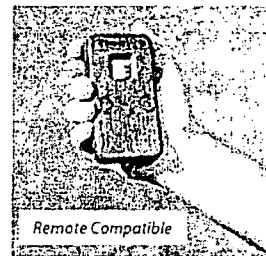


The Flexibility to Cover Particular Program Needs

If your landscape is a particular one, with its own quirky requirements, the Pro-C is just the controller to handle that little prima donna. No other controller has more flexibility in its programming options. Need multiple daily waterings? How about 3 independent programs and 4 start times per program. Deep soaking needs? The Pro-C offers long station run times. Irrigation restrictions in your area? Choose from day of the week, interval watering, or true odd/even scheduling. There's even an "event day off" feature that designates specified days of the week for non-watering (perfect for regular maintenance or special events).

SPECIFICATION GUIDE

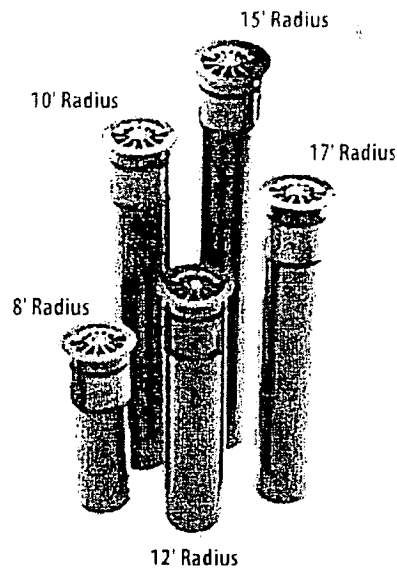
EXAMPLE PC - 300i	
MODEL	FEATURES
PC = Pro-C Controller	300i = 3-Station Base Unit Controller, Indoor Model, Plug-in Transformer, Expands to 15 Stations 300 = 3-Station Base Unit Controller, Outdoor Model Internal Transformer, Expands to 15 Stations
PCM	300 = 3-Station Plug-in Module for use with any PC Controller Model 900 = 9-Station Plug-in Module for use with any PC Controller Model



PRO-C QUICK REFERENCE CHART

Desired Station Configuration	Order: Base Unit	Plus Number of Modules	Specify as:
3 Zone	PC-300 or PC-300i	no module needed	PC-300i or PC-300
6 Zone	PC-300 or PC-300i	one PCM-300	PC-600i or PC-600
9 Zone	PC-300 or PC-300i	two PCM-300	PC-900i or PC-900
12 Zone	PC-300 or PC-300i	three PCM-300	PC-1200i or PC-1200
15 Zone	PC-300 or PC-300i	one PCM-300 and one PCM-900	PC-1500i or PC-1500

The Pro-Spray name has come to stand for your assurance of unsurpassed quality and performance in a professional-grade spray head. Now, the name also guarantees the same high standards for spray nozzles. While many landscapes require precise fine-tuning to achieve optimum coverage, the vast majority of spray heads that contractors install call for the use of standard angle nozzles... that is, full-circle, half-circle, and quarter-circle patterns. When installing nozzles along straight runs or in areas that require 360° arcs, labor will be saved by not having to adjust each nozzle to those common patterns. With patterns that feature precise edges and a droplet size that minimizes wind drift, Hunter Pro-Spray nozzles have been painstakingly designed to provide superior coverage. Five different radius ranges are available, each able to be reduced if needed for fine-tuning and each color-coded for quick and easy radius identification.

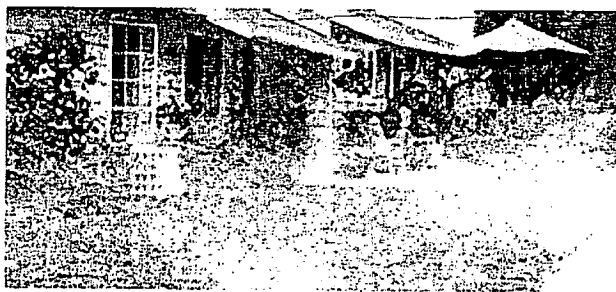


Pro-Spray Nozzles
Precise edges, optimum droplet size deliver superior matched precipitation rates for popular arc settings

Pro-Spray Nozzles Performance Data

Arc	Pressure PSI	Pattern	8 Foot Radius Fixed (Quarter, Half, Full) Trajectory: 0° Color Code: Brown			10 Foot Radius Fixed (Quarter, Half, Full) Trajectory: 15° Color Code: Red			12 Foot Radius Fixed (Quarter, Half, Full) Trajectory: 28° Color Code: Green			15 Foot Radius Fixed (Quarter, Half, Full) Trajectory: 28° Color Code: Black			17 Foot Radius Fixed (Quarter, Half, Full) Trajectory: 28° Color Code: Gray							
			Radius ft.	Flow GPM	Precip in/hr	Radius ft.	Flow GPM	Precip in/hr	Radius ft.	Flow GPM	Precip in/hr	Radius ft.	Flow GPM	Precip in/hr	Radius ft.	Flow GPM	Precip in/hr					
90°	20	Q	7'	0.17	1.34	1.54	9'	0.30	1.43	1.65	11'	0.50	1.59	1.84	14'	0.77	1.51	1.75	16'	0.97	1.46	1.68
	25		8'	0.19	1.14	1.32	10'	0.33	1.27	1.47	12'	0.55	1.47	1.70	15'	0.86	1.47	1.70	17'	1.13	1.51	1.74
	30		8'	0.24	1.44	1.67	10'	0.39	1.50	1.73	12'	0.63	1.68	1.95	15'	0.93	1.59	1.84	17'	1.20	1.60	1.85
	35		9'	0.33	1.57	1.81	11'	0.49	1.56	1.80	13'	0.73	1.66	1.92	16'	1.03	1.55	1.79	18'	1.25	1.49	1.72
	40		10'	0.45	1.85	2.13	12'	0.63	1.68	1.95	14'	0.84	1.65	1.91	17'	1.13	1.51	1.74	19'	1.38	1.47	1.70
180°	20	H	7'	0.34	1.34	1.54	9'	0.60	1.43	1.65	11'	1.00	1.59	1.84	14'	1.54	1.51	1.75	16'	1.94	1.46	1.66
	25		8'	0.36	1.14	1.32	10'	0.66	1.27	1.47	12'	1.10	1.47	1.70	15'	1.72	1.47	1.70	17'	2.26	1.51	1.74
	30		8'	0.48	1.44	1.67	10'	0.82	1.58	1.82	12'	1.31	1.75	2.02	15'	1.86	1.59	1.84	17'	2.40	1.60	1.85
	35		9'	0.66	1.57	1.81	11'	0.98	1.56	1.80	13'	1.46	1.66	1.92	16'	2.06	1.55	1.79	18'	2.50	1.49	1.72
	40		10'	0.96	1.85	2.13	12'	1.26	1.68	1.95	14'	1.66	1.65	1.91	17'	2.26	1.51	1.74	19'	2.76	1.47	1.70
360°	20	F	7'	0.68	1.34	1.54	9'	1.20	1.43	1.65	11'	2.00	1.59	1.84	14'	3.08	1.51	1.75	16'	3.88	1.46	1.66
	25		8'	0.76	1.14	1.32	10'	1.32	1.27	1.47	12'	2.20	1.47	1.70	15'	3.44	1.47	1.70	17'	4.52	1.51	1.74
	30		8'	0.95	1.43	1.65	10'	1.62	1.56	1.80	12'	2.65	1.77	2.05	15'	3.72	1.59	1.84	17'	4.80	1.60	1.85
	35		9'	1.32	1.57	1.81	11'	1.96	1.56	1.80	13'	2.92	1.66	1.92	16'	4.12	1.55	1.79	18'	5.00	1.49	1.72
	40		10'	1.92	1.85	2.13	12'	2.52	1.68	1.95	14'	3.36	1.65	1.91	17'	4.54	1.51	1.74	19'	6.52	1.47	1.70

Note: The Institutional Spray's built-in pressure regulation controls output to a maximum of 30 PSI. All precipitation rates calculated for 360 degree operation.

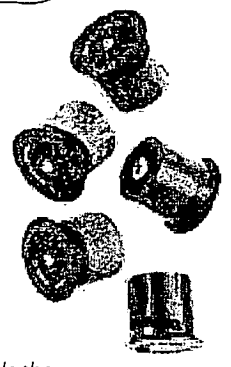


Full, Even Coverage Across Every Pattern

Every Hunter Pro-Spray Nozzle has been precision engineered to ensure that the entire area of coverage receives its intended amount of water. Whether it is a quarter-, half-, or full-circle pattern, the discharge from the nozzle features a consistent trajectory from all sides. Hunter nozzles also are noted for emitting at the optimum droplet size: large enough to avoid the problems of misting, small enough to provide nice, even distribution.

It's Easy To See We've Enhanced Our Color-Coded ID

Never has it been so easy to identify what nozzle is installed in a spray head. With Hunter's improved color-coded ID system for Pro-Spray Nozzles, you'll no longer need to turn on the system in order to view the sprinkler from the side as it pops up (and sprays you with water). Now, you can view the sprinkler from the top and see the color-coded plug that identifies the particular nozzle... while the system is off! A quick peek and you'll know exactly what size (radius) nozzle is installed simply by its color—brown is 8' (2.4 m), red is 10' (3.0 m), green is 12' (3.7 m), black is 15' (4.6 m), and gray is 17' (5.2 m).



Models

PGS - Shrub

PGP - 4" Pop-up (10 cm)

PGH - 12" Pop-up (30 cm)

PGP-ATR - 2 1/4" Pop-up - Retrofits existing Rain Bird® Maxi-PAW™ and others

Dimensions

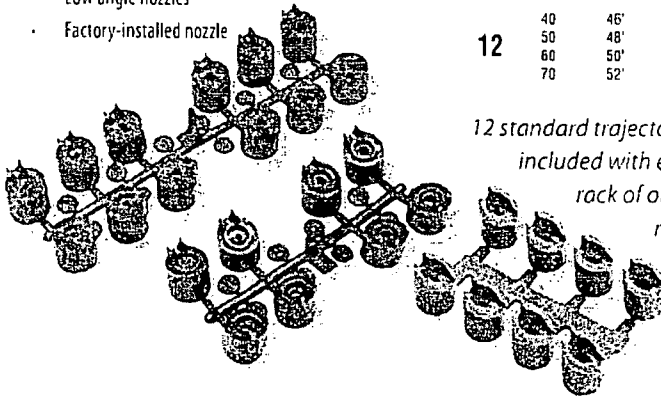
- Overall height:
 - PGS - 7 1/2" (19 cm)
 - PGP - 7 1/2" (19 cm)
 - PGH - 17" (43 cm)
- 1/2" female inlet NPT
- Exposed diameter: 1 1/4" (4 cm)

Operating Specifications

- Discharge rate: .5 to 14.1 GPM (0.11 to 3.20 m³/hr; 1.9 to 53.4 l/min)
- Radius: 22' to 52' (6.7 to 15.8 m)
- Recommended pressure range: 40 to 60 PSI (2.8 to 4.1 bars; 275 to 413 kPa)
- Operating pressure range: 20 to 100 PSI (1.4 to 6.9 bars; 137 to 689 kPa)
- Precipitation rates: approximately .4" (10 mm) per hour at 50 PSI (3.4 bars; 344 kPa) for spacings from 25' to 45' (7.6 to 13.7 m)
- Nozzle trajectory: standard - 25°, low angle - 13°

Options Available

- Drain check valve for up to 10' (3.0 m) elevation change (not available for PGP-ATR)
- Reclaimed water identification cover
- Low angle nozzles
- Factory-installed nozzle



12 standard trajectory nozzles (red) are included with each sprinkler. A rack of our 8 new standard nozzles (blue) are available separately. Low angle nozzles (gray) are also available.

SPECIFICATION GUIDE

EXAMPLE **PGP - ADJ - LA**

MODEL	FEATURES	OPTIONS
PGS - Shrub	ADJ, 36V, ADV, 36V, ARV, 3RV	XX = 12 Standard Red Nozzles LA = 7 Low-Angle Nozzles
PGP - 4" Pop-up	ADJ, 36V, ADV, 36V, ARV, 3RV	01 - 12 = Factory-Installed Standard Red Nozzle 1.5 - 8.0 = User-Installed Standard Blue Nozzle 4 - 10 LA = Factory-Installed Low-Angle Nozzle
PGH - 12" Pop-up	ADV, 36V, ARV, 3RV	
PGP-ATR	Advanced Technology Impact Replacement Retrofits Rain Bird® Maxi-PAW and others	

KEY TO FEATURES:

ADJ = Adjustable with no Check Valve	36V = Full-Circle with Check Valve
36V = Full-Circle with no Check Valve	ARV = Adjustable Reclaimed Water, with Check Valve
ADV = Adjustable with Check Valve	3RV = Full-Circle, Reclaimed Water, with Check Valve
ATR = 2 1/4" Pop-up, Adjustable with no Check Valve and 7 Standard Red Nozzle Factory-Installed	

PGP Red Standard Nozzle Performance Data

Nozzle	Pressure PSI	Radius ft.	Flow GPM	Precip in/hr	
				■	▲
1	30	28'	0.5	0.12	0.14
	40	29'	0.6	0.14	0.16
	50	29'	0.7	0.16	0.19
	60	30'	0.8	0.17	0.20
2	30	28'	0.7	0.15	0.19
	40	30'	0.8	0.17	0.20
	50	30'	0.9	0.19	0.22
	60	31'	1.0	0.20	0.23
3	30	30'	0.9	0.19	0.22
	40	31'	1.0	0.20	0.23
	50	31'	1.2	0.24	0.28
	60	32'	1.3	0.24	0.26
4	30	32'	1.2	0.23	0.25
	40	33'	1.4	0.25	0.29
	50	34'	1.6	0.27	0.31
	60	34'	1.8	0.30	0.35
5	30	34'	1.6	0.27	0.31
	40	36'	1.8	0.27	0.31
	50	38'	2.0	0.27	0.31
	60	38'	2.2	0.29	0.34
6	30	34'	2.0	0.33	0.38
	40	36'	2.4	0.36	0.41
	50	38'	2.7	0.36	0.42
	60	38'	2.9	0.39	0.45
7	30	34'	2.6	0.43	0.50
	40	36'	3.0	0.40	0.46
	50	40'	3.4	0.41	0.47
	60	40'	3.7	0.45	0.51
8	30	37'	3.2	0.45	0.52
	40	39'	3.7	0.47	0.54
	50	41'	3.9	0.45	0.52
	60	42'	4.6	0.50	0.58
9	30	38'	3.6	0.46	0.55
	40	41'	4.3	0.49	0.57
	50	44'	5.2	0.52	0.60
	60	45'	5.5	0.52	0.60
10	40	44'	6.0	0.60	0.69
	50	46'	6.8	0.62	0.71
	60	47'	7.6	0.66	0.76
	70	49'	8.2	0.66	0.76
11	40	46'	8.0	0.73	0.84
	50	48'	8.9	0.74	0.86
	60	50'	9.8	0.75	0.87
	70	51'	10.5	0.76	0.90
12	40	46'	10.5	0.96	1.10
	50	48'	11.9	0.99	1.15
	60	50'	12.7	0.98	1.13
	70	52'	14.1	1.00	1.16

PGP Blue Standard Nozzle Performance Data

Nozzle	Pressure PSI	Radius ft.	Flow GPM	Precip in/hr	
				■	▲
1.5	25	29'	1.2	0.27	0.32
	35	31'	1.4	0.26	0.32
	45	31'	1.5	0.30	0.35
	55	32'	1.6	0.34	0.39
2.0	65	32'	1.9	0.36	0.41
	25	33'	1.4	0.25	0.29
	35	33'	1.7	0.30	0.35
	45	34'	2.0	0.33	0.38
2.5	55	34'	2.1	0.35	0.40
	65	32'	2.3	0.45	0.50
	25	33'	1.7	0.30	0.35
	35	35'	2.1	0.33	0.38
3.0	45	35'	2.5	0.39	0.45
	55	35'	2.6	0.41	0.47
	65	35'	2.9	0.46	0.53
	25	35'	2.2	0.35	0.40
4.0	35	36'	2.7	0.40	0.46
	45	38'	3.0	0.40	0.46
	55	39'	3.4	0.43	0.50
	65	39'	3.7	0.47	0.54
5.0	25	37'	3.0	0.42	0.49
	35	39'	3.5	0.44	0.51
	45	40'	4.0	0.48	0.56
	55	41'	4.5	0.52	0.60
6.0	65	41'	4.8	0.55	0.63
	25	37'	3.7	0.52	0.60
	35	39'	4.5	0.57	0.66
	45	42'	5.0	0.55	0.63
7.0	55	42'	5.7	0.62	0.72
	65	42'	6.2	0.62	0.72
	25	38'	4.3	0.57	0.66
	35	40'	5.6	0.67	0.78
8.0	45	43'	6.0	0.62	0.72
	55	44'	6.7	0.67	0.77
	65	44'	7.3	0.73	0.84
	25	37'	6.0	0.84	0.97
9.0	35	41'	7.0	0.80	0.93
	45	44'	8.0	0.80	0.92
	55	46'	9.0	0.82	0.95
	65	46'	9.8	0.89	1.03

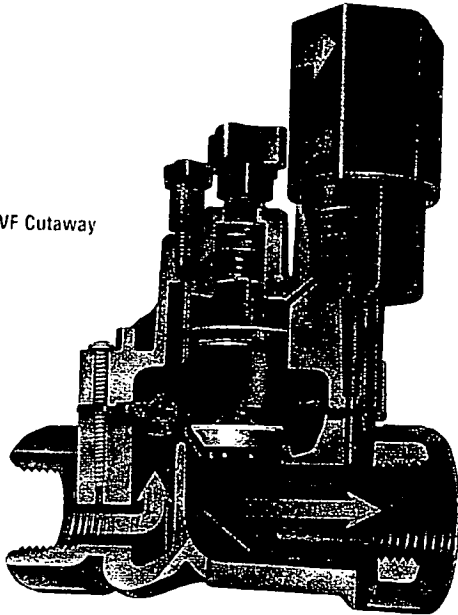
PGP Gray Low Angle Nozzle Performance Data

Nozzle	Pressure PSI	Radius ft.	Flow GPM	Precip in/hr	
				■	▲
4	30	22'	1.4	0.56	0.64
	40	24'	1.7	0.57	0.66
	50	26'	1.8	0.51	0.59
	60	28'	2.0	0.49	0.57
5	30	25'	1.6	0.49	0.57
	40	27'	1.9	0.50	0.58
	50	28'	2.1	0.52	0.60
	60	30'	2.3	0.49	0.57
6	30	27'	2.1	0.55	0.64
	40	30'	2.5	0.53	0.62
	50	33'	2.8	0.49	0.57
	60	35'	3.0	0.47	0.54
7	30	29'	2.8	0.64	0.74
	40	32'	3.1	0.56	0.67
	50	35'	3.5	0.55	0.64
	60	37'	3.8	0.53	0.62
8	30	31'	3.4	0.68	0.79
	40	34'	3.9	0.65	0.75
	50	37'	4.4	0.62	0.71
	60	36'	4.7	0.63	0.72
9	30	33'	4.2	0.76	0.88
	40	37'	5.0	0.70	0.81
	50	40'	5.6	0.67	0.78
	60	42'	6.1	0.67	0.77
10	40	38'	6.5	0.87	1.00
	50	40'	7.3	0.86	1.01
	60	42'	8.0	0.87	1.01
	70	44'	8.6	0.86	0.99

P Blank nozzle plug for turning off selected sprinklers during repairs, maintenance, etc.

Note: All precipitation rates calculated for 16C degree operation. For the precipitation rate for a 35C degree sprinker, divide by 2.

● DVF Cutaway



DVF Series

1" (26/34)

- Economical irrigation valve for residential and light commercial applications where flow control is required.
- Incorporates all features of DV Series valves, plus the following:
- Unique, easy-to-turn, patented pressure assisted flow control mechanism.

Operating Range

- Pressure: 15 to 150 psi (1.03 to 10,34 bars)
- 100-DVF Flow: 0.2 to 40 GPM (0.05 to 9.08 m³/h; 0.76 to 151.40 l/m). An option for low flow (3 GPM; 0.68 m³/h; 11.4 l/m) applications is to use a LFV-100/075 Low Flow Valve (see page 230), or Drip Control Zone Kit (see pages 222-229).
- Water temperature: up to 110° F (43° C)
- Ambient temperature: Up to 125° F (52° C)

Electrical Specifications

- 24 VAC 50/60 Hz (cycles/sec.) solenoid
- Inrush current: 0.30 A (7.2 VA) at 60 Hz
- Holding current: 0.19 A (4.6 VA) at 60 Hz
- Coil resistance: 42-55 Ohms

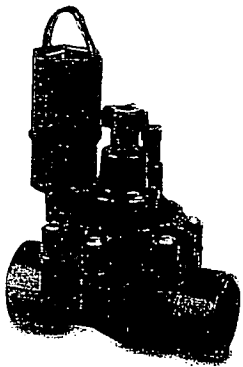
Dimensions

- Height: 5³/₈" (14,2 cm)
- Height (Angle): 6¹/₈" (15,5 cm)
- Length: 4⁷/₈" (11,1 cm)
Length (Angle): 3³/₈" (9,5 cm)
Length (MM): 5³/₈" (13,6 cm)
Length (MB): 5³/₄" (14,6 cm)
- Width: 3¹/₂" (8,4 cm)

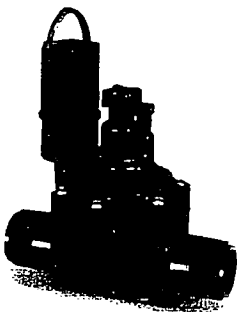
Models

- 100-DVF: 1" (26/34)*
 - 100-DVF-SS: 1" (26/34)
 - 100-DVF-A: 1" (26/34)
 - 100-DVF-MM: 1" (26/34)*
 - 100-DVF-MB: 1" (26/34)
- * Available with BSP threads.

1: Rain Bird recommends flow rates in the supply line not to exceed 7.5 ft./sec. (2.3 m/s, in order to reduce the effects of water hammer.
2: DVF Series valves cannot be used with PRS pressure regulating modules.



● 100-DVF-SS



● 100-DVF-MM



● 100-DVF-A



DV and DVF Valve Pressure Loss (psi)		
Flow GPM	075-DV ¾" psi	100-DV/100-DVF 1" psi
1	3.2	3.3
3	3.9	3.6
5	4.2	3.8
10	5.0	3.8
20	7.7	5.1
30	-	6.4
40	-	8.6

DV and DVF Valve Pressure Loss (bars) METRIC			
Flow m³/h	l/m	075-DV ¾" bars	100-DV/100-DVF 1" bars
0,24	4	0,22	0,23
0,60	10	0,26	0,24
1,20	20	0,29	0,26
3,60	60	0,45	0,32
4,50	75	0,53	0,35
6,00	100	-	0,41
9,00	150	-	0,59

100-DV/DVF Angle, MxM, MxB Valve Pressure Loss (psi)			
Flow GPM	Angle 1" psi	Male x Barb 1" psi	Male x Male 1" psi
1	2.8	2.5	3.2
3	3.0	2.9	3.5
5	3.2	3.0	3.7
10	3.9	3.1	4.3
20	4.3	4.3	6.1
30	5.4	7.4	8.6
40	8.2	12.7	12.7

100-DV/DVF Angle, MxM, MxB Valve Pressure Loss (bars) METRIC				
Flow m³/h	l/m	Angle 1" bars	Male x Barb 1" bars	Male x Male 1" bars
0,24	4	0,19	0,17	0,22
0,60	10	0,20	0,19	0,24
1,20	20	0,22	0,21	0,26
3,60	60	0,28	0,26	0,37
4,50	75	0,30	0,30	0,42
6,00	100	0,35	0,44	0,53
9,00	150	0,56	0,86	0,87

Note: See Xerigation section for RBY Filter flow loss data.

Note: DV/DVF Male x Male and Male x Barb not recommended for flows exceeding 30 GPM (6,81 m³/h, 113,4 l/m).





TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 911 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.

IRRIIGATION

CAN NOT LOCATE BACKFLOW PREVENTION FOR IRRIIGATION

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: 6/26

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 6-26, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3121	Olney	Final	FAIL	LAYOUT QUALITY
	91 S Sewalls		PASS	BY INSPECTOR
	TC Imagination			INSPECTOR: <u>[Signature]</u> CLOSE
CE		OVERGROWN -		LEFT PHONE MESSAGE
	FRENCH LANE	(ON WATER)		INSPECTOR: <u>[Signature]</u>
3842	Morris	Final	PASS	CLOSE
	120 Hillcrest Dr			INSPECTOR: <u>[Signature]</u>
	Stuart Roof Repair			
3234	Schweder	Final		rec'd Engineer approval letter
	4 Ridgeland Dr			CLOSE
	OB			INSPECTOR:
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:				

8971

A/C CHANGEOUT



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	8971	DATE ISSUED:	AUGUST 6, 2008
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	NISAIR		
PARCEL CONTROL NUMBER:	123841002000002700	SUBDIVISION	RIO VISTA - LOT 27
CONSTRUCTION ADDRESS:	91 S SEWALLS POINT RD		
OWNER NAME:	OLNEY		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	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: 8-6-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: Peter M. Olney Phone (Day) 286-9610 (Fax) _____

Job Site Address: 91 S Sewalls Pt Rd City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Revista - Lot 27 Parcel Number: 123841-002-000-00270-0

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

Scope of work: Change out AC like for like

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: \$ 6200.00
(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: NISAK Air Cond. Phone: 466-8115 Fax: 468-9752

Street: 3700 So US Hwy 1 City: Fort Pierce State: FL Zip: 34982

State Registration Number: Ca041169 State Certification Number: _____ Municipality License Number: _____

PROJECT SUPERINTENDANT: Philip Nisa Jr CONTACT NUMBER: (772) 260-2069

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

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

ENGINEER: _____ Lic.#: _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ 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: 2005 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 50.06

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): Peter M. Olney
CONTRACTOR SIGNATURE (required): Philip Nisa Jr
State of Florida, County of: Martin
This the 6 day of August 2008
by Peter Olney who is personally known to me or produced as identification. personally
My Commission Expires: _____
Notary Public: [Signature]
State of Florida, County of: Martin
This the 6 day of August 2008
by Philip Nisa Jr who is personally known to me or produced as identification. personally
My Commission Expires: _____
Notary Public: [Signature]

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!

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

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00270-0

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Rio Vista S/D Lot 27
91 South Sewalls Point Road Sewalls Point Sparta, FL

GENERAL DESCRIPTION OF IMPROVEMENT: Change out a/c equipment

OWNER NAME: PETER & ELLEN OLNEY
ADDRESS: 91 South Sewalls Point Road
PHONE NUMBER: 772-286-9670 FAX NUMBER: N/A

INTEREST IN PROPERTY: _____

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

CONTRACTOR: ALTAIR Air Conditioning STATE OF FLORIDA
ADDRESS: 3700 South Hwy 1 Fort Pierce FL 34925 COUNTY OF _____
PHONE NUMBER: 772-466-2115 FAX NUMBER: 772-466-9752

SURETY COMPANY (IF ANY): N/A THIS IS TO CERTIFY THAT THE
ADDRESS: _____ FOREGOING 1 PAGES IS A TRUE
PHONE NUMBER: _____ FAX NUMBER: _____ AND CORRECT COPY OF THE ORIGINAL.
BOND AMOUNT: _____ MARSHA EWING, CLERK

LENDER/MORTGAGE COMPANY: N/A BY: [Signature] D.C.
ADDRESS: _____ DATE: 8/16/08
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 _____ OF _____
TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),
FLORIDA STATUTES.
PHONE NUMBER: _____ FAX NUMBER: _____

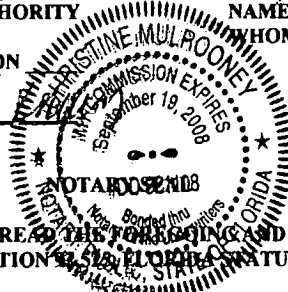
EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART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

[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 6 DAY OF Aug, 2008
BY: Peter Olney AS owner FOR self
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF
WHOM INSTRUMENT WAS EXECUTED

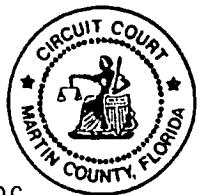
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED personally
[Signature]
NOTARY SIGNATURE



UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THIS INSTRUMENT AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 713.13, FLORIDA STATUTES).

[Signature]
(Signature of Natural Person Signing Above)



INSTR # 2099471 DR BK 02344 PG 0646 RECD 08/06/2008 10:26:48 AM
Pg 0646 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-11, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8867	6610 ETC 10 PALMETTO KEN WINTER	PLUMBING ELECTRIC FRAMING	RESCHEDULE FOR	THIS DAY WED.
				INSPECTOR:
8961	Barker John 2 N Sewalls Cappot Huff	Final	RESCHEDULE FOR TUES	
				INSPECTOR:
8901	Almond 915 Sewalls NIS Qui	Final	PASS	0808
				INSPECTOR: <i>[Signature]</i>
8901	W. W. W. W. BB. W. W. W. W. W. W. W.	OLD BANK	duplicate	
				INSPECTOR:
8967	HB ASSOC John 376 SE Ocean Boofman	Final	Reschedule for	Tues
				INSPECTOR:
8928	Almond 11 Oakwood Elec Conn by Mike	Final	FAIL	W. W. W. W.
				INSPECTOR: <i>[Signature]</i>
	W. W. W. W.			
				INSPECTOR:
OTHER:	8920 SKINNER 15 PALMETTO TUSCANY DR	ALL TRADES REINSPECT. W. W. BUCKS	PASS PASS	<i>[Signature]</i>

11058

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:	11058	DATE ISSUED:	October 15, 2014
SCOPE OF WORK:	Change Out Doors		
CONTRACTOR:	J&G Carpentry, Inc		
PARCEL CONTROL NUMBER:	12-38-41-002-000-00270-0	SUBDIVISION:	Rio Vista S/D Lot 27
CONSTRUCTION ADDRESS:	91 S Sewall's Point Road		
OWNER NAME:	Olney		
QUALIFIER:	James D 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.

570

Town of Sewall's Point 2869670

BUILDING PERMIT APPLICATION Permit Number: 11058

Date: _____

OWNER/LESSEE NAME: Peter Olney Phone (Day) 561-286-6588 (Fax) _____

Job Site Address: 91 S. Sewalls Point Rd. City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista Lot 27 Parcel Control Number: 12-38-41-002-000-0270-0

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Change out door(s), 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: \$ 4326.46
(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: 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: _____ 561-721-5611

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

Permit Mitch@hotmail.com

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 _____

State of Florida, County of: Martin

On This the 17th day of October, 2014

by Peter Olney who is personally known to me or produced

As identification: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X _____

State of Florida, County of: Broward

On This the 10 day of October, 2014

by JAMES D DAVIS who is personally known to me or produced

As identification: _____

Notary Public - State of Florida
TERESA C. HOYLA
My Commission Expires: _____
SINGLE FAMILY PERMIT APPLICATIONS MUST BE DRAWD 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!

ANGELA YOUNG
MY COMMISSION # EE188835
EXPIRES April 12, 2016
My Commission Expires: _____
Florida Notary Service.com

Sewall's Point Town Hall



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:	11058		
ADDRESS:	91 S Sewall's Point Road		
DATE ISSUED:	10/15/2014	SCOPE OF WORK:	Change Out 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:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp.	2	\$	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/26/2014

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
Stirling Insurance Services, Inc.
 1700 North Dixie Highway
 Suite 109
 Boca Raton FL 33432

INSURED
J & G Carpentry, Inc.
 13461 79th Court North
 West Palm Beach FL 33412

CONTACT NAME: **Nicole Ramdeen**

PHONE (A/C No. Ext.): **(561) 338-3030** FAX (A/C No.): **(561) 338-3055**

E-MAIL ADDRESS: **ramdeen1@stirlingfinancial.com**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	Colony Insurance Company	39993
INSURER B	Depositors Insurance Company	42587
INSURER C	RII Insurance Company	13056
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: **CL1482609500** 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			103GL000383801	5/2/2014	5/2/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			ACPBAPD5934894493	5/2/2014	5/2/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	DED						\$
	RETENTION \$						\$
	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			WC STATUTORY LIMITS \$
							OTHER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	SURETY BOND			BSB2004673	7/9/2014	7/9/2015	BOND AMOUNT \$ 100,000

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

CERTIFICATE HOLDER	CANCELLATION
(772) 220-4765	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
Town of Sewall's Point One South Sewall's Point Road Sewall's Point, FL 34996	Cheryl Fong/FONGC

2119
Sewalls Point

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00270-0
STATE OF FLORIDA COUNTY OF MARTIN

NOTICE OF COMMENCEMENT

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

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):
Kio Vista Lot 27 41 S. Sewalls Point Rd. Stuart, FL 34996
GENERAL DESCRIPTION OF IMPROVEMENT: Change out doors, no size change.

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Peter Olney
ADDRESS: 41 S. Sewalls Point Rd. Stuart, FL 34996
PHONE NUMBER: 861-286-6581 FAX NUMBER: _____
INTEREST IN PROPERTY: _____

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

CONTRACTOR: J&G Carpentry, Inc
ADDRESS: 1341 79th Ct. N. West Palm Beach FL 33412
PHONE NUMBER: 561-855-4052 FAX NUMBER: 561-855-4054

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

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

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

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

PHONE NUMBER: _____ FAX NUMBER: _____
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: 6-15-14
TO RECEIVE _____

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

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

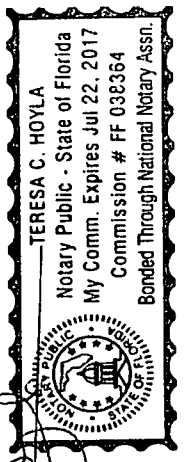
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES)

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
[Signature]
SIGNATORY'S TITLE/OFFICE: owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 7th DAY OF Oct, 2014

BY: Peter Olney AS owner TYPE OF AUTHORITY FOR property PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
NAME OF PERSON TYPE OF AUTHORITY

PERSONALLY KNOWN K OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____
Teresa C. Hoyle NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE
CAROLYN TIMMANN, CLERK
BY: [Signature] D.C.
DATE: 10-14-14



INSTR # 2480709 OR BK 2745 PG 2971 RECD 10/14/2014 02:23:58 PM
(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00

QUOTE

Store 6314 STUART
3030 SE FEDERAL HWY
STUART, FL 34994

Phone: (772) 223-7216
Salesperson: AMG862
Reviewer:

P 5/9

10

QUOTE

SOLD TO	Name OLNEY PETER <i>Ellen</i>		Home Phone (772) 233-1923	
	Address 91 S SEWALLS POINT RD		Work Phone (772) 215-4396	
	Company Name			
	City STUART		Job Description DOOR OPTIONS	
	State FL	Zip 34996	County MARTIN	

2014-09-15 20:07

Prices Valid Thru: 09/22/2014

INSTALLER DELIVERY #1

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # 101

STOCK MERCHANDISE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R05	0000-155-395	3.00	EA	1X4-8FT PT WEATHERSHIELD	A	N	\$3.57	\$10.71
R06	0000-225-523	21.00	LF	9/16 X3-1/4 PFJ WM631 BASE	A	N	\$1.18	\$24.78
R07	0000-633-996	2.00	EA	7/8 X3-3/4 MDF DM375 PLINTH	A	N	\$2.78	\$5.56
R08	0000-136-747	2.00	EA	3-1/2 X3-1/2 PFJ KL312 ROSETTE	A	N	\$1.59	\$3.18
R09	0000-252-677	21.00	LF	1-1/4 X2 PFJ WM180 BRICK	A	N	\$1.63	\$34.23

S/O - MDSE TO BE DELIVERED:

REF # S12

ESTIMATED ARRIVAL DATE: 10/06/2014

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
S1201	0000-803-680	1.00	EA	NA / STANDARD ENTRY DOORS ENTRY DOOR 63.5 X 8 / ENTRY DOOR63.5 X 80.5STANDARD ENTRY DOORS	A	N	\$3,328.00	\$3,328.00

MERCHANDISE TOTAL: \$3,406.46

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.

*** CONTINUED ON NEXT PAGE ***

NOT VALID FOR SCHEDULED MERCHANDISE

77233293 >>

2014-09-17 11:52 6314-EXPDR

P 6/9

10

772233293 >>

2014-09-17 11:52 6314-EXPDR

INSTALLATION #1		REF # 101	
MERCHANDISE TO BE INSTALLED:			
REF #	SKU	QTY	UM DESCRIPTION
R05	0000-155-395	3.00	EA 1X4-8FT PT WEATHERSHIELD
R06	0000-225-523	21.00	LF 9/16 X3-1/4 PFJ WM631 BASE
R07	0000-633-996	2.00	EA 7/8 X3-3/4 MDF DM375 PLINTH
R08	0000-136-747	2.00	EA 3-1/2 X3-1/2 PFJ KL312 ROSETTE
R09	0000-252-677	21.00	LF 1-1/4 X2 PFJ WM180 BRICK
S1201	0000-803-680	1.00	EA STANDARD ENTRY DOORS ENTRY DOOR 63.5 X 8
BASIC INSTALLATION LABOR:			
SKU	DESCRIPTION	QTY	UM TAX PRICE EACH EXTENSION
0000-523-672	EXTERIOR DOOR FL-NAT/PRE-HUNG DOOR UP TO 72X96	1.00	EA N \$470.00 \$470.00
OPTIONAL LABOR SELECTED INCLUDES:			
OPTION	DESCRIPTION	QTY	UM TAX PRICE EACH EXTENSION
1	HAUL AWAY OF EXISTING DOOR (PER DOOR OPENING)/	1.00	EA N \$15.00 \$15.00
24	UPCHARGE FOR IMPACT OR INSULATED GLASS OVER 36' UP TO 72" WIDE X 96" HIGH/	1.00	EA N \$160.00 \$160.00
INSTALLATION SITE NAME: OLNEY, PETER		INSTALL LABOR CHARGE: \$645.00	
ADDRESS: 91 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
PHONE: (561) 286-6581			ALTERNATE PHONE: (772) 215-4396
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) 		<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 	
			*** CONTINUED ON NEXT PAGE ***

P 7/9

10

77233293 >>

2014-09-17 11:53 6314-EXPDTR

INSTALLATION #1

(Continued)

REF #101

- * 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

- * FINAL INSPECTION WITH CUSTOMER INCLUDING INSTRUCTIONS ON CARE AND/OR TEST PRODUCT TO ENSURE PROPER OPERATION

UNLESS STATED ABOVE THIS INSTALLATION DOES NOT INCLUDE:

- 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

- 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:

- * 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.
- * ELECTRICITY MUST BE ACCESSIBLE TO THE WORK AREA
- * IT MAY BE NOISY DURING YOUR INSTALLATION
- * 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.
- * 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
- * ALL BREAKABLES AND/OR VALUABLE OBJECTS MUST BE REMOVED FROM THE WORK AREA PRIOR TO INSTALLATION
- * CHILDREN AND PETS MUST BE KEPT AWAY FROM THE WORK AREA

- * 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
- * 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.
- * CANCELLING APPOINTMENTS WITH INSTALLERS OR MISSING SCHEDULED APPOINTMENTS MAY LEAD TO ADDITIONAL CHARGES
- * REFER TO PRODUCT MANUAL FOR SPECIFIC WARRANTY AND MAINTENANCE INFORMATION.
- * 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

END OF INSTALL #1

*** CONTINUED ON NEXT PAGE ***

P 8/9

10

77233293 >>

2014-09-17 11:53 6314-EXPDTR

INSTALLATION #2		REF # I11				
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)/	275.00	EA	N	\$1.00	\$275.00
INSTALLATION SITE NAME: OLNEY, PETER					INSTALL LABOR CHARGE: \$275.00	
ADDRESS: 91 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: \$275.00
PHONE: (561) 286-6581		ALTERNATE PHONE: (772) 215-4396				
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

QUOTE - Continued

Last Name: OLNEY

Page 5 of 5

No. 6314-306430

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

Policy Id (PI):
A: 90 DAYS DEFAULT POLICY.....

The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.

END OF ORDER No. 6314-306430

ORDER TOTAL	\$4,326.46
SALES TAX	\$0.00
TOTAL	\$4,326.46
BALANCE DUE	\$4,326.46

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	63 1/2 x 80 1/2	1	DOOR			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 241.140 S.F.

*PERCENTAGE OF NEW GLAZED AREA: 14.25%
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

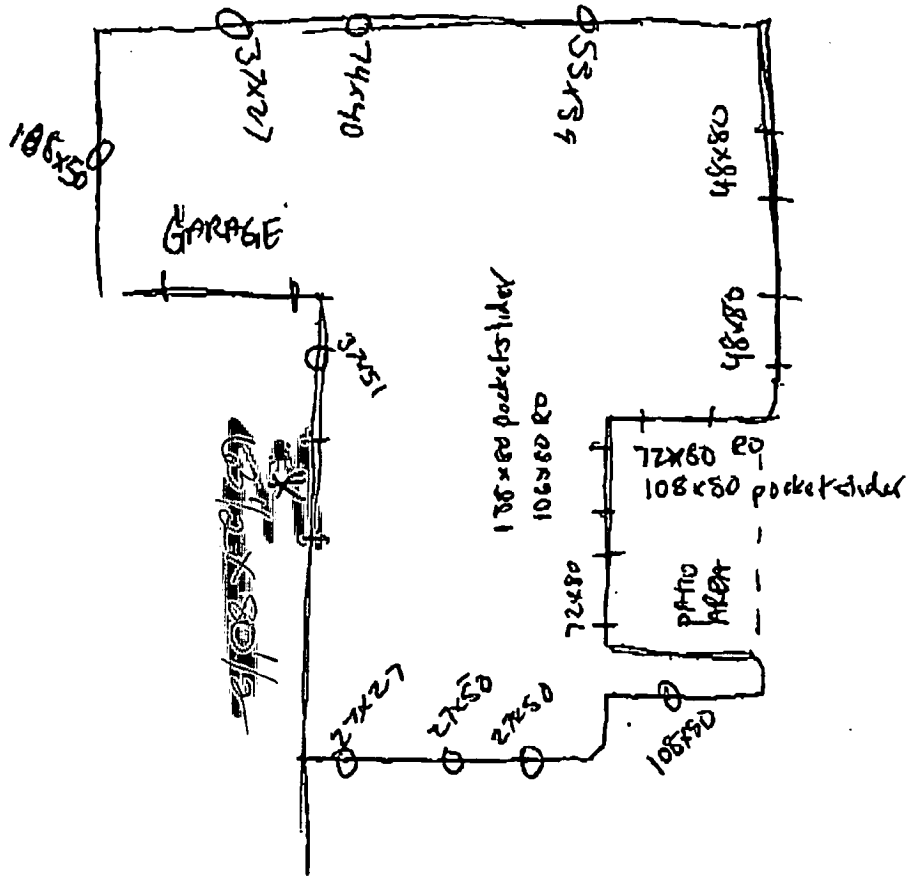
NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing(as per 2004 FBC/ EXISTING BUILDING 507.3.

*** TYPE WINDOWS**

SH - SINGLE HUNG
DH - DOUBLE HUNG

AWN - AWNING
CAS - CASEMENT

SL - SLIDING
FIX - FIXED



Depn 9/6
Slope 6/12
Height 14'

PETER
OLIVER
91 S. GEORGIUS PT RD
STUART

~~Change out door(s)~~
~~NO STAIR CHANGE~~

2-05-2



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Florida Department of
Business & Professional Regulation

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Product Approval
 USER: Public User

License efficiently. Regulate fairly.

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FL #	FL15255												
Application Type	New												
Code Version	2010												
Application Status	Approved												
Comments													
Archived	<input type="checkbox"/>												
Product Manufacturer	Trinity Glass International												
Address/Phone/Email	4621 192nd Street East Tacoma, WA 98446 (253) 875-7300 rickw@rwldgconsultants.com												
Authorized Signature	Vivian Wright rickw@rwldgconsultants.com												
Technical Representative													
Address/Phone/Email													
Quality Assurance Representative													
Address/Phone/Email													
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	12/31/2015												
Validated By	Ryan J. King, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received												
Certificate of Independence	FL15255_R0_COI_Certificate of Independence.pdf												
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>ASTM D1929</td> <td>1996</td> </tr> <tr> <td>ASTM D2843</td> <td>1999</td> </tr> <tr> <td>ASTM D635</td> <td>2003</td> </tr> <tr> <td>ASTM G155</td> <td>2004</td> </tr> <tr> <td>TAS 201, 202, 203</td> <td>1994</td> </tr> </tbody> </table>	Standard	Year	ASTM D1929	1996	ASTM D2843	1999	ASTM D635	2003	ASTM G155	2004	TAS 201, 202, 203	1994
Standard	Year												
ASTM D1929	1996												
ASTM D2843	1999												
ASTM D635	2003												
ASTM G155	2004												
TAS 201, 202, 203	1994												
Equivalence of Product Standards Certified By	Florida Licensed Professional Engineer or Architect FL15255_R0_Equiv_Of_Standards.pdf												
Sections from the Code													

Product Approval Method Method 1 Option D

Date Submitted 02/26/2012
 Date Validated 04/13/2012
 Date Pending FBC Approval 03/08/2012
 Date Approved 04/18/2012

Summary of Products

Go to Page

FL #	Model, Number or Name	Description
15255.1	a. Fiberglass Door	6'8 Single Opaque "Impact" Fiberglass Door - Outswing Configuration (X)
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 15255.1 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.1.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.1.pdf Created by Independent Third Party: Yes
15255.2	b. Fiberglass Door	6'8 Single Opaque "Impact" Fiberglass Door with "Impact" Sidelite or Sidelites - Outswing Continuous Head and Sill Configurations (OX or XO; OXO)
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 15255.2 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.2.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.2.pdf Created by Independent Third Party: Yes
15255.3	c. Fiberglass Door	6'8 Single Opaque "Impact" Fiberglass Door with "Impact" Sidelite or Sidelites - Outswing Configurations (OX or XO; OXO)
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 15255.3 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.3.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.3.pdf Created by Independent Third Party: Yes
15255.4	d. Fiberglass Door	6'8 Double Opaque "Impact" Fiberglass Door with or without "Impact" Sidelites - Outswing Configurations (XX; OXXO)
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 15255.4 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.4.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.4.pdf Created by Independent Third Party: Yes
15255.5	e. Fiberglass Door	6'8 Single Glazed "Impact" Fiberglass Door - Outswing Configuration (X)
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 15255.5 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.5.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.5.pdf Created by Independent Third Party: Yes
15255.6	f. Fiberglass Door	6'8 Single Glazed "Impact" Fiberglass Door with "Impact" Sidelite or Sidelites - Outswing Continuous Head and Sill Configurations (OX or XO; OXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes		Installation Instructions FL15255_R0_II_INST_15255.6.pdf Verified By: Lyndon F. Schmidt, P.E. 43409

<p>Impact Resistant: Yes Design Pressure: N/A Other: See INST 15255.6 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.6.pdf Created by Independent Third Party: Yes</p>
<p>15255.7</p>	<p>g. Fiberglass Door</p>	<p>6'8 Single Glazed "Impact" Fiberglass Door with "Impact" Sidelite or Sidelites - Outswing Configurations (OX or XO; OXO)</p>
<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 15255.7 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.7.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.7.pdf Created by Independent Third Party: Yes</p>
<p>15255.8</p>	<p>h. Fiberglass Door</p>	<p>6'8 Double Glazed "Impact" Fiberglass Door with or without "Impact" Sidelites - Outswing Configurations (XX; OXXO)</p>
<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 15255.8 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.8.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.8.pdf Created by Independent Third Party: Yes</p>
<p>15255.9</p>	<p>i. Fiberglass Door</p>	<p>6'8 Single Opaque "Non-Impact" Fiberglass Door - Outswing / Inswing Configuration (X)</p>
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.9 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.9.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.9.pdf Created by Independent Third Party: Yes</p>
<p>15255.10</p>	<p>j. Fiberglass Door</p>	<p>6'8 Single Opaque "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Continuous Head and Sill Configurations (OX; or XO; OXO)</p>
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.10 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.10.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.10.pdf Created by Independent Third Party: Yes</p>
<p>15255.11</p>	<p>k. Fiberglass Door</p>	<p>6'8 Single Opaque "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Configurations (OX or XO; OXO)</p>
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.11 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.11.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.11.pdf Created by Independent Third Party: Yes</p>
<p>15255.12</p>	<p>l. Fiberglass Door</p>	<p>6'8 Double Opaque "Non-Impact" Fiberglass Door with or without "Non-Impact" Sidelites - Outswing / Inswing Configurations (XX; OXXO)</p>
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.12 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p>Installation Instructions FL15255_R0_II_INST_15255.12.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.12.pdf Created by Independent Third Party: Yes</p>
<p>15255.13</p>	<p>m. Fiberglass Door</p>	<p>6'8 Single Glazed "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Continuous Head and Sill Configurations (OX or XO; OXO)</p>

Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.13 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.13.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.13.pdf Created by Independent Third Party: Yes
15255.14	n. Fiberglass Door	6'8 Single Glazed "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Continuous Head and Sill Configurations (OX or XO; OXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.14 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.14.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.14.pdf Created by Independent Third Party: Yes
15255.15	o. Fiberglass Door	6'8 Single Glazed "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Configurations (OX or XO; OXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.15 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.15.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.15.pdf Created by Independent Third Party: Yes
15255.16	p. Fiberglass Door	6'8 Double Glazed "Non-Impact" Fiberglass Door with or without "Non-Impact" Sidelites - Outswing / Inswing Configurations (XX; OXXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.16 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.16.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.16.pdf Created by Independent Third Party: Yes
15255.17	q. Fiberglass Door	8'0 Single Opaque "Non-Impact" Fiberglass Door - Outswing / Inswing Configuration (X)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.17 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.17.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.17.pdf Created by Independent Third Party: Yes
15255.18	r. Fiberglass Door	8'0 Single Opaque "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Continuous Head and Sill Configurations (OX or XO; OXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.18 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.18.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.18.pdf Created by Independent Third Party: Yes
15255.19	s. Fiberglass Door	8'0 Single Opaque "Non-Impact" Fiberglass Door with "Non-Impact" Sidelite or Sidelites - Outswing / Inswing Configurations (OX or XO; OXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.19 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.19.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.19.pdf Created by Independent Third Party: Yes

15255.20	t. Fiberglass Door	8'0 Double Opaque "Non-Impact" Fiberglass Door with or without "Non-Impact" Sidelites - Outswing / Inswing Configurations (XX; OXXO)
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 15255.20 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		Installation Instructions FL15255_R0_II_INST_15255.20.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL15255_R0_AE_EVAL_15255.20.pdf Created by Independent Third Party: Yes

Go to Page

Page 1 / 2

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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

February 1, 2012

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

February 29, 2012

To Whom It May Concern:

FL-15255 ***Equivalency of Standards***

ASTM D 635-03 Equivalent to ASTM D 635-06

The products referenced in this Product Approval have been tested in accordance with ASTM D 635-03. It has been determined by Lyndon F. Schmidt, P.E. and RW Building Consultants, Inc. that ASTM D 635-03 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 G 155-04 Equivalent to ASTM G 155-05a

The products referenced in this Product Approval have been tested in accordance with ASTM G 155-04. It has been determined by Lyndon F. Schmidt, P.E. and RW Building Consultants, Inc. that ASTM G 155-04 is equivalent to ASTM G 155-05a, which is the reference standard and year that has been adopted by the 2010 Florida Building Code.


2/29/12

Lyndon F. Schmidt, P.E.

FL No. 43409

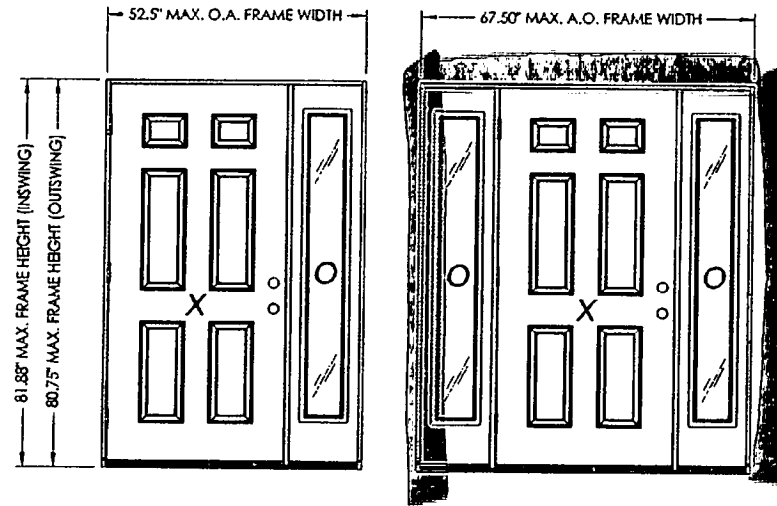
CA No. 9813



OPAQUE FIBERGLASS DOOR with SIDELITE(S) INSWING / OUTSWING "NON-IMPACT"

GENERAL NOTES

- This product has been evaluated and is in compliance with the 2010 Florida Building Code (FBC) structural requirements including the "High Velocity Hurricane Zone" (HVHZ).
- 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 is required to be protected with an impact resistant covering that complies with Section 1626 of the 2010 FBC.
- When used in areas outside of the "HVHZ" requiring wind borne debris protection this product is required to be protected with an impact resistant covering that complies with Section 1609.1.2 of the FBC.
- For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x brick masonry construction.
- Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.
- Outswing configuration using threshold item #25 meet water infiltration requirements for "HVHZ".
- Inswing configurations and outswing configuration using threshold item #27 do not meet the water infiltration requirements for the "HVHZ" and shall be installed only in non-habitable areas or at habitable locations protected by an overhang or canopy such that the angle between the edge of canopy or overhang to sill is less than 45 degrees.



Continuous Head and Sill

TABLE OF CONTENTS	
SHEET#	DESCRIPTION
1	Typical elevations, design pressures & general notes
2	Door panel details
3	Sidelite panel details & glazing details
4	Sidelite panel details & glazing details
5	Elevations
6	Horizontal cross sections
7	Vertical cross sections
8	Vertical cross sections
9	Buck anchoring
10	Frame anchoring
11	Components
12	Bill of materials & components

CONFIGURATION	MAX. FRAME DIMENSION	JAMB TYPE	DESIGN PRESSURE (PSF) INSWING		DESIGN PRESSURE (PSF) OUTSWING	
			POSITIVE	NEGATIVE	POSITIVE	NEGATIVE
OX/XO	52.5" x 81.88"	WOOD	+60.0	-70.0	+60.0	-60.0
		FIBERGLASS/COMP	+55.0	-55.0	+55.0	-55.0
OXO	67.5" x 81.88"	WOOD	+60.0	-70.0	+60.0	-60.0
		FIBERGLASS/COMP	+55.0	-55.0	+55.0	-55.0

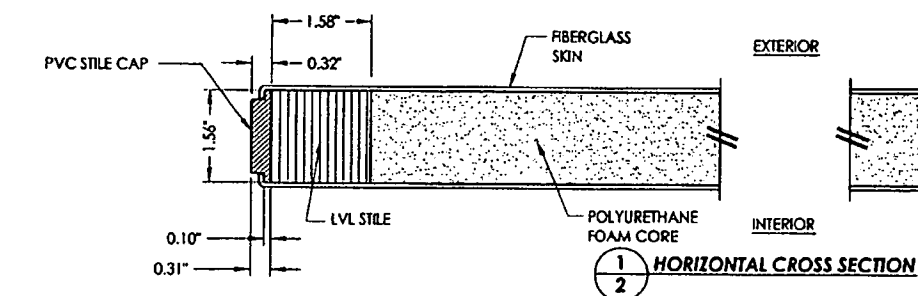
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
P.O. Box 230 Vero Beach, FL 33595
Phone No.: 813.658.9197
Florida Board of Professional Engineers
Certificate of Authorization No. 9813
CR 2-29-11
Lyndon F. Schmidt, P.E. No. 43-08

PRODUCT: TRINITY GLASS INT'L
PART OR ASSEMBLY: TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES

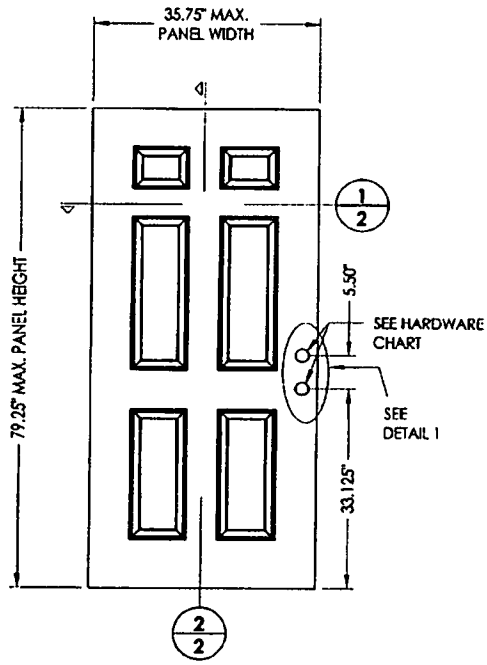
NO.	DATE	BY	REVISIONS

DATE: 02/27/12
SCALE: N.T.S.
DWO. BY: JK
CHK. BY: LFS
DRAWING NO.: FL-15255.10
SHEET 1 of 12

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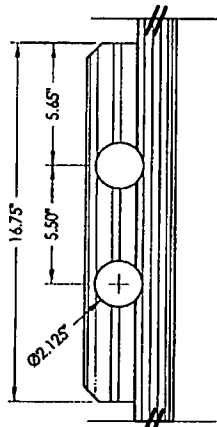


1
2 HORIZONTAL CROSS SECTION



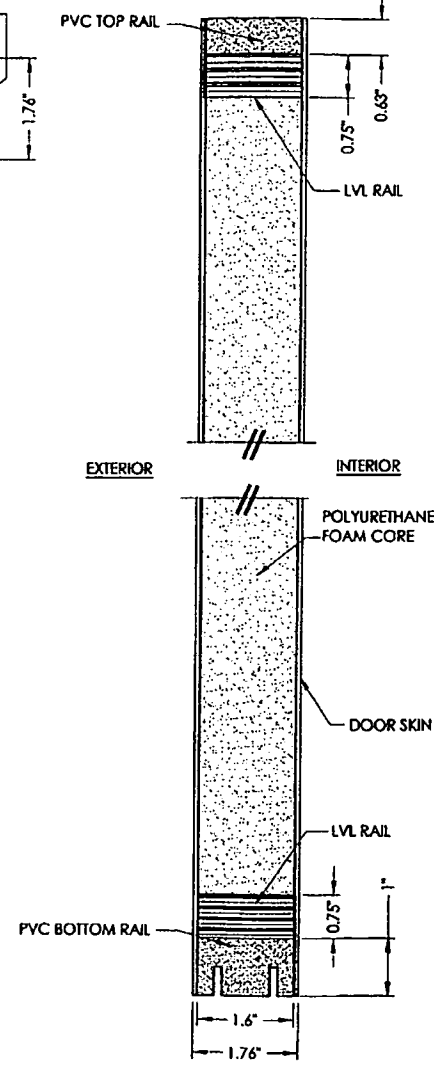
40 OPAQUE DOOR

DOOR SKIN: 0.079\"/>



DETAIL I

HARDWARE CHART	
MANUFACTURER	MODEL
KWIKSET	KNOB: SIGNATURE SERIES DEADBOLT: SIGNATURE SERIES (P80)

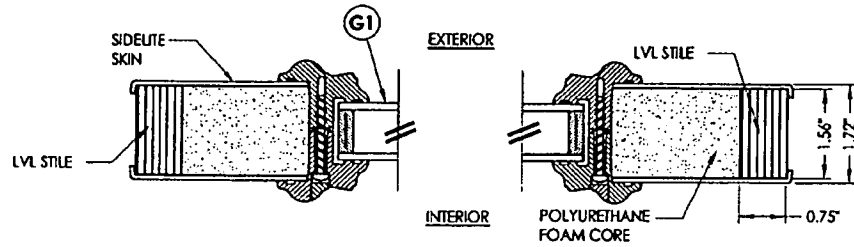


2
2 VERTICAL CROSS SECTION

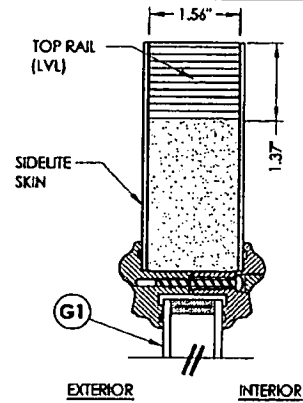
Documents Prepared By: **RW** BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vaires FL 33595
 Phone No.: 813.899.9197
 Florida Board of Professional Engineers
 Certificate of Authorization No. 8813
 Lyndon F. Schmidt, P.E. No. 43408

PRODUCT:	TRINITY GLASS INT'L
PART OR ASSEMBLY:	DOOR PANEL DETAILS
NO.	DATE
BY	REVISIONS

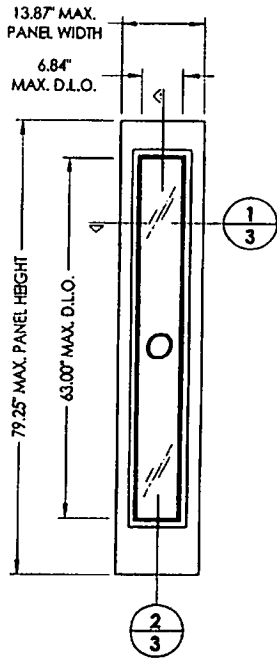
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 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15255.10
 SHEET 2 of 12



1
3 HORIZONTAL CROSS SECTION

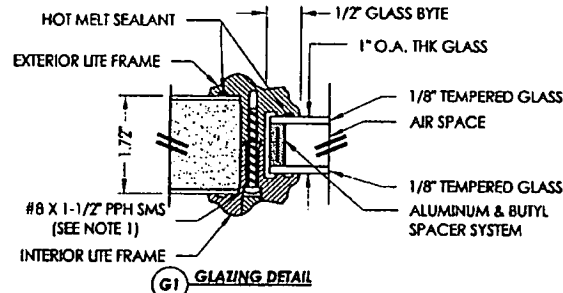


2
3 VERTICAL CROSS SECTION

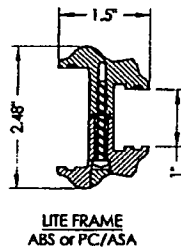


41 FIBERGLASS SIDELITE
Non-Impact Lite Frame

DOOR SKIN: 0.079\"/>



GLAZING DETAIL



LITE FRAME
ABS or PC/ASA

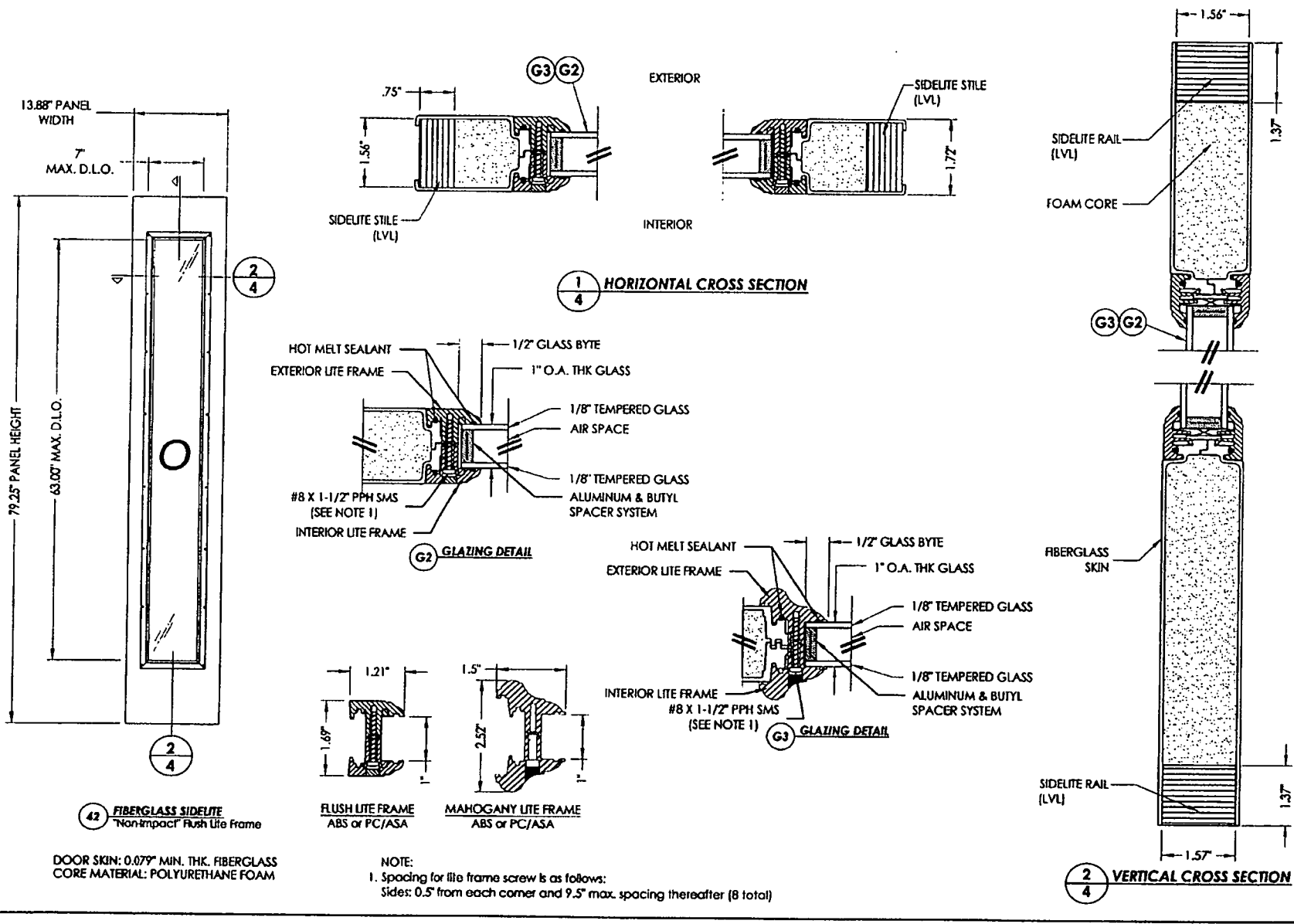
NOTE:
1. Spacing for lite frame screw is as follows:
Top and Bottom: 2\"/>

Documents Prepared By:
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P.O. Box 230 Vero Beach, FL 33595
Phone No.: 813.699.9197
Florida Board of Professional Engineers
Certificate of Authorization No. 9813
Lyndon F. Schmidt, P.E. No. 43549

PRODUCT: TRINITY GLASS INTL
PART OR ASSEMBLY: SIDELITE PANEL DETAILS & GLAZING DETAILS

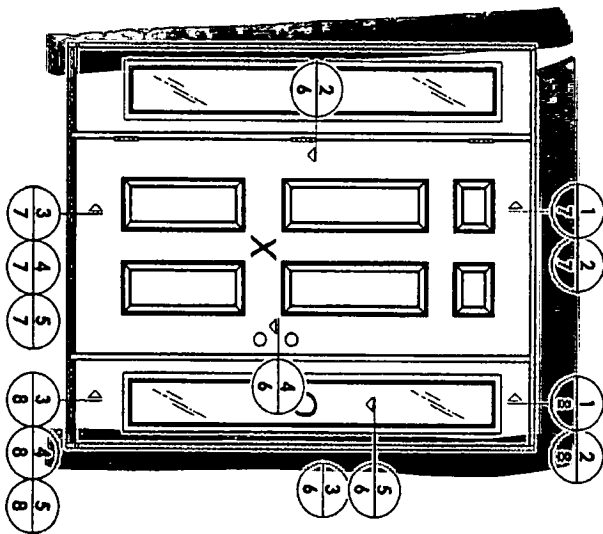
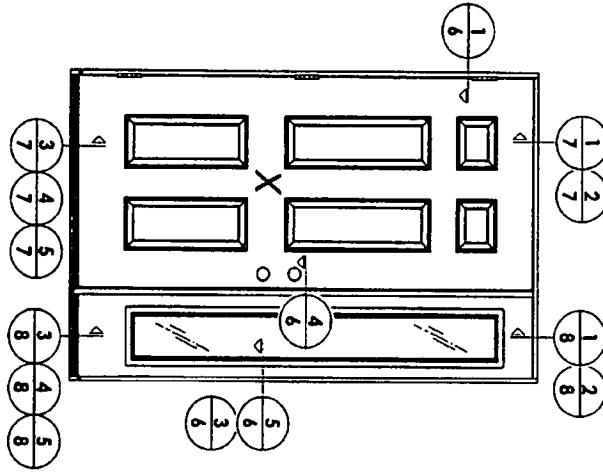
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SCALE: N.T.S.
DWO. BY: JK
CHK. BY: LFS
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SHEET 3 OF 12



Documents Prepared By:
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Phone No.: 813.658.9197
Florida Board of Professional Engineers
Certificate Of Approval No. 9813
LFS 2-25-12
Lyndon F. Schmidt, P.E. No. 43409

PRODUCT:	TRINITY GLASS INT'L	
PART OR ASSEMBLY:	SIDELITE PANEL DETAILS & GLAZING DETAILS	
NO.	DATE	BY
DATE:	02/27/12	
SCALE:	N.T.S.	
DWG. BY:	JK	
CHK. BY:	LFS	
DRAWING NO.:	FL-15255.10	
SHEET	4	OF 12



NO.	DATE	REVISIONS	BY

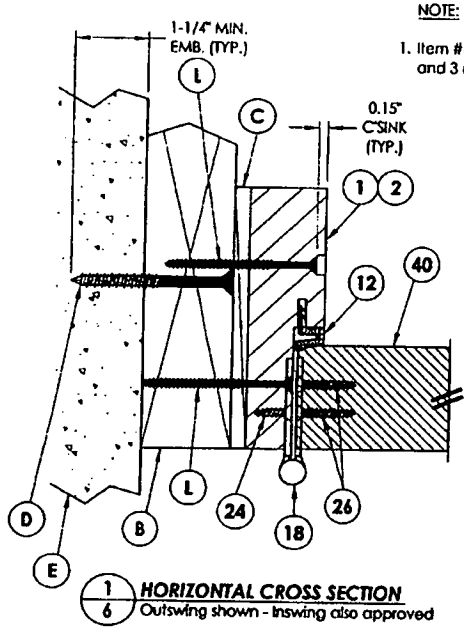
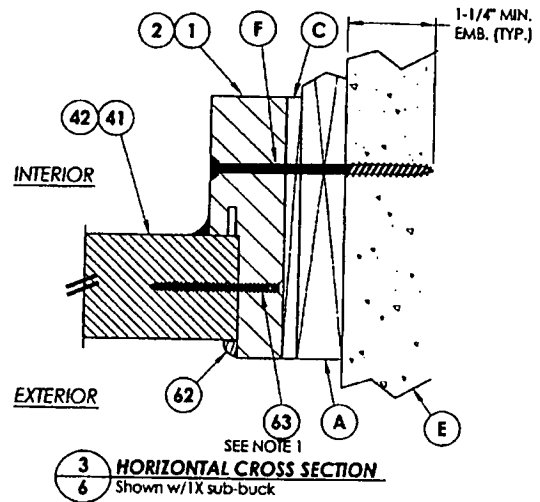
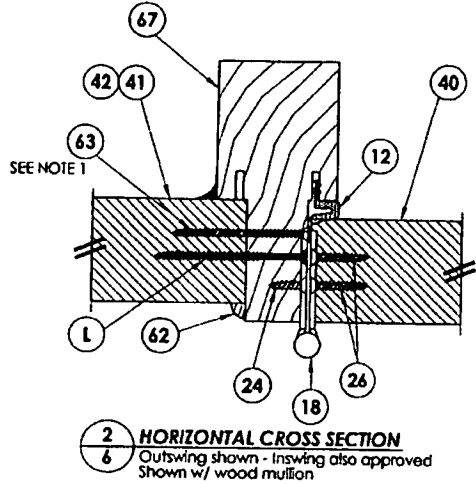
PRODUCT:
TRINITY GLASS INT'L

PART OR ASSEMBLY:
ELEVATIONS

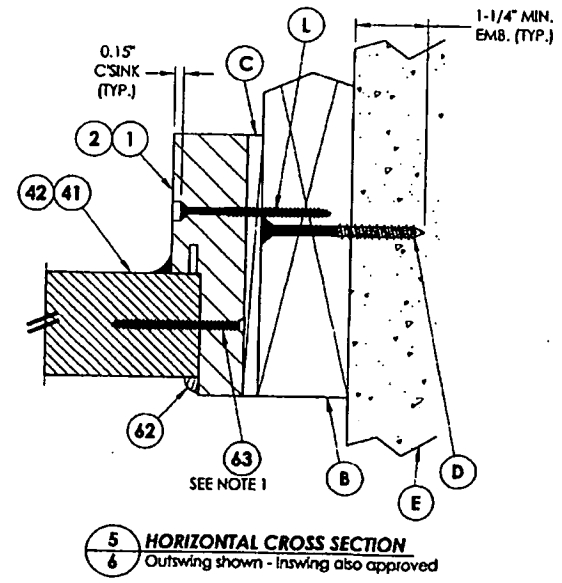
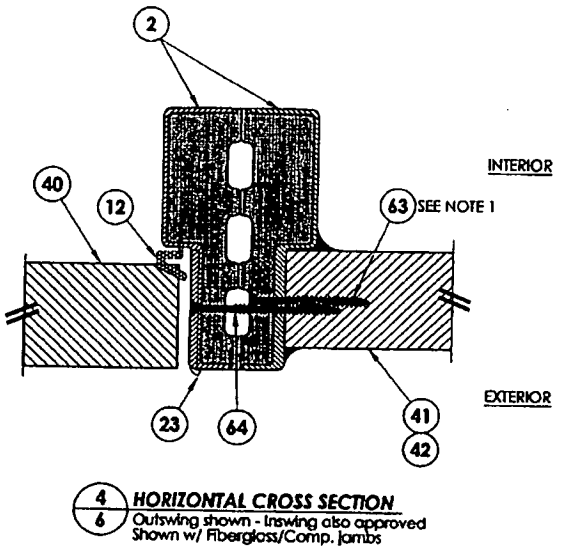
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LFS 2.29.12
 Lyndon F. Schmidt, P.E. No. 43409

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 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15255.10
 SHEET 5 of 12

FLA - Project/Project Folder/Proj 1001-1100/d1089D - RWBC Drawings/2010/FL-15255.9-12.dwg, 6.10



NOTE:
1. Item #63 located 6" from each end and 3 more equally spaced (5 total).



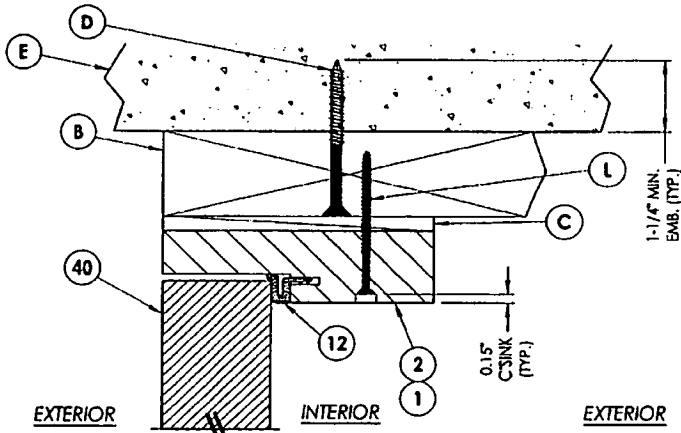
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L.F.L. 2-29-12
 Lynden F. Schmidt, P.E. No. 43409

PRODUCT: TRINITY GLASS INT'L
 PART OR ASSEMBLY: HORIZONTAL CROSS SECTIONS

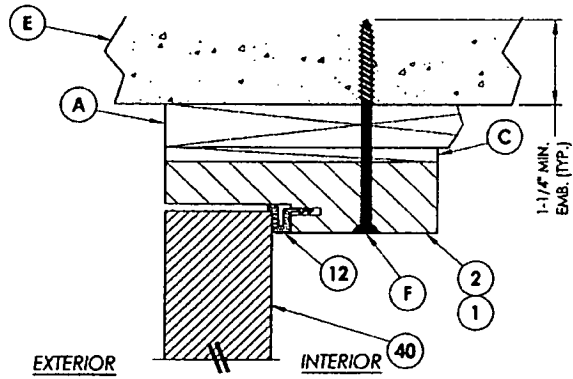
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 SHEET 6 of 12

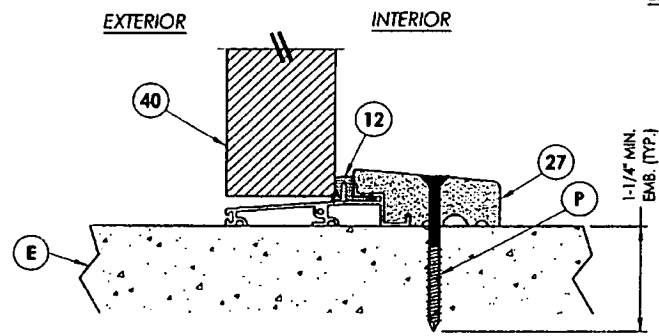
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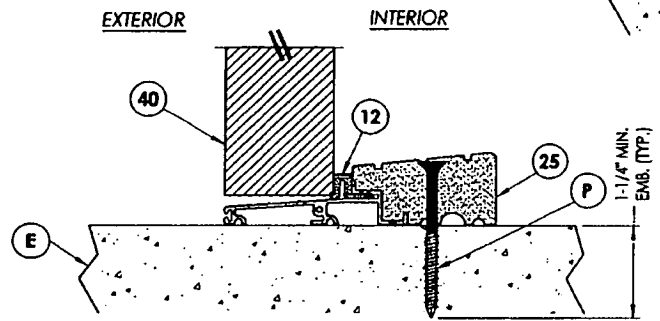
1
7 **VERTICAL CROSS SECTION**
Outswing shown
Inswing also approved



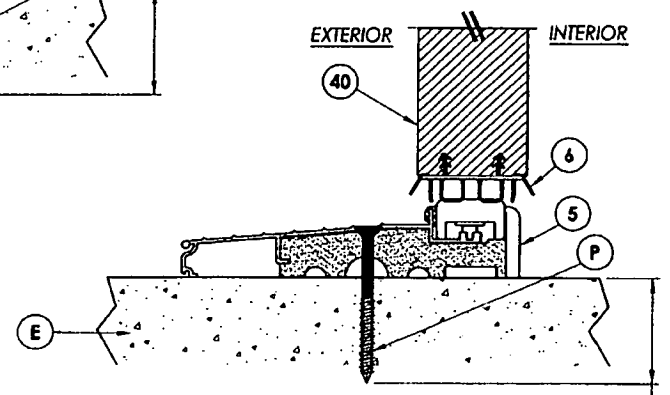
2
7 **VERTICAL CROSS SECTION**
Shown w/IX sub-buck



4
7 **VERTICAL CROSS SECTION**
Outswing sill



3
7 **VERTICAL CROSS SECTION**
Outswing sill - high dam



5
7 **VERTICAL CROSS SECTION**
Inswing sill

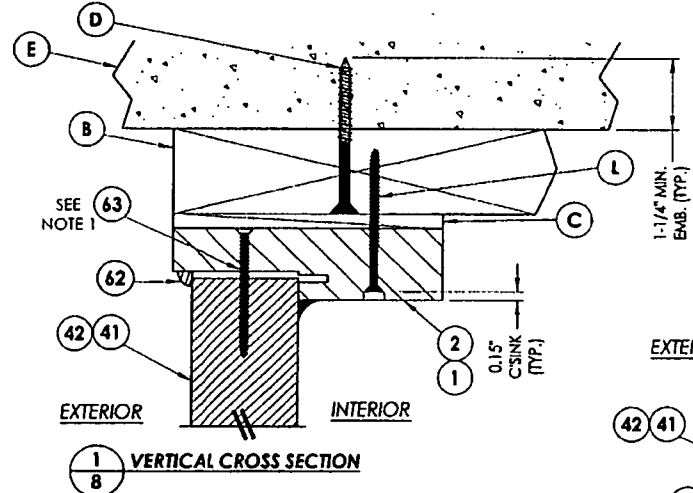
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 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
 2702-29-12
 Lyndon F. Schmidt, P.E. No. 43409

PRODUCT: TRINITY GLASS INTL
 PART OR ASSEMBLY:
 VERTICAL CROSS SECTIONS

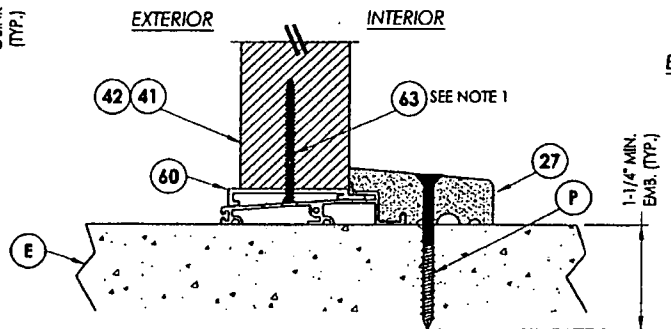
NO.	DATE	BY	REVISIONS

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 CHK. BY: LFS
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 SHEET 7 OF 12

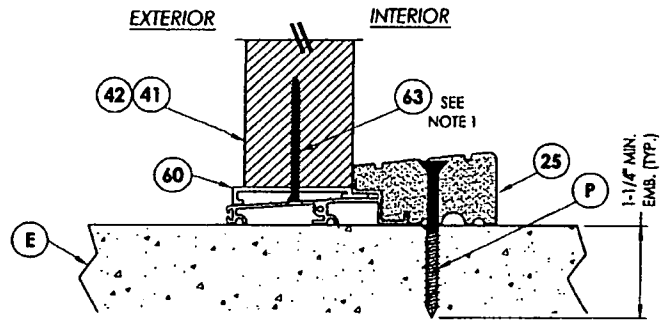
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1
8 **VERTICAL CROSS SECTION**

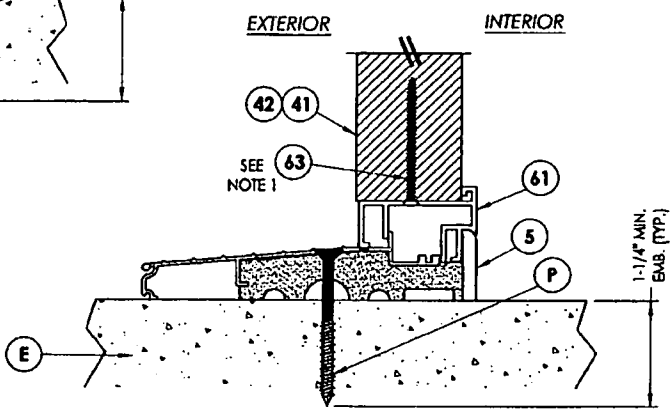


2
8 **VERTICAL CROSS SECTION**
Shown w/ 1x sub-buck



3
8 **VERTICAL CROSS SECTION**
Outswing sill - high dam

4
8 **VERTICAL CROSS SECTION**
Outswing sill



5
8 **VERTICAL CROSS SECTION**
Inswing sill

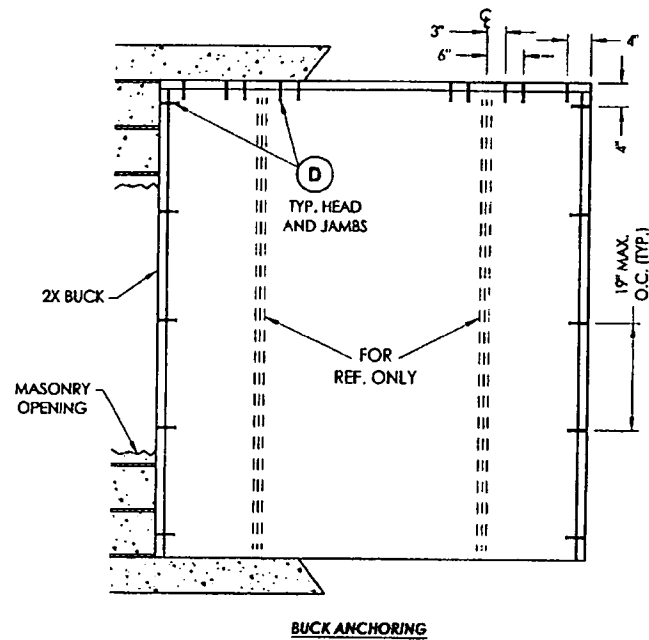
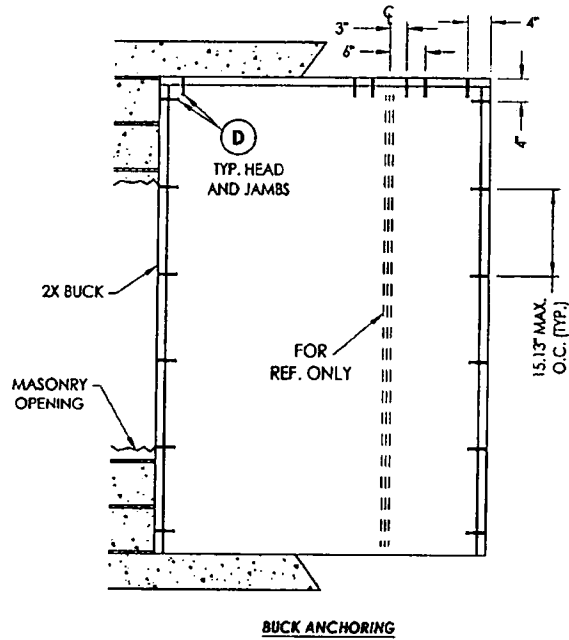
NOTE:
1. Screws thru head and sill jamb located 3" from each end and on center line.

Documents Prepared By:
RW
BUILDING CONSULTANTS, INC.
P.O. Box 230 Venice FL 33595
Phone No: 813.659.8187
Florida Board of Professional Engineers
Certificate of Authorization No. 9813
1-7-82 2. 2. 2. 1. 12
Lynden F. Schmidt, P.E. No. 43349

PRODUCT: TRINITY GLASS INT'L
PART OR ASSEMBLY: VERTICAL CROSS SECTIONS

NO.	DATE	BY	REVISIONS

DATE: 02/27/12
SCALE: N.T.S.
DWG. BY: JK
CHK. BY: LFS
DRAWING NO.: FL-15255.10
SHEET 8 of 12



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. If 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" dimensions are not exceeded.
3. Concrete anchor table:

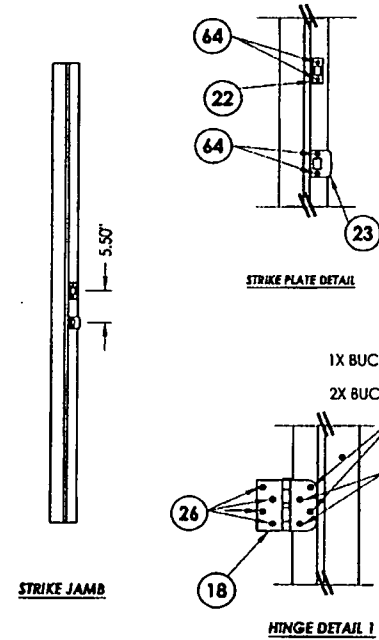
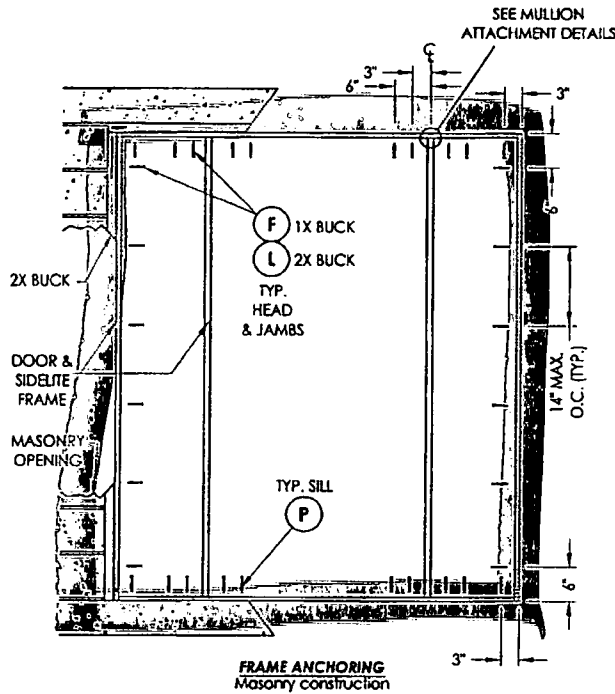
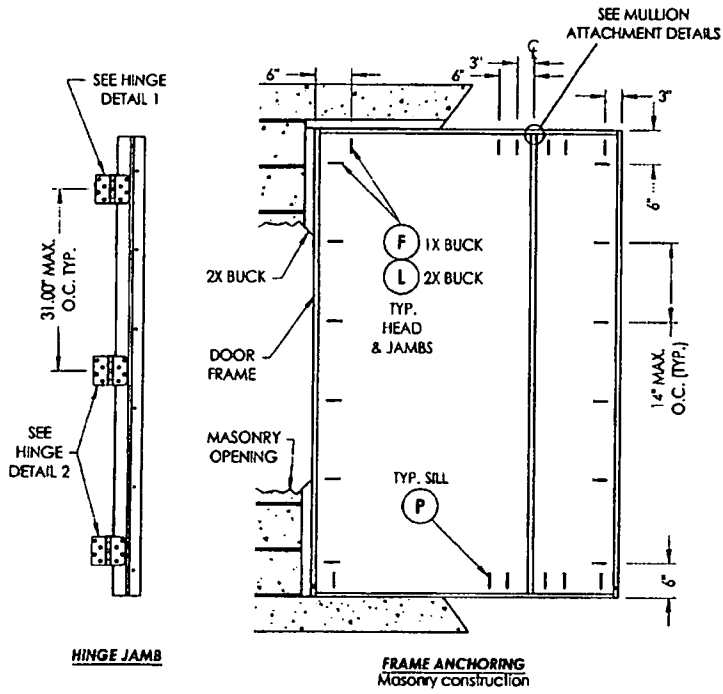
ANCHOR TYPE	ANCHOR SIZE	MIN. EMBEDMENT	MIN. CLEARANCE TO MASONRY EDGE	MIN. CLEARANCE TO ADJACENT ANCHOR
ITW	1/4"	1-1/4"	2-1/2"	3"
ELCO	1/4"	1-1/4"	1"	4"

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33595
 Phone No.: 813.659.3197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
 Lyndon F. Schmidt, P.E. No. 43409

PRODUCT: TRINITY GLASS INT'L
 PART OR ASSEMBLY: BUCK ANCHORING

NO.	DATE	BY	REVISIONS

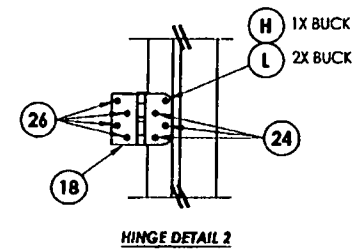
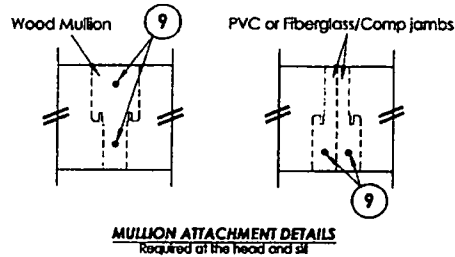
DATE: 02/27/12
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: LFS
 DRAWING NO.: FL-15255.10
 SHEET 9 OF 12



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. If 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" dimensions 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"



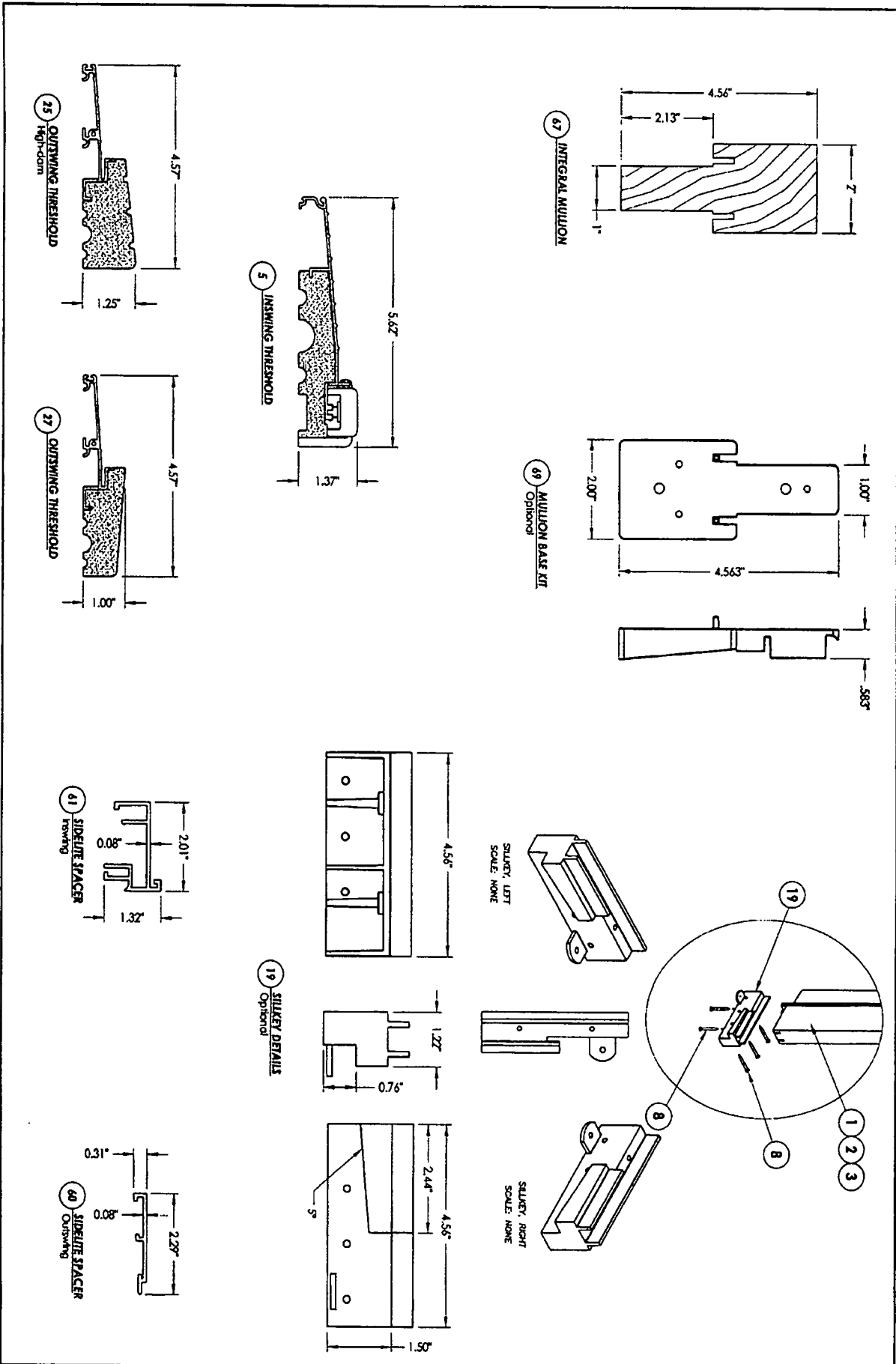
Documents Prepared By: **RW** BUILDING CONSULTANTS, INC.
P.O. Box 230 Valrico FL 33595
Phone No.: 813.859.9197
Florida Board of Professional Engineers
Certificate of Authorization No. 9813
2752 2-29-12
Lyndon F. Schmitz, P.E. No. 43409

PRODUCT: TRINITY GLASS INT'L
PART OR ASSEMBLY: FRAME ANCHORING

NO.	DATE	BY	REVISIONS

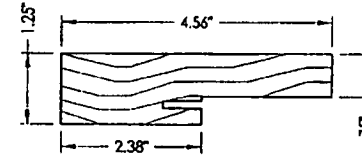
DATE: 02/27/12
SCALE: N.T.S.
DWG. BY: JK
CHK. BY: LFS
DRAWING NO.: FL-15255.10
SHEET 10 OF 12

© 2012 R.W. BUILDING CONSULTANTS INC.

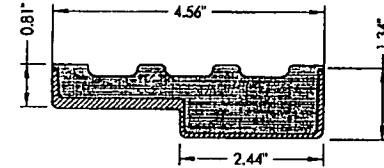


DATE: 02/27/12 SCALE: N.T.S. DWG. BY: JK CHK. BY: LFS DRAWING NO.: FL-15255.10 SHEET: 11 of 12		PRODUCT: TRINITY GLASS INT'L	Documents Prepared By: RW BUILDING CONSULTANTS, INC. P.O. Box 230 Valrico FL 33595 Phone No.: 813.659.9197 Florida Board of Professional Engineers Certificate of Authorization No. 9813 Lyndon F. Schmidt, P.E. No. 43409
NO. DATE REVISIONS		PART OR ASSEMBLY: COMPONENTS	

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
F	1/4" X 3-3/4" PFH ITW CONCRETE SCREW	STEEL
H	1/4" X 3-1/4" PFH ITW CONCRETE SCREW	STEEL
J	#9 X 2-1/4" PFH WS	STEEL
L	#8 X 2-1/2" PFH WS	STEEL
M	3/16" X 3-1/4" PFH ITW CONCRETE SCREW	STEEL
P	1/4" X 2-3/4" PFH ELCO OR ITW CONCRETE SCREW	STEEL
1	JAMB (FINGER-JOINT PINE - SG >= 0.42)	WOOD
2	JAMB	FIBERGLASS/COMP
5	INSWING THRESHOLD ALUMINUM W/ COMPOSITE SUBSTRATE	ALUMINUM
6	DOOR BOTTOM SWEEP	PVC
8	#6 X 1-1/4 PFH DRYWALL SCREW	STEEL
9	#9 X 2-1/4" PFH SMS	STEEL
12	WEATHER STRIP QEBD650 Q-LON	-
18	3.983" X 4.0" HINGE MIN 0.098" THICK	STEEL
19	SILLKEY	PC/ASA
22	DEADBOLT STRIKE PLATE	STEEL
23	STRIKE PLATE	STEEL
24	#9 X 5/8" PFH WS	STEEL
25	OUTSWING HIGH-DAM THRESHOLD ALUMINUM W/ COMPOSITE SUBSTRATE	ALUM./ COMP.
26	#9 X 1.0" PFH WS	STEEL
27	OUTSWING THRESHOLD ALUMINUM W/ COMPOSITE SUBSTRATE	ALUM./ COMP.
40	DOOR PANEL - SEE DOOR PANEL DETAIL SHEET FOR CONSTRUCTION DETAILS	-
41	SIDELITE PANEL - SEE SIDELITE PANEL DETAIL SHEET FOR CONSTRUCTION DETAILS	-
42	SIDELITE PANEL - SEE SIDELITE PANEL DETAIL SHEET FOR CONSTRUCTION DETAILS	-
60	SIDELITE SPACER - OUTSWING	PVC
61	SIDELITE SPACER - INSWING	PVC
62	QUARTER ROUND	WOOD
63	#8 X 2-1/4" PFH WOOD SCREW	STEEL
64	#8 X 2" PFH WOOD SCREW	STEEL
67	INTEGRAL MULLION - FINGER JOINT PINE (SG >= 0.42)	WOOD
69	MULLION BASE KIT	PC/ASA



① HEAD AND JAMBS
Wood



② HEAD AND JAMBS
Composite PVC Base
w/ Fiberglass Wrap

Documents Prepared By: RW BUILDING CONSULTANTS, INC. P.O. Box 250 Volusia, FL 32905 Phone No.: 813.699.6197 Florida Board of Professional Engineers Certificate Of Registration No. 9813 7-2-25-12 Lyndon F. Schmidt, P.E. No. 43408		
PRODUCT:	TRINITY GLASS INT'L	
PART OR ASSEMBLY:	BILL OF MATERIALS & COMPONENTS	
NO.	DATE	BY
REVISIONS		
DATE: 02/27/12		
SCALE: N.T.S.		
DWG. BY: JK		
CHK. BY: LFS		
DRAWING NO.: FL-15255.10		
SHEET 12 of 12		

Product Evaluation Report **Report No.: FL-15255.10**
Date: February 29, 2012

Product Category	Sub Category	Manufacturer	Product Name
Exterior Doors	Swinging Exterior Door Assemblies	Trinity Glass International 4621 192nd St. East Tacoma, Washington 98446 Phone 235-875-7300 Facsimile 235-875-7301	Opaque Fiberglass Door with Sidelite(s) Inswing/Outswing "Non-Impact"

Scope: This is a Product Evaluation report issued by R W Building Consultants, Inc. and Lyndon F. Schmidt, P.E. (System ID # 1998) for Trinity Glass International 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 (FBC) structural requirements including the "High Velocity Hurricane Zone" (HVHZ).
- 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 is required to be protected with an impact resistant covering that complies with Section 1626 of the 2010 FBC.
- When used in areas outside of the "HVHZ" requiring wind borne debris protection this product is required to be protected with an impact resistant covering that complies with Section 1609.1.2 of the 2010 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-15255.10 require further engineering analysis by a licensed engineer or registered architect.
- Outswing configurations using threshold item #25 meet water infiltration requirements for "HVHZ".
- Inswing configurations and outswing configurations using threshold #27 do not meet the water infiltration requirements for the "HVHZ" and shall be installed only in non-habitable areas or at habitable locations protected by an overhang or canopy such that the angle between the edge of canopy or overhang to sill is less than 45 degrees.
- See drawing FL-15255.10 for size and design pressure limitations.

Supporting Documents:

- | | |
|---|---|
| 1. Test Report No.
TEL 01470437
TEL 06-0918-2
TEL 08-01370020
TEL 02010411
TEL 01470100
TEL 01470099
TEL 01470101 | Test Standard
TAS 201, 202, 203-94
TAS 202-94
TAS 202-94
ASTM G155-04, G158-02
ASTM D1929-96
ASTM D2843-99
ASTM D635-03 |
| 2. Miami-Dade NOA
11-0624.01 | Materials Testing
DuPont PVB Interlayer |
| 3. Drawing No.
No. FL-15255.10 | Prepared by
RW Building Consultants, Inc. (CA #9813) |
| 4. Calculations
Anchoring
ASTM E1300 Glass Load | Prepared by
RW Building Consultants, Inc. (CA #9813)
Lyndon F. Schmidt, P.E. |
| 5. Quality Assurance | |

- | | |
|--|---|
| Testing Laboratory
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc.
Testing Evaluation Lab., Inc. | Signed by
Lyndon F. Schmidt, P.E.
Wendell W. Haney, P.E.
Wendell W. Haney, P.E.
Lyndon F. Schmidt, P.E.
Lyndon F. Schmidt, P.E.
Lyndon F. Schmidt, P.E.
Lyndon F. Schmidt, P.E. |
|--|---|

Signed & Sealed by
Lyndon F. Schmidt, P.E.
Signed & Sealed by
Lyndon F. Schmidt, P.E.

Lyndon F. Schmidt, P.E.
FL PE No. 43409
2/29/2012

TOWN OF SEWALL'S POINT, FLORIDA

Date 5/26/00 1900 TREE REMOVAL PERMIT No 0329

APPLIED FOR BY MIKE'S TREE SERVICE (Contractor or Owner)

Owner ACME - 91 S. SEWALL'S POINT RD.

Sub-division _____, Lot _____, Block _____

Kind of Trees (1) SILK OAK; (1) EUCALYPTUS

No. Of Trees: REMOVE 2

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

INSP. 5/24/00
PROHIBITED
SPECIES - NO FEE

REMARKS SEE APPLICATION FOR LOCATION

Signed, Michael Smith
Applicant

Signed, [Signature]
Town Clerk

FEES \$ -0-

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

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

RECEIVED
MAY 22 2000
BY: _____
Permit # _____
Date Issued _____

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

WSP, SCFB 5/24

PN 0329
5/26/00

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 with an estimated size and number, etc.

Owner Mrs. Alme Address 91 S. Sewalls Pt Rd Phone 286-9670

Contractor Mike's Tree Service Address 900 Industrial Blvd Phone 334-8144

Number of trees to be removed (list kinds of trees) 2 trees - 1 Silk Oak

1 Eucalyptus owner has Dood coming
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced _____ (list kinds of trees):

Permit Fee \$ ~~(\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00)~~ \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & 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 SEE PERMIT Plans approved, as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Michael Almeida Date submitted 5-22-00

Approved by Building Inspector [Signature] Date 5/24/00

Approved by Building Commissioner _____ Date _____

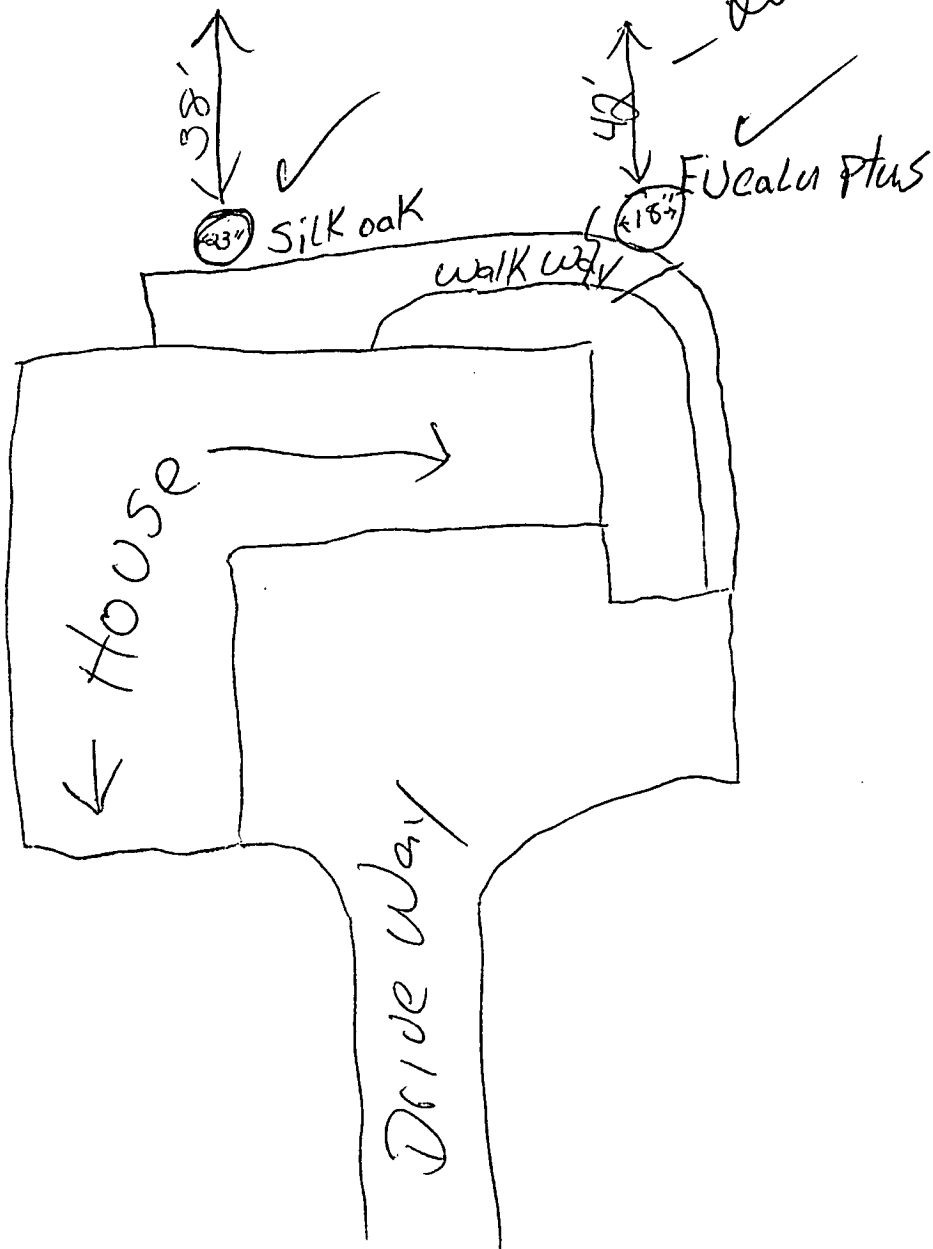
Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ ^{FEE.} BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

00125/2580 49

- prohibited species
both endangered structure
- dangerous to walk



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 24, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4797	KENNEDY	DECK -		- FORM BOARD (NEED) SURVEY PER
X	111 N. SEWALL'S PT. RD.	CALLER TRACY -		- REVISED POOL DWGS (PER
	A & G CONCR. POOLS (878-7752)	+ Revisal plan for pool shape.		B.G. NOT)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4903	KOCH	POOL STL. &	Passed	FORM BOARD SURVEY RCVD.
2	71 N. RIVER RD.	XRAY DRAW	Bg	- FIELD COPY TO JOB SITE
	ALMAR JACKSON (746-4910)	+ Bond		No one on job.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4613	Subin	e.o.	Reject	INCL. SHUTTERS
3	8 Palm Court	(SEE BELOW)	BG. NO Fee.	
	Allan Morris	Shutter Final	Passed BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4929	Delaney	tin-tag &	PASSED	NO shingle
4	116 S. S.P. Rd.	metal	BG.	INSTALLATION UNTO
				inspection.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4877	LOYOLA LOSBORUX	FDDN./SLAB	Passed	- PLUMB SUB. NOT ISSUED
1	20 CASTLE HILL WAY		BG.	NO VLG (SLAB) INSP.
	BUFORD COURT			Dennis will call Ed
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
* 4613	1 SHOWER -			2 2nd. Fl. UTILITY RA
	1ST FL. GUEST BATH WINDOW NOT TEMPERED.			HAS TWO GAS HEATERS INSTALLED. NEED INTAKE AIR VENTS. SEE ARCHT. PER ED
	3 NEED 42" RAILING - OUTSIDE NOT 36". AS PER APPROVED PLAN.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
46 NO	VENTS IN SOFFIT.			1012 ADDRESS
				1123 SANCTUARY COVE DR
				N. PALM BEACH, FL 33410

OTHER: CODE ENF. WSP - LEIGHTON; 43 W. HIGHT POINT (JIM SKOPER 283-4774) 1:30 PM (PER) ✓

T/R PERSONLY APP - ALMAE, 115 SEWALLS PT RD - MIKES TREE SERVICE ✓

5 - CODE ENF. COMPLAINT: 5 MIDDLE RD. - PATIO/DECK CONST. W/O PERMIT & SET BACK AREA

INSPECTOR (Name/Signature): Gilbert Lopez - OWNER 561-799-0490

EXISTING SLAB PER OWNER. LOOKS OLD. TILED SLAB. TOLD MR. LOPEZ TO MAKE DRAWING SHOWING SET BACKS & SEE ED. HE IS ALSO WILLING TO REMOVE SL

5
BG

The Olneys
9, 5 Sewalls Pt Rd
Stuart, FL 34996
Home 286-9670
Cell 215-5997
Cell 215-4396

TREE REMOVAL & RELOCATION PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

1. Tree Removal/Relocation Application
& Requirements

8 trees 3' caliper 4' trunk + 4' HIGH

7; (approx)
PALMS ONLY 14

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Peter + Ellen Olney Address 915 Sewalls Pt Rd Phone 286-9670

Contractor Visions of Greenery Address Palm City Phone 781-6833

No. of Trees: REMOVE 6 Type: 5 Live Oak

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: 1 Ficus

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

Written statement giving reasons: All 5 oak trees are dangerously close to foundation, plumbing and are within inches of our roof.

Signature of Applicant Ellen M Olney Date 6/16/04

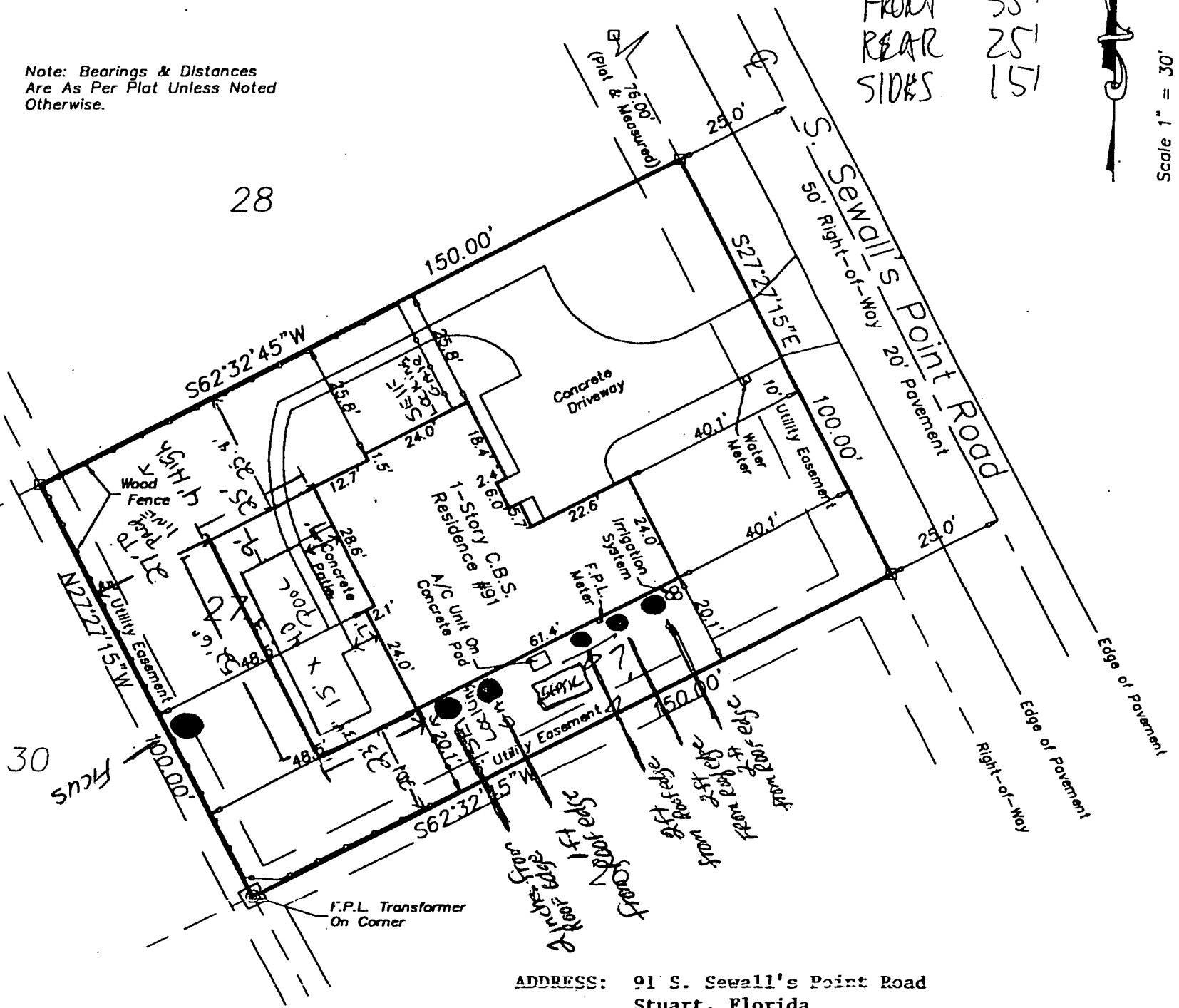
Approved by Building Inspector: [Signature] Date 8/30 Fee: \$15.00

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

Thank You!

All roots are bulging out of the ground & we have been told they could (if not already) threaten our foundation. Weather hazard. Thank you!

Note: Bearings & Distances
Are As Per Plat Unless Noted
Otherwise.



ADDRESS: 91 S. Sewall's Point Road
Stuart, Florida

TOWN OF SEWALL'S POINT, FLORIDA

Date 8/30 2004 TREE REMOVAL PERMIT No 2328

APPLIED FOR BY OLNEY (Contractor or Owner)

Owner 91 S. SEWALL'S PT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 6 5 LIVE OAK, 1 FIGUS

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00
Signed, _____ Applicant Signed, Gene Summers (R38) Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____



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

JK

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 Olney Address [REDACTED] Phone 286-9670
 Contractor Mitchell's Tree Address 7999 SW 48th Ave Phone 286-0145
 No. of Trees: REMOVE 3 Species: Oak, Ficus, Lg tree
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

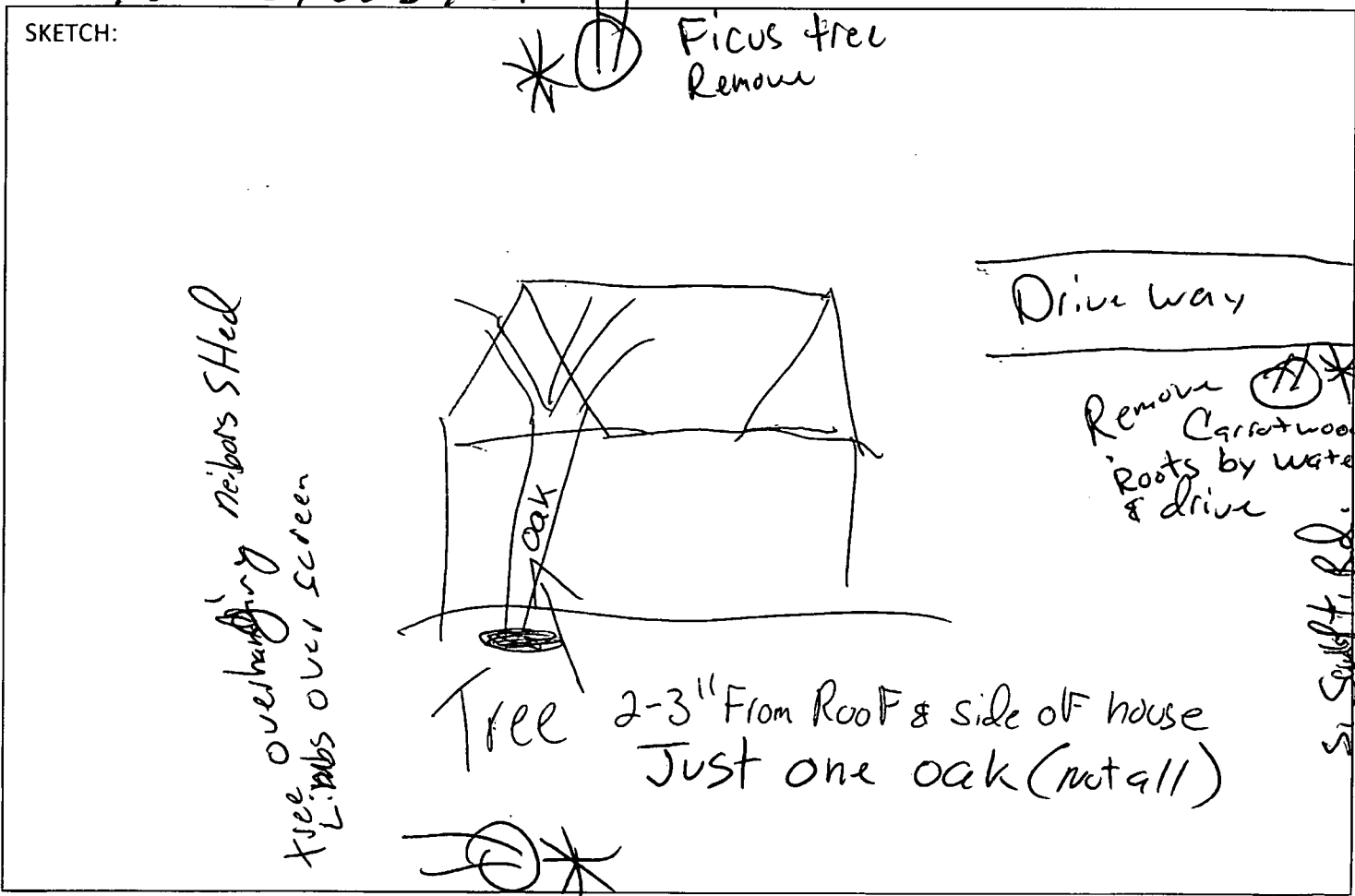
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

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

Signature of Property Owner Ellen M Olney Date 4/1/08

Approved by Building Inspector: [Signature] Date 4/2 Fee: -

NOTES: APPROVAL FOR ONLY ONE OAK WHICH OVERHANGS POOL ENCLOSURE.





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 Peter Olney
Ellen Olney Address 91 S. Seawalls Paint Rd Phone 772-223-1923

Contractor D.M.S. Landscaping Inc. Address _____ Phone _____

No. of Trees: REMOVE 4 Species: Live Oak

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

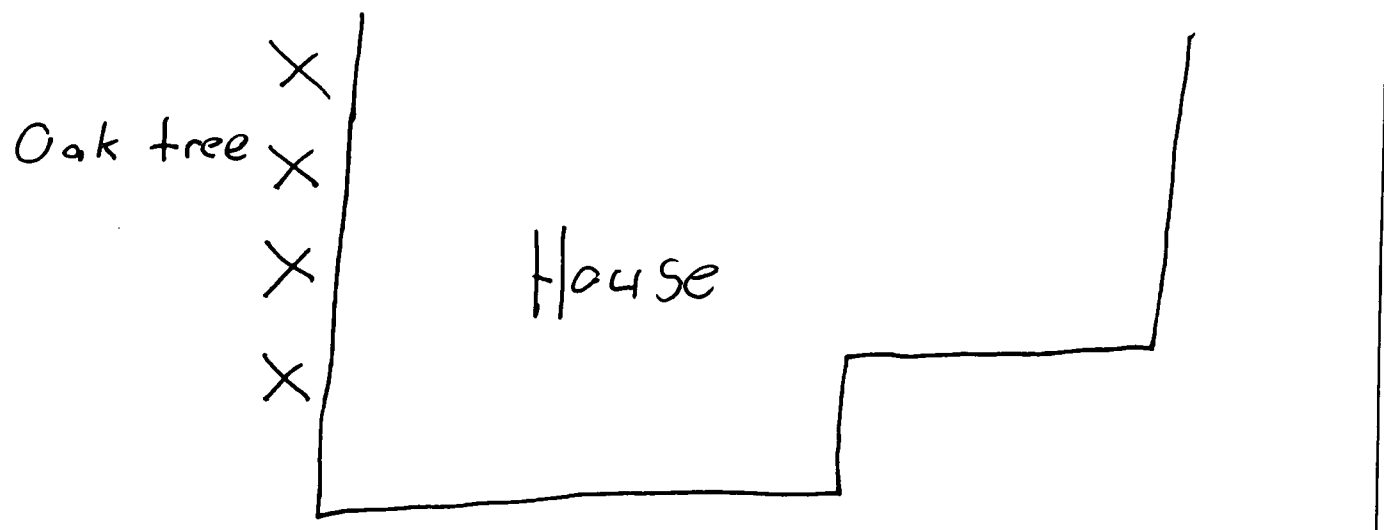
Reason for tree removal /relocation (See notice above) Hazardous to house

Signature of Property Owner [Signature] Date 11/4/14

Approved by Building Inspector: [Signature] Date 11/17/14 Fee: N/C

NOTES: Removal of live oak due to house hazardous

SKETCH:



CIVIL - STRUCTURAL - MARINE

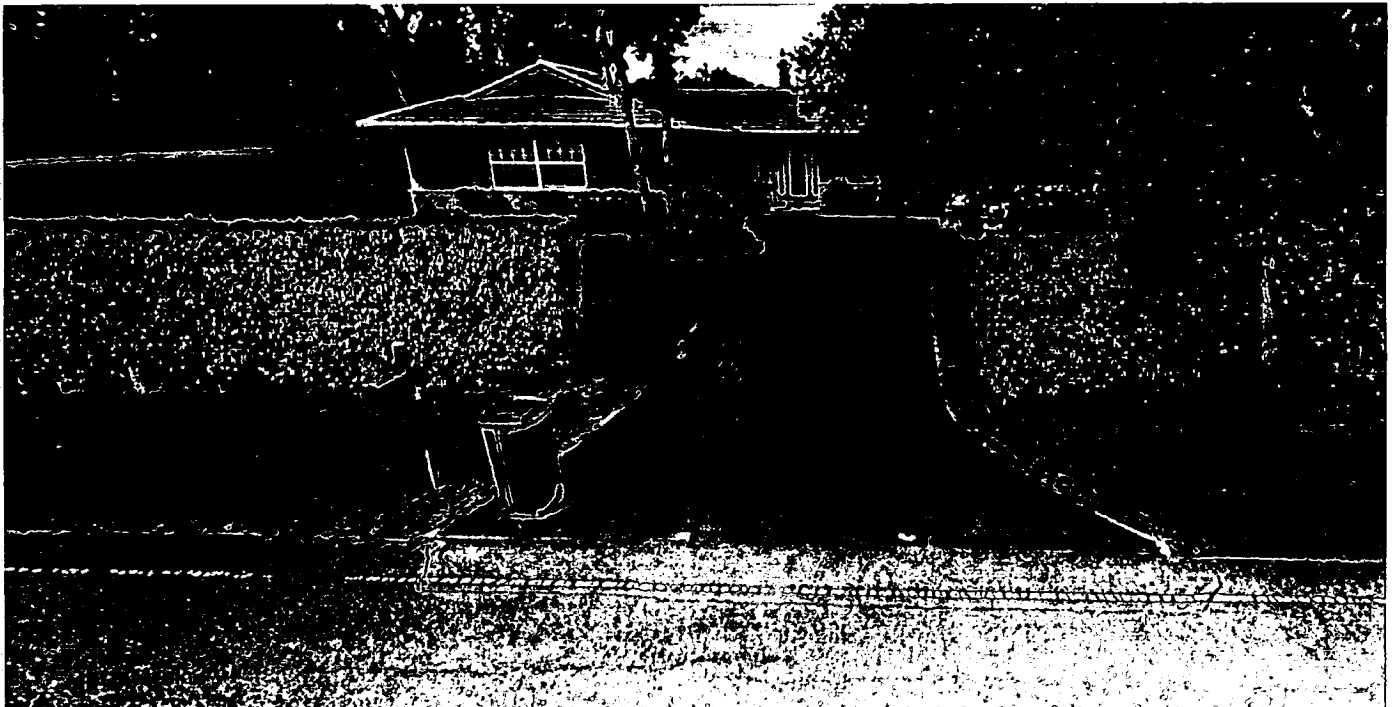


E N G I N E E R I N G

CSM ENGINEERING, LLC
2081 SE OCEAN BOULEVARD - SUITE 1A
STUART, FLORIDA 34996

O: 772-220-4601
W: WWW.CSM-E.NET

ONLEY RESIDENCE **STRUCTURAL INSPECTION**



Located At: 91 South Sewall's Point Road
Stuart, Florida 34996

Prepared For: Onley, Peter
91 South Sewall's Point Road
Stuart, Florida 34996
C: 772-215-4396 C: 772-233-1923 E: Ellie8d@yahoo.com

Inspected On: 06-November-2014

OBJECTIVE

On Thursday, 06-November-2014, CSM Engineering inspected the residence at the address stated above. The purpose of the inspection was to verify the structural condition of south side of the residence.

GENERAL

The CMU home was built in the early '70s and has a wood truss system with concrete roof tiles. A brick paver walkway is located on the southwest corner of the house with a wood privacy fence and gate. Four Large oak trees are located immediately adjacent to the house.

FINDINGS OF THE INSPECTIONS

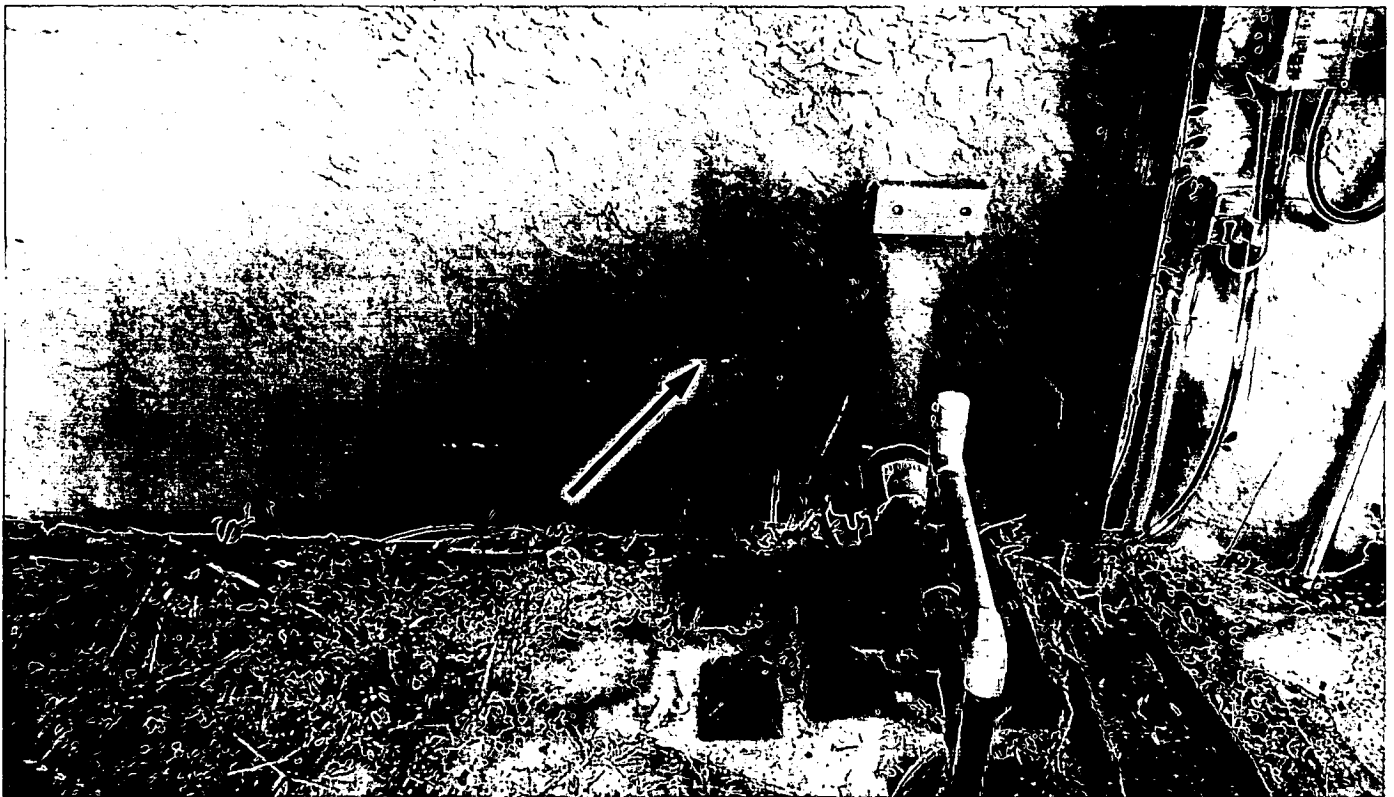
The structure has developed a series of cracks along the south side of the property. The centers of 4 large oak trees are located within 5 feet of the structure. The close proximity of the trees to the house with their expanded growth since the construction of the home has caused damage to the foundation. The visible damage to the structure has occurred immediately adjacent to the oaks. The roots of the trees have also caused the brick paver pathway to elevate, pinning the fence gate in a closed position.

The next few pages contain a series of photos and a narrative description of our findings.



Bedroom window on South Wall

Note: Stepped crack from window to foundation



Garage Wall

Note: Stepped crack



View facing west

Note: Trees are located within 1'-0" of gutter and roof



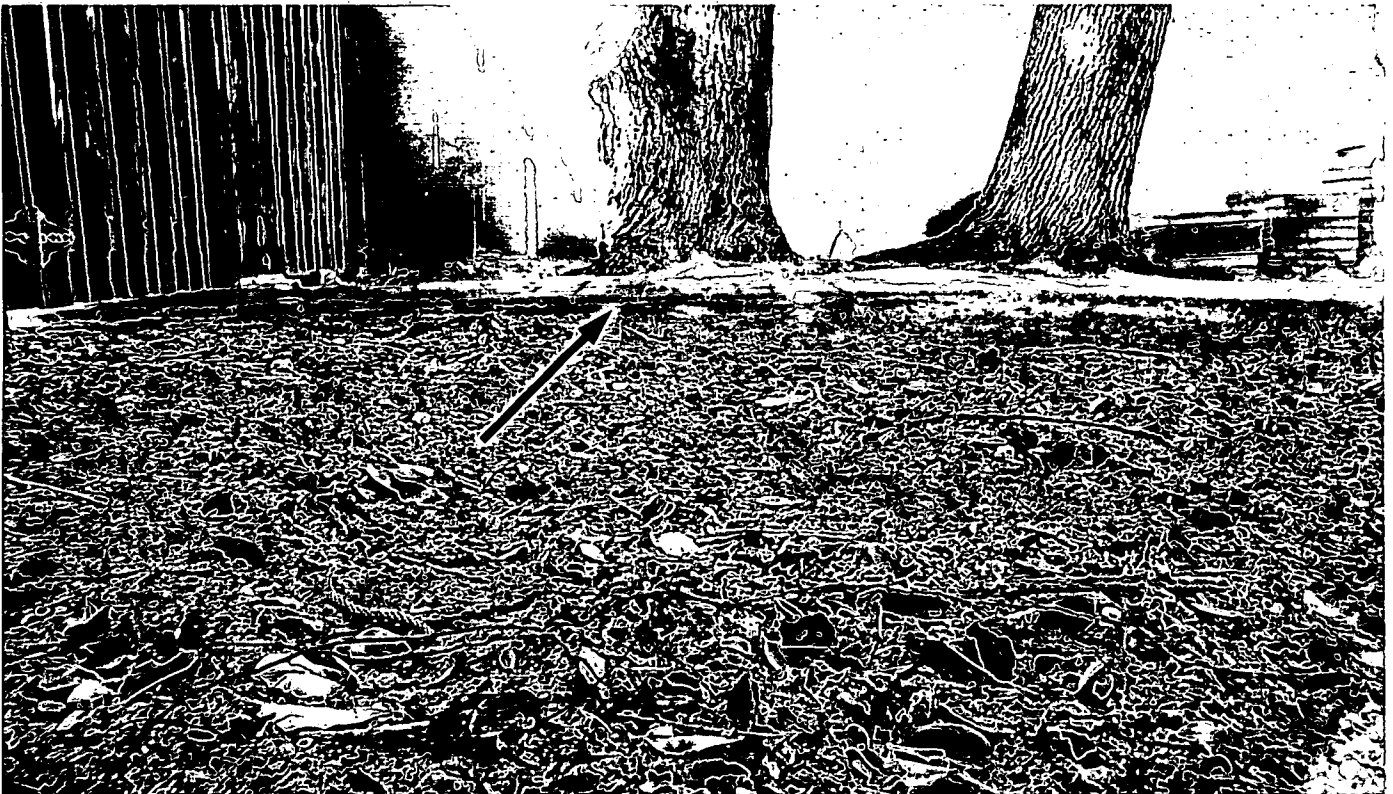
View from front of house

Note: Canopies extend over roof of house



Westernmost oak

Note: Tree trunk is 6" from roof edge.



Brick Paver Walkway

Note: Lifting of walkway from root system

CONCLUSION

Based on our inspections we found that the oak trees are causing structural damage to the concrete home and walkway. The large canopies of the trees extending over the roof also pose a risk to the roof and safety of the occupants of the residence. The underground plumbing associated with the home is also at risk of damage from the oak tree root systems. Left in place, the trees will continue to grow and increase the damage to the foundation, walls, walkway, and underground utilities.

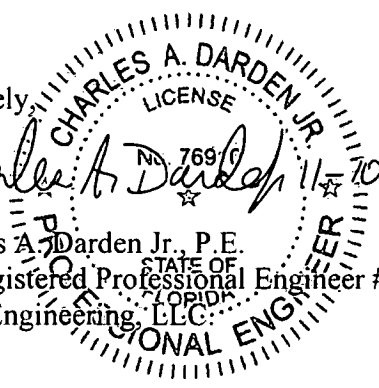
DISCLOSURE OF LIMITATIONS

This report represents the professional opinion of the licensed professional engineer at the time of inspection and is furnished as an aid in determining the physical condition of the inspected areas of premises.

Sincerely,

Charles A. Darden Jr. 11-10-14

Charles A. Darden Jr., P.E.
FL Registered Professional Engineer #76910
CSM Engineering, LLC



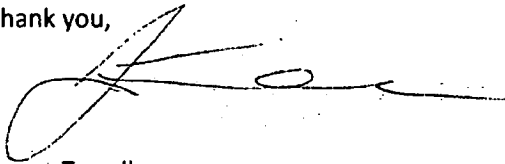
Royal Green Landscape & Pest Mgmt. Inc.

831 NE Dixie Hwy
Jensen Beach Fl 34957
772-334-1144

In regards to the 4 *Quercus virginiana* at 91 s Sewalls point road on the south side of the home. The trees are planted too close to the home and are causing damage to the foundation. Oak tree roots are known for damaging sidewalks, driveways and foundations. Work can be done in some cases to try and prevent this damage I.E. root barriers, but in this instance the trees are even to close to the home to even attempt a root barrier. Not only do we have the roots to worry about but because the trees are so close to the house we have to worry about the root flare causing damage as well. It is my recommendation to have the trees removed before further damage is created.

If you have any questions please feel free to contact me 772-324-1411

Thank you,



Jason Tyrrell
Royal Green Landscape & Pest Mgmt. Inc.
ISA Certified Arborist FL-6335A