

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

RECEIVED  
AUG 9 1978

TOWN OF  
SEWALL'S POINT  
FLORIDA

#859  
Permit No. \_\_\_\_\_  
Date 3 Aug 78

APPLICATION FOR BUILDING PERMIT

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 and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner GUSTAV SCHICKWANZ Present address 2300 SE OCEAN BLVD  
Phone 283-0060 STUART, FL

-General contractor SCHICKWANZ BROS address SAME  
Phone SAME

Where licensed MARTIN CO. License No. 27

-Plumbing contractor HEININGER License No. \_\_\_\_\_

-Electrical contractor LARSON License No. \_\_\_\_\_

-Name the street on which the building, its front building line and its front yard will face: SEWALL'S POINT ROAD

Subdivision RIO VITA Lot No. 2025 Area \_\_\_\_\_

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 1500

-Other construction (pools, additions, etc.) NONE

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$35,000

-Total cost of permit \$195

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

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

[Signature]  
General Contractor

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

[Signature], agent for GUSTAV SCHICKWANZ  
OWNER

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

TOWN RECORD

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

Approved: [Signature] Building Inspector Date 8/6/78

Approved: [Signature] Commissioner Date 9 August 1978

Certificate of Occupancy issued March 21, 1979 Date \_\_\_\_\_ #859

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 210 Jacksonville, Florida 32201

Application and Permit  
of

Individual Sewage Disposal Facilities

THIS PERMIT EXPIRES ONE (1)

YEAR FROM DATE OF ISSUANCE 11/11/78 CLAYTON County Health Department

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

Application/Permit No. FD 78-661

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.) SEWALLS POINT RD.  
Lot 25 Block \_\_\_\_\_ Subdivision BIO VISTA S/D  
Date Platted \_\_\_\_\_ Directions to Job E. OCEAN BLVD. TO SEWALL'S PT. ROAD - TURN SOUTH GO 4 LOTS PAST BIO VISTA
2. Owner or Builder SCHICKEDANE BROS. INC.  
P.O. Address \_\_\_\_\_ City 2300 S.E. OCEAN BLVD STREET, FLA.  
Septic tank system to be installed by:

Scale 1" = 50'

(Rear)

3. Specifications:

2 Bedrooms  
750 gallon tank with 200 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

Signature: Roger Morgan

Date: 8/1/78

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: Keep High

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: John S. Cole County Health Dept. Martin Date 8/3/78

Section IV - Final Construction Approval

Construction of installation approved:  Yes  No

Date: \_\_\_\_\_ By: \_\_\_\_\_

FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

\*\*\*\*\*

#859

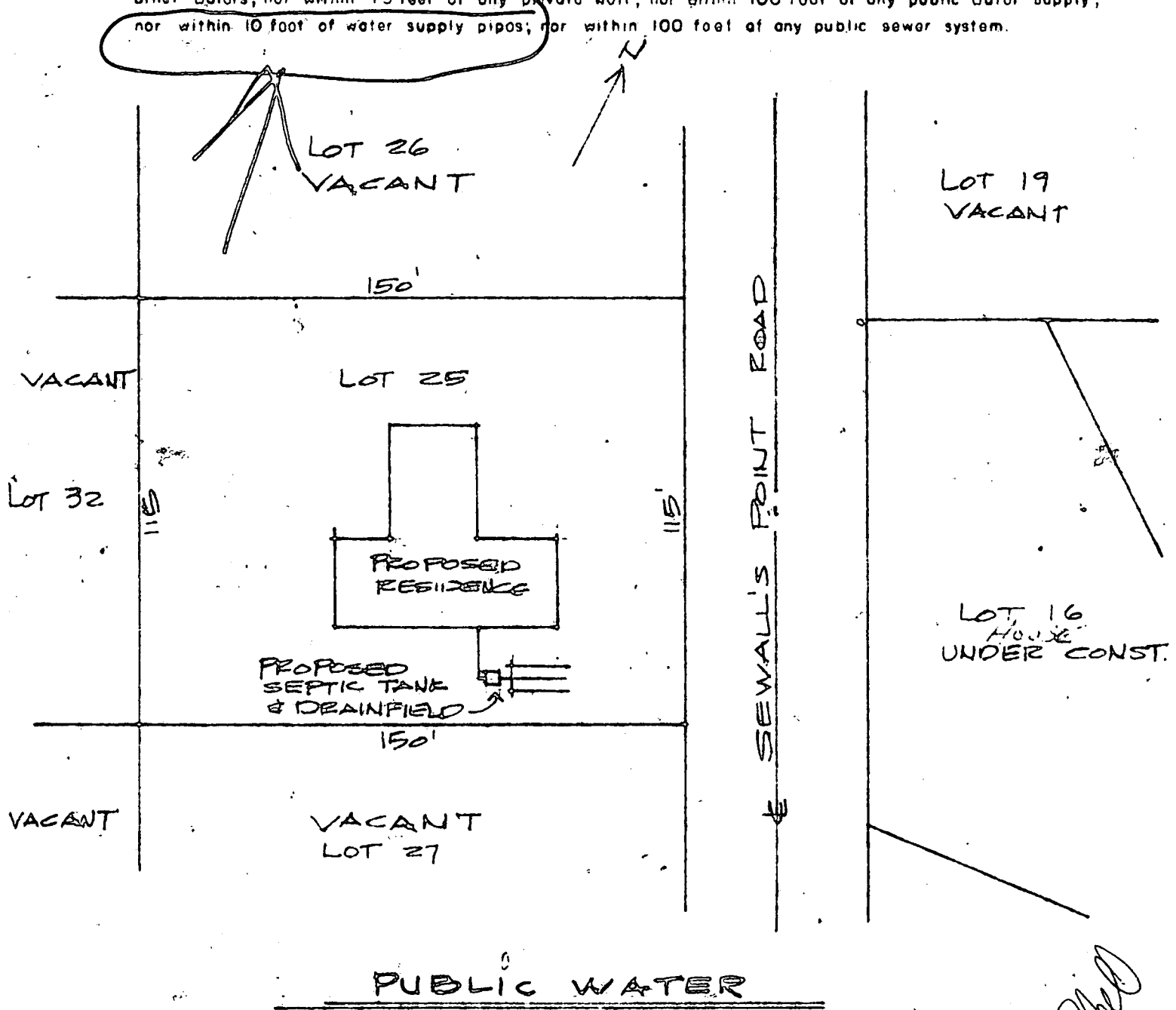
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

Location: LOT 25 Applicant: SCHICKEDANE BROS INC  
RIO VISTA S/D County: MARTIN

NOTE: This septic tank system is not located within 50 feet of the high water of 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.



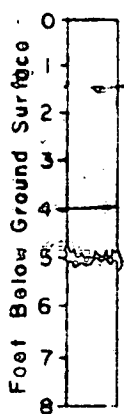
*Joseph M. ...*  
8/1/79

PLAN  
Scale: 1" = 40'

SOIL DATA

SOIL BORING LOG  
Soil Identification CLASS I GROUP SW  
Soil Characteristics SANDY

Percolation Rate 1 min/inch  
Water Table Depth 4'-0"  
Water Table Depth During Wet Season 3'-0"  
Compacted Fill Of -0- Req'd  
Compacted Fill Checked By: \_\_\_\_\_  
Date: \_\_\_\_\_



LIGHT BROWN SAND

LEGEND

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

CERTIFIED BY: \_\_\_\_\_  
FLORIDA PROFESSIONAL No. 16756  
Date 8/1/79 Job No. 18-12-00

Sheet 2 of 2 #859

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date March 21, 1979

G. Schickel

This is to request that a Certificate of Approval for Occupancy be issued to  
For property built under Permit No. 859 Dated Aug 9, 1978 when completed in  
conformance with the Approved Plans.

Signed [Signature]

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	9/5/78	} Jam.
Rough plumbing	9/6/78	
Slab	9/18/78 & 11/8/78	
Perimeter beam	10/10/78	
Close-in, roof and rough electric	11/8/78	
Final Plumbing	3/21/79	
Final Electric	3/21/79	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Jamaquessa date

Approved by Building Commissioner [Signature] date 22 Mar '79

Utilities notified March 21, 1979 date

Original Copy sent to Roger Morgan

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT FLORIDA

1177

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

Date 6-24-80

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 A.G. Thompson Present address #95 SEWALLS

Phone 287-6372

Contractor GOLD KEY POOLS INC. Address 2809 4th AVE TAMPA.

Phone 883-1584

Where licensed MARTIN CITY License number FLA CPCA 11018

Electrical contractor Hurley Elec. License number 0999 #71 M.C.

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL SWIMMING POOL

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

Subdivision RIO VISTA S/D Lot No. 25

Contract price \$ 5190 - Cost of Permit \$ 26.00 + 10 = 36.00

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

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

Contractor afford - Bennett

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 A.G. Thompson

TOWN RECORD Date submitted \_\_\_\_\_

Approved: J. Mazzuca Building Inspector Date 6/25/80

Approved: J.C. Strubell Commissioner Date 7/1/80

Final Approval given: 8/12/80 Date

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.

1177

**2507**

**SCREEN**

**ENCLOSURE**

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

Date \_\_\_\_\_

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

2507

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

Owner Mrs & Mrs Thompson Present Address 95 S. Sewall Pt Rd

Phone 287-6372

Contractor Horizon Bldg Address 619 Baker Rd

Phone 692-2248 Sewall Pt 34996

Where licensed M.C License number SP00342

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

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

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

95 S. Sewall Pt. Rd, Sewall Pt. Sewall Pt 34996

Subdivision Rio Vista Lot number 25 Block number \_\_\_\_\_

Contract price \$ 26,000.00 Cost of permit \$ \_\_\_\_\_

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

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

Contractor Bill Page

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 G. Thompson

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: \_\_\_\_\_ Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

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

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

SP1282

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

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



**9648**

**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:	9648	DATE ISSUED:	DECEMBER 6, 2010
SCOPE OF WORK:	GARAGE DOOR		
CONDITIONS :			
CONTRACTOR:	AMERICAN PALM BEACH GARAGE DOOR		
PARCEL CONTROL NUMBER:	123841-002-000-002504	SUBDIVISION	RIO VISTA - LOT 25
CONSTRUCTION ADDRESS:	95 S SEWALLS PT RD		
OWNER NAME:	THOMPSON		
QUALIFIER:	FRED MAFERA	CONTACT PHONE NUMBER:	283-4566

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

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

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

### REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
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**ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.**

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number:

9648

Date: 12/3/10

OWNER/TITLEHOLDER NAME: Thompson, Albert

Phone (Day) 287-6372 (Fax)

Job Site Address: 95 S. Sewall's Point Rd

City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista S/D Lot 25

Parcel Control Number: 12-38-41-002-000-00250-4

Owner Address (if different):

City: State: Zip:

Scope of work (please be specific): RETALE GARAGE DOOR

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 1184.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: American Palm Beach Garage Door Phone: 283-4526 Fax: 419-0576

Street: 2201 S.E. Indian St H-2 City: Stuart State: FL Zip: 34997

State License Number: OR: Municipality: Martin County License Number: Mch001904

LOCAL CONTACT: Fred Mafera Phone Number: 203 1234 APO 1080021

DESIGN PROFESSIONAL: Lic# Phone Number:

Street: City: State: Zip:

AREAS SQUARE FOOTAGE: Living: Garage: 112 Covered Patios/ Porches Enclosed Storage

Carport: Total under Roof Elevated Deck: Enclosed area below BFE: 2010

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

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

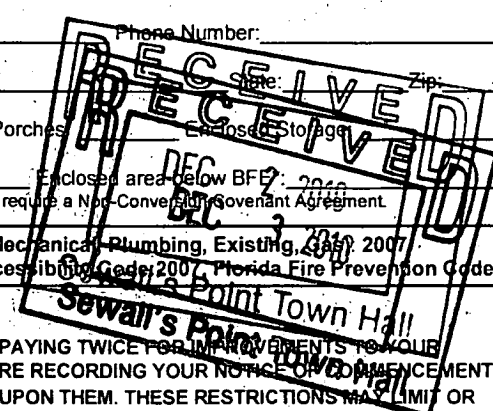
\*\*\*\*\*A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\*

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required) State of Florida, County of: This the 3rd day of December, 2010 by AG Thompson known to me or produced as identification. Notary Public My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA MICHAEL J. ARELLO Notary Public Under Power Commission Expires 02/19/11 A Bryan Whitty Notary Public State of Florida Commission DD0594974

CONTRACTOR SIGNATURE: (required) On State of Florida, County of: Martin County This the 3 day of December, 2010 by Fred Mafera known to me or produced as identification. Notary Public My Commission Expires:



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

# TitleBar

generated on 12/3/2010 10:28:56 AM EST

## Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-002-000-00250-4	27538	95 S SEWALLS POINT RD, SEWALL'S POINT	\$240,470	11/30/2010

### Owner Information

<b>Owner(Current)</b>	THOMPSON ALBERT G & MILDRED M
<b>Owner/Mail Address</b>	95 S SEWALLS POINT RD STUART FL 34996-6437
<b>Sale Date</b>	08/01/1979
<b>Document Number</b>	
<b>Document Reference No.</b>	0477 0565
<b>Sale Price</b>	76500

### Location/Description

<b>Account #</b>	27538	<b>Map Page No.</b>	SP-04
<b>Tax District</b>	2200	<b>Legal Description</b>	RIO VISTA S/D LOT 25
<b>Parcel Address</b>	95 S SEWALLS POINT RD, SEWALL'S POINT		
<b>Acres</b>	.3620		

### Parcel Type

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120250 RIO VISTA DRY

### Assessment Information

<b>Market Land Value</b>	\$114,300
<b>Market Improvement Value</b>	\$126,170
<b>Market Total Value</b>	\$240,470



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

\$ 84<sup>00</sup>

### GARAGE DOOR REPLACEMENT CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

- 1 Copy Completed permit application including,
  - Legal Description
  - Notarized signature of owner & contractor
  - Proof of ownership (Recorded warranty deed or tax bill)
- 2 Copies Manufacturer's product approval w/design pressures shown.  
 (\*\*Indicate the size of the proposed replacement garage)
- 2 Copies FBC 2007 table 1609.6(2) & 1609.6(1) (attached) – Circle or Hi-light the appropriate height & exposure adjustment coefficient \*Table 1609.6(2)) and the appropriate +/- minimum pressures required (Table 1609.6(1)). (NOTE: The values arrived in these charts are the minimum design pressures required for the replacement garage door)
- N/A 1 Copy Notice of Commencement, if replacement value is over \$2500.00. Must be submitted prior to the first inspection.
- N/A 1 Copy Owner/Builder Application, if applicable

### SPECIFICATIONS AND PRODUCT APPROVALS

- Specs. For all garage doors must be tested by an approved testing lab and design pressures stated
- Garage doors cannot have any glazed openings unless the glazed openings are impact resistant glass.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

TABLE 1609.6(2)

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE. (s)

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.

FORMULA FOR DESIGN PRESSURES

Example: 25 ft mean roof height, exposure C  
 16 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. **This formula must be completed for exposure C:**

Pressure	Exposure C multiplier	Req. Design Pressure
_____	X _____	= _____ (+)
_____	X _____	= _____ (-)

TABLE 1609.6(1)

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	29.4 -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, 1mpg = 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 Garage doors. Pressures from Table 1609.6(1) for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.

DAB #824 +36PSF-44PSF  
MAX SIZE =10'2" X 10'0"



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) 372-6339

## NOTICE OF ACCEPTANCE (NOA)

[www.miamidade.gov/buildingcode](http://www.miamidade.gov/buildingcode)

DAB Door Company, Inc.  
12195 NW 98<sup>th</sup> Avenue  
Hialeah Gardens, FL 33018

### 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:** 16'-2" Wide x 16' High Steel Sectional Garage Door w/ Window Lite Option

**APPROVAL DOCUMENT:** Drawing No. 02-21, titled "Sectional Garage Door", dated 09/10/02, with last revision E dated 01/06/10, sheets 1 through 5 of 5, prepared by Al-Farooq Corporation, signed and sealed by Arshad Viqar, P.E., bearing the Miami-Dade County Product Control renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING:** Large and Small Missile Impact Resistant

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

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

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

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

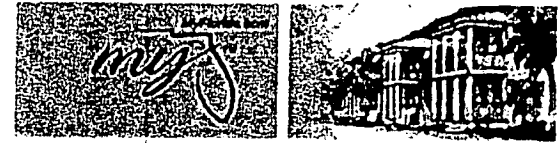
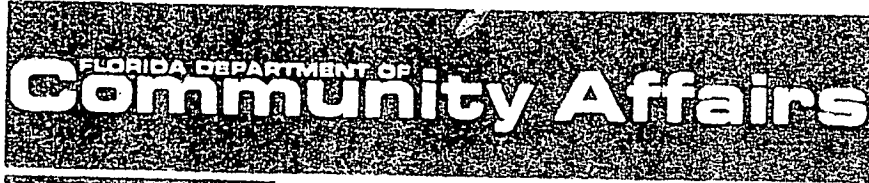
**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA renews NOA # 09-0128.02 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



*[Signature]*  
03/11/10

NOA No: 10-0216-04  
Expiration Date: July 21, 2015  
Approval Date: March 31, 2010



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### Product Approval

USER: Public User

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

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

FL #	FL-12698
Application Type	New
Code Version	2007
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	DAB Doors Company, Inc.
Address/Phone/Email	12195 NW 98 Avenue Hialeah Gardens, FL 33018
Authorized Signature	Arshad Viqar hfarooq@bellsouth.net
Technical Representative	Allen Berger
Address/Phone/Email	12195 NW 98 Avenue Hialeah Gardens, FL 33018 rberger518@hotmail.com
Quality Assurance Representative	
Address/Phone/Email	



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **4-8-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9148	<del>116 Hampton</del>	<del>Final</del>	<del>Pass</del>	<del>Close</del>
	95 SSRC	Gas	Pass	Close
	Ann Palm Beach Garage			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9612	Elder	Final		
	110 SSRC	Gas	Pass	Close
	Paulie propane			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9606	Elder			
	110 SSRC	FINAL MECHANICAL	Pass	
	OB			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9750	SHRETS			
	101 S. River Rd	FENCE FINAL	Pass	Close
	O/B			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9727	KAPLAN			
	H River Bend Ct	Windows	Pass	
	GULFSTREAM	REPAIR		

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		ANN SCHMIDT
	9. S. RIDGEVIEW	UN MAINTAINED		RENFORD 285-575
		POOL ETC		

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9744	Turner	roof		
	815 River Rd	dock framing	Pass	
	OB			

**10960**

**RE-ROOF**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10960	DATE ISSUED:	7/30/2014
SCOPE OF WORK:	REROOF		
CONTRACTOR:	STUART ROOFING		
PARCEL CONTROL NUMBER:	12-38-41-002-000-00250-4	SUBDIVISION	RIO VISTA LOT 25
CONSTRUCTION ADDRESS:	95 S. SEWALL'S POINT RD		
OWNER NAME:	THOMPSON		
QUALIFIER:	JOHN TURNER	CONTACT PHONE NUMBER:	349-2772

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

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

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

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

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	<b>10960</b>
<b>ADDRESS:</b>	<b>95 S. SEWALL'S POINT RD.</b>
<b>DATE ISSUED:</b>	<b>7/30/2014</b>
<b>SCOPE OF WORK:</b>	<b>REEROOF</b>

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	<b>Declared Value</b>	<b>\$</b>	
-------------------------------------------	-----------------------	-----------	--

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.		\$	-
<b>Total Construction Value:</b>		\$	\$ -
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:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	<b>\$</b>	<b>\$ 10,910.00</b>
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 4.00	\$ 400.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 6.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 6.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>			<b>\$ 417.00</b>

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Date: 7-24-14 Permit Number: 10960

OWNER/LESSEE NAME: THOMPSON Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: 95 S SEWALL'S POINT ROAD City: STUART State: FL Zip: 34996  
 Legal Description RIO VISTA SID LOT 25 Parcel Control Number: 12-38-41-002-003-00250-4  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 10,910.00  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: STUART ROOFING Phone: 772-692-9854 Fax: 772-692-9856  
 Qualifiers name: JOHN TURNER Street: 140 NE DIXIE HWY City: STUART State: FL Zip: 34994  
 State License Number: CC 024411 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
 LOCAL CONTACT: JOHN TURNER Phone Number: 772.349.2772  
 DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

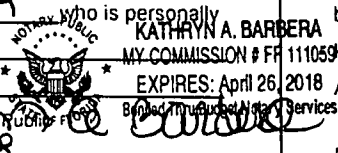
**\*\*\*\*\*A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\***

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:  
Dennis Thompson  
 State of Florida, County of: Martin  
 On This the 24 day of July, 2014  
 by Dennis Thompson who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, FL ID  
 My Commission Expires: 9/26/18

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

POA MURDER THOMPSON



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!

AC# 6300432

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082401909

DATE	BATCH NUMBER	LICENSE NBR
08/24/2012	126004306	CCC024411

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

TURNER, JOHN WESLEY  
STUART ROOFING INC  
140 NE DIXIE HWY  
STUART FL 34994

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



CITY OF STUART  
LOCAL BUSINESS TAX RECEIPT  
2013-2014

RECEIPT NO	ACCOUNT NO	CATEGORY NO
3444	19730	170530

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

BUSINESS TYPE	CONTRACTOR - ROOFING
OWNER AND LOCATION	TURNER, JOHN 140 NE DIXIE HW
ST/CTY LICENSE	CCC024411
DESCRIPT:	

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

Local Business Taxing Questions 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	STUART ROOFING TURNER, JOHN 140 NE DIXIE HIGHWAY STUART FL 34994
-----------------------------------	---------------------------------------------------------------------------

DATE	10/02/2013
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CHERYL WHITE  
CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/29/2014

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

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

PRODUCER <b>SUNZ Insurance Solutions LLC</b> 7405 N Tamiami Trail Sarasota, FL 34243	CONTACT NAME:	
	PHONE (A/C, No, Ext): 941-306-3077	FAX (A/C, No): 727-497-1280
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : SUNZ Insurance Company		34762
INSURER B : Aspen Re - London - Best Rating "A"		
INSURER C : Catlin Syndicate - Lloyds - Best Rating "A"		
INSURER D : Brit Syndicate - Lloyds - Best Rating "A"		
INSURER E :		
INSURER F :		

COVERAGES                      CERTIFICATE NUMBER: 21029578                      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCPEO000040 05 WCPEO000040 04	5/14/2014 5/14/2013	5/14/2015 5/14/2014	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation						This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage						
D							

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

Coverage provided for all leased employees but not subcontractors of: Stuart Roofing of The Treasure Coast, Inc. dba Stuart Roofing, Inc  
Location Effective: 6/2/2014

<b>CERTIFICATE HOLDER</b> 1894  Town of Sewall's Point 1 S Sewall's Point Rd Sewall's Point FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Glen J Distefano
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/29/2014

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

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

<b>PRODUCER</b> Jackson Insurance Agency 2075 West 76th St Hialeah FL 33016	<b>CONTACT NAME:</b> Fannie Baez <b>PHONE (A/C No. Ext):</b> (305) 824-3464 <b>E-MAIL ADDRESS:</b> fbaz@jacksonagency.com	<b>FAX (A/C No.):</b> (305) 822-8535
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Starr Indemnity Ins. Co.	<b>NAIC #</b> 38318
<b>INSURED</b> Stuart Roofing of the Treasure Coast Inc. dba Stuart Roofing Inc. 140 NE Dixie Highway Stuart FL 34994	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 2013-2014 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			SLPG-GL01962-00	7/31/2013	7/31/2014	EACH OCCURRENCE \$ 1,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									GENERAL AGGREGATE \$ 2,000,000.00
										PRODUCTS - COMP/OP AGG \$ 2,000,000.00
										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
							\$			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$			
	DED	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			

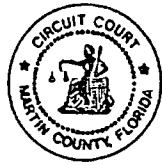
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 This certificate is solely for the use as " Evidence of Insurance "


<b>CERTIFICATE HOLDER</b> Town of Sewall's Point 1 S Sewall's Point Rd Sewall's Point, FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Ed Jackson/FANNIE





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



  
INSTR # 2468555  
OR BK 2732 PG 666  
(1 Pgs)  
RECORDED 07/30/2014 08:25:04 AM  
CAROLYN TIMMANN  
MARTIN COUNTY CLERK

**NOTICE OF COMMENCEMENT**

To be completed when construction value exceeds \$2,500.00

BY Carolyn Timmann  
DATE 7/30/14

PERMIT # \_\_\_\_\_ TAX FOLD # 12-38-41-002-000-00250-4

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):  
95 S SEWALL'S POINT ROAD 10+25 RID VISTA

GENERAL DESCRIPTION OF IMPROVEMENT: REROOF

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:  
Name: MILDRED M THOMPSON  
Address: 95 SEWALL'S POINT RD STUART FL 34996  
Interest in property: OWNER  
Name and address of fee simple title holder (if different from Owner listed above): \_\_\_\_\_

CONTRACTOR'S NAME: STUART ROOFING Phone No.: (772) 692-9854  
Address: 140 NE DIXIE HWY STUART FL 34994

SURETY COMPANY (If applicable, a copy of the payment bond is attached):  
Name and address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Bond amount: \_\_\_\_\_

LENDER'S NAME: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
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: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

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 of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement:  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.  
→ Dennis Thompson POA MILDRED THOMPSON  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office \_\_\_\_\_  
The foregoing instrument was acknowledged before me this 21 day of July, 2014  
By: Dennis Thompson as \_\_\_\_\_ for \_\_\_\_\_  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Kathryn A. Barbera  
Notary's Signature

Personally known  or produced identification   
Type of identification produced FL DL



KATHRYN A. BARBERA  
MY COMMISSION # FF 111059  
EXPIRES: April 26, 2018  
Bonded Thru Budget Notary Services

(Print, Type, or Stamp Commissioned Name of Notary)



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

RE-ROOF CERTIFICATION

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

CONTRACTOR'S NAME: STUART ROOFING PHONE #: 692-9854 FAX: 692-9856

OWNER'S NAME: THOMPSON

CONSTRUCTION ADDRESS: 95 S SEWALL'S PT RD CITY \_\_\_\_\_ STATE \_\_\_\_\_

RE-ROOF:  RESIDENTIAL(SINGLE FAMILY)  
 COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP  YES  NO

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

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

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S.  YES  NO - INSURED VALUE OF RESIDENCE: \$ 100,630

ROOF TYPE:  HIP  BOSTON-HIP  GABLE  FLAT  OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:\*  SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED  
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF  
 NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER  
 FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-  
 SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME  
 SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK  
 NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED& RENAILED

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

PROPOSED NEW ROOF COVERING: SHINGLES

MANUFACTURER GAF PRODUCT NAME TIMBERLINE PRODUCT APPR # 13-0419.04

(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: TEAR OFF EXISTING TILE ROOF, RENAIL PLYWOOD TO CODE,  
DRY-IN ROOF W/ PEEL +STICK, INSTALL SHINGLES

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

[Signature] DATE: 7.28.14  
 SIGNATURE OF CONTRACTOR



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-2204765

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

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

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

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

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

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

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

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

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

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





DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

**NOTICE OF ACCEPTANCE (NOA)**

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786)315-2590 F (786) 31525-99  
[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

**GAF**  
1361 Alps Rd.  
Wayne, NJ 07470

**SCOPE:**

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

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

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

**DESCRIPTION:** GAF Timberline HD®, Timberline® Natural Shadow®, and Timberline® American Harvest® Shingles

**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 revises NOA # 11-1122.04 and consists of pages 1 through 6.  
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 13-0419.04  
Expiration Date: 02/21/17  
Approval Date: 07/11/13  
Page 1 of 6



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Florida Department of  
**Business & Professional Regulation**

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**Product Approval**  
USER: Public User

License efficiently. Regulate fairly.

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



FL #	FL2569-R7																		
Application Type	Revision																		
Code Version	2010																		
Application Status	Approved																		
Comments																			
Archived	<input type="checkbox"/>																		
Product Manufacturer	Soprema, Inc. (Canada)																		
Address/Phone/Email	1640 rue Haggarty Drummondville, NON-US 00000 (819) 478-2400 Ext 3327 memathieu@soprema.ca																		
Authorized Signature	Marc-Etienne Mathieu memathieu@soprema.ca																		
Technical Representative	Marc-Etienne Mathieu																		
Address/Phone/Email	1688 Jean-Berchmans-Michaud Drummondville, NON-US 00000 (819) 478-2400 Ext 3327 memathieu@soprema.ca																		
Quality Assurance Representative	Jean-Francois Cote, Ph.D.																		
Address/Phone/Email	1640 rue Haggarty Drummondville (888) 811-3145 jfcote@soprema.ca																		
Category	Roofing																		
Subcategory	Underlayments																		
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	Robert J. M. Nieminen																		
Florida License	PE-59166																		
Quality Assurance Entity	UL LLC																		
Quality Assurance Contract Expiration Date	11/30/2014																		
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received																		
Certificate of Independence	<a href="#">FL2569_R7_COI_2014_04_COI_Nieminen.pdf</a>																		
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><b>Standard</b></th> <th><b>Year</b></th> </tr> </thead> <tbody> <tr> <td>ASTM D1523</td> <td>2009</td> </tr> <tr> <td>ASTM D1970</td> <td>2001</td> </tr> <tr> <td>ASTM D6163</td> <td>2000</td> </tr> <tr> <td>ASTM D6164</td> <td>2005</td> </tr> <tr> <td>FM 4474</td> <td>2004</td> </tr> <tr> <td>FRSA/TRI 07320</td> <td>2005</td> </tr> <tr> <td>TAS 103</td> <td>1995</td> </tr> <tr> <td>TAS 110</td> <td>2000</td> </tr> </tbody> </table>	<b>Standard</b>	<b>Year</b>	ASTM D1523	2009	ASTM D1970	2001	ASTM D6163	2000	ASTM D6164	2005	FM 4474	2004	FRSA/TRI 07320	2005	TAS 103	1995	TAS 110	2000
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FM 4474	2004																		
FRSA/TRI 07320	2005																		
TAS 103	1995																		
TAS 110	2000																		



EXTERIOR RESEARCH & DESIGN, LLC.  
Certificate of Authorization #9503  
353 CHRISTIAN STREET, UNIT #13  
OXFORD, CT 06478  
PHONE: (203) 262-9245  
FAX: (203) 262-9243

## EVALUATION REPORT

**Soprema, Inc.**  
1640 rue Haggerty  
Drummondville, Québec J2C 5P8  
Canada

**Evaluation Report S18010.06.09-R5**  
**FL2569-R7**  
**Date of Issuance: 06/15/2009**  
**Revision 5: 04/30/2014**

### SCOPE:

This Evaluation Report is issued under Rule 61G20-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code sections noted herein.

### DESCRIPTION: Soprema Roof Underlayments

**LABELING:** Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

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

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

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

This Evaluation Report consists of pages 1 through 8.

### Prepared by:

**Robert J.M. Nieminen, P.E.**  
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 04/30/2014. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

### CERTIFICATION OF INDEPENDENCE:

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



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  **Thur**  Fri **7-31 -14** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10873	SEWALLS	SERVICE		CALLED FPL
9:30 - 10:00	4 RIVER OAK PL	EXCHANGE	PASS	
	ELECT CONNECTIONS			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688	SPERKAL	ALL TRADE		
11:00	108 S. SEWALLS PT RD		PASS	
	DRIEWOOD			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10934	FABRICY	SLAB		
	6 OAKHILL WAY		PASS	
	SEACATE			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10952		R. PLUMB	FAIL	NEED LETTERS FROM
	4 RIDGEVIEW	R. ELECT		ELECT. & PLUMBERS
	O/O			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10960</del>	<del>THOMPSON</del>	<del>DRY IN</del>		
	<del>95 3507 RD</del>	<del>METAL</del>	<del>PASS</del>	
	SMART ROOFING			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 8/6 - 14 Page 14 of 14

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10962	Greenspan	Rough-in		
9:00	3 Oakhill Way Agler Tile Caprentry	Plumbing	Pass	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10873	Serls	Final		
	4 River Oak Place	Electrical	Pass	
	Electrical Connections			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10960</del>	Thompson			
	96 S Sewalls Pt Rd	Final	<del>Pass</del>	<del>Close</del>
	Stuart Roofing	Roof		INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10955	VAN DEUSEN	SERVICE		
	7 S. VIA LUCINDIA	CHANGE	Pass	Close
	LOOK ELECT			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BARON			
	25 FIELDWAY	TREE	OK	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date 6/19/01 19 01 TREE REMOVAL PERMIT No 0502

APPLIED FOR BY Mr. Thompson, 95 S. Sewall Pt. Rd (Contractor or Owner)

Owner \_\_\_\_\_

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

Kind of Trees 2 Roy. Palmettos, 1 Locust, 1 Avocado

No. Of Trees: REMOVE 4

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

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

REMARKS O.k. to remove, all deceased due to lightning

Signed, Sign on file Applicant Signed, [Signature] Town Clerk  
Bl. Inspector

FEE \$ 0.00

Field verified  
6/16

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 site plan]

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

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0502

Date Issued 6/6/01

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 Thompson Address 95 S. Sewalls Pt. Rd Phone \_\_\_\_\_

Contractor TBA Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed(list kinds of trees) 2 Palm trunks

1 Avocado, 1 Logquat : all 4 deceased due to lightning  
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 \_\_\_\_\_ Plans approved, as marked \_\_\_\_\_

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 6/6/01

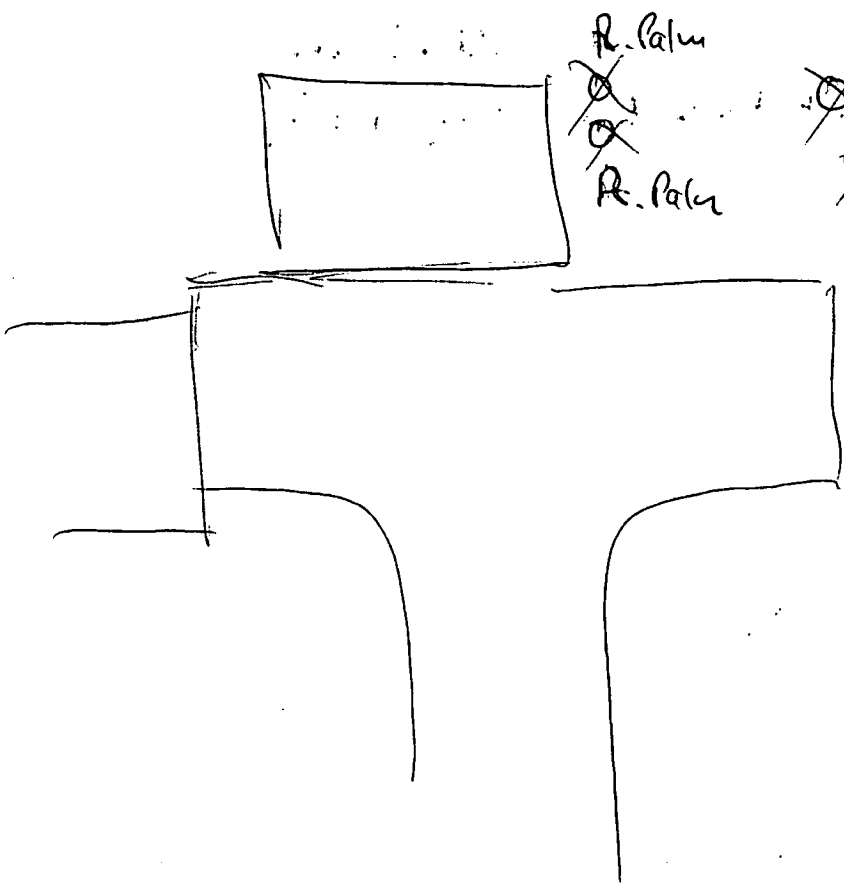
Approved by Building Inspector [Signature] Date 6/15/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ <sup>FEE</sup>. 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?



R. Palm  
~~Q~~  
~~Q~~  
R. Palm

~~Q~~ Avocado  
~~Q~~ loquat.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri October 6, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5300	Bercaw	Pool - Final	Passed	
(10)	11 Rivercrest Ct. Harbor Bay			INSPECTOR: JLB/10
5526	PARE	ROUGH-IN ELEC.	Passed	
(1)	61 N. RIVER RD. CES ELEC.			INSPECTOR: JLB/10
5286	Schulz	Pool-alarm	Passed	
(5)	64 S. Sewalls Pt Rd. Advantage Pools			INSPECTOR: JLB/10
<del>5532</del>	ARMSTRONG	ELECT. - FINAL	Passed	
5471	41 W. HIGHPOINT			
(3)	FOLDING SHUTTER/RCB ELEC.			INSPECTOR: JLB/10
5509	MILORD	ELECT. ROUGH	Passed	
(11)	4 FIELDWAY DR. O/B	PLUMB. " A/C & FRAMING		INSPECTOR: JLB/10
—	THOMPSON	TREE INSPECTION	Passed	(SEE GENE)
(6)	95 S. SEWALLS PT. RD.	(TAKE APPLICATION FOR OWNER)		INSPECTOR: JLB/10
5548	PETTINOS	MURRICAN SHUTTERS	Passed	(Tracks only, will add topcons. for year 14" CC
(2)	717 HENRY SEWALLS WY. HARRY BLUE			INSPECTOR: JLB/10

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

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 17 ~~16~~ 2004 TREE REMOVAL PERMIT No 2222

APPLIED FOR BY FPL / A G THOMPSON (Contractor or Owner)

Owner 95 S. SEWALL'S PT RD

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

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

No. Of Trees: REMOVE 4 ROYAL PALMS

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

No. Of Trees: REPLACE 4 WITHIN 30 DAYS

REMARKS \_\_\_\_\_

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

Signed, Tom June  
Applicant

Signed, Gene Simmons (REP)  
Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

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

Four horizontal lines for project description details.

REMARKS \_\_\_\_\_

Four horizontal lines for remarks.

**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 A J Thompson Address 95 S. Sewalls Pt Phone \_\_\_\_\_

Contractor Asplundh Tree Address FPL Phone 772-207-7993 Tom Turve

No. of Trees: REMOVE 4 Type: Royal Palms

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

No. of Trees: REPLACE 4 WITHIN 30 DAYS Type: Various

Written statement giving reasons: New Construction

Signature of Applicant Tom Turve Date 3-17-04

Approved by Building Inspector: \_\_\_\_\_ Date \_\_\_\_\_ Fee: \_\_\_\_\_

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: Yes by LOD verbal confirmed