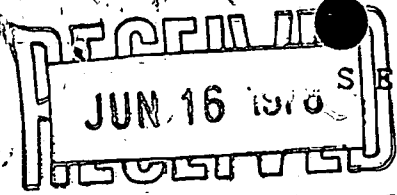


# **96 South Sewall's Point Road**



334-9355  
TOWN OF  
SEAWALL'S POINT  
FLORIDA

849  
Permit No. \_\_\_\_\_  
Date 7/10/78

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/2" 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 Mr + Mrs P. SKAHILL Present address 15 Birchwood Dr N.Y. Great River 11739  
Phone 516-581-4466

-General contractor TOROCO CONRAD address Box 1356 Jensen Bch.  
Phone 283-8124

Where licensed STATE License No. CRC004642

-Plumbing contractor Palm City Plumbing License No. 7

-Electrical contractor Crews Elect. License No. 10

-Street the building will front on 969 Seawall's Point Rd.

Subdivision Rio Vista Lot No. 16 Area 15000

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 1519

-Other construction (pools, additions, etc.) \_\_\_\_\_

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 42,000.00

-Total 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 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.

Paul Pross  
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.

\_\_\_\_\_  
Owner

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

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

Approved: Chris Dwyer Building Inspector Date 7/6/78

Approved: Edmund A. Glantz Commissioner Date 7/10/78

Certificate of Occupancy issued 130 Oct 1978 Date 849

Post Office Box 870 Jacksonville, Florida 32201

Well MUST be installed BEFORE  
a Final approval is issued.

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

Application and Permit  
of  
Individual Sewage Disposal Facilities

Application/Permit NO. HD 78-481 THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE 11/1/78  
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 \_\_\_\_\_ and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Highway West (North)  
Lot 15 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Date Platted \_\_\_\_\_ Directions to Job \_\_\_\_\_  
2. Owner or Builder \_\_\_\_\_  
P.O. Address Box 1036 City Jackson  
Septic tank system to be installed by: 334

Scale 1" = 50'

(Rear)

3. Specifications:

900 gallon tank with  
255 square feet of  
drainfield with at least  
4" inside diameter pipe.

4. House to be constructed:

Check one: FHA  
VA  Conventional  
3 Bedroom

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: Frank Torow  
Please Print

Signature: [Signature] Date: June 1, 1978

(Name of Street or State Road)  
(Side)

See Sheet  
2-1-78  
D.L. & sketch  
of 3 Bedroom  
Residence

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

(Front)

Approval of these plans in NO WAY  
relieves the contractor or builder of  
applying with the Town of Sewall's  
Florida Building Code.

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: MAINTAIN  
10' SEPARATION FROM CENTRAL WATER LINE

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 D. Rast County Health Dept. MARTIN Date 6-8-78

Section IV - Final Construction Approval

Construction of installation approved: Yes No

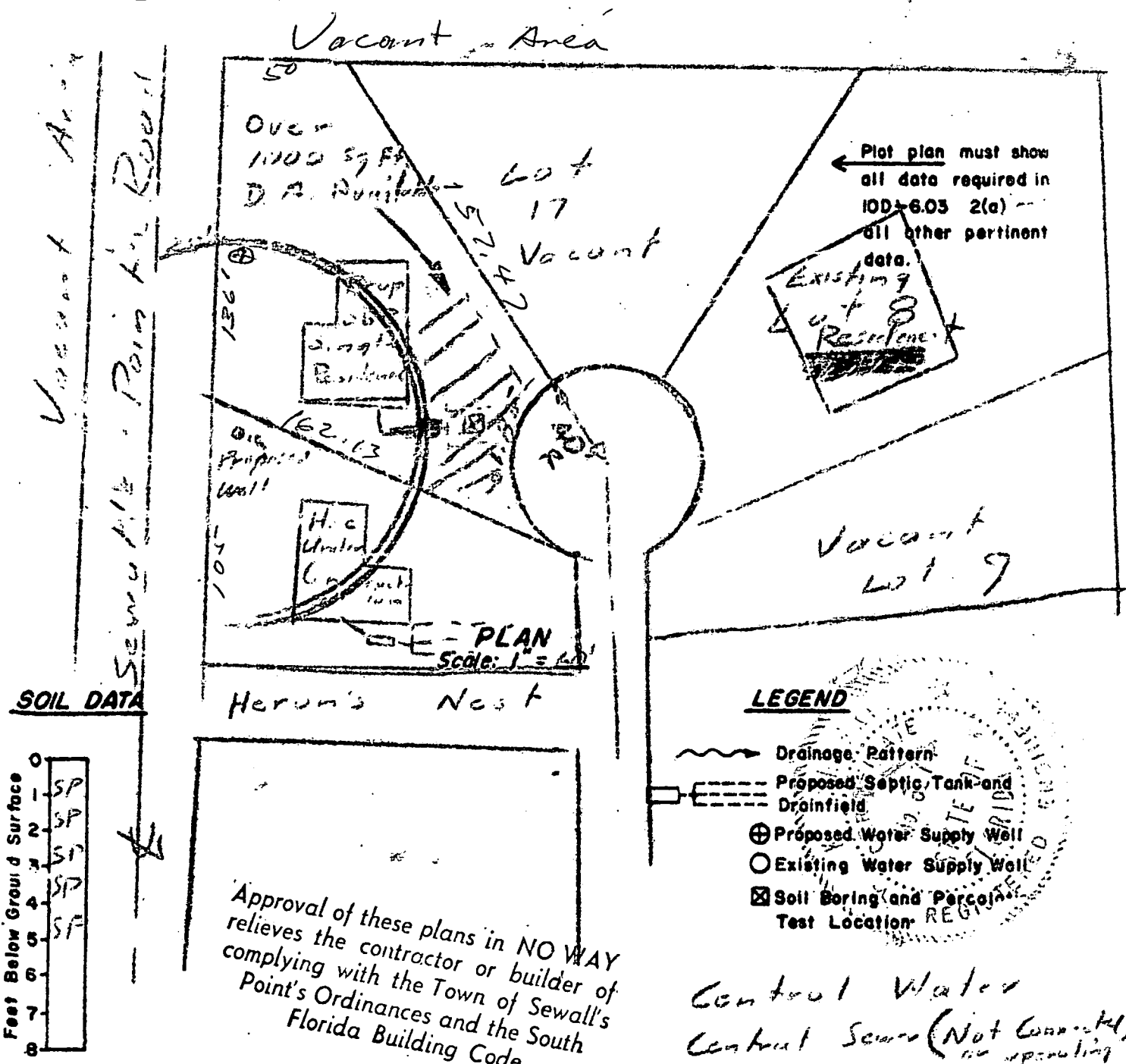
Date: \_\_\_\_\_ By: \_\_\_\_\_  
FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

#849

**INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
DATA SHEET**

Location: Lot 16 Rio Vista Applicant: Frank Torow  
Summit Hill County: Manatee

**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.



Approval of these plans in NO WAY relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances and the South Florida Building Code.

**SOIL BORING LOG**

Soil Identification: CLASS I GROUP SP  
 Soil Characteristics Coarse sand to 1 ft.; then mixture of sand to organic structural unconsolidated - very porous to 5 feet

Percolation Rate 0 min/inch  
 Water Table Depth Rel 5 feet  
 Water Table Depth During Wet Season 3' 6 feet  
 Compacted Fill Of None Req'd  
 Compacted Fill Checked By: \_\_\_\_\_

CERTIFIED BY: [Signature]  
 FLORIDA PROFESSIONAL No. PE # 6274  
 Date 6/1/78 Job No. \_\_\_\_\_

Sheet 2 of 2

Note: About 5 feet of fill will be brought in to raise floor level to 4 feet M.S.L. So over 3 feet will be at site -- T. J.

#849

OWNER \_\_\_\_\_

LOCATION \_\_\_\_\_

BUILDING PERMIT REQUIREMENTS

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

Date Issued \_\_\_\_\_

REQUEST FOR PERMIT TO BUILD: \_\_\_\_\_ ✓

COPY OF DEED: O.R. Book \_\_\_\_\_ Page \_\_\_\_\_

THREE COPIES PLANS Received \_\_\_\_\_ ✓

CERTIFIED BY N/A \_\_\_\_\_ Date \_\_\_\_\_  
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD 78 - ✓

REQUEST FOR CERTIFICATE OF OCCUPANCY \_\_\_\_\_

BUILDER \_\_\_\_\_ CERTIFIED \_\_\_\_\_

INSURANCE \_\_\_\_\_ PAID UP TO \_\_\_\_\_

COPY OF ADDENDUM GIVEN \_\_\_\_\_

#849

WARRANTY DEED

THIS DEED dated the date set forth hereinbelow between GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, of Toronto, Province of Ontario, Canada, the Grantor, and PATRICK G. SKAHILL and DOROTHY F. SKAHILL, his wife, whose post office address is 96 South Sewall's Point Road, Jensen Beach of the County of Martin, State of Florida 33457, Grantee,

W I T N E S S E T H

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

Lot 16, RIO VISTA SUBDIVISION, according to the plat thereof filed 11 December 1975 in Plat Book 6, Page 95, Martin County, Florida, public records.

SUBJECT, HOWEVER, to the following:

1. Taxes accruing subsequent to 12/31/77;
2. Zoning regulations and ordinances of the Town of Sewalls Point, Florida;
3. The provisions and easements set forth on the aforesaid plat of RIO VISTA SUBDIVISION;
4. The provisions of DECLARATION OF PROTECTIVE COVENANTS COVERING ALL OF RIO VISTA SUBDIVISION recorded in Official Records Book 393, Page 1469, Martin County, Florida, public records, as amended by the First Amendment to Declaration of Protective Covenants covering all of Rio Vista Subdivision recorded in Official Records Book 403, Page 549, Martin County, Florida, public records,

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

IN WITNESS WHEREOF, the said Grantor has set forth his Hand and Seal this 13th day of June, 1978.

WITNESSES:

Mary E. Gyzka

Greg Wall

Gustav Schickedanz (SEAL)  
Gustav Schickedanz, Individually  
and as Trustee

Ann Schickedanz (SEAL)  
Ann Schickedanz

DOMINION OF CANADA  
PROVINCE OF ONTARIO  
DISTRICT OF YORK

The foregoing instrument was acknowledged before me by GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, on this 13 day of June, 1978.

(NOTARY SEAL)

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

OR 447 p 2489  
July 5/78

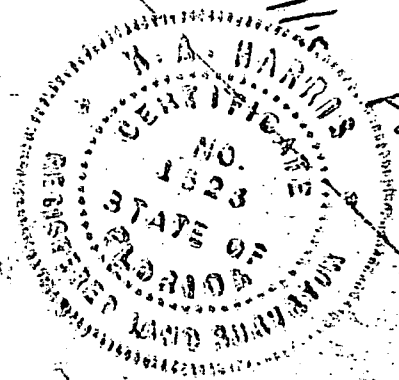
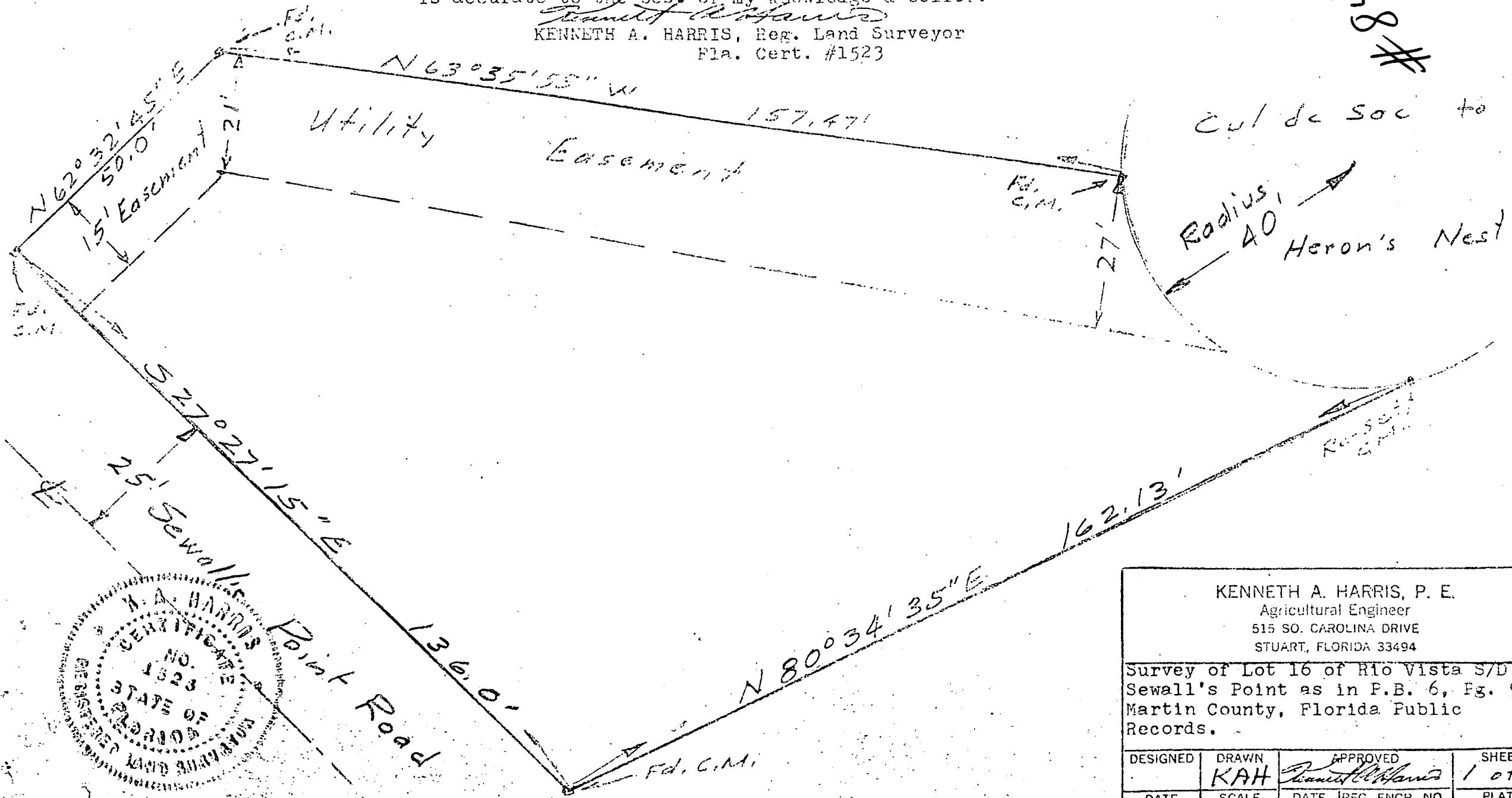
#849

CERTIFICATION OF SURVEY

I hereby certify that the Flat shown hereon is a true and correct representation of a survey made under my direction & said survey is accurate to the best of my knowledge & belief.

*Kenneth A. Harris*  
 KENNETH A. HARRIS, Reg. Land Surveyor  
 Fla. Cert. #1523

6489  
 #



KENNETH A. HARRIS, P. E. Agricultural Engineer 515 SO. CAROLINA DRIVE STUART, FLORIDA 33494				
Survey of Lot 16 of Rio Vista S/D in Sewall's Point as in P.B. 6, Pg. 95 Martin County, Florida Public Records.				
DESIGNED	DRAWN	APPROVED	SHEET	
	KAH	<i>Kenneth A. Harris</i>	1 of 1	
DATE	SCALE	DATE	REG. ENGR. NO.	PLATE
	1"=20'	6/78	6274	I

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 849

This is to request that a Certificate of Approval for Occupancy be issued to Thomas Coast Inc.

For property built under Permit No. \_\_\_\_\_ Dated \_\_\_\_\_

when completed in conformance with the Approved Plans.

Signed Hubert Brown

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	7/27/78	
Rough plumbing	7/28/78	
Perimeter beam	8/1/78	
Rough electric	8/24/78	
Close in	8/24/78	
Final plumbing	10/12/78	
Final electric	10/12/78	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector \_\_\_\_\_ date

Approved by <sup>Blidg</sup> ~~Town~~ Commissioner James E. Guenther 13 Oct '78 date

Utilities notified 13 Oct 1978 sg date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

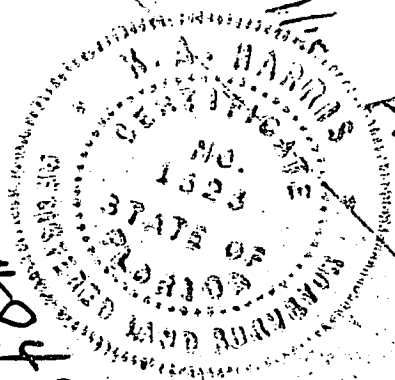
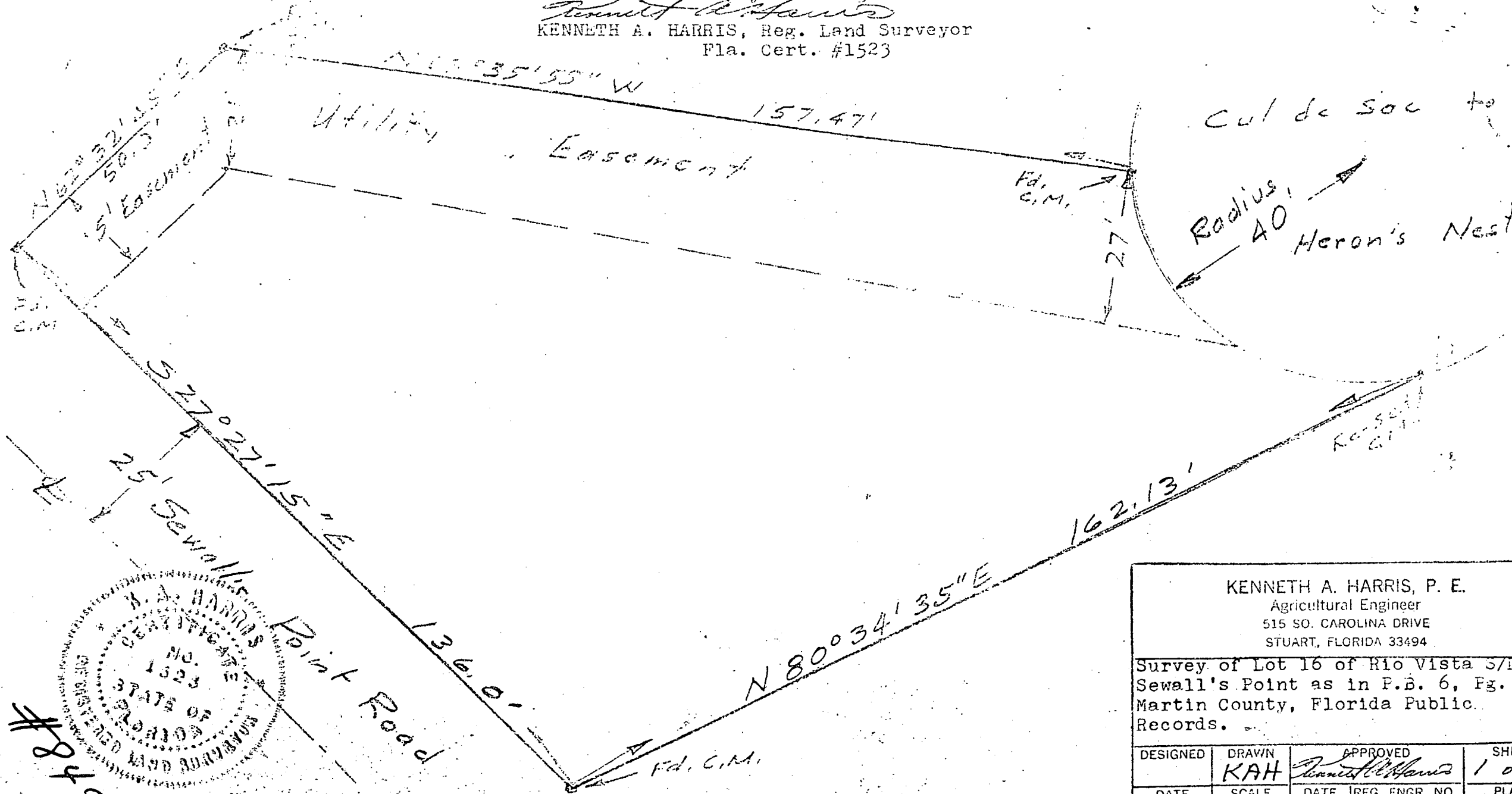
#849



CERTIFICATION OF SURVEY

I hereby certify that the Plat shown hereon is a true and correct representation of a survey made under my direction & said survey is accurate to the best of my knowledge & belief.

*Kenneth A. Harris*  
 KENNETH A. HARRIS, Reg. Land Surveyor  
 Fla. Cert. #1523



KENNETH A. HARRIS, P. E. Agricultural Engineer 515 SO. CAROLINA DRIVE STUART, FLORIDA 33494				
Survey of Lot 16 of Rio Vista S/D in Sewall's Point as in P.B. 6, Pg. 95 Martin County, Florida Public Records.				
DESIGNED	DRAWN	APPROVED	SHEET	
	KAH	<i>Kenneth A. Harris</i>	1 of 1	
DATE	SCALE	DATE	REG. ENGR. NO.	PLATE
	1"=20'	6/78	6274	I

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

10/13/78

Date ~~8/19~~

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

For property built under Permit No. 849 Dated \_\_\_\_\_

when completed in conformance with the Approved Plans.

Frank Pross  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	7/27/78	
Rough plumbing	7/25/78	
Perimeter beam	8/1/78	
Rough electric	8/24/78	
Close in	8/24/78	
Final plumbing	10/12/78	
Final electric	10/12/78	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Mazzuca date

Approved by <sup>Bldg</sup> Town Commissioner John Guenther 13 Oct '78 date

Utilities notified 13 Oct 1978 ~~88~~ date

Original Copy sent to Thor Construction

(Keep carbon copy for Town files)

#849

**874**

**POOL & PATIO**

RECEIVED  
SEP 11 1978  
PERMITS

TOWN OF  
SEWALL'S POINT  
FLORIDA

Permit No. 874  
Date \_\_\_\_\_

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 PATRICK SKAHILL Present address UNKNOWN

Phone \_\_\_\_\_

-General contractor LOUDEN CONST address 4306 S. US # 1

Phone 283-4040 FT. PIERCE, FLA

Where licensed MARTIN CO. License No. \_\_\_\_\_

-Plumbing contractor NONE License No. \_\_\_\_\_

-Electrical contractor NONE 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 VISTA Lot No. 16 Area \_\_\_\_\_

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

-Other construction (pools, additions, etc.) POOL & PATIO - 840 #

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 6700

-Total 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 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.

Louden Const. Co Inc By [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.

\_\_\_\_\_  
Owner

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

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

Approved: [Signature] Building Inspector Date 8/25/78

Approved: [Signature] Commissioner Date 11 Sep 1978

Certificate of Occupancy issued Final Inspection OK Jan Date 3/4/79 874

**877**

**SCREEN**

**ENCLOSURE**

Permit 877  
9/13

RECEIVED  
SEP 20 1978

TOWN OF  
SEWALL'S POINT  
FLORIDA

Permit No. 877  
Date 9-15-78

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 TARROW CONST Present address SEWALL'S POINT ROAD  
Phone \_\_\_\_\_

-General contractor CLIMATEAL FLA CONP address 5295 INDUSTRIAL RD  
Phone 727-2600 COCOA FLA

Where licensed STATE License No. CRC-001786

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

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

-Street the building will front on 96 SEWALL'S POINT ROAD SO.  
Subdivision DIO VISTA Lot No. 16 Area \_\_\_\_\_

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

-Other construction (pools, additions, etc.) POOL SCREEN ENCLOSURE

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 1847.00

-Total 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 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.

CLIMATEAL FLORIDA CONP  
[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.

\_\_\_\_\_  
Owner

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

TOWN RECORD

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

Approved: [Signature] Building Inspector Date 9/22/78

Approved: [Signature] Commissioner Date 22 Sep 1978

Certificate of Occupancy issued Final Inspection Date 3/2/79  
OK [Signature]

STATE OF FLORIDA Department of Professional And Occupational Regulation  
**CONSTRUCTION INDUSTRY LICENSING BOARD**

DATE

05/29/77

CR 0001786

BATCH NO

300

THE CERTIFIED RESIDENTIAL CONTRACTOR  
NAMED BELOW IS CERTIFIED  
UNDER THE PROVISIONS OF CHAPTER 468 FOR  
THE YEAR EXPIRING JUNE 30, 1979

FAPPE, SALVATORE  
OLYMPIAN FLORIDA CORP  
520 CONSTRUCTION BRAD  
COCONA FL 32922

TO BE PLACED IN A CONSPICUOUS PLACE

*Barth W. Allen*  
SECRETARY OF PROFESSIONAL  
AND OCCUPATIONAL REGULATION

PERMIT AUTHORIZATION

BREVARD COUNTY BUILDING &  
CONSTRUCTION DEPARTMENT

I, SALVATORE FAPORE, hereby authorize  
(Certificate Holder - PLEASE PRINT)

G. BARNHART to obtain a permit  
(Authorized Person - PLEASE PRINT)

in my behalf under my Brevard County Certificate of Competency # \_\_\_\_\_

for the job site described below:

TYPE PERMIT:

Building

Plumbing \_\_\_\_\_

Electrical \_\_\_\_\_

H.A.R.V. \_\_\_\_\_

DESCRIPTION:

Owner: TORROW CORP

Site Address: SEWALLS POINT ROAD  
FL 10 DISTA

Lot 10 Block \_\_\_\_\_ Parcel \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_

*[Handwritten Signature]*

(Signature of Certificate Holder)

Date: 9-15-78

WITNESSES:

James W. Foley

#877

STATE OF FLORIDA: COUNTY OF BREVARD

Sworn and subscribed to before me this 15<sup>th</sup> day of Sept, 1978

Grant Macdoe  
Notary Public

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE.  
MY COMMISSION EXPIRES NOV. 9, 1979.

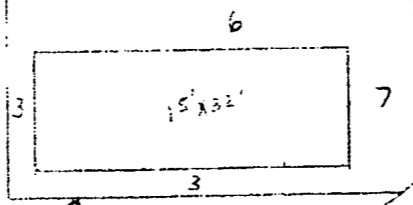


QUARRY  
TINE

136'-0" SEWALLS POINT ROAD

1" = 20'  
#877

NEW  
RESIDENCE  
BY TARRROW CONST



RECEIVED  
SEP 20 1978  
TARRROW

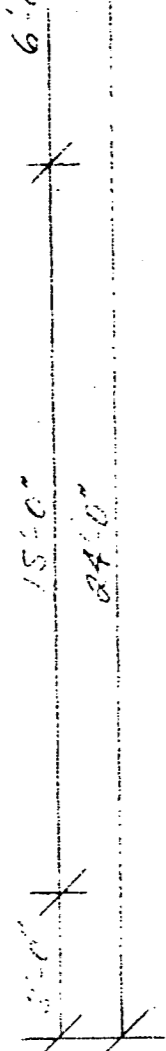
TARRROW  
SEWALLS PT  
ROAD

JOB COPY

(R)

LIGHT  
TOWER  
TRANSFORMER

P - SHOP - STUB  
FOR



7'-0"

162.13'

N/C

157.42

36'

27'

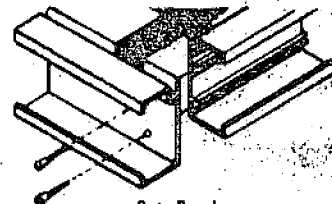
SEWALLS



# CLIMATROL FLORIDA CORPORATION

529 South Industry Road  
COCOA, FLORIDA 32922  
Telephone: 632-0264

MELBOURNE: (305) 727-2600  
ORLANDO: (305) 422-2646  
JACKSONVILLE: (904) 269-2201



Pat. Pend.  
Originator and Manufacturers of  
Extruded Aluminum Patio, Pool  
and Screen House Enclosures.

Job No. \_\_\_\_\_

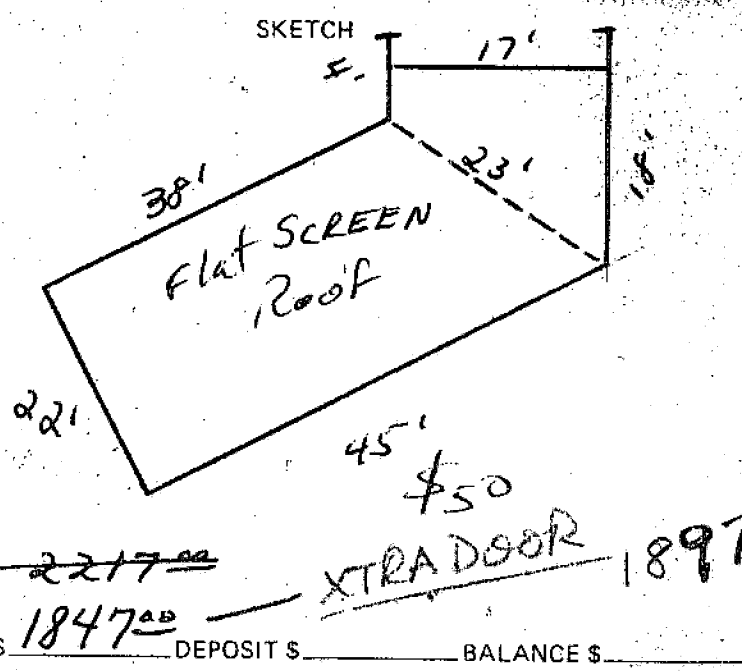
SOLD TO Louden (Taraw) PHONE \_\_\_\_\_ DATE 8-11 1978

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

INSTALLATION ADDRESS Sewalls Pt. Rd. CITY Sewalls Pt.

TERMS & FINANCE \_\_\_\_\_ DELIVERY DATE \_\_\_\_\_

- SCREEN WALLS COLOR: \_\_\_\_\_
- SCREEN ROOF COLOR: Char. 18x14
- FLAT  GABLE  BUBBLE
- DIVING DOME NO
- BEAMS I-TYPE
- ALUM. ROOF \_\_\_\_\_
- VINYL STRIPS NO
- CHAIR RAIL 16" 24" 36"
- FLA. GLASS \_\_\_\_\_
- KICK PLATE NO SIZE \_\_\_\_\_
- DOORS \_\_\_\_\_
- GUTTERS 21' & 2 D.S.
- COLUMNS \_\_\_\_\_
- WINDOWS NO TYPE \_\_\_\_\_
- CABLE BRACES YES
- ENGINEER DRAWINGS \_\_\_\_\_
- PERMIT \_\_\_\_\_
- LOT 16 BLOCK \_\_\_\_\_



E.S.P. BRONZE ~~2217.00~~  
SILVER 1847.00  
 TOTAL PRICE \$ \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ THIS PRICE IS BASED ON DIMENSIONS SHOWN IN THE ABOVE SKETCH

### MATERIAL & WORKMANSHIP GUARANTEED FOR 1 YEAR

1. For the total price including tax the seller agrees to fabricate, deliver and install the screen enclosure described above.
2. This proposal does not become a contract until accepted and signed by an officer of the seller-company, and if not accepted, any cash payment will be returned.
3. Price terms and other elements of this proposal are good for 90 days from date \_\_\_\_\_ and void thereafter at the seller's option.
4. No statement, warranty, implied or expressed, representation or agreement, written or verbal, not appearing upon the face of this contract shall be binding upon the parties hereto.
5. Seller expressly reserves all contractors, mechanics and material man's lien which may be asserted under any provision of law to secure payment of the contract price and may assert and fix the same as lien upon the real property on which installation is made.
6. In the event payment on this contract is enforced through attorneys or by suit or in bankruptcy or probate proceedings, seller may recover and purchaser hereby agrees to pay reasonable attorney fees and costs of court.
7. All sums not paid as due shall bear interest of 8% per annum and unless otherwise stated all sums become due and payable upon completion of work.
8. Seller agrees to take all reasonable steps to insure the fulfillment of orders received, but our performance is subject to delays or cancellations caused by war, accident strikes, inability to secure labor and raw materials, fires, embargoes, transportation shortages and delays, government conscription, priorities, and restraint, failure on your part to give notice of your requirements and/or proper measurements and other information and all other causes whether of the same or different class affecting the whole or any part of seller's obligation hereunder.
9. Contractor or owner, agrees to supply electrical power at job site.
10. Climatrol Florida Corporation will retain title until full payment of obligation of indebtedness is met.

I/WE have read the foregoing proposed contract and accept the same on the terms and conditions stated above.

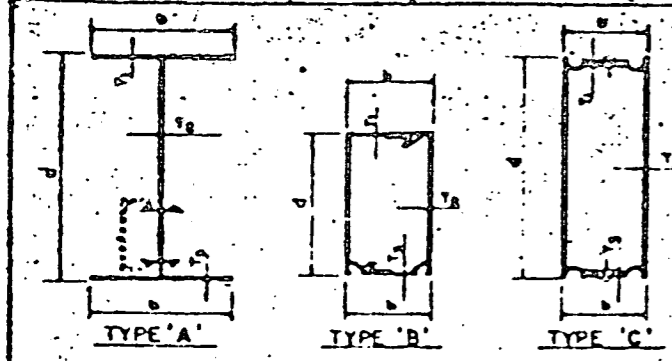
PURCHASER L. D. Louden

CLIMATROL FLORIDA CORPORATION

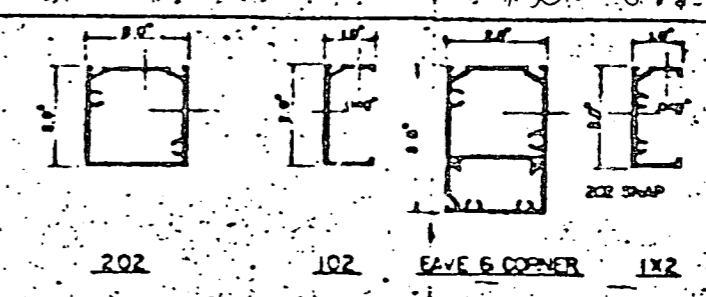
DATE 8-23-78

By Michael P. Sanson

#877



**APPROVED**  
**SEP 20 1978**



**BEAM AND COLUMN SCHEDULE**

MARK	TYPE	SIZE			THICKNESS			MAX. BEAM SPAN SPACED E-E			REMARKS
		b	d	b'	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>	6'-0"	7'-0"	8'-0"	
603	A	300	600	300	.094	.060	.094	20'-0"	24'-0"	22'-0"	W/2-1X2S SHAPPED ON
703	A	300	700	300	.123	.065	.123	22'-0"	24'-0"	23'-0"	DO.
804	A	400	800	400	.123	.070	.123	22'-0"	24'-0"	23'-0"	DO.
1004	A	400	1000	400	.140	.096	.140	28'-0"	40'-0"	42'-0"	DO.
302	B	200	300		.050	.050	.050	12'-0"	11'-0"	10'-0"	
202	MSC	200	200		.040	.040	.040	8'-0"	6'-0"	7'-0"	
402	E	200	400		.040	.040	.040	12'-0"	12'-0"	11'-0"	#10X1/2" SMS AT 24" OC
602	C	200	600		.040	.040	.040	12'-0"	24'-0"	23'-0"	DO.
702	C	200	700		.040	.040	.040	22'-0"	21'-0"	22'-0"	DO.

**COLUMN SCHEDULE**

MARK	TYPE	SIZE			THICKNESS			MAX. COLUMN HT. SPACED E-E			REMARKS
		b	d	b'	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>	6'-0"	7'-0"	8'-0"	
302	B	200	300		.050	.050	.050	9'-0"	7'-0"	8'-0"	
402	C	200	400		.060	.060	.120	18'-0"	11'-0"	12'-0"	

**MISCELLANEOUS FASTENING SCHEDULE**

MEMBER	DESCRIPTION	FASTENER
202	STRUT TO RZ AT BEAM	2 @ 3/4" SMS
202	STRUT TO EAVE SECTION	DO.
202	CHAIR FAIL TO COLUMN	DO.
1X2	PERIMETER MEM JOINED	DO.
1X2	PERIMETER MEM TO COL.	DO.
1X2	PERIMETER MEM TO CONC.	ANCHOR AT 24" C-C
1X2	PERIMETER MEM TO WOOD	#10X2 1/2" SMS 24" CC

**SCREEN WALL CABLE SCHEDULE**

HEIGHT	SPAN	CABLES	SPAN	CABLES
6'-0"	12'-0"	11 SET (2 CABLES)	12'-0"	2 SETS (4 CABLES)
8'-0"	15'-0"	11 SET (2 CABLES)	15'-0"	2 SETS (4 CABLES)
10'-0"	18'-0"	11 SET (2 CABLES)	18'-0"	2 SETS (4 CABLES)
12'-0"	21'-0"	11 SET (2 CABLES)	21'-0"	2 SETS (4 CABLES)
14'-0"	24'-0"	11 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)
16'-0"	27'-0"	11 SET (2 CABLES)	27'-0"	2 SETS (4 CABLES)

ANCHORS TO CONCRETE & MASONRY SHALL BE 1/4" X 2 1/2" THRU PERCOLTS, #10 X 2 1/2" SMS, IN JORDAN 1020 ANCHOR OR APPROVED EQUIV.

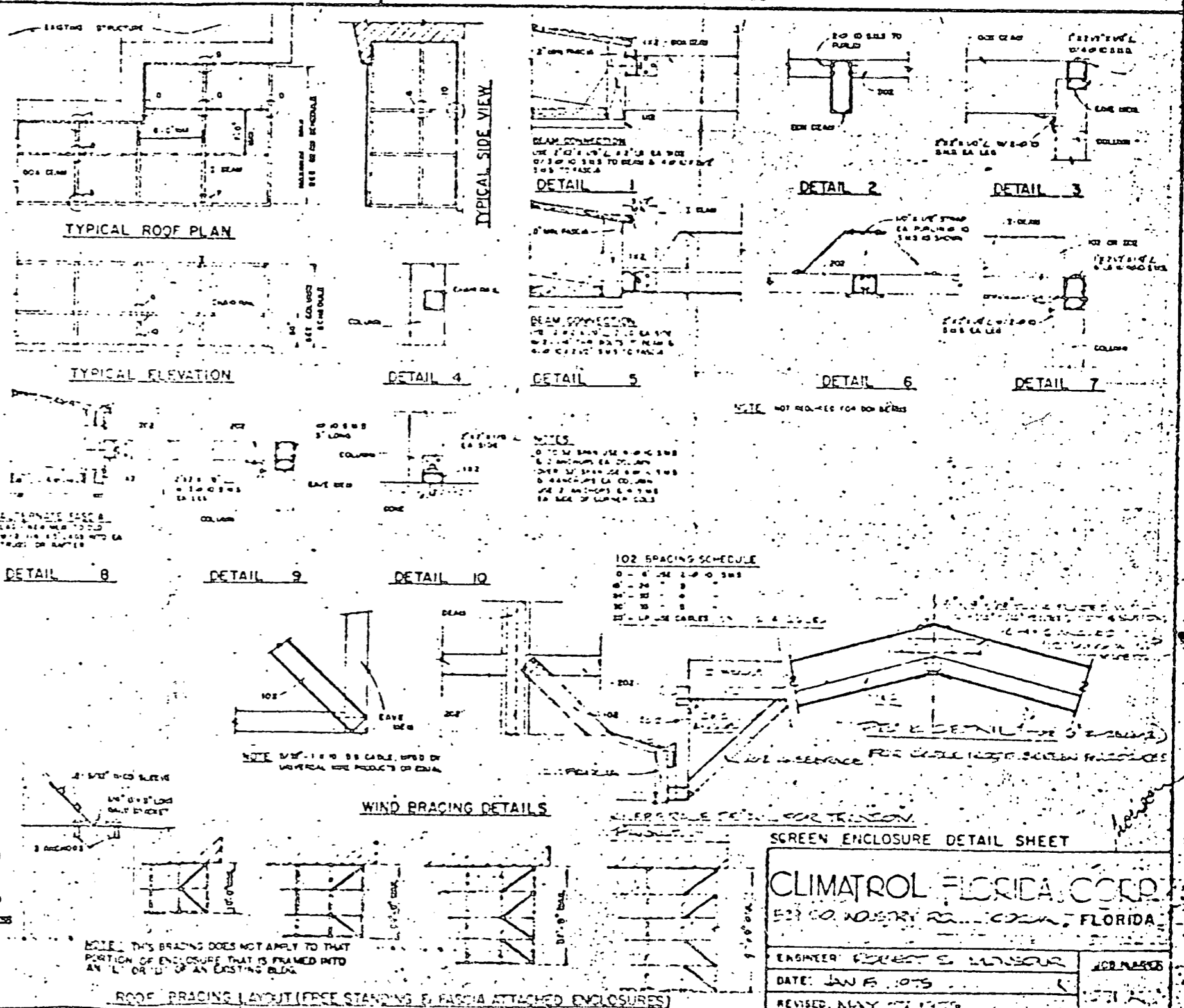
**DESIGN CRITERIA**

WALLS: DESIGN WIND LOAD IN & OUT 10 PSF  
 TEST LOAD WIND IN & OUT 15 PSF

ROOF: DESIGN LIVE LOAD DOWN 20 PSF  
 DESIGN WIND LOAD UP 10 PSF  
 TEST LOAD UP & DOWN 9 PSF

RECOVERY AT TEST LOAD: 90% WIND

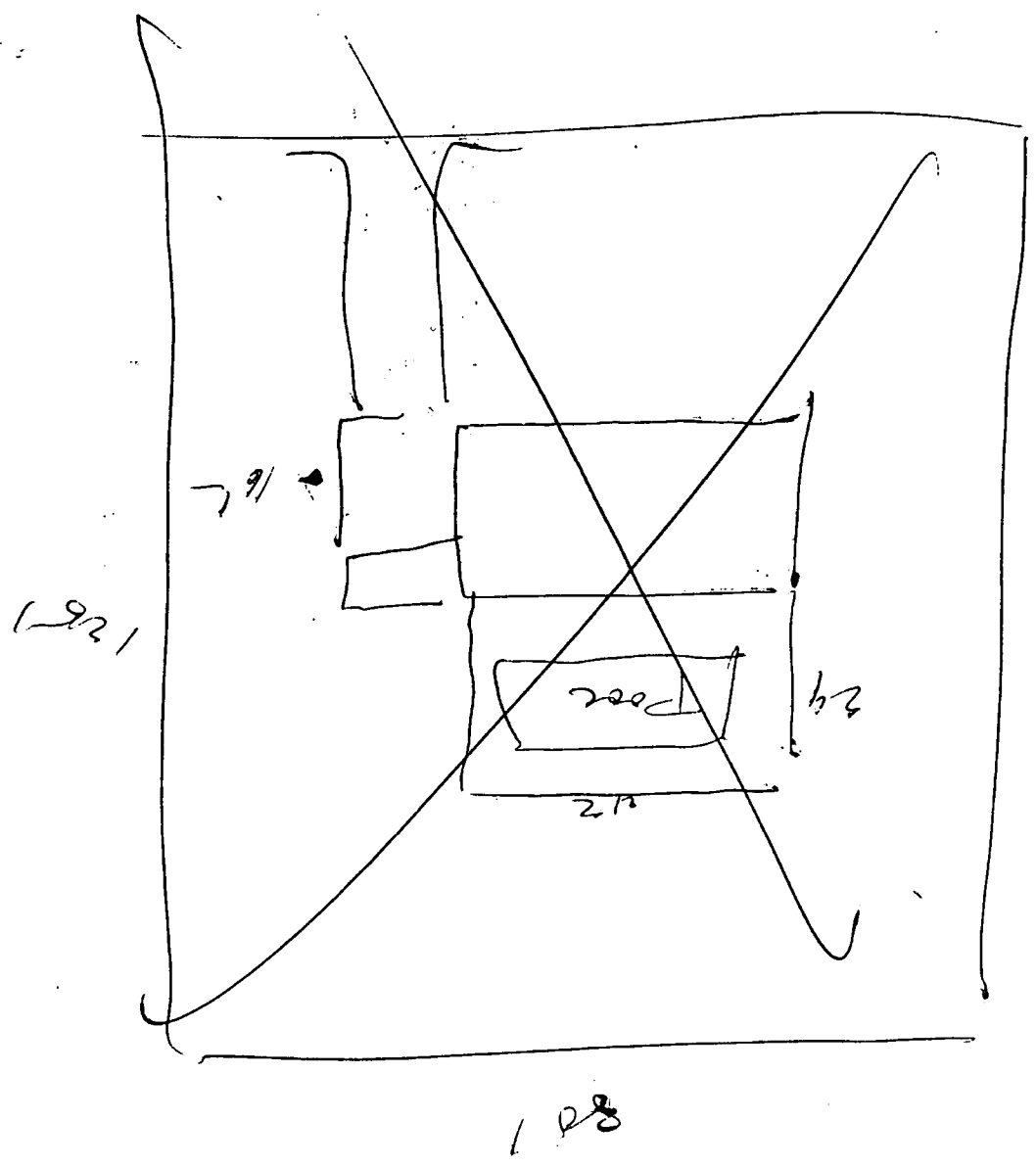
- NOTES:**
- ROOF & SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OR GREATER OPEN. THE REMAINDER OF SOLID ROOFING OR SIDING IS NOT COVERED BY THIS SHEET.
  - THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
  - BEAMS & ALL ALLOY BEAMS WILL BEAR IDENTIFICATION 1 FT FROM EACH END OF BEAM.
  - USE MINIMUM 10 SETS OF CABLES WHERE BEAM SPANS EXCEED 14 FT SHOWN IN CABLE SCHEDULE.
  - A TOLERANCE OF .000" IS ALLOWED WHERE WALL THICKNESS BEING .000" .005"
  - ALL FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM EXCEPT CABLE FASTENERS MAY BE HOT-DIP GALV STEEL.
  - TEMPERATURE ANCHORS SHALL BE MADE OF NON-CORROSIVE METALLIC CONCT. OR OF VIRGIN PVC PLASTIC.



**CLIMATROL FLORIDA CORP.**  
 537 CO. ROAD, W. PALM BEACH, FLORIDA

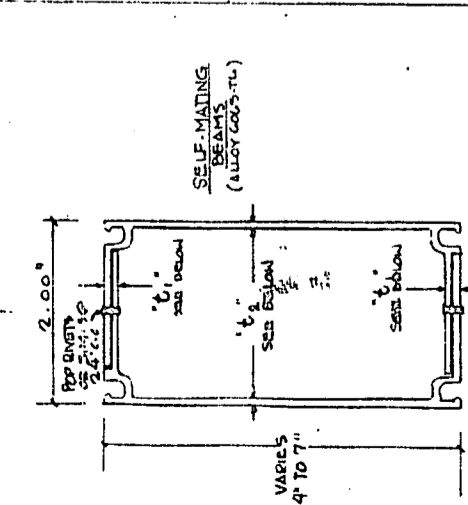
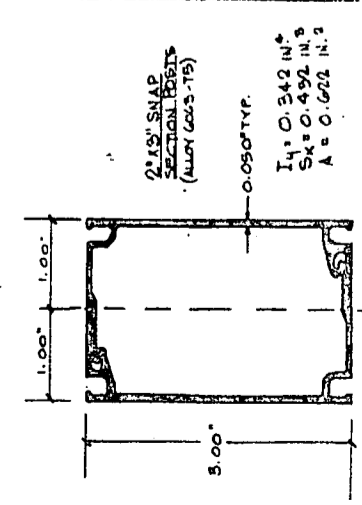
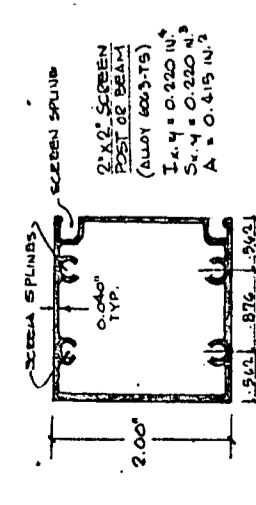
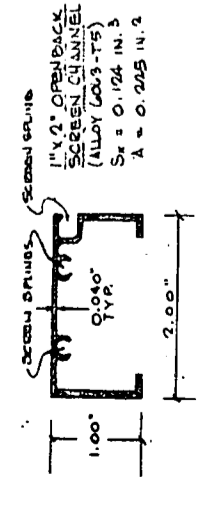
ENGINEER: ROBERT E. WINSOR  
 DATE: JAN 15, 1978  
 REVISED: MAY 27, 1978

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED



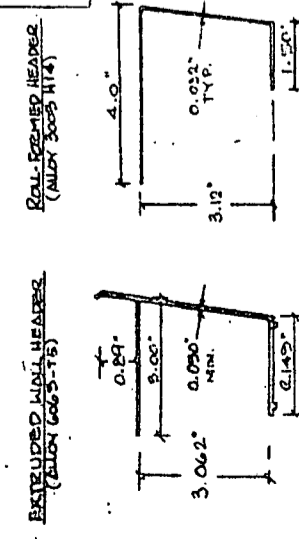
James Long - Secretary  
L. W. Allen  
Secretary

EXTRUDED POST AND BEAM SECTIONS

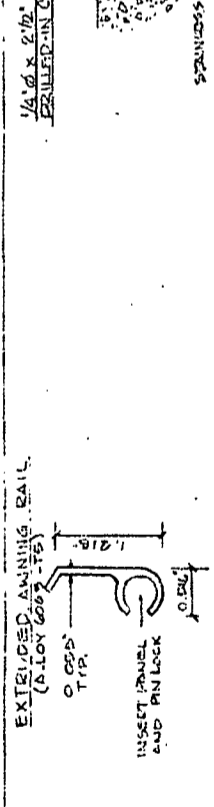
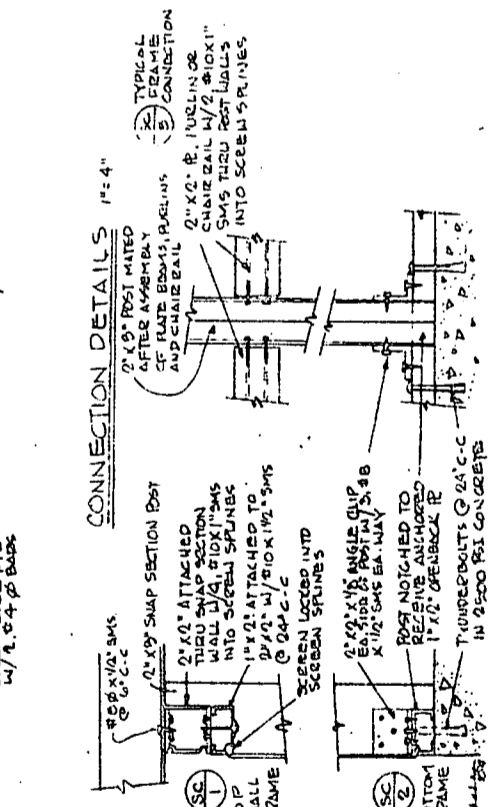
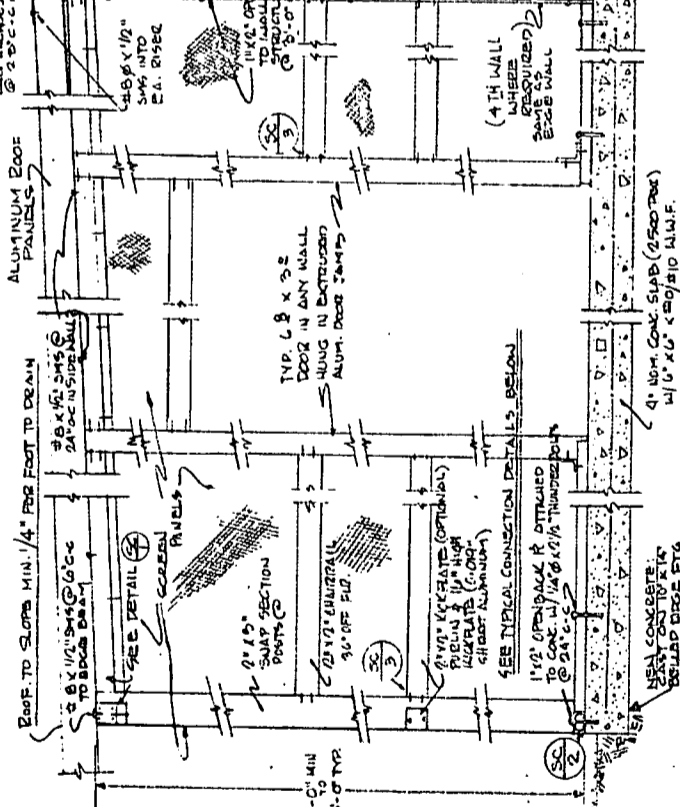
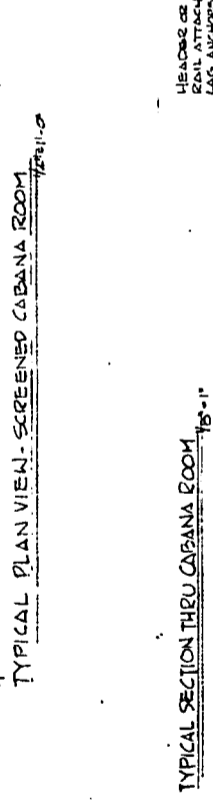
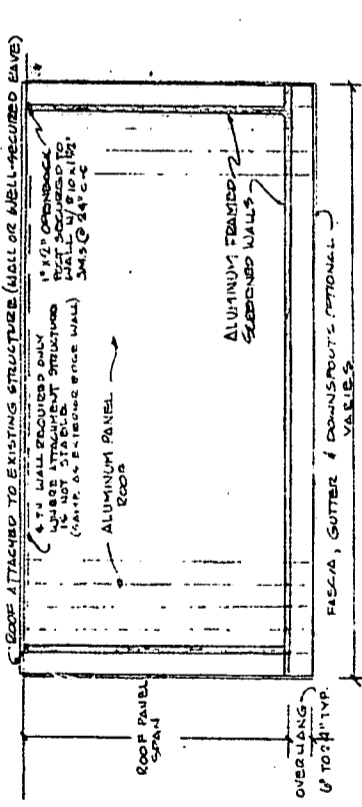


PROPERTIES OF SELF-MATING BEAMS

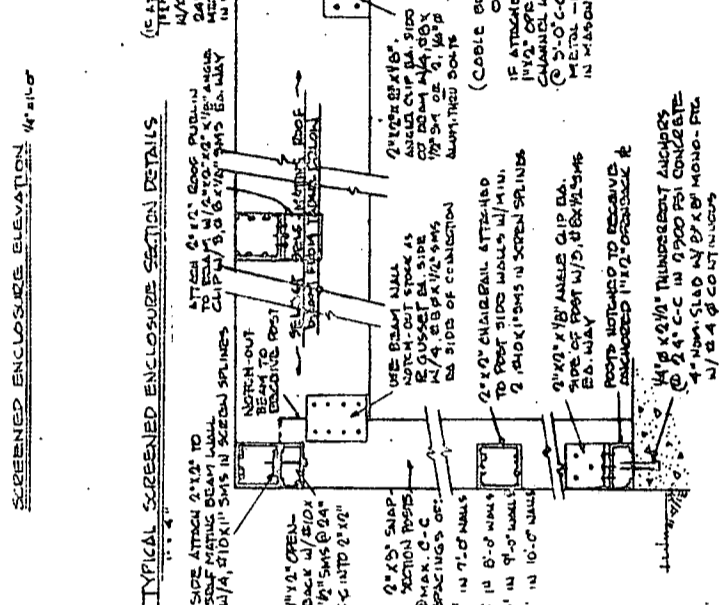
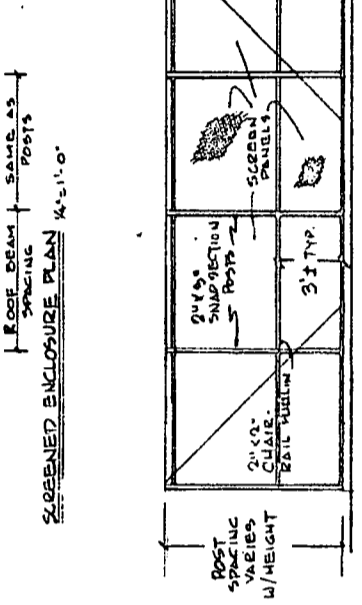
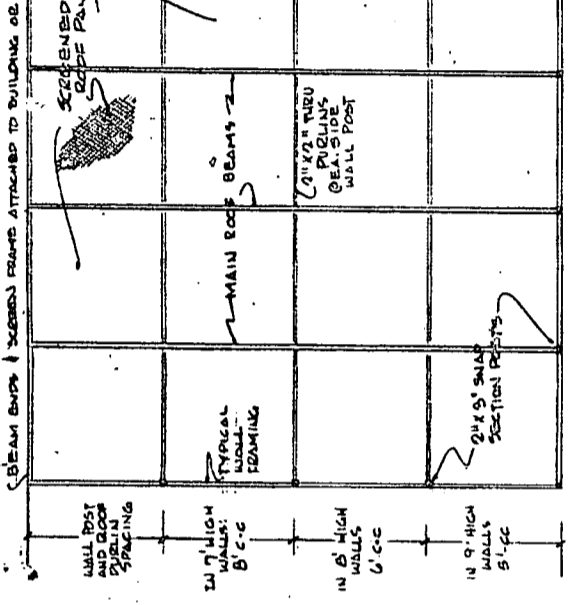
DEPTH	b	I <sub>x</sub>	S <sub>x</sub>	I <sub>y</sub>
4"	0.115"	0.045"	1.08 IN. <sup>3</sup>	0.48 IN. <sup>3</sup>
6"	0.107"	0.055"	1.84 IN. <sup>3</sup>	0.75 IN. <sup>3</sup>
7"	0.225"	0.055"	3.69 IN. <sup>3</sup>	0.90 IN. <sup>3</sup>



SCREENED CABANA ROOM DETAILS



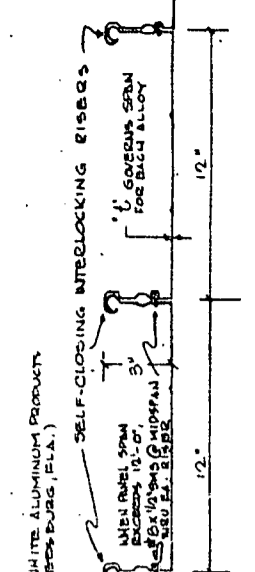
SCREEN ENCLOSURE DETAILS



SCREENED ROOF BEAM SPAN TABLE

BEAM SIZE	25'-0"	26'-0"	27'-0"	28'-0"	29'-0"	30'-0"	31'-0"	32'-0"	33'-0"	34'-0"
2" x 4" SELF-MATING	19'-0"	20'-0"	21'-0"	22'-0"	23'-0"	24'-0"	25'-0"	26'-0"	27'-0"	28'-0"
2" x 6" SELF-MATING	25'-0"	26'-0"	27'-0"	28'-0"	29'-0"	30'-0"	31'-0"	32'-0"	33'-0"	34'-0"

ALUMINUM ROOF PANEL SYSTEM



MAXIMUM SPANS FOR 120 MPH WIND - 20 PSF LL

ALLOY	WIND SPEED	SPAN
3003 H14	14'-0"	12'-0"
3003 H16	14'-9"	12'-7"

(\*) EXCEPT WHERE LIMITED BY LOCAL ORDINANCES, SAFE LOAD-CARRYING CAPACITIES AND SPANS FOR THESE ROOF PANELS HAVE BEEN VERIFIED BY LOAD TESTS ON ROOF ASSEMBLIES CONDUCTED UNDER THE SUPERVISION OF THE UNDERSIGNED ENGINEER. DEFLECTION IS LIMITED TO 1/100 OF SPAN AT 20 PSF LL IN ALL CASES.

ALUMINUM BOLTS SHALL BE ALLOY 2024-T4  
 ALUMINUM BOLTS SHALL BE ALLOY 2024-T4

ENGINEERING NOTE  
 STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH SOUTHERN STANDARD BUILDING CODE 1974 AMENDMENTS.  
 DESIGN LOADS CONSIDERED:  
 DL + 20 PSF LL  
 120 MPH WIND VELOCITY PRESSURES  
 WHERE LOCAL ORDINANCES IMPOSE FURTHER LIMITATIONS OF SPANS OR PRESCRIPTIONS, SUCH ORDINANCES SHOULD BE ADHERED TO IN APPLICATION OF THE DESIGN.

CHARLES E. CLINE, P.E.  
 FLORIDA REG. NO. 12255

APPROVED  
 SEP 20 1978

HARLAN ENGINEERING LABORATORIES, INC.  
 5000 W. BOYD AVE.  
 LAKELAND, FLORIDA 33807

MASTER PLAN FOR SCREENING CABANA ROOMS & ENCLOSURES FOR CLIMATEROL, INC.  
 2909 SOUTH INDUSTRIAL ROAD  
 OCOEE, FLORIDA 32982

JOB NO. E-756-LT-6 DATE: 7/17/76

**5896**

**PAVERS**

### TOWN OF SEWALL'S POINT

Date 8-2-02

BUILDING PERMIT NO. 5896  
Type of Permit PAVER DRIVE

Building to be erected for FERNANDO GIACHINO

Applied for by T-Coast Pavers (Contractor) Building Fee 42.00

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 96 S. Sewall's Pt. Rd. Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_  
1238410020000016030000 Electrical Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_

Amount Paid 42.00 Check # 1676 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_

Total Construction Cost \$ 4,375.00 TOTAL Fees 42.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: FERNANDO GIACHINO City: SEWALLS POINT State: FL Zip: 34997
Legal Description of Property: LOT 16, SUBDIV. RIO VISTA Parcel Number: 1238410020000016030000
Location of Job Site: 96 S SEWALLS PT RD. Type of Work To Be Done: REMOVE EXISTING CHATAHOOTZEE DRIVE + REPLACE WITH PAVED STONES - BRICK.
CONTRACTOR/Company Name: T-COAST PAVERS, INC Phone Number: 772-220-4554
Street: 2920 SE KENSINGTON ST City: SEWALLS Point State: FL Zip: 34997
State Registration Number: State Certification Number: Martin County License Number: SPO1511

ARCHITECT: Phone Number:
Street: City: State: Zip:

ENGINEER: 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:
Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:
DRIVEWAY - 1250 SF

FLOOD HAZARD INFORMATION Flood Zone: V-13 Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$4,375 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION
Electrical: State License Number:
Mechanical: State License Number:
Plumbing: State License Number:
Roofing: State License Number:

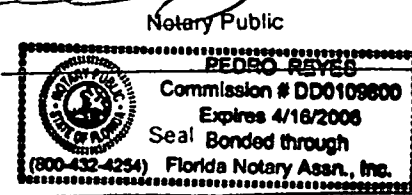
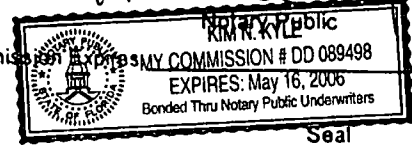
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS,
HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE
REMOVAL AND RELOCATIONS.

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

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: MARTIN
This the 19 day of JULY, 2002
by Fernando Giachino who is personally
known to me or produced
as identification: [Signature]

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: MARTIN
This the 18 day of JULY, 2002
by ANDY DRISCOLL who is personally
known to me or produced
As identification: [Signature]







**PRODUCER**  
  
 PAYCHEX AGENCY, INC.  
 430 LINDEN AVENUE  
 SUITE 200  
 ROCHESTER, NY 14625

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 HARTFORD CASUALTY INSURANCE CO.

**INSURED**  
  
 PAYCHEX BUSINESS SOLUTIONS, INC.  
 T-COAST PAVERS, INC.  
 911 PANORAMA TRAIL SOUTH  
 ROCHESTER, NY 14625

COMPANY B **RECEIVED**

COMPANY C JUL 08 2002

COMPANY D BY: \_\_\_\_\_

**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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				<input type="checkbox"/> BODILY INJURY OCC \$ <input type="checkbox"/> BODILY INJURY AGG \$ <input type="checkbox"/> PROPERTY DAMAGE OCC \$ <input type="checkbox"/> PROPERTY DAMAGE AGG \$ <input type="checkbox"/> BI & PD COMBINED OCC \$ <input type="checkbox"/> BI & PD COMBINED AGG \$ <input type="checkbox"/> PERSONAL INJURY AGG \$ <input type="checkbox"/> PERSONAL INJURY \$
	<b>AUTOMOBILE LIABILITY</b>				<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	<b>EXCESS LIABILITY</b>				<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	01 WN J71900	06/01/02	06/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
	<b>OTHER</b>	ONLY THOSE EMPLOYEES SUBCONTRACTORS OF: LEASED TO BUT NOT SEE RE: BELOW			

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
  
 RE: T-COAST PAVERS, INC.

**CERTIFICATE HOLDER**      **CANCELLATION**

TOWN OF SEWALLS POINT  
 BUILDING DEPARTMENT  
 1 S. SEWALLS POINT ROAD  
 STUART, FLORIDA 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**

License: SP01511  
Expires September 30, 2003

**MALACARNE, MAURICE**  
**T-COAST PAVERS**  
**2920 SE KENSINGTON ST**  
**STUART, FL 34997**  
**CONCRETE FORMING & FINISHING**

**2001-2002 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

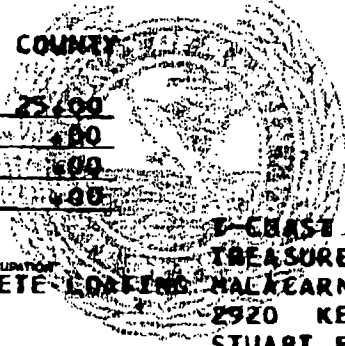
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(888) 288-6004

LICENSE 1990-275-451 CERT SP01511  
PHONE 15611220-4554 SIC NO 03272

LOCATION:  
**2920 KENSINGTON ST MC**

**CHARACTER COUNTS IN MARTIN COUNTY**

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **PAVER INSTALLATION/CONCRETE FINISHING**

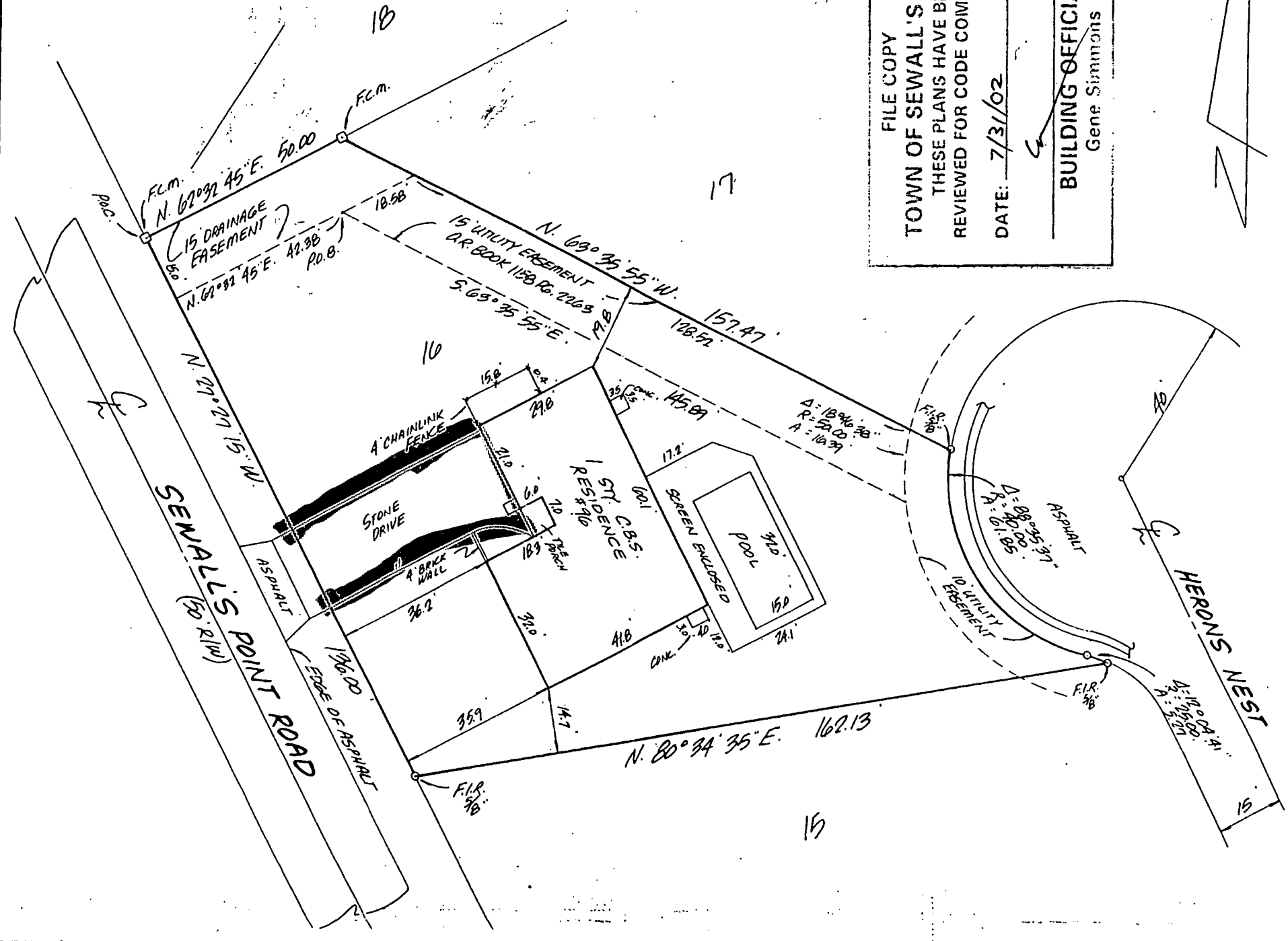
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**T-COAST PAVING  
TREASURE COAST PAVING INC  
HACKEARNE, MAURICE  
2920 KENSINGTON ST.  
STUART FL 34997**

19 DAY OF SEPTEMBER 01  
AND ENDING SEPTEMBER 30, 2002

12 01091901 004485

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 7/3/02  
 BUILDING OFFICIAL  
 Gene Simmons



DESCRIPTION:

Lot 16, in the Subdivision of RIO VISTA, as Recorded in Plat Book 6, Page 95, of the Public Records of Martin County, Florida.

SURVEYOR'S NOTES:

1. Lands shown hereon were not abstracted for rights of way and/or easements record by this office.
2. Legal description was supplied by client.
3. Ownership of fences unknown.
4. Legend of survey abbreviations on back of this sketch.
5. This survey was not ordered as an ALTA and/or ACSM survey therefore it may not meet the requirement of some.
6. Flood Zone V13

BOUNDARY SURVEY  
 CERTIFIED TO:

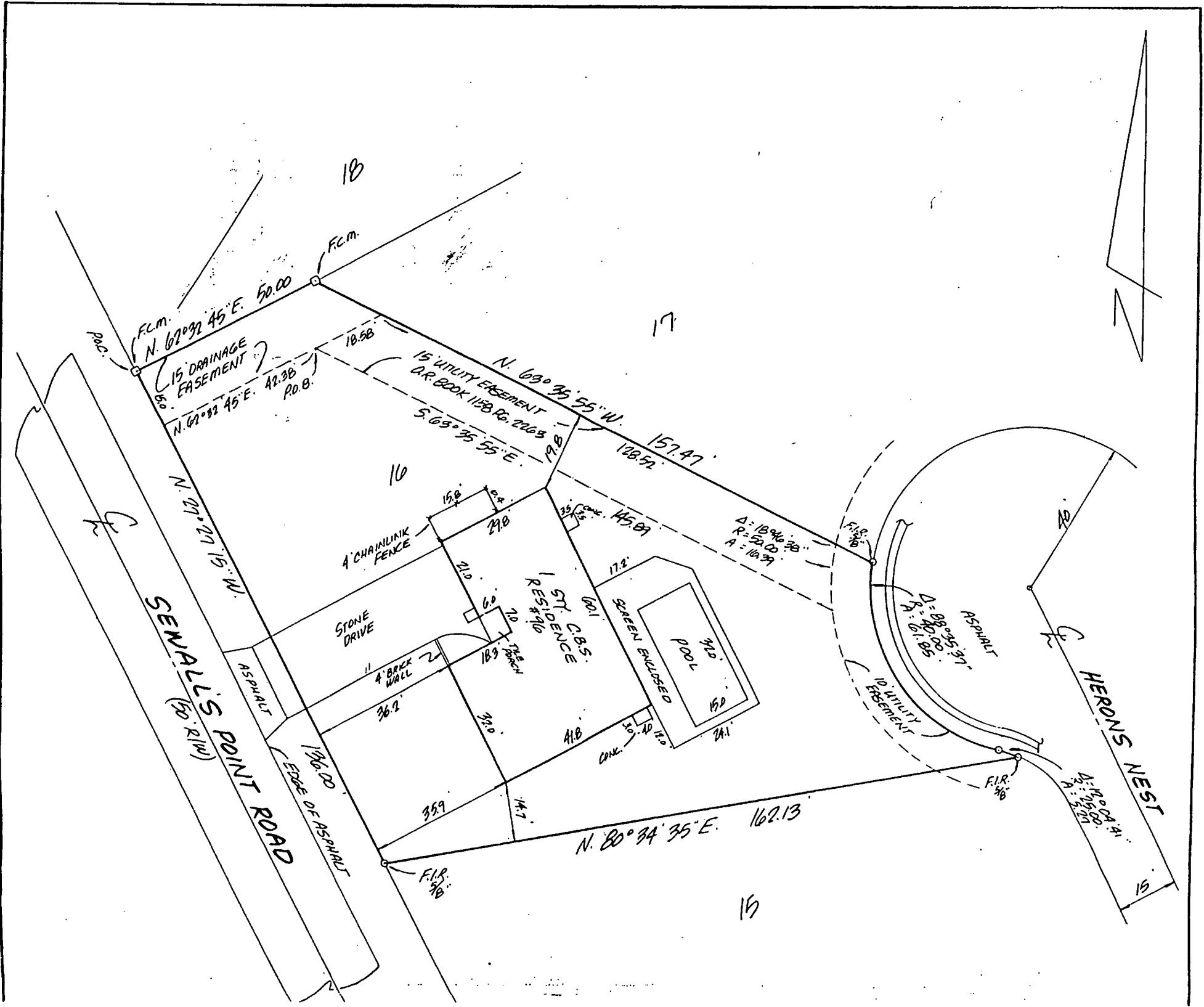
Harbor Federal Savings Bank  
 Certified Land Title Company  
 Attorneys' Title Insurance Fund  
 Inc.  
 Fernando Giachino

REVISED 8-3-2000 TO SHOW REVISED 15' UTILITY EASEMENT  
 This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by surveyor for use of survey for any other purpose including but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

I hereby certify that the attached sketch of survey of the hereon described property is true and correct to the best of my knowledge and belief as surveyed under my direction. I further certify that this survey meets the minimum technical standards for land surveying in the State of Florida (chapter 61G17-6) pursuant to section 472.027, Florida statutes. Subject to the qualifications noted hereon.

*Michael P. McLaughlin*  
 MICHAEL P. MCLAUGHLIN  
 PROFESSIONAL LAND SURVEYOR  
 FLORIDA REGISTRATION NO. 2960

McLaughlin Land Surveying, Inc.  
 498 Maple Avenue  
 Ft. Pierce, FL 34982  
 (407) 465-0250  
 FAX: (407) 489-0730



96 S. SEWALL'S PT RD.  
 LOT - 16, 632  
 HOUSE + DRIVE - 3,173.85  
 19.08 % IMPERMEABLE

**DESCRIPTION:**

Lot 16, in the Subdivision of RIO VISTA, as Recorded in Plat Book 6, Page 95, of the Public Records of Martin County, Florida.

**SURVEYOR'S NOTES:**

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3. Ownership of fences unknown.
4. Legend of survey abbreviations on back of this sketch.
5. This survey was not ordered as an ALTA and/or ACSM survey therefore it may not meet the requirement of same.
6. Flood Zone V13

**BOUNDARY SURVEY  
 CERTIFIED TO:**

Harbor Federal Savings Bank  
 Certified Land Title Company  
 Attorneys' Title Insurance Fund  
 Inc.  
 Fernando Giachino

REVISED 8-3-2000 TO SHOW REVISED 15' UTILITY EASEMENT  
 This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by surveyor for use of survey for any other purpose including but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

I hereby certify that the attached sketch of survey of the hereon described property is true and correct to the best of my knowledge and belief as surveyed under my direction. I further certify that this survey meets the minimum technical standards for land surveying in the State of Florida (chapter 61G17-6) pursuant to section 472.027, Florida statutes. Subject to the qualifications noted hereon.

*Michael P. McLaughlin*  
**MICHAEL P. MCLAUGHLIN**  
 PROFESSIONAL LAND SURVEYOR  
 FLORIDA REGISTRATION NO. 2960

**McLaughlin Land Surveying, Inc.**  
 498 Maple Avenue  
 Ft. Pierce, FL 34982  
 (407) 465-0250  
 FAX: (407) 489-0730

DATE: 7-12-2000	SCALE: 1" = 30'	DWN. BY: J.L.A.	JOB NO.: 3122000
-----------------	-----------------	-----------------	------------------



**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

**CORRECTION NOTICE**

ADDRESS: 96 S Sewalls Pt. Rd.

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

Drive way

Failed: Wood swale

Permit # 5886

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: 8/9/2

[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Aug 9, 2007; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5856	HENDERSON	Sheating	Passed	
(7)	24 Island Pacific Roof			INSPECTOR: <i>[Signature]</i>
5836	SHEETS	FINAL-FENCE	Passed	
(1)	7 Knowles Rd Qual FENCE			INSPECTOR: <i>[Signature]</i>
5863	NEUMAN	Roof Sheating	Passed	
(2)	15 PERAWINKLE EMMICK			INSPECTOR: <i>[Signature]</i>
5734	ABASA	STEM WALL FTG	Passed	
(5)	8 MORGAN CONWAY. called contr.	Garage slab offset wall not acceptable	Failed	→ right on setback !! INSPECTOR: <i>[Signature]</i>
5896	6	<del>DRIVE FINISH</del>	<del>Failed</del>	<del>no sample</del>
(4)	<del>916 So SEWALLS PT RD.</del> TECO PAVERS.			<del>no ducting</del> INSPECTOR: <i>[Signature]</i>
5761	LOWELL	FRAMING, PLUMBING	Passed	truss package to be sorted
(6)	7 W. HICK LANIGRO.	MECH. ROUGH.	Passed	INSPECTOR: <i>[Signature]</i>
5872	WHYKROFF	FINAL BLDG.	Cancelled	by owner will call again
(3)	26 W. RUBE RD. SHALER			INSPECTOR: <i>[Signature]</i>

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Aug 23, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5924	MEND32	Sheeting	Passed	
(6)	20 Crane's Nest ALL American	DRY IN <del>Water</del>		INSPECTOR: <i>[Signature]</i>
5828	WALKER	Plumbing	Passed	
(4)	21 W. High Point Rd Holmes			INSPECTOR: <i>[Signature]</i>
5816	<del>Giacchino</del>	<del>SWAYE</del>	Passed	
(3)	96 S. Sewall's Pt. Rd T-Coast Pavers			INSPECTOR: <i>[Signature]</i>
5501	Aluman	C.O. PRE-INSPECTION	Passed	
(1)	3 Summer Ln Aluman			INSPECTOR: <i>[Signature]</i>
5917	Elder	Electrical	Passed	
(7)	4 Emerita Way Arlington			INSPECTOR: <i>[Signature]</i>
5918	Hull	Final Roof	Passed	
(8)	2 Heritage CAPPS			INSPECTOR:
5863	NEWMAN	FRAMING	Passed	
(9)	15 PARRISWICK ALL AMERICAN	ROUGH IN " PLUMB MECH		INSPECTOR: <i>[Signature]</i>

OTHER:

(2) 9 W. High Pt / Middle Rd : Fence / St. wall / Dirt

**6762**

**REMODEL**

**TOWN OF SEWALL'S POINT**

Date 5/20/04

BUILDING PERMIT NO. 6762

Building to be erected for FERNANDO GIANCINO Type of Permit REMODEL KITCHEN/BATH

Applied for by BAYVIEW CONST. (Contractor) Building Fee #3549.60/1000 = 336.00

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT RD Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number:

1238410020000016030000 Electrical Fee 35.00  
 Plumbing Fee 35.00  
 Roofing Fee \_\_\_\_\_

Amount Paid 446.60 Check # 1200 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) 40.60

Total Construction Cost \$ 35,000. TOTAL Fees 446.60

Signed Her Ring Applicant Signed Gene Summons Town Building Official

**PERMIT**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL    |
| <input checked="" 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 type="checkbox"/> ADDITION      |

**INSPECTIONS**

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

MASTER PERMIT NO. 6762

### TOWN OF SEWALL'S POINT

Date 5/21/04

BUILDING PERMIT NO. 6763

Building to be erected for GIANCHELINO Type of Permit SUB-ELECTRIC

Applied for by BAYVIEW/COUNTY ELECTRIC (Contractor) Building Fee \_\_\_\_\_

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT ROAD Impact Fee \_\_\_\_\_

Type of structure SPR A/C Fee SEE

Print Dual Name: COUNTY ELECT SERV. Electrical Fee PN 6762

Parcel Control Number: Lic#: ER 0012196 Plumbing Fee \_\_\_\_\_

1238410020000016030000 Roofing Fee \_\_\_\_\_

Amount Paid  Check #  Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed Ken Simone  
Applicant

Signed Gene Simmons  
Town Building Official

## PERMIT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BUILDING         | <input checked="" 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 type="checkbox"/> ADDITION      |

## INSPECTIONS

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

MASTER PERMIT NO. 6762

### TOWN OF SEWALL'S POINT

Date 5/21/04

BUILDING PERMIT NO. 6764

Building to be erected for SIANCHINO Type of Permit SUB-PLUMBING

Applied for by BAYVIEW/O'GRADY PLUMBING (Contractor) Building Fee /

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT RD Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee SEE

Print Qual Name: Grady W. Miller Electrical Fee PN 6762

Parcel Control Number: Lic#: CFC 14256 JP Plumbing Fee \_\_\_\_\_

1238410020000016030000 Roofing Fee \_\_\_\_\_

Amount Paid X Check # X Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees /

Signed [Signature] Applicant Signed [Signature] Town Building Official

## PERMIT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BUILDING            | <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> MECHANICAL    |
| <input checked="" 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 type="checkbox"/> ADDITION      |

## INSPECTIONS

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

house

Date: 5/12/04

Permit Number: \_\_\_\_\_

RECEIVED  
MAY 11 2004

Town of Sewall's Point  
BUILDING PERMIT APPLICATION 263 6471

OWNER/TITLEHOLDER NAME: Fernando Giarduno Phone (Day) 287-9800 (Fax) \_\_\_\_\_

Job Site Address: 96 S Sewall's Pointe Rd. City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 16 RIO VISTA S/O Parcel Number: 1238410020000016030000

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

Description of Work To Be Done: update kitchen + baths per plan.

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

CONTRACTOR/Company: Bayview Construction Co. Phone: 263-6471 263-6471 Fax: 283-1337

Street: 4826 NE Railway Ave City: Stuart State: FL Zip: 34997

State Registration Number: \_\_\_\_\_ State Certification Number: CGC027948 Martin County License Number: 1

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 35,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: Comy electric	State: FL	MC # ME00419	License Number: ME00419
Mechanical: N/A	State: _____	License Number: _____	
Plumbing: O. Grady plumbers	State: FL	License Number: CTC1425688	
Roofing: N/A	State: _____	License Number: _____	

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER Paul Welsh Phone Number: 785 9888  
Street: 1984 SW Baltimore St City: PSL State: FL Zip: 34984

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)  
Alan Burroughs  
State of Florida, County of: Martin  
This the 10th day of May, 2004  
by Alan Burroughs who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (required)  
Ken Kinge  
On State of Florida, County of: Martin  
This the 10th day of May, 2004  
by Ken Kinge who is personally known to me or produced as identification.

11/22/07 Notary Public  
My Commission Expires: Dorothy Krombs

11/22/07 Notary Public  
My Commission Expires: Dorothy Krombs



Seal  
Dorothy Krombs  
Commission # DD266812  
Expires: Nov. 22, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.



Seal  
Dorothy Krombs  
Commission # DD266812  
Expires: Nov. 22, 2007  
Atlantic Bonding Co., Inc.

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



# Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...  
governmax.com T1.4

## Summary

Address 2 of 2

### Parcel Info

#### Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00160-3	96 S SEWALLS POINT RD	27529	Address	0	1

#### Summary

**Property Location** 96 S SEWALLS POINT RD  
**Tax District** 2200 Sewall's Point  
**Account #** 27529  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres**

**Legal Description**  
**Property Information**  
 RIO VISTA S/D LOT 16

### Search By

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

**Owner Information**  
**Owner Information**  
 CALEB VENTURES INC

**Mail Information**  
 512 ST LUCIE CRESCENT  
 STUART FL 34994

**Assessment Info**  
**Front Ft.** 0.00

**Market Land Value** \$154,000  
**Market Impr Value** \$111,330  
**Market Total Value** \$265,330

### Site Functions

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

**Recent Sale**  
**Sale Amount** \$325,000

**Sale Date** 6/25/2004  
**Book/Page** 1716/ 0369



Prepared by and return to:  
Thomas H. Thurlow, III  
Attorney at Law  
Thurlow & Thurlow, P.A.  
17 Martin L. Klug, Jr. Blvd. P.O. Box 106  
Stuart, FL 34995-0106  
772-287-0980  
File Number: 04-014.1  
Courthouse Box No.: 2

INSTR # 1761195  
OR BK 01912 PG 2770  
RECORDED 06/25/2004 08:30:08 AM  
MARSHA EWING  
CLERK OF MARTIN COUNTY FLORIDA  
DEED DOC TAX 2,275.00  
RECORDED BY T Copus (asset mgr)

Parcel Identification No. 12-38-41-002-000-00160-3

[Space Above This Line For Recording Data]

### Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 23rd day of June, 2004 between Fernando Giachino, a single man whose post office address is 11 Rio Vista Drive, Sewall's Point, FL 34996 of the County of Martin, State of Florida, grantor\*, and Caleb Ventures, Inc., a Florida corporation whose post office address is 512 St. Lucie Crescent, Stuart, FL 34994 of the County of Martin, State of Florida, grantee\*,

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) 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 16, RIO VISTA SUBDIVISION, according to the map or plat thereof as recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Subject to covenants, conditions, restrictions, easements and limitations of record.

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

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

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Danielle Brooks  
Print Witness Name: Danielle Brooks

Fernando Giachino (Seal)  
Fernando Giachino

Thomas H. Thurlow III  
Print Witness Name: Thomas H. Thurlow III

State of Florida  
County of Martin

The foregoing instrument was acknowledged before me this 23rd day of June, 2004 by Fernando Giachino, who [X] is personally known or [ ] has produced a driver's license as identification.

[Notary Seal]

Thomas H. Thurlow III  
Notary Public

Printed Name: Thomas H. Thurlow, III

My Commission Expires: September 15, 2006



Thomas H. Thurlow, III  
MY COMMISSION # DD137079 EXPIRES  
September 15, 2006  
BONDED THRU TROY FARM INSURANCE INC





<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID LP OGRAD-1	DATE (MM/DD/YYYY) 05/19/04
<b>PRODUCER</b>  R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
<b>INSURED</b>  O'Grady's Plumbing Services Inc 4179 NW Baletto Street Port St Lucie FL 34983	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: <b>Ohio Casualty Group</b>	<b>09385</b>	
	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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>BH052632630</b>	<b>11/09/03</b>	<b>11/09/04</b>	EACH OCCURRENCE <b>\$ 300,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$ 100,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) <b>\$ 10,000</b>
					PERSONAL & ADV INJURY <b>\$ 300,000</b>
					GENERAL AGGREGATE <b>\$ 300,000</b>
					PRODUCTS - COMP/OP AGG <b>\$ 300,000</b>
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<b>AUTOMOBILE LIABILITY</b>	<b>NOT COVERED W/TRIS AGENCY</b>			COMBINED SINGLE LIMIT (Ea accident) <b>\$</b>
<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) <b>\$</b>				
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident) <b>\$</b>				
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident) <b>\$</b>				
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>	<b>NOT COVERED W/TRIS AGENCY</b>			AUTO ONLY - EA ACCIDENT <b>\$</b>
<input type="checkbox"/> ANY AUTO	OTHER THAN EA ACC <b>\$</b>				
	AUTO ONLY: AGG <b>\$</b>				
	<b>EXCESS/UMBRELLA LIABILITY</b>	<b>NOT COVERED W/TRIS AGENCY</b>			EACH OCCURRENCE <b>\$</b>
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE <b>\$</b>				
<input type="checkbox"/> DEDUCTIBLE	<b>\$</b>				
<input type="checkbox"/> RETENTION <b>\$</b>	<b>\$</b>				
	<b>\$</b>				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>NOT COVERED W/TRIS AGENCY</b>			WC STATUTORY LIMITS <b>\$</b>
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	OTHER <b>\$</b>				
If yes, describe under SPECIAL PROVISIONS below	E.L. EACH ACCIDENT <b>\$</b>				
	E.L. DISEASE - EA EMPLOYEE <b>\$</b>				
					E.L. DISEASE - POLICY LIMIT <b>\$</b>
	<b>OTHER</b>				

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

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10*</b> 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 
---	---

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 05/19/04
<b>PRODUCER</b> Providence Property & Casualty Insurance Company 2995 L.B.J. Freeway, Ste. 121 Dallas, TX 75234	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.	
<b>INSURED</b> SkilStaf, Inc./The AYS Group, Inc. dba AYS Employee Leasing 2145 14th Avenue, Ste. 6 Vero Beach, FL 32960 L/C/F	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Providence Property & Casualty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 28711

**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.

LHA ADD'L LTR ISSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/POP 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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> INCL <input type="checkbox"/> EXCL If yes, describe under SPECIAL PROVISIONS below	WC010064	1/1/2004	1/1/2005	<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
	OTHER				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Workers' compensation coverage is provided by contract to all employees of SkilStaf, Inc. & The AYS Group, Inc. dba AYS Employee Leasing. Employees are provided by contract to O'Grady's Plumbing, Inc. by The AYS Group, Inc. dba AYS Employee Leasing and any employees working under the directive of the mentioned companies are covered by the referenced policy effective 1/1/2004.

772-220-4765

<b>CERTIFICATE HOLDER</b>  Town of Sewall's Point 1 South Sewall's Point Road Sewall's Point, FL 34996	<b>CANCELLATION</b> 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:
--	--

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
05/23/03

**PRODUCER** 1-877-266-6850  
**Paychex Agency, Inc.**  
 430 Linden Avenue  
 Suite 200  
 Rochester, NY 14625

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**  
**Paychex Business Solutions, Inc.**  
**COUNTY ELECTRICAL SERVICES**  
 911 Panorama Trail South  
 Rochester, NY 14625  
 877-266-6850

**INSURERS AFFORDING COVERAGE**

INSURER A:	Twin City Fire Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**RECEIVED**  
 JUN 03 2003  
 BY: \_\_\_\_\_

**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																				
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO EA ACC \$ ONLY: AGG \$																				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																				
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>01 WN J71900</b>	<b>06/01/03</b>	<b>06/01/04</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="font-size: small;">WC STATU-TORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="font-size: small;">OTH-ER</td> <td></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td colspan="2"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td colspan="2"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td colspan="2"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER		E.L. EACH ACCIDENT				\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	E.L. DISEASE - POLICY LIMIT				\$ 1,000,000
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																						
E.L. EACH ACCIDENT				\$ 1,000,000																					
E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000																					
E.L. DISEASE - POLICY LIMIT				\$ 1,000,000																					
	<b>OTHER</b>																								

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 WORKERS' COMPENSATION COVERAGE IS PROVIDED TO ONLY THOSE EMPLOYEES LEASED TO, BUT NOT SUBCONTRACTORS OF COUNTY ELECTRICAL SERVICES, INC.

<b>CERTIFICATE HOLDER</b>  <b>TOWN OF SEWALL POINT</b>  1 SOUTH SEWALL POINT RD.  STUART, FL 34996  USA	<b>ADDITIONAL INSURED; INSURER LETTER:</b> _____  <b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE: <i>Paul J. Gray</i>
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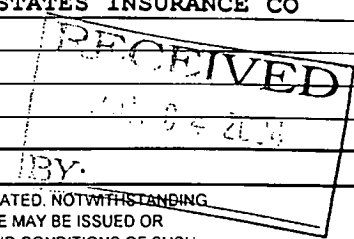
**PRODUCER**  
Bouchard-Starcrest  
101 Starcrest Drive  
P O Box 6090  
Clearwater FL 33758-6090  
Phone: 727-447-6481 Fax: 727-449-1267

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**  
  
County Electrical Services Inc  
Ken Simeone  
2892 SE Farley Rd  
Port St Lucie FL 34952

INSURER A: **AMERICAN STATES INSURANCE CO**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:



**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01CC781596	01/01/04	01/01/05	EACH OCCURRENCE \$ 500000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 200000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 500000
					GENERAL AGGREGATE \$ 1000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					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 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
					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  
FAX: 561-220-4765

<b>CERTIFICATE HOLDER</b>	<b>N</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
TOWN OF SEWALL'S POINT 1 SOUTH SEWALL'S POINT RD SEWALL'S POINT FL 34996		TOWN O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/11/2004

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

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 Bayview Construction Corp.  
4826 SE Railway Avenue  
Stuart, FL 34997 8831

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

CGG 027948

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	962312 20537724 03	09/10/2003	09/10/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY	95 697 366 00	01/01/2004	01/01/2005	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY					
<input type="checkbox"/> ANY AUTO					
NONE					
B	EXCESS LIABILITY	95 697 366 01	09/10/2003	09/10/2004	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				
	<input type="checkbox"/> RETENTION \$				
UMBRELLA					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001 WC04A 36851	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
	E.L. DISEASE - POLICY LIMIT \$ 500,000				
D	OTHER Tailored Protection	964712 20537725 03	09/10/2003	09/10/2004	\$150,000 all risk on equipment including trailers \$500 deductible

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

State of Florida - Builder

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

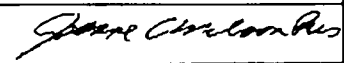
CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO



STATE OF FLORIDA

AC# 0112561

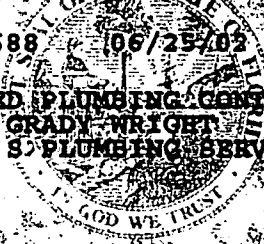
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CFC1425688

06/25/02

010112561

CERTIFIED PLUMBING CONTRACTOR  
MILLER, GRADY WRIGHT  
O'GRADY'S PLUMBING SERVICES, INC



IS CERTIFIED under the provisions of Ch. 489 FS

Expiration date: AUG 31, 2004 SEQ # 10206250055

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

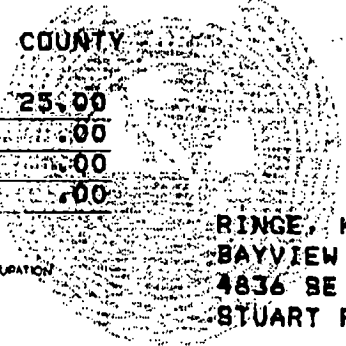
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-5604

LICENSE 1989-520-149 CERT \_\_\_\_\_  
PHONE (561) 288-1337 SIC NO 001521

LOCATION:  
**4826 SE RAILWAY AVE MAR**

**CHARACTER COUNTS IN MARTIN COUNTY**

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



**RINGE, KENNETH R  
BAYVIEW CONSTRUCTION  
4836 SE RAILWAY AVE.  
STUART FL 34997**

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

20 DAY OF AUGUST 2003  
AND ENDING SEPTEMBER 30, 2004

12 03081901 001442





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416

STATE OF FLORIDA AC# 05124  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CGC027948 08/01/02 20003418  
CERTIFIED GENERAL CONTRACTOR  
RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
IS CERTIFIED under the provisions of Ch. 489  
Expiration date: AUG 31, 2004 SEQ # L0208010

DETACH HERE

AC# 0512474

STATE OF FLORIDA

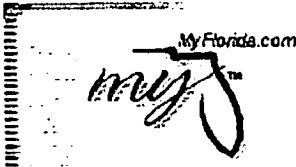
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208010

DATE	BATCH NUMBER	LICENSE NBR
08/01/2002	200034186	CGC027948

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

RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416



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02:38:11 PM

Public Services

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- Apply to Retake Exam
- Find Exam Information
- Find a CE Course
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

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- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

Term Glossary

Online Help

Licensee Details

Licensee Information

Name: **MILLER, GRADY WRIGHT (Primary Name)**  
**O'GRADY'S PLUMBING SERVICES INC (DB Name)**

Main Address: **4179 N W BALETTO STREET**  
**PORT ST LUCIE, Florida 34983**

License Information

License Type: **Certified Plumbing Contractor**

Rank: **Cert Plumbing**

License Number: **CFC1425688**

Status: **Current, Active**

Licensure Date: **06/25/2002**

Expires: **08/31/2004**

Special Qualifications Effective Date

Bldg Code Core Course Credit

Qualified Business License Required 02/20/2004

[View Related License Information](#)

[View License Complaint](#)

**CERTIFIED CONTRACTOR IN COMPLIANCE WITH MARTIN COUNTY, FLORIDA'S LICENSING REQUIREMENTS; ELIGIBLE TO PERFORM WORK WITHIN THE CLASSIFICATION.**

New Search

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MARTIN COUNTY, FLORIDA  
Construction Industry Lic Bd  
Certificate of Competency

License: ME00419  
Expires September 30, 2003

SIMEONE, KENNETH  
COUNTY ELECTRICAL SERVICES  
2892 FARLEY ROAD  
PSL, FL 34952  
MASTER ELECTRICIAN

STATE OF FLORIDA AC# 0457171  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
ER0012196 08/13/02 011133162  
REG ELECTRICAL CONTRACTOR  
SIMEONE, KEN  
COUNTY ELECTRICAL SERVICES, INC.  
(INDIVIDUAL MUST MEET ALL LOCAL  
LICENSING REQUIREMENTS PRIOR  
TO CONTRACTING IN ANY AREA)  
HAS REGISTERED under the provisions of Ch.489 FS  
Expiration date: AUG 31, 2004 SEQ # L02061301999

DETACH HERE

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # \_\_\_\_\_

**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):**

96 SOUTH SWANNS POINT ROAD, LOT 16 RIO VISTA SLD

GENERAL DESCRIPTION OF IMPROVEMENT: Kitchen & Bathroom Remodel

OWNER: Fernando Giachino

ADDRESS: 96 S. Swanns Point Road Swanns Point Fl. 34996

PHONE #: 287 0980 / 263 6471 FAX #: \_\_\_\_\_

**CONTRACTOR: Bayview Construction Corp.**

ADDRESS: 4826 SE Railway Ave

PHONE #: 283-9300 FAX #: 288 1337

SURETY COMPANY (IF ANY) N/A

1 0001 01 110 11 1000 01 0010 100 100 100 01 001 100 1100 1 10001

ADDRESS: STATE OF FLORIDA

PHONE # MARTIN COUNTY

BOND AMOUNT GOING 1 PAGES IS A TRUE

AND CORRECT COPY OF THE ORIGINAL.

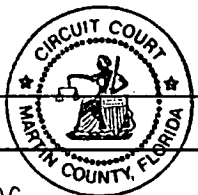
LENDER: MARSHA EWING, CLERK

ADDRESS: BY [Signature] DC

PHONE #: DATE 5-11-04

FAX #: \_\_\_\_\_

INSTR # 1749952  
OR BK 01896 PG 2195  
RECORDED 05/11/2004 09:07:27 AM  
MARSHA EWING  
CLERK OF MARTIN COUNTY FLORIDA  
RECORDED BY S Phoenix



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: Alan Burroughs

ADDRESS: 512 St Wue Crescent, Smart #A 34994

PHONE #: 263 6471 FAX #: 221 9441

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 10th DAY OF May 2001  
10 BY Fernando M. Giachino

PERSONALLY KNOWN   
OR PRODUCED ID TYPE OF ID \_\_\_\_\_  
NOTARY SIGNATURE

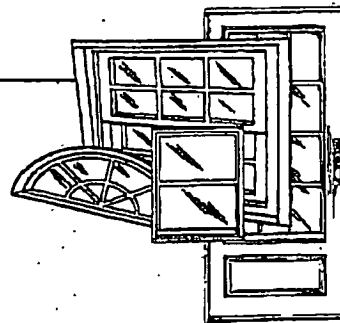


Thomas H. Thurlow, III  
MY COMMISSION # DD137079 EXPIRES  
September 15, 2006  
BONDED THRU TROY FAIN INSURANCE, INC.

Build the slides

# CERTIFIED TESTING LABORATORIES

Architectural Division • 7252 Narcoossee Rd. • Orlando, FL 32822  
(407) 384-7744 • Fax (407) 384-7751  
Web Site: www.ctlarch.com  
E-mail: ctlarch.com



Report: CTLA-744W-B  
Report Date: November 15, 2001

## STRUCTURAL PERFORMANCE TEST REPORT

Client: MI HOME PRODUCTS  
650 WEST MARKET STREET  
P.O. BOX 370 GRATZ, PA. 17030-0370

Product Type and Series: Model 470 HP Aluminum Sliding Glass Door SGD-R40 (144" x 80")  
Actual Structural Pressure D/P + 40 psf = Structural Test Pressure 60 psf  
Actual Structural Pressure D/P - 40 psf = Structural Test Pressure 60 psf

Test Specification: AAMA/NWWDA 101/LS. 2-97, "Voluntary Specification for Aluminum, Vinyl (PVC) Wood Windows and Glass Doors".

### Test Specimen

Frame: The extruded aluminum main frame measured 143.75" x 80.25" overall. Coped and butted corner construction secured with two (2) #8 x .750", PH, pan head, SMS each corner. (Two (2) panel track.)

Configuration: OXO as viewed from the exterior left to right.

Panels: Two (2) fixed panels and one (1) active panel in center, measuring 48.25" x 78.5". One (1) astragal fixed panel left of center measuring 48.75" x 78.5". One (1) fixed panel right of center measuring 47.5" x 78.5" Clear lite opening for each measured 45" x 75". Coped and butted corner construction secured with one (1) #8 x .75" Pan head, S.M.S. fastener at each corner.

Weatherstripping:	Quantity	Description	Location
	Three (3) strips	Woolpile with integral plastic fin .170" high	Each Frame head/ left and right jambs
	Two (2) strips	Woolpile .300" high	Active panel bottom rail
	Two (2) strips	Woolpile with integral plastic fin .170" high	Inactive interlock panel stile
	One (1) strip	Woolpile .300" high	Threshold

Hardware & Location:	Quantity	Description	Location
	One (1)	Single steel roller assembly in steel housing	Active panel bottom rail each corner
	One (1)	Flush mount mortise lock	Active panel lock stile midspan
	One (1)	Metallic keeper	Astragal panel lock stile midspan
	One (1)	Panel stop	Left jamb

*[Handwritten signature]*  
11/15/01

- Glazing:** 5/32" Clear tempered glass, channel or marine glazed with vinyl wrap around glazing gasket.
- Sealant:** A silicone type sealant was used to seal the main frame to the wooden test buck (interior & exterior). A narrow joint/ silicone type sealant was used at each frame corner.
- Weep System:** Two (2) weep notches located on frame sill .750" from each jamb.
- Reinforcements:** One (1) aluminum C- Bar measuring 3" x 1.421" x .250" located on active panel left stile. Secured with seven (7) #8 x .500" P.H., flat head fasteners. One (1) aluminum L shaped bracket measuring .125" x 1.500" x 2.250" located on frame head secured with #8 x .75" P.H., pan head, S.M.S., fasteners.
- Additional Description:** N/A
- Installation:**  
**Head:** Fourteen (14) #8 x 1.50" P.H., pan head, S.M.S. were used in two (2) parallel rows of seven (7). Measuring from left jamb 3.75", 28", 52", 73", 95.75", 115" and 139.75".  
**Sill:** Seven (7) #8 x 1.25" P.H., flat head, S.M.S. were used in sill. Measuring from left jamb 5.75", 24", 48", 70", 95", 116" and 137.75".  
**Jamb:** Eight (8) #8 x 1.25", P.H., S.S., S.M.S. were used in two (2) parallel rows of four (4). Measuring from head 3.5", 38", 42" and 74.5".
- Surface Finish:** Mill
- Comment:** Nominal 2 mil polyethylene film was used to seal against air leakage during structural loads. The film was used in a manner that did not influence the test results.

**Performance Test Results**

<u>Paragraph No.</u>	<u>Title of Test</u>	<u>Method</u>	<u>Measured</u>	<u>Allowed</u>
2.1.2	Air Infiltration @ 1.57 psf This test specimen exceeds performance levels specified in AAMA/NW/WDA 101/LS-97. Results reflected in two (2) decimals at the clients request.	ASTM E283-91	.24 cfm/ft <sup>2</sup>	.34 cfm/ft <sup>2</sup>
2.1.3/4.3	Water Resistance 5.0gph/ft WTP= 5.25 psf	ASTM E547-93 Four (4) five (5) minute cycles ASTM E 331-93 One (1) fifteen (15) minute cycle	No Entry No Entry	No Entry No Entry
Unit tested with and without insect screen.				
2.1.3/4.3	Water Resistance 5.0gph/ft WTP= 6 psf	ASTM E547-93 Four (4) five (5) minute cycles ASTM E 331-93 One (1) fifteen (15) minute cycle	No Entry No Entry	No Entry No Entry
Unit tested with and without insect screen.				

Handwritten signature and date stamp: 11/10/01

2.1.4.2/4.4.2	Uniform Load Structural Permanent Deformation @ 60 psf Positive @ 60 psf Negative	ASTM E330-90 Ten (10) second loading	.069" .271"	.314" .314"
---------------	--	---	----------------	----------------

2.1.8	Forced Entry Resistance	AAMA 1303.5-76		
	Test A		.0"	1/2"
	Test B		.0"	1/2"
	Test C		.0"	1/2"
	Test D, E & F		.0"	1/2"
	Test G		.0"	1/2"

2.2.19.5.1	Operating Force	AAMA/NWWDA 101/I.S-97		
	Active Panel	Measured to open/to keep in motion 15 lbs. 12 lbs.	30 lbs.	Allowable to open/to keep in motion 20 lbs.

2.2.19.5.2	Deglazing	ASTM E987-88		
	Top Rail 70 lbs.		.017"=	3.4% <100%
	Bottom Rail 70 lbs.		.015"=	3.0% <100%
	Lead Stile 50 lbs.		.020"=	4.0% <100%
	Interlock Stile 50 lbs.		.022"=	4.4% <100%

Test Date: August 4, 2001

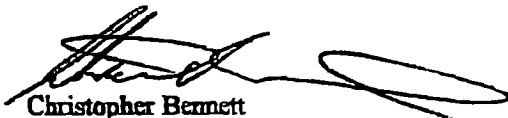
Test Completion Date: August 4, 2001

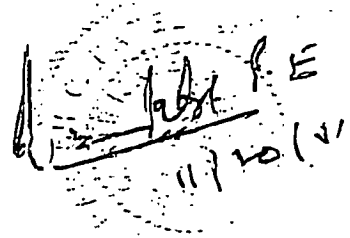
Remarks: Detailed drawings were available for laboratory records and comparison to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by CTL for a period of four (4) years. The results obtained apply only to the specimen tested.

This test report does not constitute certification of this product, but only that the above test results were obtained using the designated test methods and they indicate compliance with the performance requirements (paragraphs as listed) of the above referenced specifications.

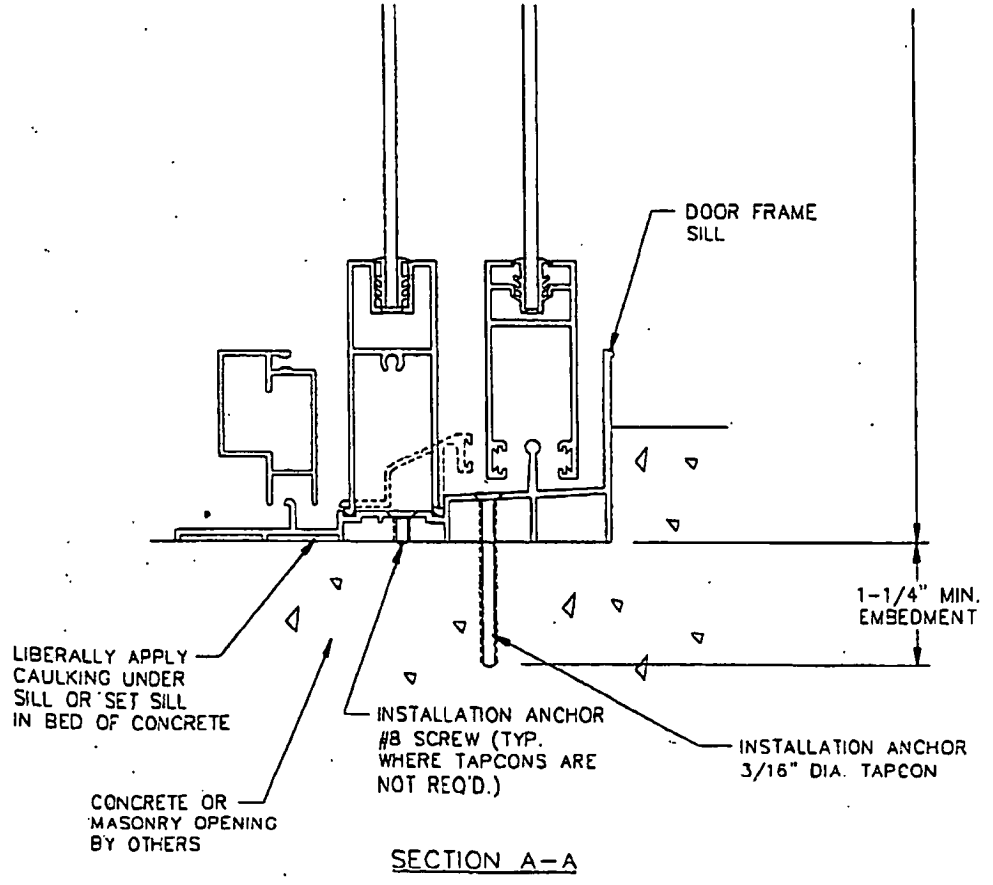
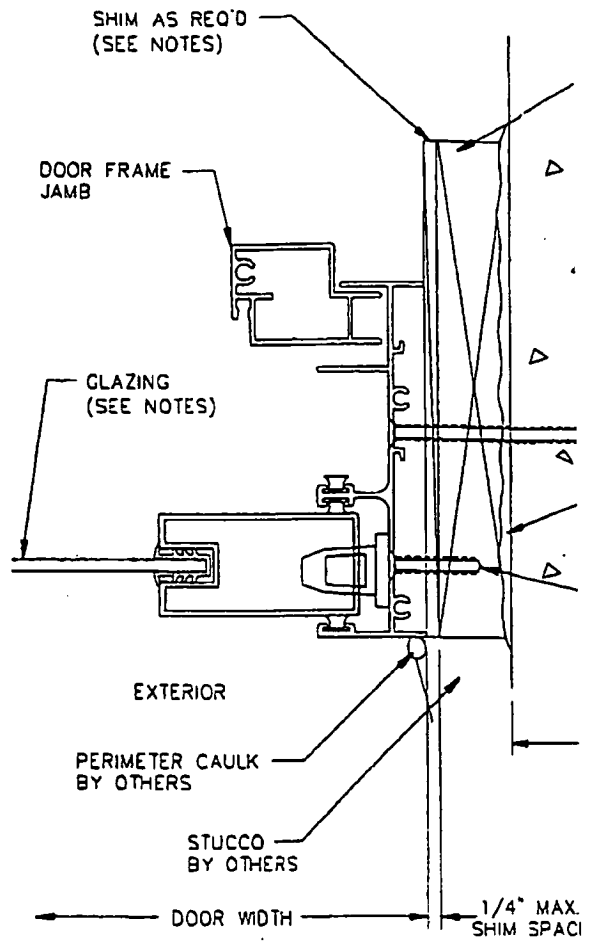
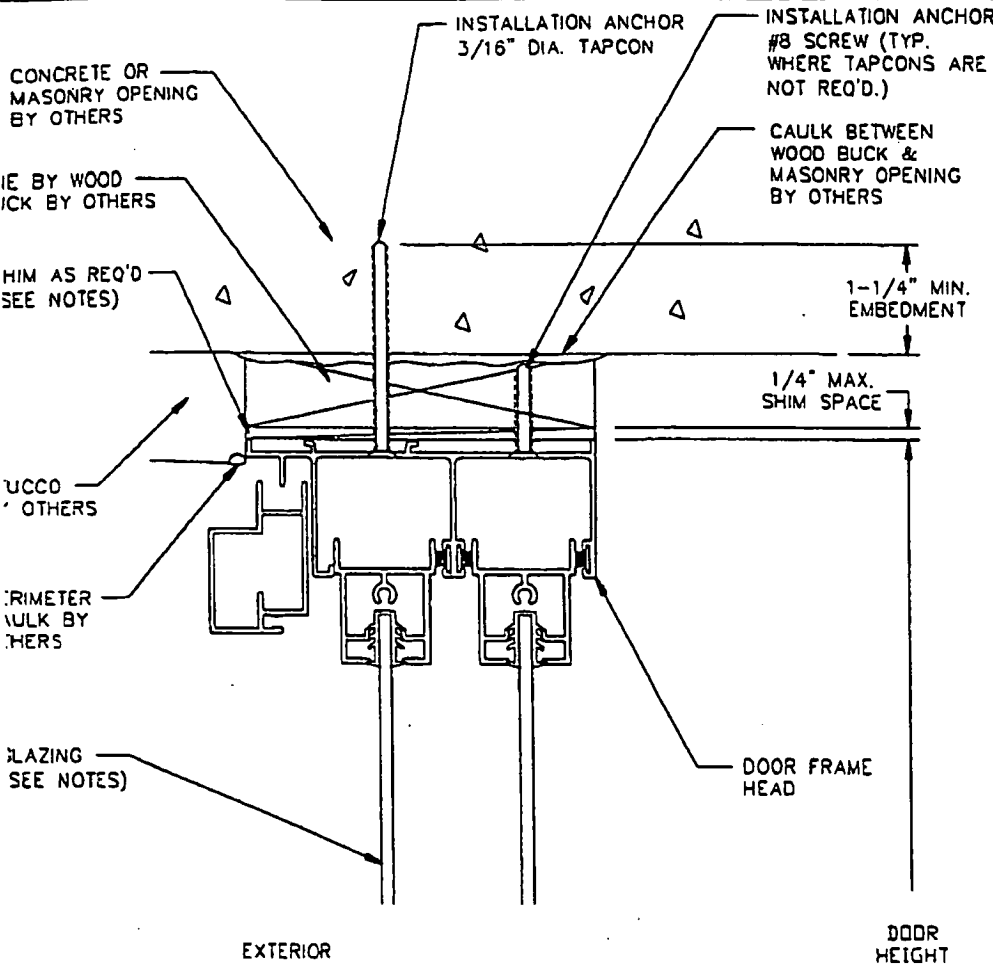
Certified Testing Laboratories assumes that all information provided by the clients is accurate and that the physical and chemical properties of the components are as stated by the manufacturer.

Certified Testing Laboratories, Inc.

  
 Christopher Bennett  
 Lab Manager  
 Architectural Division

  
 Ramesh Patel P.E.  
 11/20/01

cc: M. I. Home Products (2)  
 A.L.I. (2)  
 Ramesh Patel P.E. (1)  
 File (1)



- NOTES:**
- 1) DOOR MATERIAL: ALUMINUM ALLOY 6063.
  - 2) TAPCON TYPE INSTALLATION ANCHORS MUST BE OF SUFFICIENT STRENGTH FOR MASONRY OR CONCRETE.
  - 3) ALTERNATE TAPCON INSTALLATION ANCHORS FRONT TO IT.
  - 4) USE LATEX CAULK FOR PERIMETER SEAL AROUND EXTERIOR.
  - 5) IF EXACT DOOR SIZE IS NOT LISTED IN ANCHOR CHART, APPROPRIATE DESIGN PRESSURE REQ'D.
  - 6) SINGLE GLAZING SHOWN, INSULATED GLAZING ALSO APPLICABLE TO MEET REQUIREMENTS OF ASTM E1300 GLASS CHARTS.
  - 7) ALL FACTORY APPLIED HOLES NOT DESIGNED FOR TAPCON LENGTH TO PROVIDE MIN. 5/8" EMBEDMENT INTO WOOD OR CONCRETE.
  - 8) JAMB / SILL CORNERS ARE TO BE SEALED WITH A SMALL SHIM AS REQ'D. AT EA. SET OF INSTALLATION ANCHORS.
  - 9) SHIM AS REQ'D. AT EA. SET OF INSTALLATION ANCHORS.
  - 10) ALL INSTALLATION ANCHORS MUST BE MADE OF CORROSION RESISTANT MATERIAL.
  - 11) WHERE "X" REPRESENTS MOVING PANEL AND "O" REPRESENTS FIXED PANEL ON INSTALLATION CHART.
  - 12) NOT ALL CONFIGURATIONS LISTED ABOVE ARE SHOWN ON THIS CHART. "B-B" APPLY TO INSTALLATION OF ALL APPROVED CONFIGURATIONS.
  - 13) MAX ALLOWABLE SPACING BETWEEN TAPCON ANCHORS TO BE 12" ON CENTER.
  - 14) SERIES 470 SLIDING GLASS DOOR IS SHOWN. THIS PRINT APPLICABLE TO ALL GLASS DOOR TYPES.
  - 15) WHERE DOOR IS INSTALLED IN WOOD FRAME STRUCTURE, MIN. EMBEDMENT INTO SUBSTRATE. PLACE #10 SCREWS AT 12" ON CENTER.

**CENTRAL FLORIDA B.O.**  
**MANUFACTURER NAME:**  
*BETTER BILT / M.I. HOMES*  
**MASTER FILE # 2**



ONE BY WOOD  
BUCK BY OTHERS

CONCRETE  
OR MASONRY  
OPENING  
BY OTHERS

INSTALLATION ANCHOR  
3/16" DIA. TAPCON

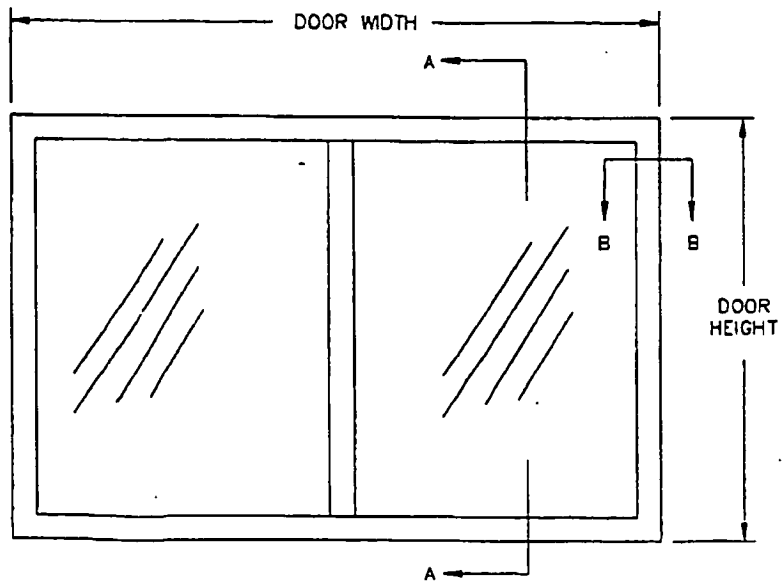
CAULK BETWEEN  
WOOD BUCK &  
MAS'Y OPENING  
BY OTHERS

INSTALLATION ANCHOR  
#8 SCREW (TYP.  
WHERE TAPCONS ARE  
NOT REQ'D.)

1-1/4" MIN.  
EMBEDMENT

## TAPCON INSTALLATION CHART

CALL SIZE	DOOR SIZE	LOCATION IN HEAD & SILL			EA. JAMB
		UP TO 45 PSF DP	46 PSF TO 60 PSF DP	61 PSF TO 70 PSF DP	UP TO 70 PSF DP
506B XO, OX, XX	60 X 80	3	3	3	4
606B XO, OX, XX	72 X 80	4	4	4	4
806B XO, OX, XX	96 X 80	5	5	5	4
1006B XO, OX, XX	120 X 80	6	6	7	4
5080 XO, OX, XX	60 X 96	3	3	3	5
6080 XO, OX, XX	72 X 96	3	3	3	5
8080 XO, OX, XX	96 X 96	4	4	5	5
10080 XO, OX, XX	120 X 96	6	6	7	5
766B OXO	91-3/4 X 80	5	5	5	4
906B OXO	109-3/4 X 80	5	5	6	4
1206B OXO	145-3/4 X 80	7	7	9	4
1506B OXO	181-3/4 X 80	8	10	11	4
7680 OXO	91-3/4 X 96	5	5	5	5
9080 OXO	109-3/4 X 96	5	5	6	5
12080 OXO	145-3/4 X 96	7	8	9	5
15080 OXO	181-3/4 X 96	8	11	13	5
766B XIX	88-9/16 X 80	5	5	5	4
906B XIX	106-9/16 X 80	5	5	6	4
1206B XIX	142-9/16 X 80	7	7	8	4
1506B XIX	178-9/16 X 80	8	10	11	4
7680 XIX	88-9/16 X 96	5	5	5	5
9080 XIX	106-9/16 X 96	5	5	6	5
12080 XIX	142-9/16 X 96	7	8	9	5
15080 XIX	178-9/16 X 96	8	11	13	5
1006B OXXO, XXXX	120-5/8 X 80	6	6	7	4
1206B OXXO, XXXX	144-5/8 X 80	7	7	8	4
1606B OXXO, XXXX	192-5/8 X 80	9	10	12	4
10080 OXXO, XXXX	120-5/8 X 96	6	6	7	5
12080 OXXO, XXXX	144-5/8 X 96	7	8	9	5
16080 OXXO, XXXX	192-5/8 X 96	9	12	14	5



EXTERIOR ELEVATION

AX.  
FACE

SUFFICIENT LENGTH TO ACHIEVE MIN. EMBEDMENT OF 1-1/4" INTO

GO BACK IN ALL FRAME MEMBERS.

ERROR OF DOOR.

IF, USE ANCHOR QUANTITY LISTED WITH NEXT LARGER SIZE, FOR THE

APPROVED. TEMPERED GLASS THICKNESS MAY VARY PER

TAPCON ANCHOR SHOULD BE FILLED WITH #8 SCREWS OF SUFFICIENT

WOOD BUCK.

WALL JOINT SEAM SEALER.

RS. MAX. ALLOWABLE SHIM STACK TO BE 1/4".

OSION RESISTANT MATERIALS.

PRESENTS FIXED PANEL APPROVED CONFIGURATIONS ARE AS LISTED

ON THIS DRAWING. HOWEVER INSTALLATION SECTIONS "A-A" &

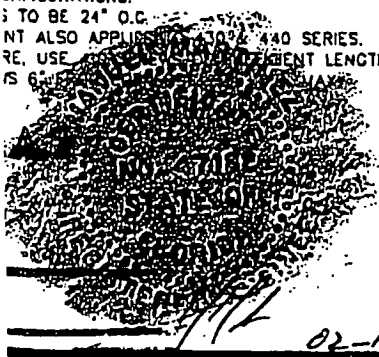
CONFIGURATIONS.

TO BE 24" O.C.

NT ALSO APPLIES TO 440 SERIES.

RE. USE OF SUFFICIENT LENGTH TO ACHIEVE 1-3/8"

IS 6"



02-13-02

<b>MI HOME PRODUCTS GRATZ, PA.</b>		
TITLE: SERIES 470 SLIDING GLASS DOOR INSTALLATION WITH TAPCONS		
ENGINEER: MANUAL MARTINEZ	DRN: BB	DATE: 1/29/02
DISCIPLINE: CIVIL	SCALE: N.T.S.	DWG. NO: MIHP0018
FL. REG NO: 47182	REV. LETTER:	SHEET: 1 OF 1

Front Entrance Door



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)**

Jeld-Wen, Inc.  
317525 Highway 97 N.  
Chiloquin, OR 97624

**SCOPE:**

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

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

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

**DESCRIPTION:** Series "Jeld-Wen®" 6'8" W/E Inswing Glazed Insulated Steel Door w/wo Sidelites

**APPROVAL DOCUMENT:** Drawing No. S-2195, titled "Wood Edge Glazed Door w/ & w/out Sidelites Up to 107" x 6'8 Inswing Unit", sheets 1 through 7 of 8, prepared by R.W Building Consultants, Inc., dated 12/14/01 with revision 3 dated 10/22/02, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING:** None

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

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

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

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

**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.  
This NOA revises NOA # 01-1224.04 and, consists of this page 1 as well as approval document mentioned above.  
The submitted documentation was reviewed by Jaime Eisen, P.E.



NOA No 02-1211.16  
Expiration Date: August 15, 2007  
Approval Date: January 30, 2003  
Page 1



## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 96 S. SEWALL'S PT.

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

PLB.

NEED VENT ON 1 1/2 LAV  
WASTE ARM WHICH EXCEEDS  
ALLOWABLE LENGTH.

ELECTRICAL - ALL OPEN  
JUNCTION BOXES MUST HAVE  
BREAKERS REMOVED &  
BLANKS INSTALLED.

NEED 2 SETS REVISED  
ELECTRICAL/AC LAYOUT.

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: 6/28

  
\_\_\_\_\_  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6/28, 2004 Page 1 of    

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6762	<del>GRANCILLO</del>	<del>Plumbing</del>	<del>FAIL</del>	
3	96 S. Sewall's Pt BAYVIEW CONSTR.	BATHROOM		INSPECTOR: <i>[Signature]</i>
6480	WADE	FOOTING	FAIL	
2	9 E. HIGH POINT PINE ORCHARD BLDG	*FIRST PLAS*		INSPECTOR: <i>[Signature]</i>
6750	SCHRADER	FINAL WINDOW	PASS	CLOSE
7	4 EMARITA O/B	?		INSPECTOR: <i>[Signature]</i>
6767	SHEETS	FINAL INT. DOORS	PASS	CLOSE
9	7 KNOWLES RD ASP CONSTRUCTION	After 9 pls		INSPECTOR: <i>[Signature]</i>
6682		FOOTING	PASS	
8	10 N.S.P.R. MILORD	(PIER @ FRONT)		INSPECTOR: <i>[Signature]</i>
6808	STEARNS	FENCE FINAL	PASS	CLOSE
10	80 N. Sewall's Pt OB			INSPECTOR: <i>[Signature]</i>
TREES	DAINS	TEES	PASS	
6	62 S. Sewall's Pt Rd			INSPECTOR: <i>[Signature]</i>




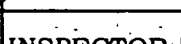

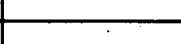
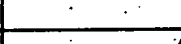
OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 14, 2004 Page 1 of     

8:00  
A.M.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6682	MILORD	TIE BEAM	PASS	
9	10 N. SEWALLS Pt			
	MILORD DEV			INSPECTOR: 
<del>6762</del>	<del>GRANCHINO</del>	<del>ROUGH PUMPING</del>	<del>PASS</del>	
6	96 S. SEWALLS Pt	<del>ROUGH PUMPING</del>	<del>PASS</del>	
	O/B			INSPECTOR: 
6476	CIVIELLO	ROUGH ELEC	PASS	
10	31 FIELDWAY	ROUGH PUMPING	PASS	
	O/B	ROUGH A/C	PASS	INSPECTOR: 
6824	FERRARO	IN PROGRESS		CLOSE
8	4 KINGSTON CT	ROOF FINAL	PASS	
	ALL AMERICAN			INSPECTOR: 
6240	KISSLING *	DOCK	PASS	CLOSE
3	7 MINDORO			
	O/B			INSPECTOR: 
6832	MOORE	ELEC POWER	FAIL	
11	5 OAK HILL WAY			
	AR HOMES			INSPECTOR: 
6439	MAHONE *	FENCE	PASS	CLOSE
5	14 S. VIALUCINDIA			
	O/B			INSPECTOR: 

8:45

**OTHER:**

21 LANTANA - CHECK TO SEE EXTENT OF WORK BEING DONE.  
REPLACING WOOD ROT SIDING - HOOSE IS TENTED  
COULD NOT INSPECT.



## TOWN OF SEWALL'S POINT

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

6762

### CORRECTION NOTICE

ADDRESS: 96 S, SEWALL'S PT. RD.

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

- REMODEL FINAL - FAILED
- POOL ENCLOSURE / FENCE FINAL - PASSED
- LOOSE JUNCTION BOX ON SE CORNER, BY POOL EQUIP.
- D.V. DRAIN HOSE TO BE ADJUSTED TO BOTTOM LEVEL
- DETECT TO LEFT OF KIT SINK HAS REVERSE POLARITY.
- SECURE WATER PIPES @ WHIRLPOOL TUB.
- GROUT WATER CLOSET
- LOOSE GFCI IN MASTER VANITY.

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: 12/20

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/20, 2008 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6762</del>	<del>GIACHINO</del>	<del>FINAL REMODEL</del>	<del>FAIL</del>	
6	96 S. SEWALLS Pt BAYVIEW	KITCHEN/BATH		INSPECTOR: <i>[Signature]</i>
6762A	GIACHINO	FINAL FENCE	PASS	CLOSE
6	96 S. SEWALLS Pt BAYVIEW			INSPECTOR: <i>[Signature]</i>
6828	BURROUGHS	FINAL POOL SCREEN	PASS	CLOSE
6	96 S. SEWALLS Pt SCREEN BUNDLES			INSPECTOR: <i>[Signature]</i>
7141	JOHNSTON	INT GAS ROUGH IN	FAIL	
1	34 W. HIGH Pt LESTER CONTR.			INSPECTOR: <i>[Signature]</i>
7115	KELSEY	FENCE FINAL	PASS	CLOSE
8	11 EMARITA WAY STUART FENCE			INSPECTOR: <i>[Signature]</i>
6544	<del>LANCASTER</del>	<del>POOL PUMPS</del>		PLEASE RESCHEDULE
5	8 PINEAPPLE LA DAVE'S PUMPS INC	CANCELLED		FOR WED 12/22 INSPECTOR: <i>[Signature]</i>
6413	POWERS	FRAMING	PASS	
7	70 S. SEWALLS Pt FLORIDA'S FINEST	(REVISIONS)		INSPECTOR: <i>[Signature]</i>
OTHER: _____				



6762

# TOWN OF SEWALL'S POINT

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

## CORRECTION NOTICE

ADDRESS: 96 S. SEWALL'S PT. RD.

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

*FINAL*

GFCI @ KIT. SINK HAS OPEN

NEUTRAL

DW DRAIN HOSE TO BE MOUNTED

AS HIGH AS POSSIBLE IN CABINET.

LOOSE GFCI IN MASTER

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

DATE: 1/21

*[Signature]*

INSPECTOR

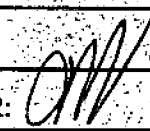




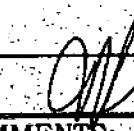
**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log




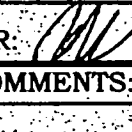
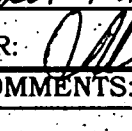

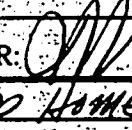
Date of Inspection:  Mon  Wed  Fri JAN 21, 2002 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6762</del>	<del>STACHINO</del>	<del>FINISH KITCHEN/BATH</del>	<del>FAIL</del>	
3	96 S. SEWALL'S PT BAYVIEW			INSPECTOR: 
7080	PAXSON	FENCE FINAL	PASS	CLOSE
11	17 LOFTING WAY STUART FENCE			INSPECTOR: 
7102	FREDERICK	FENCE FINAL	PASS	CLOSE
7	32 S. SEWALL'S PT STUART FENCE			INSPECTOR: 
6952	WELGARD	TINTAG MECH	PASS	
2	118 S. SEWALL'S PT PACIFIC ROOFING			INSPECTOR: 
Tree	FRANKS	TREE	PASS	
4	93 S. SEWALL'S PT			INSPECTOR: 
Tree	GILL	TREE	PASS	
12	8 OAK HILL WAY			INSPECTOR: 
6513	DUNN	INSULATION	PASS	REINSPECT FOR
10	31 N. RIVER RD	ELEC. TROUGH	PASS	MECH. SUBST
	FIRST FLORIDA	PLB TROUGH	PASS	
OTHER:		A/C. TROUGH	PASS	

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~Thurs~~ 3/24, 2005 Page 1 of    

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6624	LASKY	Perim. Plumbing	PASS	
1	27 W. HIGH POINT ADVANTAGE POOLS			INSPECTOR: 
7262	HBASSOC/SABOURIN	Plumb. ROUGH	PASS	
1A	3760 SE OCEAN MASTER PLUMBING	ELEC ROUGH FRAMING FIREWALL	PASS PASS	INSPECTOR: 
7268	HBASSOC/MARTEL	Plumb ROUGH	PASS	
1A	3758 SE OCEAN KIRCHMAN	ELEC ROUGH FRAMING FIREWALL	PASS PASS	INSPECTOR: 
	HBASSOC/PATCHING	Plumb ROUGH		NOT INSPECTED
-	3762 SE OCEAN KIRCHMAN/MASTER ROUGH	ELEC ROUGH FRAMING FIREWALL		(WORK NOT DONE) INSPECTOR: 
	HBASSOC/JOYCE'S FLOWERS	Plumb ROUGH		NOT INSPECTED
-	3756 SE OCEAN KIRCHMAN MASTER ROUGH	ELEC ROUGH FRAMING FIREWALL		(WORK NOT DONE) INSPECTOR: 
6419	MENDOZA	FINAL BOON+REM	PASS	
2	144 S. Sewall's Pt MASTER PLAN			INSPECTOR: 
<del>6762</del>	<del>Bureaux's</del>	<del>FINA Democel</del>	<del>PASS</del>	
3	96 S. Sewall's Pt O/B	KITCHEN + BATH		INSPECTOR: 
OTHER:	MACKAY	ROOF <del>REP</del> REP		ALERTED HOMEOWNERS TO PERMIT REQUIREMENTS
4	ZOANWOOD	W/O PERMIT		

**6775**

**FENCE**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 5/28/04

BUILDING PERMIT NO. 6765

Building to be erected for GIANCILINO

Type of Permit FENCE

Applied for by BAVIEW CONSTRUCTION (Contractor)

Building Fee 30.00

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT ROAD

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

1238410020000016030000

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 1200 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 2000.00

TOTAL Fees 30.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

RECEIVED

MAY 11 2004

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number:

Fence

220 0153  
263-6471

BY:

OWNER/TITLEHOLDER NAME: Fernando Giunchino Phone (Day) 263 6471 (Fax) \_\_\_\_\_

Job Site Address: 96 S Sewalls Pt Rd. City: Sewall's Point State: FL Zip: \_\_\_\_\_

Legal Description of Property: Lot 16 Rio Vista Plat Book 6 P. 25 Parcel Number: 12841002000001603000

Owner Address (if different): 96 S. Sewall's Point Rd. City: Sewall's Point State: FL Zip: 32996

Description of Work To Be Done: Fence.

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

CONTRACTOR/Company: Banview Construction Phone: 263 9300 Fax: 263 1337

Street: 4826 SE RAILWAY AVE City: SMITH State: FL Zip: 34997

State Registration Number: \_\_\_\_\_ State Certification Number: C6C027948 Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2000.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: County Electric State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: O'Grady Plumbing State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT John Hong Design Phone Number: 260-7862

Street: 2382 S.E. MONTGOMERY ST. City: SMITH State: FL Zip: 34997

ENGINEER Paul Welsh Phone Number: 785 9888

Street: 1984 S.W. Biltmore St #1111 City: Port St. Lucie State: FL Zip: 34984

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

Carport: \_\_\_\_\_ Total Under Roof: \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

Alan Burroughs  
State of Florida, County of Martin  
This the 10th day of May, 2004  
by Alan Burroughs (who is personally known to me or produced as identification.) Dorothy Krombs

11/22/07  
My Commission Expires 11/22/07  
Notary Public Dorothy Krombs  
Commission # DD266812  
Expires Nov. 22, 2007  
Bonded Thru \_\_\_\_\_

CONTRACTOR SIGNATURE (required)

Ken Ringe  
On State of Florida, County of: Martin  
This the 10th day of May, 2004  
by Ken Ringe (who is personally known to me or produced as identification.) Dorothy Krombs

11/22/07  
My Commission Expires 11/22/07  
Notary Public Dorothy Krombs  
Commission # DQ266812  
Expires: Nov. 22, 2007

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!  
Atlantic Bonding Co., Inc.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY):  
05/11/2004

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

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 Bayview Construction Corp.  
4826 SE Railway Avenue  
Stuart, FL 34997 8831  
  
CGG 027948

INSURER A: Owners Insurance Company  
INSURER B: Auto Owners Insurance Company  
INSURER C: FCCI Insurance Company  
INSURER D: Owners Insurance Company  
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.

INSH LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liability plus	962312 20537724 03	09/10/2003	09/10/2004	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any one fire) \$ 100,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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	95 697 366 00	01/01/2004	01/01/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NONE			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	95 697 366 01  UMBRELLA	09/10/2003	09/10/2004	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$ 1,000,000				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001 WC04A 36851	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> VC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
D	OTHER Tailored Protection	964712 20537725 03	09/10/2003	09/10/2004	\$150,000 all risk on equipment including trailers \$500 deductible

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

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

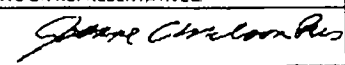
**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416

STATE OF FLORIDA AC# 05124  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CGC027948 08/01/02 20003418  
CERTIFIED GENERAL CONTRACTOR  
RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
IS CERTIFIED under the provisions of Ch. 489  
Expiration date: AUG 31, 2004 SEQ # L0208010

DETACH HERE

AC# 0512474

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208010

DATE	BATCH NUMBER	LICENSE NBR
08/01/2002	200034186	CGC027948

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

RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416

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

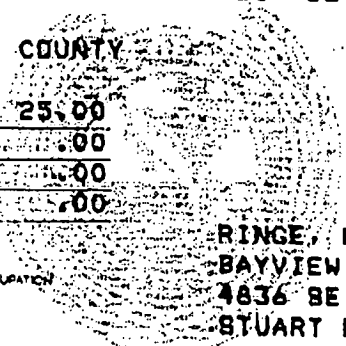
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(888) 288-5604

LICENSE 1989-520-149 CERT \_\_\_\_\_  
PHONE (561) 288-1337 SIC NO 001521

LOCATION:  
**4826 SE RAILWAY AVE MAR**

**CHARACTER COUNTS IN MARTIN COUNTY**

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



**RINGE, KENNETH R  
BAYVIEW CONSTRUCTION  
4836 SE RAILWAY AVE.  
STUART FL 34997**

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

20 DAY OF AUGUST 2003  
AND ENDING SEPTEMBER 30 2004

12 03081901 001442





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416

STATE OF FLORIDA AC# 0512471  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CGC027948 08/01/02 200034186  
CERTIFIED GENERAL CONTRACTOR  
RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date: AUG 31, 2004 SEQ # L020801007

DETACH HERE

AC# 0512474

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208010073

DATE	BATCH NUMBER	LICENSE NBR
08/01/2002	200034186	CGC027948

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

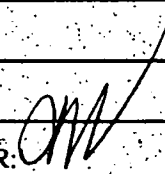
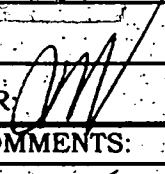
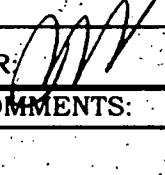
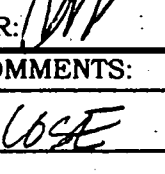
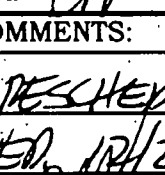
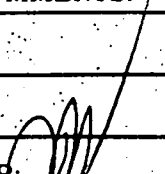
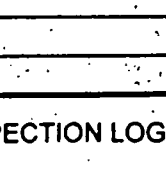
RINGE, KENNETH R  
BAYVIEW CONSTRUCTION CORP  
4140 SE PETERSON LN  
STUART FL 34997-3416



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/20, 2008 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6762	GIACCHINO	FINAL REMODEL	FAIL	
6	96 S. SEWALLS Pt BAYVIEW	KITCHEN/BATH		INSPECTOR: 
6765A	GIACCHINO	FINAL FENCE	PASS	CLOSE
6	96 S. SEWALLS Pt BAYVIEW			INSPECTOR: 
6828	BURROUGHS	FINAL POOL SCREEN	PASS	CLOSE
6	96 S. SEWALLS Pt SCREEN BUNDLES			INSPECTOR: 
7141	JOHNSTON	INT GAS REVAMP	FAIL	
1	34 W. HIGH Pt LESTER CONTR.			INSPECTOR: 
7115	KELSEY	FENCE FINAL	PASS	CLOSE
8	11 EMARITA WAY STUART FENCE			INSPECTOR: 
6544	<del>LANCASTER</del>	<del>BOILER PLUMB</del>		PLEASE RESCHEDULE
5	8 PINEAPPLE LA DAVE'S PLUMBING	CANCELLED		FOR WED 12/22 INSPECTOR: 
6413	POWERS	FRAMING	PASS	
7	70 S. SEWALLS Pt FLORIDA'S FINEST	(REVISIONS)		INSPECTOR: 

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

**6828**

**SCREEN**

**ENCLOSURE**

220

RECEIVED  
JUL 09 2004

Permit Number: 6828

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Alan Burroughs Phone (Day): (772) 486-6149 (Fax):

Job Site Address: 965 Sewells Point Rd City: Stuart State: FL Zip: 33494

Legal Description of Property: Lot 16 Rio Vista Parcel Number: 35374100000000161-7

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

Description of Work To Be Done: Pool screen enclosure Footers

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

CONTRACTOR/Company: Screen Builders Phone: (1) 793-6029 (2) 793-5804

Street: 8451 McAllister way City: WPB State: FL Zip: 33411

State Registration Number: State Certification Number: Martin County License Number: SP01094

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 3,950 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

ARCHITECT Phone Number:  
Street: City: State: Zip:

ENGINEER: Khanal # 16515 Phone Number: (561) 793-6029  
Street: 8451 McAllister way City: WPB State: FL Zip: 33411

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch:  
Carport: Total Under Roof Wood Deck: Accessory Building: 792

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.

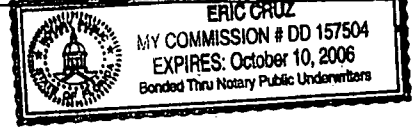
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001  
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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: MARTIN CO  
This the 8 day of JULY, 2004  
by Alan Burroughs who is personally known to me or produced as identification.  
Notary Public  
My Commission Expires: 1-15-04

CONTRACTOR SIGNATURE (required)  
On State of Florida, County of: PBC  
This the 8 day of July, 2004  
by Jim Trimble who is personally known to me or produced as identification.  
Notary Public  
My Commission Expires:

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



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/16/2004

PRODUCER (954)724-7000 FAX (954)724-7024  
 Keyes Coverage, Inc.  
 8201 West McNab Road  
 Tamarac, FL 33321

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 Screen Builders, Inc.  
 BMJ Land Co, Inc., R&S Assembly, Inc.  
 8451 McAllister Way  
 W Palm Beach, FL 33411

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Penn-America Group, Inc.	
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	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	B04031205468	03/17/2004	03/17/2005	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
	<input checked="" type="checkbox"/>	Contractual Liab				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/>	Waiver Of Subrogat				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	POLICY <input checked="" 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 AGG	\$
							\$
A		EXCESS/UMBRELLA LIABILITY	B04031205468	03/17/2004	03/17/2005	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/>	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$
		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

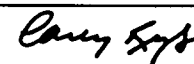
TOWN OF SEWELLS  
 1ST STREET SEWELLS POINT  
 STUART, FL 34996

## 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Carey Keyes/KEY65



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID ML  
SCREE-1

DATE (MM/DD/YYYY)  
07/08/04

<b>PRODUCER</b>  SLATON INSURANCE P.O. Box 220537 West Palm Beach FL 33422 Phone: 561-683-8383 Fax: 561-684-5995	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
---	--

<b>INSURED</b>  Screen Builders Inc. ATTN: Lisa Kuss 8451 McAllister Way West Palm Beach FL 33411-3715	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Bridgefield Employers Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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

INSR	ADD'L LTR	INSRD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							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 AUTO ONLY: EA ACC	\$
							AGG	\$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0830225980000	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT	\$ 1000000
							E.L. DISEASE - EA EMPLOYEE	\$ 1000000
							E.L. DISEASE - POLICY LIMIT	\$ 1000000
			OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**\*STATE OF FLORIDA REQUIRES THIRTY (30) DAYS NOTICE OF CANCELLATION ON WORKERS COMPENSATION**


## CERTIFICATE HOLDER

**SWELLST**

Sewells Town  
 1 South Swells Pointe Road  
 Sewells Pointe, FL 34996

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE  




**MARTIN COUNTY, FLORIDA**  
**Construction Industry Licensing Board**  
**Certificate of Competency**

**ALUMINUM/CONCRETE CONTRACTOR**

License Number SP01094 Expires: 30-SEP-05

TRIMBLE, HOWARD J

SCREEN BUILDERS INC

8451 MCALLISTER WAY

WEST PALM BEACH, FL 33411





Prepared by and return to:  
Thomas H. Thurlow, III  
Attorney at Law  
Thurlow & Thurlow, P.A.  
17 Martin L. King, Jr. Blvd. P.O. Box 106  
Stuart, FL 34995-0106  
772-287-0980  
File Number: 04-014.1  
Courthouse Box No.: 2

Parcel Identification No. 12-38-41-002-000-00160-3

[Space Above This Line For Recording Data]

# Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 23rd day of June, 2004 between Fernando Giachino, a single man whose post office address is 11 Rio Vista Drive, Sewall's Point, FL 34996 of the County of Martin, State of Florida, grantor\*, and Caleb Ventures, Inc., a Florida corporation whose post office address is 512 St. Lucie Crescent, Stuart, FL 34994 of the County of Martin, State of Florida, grantee\*,

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) 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 16, RIO VISTA SUBDIVISION, according to the map or plat thereof as recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Subject to covenants, conditions, restrictions, easements and limitations of record.

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

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

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

*Danielle Hooker*  
Print Witness Name: \_\_\_\_\_

*F. Giachino* (Seal)  
Fernando Giachino

*[Signature]*  
Print Witness Name: \_\_\_\_\_

State of Florida  
County of Martin

The foregoing instrument was acknowledged before me this 23rd day of June, 2004 by Fernando Giachino, who [X] is personally known or [ ] has produced a driver's license as identification.

[Notary Seal]

*[Signature]*  
Notary Public

Printed Name: Thomas H. Thurlow, III

My Commission Expires: September 15, 2006



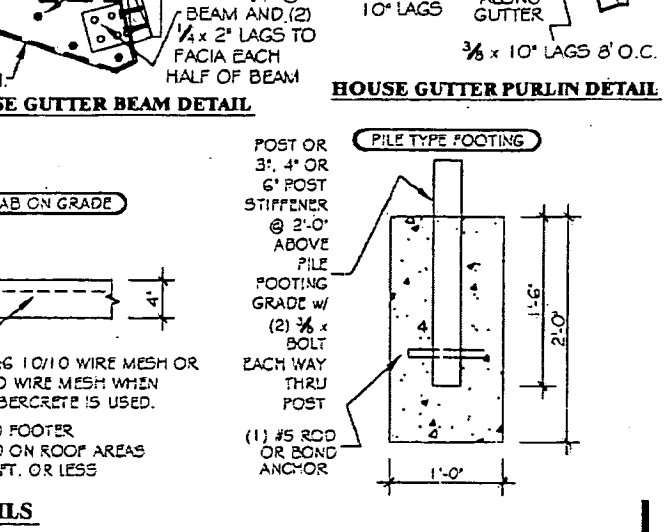
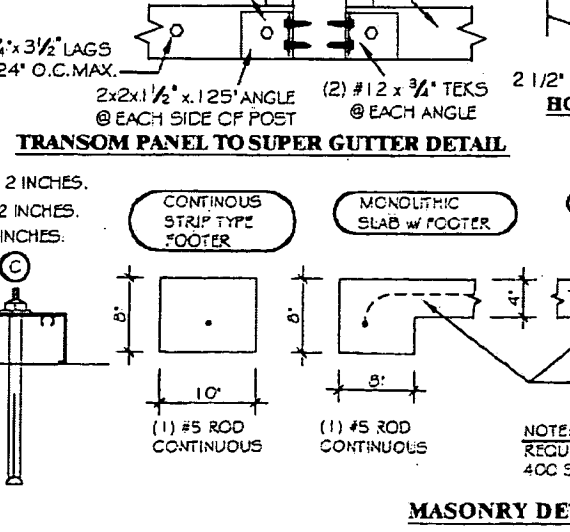
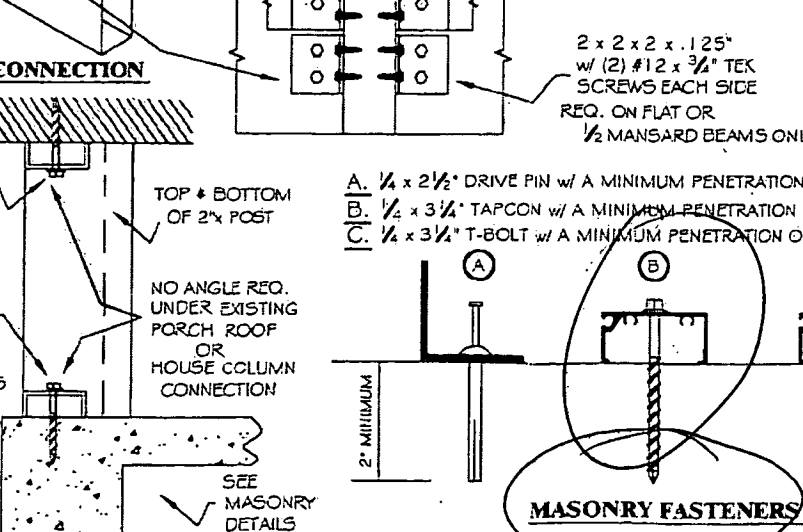
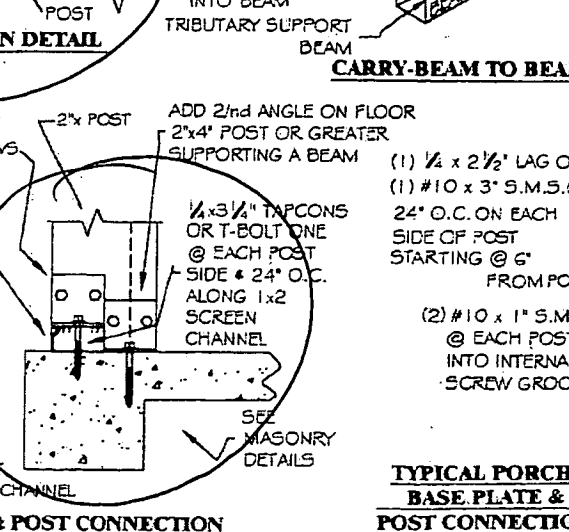
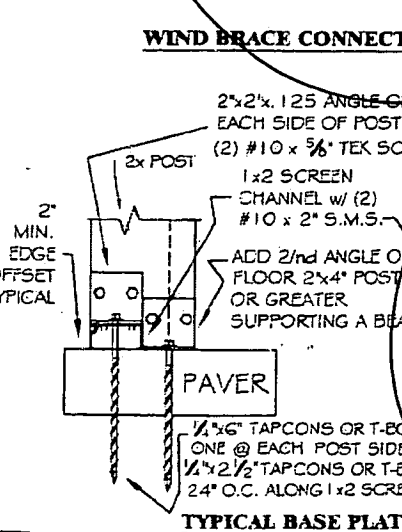
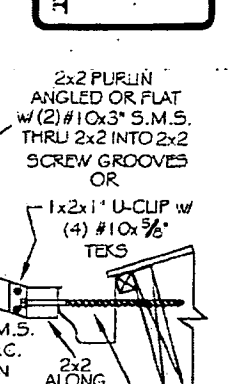
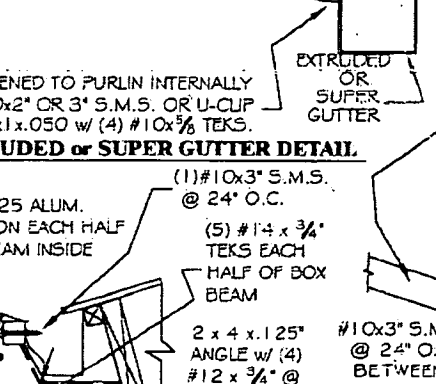
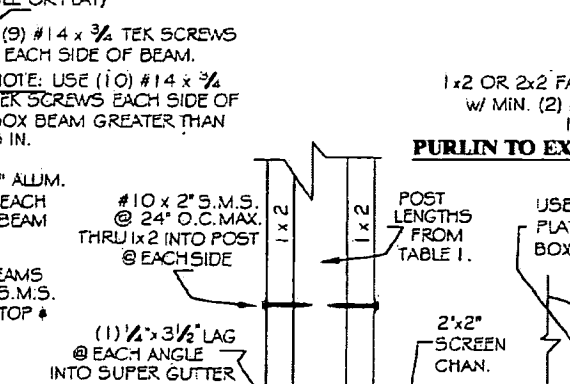
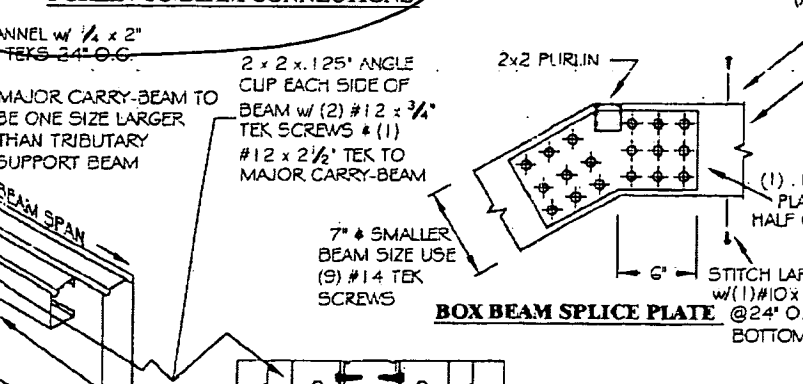
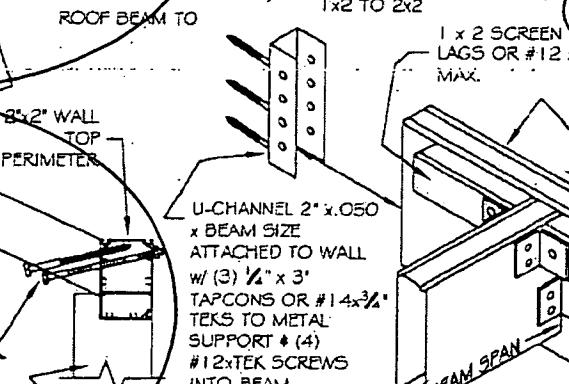
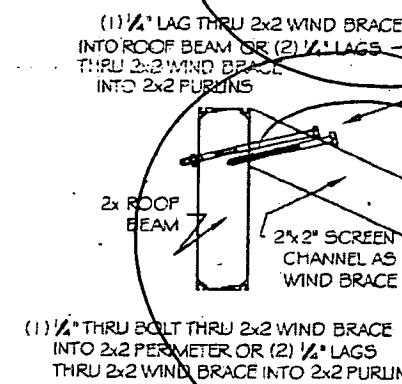
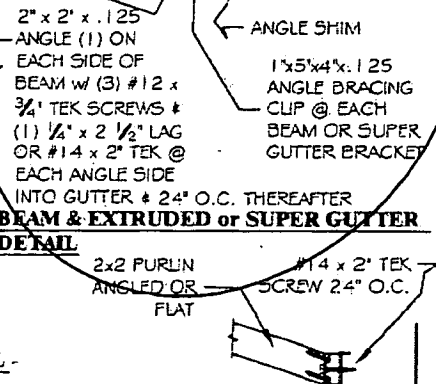
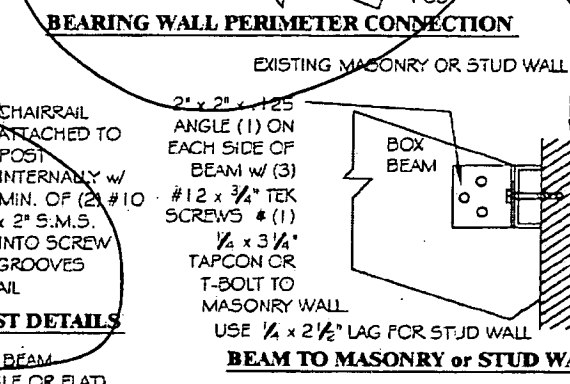
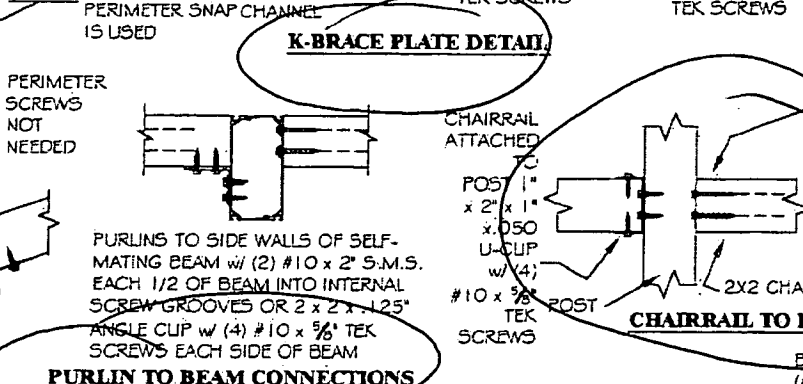
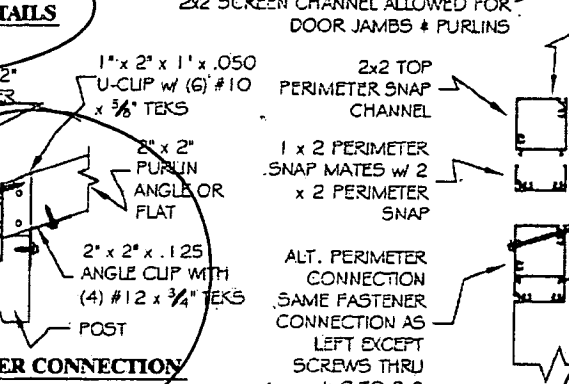
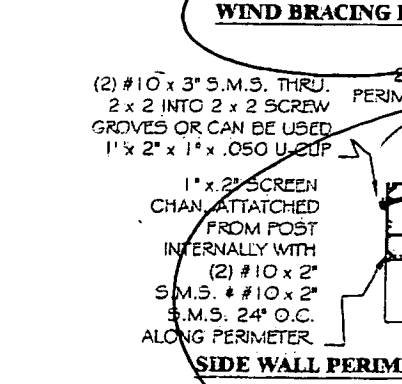
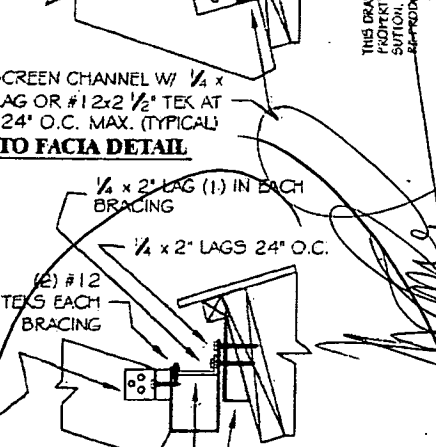
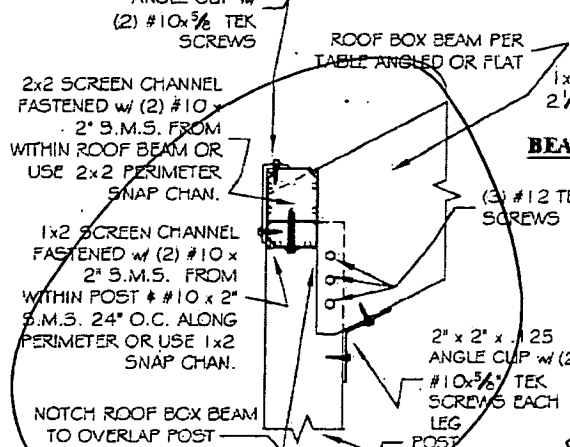
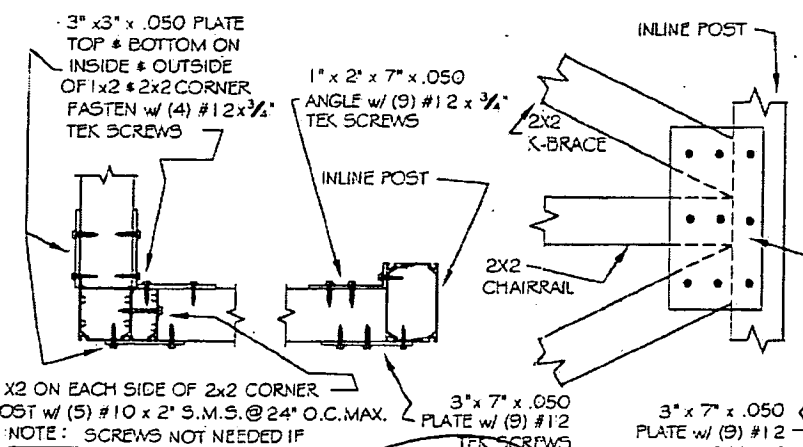
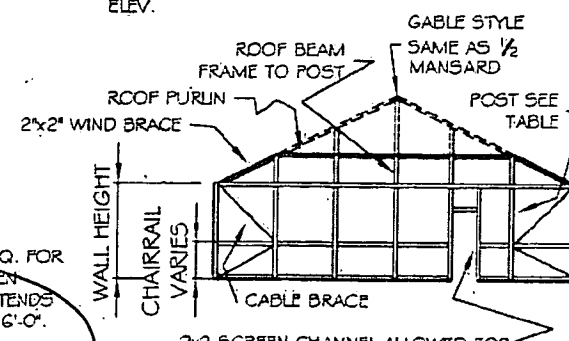
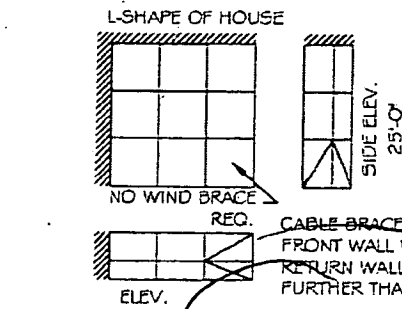
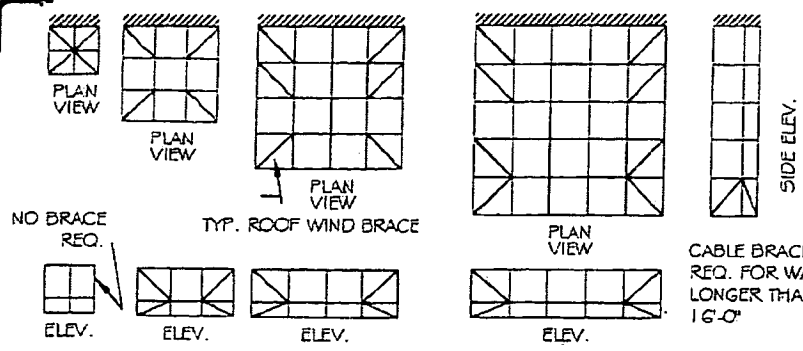
Thomas H. Thurlow, III  
MY COMMISSION # DD137079 EXPIRES  
September 15, 2006  
BONDED THRU TROY FAIN INSURANCE, INC.

# ALUMINUM SCREEN ROOF & WALL DETAILS

2001 FLORIDA BUILDING CODE SECTION 2002

PLAN EFFECTIVE MARCH 1, 2002

**NOTE:**  
IF SCREEN ROOF COMES OUT FROM THE HOUSE AND IS BETWEEN 5' TO 8' YOU NEED K-BRACE OR CABLE BRACE IN FRONT WALL (NOT THE RETURN WALL) AND ROOF WIND BRACE ARE NOT REQ.



REVISIONS
MAY 27, 2002
JUNE 25, 2002
AUG. 9, 2002
NOV. 2, 2002
JUNE 29, 2003

THIS DRAWING DOCUMENT IS THE SOLE PROPERTY OF NAGENDRA K. KHANAL & DAVID SUTTON. WRITTEN CONSENT IS REQUIRED TO REPRODUCE ALL OR PART OF ITS CONTENTS.  
© 2003 NAGENDRA K. KHANAL, DAVID SUTTON

**NAGENDRA K. KHANAL P.E.**  
3155 LILLIAN ROAD  
WEST PALM BEACH, FLORIDA 33409  
VALID ONLY w/ RAISED ENGINEER SEAL  
SEALED DRAWING VALID FOR ONE JOB  
Phone: (561) 433-5361  
P.E. No: 16515

THESE PLANS ARE EXCLUSIVELY USED BY:  
**SCREEN BUILDERS**  
8451 McALLISTER WAY  
WEST PALM BEACH, FL 33411

TABLE 3 SPAN TABLE FOR SCREENED ROOF (FLAT BEAMS)									
(SELF MATING BEAMS)					(NO SPLICE)				
BEAM	2X2"	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X9"	2X10"
SIZE	PURLIN	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.040	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	8' 0"	13' 0"	16' 3"	20' 0"	22' 7"	25' 0"	35' 0"	39' 4"	45' 10"
4' 6" O.C.	8' 0"	12' 2"	15' 7"	19' 3"	21' 7"	25' 6"	33' 8"	37' 10"	44' 1"
5' 0" O.C.	8' 0"	11' 5"	15' 0"	18' 6"	20' 7"	25' 0"	32' 4"	36' 5"	42' 5"
5' 6" O.C.	8' 0"	10' 9"	14' 10"	18' 0"	19' 9"	24' 0"	31' 3"	35' 7"	41' 9"
6' 0" O.C.	8' 0"	10' 0"	14' 3"	17' 6"	19' 0"	23' 0"	30' 2"	33' 10"	40' 0"
6' 6" O.C.	8' 0"	9' 5"	13' 10"	16' 9"	18' 5"	22' 2"	29' 3"	32' 7"	39' 0"
7' 0" O.C.	8' 0"	9' 3"	13' 6"	16' 0"	17' 9"	21' 4"	28' 4"	31' 4"	37' 11"
7' 6" O.C.	8' 0"	9' 0"	13' 0"	15' 6"	17' 4"	20' 9"	27' 8"	30' 7"	36' 9"
8' 0" O.C.	8' 0"	8' 10"	12' 7"	15' 0"	16' 10"	20' 4"	27' 1"	29' 9"	35' 8"

TABLE 4 SPAN TABLE FOR SCREENED ROOF (1-SPLICE PEAK)								
(SELF MATING BEAMS)					ROOF OR 1/2 MANSARD)			
BEAM	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X9"	2X10"
SIZE	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	14' 4"	17' 11"	22' 0"	24' 10"	30' 10"	38' 6"	43' 3"	50' 5"
4' 6" O.C.	13' 5"	17' 2"	21' 2"	23' 9"	29' 2"	37' 0"	41' 7"	48' 6"
5' 0" O.C.	12' 7"	16' 6"	20' 4"	22' 8"	27' 6"	35' 6"	40' 1"	46' 8"
5' 6" O.C.	11' 10"	16' 4"	19' 10"	21' 9"	26' 5"	34' 5"	39' 2"	45' 11"
6' 0" O.C.	11' 0"	15' 8"	19' 3"	20' 11"	25' 4"	33' 3"	37' 3"	44' 10"
6' 6" O.C.	10' 4"	15' 3"	18' 5"	20' 4"	24' 5"	32' 2"	35' 10"	42' 11"
7' 0" O.C.	9' 8"	14' 10"	17' 7"	19' 6"	23' 6"	31' 2"	34' 6"	41' 9"
7' 6" O.C.	9' 5"	14' 4"	17' 0"	19' 1"	22' 10"	30' 5"	33' 8"	40' 5"
8' 0" O.C.	9' 1"	13' 10"	16' 6"	18' 6"	22' 4"	29' 10"	32' 9"	39' 3"

TABLE 5 SPAN TABLE FOR SCREENED ROOF (2-SPLICE)								
(SELF MATING BEAMS)					MANSARD ROOF)			
BEAM	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X9"	2X10"
SIZE	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	15' 7"	19' 6"	24' 0"	27' 1"	33' 7"	42' 0"	47' 2"	55' 0"
4' 6" O.C.	14' 7"	18' 8"	23' 1"	25' 11"	31' 10"	40' 5"	45' 5"	52' 11"
5' 0" O.C.	13' 8"	18' 0"	22' 3"	24' 8"	30' 0"	38' 10"	43' 8"	50' 11"
5' 6" O.C.	12' 11"	17' 10"	21' 7"	23' 8"	28' 10"	37' 6"	42' 8"	50' 1"
6' 0" O.C.	12' 0"	17' 1"	21' 0"	22' 10"	27' 7"	36' 3"	40' 7"	48' 0"
6' 6" O.C.	11' 4"	16' 7"	20' 1"	22' 0"	26' 7"	35' 1"	39' 1"	46' 10"
7' 0" O.C.	10' 7"	16' 3"	19' 2"	21' 4"	25' 7"	34' 0"	37' 7"	45' 6"
7' 6" O.C.	10' 4"	15' 7"	18' 6"	20' 10"	24' 11"	33' 3"	36' 8"	44' 1"
8' 0" O.C.	9' 11"	15' 1"	18' 0"	20' 2"	24' 5"	32' 6"	35' 8"	42' 10"

\*SPECIFICATIONS\*

- SHEET METAL SCREWS SHALL BE PLATED OR STAINLESS.
- ALUMINUM BOLTS SHALL BE ALLOY 2024-T4. STEEL BOLTS SHALL BE PLATED OR STAINLESS.
- POST, PURLINS, ANGLES, BEAMS AND MAJOR BEAMS ALLOY SHALL BE 6063-T8.
- CHANNELS ALLOY SHALL BE 8063-T8.
- CONCRETE SHALL BE 2500 P.S.I.
- ALL COLUMNS AND BEAM SPANS CALCULATED WITH THICKNESS LISTED BELOW.
- ALL POOL SCREEN ENCLOSURES SHALL HAVE SELF-LATCHING AND CLOSING DOORS.
- STRUCTURAL DRAWING SUPERCEDES DETAIL SHEET.
- IF BOX NEXT TO DETAIL IS MARKED THAT DETAIL WILL BE USED.

THIS DRAWING IS THE PROPERTY OF SCREEN BUILDERS, DRAWN BY CHRISTOPHER HARSHBAND IS AN INSTRUMENT OF SERVICE NOT TO BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF THE SAME.

TABLE 2 1/2 OF ALT. BEAM TO MAJOR BEAM				
MAJOR BEAM SPAN	2x6 S.M.B. .055	2x7 S.M.B. .055	2x8 S.M.B. .072	2x9 S.M.B. .037
10'	15'-7"	17'-11"	21'-10"	24'-0"
12'	14'-2"	16'-4"	20'-1"	21'-11"
14'	13'-2"	15'-1"	18'-7"	20'-4"
16'	12'-3"	14'-2"	17'-5"	19'-0"
18'	11'-7"	13'-4"	16'-5"	17'-11"
20'	11'-0"	12'-8"	15'-7"	17'-0"
22'	10'-8"	12'-1"	14'-10"	16'-2"
24'	10'-0"	11'-8"	14'-3"	15'-8"

STRUCTURES DETAILED & SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH THE FLORIDA STATE BUILDING CODE (LATEST EDITION) FOR 140 M.P.H. WIND REGIONS. PLANS EFFECTIVE MARCH 1, 2002

62623

TABLE 1

POST LENGTHS AND SPACING FOR SCREEN WALLS

POST SIZE	MAX POST SPACING	MAX WALL HEIGHT	POST SIZE	MAX POST SPACING	MAX WALL HEIGHT	POST SIZE	MAX POST SPACING	MAX WALL HEIGHT	POST SIZE	MAX POST SPACING	MAX WALL HEIGHT
2"x2"x044" DOOR JAMB	4'-0"	7'-6"	2"x5"x050"	4'-0"	15'-9"	2"x7"x055"	4'-0"	23'-0"	2"x5"x082"	4'-0"	28'-10"
2"x3"x045"	7'-0"	7'-5"	2"x5"x050"	5'-0"	14'-2"	2"x7"x055"	5'-0"	21'-0"	2"x5"x082"	5'-0"	27'-7"
2"x3"x045"	8'-0"	8'-10"	2"x5"x050"	6'-0"	12'-10"	2"x7"x055"	6'-0"	19'-1"	2"x5"x082"	6'-0"	25'-4"
2"x4"x045"	7'-0"	7'-5"	2"x5"x050"	7'-0"	11'-10"	2"x7"x055"	7'-0"	17'-8"	2"x5"x082"	7'-0"	23'-8"
2"x4"x045"	8'-0"	8'-10"	2"x5"x050"	8'-0"	11'-3"	2"x7"x055"	8'-0"	18'-6"	2"x5"x082"	8'-0"	21'-9"
2"x4"x045"	5'-0"	11'-3"	2"x5"x050"	4'-0"	19'-8"	2"x7"x055"	4'-0"	27'-5"	2"x10"x092"	4'-0"	35'-6"
2"x4"x045"	6'-0"	10'-8"	2"x5"x050"	5'-0"	17'-9"	2"x7"x055"	5'-0"	24'-8"	2"x10"x092"	5'-0"	33'-1"
2"x4"x045"	7'-0"	9'-6"	2"x5"x050"	6'-0"	16'-3"	2"x7"x055"	6'-0"	22'-6"	2"x10"x092"	6'-0"	31'-1"
2"x4"x045"	8'-0"	9'-0"	2"x5"x050"	7'-0"	15'-0"	2"x7"x055"	7'-0"	21'-2"	2"x10"x092"	7'-0"	29'-7"
			2"x5"x050"	8'-0"	14'-0"	2"x7"x055"	8'-0"	19'-7"	2"x10"x092"	8'-0"	28'-4"

WIND LOADS

PROJECT ADDRESS: 965 Swells Pt Rd  
 PROJECT DESCRIPTION: Screen Room  
 OCCUPANCY/TYPE: SFD, MULTI-FAMILY, COMMERCIAL, INDUSTRIAL ~ DESCRIBE

DESIGN PARAMETERS  
 MINIMUM SOIL BEARING CAPACITY: 2500 STAIR LIVE LOAD: \_\_\_\_\_  
 FIRST FLOOR LIVE LOAD: \_\_\_\_\_ DEAD LOAD: \_\_\_\_\_ PARTITION LOADS: \_\_\_\_\_  
 SECOND FLOOR LIVE LOAD: \_\_\_\_\_ DEAD LOAD: \_\_\_\_\_ PARTITION LOADS: \_\_\_\_\_  
 ROOF TRUSS TC LIVE LOAD: \_\_\_\_\_ TC DEAD LOAD: \_\_\_\_\_ BC LIVE LOAD: \_\_\_\_\_ BC DEAD LOAD: \_\_\_\_\_

WIND LOADS  
 CODE EDITION USED: 2001 FBC  OR ASCE 7-98 \_\_\_\_\_  
 EXPOSURE CATEGORY: (B)  
 BUILDING DESIGNED AS: ENCLOSED: \_\_\_\_\_ PARTIALLY ENCLOSED: \_\_\_\_\_ OPEN:   
 MEAN ROOF HEIGHT: 30 (GREATER THAN 60' MUST USE ASCE 7-98) IMPORTANCE FACTOR: .77  
 BASIC WIND SPEED: 140 (3 SECOND GUST) BASIC VELOCITY PRESSURE: 10 P.S.F. (BEAM)  
 INTERNAL PRESSURE COEFFICIENT: \_\_\_\_\_ (IF ASCE 7-98 ANALYTICAL PROCEDURE IS USED)  
 TOTAL ROOF DEAD LOAD: 2.0 (USED TO DETERMINE UPLIFTS) 18 P.S.F. (COLUMN)  
 REVIEWED FOR SHEARWALL REQUIREMENTS? YES  NO  IF NO, REASON: SCREEN  
 IMPACT PROTECTION REQUIRED? YES  NO  IF NO, REASON: SCREEN  
 ACTUAL POSITIVE AND NEGATIVE PRESSURES FOR EACH WINDOW, DOOR, ETC. ARE TO BE LABELED ON THE PLANS. COMMERCIAL AND MULTI-FAMILY FLAT ROOFS MAY REQUIRE UPLIFTS BY ZONE INDICATED ON THE PLANS FOR DECKING AND FINISH.

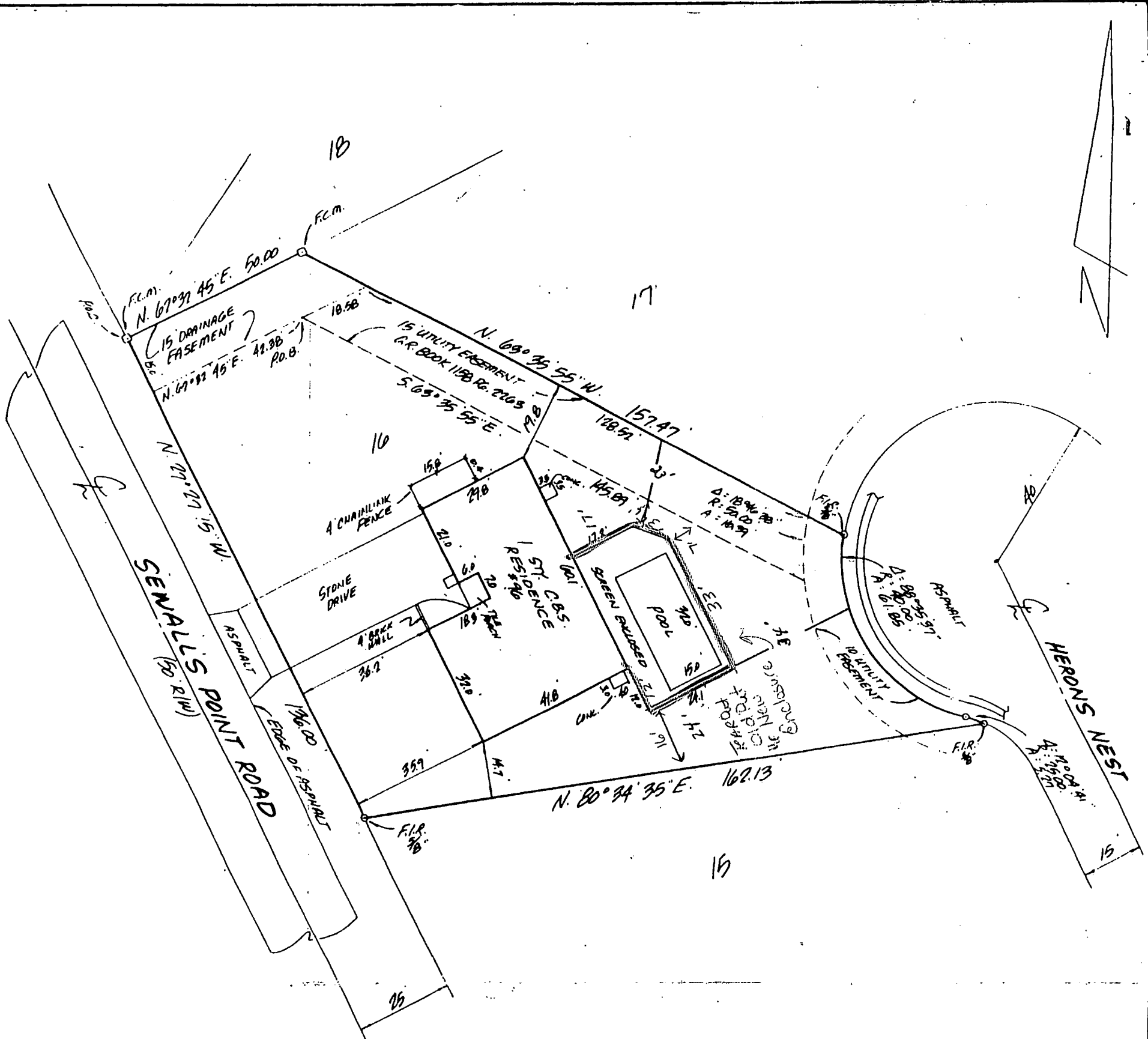
I CERTIFY THAT I HAVE DESIGNED THE STRUCTURE ASSOCIATED WITH THIS FORM TO COMPLY WITH THE APPLICABLE STRUCTURAL PORTIONS OF THE FLORIDA BUILDING CODE AS ADOPTED BY THE BUILDING DEPARTMENT. I ALSO CERTIFY THAT THE STRUCTURAL COMPONENTS, SYSTEMS AND RELATED ELEMENTS PROVIDE ADEQUATE RESISTANCE TO WIND LOADS AND FORCES BY THE CURRENT CODE PROVISIONS.  
 NAME: NAGENDRA KHANAL  
 LICENSE #: 16515

**Screen Builders**  
 8461 McALLISTER WAY  
 WEST PALM BEACH, FL 33411  
 © COPYRIGHT 2002

IF SCREEN BUILDERS IS NOT THE CONTRACTOR OF THIS DETAIL SHEET PLEASE DO NOT ACCEPT AND CALL US AT (800)972-7242.

NACENDRA KHANAL, P.E. #16515  
 SHEET 3 OF 3





DESCRIPTION:  
 LOT 16, IN THE SUBDIVISION OF  
 RIO VISTA, AS RECORDED IN PLAT  
 BOOK 6, PAGE 95, OF THE PUBLIC  
 RECORDS OF MARTIN COUNTY,  
 FLORIDA.

BOUNDARY SURVEY  
 CERTIFIED TO:  
 NORTHERN TRUST BANK OF FLORIDA N.A.  
 THURLOW & THURLOW P.A  
 ATTORNEY'S TITLE INSURANCE FUND, INC.  
 FERNANDO GIACHINO

- SURVEYOR'S NOTES:
1. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHTS OF WAY AND/OR EASEMENTS RECORDED BY THIS OFFICE.
  2. LEGAL DESCRIPTION WAS SUPPLIED BY CLIENT.
  3. OWNERSHIP OF FENCES UNKNOWN.
  4. LEGEND OF SURVEY ABBREVIATIONS ON BACK OF SKETCH.
  5. THIS SURVEY WAS NOT ORDERED AS AN ALTA AND/OR ACSM SURVEY THEREFOR IT MAY NOT MEET THE REQUIREMENTS OF SAME.
  6. FLOOD ZONE V 13

THIS CERTIFICATION IS MADE ONLY TO THE ABOVE NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN THE CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

I HEREBY CERTIFY THAT THE ATTACHED SKETCH OF SURVEY OF THE HEREON DESCRIBED PROPERTY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AS SURVEYED UNDER MY DIRECTION. I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 61G17-6) PURSUANT TO SECTION 472.027, FLORIDA STATUTES. SUBJECT TO THE QUALIFICATIONS NOTED HEREON.

*Michael P. McLaughlin*  
 MICHAEL P. MCLAUGHLIN  
 PROFESSIONAL LAND SURVEYOR  
 FLORIDA REGISTRATION NO. 2960

**MCLAUGHLIN LAND SURVEYING INC.**  
**498 MAPLE AVE, FT. PIERCE, FL. 34982**

**772-465-0250**      **FAX 772-489-0730**

<b>DATE:</b> 11-6-2003	<b>SCALE:</b> 1"=30'	<b>DWN. BY:</b> JLA	<b>JOB NO.</b> 3122000
------------------------	----------------------	---------------------	------------------------



6828

## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 916 S. SEWALLS

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.

BOND WIRE MUST BE  
MIN. #8 GA. WIRE-

FOOTING @ S.E. CORNER IS  
UNDERMINED BY EROSION  
NEED ENGR LTD SUBSTITUTING  
PREMISE.

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: 7/30

[Signature]

INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JULY 30, 2004 Page 2 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6781	SANGHATILA	ALC ROUGH	CANCEL	
5	20 S. VIA LUCINDIA	SUBSIDING	PASS	INSPECTOR: <i>[Signature]</i>
	COMPLETE COOLING	AZEELA		
<del>6828</del>	<del>BURROUGHS</del>	<del>FINAL SCREEN</del>	<del>FAIL</del>	
4	96 S. Sewall's	ENCLOSURE		INSPECTOR: <i>[Signature]</i>
	GREEN BUILDERS			
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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/20, 2008 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6762	GIACCHINO	FINAL REMODEL	FAIL	
6	96 S. SEWALLS Pt	KITCHEN/BATH		
	BAYVIEW			INSPECTOR: <i>[Signature]</i>
6765A	GIACCHINO	FINAL FENCE	PASS	CLOSE
6	96 S. SEWALLS Pt			
	BAYVIEW			INSPECTOR: <i>[Signature]</i>
6828	BURROUGHS	FINAL POOL SCREEN	PASS	CLOSE
6	96 S. SEWALLS Pt			
	SCREEN BUNDLES			INSPECTOR: <i>[Signature]</i>
7141	JOHNSTON	INT GAS PUGHIN	FAIL	
1	34 W. HIGH Pt			
	LESTER CONTR.			INSPECTOR: <i>[Signature]</i>
7115	KELSEY	FENCE FINAL	PASS	CLOSE
8	11 EMARITA WAY			
	STUART FENCE			INSPECTOR: <i>[Signature]</i>
6544	<del>LANCASTER</del>	<del>POULTRY</del>		PLEASE RESCHEDULE
5	8 PINEAPPLE LA	CANCELLED		FOR WED 12/22
	DAVE'S PLUMBING			INSPECTOR: <i>[Signature]</i>
6413	POWERS	FRAMING	PASS	
7	70 S. SEWALLS Pt	(REVISIONS)		
	FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>

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

# Screen Builders



SCREEN PATIOS • PORCHES  
POOL ENCLOSURES • DOORS  
ALUMINUM ROOFS  
"Quality is our Service...  
Screens & Fences are our Business!"

8451 McALLISTER WAY - WEST PALM BEACH, FLORIDA 33411-3715  
LICENSED & INSURED - CONTRACTOR #U14148 BROWARD 954540 AL-R

Palm Beach 561-793-6029  
North Broward 561-395-0801 - South Broward 954-485-8393  
Pt. St. Lucie 772-879-1599 • Stuart 772-463-5100  
All Other Areas 1-800-972-7242 • Fax 561/793-5804

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## To Whom It May Concern:

This letter is in lieu of formal calculations

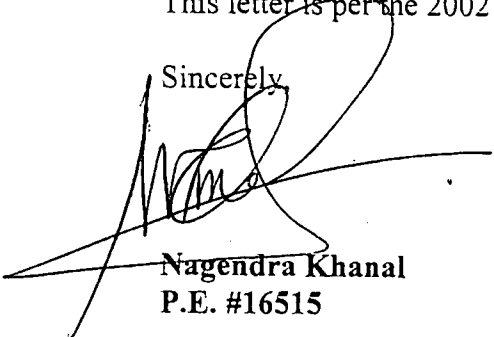
Job Name: Burrowghs

Address: 965 Sewell Point Rd.

I have reviewed the above mentioned job for rational analysis and have determined that the existing structure, concrete slab and/or footer is sufficient enough to bear the additional load of the new screen structure.

This letter is per the 2002 Florida State Building Code.

Sincerely,



Nagendra Khanal  
P.E. #16515

**7545**

**FENCE**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date MAY 9, 2005 BUILDING PERMIT NO. 7545

Building to be erected for POBLENZ Type of Permit FENCE

Applied for by O/B (Contractor) Building Fee 30.00

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT RD Impact Fee \_\_\_\_\_

Type of structure FENCE A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

123841002000001603000 Plumbing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 4196 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_ Roofing Fee \_\_\_\_\_

Total Construction Cost \$ 800.00 TOTAL Fees 30.00

Signed Julie Noyl Applicant Signed Gene Summers 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 checked="" type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS              |
| <input type="checkbox"/> FILL             | <input type="checkbox"/> HURRICANE SHUTTERS  | <input type="checkbox"/> RENOVATION       |
| <input type="checkbox"/> TREE REMOVAL     | <input type="checkbox"/> STEMWALL            | <input type="checkbox"/> ADDITION         |

## INSPECTIONS

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

RECEIVED

Town of Sewall's Point BUILDING PERMIT APPLICATION

631-2464 Julie

Date: 5/9/05 Permit Number: Phone (Day) 631-2465 (Fax) 464-8713

OWNER/TITLEHOLDER NAME: CHRIS POBLENZ Job Site Address: 96 S. SEWALLS POINT ROAD City: SEWALLS Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 16 RIO VISTA Parcel Number: 12-38-41-002-000-00160-3

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

Description of Work To Be Done: FENCE

WILL OWNER BE THE CONTRACTOR?:

(YES) NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 800 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 480,000

Is Improvement cost 50% or more of Fair Market Value? YES (NO)

Method of Determining Fair Market Value: SALE

CONTRACTOR/Company: SELF Phone: 631-2464 Fax:

Street: City: State: Zip:

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

SUBCONTRACTOR INFORMATION:

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

ARCHITECT N/A Lic.#: Phone Number: City: State: Zip:

ENGINEER N/A Lic.#: Phone Number: City: State: Zip:

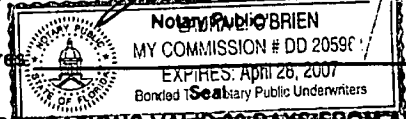
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch: Carport: Total Under Roof Wood Deck: Accessory Building:

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required) Chris Poblenz Julie Novak State of Florida, County of: Martin This the 9th day of MAY, 2005 by Julie Novak who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (required) On State of Florida, County of: This the day of 2005 by who is personally known to me or produced As identification.



My Commission Expires: Notary Public Seal

May 9, 2005

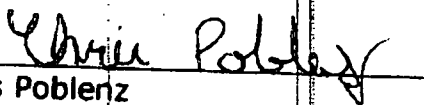
To: Building Department - Sewalls Point  
From: Chris Poblenz

RE: Agent


Please be advised that Julie Nohejl is my partner and agent concerning any business or affairs concerning the property at 96 South Sewalls Point Road.

Mrs. Nohejl has the authority to transact business, and contract for work to be done on the property as needed.

Sincerely,

  
Chris Poblenz

Sworn to and subscribed before me this 9<sup>th</sup> day of May, 2005.

  
Notary Public State of Florida



Lois G. Lester  
Commission #DD0184267  
Expires: 11/30/2008  
Bonded Through  
Florida Notary Assn. Inc.

MAY 31,2005

TO: MR.GENE SIMMONS – BUILDING OFFICIAL  
FROM: JULIE NOHEJL – 96 S. SEWALLS POINT ROAD

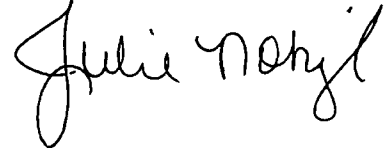
RE: BUILDING PERMIT NO. 7545

THE REQUEST FOR A 6' WOOD SHADDOW BOX FENCE WAS CHANGED TO 4' ALONG THE REAR PROPERTY LINE. HAVING REVIEWED ORDINANCE 305 THERE DOES NOT APPEAR TO BE A CONFLICT IN THE ORDINANCE THAT PROHIBITS A 6' FENCE AT THE BACK SETBACK. THEREFORE THE REQUEST FOR PERMIT IS BEING RESUBMITTED.

IF YOU INTERPRET A SPECIFIC REGULATION CONTAINED IN 305 THAT WOULD RESTRICT A 6' FENCE ON THE REAR SETBACK, PLEASE LET ME KNOW WHICH SECTION OF THE ORDINANCE IS DEEMED PROHIBITIVE.

BECAUSE OF THE DELAY IN COMPLETING THIS PROJECT THAT THIS HAS ALREADY CAUSED, YOUR PROMT ATTENTION TO THIS REQUEST WOULD BE APPRECIATED.

SINCERLY

A handwritten signature in cursive script that reads "Julie Nohejl". The signature is written in black ink and is positioned to the right of the word "SINCERLY".

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

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

**DISCLOSURE STATEMENT**

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

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

Name: Julie Nohejl Date: 5/9/05

Signature: Julie Nohejl

Address: 96 S Sewall's Pt Rd

City & State: Stuart FL

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





# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6/29, 2005 Page 3 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7180	NOJELL	FENCE	PASS	CLOSE
5	26 W High Point O/B			INSPECTOR:
7569	NOJELL	FENCE	PASS	OPEN DRY WALL
5	26 W High Point O/B		CLOSE	REPAIR PERMIT 6669 CLOSE INSPECTOR:
<del>7545</del>	<del>POBLENZ</del>	<del>FENCE</del>	<del>PASS</del>	<del>CLOSE</del>
<del>12</del>	<del>96 S. Sewall St O/B</del>			INSPECTOR: <del>    </del>
7368	H BASSOC - SADDEN	FINAL SPRINKLER	PASS	
	3760 OCEAN POUTHEMUS		CLOSE	INSPECTOR: <del>    </del>
7555	FOWLER	PRE DRY WALL	PASS	
17	18 FIELDWAY DR O/B			INSPECTOR: <del>    </del>
7636	LANGER	LIFT STATION	PASS	
20	3 LOFTING WAY HOWARD BROS			INSPECTOR: <del>    </del>
7140	VAN FOSSEN	FINAL FENCE	PASS	CLOSE
11	158 S. RIVER O/B			INSPECTOR: <del>    </del>

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

**7686**

**REROOF**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 7/18/05

BUILDING PERMIT NO. 7686

Building to be erected for Popley

Type of Permit REEROOF

Applied for by A + P CONSTRUCTION (Contractor)

Building Fee \_\_\_\_\_

Subdivision RIO VISTA Lot 16 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 90 S. SEWALL'S PT RD

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Parcel Control Number:

123841002000001603

Roofing Fee 120.00

Amount Paid 120.00 Check # 2682 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) 1

Total Construction Cost \$ 20,000.

TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

RECEIVED  
7/14/05

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

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

OWNER/TITLEHOLDER NAME: Chris Pobleuz Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 96 Sewalls Point Rd City: Sewalls P. Pt State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Desc. Property (Subd/Lot/Block) Lot 16 Rio Vista Parcel Number: 123 841 002 00000 1603

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

Description of Work To Be Done: REROOF

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 20,000.00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company: Apostol-poulos + Paulick Phone: 215 966 0 Fax: \_\_\_\_\_

Street: 3425 SW 78th Ave City: Palm City State: FL Zip: 32990

State Registration Number: \_\_\_\_\_ State Certification Number: CGC003907 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 OR AGENT SIGNATURE (required)  
X Christopher Pobleuz

State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_  
by CHRISTOPHER Pobleuz who personally  
known to me or produced  
as identification. Kimberly Lobur

Notary Public

#DD 258362

My Commission Expires: OCT 14 2007

Seal

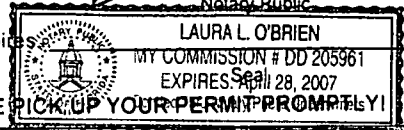
CONTRACTOR SIGNATURE (required)  
Costa Apostol-poulos

On State of Florida, County of: \_\_\_\_\_

This the 17 day of JULY 2005  
by Costa Apostol-poulos who is personally  
known to me or produced  
as identification. Laura L. O'Brien

Notary Public

My Commission Expires: \_\_\_\_\_



# ACORD CERTIFICATE OF LIABILITY INSURANCE

07/15/2004

**PRODUCER**  
**A BETTER DEAL INSURANCE**  
 1026 SW BAYSHORE BLVD  
 FORT ST LUCIE  
 772-871-1975

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.

<b>INSURERS AFFORDING COVERAGE</b>	<b>NAICS</b>
INSURER A: <b>BBBX</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**INSURED**  
**APOTHELOPOULOS & PAULYCK CONRY, INC.**  
 3425 SW 78TH AVE  
 PALM CITY, FL 34990

**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.

NAIC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC	3CX 2112	07/19/04	07/19/05	EACH OCCURRENCE: \$300,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE): \$50,000 MED EXP (Per one person): \$1,000 PERSONAL & ADV INJURY: \$300,000 GENERAL AGGREGATE: \$600,000 PRODUCTS - COMP/OP AGG: \$600,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA OCCUR): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
	<b>BARABE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$, AGG: \$
	<b>UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE: \$ RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY WORKERS COMPENSATION OR EMPLOYERS LIABILITY If yes, describe under SPECIAL PROVISIONS HEREIN OTHER:				\$ - EACH ACCIDENT: \$ \$ - DISEASE - EA EMPLOYEE: \$ \$ - DISEASE - POLICY LIMIT: \$

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

**CARPENTRY**

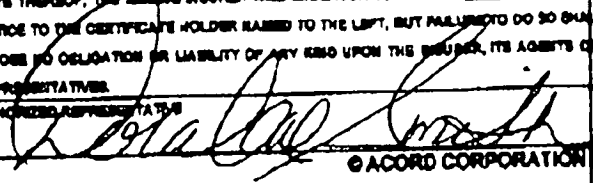
**CERTIFICATE HOLDER**

TOWN OF SEWALLS POINT  
 1 SOUTH SEWALLS POINT  
 SEWALLS POINT 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



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/18/2005

**PRODUCER**  
**A BETTER DEAL INSURANCE**  
 1026 SW BAYSHORE BLVD  
 PORT ST LUCIE  
 772-871-2424

**INSURED** **APOSTOLOPOULOS & PAULICK CONST. INC.**  
 3425 SW 78TH AVE  
 PALM CITY, FL 34990

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:	SCOTTSDALE INSURANCE	
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS								
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	050903	07/18/05	07/18/06	EACH OCCURRENCE \$1,000,000								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000													
	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													
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANYAUTO <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>GARAGE LIABILITY</b> <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

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

**CARPENTRY**

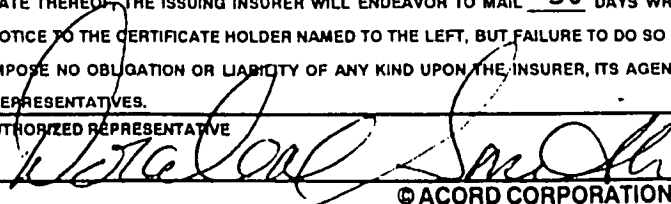
## CERTIFICATE HOLDER

TOWN OF SEWALLS POINT  
 1 SOUTH SEWALLS POINT  
 SEWALLS POINT 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



# ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO / DATE  
AC05-6500121-205R10  
1/27/2005 10:42:10 AM

**PRODUCER**  
Eisenmann Risk Placements, Inc.  
14160 Dallas Parkway, Suite 500  
Dallas, TX 75254  
(972) 764-0965 Fax: (972) 404-4450

**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**  
EMERALD STAFFING SERVICES, INC.  
295 FLORIDA ST.  
STUART, FL 34994  
(772) 220-3200 Fax: (772) 220-1645

INSURER A PROVIDENCE PROPERTY & CASUALTY INSURANCE COMPA  
INSURER B  
INSURER C  
INSURER D  
INSURER E

### COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP 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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC0100096	12/1/2004	12/1/2005	<input checked="" type="checkbox"/> WC STATUS TOP LIMITS E: EACH ACCIDENT \$ 1000000 E: L DISEASE - EA EMPLOYEE \$ 1000000 E: L DISEASE - POLICY LIMIT \$ 1000000
	<b>OTHER</b>				LIMITS \$ LIMITS \$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to EMERALD STAFFING SERVICES, INC., effective 12/01/2004. 2. Project Information:  
 ARBETOLDCOULDS & PAULICK, INC.  
 \*\*\*PLEASE SEE ATTACHED EMPLOYEE ROSTER.\*\*\*

### CERTIFICATE HOLDER

### ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

NAME OF SEWALLS POINT  
BUILDING DEPARTMENT  
1 S SEWALLS POINT RD  
SEWALLS POINT, FL 349966736

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





STATE OF FLORIDA Department of Professional and Occupational Regulation

FLORIDA CONSUMER AND INDUSTRY LICENSING BOARD

CERTIFICATION NO.  
C00005907

1978-1979  
EXPIRES JUNE 30, 1979

THE BOARD OF PROFESSIONAL AND OCCUPATIONAL REGULATION OF THE STATE OF FLORIDA  
GENERAL

DATE: 06/22/73

COSTA APUS TOLOPOULOUS  
INDIVIDUAL  
15 E OCEAN BLVD  
STUART

FL 33494

AUDIT  
CONTROL NO.

*Richard ...*

SECRETARY OF PROFESSIONAL  
AND OCCUPATIONAL REGULATION

*...*

EXECUTIVE  
DIRECTOR

*Dorothy ...*



STATE OF FLORIDA

AC# 1483133

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CGC003907

07/09/04 040022517

CERTIFIED GENERAL CONTRACTOR  
APOSTOLOPOULOS, COSTA  
APOSTOLOPOULOS & PAULICK CONST IN

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date: AUG 31, 2006 L04070900450

2004-2005 MARTIN COUNTY  
 COUNTY OCCUPATIONAL LICENSE

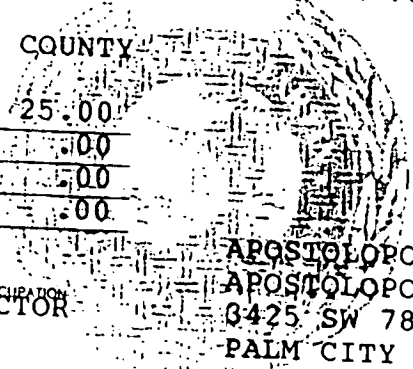
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
 (772) 288-5604

LICENSE 2002-513-005 CERT CGC003907  
 PHONE (561)223-9347 SIC NO 002132

LOCATION:  
3425 SW 78TH AVE PC

CHARACTER COUNTS IN MARTIN COUNTY

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



APOSTOLOPOULOS COSTA  
 APOSTOLOPOULOS & PAULIC  
 3425 SW 78TH AVENUE  
 PALM CITY FL 34990

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 04  
 AND 2005

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6818  
 7507/13/2004 UCCI NORMAL  
 20025136685668  
 622084931388763CX

\$25.00

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # \_\_\_\_\_

**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 16 Rio Vista

**GENERAL DESCRIPTION OF IMPROVEMENT:**

RE ROOF

OWNER: Christopher Poble

ADDRESS: 96 Services Point RD

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

CONTRACTOR: A+P Const

ADDRESS: 3425 SW 7th Ave Palm City FL 33490

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

**SURETY COMPANY (IF ANY)**

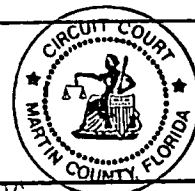
N/A

STATE OF FLORIDA  
MARTIN COUNTY

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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



BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

N/A

BY: T COPUS  
DATE: 7-14-05 U.C.

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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

NAME: \_\_\_\_\_

N/A

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

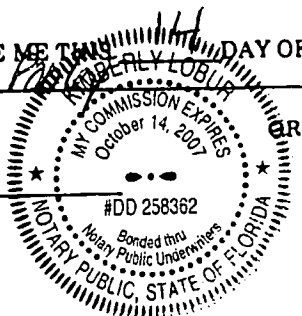
FAX #: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: 90 days  
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Christopher Poble  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th DAY OF July 2005  
19\_\_\_\_ BY CHRISTOPHER POBLE

Kimberly Loblur  
NOTARY SIGNATURE



PERSONALLY KNOWN   
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

INSTR # 1855180 OR BK 02036 PG 0497 RECD 07/14/2005 10:10:36 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr.)



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1566  
(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**

J.M. Metals  
1505 Cox Road  
Cocoa, FL 32926

Your application for Notice of Acceptance (NOA) of:  
**JM 5V Crimp Architectural Metal Roof System**  
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.: 01-0622.02  
EXPIRES: 03/16/2006

Raul Rodriguez  
Chief Product Control Division

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

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

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

APPROVED: 08/16/2001

FILE COPY  
**TOWN OF SEWALL'S POINT**  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 7/15/05  
  
**BUILDING OFFICIAL**  
Gene Simmons



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JULY 20, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7622	WILKINSON	STORM PANELS	FAIL	
3	8 OAKWOOD DR O/B	* FIRST PLEASE *		INSPECTOR: <i>OW</i>
<del>7686</del>	<del>ROBERT</del>	<del>DRY-IN</del>	<del>PASS</del>	
1	96 S. SEAWALL DR A.P. CONR.			INSPECTOR: <i>OW</i>
7252	KINARD	FINAL REPAIR SEAWALL	PASS	CLOSE
4	5 TIMOR ST WILCO CONSTR			INSPECTOR: <i>OW</i>
7128	BRUNER	FINAL GAS TANK + LINES	PASS	CLOSE
2	19 RIVERVIEW DR FERRELL GAS			INSPECTOR: <i>OW</i>
6903	BRUNER	FINAL FENCE REPAIR	PASS	CLOSE
2	19 RIVERVIEW DR O/B			INSPECTOR: <i>OW</i>
7161	BRUNER	FINAL KITCHEN REMODEL	FAIL	
2	19 RIVERVIEW DR O/B			INSPECTOR: <i>OW</i>
7459	BRUNER	FINAL GENERATOR ↓ ELECTRIC	PASS	CLOSE
2	19 RIVERVIEW DR O/B			INSPECTOR: <i>OW</i>

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

\_\_\_\_\_

\_\_\_\_\_



76886

## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

### CORRECTION NOTICE

ADDRESS: 96. S. SEWALL'S PT RD

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

ROOF FINAL

REMOVE ALL ROOFING MATERIAL  
FROM DRIVEWAY.

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: 7/29

[Signature]

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7/29, 2005

Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6833	FOSTER	STEEL PREPOUR	PASS	
1	7 TIMOR STREET CUSTOM BUILT MARINE	* Pour at 11am * FIRST PLEASE		INSPECTOR: <i>OM</i>
<del>7686</del>	<del>POBLEY</del>	<del>FINAL ROOF</del>	<del>FAIL</del>	
4	96 S. SEWALLS PT A & P CONSTRUCTION			INSPECTOR: <i>OM</i>
7623	SANDS	FINAL ROOF	FAIL	
8	82 S. RIVER RD PACIFIC ROOFING			INSPECTOR: <i>OM</i>
7680	BRUCE	DRUMKIN	FAIL	
3	2 CRANES NEST - BRICK PAVED	FINAL		\$40 INSPECTOR: <i>OM</i>
7396	Joyce's Flowers Herba Bay Plaza Coachman	Above ceiling Electrical / Mechanical		INSPECTOR:
7556	Zygmunt 18 Sumner Street Wilco	Cap	PASS	INSPECTOR: <i>OM</i>
7449	FERRARO	FINAL RENOV.	FAIL	
6	4 KINGSTON CT GULICK & McLAUGHLIN			\$40 FEE INSPECTOR: <i>OM</i>

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8/11, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7678	ROBERSON	SEAWALL CAP	PASS	
1	173 S. SEWALL'S	STEEL		INSPECTOR:
	BUE WATER MARINE			
7646	FARROW	DRY-IN	PASS	
7	47 N. RIVER ROAD			INSPECTOR:
	CARDINAL ROOFING			
<del>7686</del>	<del>POBURY</del>	FINAL ROOF	PASS	<del>CLOSE</del>
2	96 S. SEWALL'S			INSPECTOR:
	A&P CONSTRUCTION			
6858	POTSDAM	A/C CHANGED OUT	FAIL	
4	50 RIO VISTA			INSPECTOR:
	FLYNN'S A/C			
7647	POTSDAM	GEN/PAD/ELEC	PASS	CLOSE
4	50 RIO VISTA			INSPECTOR:
	FLYNN'S AC			
7623	SANDS	FINAL ROOF	FAIL	
3	82 S. RIVER RD			INSPECTOR:
	PACIFIC ROOFING			
7328	SCHMADER	ROOF SHEATHING	PASS	
8	102 HENRY SEWALL			INSPECTOR:
	CONWAY	(take as possible)		
OTHER: _____				

**7760**

**WINDOW**

**REPLACEMENT**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 9/8/05

BUILDING PERMIT NO. 7760

Building to be erected for POBLENZ

Type of Permit Window Replacement

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision RIO VISTA Lot \_\_\_\_\_ Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 96 S. SEWALL'S POINT RD

Impact Fee \_\_\_\_\_

Type of structure SPR

A/C Fee \_\_\_\_\_

Parcel Control Number:

1238410020000016030000

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # 1128 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1800.00

TOTAL Fees 35.00

Signed Julie Nohl  
Applicant

Signed Gene Simmons  
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
- REPLACE WINDOW:

## 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 \_\_\_\_\_

RECORDED  
8/19/05

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 8-18-05

OWNER/TITLEHOLDER NAME CHRIS FOBLENZ

Phone (Day) 631-2464 (Fax) \_\_\_\_\_

Job Site Address: 96 S. SEWALLS POINT ROAD

City: SP State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 16 RIO VISTA

Parcel Number: 12-38-41-002-000-00160-3

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

Description of Work To Be Done: WINDOWS IN BEDROOMS & BATHS & GARAGE

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1800-  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 500,000

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

Method of Determining Fair Market Value: SALES

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

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic # \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER JOHN OLSON Lic # 23896 Phone Number: (321) 757-8615  
Street: 1627 GRAND ISLE BLVD. City: MELBOURNE State: FL Zip: 32940

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_  
Carpport: \_\_\_\_\_ 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)  
Chris Foblenz

State of Florida, County of: \_\_\_\_\_

This the 18th day of August, 2005

by Chris Foblenz who is personally

known to me or produced personally

as identification. [Signature]  
Notary Public

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 200  

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC  
A. ESPINOZA  
MY COMMISSION # DD443433  
EXPIRES: June 22, 2009  
Florida Notary Service.com  
(407) 398-0153

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

Seal



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)**

Town & Country Industries, Inc.  
 400 West McNab Road  
 Ft. Lauderdale, Florida 33309

**SCOPE:**

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

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

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

**DESCRIPTION: 0.050" (min.) Aluminum Storm Panels Shutter**

**APPROVAL DOCUMENT:** Drawing No. 03-259, titled "0.050" Aluminum Storm Panel ", sheets 1 through 6 of 6, prepared by Knezevich & Associates, Inc., dated April 04, 2003, last revision #1 dated September 23, 2003 signed and sealed by V.J. Knezevich, P.E. bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

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

**LABELING:** Each panel shall bear a permanent label with the manufacturer's name or logo, city, state and the 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 # 00-0809.03 & consists of this page 1, evidence submitted page(s) as well as approval document mentioned above.

The submitted documentation was reviewed by **Helmy A. Makar, P.E.**



*Helmy A. Makar*  
 10/23/03

NOA No 03-0421.13  
 Expiration Date: 11/16/2005  
 Approval Date: 10/23/2003  
 Page 1

Town & Country Industries, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

**1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #00-0809.03**

**A. DRAWINGS:**

1. *Drawing Number 00-159, titled " 0.050" Aluminum Storm Panel", sheets 1 through 6 of 6, prepared by Knezevich & Associates, dated August 1, 2000, last revision #1 dated October 26, 2000, signed and sealed by V. J. Knezevich, P.E.*

**B. TESTS:**

1. *Test report on Large Missile Impact Test, Cyclic Wind Pressure Test and Uniform Static Air Pressure Test on 0.050" aluminum storm panels, prepared by Construction Testing Corporation, Test Report No. CTC 00-028 dated 06/28/2000, signed and sealed by Christopher G. Tyson, P.E.*

**C. CALCULATIONS:**

1. *Comparative Analysis and Anchor Analysis, dated 07/12/2000, pages 1 through 56, prepared by Knezevich & Associates, Inc., signed and sealed by V. J. Knezevich, P.E.*
2. *Comparative Analysis, dated 10/26/2000, pages 1 through 3, prepared by Knezevich & Associates, Inc., signed by V. J. Knezevich, P.E.*

**D. MATERIAL CERTIFICATION:**

1. *Mill Certified Inspection Report of coils, for Aluminum Alloy 3004-H34 by Jupiter Aluminum Corp. with physical properties.*
2. *Certified Tensile Test Report by Certified Testing Laboratories, Report No. CTL-592F dated 06/26/2000, for Aluminum Alloy, signed and sealed by Ramsh Patel, P.E.*

**2. NEW EVIDENCE SUBMITTED**

**A. DRAWINGS**

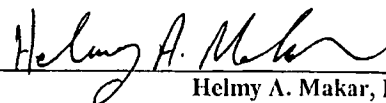
1. *Drawing No. 03-259, titled " 0.050" Aluminum Storm Panel ", sheets 1 through 6 of 6, prepared by Knezevich & Associates, Inc., dated April 04, 2003, last revision #1 dated September 23, 2003 signed and sealed by V.J. Knezevich, P.E.*

**B. TESTS**

1. *None.*

**C. CALCULATIONS**

1. *None.*



Helmy A. Makar, P. E.  
Product Control Examiner  
NOA No 03-0421.13  
Expiration Date: 11/16/2005  
Approval Date: 10/23/2003

Town & Country Industries, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

**D. QUALITY ASSOURANCE**

1. *By Miami-Dade County Building Code Compliance Office.*

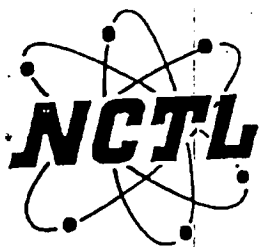
**E. MATERIAL CERTIFICATIONS**

1. *None.*



---

Helmy A. Makar, P. E.  
Product Control Examiner  
NOA No 03-0421.13  
Expiration Date: 11/16/2005  
Approval Date: 10/23/2003



# NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837  
PHONE (407) 240-1356 • FAX (407) 240-8882

## STRUCTURAL IMPACT & CYCLIC PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-2099-16,17,18

TEST DATE: 10-23-98

REPORT DATE: 01-19-99

REVISION DATE: 03-03-99

FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE

DATE: 9/7/08

BUILDING OFFICIAL  
Gene Simmons

SBCCI EVALUATION REPORT NO. TL-9821

CLIENT: Florida Extruders International Inc.  
2540 Jewett Lane  
Sanford, FL 32771-1600

TEST SPECIMEN: Three (3) Florida Extruders International Inc.'s Series "Milestone-2000" Single Hung "Fit"  
Aluminum Prime Windows. (Design Pressure 60 psf)

TEST SPECIFICATION: ASTM E 283-91; ASTM E 331-93; ASTM E 330-90, SSTD 12-97 and SBCCI Test  
Standard for Determining Impact Resistance from Windborne Debris.

Revision Note: Under "Test Specification" inserted SSTD 12-97. (Page 1)

### TEST SPECIMEN DESCRIPTION

GENERAL: Three (3) samples tested were one-over-one single hung aluminum prime window measuring 4'5-1/8" wide by 6'0" high overall. The fixed lite was glazed to the main frame members. The active sash measured 4'2-3/8" wide by 2'7-5/16" high. Frame and sash members were not thermally broken. The fixed meeting rail was fastened at each jamb with two (2) screws. The active sash was removable via a single block and tackle balance with locking tilt shoe located in each interior jamb track. One combination metal housed cam-type sweep lock/tilt latch was located at 4-1/2" from each end of the active sash meeting rail. The keeper for each sweep lock was extruded into the fixed meeting rail. A rigid vinyl sash stop was snap-fitted at the top of each interior jamb track.

INSTALLATION: The specimen was fastened to the wood test buck using eight (8) flat head screws; two (2) (# 8 x 1") were used at the head, two (2) (# 8 x 1") at the fixed lite jambs; one (1) per jamb. Four (4) (# 8 x 2") were used at the active sash jambs, two (2) per jamb. (See fastener diagram)

GLAZING: Both the fixed lite and active sash were interior glazed using impact resistant laminated glass constructed as follows from exterior to interior surface. 1<sup>st</sup>. Clear DSB annealed glass; 2<sup>nd</sup>. 3/32" thick. 3<sup>rd</sup>. Clear DSB annealed glass. The over glass thickness was 5/16" using a silicone back-bedding and a snap-in rigid vinyl glazing bead.

WSTP: A double strip of polypile weatherstrip (0.150" high) was located at each active sash. A single strip of polypile weatherstrip (0.150" high) was located at the active meeting rail. A single strip of flexible single leaf vinyl weatherstrip was located at the active sash bottom rail.



WEEPS: One weep hole measuring 1-1/2" x leg height was located at each end of the sill's center and exterior vertical leg.

INTERIOR & EXTERIOR SURFACE FINISH: White painted aluminum

SEALANT: The jamb/sill corners were sealed with a small-joint sealant.

SCREEN: An insect screens measuring 49-9/16" wide by 31-1/16" high was of butt-type corner construction. The screens employed fiberglass mesh cloth with a hollow vinyl spline.

Test Results Specimen No. 16

<u>Method/Paragraph No.</u>	<u>Title of Test</u>	<u>Measured</u>	<u>Allowed</u>
2.2.1.6.1	Operating Force Active Sash	23# max.	30#
ASTM E283	Air Infiltration 1.57 psf (25 mph)	<.30 CFM/FT <sup>2</sup>	0.30 CFM/FT <sup>2</sup>
ASTM E331-93	* Water Resistance - (5.0 GPH/FT <sup>2</sup> ) WTP = 6.75 psf (with standard sill) WTP = 12.40 psf (with high sill)	No Entry No Entry	No Entry No Entry
ASTM E330	Uniform Static Loads Full Loads 90.0 psf exterior 90.0 psf interior	0.202" 0.198"	0.204" 0.204"
2.2.1.6.2	Deglazing Test Active Sash Meeting Rail (70#) Bottom Rail (70#) Left Stile (50#) Right Stile (50#)	7.4% (0.037") 9.2% (0.046") 4.2% (0.021") 6.0% (0.030")	< 100% < 100% < 100% < 100%

Specimen No. 16 (Impact Results)

Impact No. 1

LOCATION  
Center of glass  
active sash

RESULTS  
No tears in film

Comments: Meets as stated

Impact No. 2

Lower right corner  
6" in / 6" up

No tears in film

Comments: Meets as stated

Impact No. 3

Mid-span of meeting rail

No tears in film

Comments: Max. deflection 1-5/8"  
Permanent set 3/8"

Specimen No. 17 (Impact Results)

Impact No. 1

LOCATION  
Center of glass  
active sash

RESULTS  
No tears in film

Comments: Meets as stated

Impact No. 2

Lower left corner  
6" in / 6" up

No tears in film

Comments: Meets as stated

Impact No. 3

Mid-span of meeting rail

No tears in film

Comments: Max Deflection 1-5/8"  
Permanent set 5/16"

Specimen No. 18 (Impact Results)

Impact No. 1

LOCATION  
Center of glass  
active sash

RESULTS  
No tears in film

Comments: Meets as stated

Impact No. 2

Lower right corner  
6" in / 6" up

No tears in film

Comments: Meets as stated

Impact No. 3

Mid-span of meeting rail

No tears in film

Comments: Max. deflection 1-5/8"  
Permanent set 1/4"

Impact Notes:

Each specimen resisted the large missile successfully.

**Table 2**  
**Cyclic Wind Pressure Loading Results**

<u>Specimen No. 1</u>			
<u>Loading Sequence Range</u>	<u>No. of Cycles</u>	<u>Duration</u>	<u>Results</u>
1) 12.0 psf to 30.0 psf - inward	3500	1 second	No tears in film
2) 0.0 psf to 36.0 psf - inward	300	1 second	No tears in film
3) 30.0 psf to 48.0 psf - inward	600	1 second	No tears in film
4) 18.0 psf to 60.0 psf - inward	100	2 seconds	No tears in film
5) 18.0 psf to 60.0 psf - outward	50	2 seconds	No tears in film
6) 30.0 psf to 48.0 psf - outward	1050	1 second	No tears in film
7) 0.0 psf to 36.0 psf - outward	50	1 second	No tears in film
8) 12.0 psf to 30.0 psf - outward	3350	1 second	No tears in film
<u>Specimen No. 2</u>			
<u>Loading Sequence Range</u>	<u>No. of Cycles</u>	<u>Duration</u>	<u>Results</u>
1) 12.0 psf to 30.0 psf - inward	3500	1 second	No tears in film
2) 0.0 psf to 36.0 psf - inward	300	1 second	No tears in film
3) 30.0 psf to 48.0 psf - inward	600	1 second	No tears in film
4) 18.0 psf to 60.0 psf - inward	100	2 seconds	No tears in film
5) 18.0 psf to 60.0 psf - outward	50	2 seconds	No tears in film
6) 30.0 psf to 48.0 psf - outward	1050	1 second	No tears in film
7) 0.0 psf to 36.0 psf - outward	50	1 second	No tears in film
8) 12.0 psf to 30.0 psf - outward	3350	1 second	No tears in film
<u>Specimen No. 3</u>			
<u>Loading Sequence Range</u>	<u>No. of Cycles</u>	<u>Duration</u>	<u>Results</u>
1) 12.0 psf to 30.0 psf - inward	3500	1 second	No tears in film
2) 0.0 psf to 36.0 psf - inward	300	1 second	No tears in film
3) 30.0 psf to 48.0 psf - inward	600	1 second	No tears in film
4) 18.0 psf to 60.0 psf - inward	100	2 seconds	No tears in film
5) 18.0 psf to 60.0 psf - outward	50	2 seconds	No tears in film
6) 30.0 psf to 48.0 psf - outward	1050	1 second	No tears in film
7) 0.0 psf to 36.0 psf - outward	50	1 second	No tears in film
8) 12.0 psf to 30.0 psf - outward	3350	1 second	No tears in film

Cycle Note: Maximum pressure obtained with each specimen 60.0 psf inward and outward.

All Test Completed: 10-23-98

Two mill visqueen was used to obtain test loading. The visqueen did not affect the specimen's performance.

Note: At the completion of all tests each specimen showed no resultant failure or distress. Each specimen meets the performance criteria as stated in SSTD 12-97.

Deflection and permanent set measurements were recorded using a digital shaft encoder and were recorded at mid-span of the specimen.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report.

A copy of this report will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimens tested.

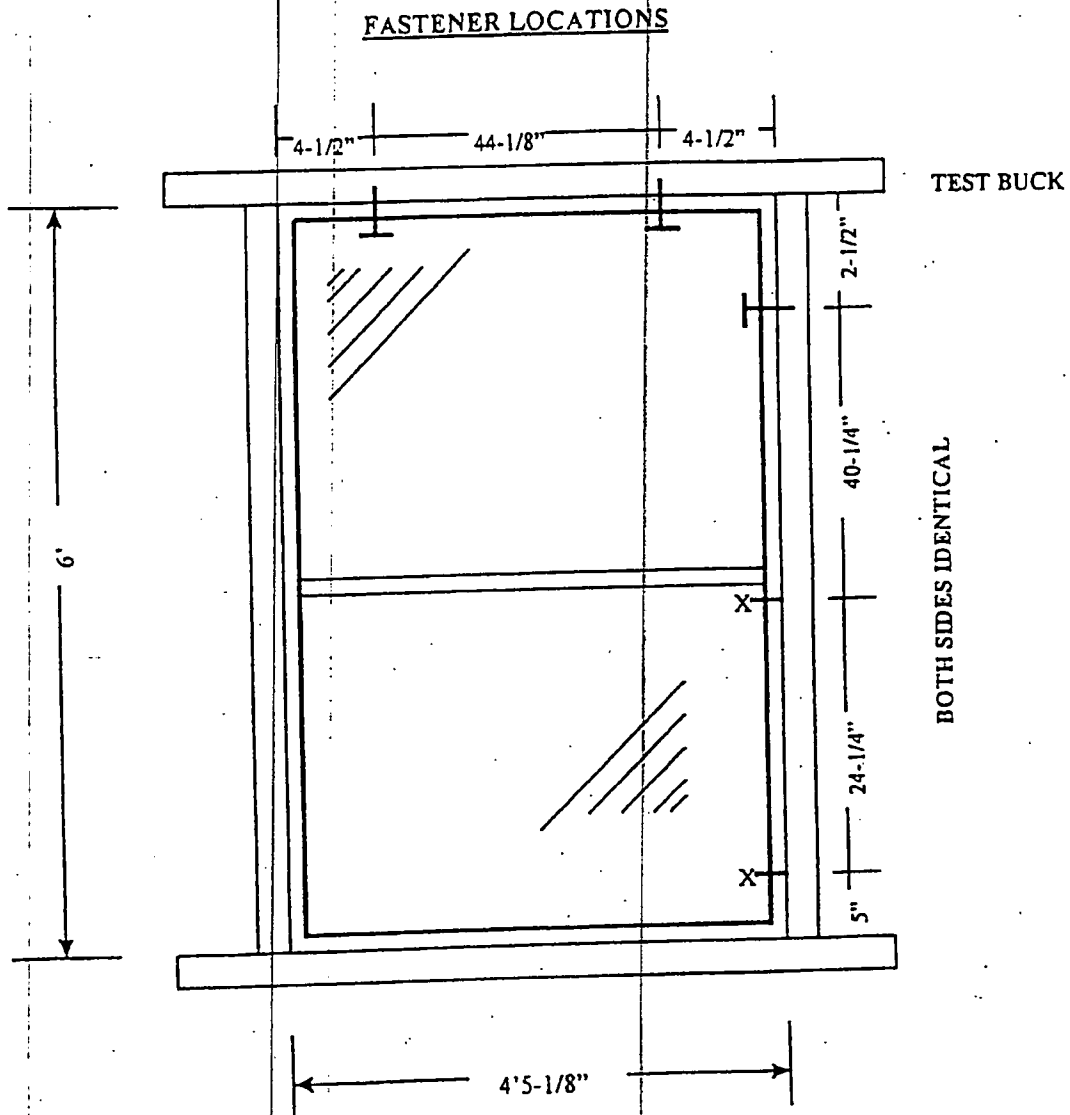
Testing witnessed by: Mr. Barry Portnoy, P.E.  
Mr. Michael E. Lane (NCTL)  
Mr. John Williams (NCTL)  
Mr. David Yahner (NCTL)  
Mr. Earl Moore (Florida Extruders International Inc.)  
Mr. Jim Hoke (Florida Extruders International Inc.)


NATIONAL CERTIFIED TESTING  
LABORATORIES, INC.


MICHAEL E. LANE  
Division Manager

MEL/ad

*Barry Portnoy*  
1/25/99  
Barry Portnoy, P.E.  
5767 Major Blvd.  
Orlando, FL 32819



The test specimen was mounted to the test buck using four (4) (# 8 x 1") screws  at locations shown.

The test specimen was mounted to the test buck using four (4) (# 8 x 2") screws  at locations shown.

METRO-DADE COUNTY REQUIRED

NATIONAL CERTIFIED TESTING LABORATORIES

JOB NO.: NCTL-210-2099-16.17.18

COMPANY : Florida Extruders International Inc.

TEST DATE: 10-23-98

SERIES: "2000"

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/2, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7824	DUNN	<del>ROOFING</del>		
6	21 PALMETTO ALL AMERICAN	SHEATHING	PASS	INSPECTOR: <i>OM</i>
7835	DOMENICO	FINAL A/C	FAIL	
1	6 FIELDWAY ADVANTAGE A/C	(8:15 Please)		INSPECTOR: <i>OM</i>
7744	COBIELLA	PARAPET WALL	FAIL	
2	8 N. SEWALLS PT PEDERSON	(WINGS)		INSPECTOR: <i>OM</i>
<del>7760</del>	<del>ROSENZ</del>	<del>FINAL WINDOW</del>	<del>PASS</del>	<del>CLOSE</del>
5	96 S. SEWALLS PT O/B	REPLACEMENT		INSPECTOR: <i>OM</i>
7669	DOMINCO	FINAL GARAGE DOOR	FAIL	
1	6 FIELDWAY O/B			INSPECTOR: <i>OM</i>
7718	SCHOPPE	ROUGH PLUMBING	PASS	
4	9 PALM ROAD A&P CONST.	(GROUND)		INSPECTOR: <i>OM</i>
7390	GOLDMAN	TRUSS ENA	FAIL	
8	4 SUMMER LANE O/B	After 9:30 Please		INSPECTOR: <i>OM</i>

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

**9444**

**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:	9444	DATE ISSUED:	05/21/2010
SCOPE OF WORK:	A/C CHANGE OUT		
CONDITIONS :			
CONTRACTOR:	HONEST		
PARCEL CONTROL NUMBER:	12384100201603 <i>000-001603</i>	SUBDIVISION	<i>Rivista - Lot 16</i>
CONSTRUCTION ADDRESS:	96 S. SEWALL'S POINT RD.		
OWNER NAME:	ELLBERGER		
QUALIFIER:	M. MAZZILLI	CONTACT PHONE NUMBER:	232-1114

**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 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 PERMIT APPLICATION**

Date: 5-21-10 Permit Number: 9444  
 OWNER/TITLEHOLDER NAME: Garrett Ellberger Phone (Day) (561) 383-8112 (Fax) \_\_\_\_\_  
 Job Site Address: 96 South Sewells Point Rd City: Stuart State: FL Zip: 34996  
 Legal Description \_\_\_\_\_ Parcel Control Number: 12-38-41-002-00160-3  
 Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): Replace outside condenser only

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 1500.00  
 (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 AEB X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Honest Air, Inc Phone: (772) 232-1114 Fax: (772) 232-1118  
 Street: 1465 SW 34th St. City: Palm City State: FL Zip: 34990

State License Number: CAC058508 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Penny Mazzilli Phone Number: (772) 232-1114

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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): 2007  
 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

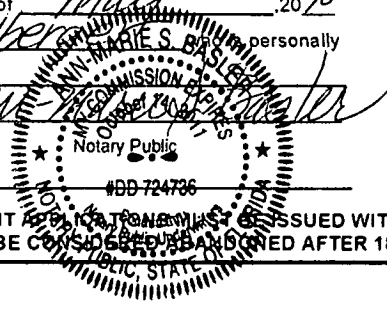
**NOTICES TO OWNERS AND CONTRACTORS:**

- 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.
- 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.
- 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.

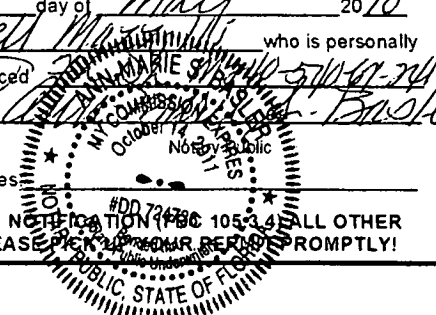
**\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\***

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)  
 OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Garrett Ellberger  
 State of Florida, County of: Martin  
 This the 21st day of May, 2010  
 by Garrett Ellberger personally  
 known to me or produced  
 as identification. [Signature]  
 My Commission Expires: \_\_\_\_\_ #DD-724736



CONTRACTOR SIGNATURE: (required)  
[Signature]  
 On State of Florida, County of: Martin  
 This the 21st day of May, 2010  
 by Mitchell Mazzilli who is personally  
 known to me or produced  
 as identification. [Signature]  
 My Commission Expires: \_\_\_\_\_ #DD-724736



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 OPEN YOUR PERMIT PROMPTLY!



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

Site Provided by...  
governmentmax.com T1.13

**Summary**

print [grid] [list] [refresh] [back] Owner  
1 of 1

**Parcel Info**

**Summary**

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00160-3	96 S SEWALLS POINT RD	27529	Owner	0	1

**Summary**

**Property Location** 96 S SEWALLS POINT RD  
**Tax District** 2200 Sewall's Point  
**Account #** 27529  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120250  
**Acres** 0.382

**Legal Description**  
**Property Information**  
 RIO VISTA S/D LOT 16

**Search By**

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

**Owner Information**  
**Owner Information**  
 ELLBERGER, GARRETT

**Mail Information**  
 96 S SEWALLS POINT RD  
 STUART FL 34996

**Assessment Info**  
 Front Ft. 0.00

**Market Land Value** \$176,250  
**Market Impr Value** \$105,160  
**Market Total Value** \$281,410

**Site Functions**

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

**Recent Sale**  
 Sale Amount \$440,000

**Sale Date** 12/18/2006  
**Book/Page** 2207 1519

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 5-24-10 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9444 10:30	Garrett Ellinger 96 S.P. Rd. Honest Air	g.c. change out		Back on <del>see p. 1 5-24-10</del>
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379	BALFONT 103 HILLCREST BALFONT CONSS	Porch Beams	Pass	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9444	<del>██████████ ██████████ 96 S. SP... Honest Air</del>	<del>██████████ AC Final</del>	<del>Pass</del>	<del>Close</del>
				INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9439	Wilson 40 N. River Rd MASON PIECE	FINAL	Pass	Close INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9434	VAN FOSSEN 158 S. RIVER Lowes	ATTACH DOOR	Pass	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9434	VAN FOSSEN 158 S. RIVER Lowes	FINAL	Pass	Close INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date APRIL 4 11 2005 TREE REMOVAL PERMIT No 2454

APPLIED FOR BY NOHESL (Contractor or Owner)

Owner 96 S. SEWALL'S POINT RD

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

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

No. Of Trees: REMOVE 1 DEAD

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

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

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant

Signed

Gene Simmons (P)  
~~Town Clerk~~  
BUILDING OFFICIAL

FEE \$ 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

[Large empty rectangular box for drawing or additional notes]

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 two inches.

**Permit Fee:**

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Bolly, 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 Oxeve, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

**Application procedures:**

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

Owner Julie Nohejl Address 96 S Sewalls Pt Rd Phone 631-2464

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

No. of Trees: REMOVE 1 Type: dead ? totally

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

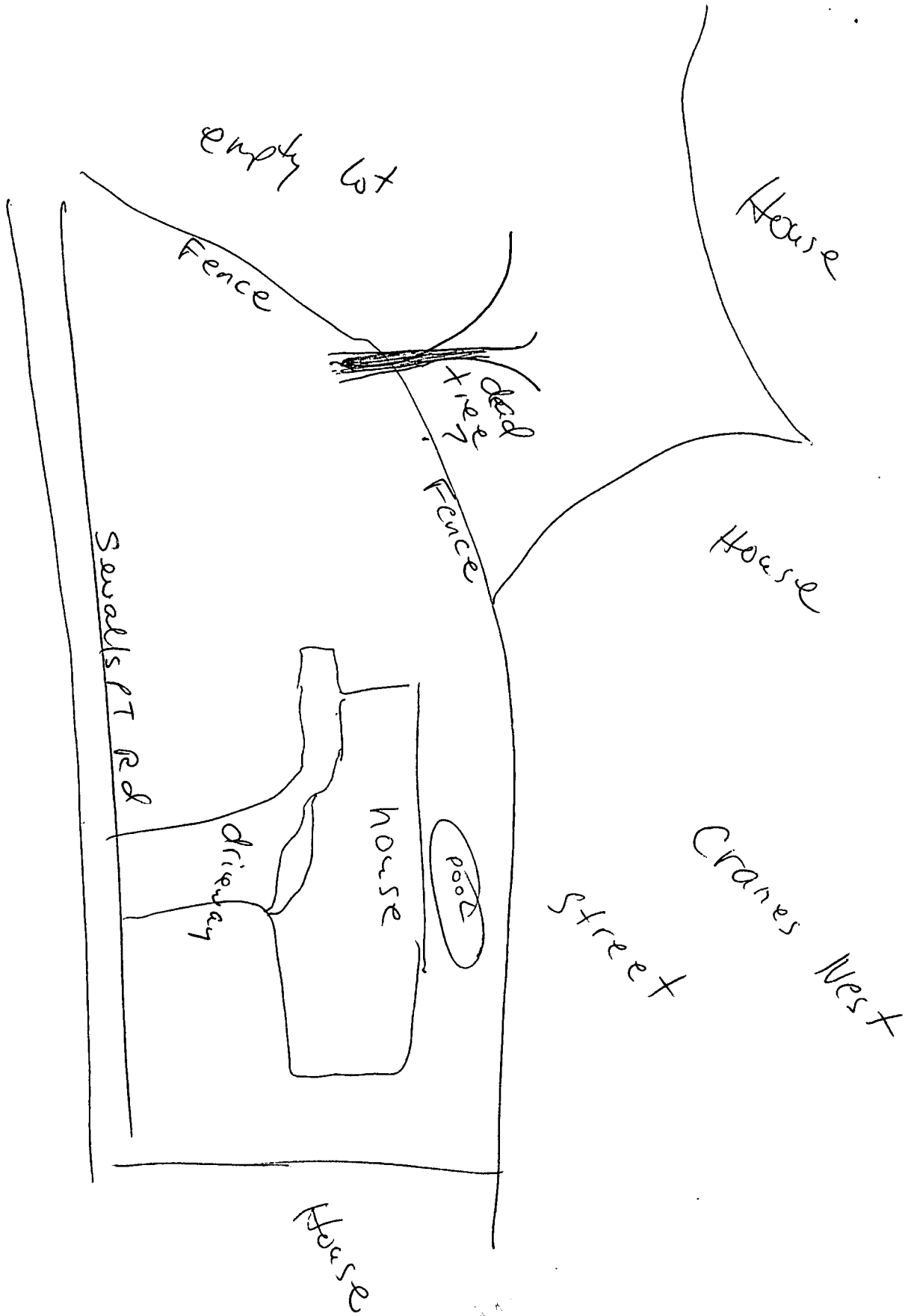
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: \_\_\_\_\_

Signature of Property Owner Julie Nohejl Date 4-1-05

Approved by Building Inspector: [Signature] Date 4-1 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



TOWN OF SEWALL'S POINT, FLORIDA

Date April 20 2005 TREE REMOVAL PERMIT No 2465

APPLIED FOR BY NOBELL (Contractor or Owner)

Owner 910 S SEWALL'S Pt RD

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

Kind of Trees \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

No. Of Trees: REMOVE 1 Queen Palm WITHIN 30 DAYS (NO FEE)

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

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

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant

Signed [Signature] FEE \$ 0  
Town Clerk  
BUILDING OFFICIAL

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

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

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 two inches.

**Permit Fee:**

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

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

**Application procedures:**

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

Owner Julie Nohejl Address 916 S Sewall PTRd Phone 631-2464

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

No. of Trees: REMOVE 1 Type: Queen Palm

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

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

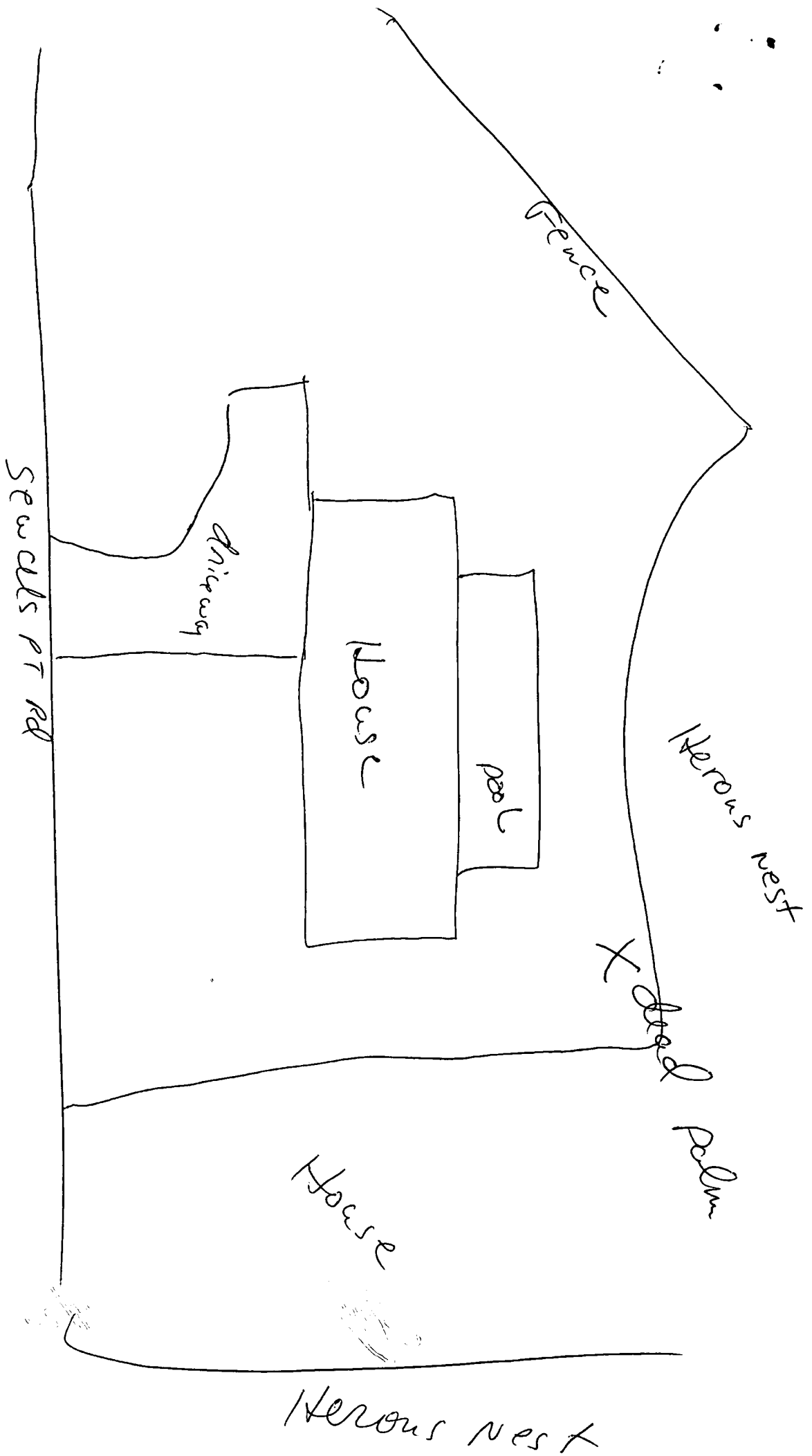
Written statement giving reasons: dead

Signature of Property Owner Julie Nohejl Date 4-20-05

Approved by Building Inspector: [Signature] Date 4/20 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_





TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 11 ~~19~~ TREE REMOVAL PERMIT No 2477

APPLIED FOR BY POPLENZ (Contractor or Owner)

Owner 96 S. SEWALL'S PT RD

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

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

No. Of Trees: REMOVE \_\_\_\_\_

No. Of Trees: RELOCATE 8 WITHIN 30 DAYS (NO FEE) ARECA BUSHES

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

REMARKS \_\_\_\_\_

FEE \$ 0

Signed, \_\_\_\_\_ Applicant

Signed [Signature]  
TOWN CLERK  
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or notes]

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

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** CHRIS POLENZ **Address** 26 S. SEWALLS PT. RD **Phone** 631-2465

**Contractor** SELF **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**No. of Trees: REMOVE** 0 **Type:** \_\_\_\_\_

**No. of Trees: RELOCATE** 8 **WITHIN 30 DAYS** **Type:** ACACIA PALMS BUSHES

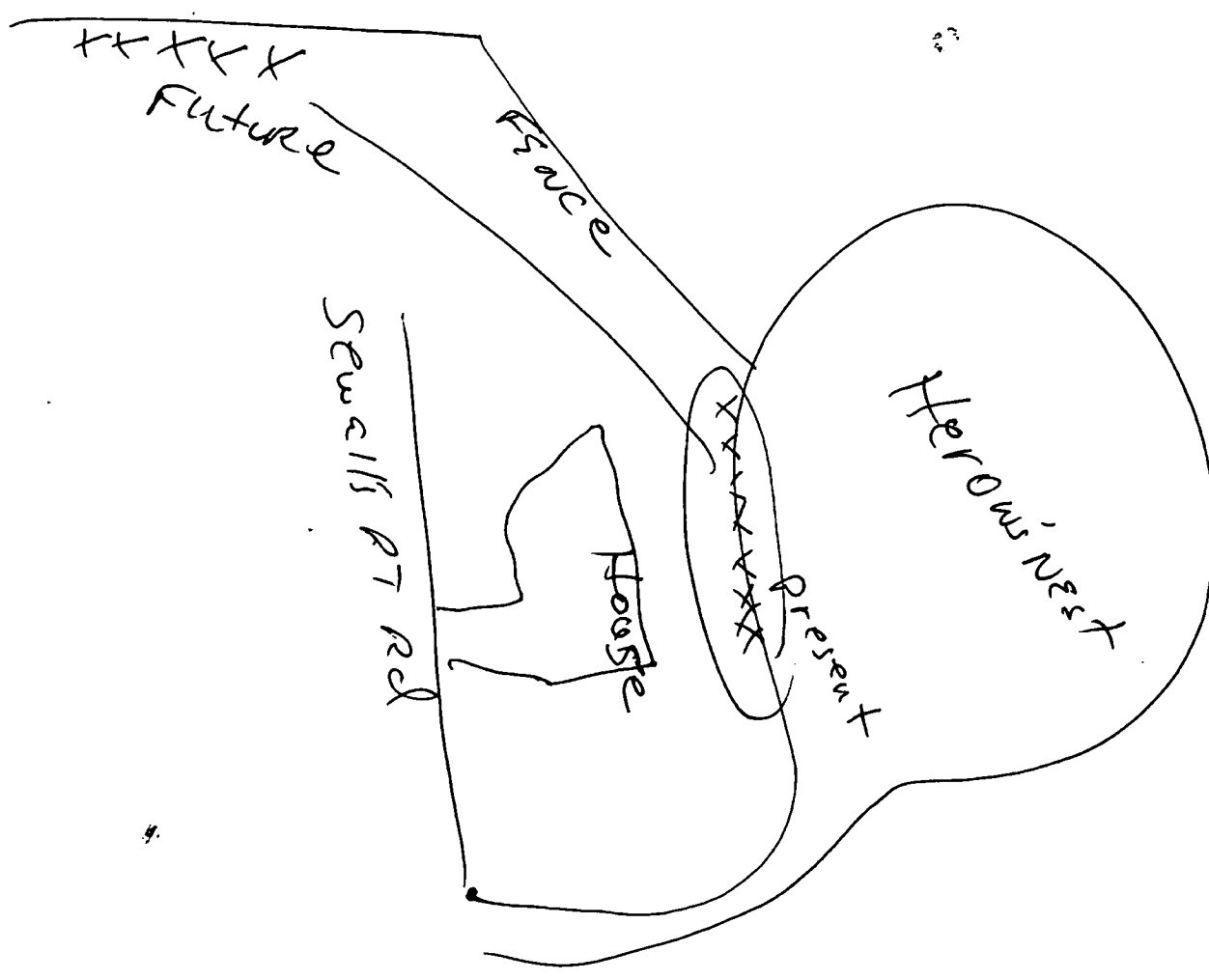
**No. of Trees: REPLACE** 0 **WITHIN 30 DAYS** **Type:** \_\_\_\_\_

**Written statement giving reasons:** IN WRONG PLACE

**Signature of Applicant** Chris Polenz / Julie Noh **Date** 5/9/05

**Approved by Building Inspector:** [Signature] **Date** 5/12 **Fee:** 0

**Plans approved as submitted** [Signature] **Plans approved as revised/marked:** \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/11/05  Sat  Sun Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7405	GRANFIELD	FENCE	PASS	CLOSE
1	15 W. High Pt OLB			INSPECTOR: <i>[Signature]</i>
Tree	BAETELS	TREE	PASS	
14	3 ST. LUCIE CT			INSPECTOR: <i>[Signature]</i>
7492	BERGALIS	DECK-IN	PASS	
16	2 PEREWINKLE CR STEIN & CO.			INSPECTOR: <i>[Signature]</i>
Tree	NOHEIL / POPPANO	Trees	PASS	
5	96 S. SEWALL'S			INSPECTOR: <i>[Signature]</i>
6857	PRESSMAN	ELEC	PASS	
12	28 RIO VISTA DR WINCHIP	FRAMING	PASS	INSPECTOR: <i>[Signature]</i>
7051	SCHERLENK	FINAL POOL	PASS	CLOSE
3	110 ABBIE CT ADVANTAGE POOLS			INSPECTOR: <i>[Signature]</i>
7509	BARRY	FINAL ROOF	PASS	CLOSE
6	97 S. SEWALL'S PT A & P CONSTR.			INSPECTOR: <i>[Signature]</i>
OTHER:	<del>RHOADS</del>			
2	14 E. HIGH POINT		FULL DELIVERED? NO PERMIT	APPEARS TO HAVE REMOVED TANK & FILLED IN HOLE NO PERMIT NEEDED.