

98 South Sewall's Point Road

838

SFR

TOWN OF SEWALL'S POINT, FLORIDA

SFR

APPLICATION FOR BUILDING PERMIT

Permit No. 838

Date 5/22/78

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

Owner MR & MRS. JOE BURGESS Present Address 109 B COLONY COURT APTS. Ph 286-2454

General Contractor ^{K-W} KIM WOJCIESZAK Address S.E. ORANGE PT. SALEM Ph 283-7852

Where licensed STATE OF FLA. License No. CBC 008264

Plumbing Contractor VINCE ANGELO License No. 42 Co. # 283-6540

Electrical Contractor MARTIN CO ELECTRIC License No. 52

Street building will front on ⁹⁸³ SEWALLS PT. ROAD

Subdivision RIO VISTA Lot No. 15 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 2700.00

Other Construction (Pools, additions, etc.) (FUTURE POOL)

Contract Price (excluding land, rugs, appliances, landscaping) \$ 51,000.00

Total cost of permit \$ 275.00

Plans approved as submitted _____ Plans approved as marked 275

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

Signed by General Contractor _____

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

Signed by Owner _____

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

TOWN RECORD
Date submitted John O. Guenther 19 May 1978

Date approved 5/22/78 Paul Lopez

Certificate of Occupancy issued 11 December 1978 Date _____

#838

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

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

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

Notes:

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

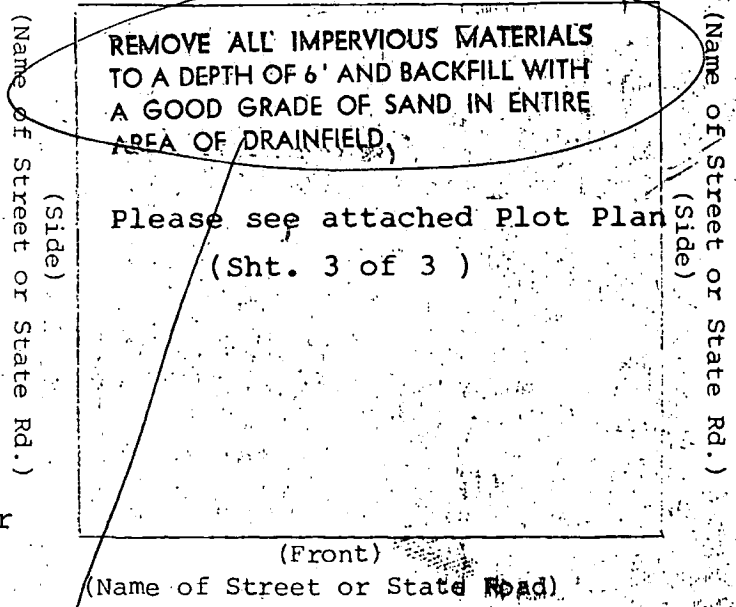
Section II - Information:

1. Property Address (Street & House No.) Sewall's Point Road
 Lot 15 Block XXXXX Subdivision Rio Vista, Plat Bk. 6, Pg. 95
 Date Recorded 12/11/75 Directions to Job _____
2. Owner or ~~XXXXXX~~ Mr. Joe Burgess
 P.O. Address Apt. 109B City Colony Court Apts., Stuart Florida 33494
3. Specifications

* Proposed 3 bedroom dwelling *

Tank _____ Drainfield _____ Scale 1" = 50'
 Gals. _____ ft. of 6" clay tile _____ (Rear)
 or 5" perforated plastic drain in a _____
900 Gals. 300 3' trench or _____
 ft. of 4" clay drain _____
 or 4" perforated plastic drain in an _____
24" trench _____

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



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

Price Engineering Co., for Applicant: Mr. Joe Burgess

Please Print

Signature: [Signature]

Date: November 11, 1977

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

Section III - Application Approval & Construction Authorization

Installation subject to following specific conditions:

Remove all trees & man

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: John S. Cole County Health Dept. Martin Date 5/8/78

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

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

#838

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: Lot 15, Sewall's Point Rd Applicant: Price Engineering Co., for
Rio Vista S/D County: Martin
Mr. Joe Burgess

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

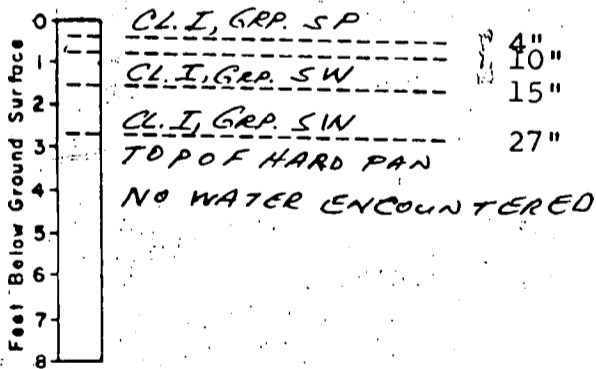
← Plot plan must show all data required in 10D-603 2(a) and all other pertinent data.

Please See Attached Plot Plan
Sht. 3 of 3

NOTE: Contractor is responsible for verifying all dimensions shown in the above note prior to installation of septic tank system.

PLAN
Scale: 1" = _____

SOIL DATA



LEGEND

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

SOIL BORING LOG (As shown above)

Soil Identification: CLASS XXXX GROUP XXX
Soil Characteristics _____

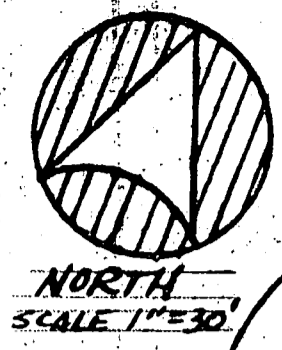
Percolation Rate 1/2 min/inch
Water Table Depth NOT ENCOUNTERED
Water Table Depth During Wet Season _____
Compacted Fill Of _____ Req'd
Compacted Fill Checked By: _____
Date _____

Price Engineering Company

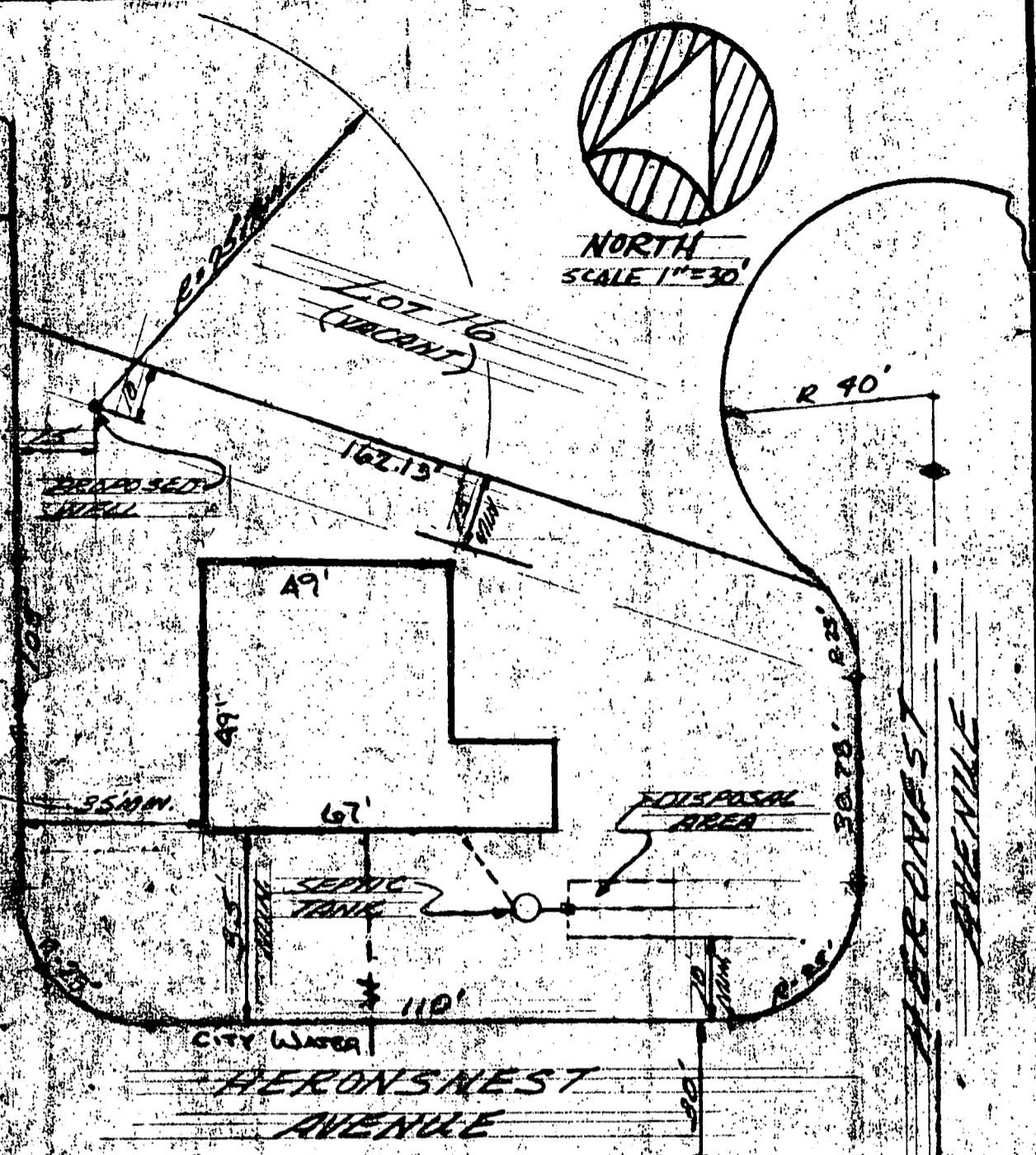
CERTIFIED BY: Ronald J. Price
FLORIDA PROFESSIONAL No. 17788, P.E.
Date 11/11/77 Job No. 77-261

Sheet 2 of 3

#838



SEWELL'S POINT ROAD



"PLOT PLAN"

BEING KNOWN AS LOT 15, AS SHOWN ON MAP OF "RIO VISTA S/D" RECORDED IN PLAT BOOK 8, P. 95, PUBLIC RECORDS FOR MARTIN COUNTY, FLORIDA.

NOTE:

- 1. THIS DWG. IS NOT A SURVEY
- 2. ANY CHANGES TO THE PLOT PLAN, ARE SUBJECT TO APPROVAL BY THE ENGINEER.

PREPARED BY

PRICE ENGINEERING CO.

1320 PALM BEACH ROAD, STUART, FLA.

DWG. BY: CB, DATE: 11/12/37

PREPARED FOR

Mr. Joe Bueger

Ronald J. Price

#838

JOB# 27-261
SHEET 3 OF 2

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 JOSEPH BURGESS and JUDITH A. BURGESS, his wife, whose post office address is 1201 Palm City Road #109-B Stuart, Florida 33494, of the County of Martin, State of Florida, Grantee,

WITNESSETH

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 15, 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 12/31/76;
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 15th day of December, 1977.

WITNESSES:

Walter Loebl
Ann Schickedanz

Gustav Schickedanz
Gustav Schickedanz, Individually
and as Trustee
Ann Schickedanz
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 15th day of December, 1977.

(NOTARY SEAL)

Thos. P. McIner
Notary Public
My Commission is for life.
It does not expire.

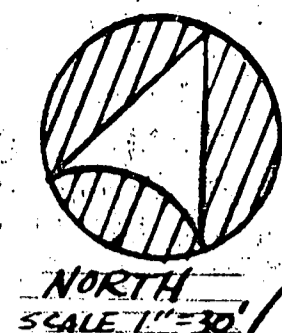
This instrument prepared by:
JOHN H. FENNIMAN, Esquire
Post Office Box 2210
Stuart, Florida 33494

78 JAN 19 AIB: 44
#838

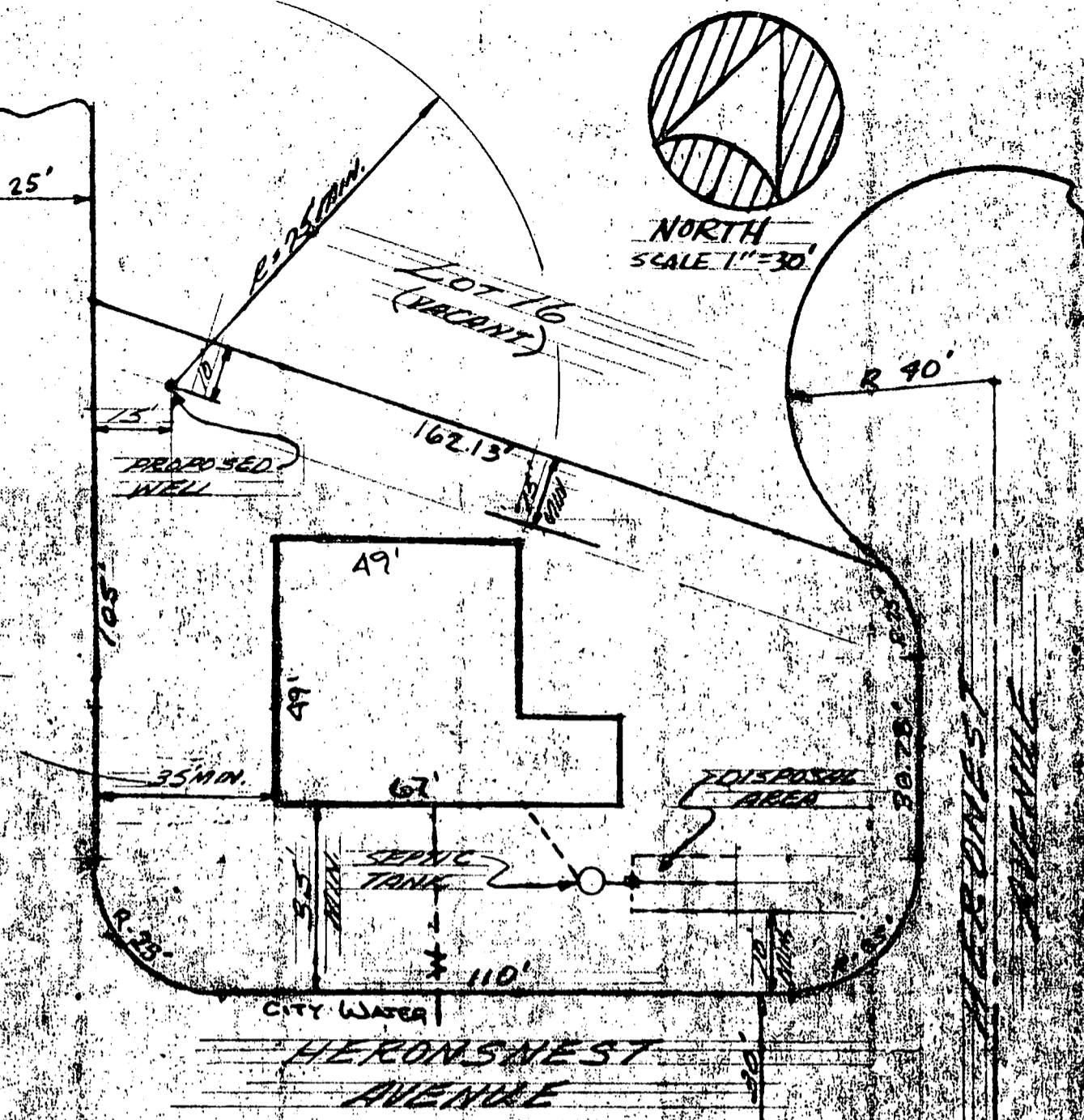
STATE OF FLORIDA
DOCUMENTARY STAMP TAX
20.90
JAN 1978
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

WMMER, FRASIER &
FENNIMAN, P.A.
ATTORNEYS AT LAW
POST OFFICE BOX 2210
STUART, FLORIDA
33494

SEWELL'S POINT ROAD



NORTH
SCALE 1"=30'



"PLOT PLAN"

BEING KNOWN AS LOT 16, AS SHOWN
ON MAP OF "RIO VISTA SUB" RECORDED
IN PLAT BOOK 8, PG. 95, PUBLIC RECORDS
FOR HARRIS COUNTY, FLORIDA.

NOTE:

- 1. THIS DRAWING IS NOT A SURVEY
- 2. ANY CHANGES TO THE PLOT PLAN, ARE SUBJECT TO APPROVAL BY THE ENGINEER.

PREPARED BY

PRICE ENGINEERING CO.

1820 ARUN BEACH ROAD, STUART, FLA

DWG. BY: CB, DATE: 11/21/57

PREPARED FOR

Mr. Joe Burgess

1838

11/21/57
S.H. 3015

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. 838 Dated 8/24/78

when completed in conformance with the Approved Plans.

Kim Wiggins
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings etc	5/31	Dunbar
Rough plumbing	6/36	Dunbar
Perimeter beam	7/17	Dunbar
Rough electric	6/26	Dunbar
Close in	9/18	Dunbar
Final plumbing	12/11/78	Dunbar
Final electric	12/11/78	Dunbar

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector John 12/11/78 date

Approved by ~~Person~~ ^{Building} Commissioner 11 December 1978 date
JCG

Utilities notified 11 December 1978 date

Original Copy sent to JCG Burgess

(Keep carbon copy for Town files)

855

POOL

JUL 22 4 1978

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 855
Date 7/21/78

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

Owner Mr & Mrs Joe Burgess Present Address Colony Court Apt 104-B Palm Bch Rd, Stuart Ph 286-2454

General Contractor Martin Co Custom Pools Address P.O. Box 1799 Stuart Ph 283-6363

Where licensed Martin Co. License No. 187

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on Sewalls Pt Rd.

Subdivision Rio Vista Lot No. 15 Area _____

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

Other Construction (Pools, additions, etc.) Swimming Pool

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5,500

Total cost of permit \$ 27.50

Plans approved as submitted Jan Plans approved as marked _____

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

Martin County Custom Pools Inc.
Signed by General Contractor

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

Signed by Owner _____

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

855

TOWN RECORD

Date submitted Chalga Dwyer 7/24/78

Date approved Chalga Dwyer

Certificate of Occupancy issued Final OK Jan Date _____

3/1/79

#855

1271

WATER HEATER

#1271

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date _____

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

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

Owner Joe Burgess Present address 98 S. Sewall's Pt Rd

Phone 286-2454

Contractor Southeast Dist. of Stuart Inc Address P.O. Box 782 Post SA/6000

Phone 286-2183

Where licensed Martin County License number 1106-00377

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Solar Hot Water System SDS-4X10

829A1 AS APPROVED BY FLA. SOLAR ENERGY CENTER - SFE FILE

State the street address at which the proposed structure will be built: ON SEAWALL'S POINT FOR ALL NECESSARY MATERIALS.

98 S Sewall's Pt Rd

Subdivision Rio Vista Lot No. 15

Contract price \$ ~~1495.00~~ 1495.00 Cost of Permit \$ 7.50

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Kenneth L. Ziegler

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

Owner Joe Burgess

Approved: J. Amazeur Building Inspector Date 1/22/81

Approved: J.C. Strubell Commissioner Date 1/22/81

Final Approval given: ok Jan 1/29/81 Date

Certificate of Occupancy issued _____ Date

SP/1-79

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

#1271

1606

DECK & WALL

Permit No. _____ RECEIVED

Date 8/15/83

1106

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

As'd.....

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

Owner Jos. Burgess Present Address 98 S. Sewalls Pt. Rd.

Phone 286-2454

Contractor Mike Fearin Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor none License number _____

Plumbing contractor none License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Extend patio deck, and build privacy wall

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

98 S. Sewalls Pt. Rd

Subdivision Rio Vista Lot number 15 Block number _____

Contract price \$ 1,400.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Judith A. Burgess

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

Owner Judith A. Burgess

TOWN RECORD

Date submitted _____ Approved: J. Maguire 8/13/83
Building Inspector Date

Approved: J. Strubbe 8/23 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

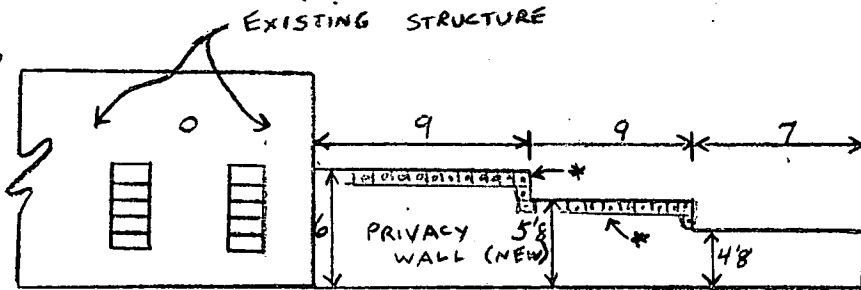
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

RECEIVED

AUG 1 7 1983

Ans'd
Jan 8/27/83
JSS/23

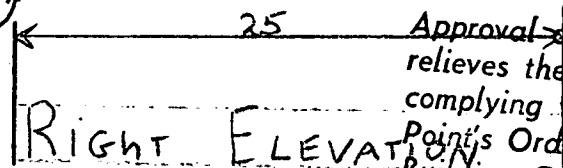
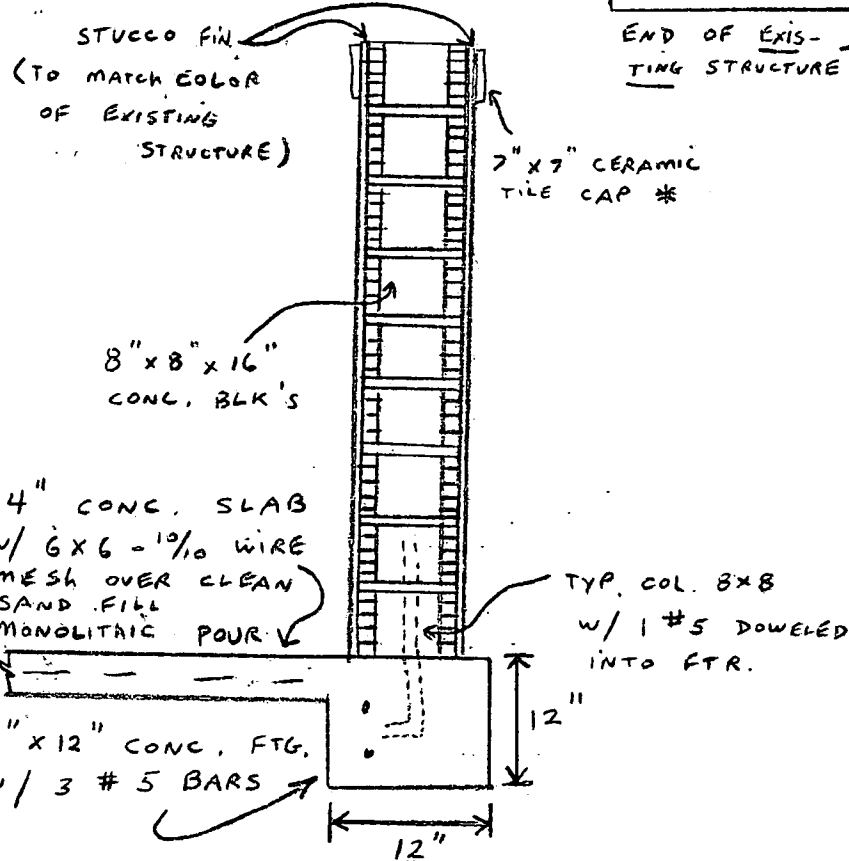
Approval of these plans in no way
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances, the South Florida
Building Code and the State of Florida
Model Energy Efficiency Building Code.



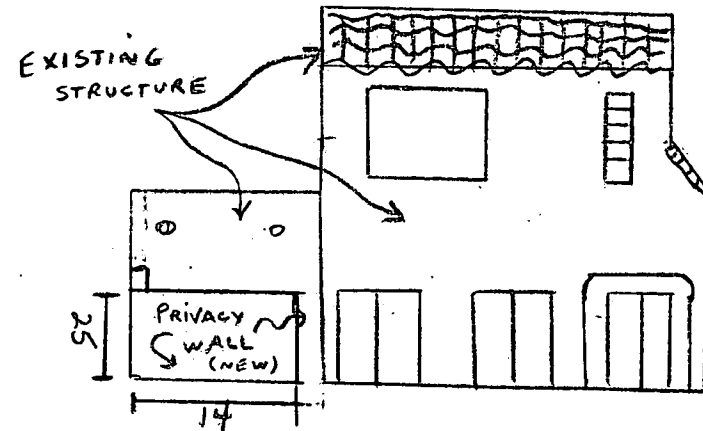
RECEIVED

AUG 1 9 1983

Ans'd



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



NOTE: MESH TO BE EARTH GROUNDED

MR + MRS J. BURGESS

98 S. SEWALLS PT. RD.

PRIVACY WALL AND DECK

8-18-83

8/23/83

RECEIVED

AUG 19 1983

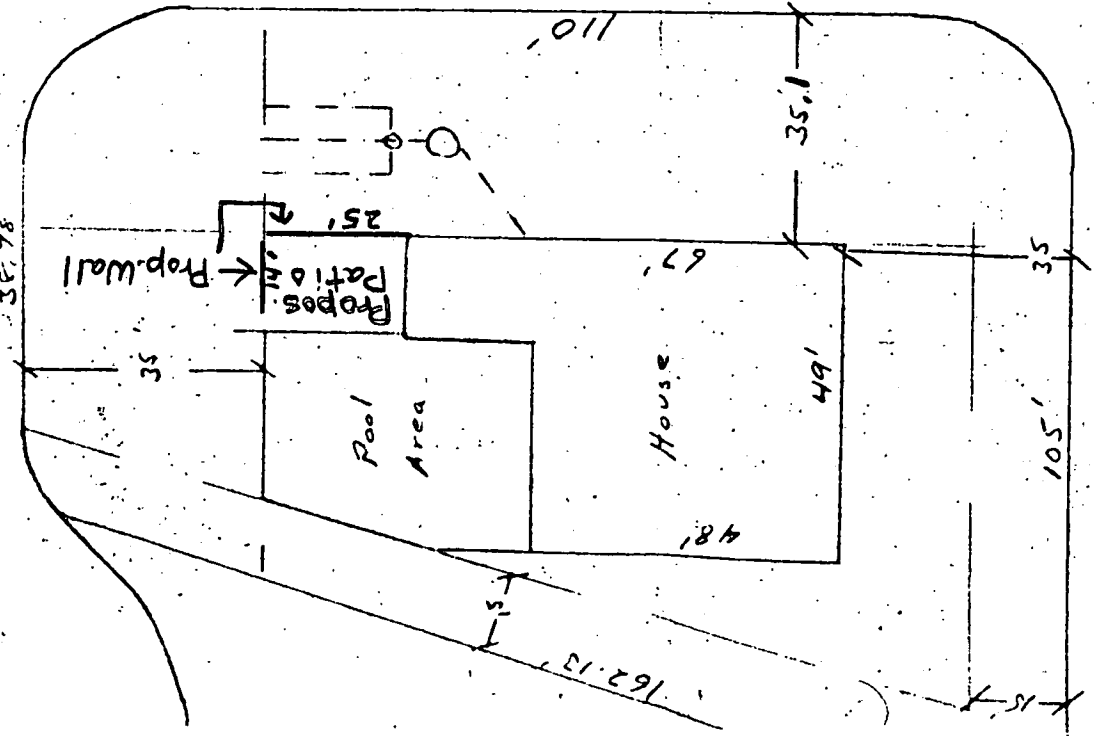
Ans'd..... *John* 8/23/83

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

HERONS NEST
AVENUE

HERONS NEST
AVENUE

SEWALLS POINT RD.



Site Plan - Patio and Privacy Wall

RECEIVED

AUG 19 1983

Ans'd

Jim 8/23/83

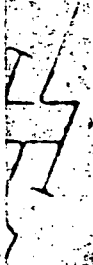
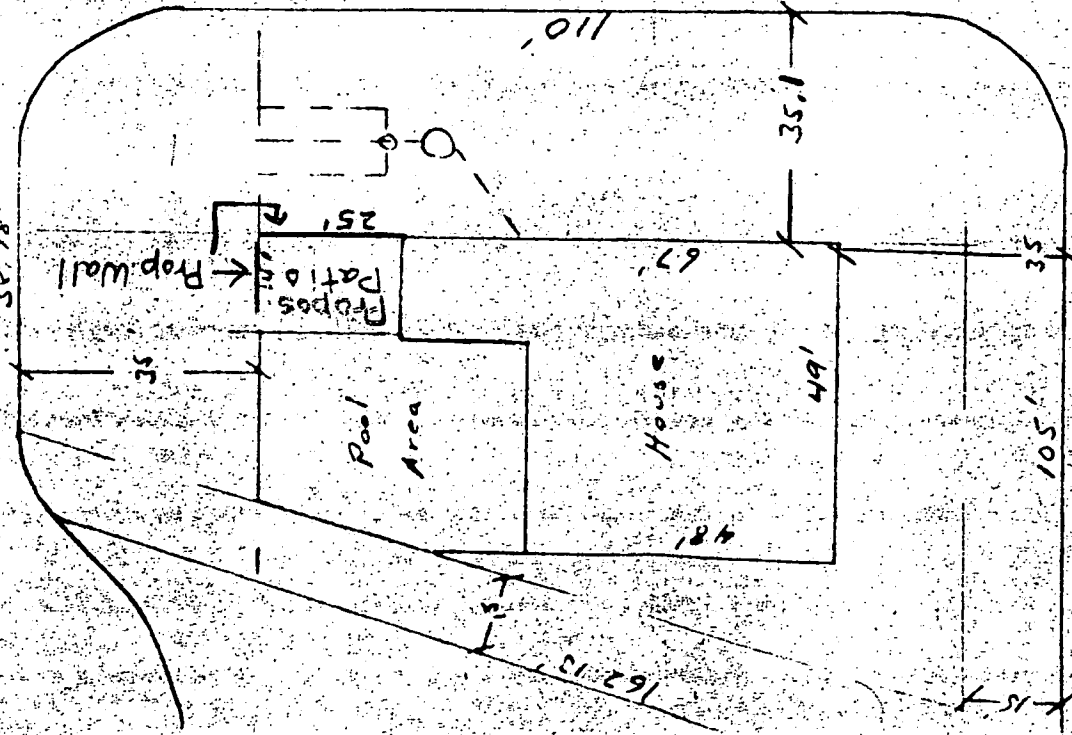
Approval of these plans in no way
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances, the South Florida
Building Code and the State of Florida
Model Energy Efficiency Building Code.

Site Plan - Patio and Privacy Wall

HERONSNEST AVENUE

HERONSNEST AVENUE

SEWALLS POINT RD



RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 8/9/83
W. Joe Burgess

This is to request that a Certificate of Approval for Occupancy be issued to
For property built under Permit No. 1606 Dated 8/23/84 when completed in
conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	<u>8/22/83</u>	
4. ROUGH PLUMBING		
5. ROUGH ELECTRIC		
6. LINTEL	<u>8/31/83</u>	
7. ROOF		
8. FRAMING		
9. INSULATION		
10. A/C DUCTS		
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Ameyzura date 9/9/83

Approved by Building Commissioner _____ date _____

Utilities notified Not Required date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

TOWN *of* SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

GILBERT C. STRUBELL, Mayor
MIMI TOWL, Vice Mayor
CLIFFORD B. DRAKE, Commissioner
EDWARD H. GLUCKLER, Commissioner
JOHN C. GUENTHER, Commissioner

Telephone (305) 287-2455

JOAN H. BARROW
Town Clerk
F.J. MATUSZEWSKI
Chief of Police

2062

RE-ROOF

Permit No. _____

Date 7/27/87

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

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

MRS Owner Joseph Burgess Present Address 98 S. Sewalls Pt Rd,

Phone (H) 286-2454 Stuart

Contractor J. A. Taylor & Assoc Address 302. McHon Dr

Phone 460-4040 Ft. Pierce FL 34982

Where licensed State of Fla. License number CCC035624

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: RE-ROOF

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

Subdivision Rio Vista Lot number 15 Block number _____

Contract price \$3500.00 Cost of permit \$17.50

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor G. Bruce DeWane

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

Owner _____

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

2264

RE-ROOF

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

2269

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

Owner JUDY Burgess Present Address 98 S. SEWALL Pt. RD.
Phone 283-5261

Contractor J.A. TAYLOR Address 302 MELTON
Phone 466-4080

Where licensed STATE License number CGC023923

Electrical contractor: NONE License number _____

Plumbing contractor: NONE License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: NEW ROOF ON FLAT DECK

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

Subdivision: _____ Lot number _____ Block number _____

Contract price \$ 1500.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor L. Bruce Devone
BY W.K. TORPLEY

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

Owner Judy Burgess By W.K.2.

TOWN RECORD

Date submitted 3-22-88 Approved: Dale Brown 3/22/88
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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

5589

RE-ROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 11/28/01

BUILDING PERMIT NO. 5589

Building to be erected for JUDY BURGESS

Type of Permit RE-ROOF

Applied for by COOPER ROOFING (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 15 Block _____

Radon Fee _____

Address 98 S. SEWALL'S POINT RD.

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000015050000

Plumbing Fee _____

Amount Paid \$120.00 Check # 3637 Cash _____

Roofing Fee \$120.00

Other Fees (_____) _____

Total Construction Cost \$ 4,300.00

TOTAL Fees \$120.00

Signed Russ Morgan
Applicant

Signed _____
Town Building Inspector
OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE 1/25/02

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction Remodel Addition Demolition

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

* 2001-2002

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1761-20010001

EXPIRES SEP 30, 2002

FACILITIES
OR
MACHINES
TYPE OF
BUSINESS

ROOMS

SEATS

EMPLOYEES 1-10

1761 ROOFING CONTRACTOR

BUSINESS
LOCATION

8446 S US #1
P - CITY OF PT ST LUCIE

NAME
MAILING
ADDRESS

ROBERT COOPER
CBA COOPER ROOFING
COOPER, ROBERT
8446 S US #1
PORT ST LUCIE, FL 34982

RENEWAL
X NEW LICENSE
TRANSFER-
ORIGINAL TAX

11.25

AMOUNT
PENALTY
COLLECTION COST
TOTAL

11.25

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME,
CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS
LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION.

SUBJECT TO SUSPENSION OR REVOCATION IN ACCORDANCE WITH ORDINANCES OF ST. LUCIE COUNTY

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
P.O. BOX 308 FORT PIERCE, FL 34954-0308

CK
CHANGE

\$11.25

PAID
MARCH 021 7/7/2001 10:16AM 00007453
\$11.25
\$0.00

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
 VC3-40595-397167
 10/25/2001 7:36:43 AM

PRODUCER
 Hanafin Bates & Eisenmann/TransPac Managers
 8144 Walnut Hill Lane #1081
 Dallas, TX 75231
 Fax:

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
 COOPER ROOFING & CONSTRUCTION CO,
 8446 SOUTH US HWY 1
 PORT ST. LUCIE, FL 34952
 561-871-9405 fax: 561-871-6757

INSURER A: American Dynasty Surplus Lines Insurance Company
 INSURER B: National Fire Insurance Company of Hartford
 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	TEP3-57-82-41	6/1/2001	6/1/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPI/OP AGG	\$ 1,000,000
	<input checked="" 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)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY - EA ACC AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2 4918 96 27	9/1/2001	9/1/2002	<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
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
					LIMIT	\$
					LIMIT	\$

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

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

Sewells Point Building Department
 Town Hall - Mr. Arnold
 1 South Sewells Point Rd.
 Sewells Point, FL 34996

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.



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

Bldg. Permit Number: _____

Owner or Titleholder's Name JUDY BURGESS Phone No. () _____
 Street: 98 S. SEWELL'S PT. RD. City SEWELL'S PT. State: FLA. Zip: 34996
 Legal Description of Property: Replacing old roof system w/ new - Flat - Torch Dn.
RIO VISTA - Lot #15 Parcel Number: 12-38-41-002-000-0015-05-0000
 Location of Job Site: 98 S. SEWELL'S POINT RD.
 TYPE OF WORK TO BE DONE: Torch Down

CONTRACTOR/Company Name: COOPER ROOFING Phone No. () 871-9405
 Street: 8446 S. FEDERAL HWY City PORT ST. LUCIE State: FL. Zip 34982
 State Registration: CCC057673 State License: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

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

FLOOD HAZARD INFORMATION

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

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 4300.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

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

Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: COOPER ROOFING State: FLORIDA License # CCC057673

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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

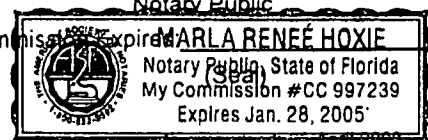
OWNER or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

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

Contractor
 State of Florida, County of: SEWELL'S PT. On
 this the 25th day of OCTOBER, 2000,
 by Robert G. Cooper who is personally
 known to me or produced _____
 as identification.

Notary Public
 My Commission Expires: _____
 (Seal)

Notary Public
 My Commission Expires: _____


TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2000.00

PERMIT # _____

TAX FOLIO # 12, 38-41-002-000-0015-05-0000

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin Co.

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):

RIO VISTA - lot #15

GENERAL DESCRIPTION OF IMPROVEMENT: Replacing old roof system w/new: (Flat - Torch Down)

OWNER: Judy Burgess

ADDRESS: 98 S. Sewell's Point Rd. Stuart

PHONE #: 286-2454

FAX #: _____

CONTRACTOR: Cooper Roofing

ADDRESS: 8446 S. FEDERAL HIGHWAY - PSL

PHONE #: 871-9405

FAX #: 871-6757

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

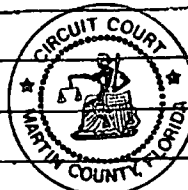
LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

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



WANCHI EWING, CLERK

BY: [Signature] D.C.
DATE: 10-25-01 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: Cooper Roofing

ADDRESS: 8446 S. FEDERAL HIGHWAY

PHONE #: 871-9405

FAX #: 871-6757

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

PHONE #: 871-9405

FAX #: 871-6757

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: October 10, 2002

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 15th DAY OF October 2001 BY J A Burgess

OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE INC.

Judy BURGESS
98 S. Sewell's Point Rd.
Stuart, FLA. 34996

(~~Full layover~~)
Flat - Torch On) ?

FLAT ROOF SECTION ONLY

12 ROLLS TORCH APPLIED MODIFIED BITUMEN

6 ROOF DRAINS

50' CAUT STRIPS

50' TERMINATION BAR - BOLTS (FASTENERS)

SOLAR PANEL OFF AND ON.


1/2 SHEET PLYWOOD

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>	<u>Manufacturer</u>
Rawl Fasteners #12 or #14		PA 114	Insulation fastener for steel and wood decks and concrete (#14 only)	The Rawlplug Company Inc. (with current PCA)
Rawl 2" Plate	2" round	PA 114	2" round galvalume AZ55 membrane plate	The Rawlplug Company Inc. (with current PCA)
Rawl 3" Plate	3" round	PA 114	3" round galvalume AZ55 steel plate	The Rawlplug Company Inc. (with current PCA)
Rawl Spike		PA 114	Insulation fastener and steel and plastic stress plate for concrete deck	The Rawlplug Company Inc. (with current PCA)
Rawlite		PA 114	Insulation fastener for cementitious and gypsum decks	The Rawlplug Company Inc. (with current PCA)
Rawlite 3" Plate	3" round	PA 114	3" round galvalume AZ55 steel plate for use with Rawlite fasteners	The Rawlplug Company Inc. (with current PCA)
Structodeck	various	PA 110	High density wood fiber	Masonite
Celcore		PA 110	Cellular insulating concrete.	Celcore, Inc. (with current PCA)
Elastizell		PA 110	Cellular insulating concrete	Elastizell Corp. (with current PCA)
Zonocel		PA 110	Cellular insulating concrete	Siplast, Inc. (with current PCA)
Insulcel		PA 110	Cellular insulating concrete	Siplast, Inc. (with current PCA)
Concrecel		PA 110	Cellular insulating concrete	Concrecel, Int. (with current PCA)
Mearlcrete		PA 110	Cellular insulating concrete	The Mearl Corp. (with current PCA)



EVIDENCE SUBMITTED

<u>Test Agency/Identifier</u>	<u>Name</u>	<u>Report</u>	<u>Date</u>
Factory Mutual Research Corporation	J.I. # 2P3A4.AM	Wind Uplift Classification	09.23.88
	J.I. # 1Q6A4.AM	Wind Uplift Classification	12.11.90
	J.I. # 2N0A6.AM	Wind Uplift Classification	9.22.88
	J.I. # 3001482	FM Approval Report	08.11.98
	J.I. # 3001629 J.I. # 0Z8A9.AM	FM Approval Report	09.10.98
	J.I. # 3D4A4.AM J.I. # 3001949	FM Approval Report	09.28.98
	FMRC (current)	Current Insulation and Fastening Requirements.	(Current)
Dynatech Engineering, Inc.	4360.03.95-1 4360.03.95-2	Wind Uplift Classification	3.95
	4361.5.95-1	Wind Uplift Classification	5.95
Underwriters Laboratories, Inc.	R-10167 (N)	Fire Classification Compliance	01.01.95
Exterior Research & Design, LLC.	#4361-2.04.97-1	Uplift Resistance PA 114	04.28.97
	#4361-2.04. -1	Uplift Resistance PA 114	04.00.97
	#10390A-10.97-1	Uplift Resistance PA 114	10.00.97
	#10390A-12.97-1	Uplift Resistance PA 114	12.00.97
Independent Roof Testing & Consulting, Inc.	IRT9900(1-16).1.20.99	Uplift Resistance PA 114	01.20.99



Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEMS

- Membrane Type: SBS
- Deck Type 7I: Recover
- Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel
- System Type A(1): Anchor sheet mechanically fastened; all layers of insulation fully adhered with approved asphalt.

All General and System Limitations apply.

<u>Insulation Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
One or more layers of any of the following insulations: Approved Type(s) AC Foam-II, E'NRG'Y-2, MultiMax Minimum: 1.3" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Foam Minimum: 1.5" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Minimum: ¾" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Retro-Fit Minimum: ½" x 2' x 4'	N/A	N/A	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full moppings of approved hot asphalt within the EVT range and at a rate of 20-40 lbs. Please refer to Miami-Dade County Roofing Application Standard RAS 117 for insulation attachment. Insulations listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.


Anchor Sheet: One ply of PermaPly No. 28, DynaBase, GlasBase Plus or Ventsulation fastened to the deck as described below:

Fastening: Any approved fasteners and plate listed herein spaced 9" o.c. at the lap and in two rows staggered 12" in the field of the sheet.

Base Sheet: (Optional) One ply of PermaPly No. 28, DynaBase, GlasBase, or GlasBase Plus adhered to the insulated substrate in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.. If base sheet is applied directly to polyisocyanurate insulation, only a spot or strip mopped application as detailed in this approval is approved; see General Limitation #4.



- Ply Sheet: One, two or three plies of DynaBase, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, DynaLastic 180S or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..
- Membrane: One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, Dynalastic 180, Dynalastic 180 FR or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).
- Surfacing: (Optional) Install one of the following:
1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
 2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.
- Maximum Design Pressure: -45 psf (See General Limitation #9).
- Maximum Fire Classification: See General Limitation #1.
- Maximum Slope: See General Limitation #1.
- Specification No.: See manufacturer's specification manual



Frank Zuloaga, RRC
Roofing Product Control Examiner

Membrane Type: SBS
 Deck Type 7I: Recover
 Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel
 System Type B: Base layers of insulation mechanically fastened, top layer fully adhered with approved asphalt.

All General and System Limitations apply.

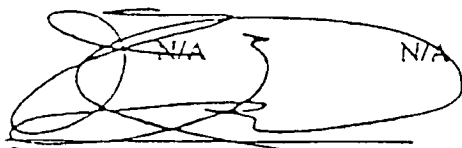
<u>Insulation Base Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
Approved Type(s): Multi-Max, E'NRG'1/2, AC Foam-II Minimum: 1.5" x 4' x 4'	UltraFast S/P	[3]	4	1:4 ft ²
Approved Type(s): Fesco-Foam Minimum: 1.5" x 4' x 4'	UltraFast S/P	[3]	4	1:4 ft ²
Approved Type(s): Fesco Minimum: 1" x 2' x 4'	UltraFast S/P	[1]	2	1:4 ft ²
Approved Type(s): Fiber Glass Minimum: 3/4" x 4' x 4'	UltraFast S/P	[3]	4	1:4 ft ²
Approved Type(s): Retro-Fit Minimum: 1/2" x 2' x 4'	UltraFast S/P	[1]	2	1:4 ft ²

Note: Base layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Miami-Dade County Protocol TAS 105 to confirm compliance with the wind load requirements set forth in Chapter 23 of the S.F.B.C. Please refer to Miami-Dade County Roofing Application Standard RAS 117 for insulation attachment.

<u>Insulation Top Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
-----------------------------	----------------------	--	----------------------------	-------------------------

One or more layers of any of the following insulations:

Approved Type(s): Fesco Foam Minimum: 1.5" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Minimum: 3/4" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Retro-Fit Minimum: 1/2" x 2' x 4'	N/A	N/A	N/A	N/A


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs. Please refer to Miami-Dade County Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

- Base Sheet: (Optional) One ply of PermaPly No. 28, DynaBase, GlasBase, GlasBase Plus, or Ventsulation adhered to the insulated substrate in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.. If base sheet is applied directly to polyisocyanurate insulation, only a spot or strip mopped application as detailed in this approval is approved; see General Limitation #4.
- Ply Sheet: One, two or three plies of Dynalastic 180S, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..
- Membrane: One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, DynaLastic 180, DynaLastic 180 FR, or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).
- Surfacing: (Optional) Install one of the following:
 1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
 2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.
- Maximum Design Pressure: -52.5 psf
- Maximum Fire Classification: See General Limitation #1.
- Maximum Slope: See General Limitation #1.
- Specification No.: See manufacturer's specification manual



Membrane Type: SBS

Deck Type 7I: Recover


Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel

System Type C: All layers of insulation simultaneously mechanically fastened.

All General and System Limitations apply.

<u>Insulation Base Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
One or more layers of any of the following insulation:				
Approved Type(s): AC Foam-II, E'NRG'Y-2, MultiMax Minimum: 1.3" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Foam Minimum: 1.5" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Minimum: 3/4" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fiber Glass Minimum: 3/4" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Retro-Fit Minimum: 1/2" x 2' x 4'	N/A	N/A	N/A	N/A

<u>Insulation Top Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
Approved Type(s): Multi-Max, E'NRG'Y 2, AC Foam-II Minimum: 1.5" x 4' x 4'		[3]	4	1:4 ft ²
Approved Type(s): Fesco-Foam Minimum: 1.5" x 4' x 4'		[3]	4	1:4 ft ²
Approved Type(s): Fesco Minimum: 3/4" x 2' x 4'		[1]	2	1:4 ft ²
Approved Type(s): Fiber Glass Minimum: 3/4" x 4' x 4'	UltraFast S/P	[3]	4	1:4 ft ²
Approved Type(s): Retro-Fit Minimum: 1/2" x 2' x 4'	UltraFast S/P	[1]	2	1:4 ft ²


 Frank Zuñiga, RRC
 Roofing Product Control Examiner

Note: All layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased, maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Miami-Dade County Protocol TAS 105 to confirm compliance with the wind load requirements set forth in Chapter 23 of the S.F.B.C. Please refer to Miami-Dade County Roofing Application Standard RAS 117 for insulation attachment.

- Base Sheet:** (Optional) One ply of PermaPly No. 28, DynaBase, GlasBase, GlasBase Plus, or Ventulation adhered to the insulated substrate in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.. If base sheet is applied directly to polyisocyanurate insulation, only a spot or strip mopped application as detailed in this approval is approved; see General Limitation #4.
- Ply Sheet:** One, two or three plies of DynaLastic 180S, DynaBase, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..
- Membrane:** One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, DynaLastic 180, DynaLastic 180 FR, or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).
- Surfacing:** (Optional) Install one of the following:
1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
 2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.
- Maximum Design Pressure:** -52.5 psf (See General Limitation #9)
- Maximum Fire Classification:** See General Limitation #1.
- Maximum Slope:** See General Limitation #1.
- Specification No.:** See manufacturer's specification manual



Membrane Type: SBS
 Deck Type 7I: Recover
 Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel
 System Type D: All layers of insulation and base sheet simultaneously mechanically fastened with base sheet.

All General and System Limitations apply.

<u>Insulation Layer</u>	<u>Fastener Type</u>	<u>Fastening Detail No.</u> (See RAS 117)	<u>Fasteners Per Board</u>	<u>Fastener Density</u>
One or more layers of any of the following insulations:				
Approved Type(s): AC Foam-II, E'NRC'Y-2, MultiMax Minimum: 1.3" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Foam Minimum: 1.5" x 4' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fesco Minimum: 3/4" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Fiber Glass Minimum: 3/4" x 2' x 4'	N/A	N/A	N/A	N/A
Approved Type(s): Retro-Fit Minimum: 1/2" x 2' x 4'	N/A	N/A	N/A	N/A

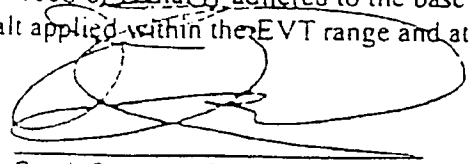
Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at an application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

Base Sheet: One ply of PermaPly No. 28, DynaBase, DynaPly, GlasBase, GlasBase Plus or Ventsulation fastened to the deck through the insulation as described below.

Fastening: Any approved fastener and plate listed herein spaced 9" o.c. at the lap and in two rows staggered 12" in the field of the sheet.

Note: Base sheet fasteners shall be tested for withdrawal resistance in compliance with Miami-Dade County Protocol TAS 105 to confirm compliance with the wind load requirements set forth in Chapter 23 of the S.F.B.C.

Ply Sheet (Optional): One, two or three plies of DynaBase, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, DynaLastic 180S or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..



- Membrane: One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, DynaLastic 180, DynaLastic 180 FR, or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).
- Surfacing: (Optional) Install one of the following:
1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
 2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.
- Maximum Design Pressure: -45 (See General Limitation #9).
- Maximum Fire Classification: See General Limitation #1.
- Maximum Slope: See General Limitation #1.
- Specification No.: See manufacturer's specification manual



Membrane Type: SBS

Deck Type 7: Recover

Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel

System Type E: Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of PermaPly No. 28, DynaBase, GlasBase, GlasBase Plus, DynaPly or Ventsulation fastened to the deck as described below:

Fastening: Any approved fasteners and plate listed herein spaced 9" o.c. at the lap and in two rows staggered 12" in the field of the sheet.

Note: Base sheet fasteners shall be tested for withdrawal resistance in compliance with Miami-Dade County Protocol TAS 105 to confirm compliance with the wind load requirements set forth in Chapter 23 of the S.F.B.C.

Ply Sheet (Optional): One, two or three plies of DynaBase, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, DynaLastic 180S or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..

Membrane: One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, DynaLastic 180, DynaLastic 180 FR, or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).

Surfacing: (Optional) Install one of the following:

1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.

Maximum Design Pressure: -45 (See General Limitation #9).

Maximum Fire Classification: See General Limitation #1.

Maximum Slope: See General Limitation #1.

Specification No.: See manufacturer's specification manual



Membrane Type: SBS
Deck Type 7: Recover
Deck Description: Concrete/lightweight concrete/cementitious wood fiber/wood/steel
System Type F: Base sheet adhered with approved asphalt.

All General and System Limitations apply.

Base Sheet: One ply of PermaPly No. 28, DynaBase, GlasBase, GlasBase Plus, DynaPly or Ventulation adhered to the existing roof deck with approved mopping asphalt in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or a spot mopping application of 12" dia. spots 24" o.c..

Ply Sheet (Optional): One, two or three plies of DynaBase, GlasBase, GlasBase Plus, PermaPly No. 28, GlasPly Premier, Glas Ply IV, DynaLastic 180S or DynaPly adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq..

Membrane: One ply of DynaKap, DynaKap FR, DynaMax, DynaMax FR, DynaGlas, DynaGlas FR, DynaGlas 30 FR, DynaLastic 250 FR, DynaLastic 180, DynaLastic 180 FR, or DynaPly adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See application instructions for approved method of installation).

Surfacing: (Optional) Install one of the following:

1. 2-3 gallons TopGard B emulsion/sq. or 2 gallons aluminum coating/sq.. Coatings shall be applied according to the manufacturers' recommendations regarding specific application rates and weathering.
2. Flood coat and gravel/slag with an application rate of 60 lbs./sq. & 400 lbs./sq., respectively.

Maximum Design Pressure: -275 psf concrete deck only.
-45 psf other deck types

Maximum Fire Classification: See General Limitation #1.

Maximum Slope: See General Limitation #1.

Specification No.: See manufacturer's specification manual



RECOVER SYSTEM LIMITATIONS:

1. Existing roof surfaces used as a bonding substrate shall be tested for uplift resistance, in compliance with Miami-Dade County Protocol PA 124 to the calculated design pressures of the field, perimeter and corner areas, determined in compliance with Chapter 23 of the South Florida Building Code.
2. All System Limitations and General Limitations shall apply. See specific deck type Notice of Acceptance for deck type System Limitations.



Torch Down -
**PRODUCT CONTROL NOTICE OF ACCEPTANCE
ROOFING SYSTEM APPROVAL**

Applicant:

Firestone Building Products Company
525 Congressional Boulevard
Carmel, IN 46032

Acceptance Number: 98-0107.02

Approved: February 3, 1998

Expires: February 3, 2001

Category: Membrane Roofing Systems

Sub-Category: Built-up Roofing

Type: Modified Bitumen

Sub-Type: APP/SBS

System Description

Firestone Building Products Co., is a producer of asphaltic and synthetic roof membranes and insulation products marketed nationally.

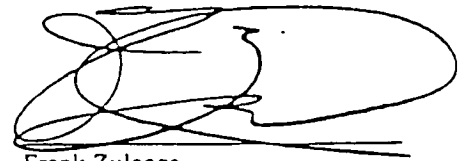
Firestone produces a wide range of roof products for build-up and modified bitumen roofing systems. The modified bitumen products include both APP and SBS products in smooth, granule, and fire rated versions.

Firestone Building Products Co., products are distributed through a network of roofing wholesale distributors throughout the South Florida area.

Firestone modified bitumen membranes have been tested in compliance with ASTM D 5147 and with ASTM E 108 test requirements.

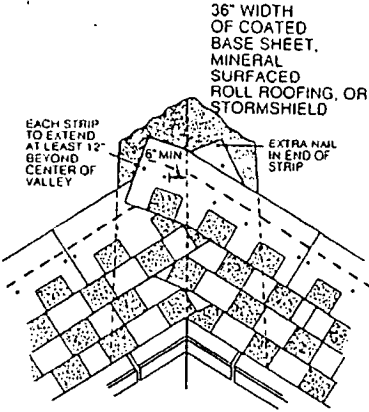
Contact:

Greg Brandt
Manager, Codes Dept.
Firestone Building Products Company
525 Congressional Boulevard
Carmel, IN 46032-5607
(317) 575-7000 ext. 7199

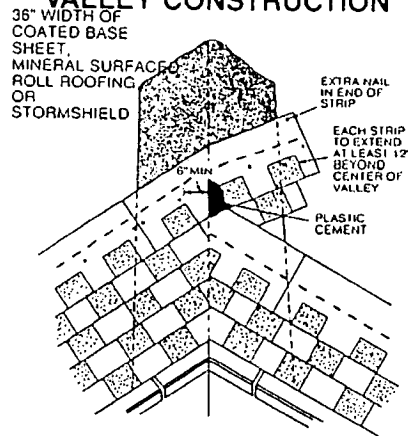


Frank Zuloaga
Roofing Product Control Examiner

WOVEN TYPE VALLEY CONSTRUCTION

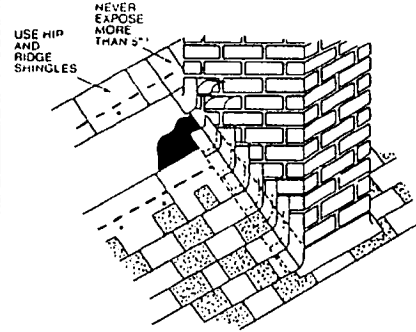


CLOSED CUT VALLEY CONSTRUCTION



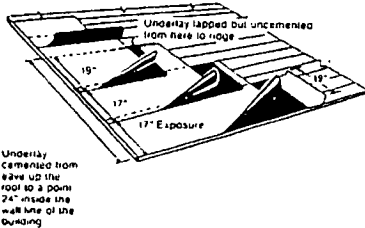
SUGGESTED CHIMNEY FLASHING — NEW WORK

(For Reroofing use adequate quantity of GENSTAR Plastic Cement to prevent leakage.)



ICE or SNOW ZONE

Fig. 1 (B)



GS STORMSHIELD™ may also be used. Call GS for details.

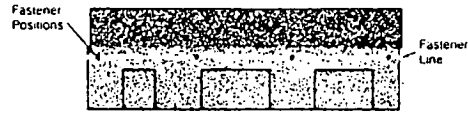
Important Notice - Fastener Attachment Location

When laminated shingles are fastened on the "fastener line" both layers are penetrated resulting in firm attachment to the substrate and reducing potential for "Blow-offs".

Proper Fastener Attachment Location

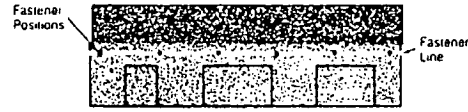
Standard Slope

One fastener positioned 1" from each end, other two fasteners placed equal distance from end fastener and each other. All fasteners must be placed through both components on the FASTENER LINE. (See Illustration.)

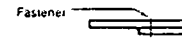


High wind areas, Mansard, Steep Slope

One fastener positioned 1" from each end, other four fasteners placed equal distance from end fastener and each other. All fasteners must be placed through both components on the FASTENER LINE. (See Illustration.)



Fastener through nail-line.



CAUTION: The Fastener Line Must NEVER Be Used As A Lay Line.

GS Roofing Products Company will NOT assume any responsibility for damage to its product resulting from improper placement of fasteners.

- *5" Standard = 5 $\frac{5}{8}$ " Metric
- **5 $\frac{5}{8}$ " Standard = 6 $\frac{1}{8}$ " Metric
- ***12" Standard = 13" Metric

SPECIFICATIONS

Coverage:	4 Bundles Per Square 3 Bundles Per/Sq. = Fire-Halt In Pacific/Central 100 Sq. Ft. = Eastern and Northern 98.4 Sq. Ft. = Pacific and Central
Approximate Dimensions:	12" X 36" = Eastern and Northern 13 $\frac{1}{4}$ " X 39 $\frac{3}{8}$ " = Pacific and Central
Exposure:	5" = Eastern and Northern 5 $\frac{5}{8}$ " = Pacific and Central
Fasteners Per Shingle: *	4 (6 in High Wind Areas)
Slope: *	All roofs not less than 4" in 12"

Special Features:	Self-Sealing, Laminated, Three Dimensional
Accessories:	Hip and Ridge Shingles
Compliances:	U.L. Class "A" (underlayment required) ASTM D-3018-82, Type I; ASTM D-3161-81, Type I
Warranty:	High Sierra = 40 Yr Limited Warranty Architect 80 = 30 Yr Limited Warranty Fire-Halt = 25 Yr Limited Warranty

*Refer to the current RESIDENTIAL ASPHALT ROOFING MANUAL published by the Asphalt Roofing Manufacturers Association for requirements regarding fasteners and low slope application.

PRECAUTIONS

1. Do not store in direct sun.
2. Do not stack more than:
 - High Sierra = 9 Bundles High (12 in Pacific)
 - Architect 80 = 10 Bundles High (13 in Pacific)
 - Fire-Halt = 11 Bundles High (12 in Pacific)
3. Do not apply shingles at temperatures under 40° Fahrenheit.
4. Provide adequate ventilation of attic spaces.
5. Separator Strip does not need to be removed.
6. DO NOT mix Product Codes.

Adequate ventilation of attic spaces can cause accumulation of moisture in winter and a build up of heat in summer.

These conditions can lead to:

1. Buckling of shingles due to deck movement.
2. Rotting of wood members.
3. Blistering of shingles.
4. Premature failure of roof.

To insure adequate ventilation and circulation of air, place louvers of sufficient size high in the gable ends and/or install eaves and roof vents.

FHA minimum property standards require one square foot of net free ventilation area to each 150 square feet of space to be vented.

Or one foot per 300 square feet if vapor barrier is installed on the warm side of ceiling or if approximately one half the ventilation is provided near the ridge.

If the ventilation openings are screened, the total area should be doubled. It is particularly important to provide adequate ventilation when reroofing.

REGIONAL OFFICES

5525 MacArthur Blvd. Suite 900
Irving, TX 75038
(214) 580-5604
FAX (214) 580-5692

2155 Las Positas Ct. Suite V
Livermore, CA 94550-9583
(510) 606-7434
FAX (510) 606-1097



GRP 1618
9/93



ATTN: SEWELL'S POINT PERMIT DEPT.
FAX# 561-220-4765

TO WHOM IT MAY CONCERN:

NOVEMBER 7, 2001

IN THE MAIL IS THE CORRECT AND UP-DATED SPECS FOR THE PERMIT
JUDY BURGESS -98 S. SEWELL'S POINT RD. IF YOU COULD PLEASE MAIL
ME BACK THE PERMIT AND RECEIPT WHERE IT WAS ALREADY PAID
I WOULD HIGHLY APPRECIATE IT. SORRY I COULD NOT GET BACK DOWN
THERE , LIKE I SAID I WOULD.

THANK YOU,
COOPER ROOFING PERMIT DEPT.



RENEE HOXIE



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

Your application for Notice of Acceptance (NOA) of:

Oakridge 30 AR

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.

Raul Rodriguez
Chief Product Control Division

ACCEPTANCE NO.: 01-0522.03
EXPIRES: 07/19/2006

**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: 07/19/2001



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning/Manville Sales Co.
Fiberglas Tower, T/16
Toledo OH 43659

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

Your application for Product Approval of:

Owens Corning Supreme AR

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 approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 00-0524.07

Expires: 08/21/2003

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 Dade County, Florida under the conditions set forth above.

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 08/03/2000

1 of 4



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 25, 2001; 2 Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5358	INGRAM	POOL DECK	Passed	Density Test = O.K.
(11)	101 N. SEWALLS PT RD BYFORD.	STAIRS		Soil Treatment ✓ INSPECTOR:
5599	WATSON	ROOF FINAL	Passed	
(10)	30 N. RIVER DR. PACIFIC.	263 0116		INSPECTOR:
5488	ED JUSTICE	CHECK POOL		Padlock / 1st Flr
(8)	18 MIDDLE RD.	FOR FINAL. 287 4049		Gar. Door INSPECTOR:
5565	RUPP	SHEATHING	Passed	
(7)	19 W. HIGH POINT EMMICK.			INSPECTOR:
5589	QUINN.	ROOF FINAL	Passed	
(4)	78 S. SEWALLS PT RD COOPER			INSPECTOR:
5423	VITALE	INSULATION	Passed	
	13 KNOWLES RD. DECOR			INSPECTOR: u
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

5913

GARAGE DOOR

TOWN OF SEWALL'S POINT

Date 8-13-02

BUILDING PERMIT NO. 5913

Building to be erected for Burgess/Quinn

Type of Permit Garage Door

Applied for by American Palm Beach Garage Door (Contractor)

Building Fee 35.00

Subdivision Rio Vista Lot 15 Block _____

Radon Fee _____

Address 98 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000015050000

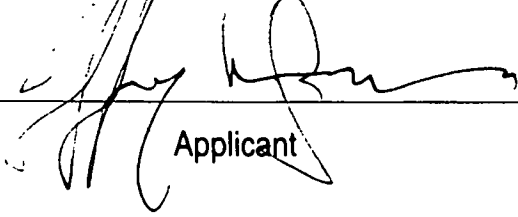
Plumbing Fee _____

Amount Paid _____ Check # 30632 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 1250.00

TOTAL Fees 35.00

Signed  Applicant

Signed  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
- GARAGE DOOR

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 _____

BUILDING PERMIT APPLICATION BURGESS 12384100200001505000
Owner or Titleholder Name Quinn Building Permit Number:
Legal Description of Property Riv Vista Sub Div. City Sewalls Pt State FL Zip _____
Location of Job Site 98 S. Sewall's Point Rd Parcel Number: Lot 15

Type of Work To Be Done change garage door
CONTRACTOR/Company Name American Palm Beach Garage Door Phone Number 361 283 4566
Street: 2201 SE Indian St H-2 City: Stuart State: FL Zip: 34994
State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP01904

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

ENGINEER _____
Street: _____ Phone Number: _____
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: _____

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

COST AND VALUES Estimated Cost of Construction or Improvements 1250 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: _____
This the _____ day of _____, 2002
by _____ who is personally
known to me or produced _____
as identification, _____
Notary Public
My Commission Expires _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: Martin
This the 5th day of August, 2002
by Fred Matica who is personally
known to me or produced _____
As identification, FL DL # M160-240-52061-0
Notary Public
My Commission Expires _____

Seal

Notary Public
Leslie Gartson
Seal
My Commission CC879451
Expires November 12, 2003

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MN
AMSPA01

DATE (MM/DD/YY)
08/13/02

PRODUCER

Gateway Insurance Agency
2430 W. Oakland Park Blvd.
Fort Lauderdale FL 33311
Phone: 954-735-5500 Fax: 954-735-2852

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

American Palm Beach Garage
Door Corporation
2201 SE Indian Street
Stuart FL 34997

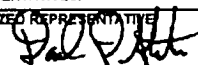
INSURER A: **National Trust Insurance Co.**
INSURER B: **AmCOMP Preferred Insurance Co.**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP0000109	08/01/02	08/01/03	EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA0000151	08/01/02	08/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
					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 \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	UMB0000109	08/01/02	08/01/03	EACH OCCURRENCE \$ 1000000
					AGGREGATE \$ 1000000
					\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7009931	08/01/02	08/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 500000
					E.L. DISEASE - EA EMPLOYEE \$ 500000
					E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

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

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
TOWN OF SEWALL'S POINT 1 SOUTH SEWALL'S POINT RD STUART FL 34996		SEWPO01	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

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

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(861) 288-6804

LICENSE 1978-518-026 CERT SP01904
PHONE (561) 283-4566 SIC NO 23551

LOCATION: 2201 SE INDIAN ST HC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	7.50
\$	.00	COL FEE \$	12.50
\$	.00	TRANSFER \$	5.00
TOTAL			25.00



MAFERA, WARREN F
AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN AVE
UNIT H-2
STUART FL 34997

HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

MISC. CONTR.

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

14 DAY OF AUGUST 20 01
AND ENDING SEPTEMBER 30, 2002 12 01081301 000965

CITY OF PORT ST. LUCIE

**CONTRACTORS
CERTIFICATE OF COMPETENCY
EXPIRES SEPTEMBER 30, 2002**

NAME: MAFERA, FRED
FIRM: AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN STREET H-2
STUART FL 34997

GARAGE DOOR INSTALLATION

TYPE:
STATE:

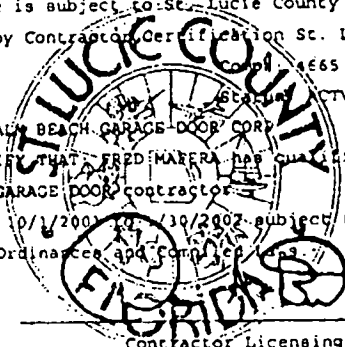
CITY: PSL01-4197

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

DBA: AMERICAN-PALM BEACH GARAGE DOOR CORP
THIS IS TO CERTIFY THAT FRED MAFERA has qualified as a certified GARAGE DOOR contractor for period from 01/2001 to 09/30/2002 subject to St. Lucie County Code of Ordinance and Form 100-103-11

Date: 08/21/01

Contractor Licensing Official



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

License: SP01904
Expires September 30, 2003

MAFERA, FRED III
AMER-PALM BCH GARAGE DOOR CORP
2201 SE INDIAN ST H-2
STUART, FL 34997
GARAGE DOOR



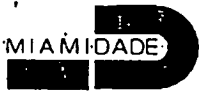
City of Stuart
Contractor Licensing

EXPIRES: 09/30/02

AP01080021 TYPE: GD
CONTRACTOR: AMERICAN PALM BEACH GARAGE
QUALIFIER: MAFERA, FRED
ADDRESS: 2201 SE INDIAN STREET H-2
STUART FL, 34997

*AH: Dee
The Quinn job is listed as:
Judith Burgess*

16 N.



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER-BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Your application for Notice of Acceptance (NOA) of:

Sectional Residential Garage Door

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

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure 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.: 01-0626.01
EXPIRES: 10/04/2006

Raul Rodriguez
Chief Product Control Division

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

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

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




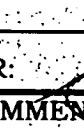
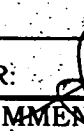

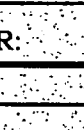
APPROVED: 10/04/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>8/12/02</u>
BUILDING OFFICIAL
Gene Simmons

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/16, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5894	KELVEE	FENCE	Passed	
	14 CRANES NEST	FINAL		
	O/B			INSPECTOR: 
5913	QUINN	GARAGE DOOR	Passed	
	98 S. SEWALLS PRD	FINAL		
	AMERICAN P.B.			INSPECTOR: 
5934	BOTWINICK	RE ROOF	Passed	
	27 EMARITA WAY	FINAL		
	SOUND ROOFING			INSPECTOR: 
5926	BREENE	MISC ROOF	Passed	
	113 HILLCREST DR	REPAIR FINAL		
	PACIFIC			INSPECTOR: 
5892	KISSLING	RIP RAP FINAL	Passed	
	7 MINDORO ST			
	NATURAL BALANCE			INSPECTOR: 
5897	MAYFIELD	DRIVEWAY	Passed	
	10 MIDDLE ROAD	FINAL		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 

OTHER: _____

6600

WINDOW/DOOR

REPLACEMENT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/10/04 BUILDING PERMIT NO. 6600
 Building to be erected for BURGESS-QUINN Type of Permit Repl 4 Sets Sliders
 Applied for by EAST COAST ALUMINUM (Contractor) Building Fee 4200 x 9.60/100 = 40.28
 Subdivision RIO VISTA Lot 15 Block _____ Radon Fee _____
 Address 98 S. SEWALL'S POINT ROAD Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Parcel Control Number: _____
1238 41002000001500000
 Amount Paid 40.32 Check # 26993 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 4200. TOTAL Fees 40.28

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"/> REAR DOORS |

INSPECTIONS

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

Date: 12/31/03
RECEIVED
JAN 05 2004

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Judith Burgess - Quinn Phone (Day) 286-2454 (Fax) _____

Job Site Address: 98 So. Sewall Pt. Rd City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) Rio Vista Lot 15 Parcel Number: 12-38-41-002-000-00150

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

Description of Work To Be Done: Replace 4 sets sliding Glass doors

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

CONTRACTOR/Company: East Coast Alum. Phone: 383-5650 Fax: 464-7603

Street: 605 S. Market Ave City: Ft. Pierce State: FL Zip: 34982

State Registration Number: AB 0028406 State Certification Number: _____ Martin County License Number: MC00424

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 4200.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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)
Charles J. Dekker
State of Florida, County of: MARTIN
This the 31st day of DECEMBER, 20003
by CHARLES J. DEKKER who is personally
known to me or produced
as identification. Donald M. Holman

CONTRACTOR SIGNATURE (required)
Charles J. Dekker
On State of Florida, County of: MARTIN
This the 31st day of DECEMBER, 20003
by CHARLES J. DEKKER who is personally
known to me or produced
As identification. Donald M. Holman

My Commission Expires: _____
Notary Public
Donald M. Holman
MY COMMISSION # DD240232 EXPIRES
September 20, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires: _____
Notary Public
Donald M. Holman
MY COMMISSION # DD240232 EXPIRES
September 20, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

R9V-03B7

DATE (MM/DD/YYYY)
12/12/2003

PRODUCER
SRM Insurance Brokerage LLC
40 Wantage Avenue
Branchville, NJ 07890

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 #

INSURED
Selective HR Solutions, Inc.
L/C/F East Coast Aluminum Products, Inc.
6920 Professional Parkway East
Sarasota, FL 34240
941 755-4634 ext 191 fax 941-756-4724

INSURER A: Selective Ins Co of Southeast
INSURER B: Selective Ins Co of America
INSURER C:
INSURER D:
INSURER E:

RECEIVED
 DEC 27 2003
 EFK

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 EA ACC	\$	
					AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7920573	01/01/2004	01/01/2005	X	WC STATUTORY LIMITS	OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC7920572				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

CERTIFICATE HOLDER

CANCELLATION

Town of Seawall's Point Town Hall
1 S Seawall's Point Road
Seawall's Point, FL 34995

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

Charles Bruneau



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION

AC# 0931428

RB0028406 06/05/03 200457680

REGISTERED BUILDING CONTRACTOR
 DEKKER, CHARLES J.
 EAST COAST ALUMINUM PRODUCTS INC
 (INDIVIDUAL MUST MEET ALL LOCAL
 LICENSING REQUIREMENTS PRIOR
 TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489
 Expiration date: AUG 31, 2005 L03060500490



MARTIN COUNTY, FLORIDA
 Construction Industry Licensing Board
 Certificate of Competency

BUILDING CONTRACTOR MARTIN COUNTY

License Number MC00424 Expires: 30-SEP-05

DEKKER, CHARLES
 EAST COAST ALUMINUM PRODUCTS
 605 S MARKET AVE
 FORT PIERCE, FL 34982

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 1998-513-015 CERT
PHONE (561) 225-0350 LIC NO 001521

LOCATION:
1101 NE MARTIN AVE MAP

CHARACTER COUNTS IN MARTIN COUNTY

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

RECEIVED
DEC 3-0 2003
BY:

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

RESIDENTIAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

20 DAY OF AUGUST 20 03

AND ENDING SEPTEMBER 30, 2004

SAMMONS, DOUGLAS J
HALL-SAMMONS, INC.
DOUGLAS J SAMMONS
1101 NE MARTIN AVE.
JENSEN BEACH FL 34957

12 03081901 000660

NOTICE OF COMMENCEMENT

Permit No. _____
State Of FL

Tax ID # 12-38-91 002 000 00150
County Of Martin

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal Description of property and street address, if available 98 S. Sewall Pt. Rd
Riv Vista Sub. Lot 15

General description of improvements Replace Sliding Glass Doors
Owner Judith Burgess
Address 98 S. Sewall Pt. Rd
Owner's interest in site of improvement _____

Fee Simple Title holder (if other than owner) _____
Address _____

Contractor East Coast Alum. Prods. Phone # 283-5650
Address 605 S. Marshall Rd Fax # 464-7603
Ft. Pierce, FL 34982

Surety _____ Phone # _____
Address _____ Fax # _____
Amount of Bond \$ _____

Lender None Phone # _____
Address _____ 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 Charles J. Pappert Phone # 283-5650
Address 605 S. Marshall Ft. Pierce 34982 Fax # _____
In addition to himself, owner designates _____ of _____ (Phone # _____
Fax # _____) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.
_____(Date)

Judith Burgess Quinn
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF MARTIN
Acknowledged before me this 6th day of FEBRUARY, 2004, by JUDITH QUINN, who is personally known to me or
who has produced DRIVERS LICENSE as identification.

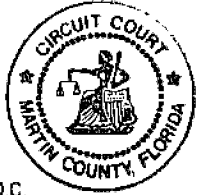
(seal) _____
SIGNATURE OF NOTARY
Donald M. Holman
DONALD M. HOLMAN
TYPE OR PRINT NAME OF NOTARY
September 20, 2007
BONDED THRU TROY FAIR INSURANCE, INC.



NOTARY PUBLIC TITLE
00240232 COMMISSION NUMBER

INSTR # 1727718
OR BK 01865 PG 0013
RECORDED 02/09/2004 02:38:24 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY [Signature] D.C.
DATE 2/9/04





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

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

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 "SGD-2500" Aluminum Sliding Glass Door

APPROVAL DOCUMENT: Drawing No. 757, titled "Aluminum Sliding Glass Door", sheets 1 through 9 of 9, prepared by manufacturer, dated 7/17/01 and last revised on 5/06/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: 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 and renews NOA # 02-0701-03 and consists of this page 1 as well as approval document mentioned above.

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

5/8/03



TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/6/04

BUILDING OFFICIAL
 Gene Simmons

NOA No 03-0123.08
Expiration Date: May 22, 2008
Approval Date: May 29, 2003
 Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 20004 Page of

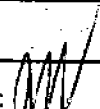
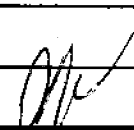
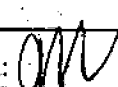
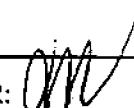
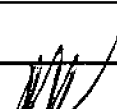
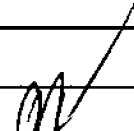
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6351	TAYLOR	FINAL PLUMBING	PASS	
3	22 HIGH POINT	- 11 BLDG		
	NAVARET+MAGGART			INSPECTOR: <i>[Signature]</i>
6600	QUINN	DOOR BUCK	PASS	will schedule final inspection
5	98 S. Sewall's Pt			
	EAST COAST	(after 9)		INSPECTOR: <i>[Signature]</i>
6544	LANCASTER	FOOTER SPREADING	PASS	CANCELLED
2	8 PINEAPPLE			
	MASTERPIECE Bldg			INSPECTOR: <i>[Signature]</i>
6596	DEWALT	FINAL DRIVEWAY	PASS	Close
1	18 PERRIN WHEELA			
				INSPECTOR: <i>[Signature]</i>
6079	HOEFLER	FENCE	PASS	Close
4	173 S. Sewall's Pt			
	O/B			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
OTHER:	PARADISE SILT SCREEN			
	11 RIDGELAND			
	BOLLES - 98 S SEWALL'S			

5 RIVERVIEW? PERMIT ON JOB WHAT WOULD INSPECTION LOG.xls

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/2, 2004 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6261	SMITH	INSULATION	PASS	
1	7 SIMARA SUNRISE CONST			INSPECTOR: 
6653	HBASSOC	FRAMING	FAIL	
110	3760 OCEAN ROY JANDREAU			INSPECTOR: 
6600	BURGESS QUINN	FINAL SLIDES	PASS	CLOSE
2	98 S. SEWALL'S PKRD EAST COAST ALUM			INSPECTOR: 
6625	BURGESS-QUINN	FINAL SLIDES	PASS	CLOSE
2	98 S. SEWALL'S PKRD EAST COAST ALUM.			INSPECTOR: 
6277	WILBERDING	ROUGH GAS	PASS	
8	2 PALAMA WAY FERRELL GAS			INSPECTOR: 
TREE	BRUSH	TREE	PASS	
3	2 MINDOCO ST			INSPECTOR: 
6429	ROBERTS	FINAL ADDITION	PASS	CLOSE
13	12 N. RIDGEVIEW GLENHARE HOMES			INSPECTOR:
OTHER:				

6625

WINDOW/DOOR

REPLACEMENT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/5/04

BUILDING PERMIT NO. 6625

Building to be erected for BURGESS-QUINN Type of Permit REPLACE SLIDING DOOR

Applied for by EAST COAST ALUMINUM (Contractor) Building Fee 35.00

Subdivision RIO VISTA Lot 15 Block _____ Radon Fee _____

Address 98 S. SEWALL'S PT ROAD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

12384100200000150000 Plumbing Fee _____

Amount Paid 35.00 Check # 27078 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1278.00 Roofing Fee _____

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Date: 3/2/04

Permit Number: _____

RECEIVED
MAR 02 2004

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Judith Burgaw-Quinn Phone (Day) 286-2454 (Fax) _____

BY: _____
Job Site Address: 98 S. Sewall Pt Rd City: _____ State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) Rio Vista lot 15 Parcel Number: 12-38-41-002 000 00150

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

Description of Work To Be Done: Replace one Sliding Glass Door (Existing Storm Panel)

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

CONTRACTOR/Company: Fast Coat Alca. Prod. Phone: 283-5650 Fax: 464-7603

Street: 605 S. Market Ave City: Ft. Pierce State: FL Zip: 34982

State Registration Number: PR028906 State Certification Number: _____ Martin County License Number: ML 00424

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1278.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Charles J. Dekker

State of Florida, County of: MARTIN

This the 2nd day of MARCH, 2004

by Charles J. Dekker who is personally

known to me or produced _____

as identification. Donald M. Holman

My Commission Expires: September 20, 2007



Donald M. Holman
MY COMMISSION # DD240232 EXPIRES
September 20, 2007
BONDED THRU TROY FAIR INSURANCE, INC.
Seal

CONTRACTOR SIGNATURE (required)
Charles J. Dekker

On State of Florida, County of: MARTIN

This the 2nd day of MARCH, 2004

by Charles J. Dekker who is personally

known to me or produced _____

As identification. Donald M. Holman

My Commission Expires: September 20, 2007



Donald M. Holman
MY COMMISSION # DD240232 EXPIRES
September 20, 2007
BONDED THRU TROY FAIR INSURANCE, INC.
Seal

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID YP
EASTC-1

DATE (MM/DD/YY)
04/02/03

PRODUCER
Bouchard-Countryside
29605 US 19 N STE 210
Clearwater FL 33761
Phone: 727-785-5651 Fax: 727-789-4903

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
East Coast Alum. Products Inc
605 South Market Ave
Ft Pierce FL 34982

INSURER A: **THE TRAVELERS INSURANCE CO**
INSURER B: **AUTO OWNERS INSURANCE CO**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	1600369K6401	03/22/03	03/22/04	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	9542538800	12/10/02	12/10/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" 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 STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
FAX: 561-220-4765

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWN
TOWN OF SEWALL'S POINT
TOWN HALL
1 SOUTH SEWALL'S POINT
SEWALL'S POINT FL 34996

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

R9V-03B7

DATE (MM/DD/YYYY)
12/12/2003

PRODUCER
SRM Insurance Brokerage LLC
40 Wantage Avenue
Branchville, NJ 07890

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
Selective HR Solutions, Inc.
L/C/P East Coast Aluminum Products, Inc.
6920 Professional Parkway East
Sarasota, FL 34240
941 755-4634 ext 191 fax 941-756-4724

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Selective Ins Co of Southeast	
INSURER B: Selective Ins Co of America	
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED
DEC 27 2003

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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7920573	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
B		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC7920572			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

CERTIFICATE HOLDER

CANCELLATION

Town of Seawall's Point Town Hall
1 S Seawall's Point Road
Seawall's Point, FL 34995

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
Chas Miner



STATE OF FLORIDA

AC# 0931428

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

RB0028406

06/05/03 200457680

REGISTERED BUILDING CONTRACTOR
DEKKER, CHARLES J
EAST COAST ALUMINUM PRODUCTS INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489

Expiration date: AUG 31, 2005

L03060900490



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

BUILDING CONTRACTOR MARTIN COUNTY

License Number MC00424 Expires: 30-SEP-05

DEKKER, CHARLES

EAST COAST ALUMINUM PRODUCTS

605 S MARKET AVE

FORT PIERCE, FL 34982

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 1998-513-015 CERT
PHONE (561) 225-0350 LIC NO 001521

LOCATION: 1101 NE MARTIN 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>

RECEIVED
DEC 30 2003
BY:

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **RESIDENTIAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

20 DAY OF AUGUST 2003


AND ENDING SEPTEMBER 30, 2004

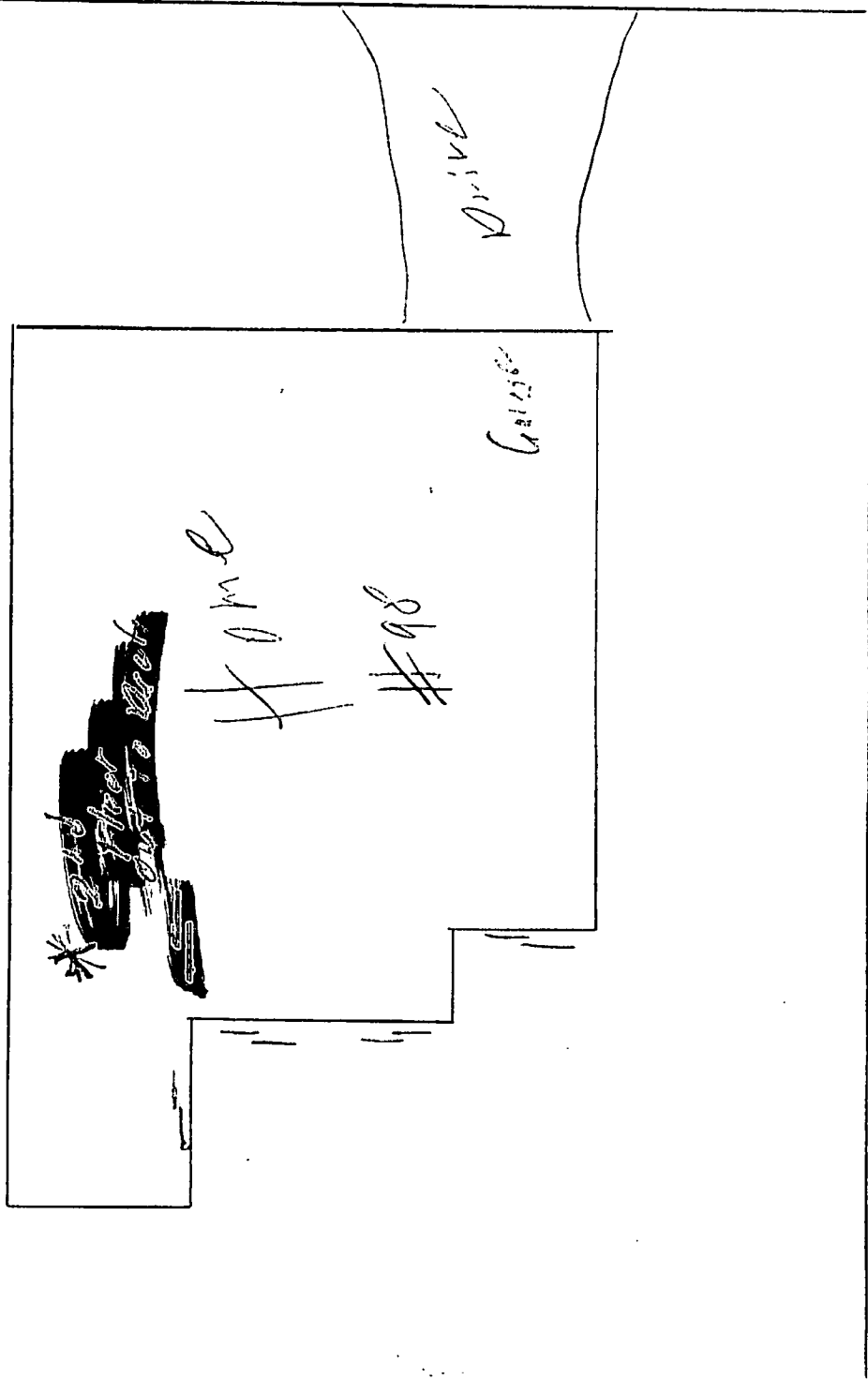
SAMMONS, DOUGLAS J
HALL-SAMMONS, INC.
DOUGLAS J SAMMONS
1101 NE MARTIN AVE.
JENSEN BEACH FL 34957

12 03081901 000660

J. Burgess - Quinn
98 S. Sewall Pt.
RD

* Replace One
5065 Sliding
Glass Doors
2nd Floor
out to Deck

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/2/04

BUILDING OFFICIAL
Gene Simmons

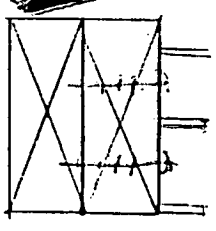


Sewall Pt. Rd

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

98 S. Bussell pt, Rd
 S. Bussell pt, Rd

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~~_____~~
~~_____~~

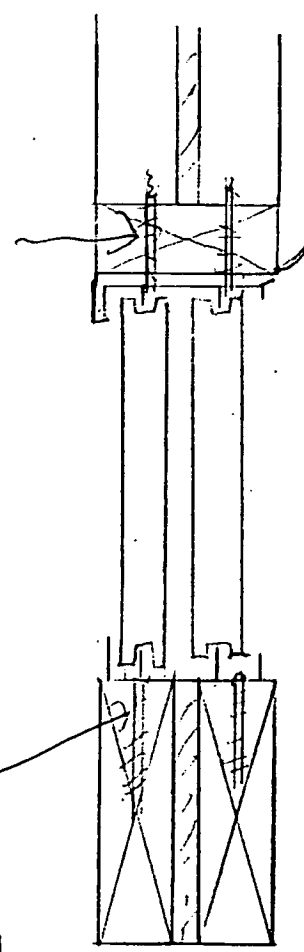
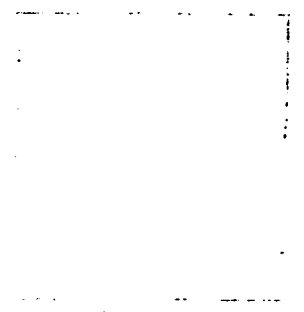


~~_____~~

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~~_____~~
~~_____~~

All wood
 Existing



To Flashes

Double 2x6/1/2
 Header

~~_____~~

~~_____~~



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

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

NOTICE OF ACCEPTANCE (NOA)

**PGT Industries
1070 Technology Drive
Nokomis, FL 34275**

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 "SGD-2500" Aluminum Sliding Glass Door

APPROVAL DOCUMENT: Drawing No. 757, titled "Aluminum Sliding Glass Door", sheets 1 through 9 of 9, prepared by manufacturer, dated 7/17/01 and last revised on 5/06/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: 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 and renews NOA # 02-0701.03 and consists of this page 1 as well as approval document mentioned above.

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

5/18/03



**NOA No 03-0123.08
Expiration Date: May 22, 2008
Approval Date: May 29, 2003
Page 1**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/2, 2004 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6261	SMITH	INSULATION	PASS	
1	7 SIMARA SUNRISE CONST			INSPECTOR: <i>[Signature]</i>
6653	HBASSOC	FRAMING	FAIL	
110	3760 OCEAN ROY JANDREAU			INSPECTOR: <i>[Signature]</i>
6600	BURGESS QUINN	FINAL SLIDE	PASS	CLOSE
2	98 S. SEWALL'S PK RD EAST COAST ALUM			INSPECTOR: <i>[Signature]</i>
6605	BURGESS QUINN	FINAL SLIDES	PASS	CLOSE
2	98 S. SEWALL'S PK RD EAST COAST ALUM.			INSPECTOR: <i>[Signature]</i>
6277	WILBERDING	ROUGH GAS	PASS	
8	2 PALAMA WAY FERRELL GAS			INSPECTOR: <i>[Signature]</i>
TREE	BRUSH	TREE	PASS	
3	2 MINDORO ST			INSPECTOR: <i>[Signature]</i>
6429	ROBERTS	FINAL ADDITION	PASS	CLOSE
13	12 N. RIDGEVIEW GLENMARK HOMES			INSPECTOR:
OTHER: _____				

6972

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/25/04

BUILDING PERMIT NO. 6972

Building to be erected for QUINN

Type of Permit REROOF

Applied for by PACIFIC ROOFING (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 15 Block _____

Radon Fee _____

Address 98 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee HURRICANE

Parcel Control Number:

1238410020000015056000

Electrical Fee DAMAGES

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ 24,000.00

TOTAL Fees _____

Signed Kim Rustin

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

Date: 10-14-04
RECEIVED
OCT 15 2004

Permit Number: _____

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

OWNER/TITLEHOLDER NAME: JOYH BURGESS QUINN Phone (Day) _____ (Fax) _____

Job Site Address: 98 S. SEWALL PT. RD City: STUART State: FL Zip: 34990

Legal Description of Property: RIO VISTA S/D Lot 15 Parcel Number: 128841002000001505

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

Description of Work To Be Done: RE-ROOF T.I.E ROOF

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

CONTRACTOR/Company: PACIFIC ROOFING Phone: 213-7663 Fax: 283-9505

Street: P.O. Box 2697 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: C-CCOS6793 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 24,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: FL License Number: C-CCOS6793

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 2,500 S.F. 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) JOYH BURGESS QUINN
State of Florida, County of: Martin
This the 13th day of Oct, 2004
by JOYH BURGESS QUINN who is personally known to me or produced as identification. James Nickerson
Notary Public

My Commission Expires: _____ James Nickerson My Commission DD271437

CONTRACTOR SIGNATURE (required) Richard J. Gump
On State of Florida, County of: Martin
This the 15 day of October, 2004
by Richard J. Gump who is personally known to me or produced as identification. James Nickerson
Notary Public

My Commission Expires: _____ James Nickerson My Commission DD271437



**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)

**Almar (USA), Inc.
6801 NW 77th Avenue
Miami, FL 33166**

SCOPE:

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

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

DESCRIPTION: Altusa "S" Clay Roof Tile

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

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

This NOA consists of pages 1 through 7.
The submitted documentation was reviewed by Frank Zuloaga, RRC

**REPAIR WORK FOR
HURRICANE DAMAGE**



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 10/18/04

BUILDING OFFICIAL
Gene Simmons

NOA No.: 02-1115.03
Expiration Date: 12/16/07
Approval Date: 12/12/02
Page 1 of 7

June 16, 2005

VISUAL INSPECTION
(WITH STRUCTURAL CERTIFICATION)

Project: Dry-in, Sheathing, Nailing, Flashing, Tin Tags and Metals
at Judith Quinn Residence 98 S. Seawalls Point Rd. Stuart FL, 34997
Permit No

Prepared for: **Seawalls Point Building Department**

Client: **Pacific Roofing Corp. 808 S.E. Dixie Hwy, Stuart FL 34994**

Background.

On June 9, 2005 B & B Engineering Inc. was requested by Pacific Roofing Corp. a Roofing Contractor to certify the installation of the Sheathing, nailing Tin Tags and Drip Edges Metals prior to installing the Tile Under-laymen at the above Residence.

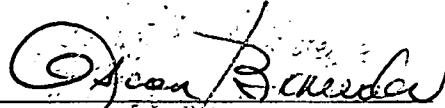
Certification:

B & B Engineering Inc Certify that the roof Tin Tags and Drip Edges Metals were properly installed (drip edge was nailed 4" staggered and Tin Tags were spaced 6" in lap, 12" in field) and secured to the roof structure and according to the 2001 F.B.C. and Seawalls Point Building Code. It is B & B Engineering Inc. opinion that the work was properly done.

Limitations.

Our professional services have been performed, our finding obtained and our opinions prepared in accordance with general accepted structural engineering principles and practices. This Company is not responsible for the conclusions, opinions or recommendations made by others based on our findings. The scope of the inspection was intended to evaluate the dry-in installation for the new roof cover and to assure its integrity.

Approved,


06-22-05
Oscar M. Bermudez, PE
FL License # 55141



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 98 S.S.P.R.

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

FINAL ROOF

NO INSPECTION WAS SCHEDULED
FOR DRY-IN OR ROOF SHEATHING.
NEED ENGINEER LETTER

ATTESTING TO COMPLIANCE
OF DRY IN, FLASHING & NAILING
OF SHEATHING TO "FLORIDA
BUILDING CODE"

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: 5/12

INSPECTOR

DO NOT REMOVE THIS TAG

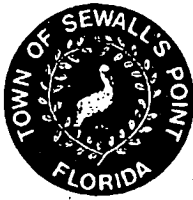
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/11, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7449	FERRARO	ROOF FRAMING	CANCEL	
4	4 KINGSTON CT GOLICK+McLAUGHLIN			INSPECTOR:
6972	QUINN	FINISH ROOF	FAIL	
7	985 Sewall's Pt PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
2344	AVNE	UG TANK & LINES	PASS	
15	1 MICHAEL ROAD FERRAR GAS			INSPECTOR: <i>[Signature]</i>
		DRIVEWAY	FAIL	
	7 SIMALA ST. SURPRISE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER:



6972

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 983 SPR

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

RAKE TILES TO BE INSTALLED
PETZ MANUFACTURED
LOCATION OF REEF HOLES ARE
NOT LOW ENOUGH ENSURE
ALL HOLES ARE CLEAR &
OPERATIONAL.

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: 6/27

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/27, 2005

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7535	DILLARD	DRY IN	FAIL	
2A	8 EMARITA WAY TUTTLE ROOFING			INSPECTOR: <i>OM</i>
7163	HAYNES	WINDOW + DOOR	PASS	
4	6 PALM ROAD O/B			INSPECTOR: <i>OM</i>
7362	BUTLER	FINAL ROOF		CANCEL
1	6 EMARITA WAY WESTERN	(8:30) BILL JOHNSON 501-902-9069		INSPECTOR:
6972	QUINN	FINAL ROOF	FAIL	
3	98 S. SEWALL ST PACIFIC ROOFING			INSPECTOR: <i>OM</i>
6576	CIVIELLO	STORM SHUTTERS	PASS	CLOSE
5	31 FIELDWAY O/B	FINAL RENOVATION		CLOSE INSPECTOR: <i>OM</i>
7643	MERRILL	PRE DRY WALL	PASS	
6	24 FIELDWAY DR O/B			INSPECTOR: <i>OM</i>
7623	SANDS	SKETCHING	PASS	
4C	82 S. RIVER RD PACIFIC ROOFING			INSPECTOR: <i>OM</i>
OTHER:	Armstrong 2 41 W. HIGHL PT	Courtesy Insp		ADVISED OWNER METHODS TO CONTROL MINIMAL EROSION PROBLEM <i>OM</i>



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 918 S SPR

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 ROOF

SEAL AT HARDPLANK JOINTS -
RESEAL TORCH DOWN MEMBRANE
WHERE NOT ADHERING -
RAKE TILES MISSING
WEED HOLES TOO HIGH
NEED TO BE ON ROOF
DECK

RESEAL FLASHING APTEL
WEE HOLE IS EXTERMINATED

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: 8/12

ORL
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/12, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7324	FARROW 47N. RIVER RD OIB	FINAL Wood Deck WALL + Deck	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
6972	CONTR. 98 S.S. PK. PACIFIC	FINAL ROOF	FAIL	 INSPECTOR: <i>[Signature]</i>
	PAULTER 91 S. RIVER PACIFIC.	FINAL ROOF	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
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 9/21, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7560	RADER	UG TANK LINES	PASS	
9	5 HERITAGE WAY MARTIN CITY PROP			INSPECTOR: <i>[Signature]</i>
7290	KRANSOE	FINAL ROOF	PASS	CLOSE
8	112 HILLCREST PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
7203	AKERS	FINAL ROOF	PASS	CLOSE
1	38 W HIGH PT PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
16972	QUINN	FINAL ROOF	PASS	CLOSE
3	98 S. SEWALL'S PT PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
7678	ROBINSON	FINAL REIG WALL	FAIL	
4	173 S. RIVER RD BLUE WATER MARINE			INSPECTOR: <i>[Signature]</i>
7677	ALLEN	FINAL REIG WALL	FAIL	(SEE 173) S. RIVER RD
2	171 S. RIVER RD BLUE WATER MARINE			INSPECTOR: <i>[Signature]</i>
7097	BARTEN	FINAL DOCK	FAIL	
10	3 ST. LUCIE COURT TROPIC MARINE			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

8700

FENCE



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK. A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS.

PERMIT NUMBER:	8700	DATE ISSUED:	AUGUST 28, 2007
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	ALUMINUM CONCEPTS		
PARCEL CONTROL NUMBER:	123841002000001505	SUBDIVISION	RIO VISTA - LOT 15
CONSTRUCTION ADDRESS:	98 S SEWALLS POINT RD		
OWNER NAME:	BURGESS-QUINN		
QUALIFIER:	MATTHEW BARTELUCE	CONTACT PHONE NUMBER:	561-533-5340

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE 8-24-07
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Judith Burgess Phone (Day) _____ (Fax) _____

Job Site Address: 98 S Sewalls Pt Rd. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Rio Vista 5/2 Lot 15 Parcel Number: 12-3B-41-002-000-0050-5

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

Scope of work: Install pool fence aluminum

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2250.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V _____ A9 _____ A8 _____ X _____
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

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

CONTRACTOR/Company: Aluminum Concept Phone: 561-533-5340 Fax: 561-547-5699

Street: 1177 W Blue Heron Blvd #108 City: Riveria Beach State: FL Zip: 33404

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2008 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REP. FBC 2004 W/ 2008 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AUTHORIZED AGENT SIGNATURE (required)
Judith Burgess
State of Florida, County of: Martin
This the 24th day of August, 2007
by JUDITH BURGESS who is personally known to me or produced as identification: Valerie Meybr

CONTRACTOR SIGNATURE (required)
Matt Bartelme
On State of Florida, County of: Martin
This the 24th day of August, 2007
by MATT BARTELMÉ who is personally known to me or produced as identification: _____

My Commission Expires: _____
SINGLE FAMILY PERMIT APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY

My Commission Expires: _____
NESTOR MARTIN
Notary Public
MY COMMISSION # DD651824
EXPIRES March 18, 2011
ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY

RECEIVED
DATE: 8-24-07
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Judith Burgess Phone (Day) 286-2454 (Fax) _____

Job Site Address: 98 S Sewalls Pt Rd. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista s/d lot 15 Parcel Number: 12-38-41-002-000-0050-5

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

Scope of work: Install pool fence aluminum

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2250.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V _____ A9 _____ A8 X
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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: Aluminum Concept Phone: 561-533-5340 Fax: 561-547-5699

Street: 1177 W Blue Heron Blvd #108 City: Riveria Beach State: FL Zip: 33404

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
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I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required) <u>Judith Burgess Quinn</u> State of Florida, County of: <u>Martin</u> This the <u>24th</u> day of <u>August</u> , 200 <u>7</u> by <u>JUDITH BURGESS QUINN</u> who is personally known to me or produced as identification. <u>Valerie Meyer</u> My Commission Expires: _____	CONTRACTOR SIGNATURE (required) _____ On State of Florida, County of: _____ This the _____ day of _____, 200 <u> </u> by _____ who is personally known to me or produced as identification. _____ My Commission Expires: _____
---	--

Notary Public: **VALERIE MEYER** MY COMMISSION # DD552119 EXPIRES: May 14, 2010
Notary Public

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PS
ALUMI-2

DATE (MM/DD/YYYY)
07/31/07

PRODUCER
Atlantic Pacific Insurance-PBG
1382 Prosperity Farms, #123
Palm Beach Gardens FL 33410
Phone: 800-538-0487 Fax: 561-626-3153

INSURED
Aluminum Concepts Sales, Inc.
Matthew Barteluce
1177 W Blue Heron Blvd
Riviera Beach FL 33404

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:	FCCI Insurance Co.	33472
INSURER B:	Progressive Express	02962
INSURER C:	Associated Industries Ins.Svc.	23140
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.

PRODUCER/INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	CPP00068871	12/07/06	12/07/07	EACH OCCURRENCE	\$ 500000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 500000
					GENERAL AGGREGATE	\$ 500000
					PRODUCTS - COMP/OP AGG	\$ Excluded
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY	05672645-0	03/19/07	03/19/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 100000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2007324399	07/31/07	07/31/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000

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

CERTIFICATE HOLDER

TOWNSEW
Town of Sewalls Point
1 South Sewalls Point Road
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 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
Richard J. Sabatino

**PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY**

EXPIRES SEPTEMBER 30, 20 07

AUDIT CONTROL NUMBER	A-0558737	CERTIFICATE NUMBER	U-16785
----------------------	-----------	--------------------	---------

NAME: MATTHEW P. BARTELLI
FIRM: ALUMINUM CONCRETE SALES INC

1177 W BLUE HERON BLVD #108
RIVIERA BEACH, FL. 33404

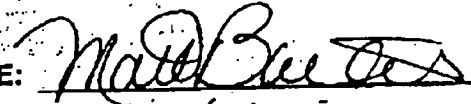
FEE : 180.00

CERTIFIED CONTRACTOR FENCE CONTRACTOR

ID #0020583
09/13/05

JES

SIGNATURE:



ATTEST:



CONSTRUCTION INDUSTRY LICENSING BOARD
OF PALM BEACH COUNTY



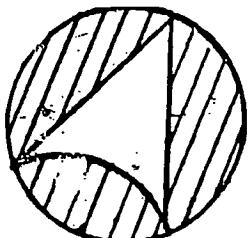
MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

FENCE ERECTION

License Number SP02567 Expires: 30-SEP-07

BARTELUCE, MATTHEW P JR
ALUMINUM CONCEPTS SALES INC
1177 W BLUE HERON BLVD #108
RIVIERA BCH, FL 33404

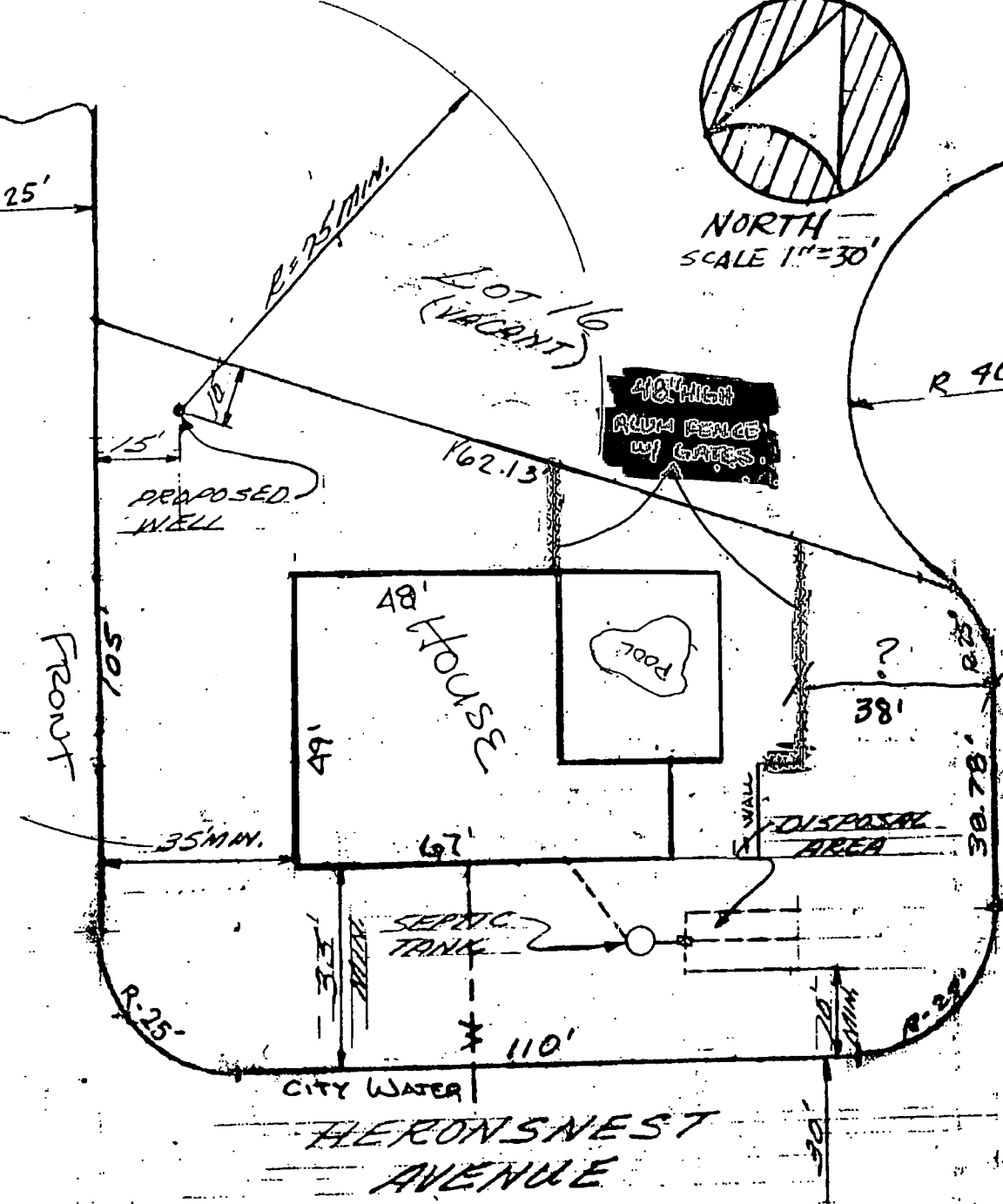
← license



NORTH
SCALE 1"=30'

SEWALL'S POINT ROAD

HERONSNEST AVENUE



FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE

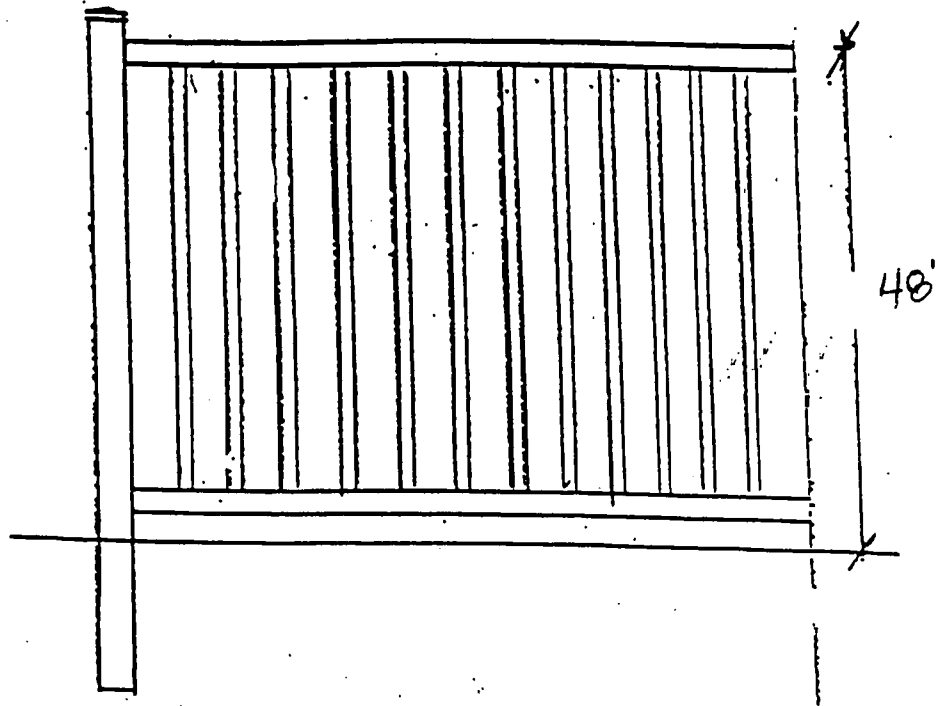
DATE 8-27-07

BUILDING OFFICIAL

LOT 14 (VACANT)

BEING KNOWN AS LOT 15 AS SHOWN ON MAP OF "PIO VISTA SID" RECORDED IN PLAT BOOK 2, PP. 93, PUBLIC RECORDS FOR MARTIN COUNTY, FLORIDA.

- NOTE:
1. THIS DNG. IS NOT A SURVEY
 2. ANY CHANGES TO THE PLOT PLAN, ARE SUBJECT TO APPROVAL BY THE ENGINEER.



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

MINUM FENCE DETAILS:

2. X .093" WALL POST & SNAP 60" ON CENTER.
X.045" WALL PICKETS WITH SPACES.
1 5/8" TOP & BOTTOM CHANNELS.
EMBLEMED WITH THERMAL COATED SCREWS.
TE, BLACK OR BRONZE ESP FINISH.

ALUMINUM CONCEPTS SALE
1177 WEST BLUE HERON BLVD
RIVIERA BEACH, FL 33406

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ 9-6, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8900	Quinn 985 Sewall Pt Alum Concepts	Final - final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8701	Teplitz 25 N River Terrell Gas	tank-ug	PASS	INSPECTOR: <i>[Signature]</i>
8655	MUSCATELLO 1 NORTH AVE. O/B.	Plb. & ELE. ROUGH. OFF RIVER	PASS	INSPECTOR: <i>[Signature]</i>
8405	Ayers 15 S River Rd Custom Bld	Final - electrical	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

11247

PAVERS



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11247		
ADDRESS:	98 S Sewall's Point Road		
DATE ISSUED:	4/21/2015	SCOPE OF WORK:	Install Paver Patio

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

Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)			\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)			\$	
Plan Submittal Fee (100.00 Remodel <\$100k)			\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.			\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.			\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.			\$	-
Total Construction Value:			\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp			\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	n/a
Technology Fee: (0.04% of Construction Value - \$5 min)				n/a
Road impact assessment: (0.4% of construction value - \$20 min.)				n/a
Martin County Impact Fee:			\$	
TOTAL BUILDING PERMIT FEE:			\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$	14,425.00
Total number of inspections: @ \$ 150.00 per insp. # insp			\$	150.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$	2.25
Technology Fee (0.04% of Construction Value - \$5 min.)			\$	5.77
Road impact assessment: (0.4% of construction value - \$20 min.)			\$	57.70
TOTAL ACCESSORY PERMIT FEE:			\$	217.97

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11247

Date: _____

OWNER/LESSEE NAME: JUDITH BURGESS QUINN Phone (Day) 772-286-2454 (Fax) _____

Job Site Address: 985 SEWALLS POINT ROAD City: STUART State: FL Zip: 34996

Legal Description: R10 UK51A 51D LOT 15 Parcel Control Number: 12-38-41-062-000-00150-5

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** INSTAL 1" PAVERS OVER EXISTING PATIO- SAME FOOTPRINT

<p>WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application)</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Has a Zoning Variance ever been granted on this property?</p> <p>YES <input type="checkbox"/> (YEAR) _____ NO <input checked="" type="checkbox"/></p> <p>(Must include a copy of all variance approvals with application)</p>	<p>COST AND VALUES: (Required on ALL permit applications)</p> <p>Estimated Value of Improvements: \$ <u>14425.00</u></p> <p>(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)</p> <p>Is subject property located in flood hazard area? VE10 <input type="checkbox"/> AE9 <input type="checkbox"/> AE8 <input checked="" type="checkbox"/></p> <p>FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:</p> <p>Estimated Fair Market Value prior to improvement: \$ _____</p> <p>(Fair Market Value of the Primary Structure only; Minus the land value)</p> <p>PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION</p>
---	---

Construction Company: Ape Pavers & Pools Phone: 772-419-5151 Fax: 772-419-5101

Qualifiers name: Ryan Figman Street: 834 SE Lincoln Ave City: Stuart State: FL Zip: 34994

State License Number: _____ OR Municipality: Martin County License Number: MCPB4701

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: 1125 Enclosed Storage: _____

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
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*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE

X Judith Burgess Quinn

State of Florida, County of: Martin

On This the 14 day of April, 2015

by Judith Burgess Quinn who is personally known to me or produced _____

As identification: Doreen Buffa

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:

X Ryan Figman

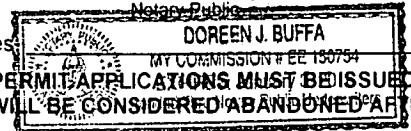
State of Florida, County of: Martin

On This the 14 day of April, 2015

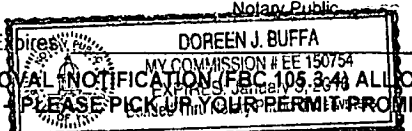
by Ryan Figman who is personally known to me or produced _____

As identification: Doreen Buffa

My Commission Expires: _____



My Commission Expires: _____



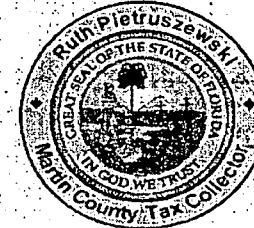
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2014-2015 **MARTIN COUNTY ORIGINAL**
BUSINESS TAX RECEIPT
 HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
 (772) 288-5604

ACCOUNT: 2006-520-1455 CERT APPROVED COS
 PHONE: (772) 419-5151 SIC NO: 235710
 LOCATION: 834 LINCOLN AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	S	<u>.00</u>	LIC. FEE	S	<u>26.25</u>
	S	<u>.00</u>	PENALTY	S	<u>.00</u>
	S	<u>.00</u>	COL. FEE	S	<u>.00</u>
	S	<u>.00</u>	TRANSFER	S	<u>.00</u>
TOTAL			<u>26.25</u>		



FIGMAN, RYAN
 APEX PAVERS, INC.
 834 LINCOLN AVENUE
 STUART, FL 34994

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **CONCRETE PAVER CONTRACTOR**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 2014
 AND ENDING SEPTEMBER 30, 2015

11 2013 43889.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30TH, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



Martin County Building Department

900 SE Ruhnke Street

Stuart, FL 34994

(772) 288-5482

Fax (772) 419-6935

FIGMAN, RYAN P
APEX PAVERS INC
834 LINCOLN AVE
STUART, FL 34994

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter, please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



**MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency**

PAVER BLOCK - MC

License #: MCPB4701

Expires: 09/30/2015

FIGMAN, RYAN P
APEX PAVERS INC
834 LINCOLN AVE
STUART, FL 34994



Record and Return to:
Apex Pavers
834 SE Lincoln Ave
Stuart, FL 34994

(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00

NOTICE OF COMMENCEMENT

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

PERMIT #: 11247 TAX FOLIO # 12-38-41-002-000-00150-5

STATE OF FLORIDA COUNTY OF MARTIN

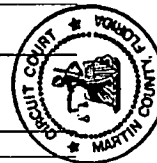
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE): RIO VISTA SID LOT 15
98 S SEWALL'S POINT ROAD, STUART FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: BRICK PAVER PATIO

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

Name: JUDITH BURGESS QUINN
Address: 98 S SEWALL POINT ROAD STUART FL 34996
Interest in property: OWNER
Name and address of fee simple title holder (If different from Owner listed above): _____



CONTRACTOR'S NAME: Ryan Figman, Apex Pavers Phone No.: (772) 419-5151
Address: 834 SE Lincoln Ave, Stuart, FL 34994

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

LENDER'S NAME: _____ Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a), Florida Statutes:

Name: _____ Phone No.: _____
Address: _____

In addition to himself or herself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Judith Burgess Quinn
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

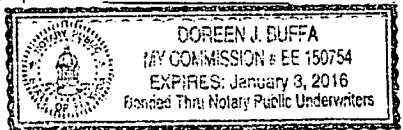
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 14 day of April, 2015

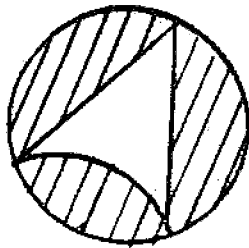
By: Judith Burgess Quinn as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Doreen Buffa
Notary's Signature Personally known or produced identification
Type of identification produced _____

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

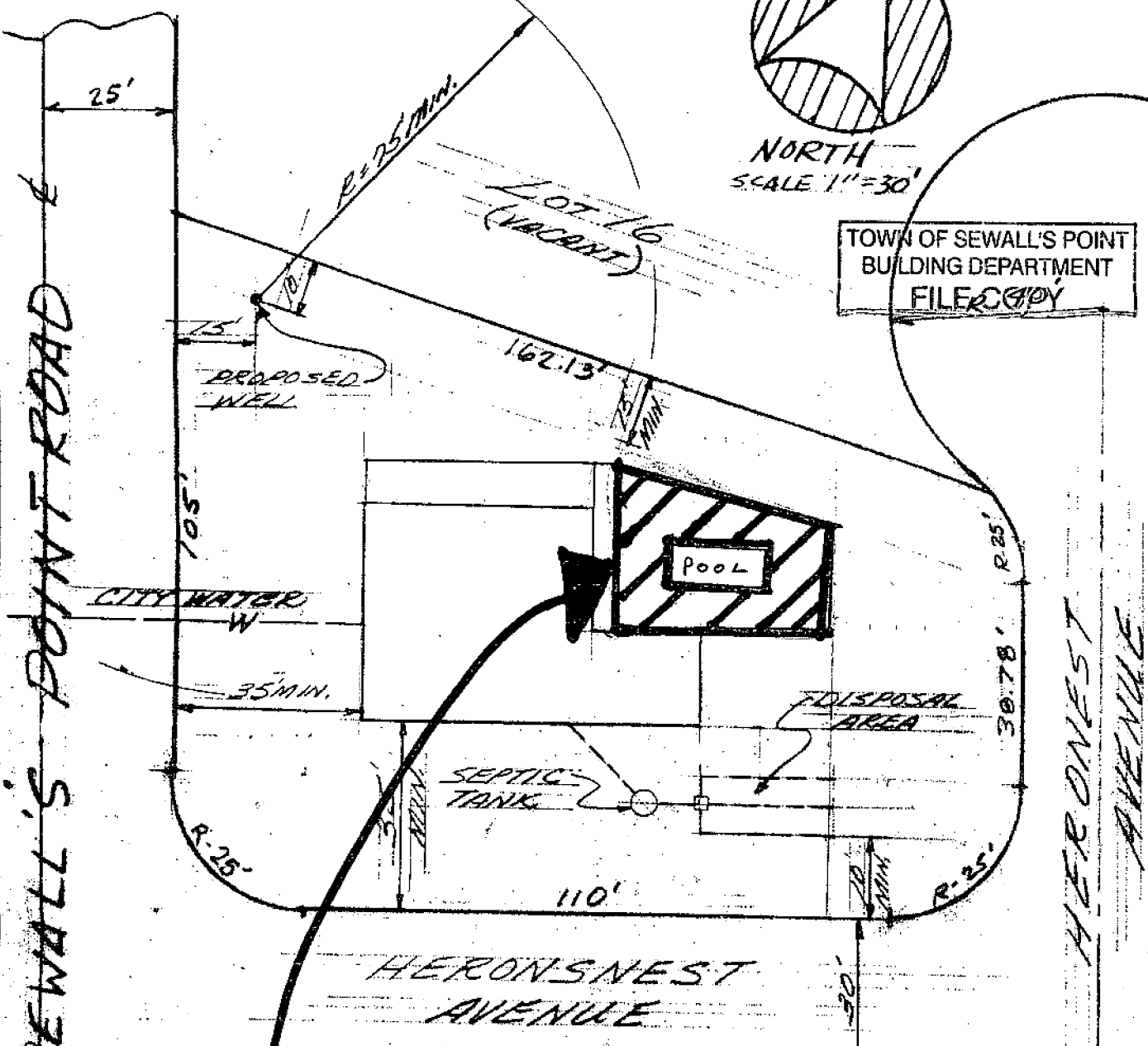


STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
BY: [Signature]
DATE: 4-15-2015



NORTH
SCALE 1"=30'

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Install 1" covers over the existing ratio. Same footprint.

"PLOT PLAN"

BEING KNOWN AS LOT 15, AS SHOWN ON MAP OF "RIO VISTA S/D" RECORDED IN PLAT BOOK 6, PG. 95, PUBLIC RECORDS FOR MARTIN COUNTY, FLORIDA.

- NOTE:
1. THIS DNG. IS NOT A SURVEY.
 2. ANY CHANGES TO THE PLOT PLAN, ARE SUBJECT TO APPROVAL BY THE ENGINEER.

PREPARED BY

PRICE ENGINEERING CO.

1320 PALM BEACH ROAD, STUART, FLA.

DWG. BY: CB, DATE: 11/2/77

PREPARED FOR

MR. JOE BURGESS

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 5/13/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10693	Bailey	C.O.		ISSUE C.O.
11:00	117 N Sewalls Pt Rd	Final	PASS	
	Driftwood Homes			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11235	Dickinson	A/C		
	19 Emarita Way	Final	PASS	CLOSE
	Nis Air			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11234	Kennedy	Paver walkway		
	65 S River Rd	Final	PASS	CLOSE
	Apex Paver			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11249	Quinn	Paver		
	68 S Sewall Pt Rd	patio Final	PASS	CLOSE
	apex Pavers			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11221	Seigel	Equipotential		
	18 Island Rd	Bond	PASS	
	Schiller Pool	P. POOL DECK		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott	Planter		
P.M Requested	53 N River Rd	Footer	PASS	BOND
	San George	Partial		S.D.E
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR