

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

**1210**

**SFR**

RECEIVED SEP 15 1980

TOWN OF SEWALL'S POINT FLORIDA

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

1210

RECEIVED SEP 16 1980 Date SEPT. 8, 1980

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner MARY CHAPPELL & KATHLEEN RILEY Present address 85 S.E. MILLWOOD TERRACE STUART, FLORIDA

Phone 283-7899

General contractor RIGHT WAY HOME BUILDERS, INC. Address 254 SOLIDA DRIVE,

Phone 878-2581 or 878-5481 PORT ST. LUCIE, FLORIDA 33452

Where licensed STATE LICENCED License No. C G C A 06033

Plumbing contractor ATLANTIC PLUMBING License No. 35

Electrical contractor S & W ELECTRIC License No. 00096

Air-conditioning contractor TROPIC AIR License No. 00216

Describe the building, or alteration to existing building \_\_\_\_\_

3 Bedroom, 2 Bathroom, Single Garage

Name the street on which the building, its front building line and its front yard will face 99 S. SEWELLS POINT ROAD

Subdivision RIO VISTA Lot No. 23 Area \_\_\_\_\_

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 1745 \$ 61,075

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$44,220.00

Cost of permit \$ 305 + 30 = 335 Plans approved as submitted or, as marked ✓

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

**RIGHT WAY HOME BUILDERS, INC.**

Contractor Robert O. Johansen

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

Owner X Mary J. Chappell

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

TOWN RECORD

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

Building Inspector (date) 9/17/80

Inspector's initials Jam

Town Commissioner (date) \_\_\_\_\_

Commissioner's initials \_\_\_\_\_

Time of Occupancy issued (date) \_\_\_\_\_

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

1210

SET TAB/STOPS AT ARROWS

# Certificate of Insurance

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 LISTED BELOW.



NAME AND ADDRESS OF AGENCY  
**W. D. FLOWERS INSURANCE, INC.**  
**P.O. BOX 3271**  
**FORT PIERCE, FLORIDA 33450**

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER	<b>A</b> South Carolina
COMPANY LETTER	<b>B</b>
COMPANY LETTER	<b>C</b>
COMPANY LETTER	<b>D</b>
COMPANY LETTER	<b>E</b>

NAME AND ADDRESS OF INSURED  
**RIGHT WAY HOME BUILDERS, INC.**  
**254 SOLIDA DRIVE**  
**PORT ST. LUCIE, FLORIDA 33452**

I hereby certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>	GLA 64 69 33	7/7/81	BODILY INJURY	\$ 300 M	\$ 300M
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$ 50 M	\$ 50M
	<input type="checkbox"/> PREMISES OPERATIONS					
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD					
	<input type="checkbox"/> UNDERGROUND HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> FIDELITY FORM PROPERTY DAMAGE					
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH OCCURRENCE)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<b>EXCESS LIABILITY</b>			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY		
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES  
**Contractors-construction or erection-executive supervisors exercising supervision through superintendents and foreman-no direct supervision. Construction Operations-Contractor (not railroads) excluding operations on board ships. General Contracting-building construction one or two family dwellings.**

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER  
**Florida Construction Industry Licensing Board**  
**P.O. Box 2**  
**Jacksonville, Florida 32201**

DATE ISSUED: 7/25/80  
  
 AUTHORIZED REPRESENTATIVE

**DECLARATIONS**



**Workers' Compensation and Employers' Liability Policy**

POLICY NO.	TD/CO	SALES OFFICE	CODE	SALES REPRESENTATIVE	CODE	N/R	1ST YEAR
WCL-351-077198-010	91/7	LAKE WORTH	509	ASSIGNED	3000	1	80

Item 1. Name of insured **RIGHT WAY HOME BUILDERS, INC.**  
**254 SOLIDA DR.**  
**PORT ST. LUCIE, FL 33452**

Address

07 71 98/0000

Status **CORPORATION**

Locations — All usual workplaces of the insured at or from which operations covered by this policy are conducted are located at the above address unless otherwise stated herein:

Item 2. Policy Period: From **Mo. 03 Day 06 Year 80** to **Mo. 03 Day 06 Year 81**  
**12:01 AM** standard time at the address of the insured as stated herein.

Item 3. Coverage A of this policy applies to the workers' compensation law and any occupational disease law of each of the following states: **FL**

Item 4. Classification of Operations	Code No.	Premium Basis Estimated Total Annual Remuneration	Rates Per \$100 of Remuneration	LINE 110 Estimated Annual Premiums
<i>Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.</i>				
<b>PRODUCER OF RECORD</b> <b>W. D. FLOWERS INSURANCE, INC.</b> <b>P. O. BOX 3271</b> <b>FT. PIERCE, FL 33450</b>				
<b>CARPENTRY - DETACHED DWELLINGS</b>	<b>5645</b>	<b>10,000</b>	<b>8.46</b>	<b>846</b>
<b>FLORIDA PREMIUM BEFORE TRANSITION CREDIT</b>				<b>846</b>
<b>\$100 PAYROLL LIMITATION TRANSITION CREDIT</b>				
<b>FLORIDA PREMIUM AFTER TRANSITION CREDIT</b>				<b>846</b>

RA # 391

Minimum Premium \$ **318 (FL)** Total Estimated Annual Premium \$ **846**

Interim adjustment of premium shall be made: Deposit Premium \$

Item 5. Limit of Liability for Coverage B — Employers' Liability: \$ **100,000** subject to all the terms of this policy  
 having reference thereto. Minimum Premium (if applicable) **ARC 67.68**

This policy, including all endorsements issued therewith, is hereby countersigned by .....

Work Units	Term. Optr.	Audit Basis	Periodic Payment	Rating Basis	Pol. H. G.	Home State	Dividend	AUTHORIZED REPRESENTATIVE
<b>1</b>	<b>1</b>	<b>HB</b>	<b>1</b>	<b>NR</b>		<b>FL</b>		<b>NEW</b>

**PREMIUM DISCOUNT ENDORSEMENT**  
(Workmen's Compensation and Employers' Liability Insurance)

IT IS AGREED THAT:

1. **Standard Premium: Total Standard Premium.** The premium for each state in which the policies designated in Paragraph 3 hereof are effective, computed in accordance with the provisions of such policies, other than this or any other premium discount endorsement and exclusive of the application of any retrospective rating plan, shall be known as the Standard Premium for that state. The sum of such Standard Premiums for all states in which such policies are effective shall be known as the Total Standard Premium.
2. **Computation of Premium Discount.**
  - (a) If none of the Standard Premiums for the states named in the Tables of Premium Discount Percentages in use by the Company on the effective date of this policy is subject to retrospective rating, the Standard Premium for each such state shall be subject to the applicable discount, based on the Total Standard Premium, stated in the Company's Table of Premium Discount Percentages for that state.
  - (b) So much of the Total Standard Premium as is subject to retrospective rating shall not be subject to discount. If a portion of the Standard Premiums for such states is subject to a retrospective rating plan, the discount on that portion of such premiums not subject to retrospective rating shall be the difference between (1) the discount which would be obtained in (a) foregoing if none of the Total Standard Premium were subject to retrospective rating, and (2) the discount which would be obtained in (a) if only premium subject to retrospective rating were included in the computations.

3. **Schedule.**

POLICY NUMBERS

WC1-

No Discount Allowed on any Annually  
Earned Premium Less than \$1006.

ESTIMATED STANDARD PREMIUM  
\$ 846.

TOTAL \$ 846.

This endorsement is executed by the company below designated by an entry in the box opposite its name.

Premium \$

Effective Date

For attachment to Policy or Bond No. WC 1-351-077198-010

Audit Basis

Issued to

Expiration Date

LIBERTY MUTUAL INSURANCE COMPANY  
 LIBERTY MUTUAL FIRE INSURANCE COMPANY

*Oliver E. Doorman*      *Malcolm B. Bradshaw*  
SECRETARY      PRESIDENT

Work Units 1 -

Countersigned by

Authorized Representative

1706  
(10/1/54)  
Form 56  
WC

Issued

Sales Office and No.

End. Serial No. 2

STATE OF FLORIDA  
Department of Professional ~~XXXXXXX~~ Regulation  
CONSTRUCTION INDUSTRY  
LICENSING BOARD

JOHANSEN, ROBERT O  
HOME WAY HOME BUILDERS INC  
CERTIFIED GENERAL CONTRACTOR  
HSA LICENSE REQUIRED BY CHAPTER 469  
10 YEAR EXPIRING JUNE 30, 1981

*Robert O. Johansen*

PRINTED BY LICENSING BOARD  
1001 POLICE BOX 7  
TALLAHASSEE, FL 32301

15-03 000005033 0510 150.00

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 MARY J. CHAPPELL (as to an undivided 50% interest) and KATHLEEN M. RILEY (as to an undivided 50% interest), as Joint Tenants with Right of Survivorship, of 10920 GABLE ST., BOCA RATON County of Palm Beach, State of Florida, Grantee

WITNESSETH:

That for the sum of Ten and no/100 (\$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 23, RIO VISTA SUBDIVISION, according to the Plat thereof, filed December 11, 1975, in Plat Book 6, Page 95, Martin County, Florida, Public Records.

SUBJECT HOWEVER, to the following:

1. Taxes accruing subsequent to December 31, 1978;
2. Zoning regulations and ordinances of the Town of Sewall's 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 30th day of March, 1979.

WITNESSES:

Mary E. Czuchra

Gustav Schickedanz, Individually and as Trustee (SEAL)

Ann Schickedanz

Ann Schickedanz (SEAL)

DOMINION OF CANADA  
PROVINCE OF ONTARIO  
DISTRICT OF YORK

The foregoing Warranty Deed was acknowledged before me by GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, on this 30 day of March, 1979.

(Notary Seal)

Notary Public

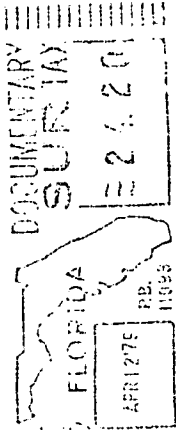
My Commission Expires:  
It Does Not Expire. It is for Life.

This instrument prepared by:  
JOHN FENNIMAN, CHARTERED  
501 E. Osceola Street  
P. O. Box 2473  
Stuart, Florida 33494  
Phone: (305) 287-4300

JOHN FENNIMAN,  
CHARTERED  
ATTORNEY AT LAW  
POST OFFICE BOX 2473  
STUART, FLORIDA 33494  
(305) 287-4300

TOP 468 912

79 APR 12 P 3:10







STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT  
AND FINAL INSPECTION FORM

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

Authority:  
Chapter 381, 386, 387, FS  
Chapter 10D-6, FAC

\$25 WELL FEE IF WELL NOT INSTALLED AT  
TIME OF SEPTIC SYSTEM INSPECTION

DATE \_\_\_\_\_ Permit Number AD 80-555

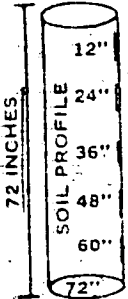
Name of Applicant Rightway Builders Telephone No. 878-5481  
Mailing Address of Applicant 254 Salida Dr. PSL  
To Be Installed At: (Give Street Address)\* Sewalls Point Rd.  
Lot No. 23 Block No. Rio Vista Subdivision Rio Vista S/D Plat Book \_\_\_\_\_ Page \_\_\_\_\_  
Size of Lot: 100 By 150 No. Living Units 1 No. Bedrooms 3 No. People \_\_\_\_\_  
Type of Business \_\_\_\_\_ No. Toilets 2 No. Wash Basins \_\_\_\_\_ No. Employees \_\_\_\_\_  
Total Square Feet in Building \_\_\_\_\_  
\*Note: Attach Site Location Map and Other Supportive Documents  
crow 0.0  
perc. 0.5

Signature of Applicant  
W. J. Schoepf  
Florida Professional No. 3169

SITE INFORMATION

Distance to Sanitary Sewer n/a Distance to Stream, Lake, Canal n/a  
Distance to Public Water Supply n/a Distance to Private Well(s) \_\_\_\_\_  
Rainfall Data \_\_\_\_\_  
Is Area Subject to Flooding? \_\_\_\_\_ Does Site have Good Natural Drainage? \_\_\_\_\_  
Which Way Does Lot Drain? front Any Perimeter Ditches? yes Depth of Ditches 0.4  
Is there Standing Water in Ditches? no Depth of Water in Ditches none  
Distance to Nearest Residence (North West house 200' South \_\_\_\_\_ West \_\_\_\_\_) Are Buildings  
in this Area on: Septic Tanks X Sand Filters \_\_\_\_\_ Other \_\_\_\_\_  
Any Known Drainfield Failures in this Area \_\_\_\_\_

SOIL PROFILE AND PERCOLATION DATA



Water Table At 40 inches  
Hard Pan At \_\_\_\_\_ inches  
Clay At \_\_\_\_\_ inches  
Muck At \_\_\_\_\_ inches  
Other At \_\_\_\_\_ inches  
Soil Classification: 1 SW well grad. sand & dirt  
Percolation Rate: 1/4 min inch  
WET SEASON: 36

TOP 5/8 TO BE SET 6" ABOVE CROWN

INSTALLATION SPECIFICATIONS

Septic Tank Capacity: 900 Drain Tile (Linear Ft.): \_\_\_\_\_  
Dosing Tank Capacity: \_\_\_\_\_ Sand Filter Size: (Sq. Ft.) \_\_\_\_\_  
Grease Trap Capacity: \_\_\_\_\_ Absorbtion Bed Size: (Sq. Ft.) 300  
Perforated Pipe: (Linear Ft.) \_\_\_\_\_ Lateral Drainfield Size: (Sq. Ft.) \_\_\_\_\_  
Other Specifications: \_\_\_\_\_

RECOMMENDATION: Approval  Disapproval

8-7-80  
Date Processed

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

Robert Washam  
Signature of Sanitarian

MARTIN County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection \_\_\_\_\_ Type of Tank (Concrete, Fiberglass, Etc.) \_\_\_\_\_  
Size Tank Installed \_\_\_\_\_ Drainfield Size \_\_\_\_\_ No. Tile Feet \_\_\_\_\_  
Dosing Tank Size \_\_\_\_\_ Grease Trap Size \_\_\_\_\_ Sand Filter Size \_\_\_\_\_  
Who Made Installation \_\_\_\_\_

RECOMMENDATION: Approval  Disapproval

Signature of Sanitarian

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

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

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified as to height and name, common or botanical. Groups of trees may be designated as clumps with an estimated size and number, etc..

Owner MARY CHAPPELL & KATHLEEN RILEY Present Address 85 S.E. MILLWOOD TERR. Phone 283-7899

STUART, FL.

Contractor RIGHT WAY HOME BUILDERS INC. Address 251 SOLIDA DRIVE Phone 878-2581  
PORT ST. LUCIE, FL. 878-5481

Number of trees to be removed \_\_\_\_\_

3 Australian Pines

Number of trees to be relocated within 30 days (no fee)

Number of trees to be replaced within 30 days \_\_\_\_\_

Permit Fee: \$ NONE (\$5. for 1st tree, plus \$1. each additional tree - not to exceed \$25.)

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

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

Permit good for one (1) year. Fee for renewal of expired permit is \$5.

Signature of Applicant \_\_\_\_\_ Date submitted \_\_\_\_\_

Approved by Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

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

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

# FRASER ENGINEERING AND TESTING

PHONE: (305) 481-7508

3504 INDUSTRIAL 33 RD STREET

FORT PIERCE, FLORIDA - 33450

1210

## Report of DENSITY OF SOIL IN PLACE ASTM 2167-66

**Client:** Mrs. Cappell  
85 S.E. Millwood Terrace, Stuart

**Date:** September 24, 1980

**Contractor:** Client

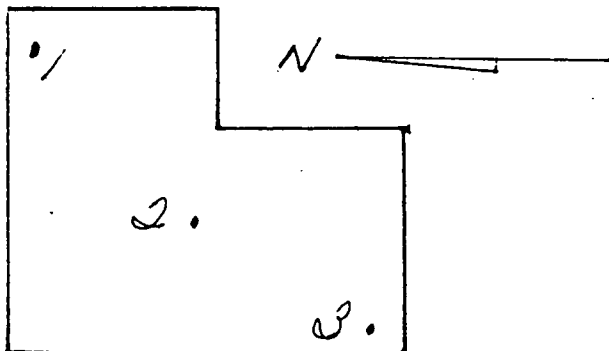
**Site:** 99 Sewells Point Rd.

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max. Dry Density	
37342	Map Location #1	0 - 1'	104.4	37341	104.0	100.0
37343	Map Location #1	1 - 2'	99.2	37341	104.0	95.4
37344	Map Location #1	2 - 3'	100.4	37341	104.0	96.5
37345	Map Location #1	3 - 4'	100.2	37341	104.0	96.3
37346	Map Location #2	0 - 1'	103.4	37341	104.0	99.4
37347	Map Location #2	1 - 2'	101.4	37341	104.0	97.5
37348	Map Location #2	2 - 3'	100.0	37341	104.0	96.2
37349	Map Location #3	0 - 1'	103.2	37341	104.0	99.2
37350	Map Location #3	1 - 2'	98.3	37341	104.0	94.5

All elevations below slab grade.

Client - 1  
Sewells Pt. Bldg. Dept. - 1

Copies



Respectfully submitted,  
  
ALEXANDER H. FRASER, P. E.

Report  
 of  
**MOISTURE DENSITY RELATIONSHIP**

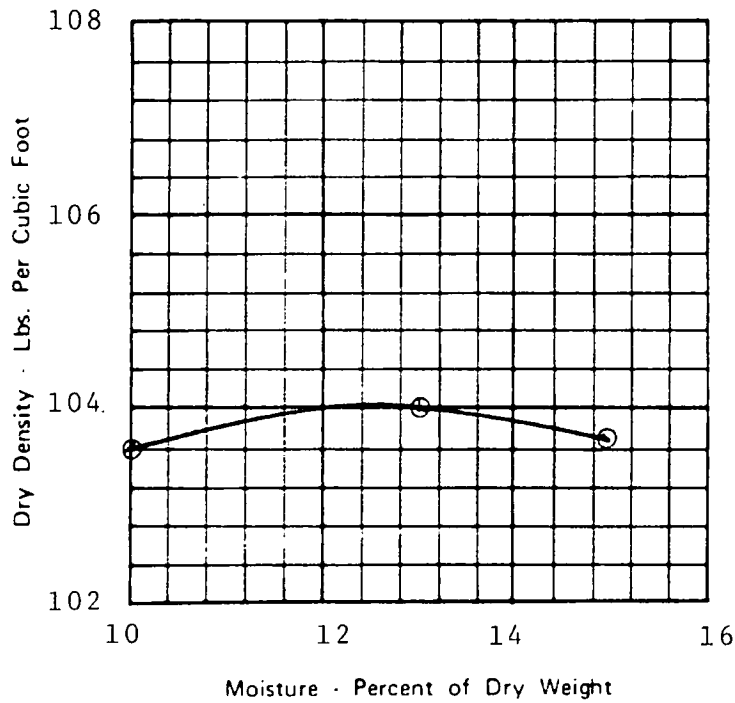
ASTM 1557-70

Client: Mrs. Cappell  
 85 S.E. Millwood Terrace, Stuart

Date: September 24, 1980


Contractor: Client

Site: 99 Sewells Point Rd.



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
37341	A	Composite	13.1	104.0	Brown fine sand with organic fibers.

Copies

Respectfully submitted,  
  
 ALEXANDER H. FRASER, P. E.

**1364**

**RE-ROOF**

1364

RECEIVED JUN 24 1981

TOWN OF SEWALL'S POINT FLORIDA

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

Date 6-17-81

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 Mary Chappell Present address 99 S. SEWALLS RD

Phone 283 7899

CLIMATROL FLORIDA CORP.

Contractor ~~2201 S.E. Indian St. - 1-78~~ Address 3718 INTERSTATE PK Rd.

Phone ~~Stuart, Florida 33494~~ ~~Ph. 203-9970, West Palm, 042-4455~~ RIVIERA BEACH.

Where licensed \_\_\_\_\_ License number CRC 001786

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: a patio with an aluminum

roof 10x20.

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

Subdivision Rio Vista Subd. Lot No. 23.

Contract price \$ 113800. Cost of Permit \$ 600

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 Anna C. Gonsouves

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 X Mary Chappell

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

Approved: J. Mazzuca 6/25/81  
Building Inspector Date

Approved: J.C. Stupell 6/21/81  
Commissioner Date

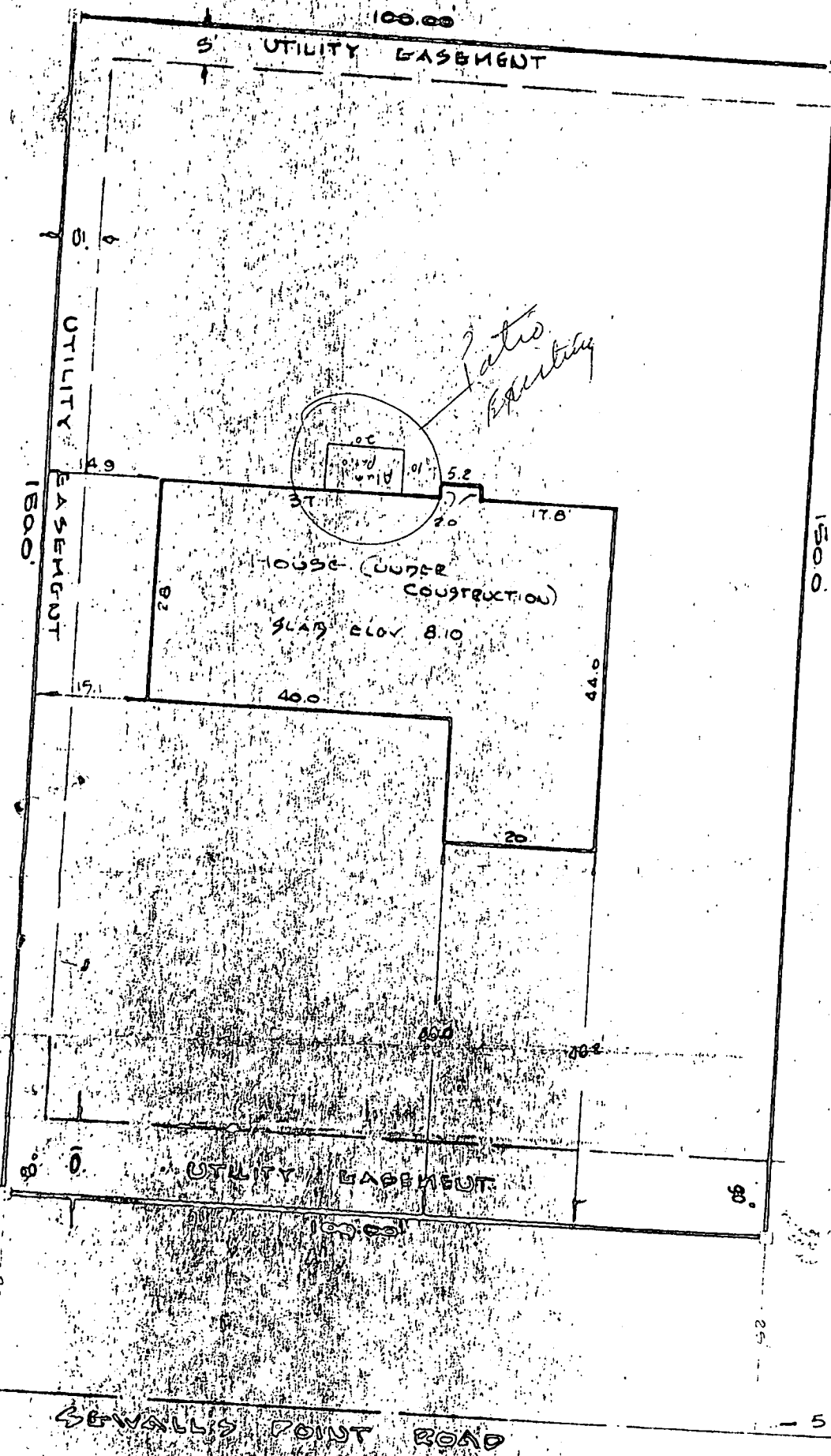
Final Approval given: 8/5/81 Jan  
Date

Certificate of Occupancy issued \_\_\_\_\_  
Date

SP/1-79

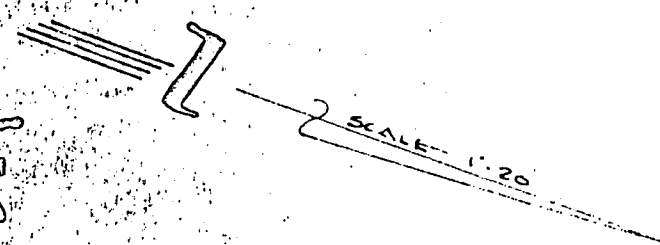
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1364



RIO VISTA DRIVE  
(30' R.O.W.)

SEWALL'S POINT ROAD



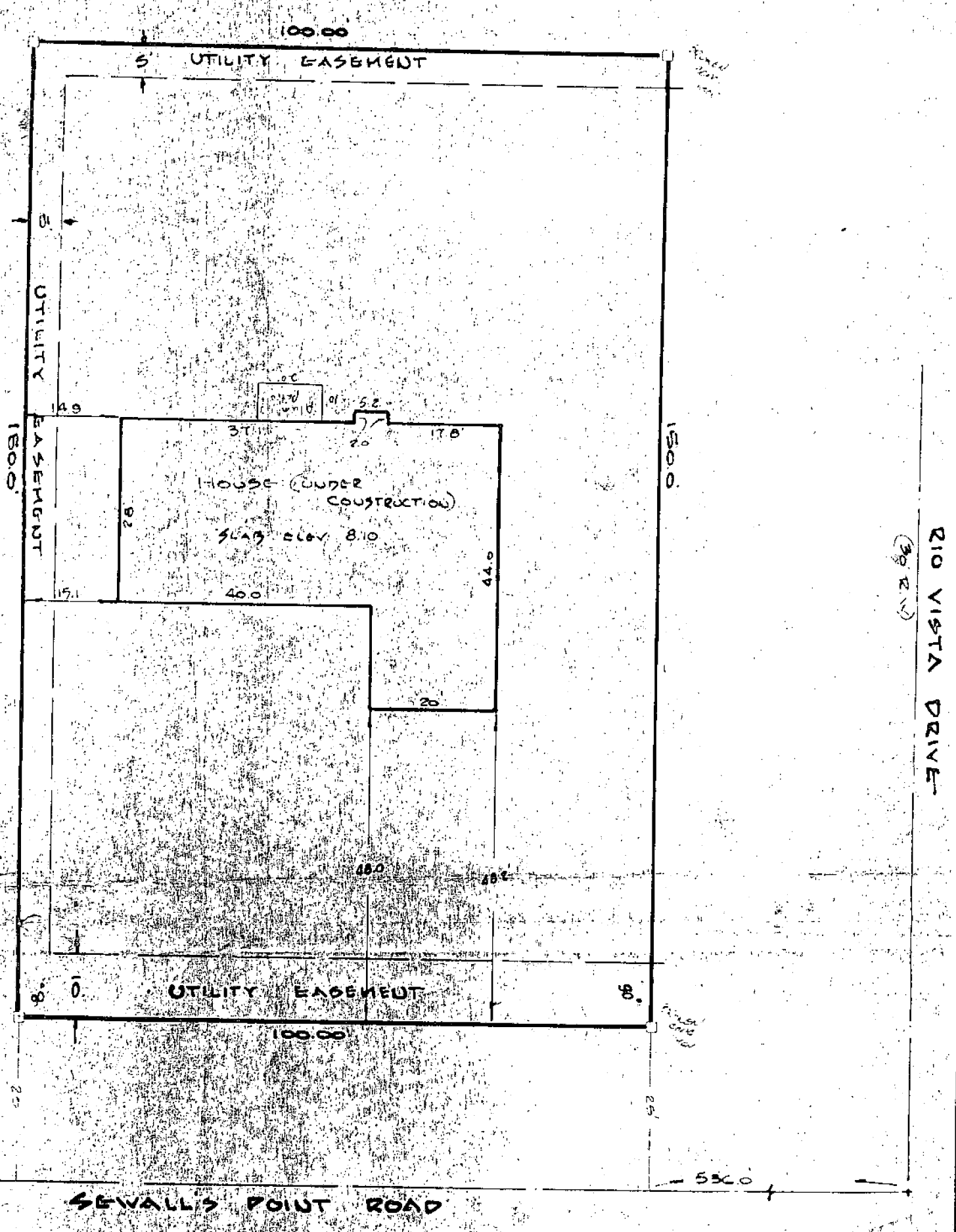
**LEGAL DESCRIPTION**

LOT 25  
RIO VISTA SUBDIVISION  
PLAT BE 6742 OF OFFICIAL RECORDS  
MARTIN COUNTY FLORIDA

RECEIVED JUN 24 1981

*Jew 6/21/81 JS 7/1*

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.



**LEGAL DESCRIPTION**  
 LOT 23  
 RIO VISTA SUBDIVISION  
 PLAT BK C PAGE 95 OFFICIAL RECORDS  
 PALM BEACH COUNTY FLORIDA

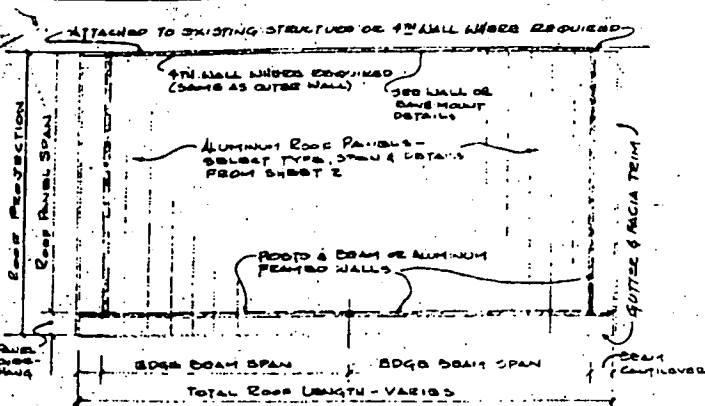
RECEIVED JUN 24 1981

*June 6/21/81*  
*JS/11*

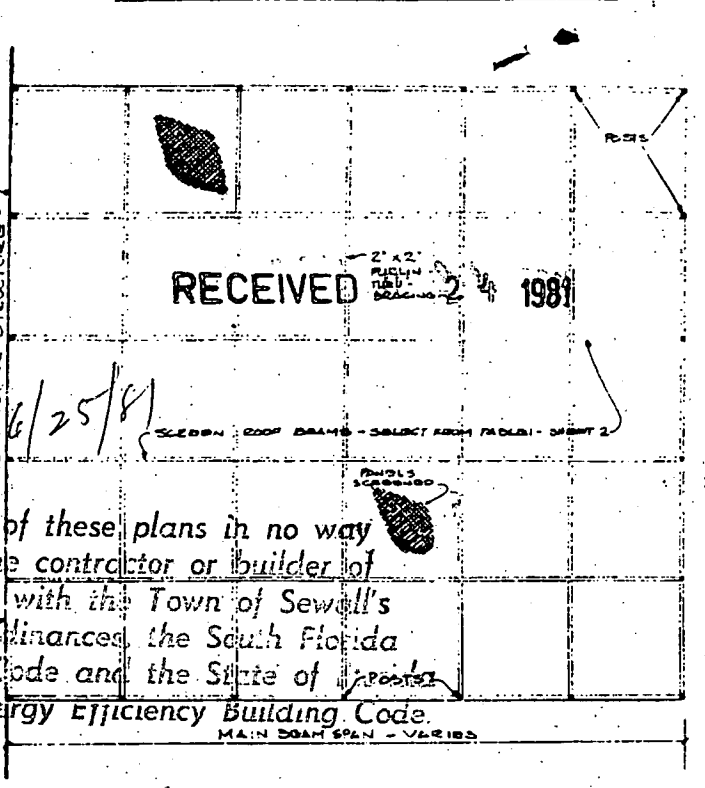
Approval of these plans in no way  
 relieves the contractor or builder of  
 complying with the Town of Sewall's  
 Point's Ordinances, the South Florida  
 Building Code and the State of Florida  
 Model Energy Efficiency Building Code.



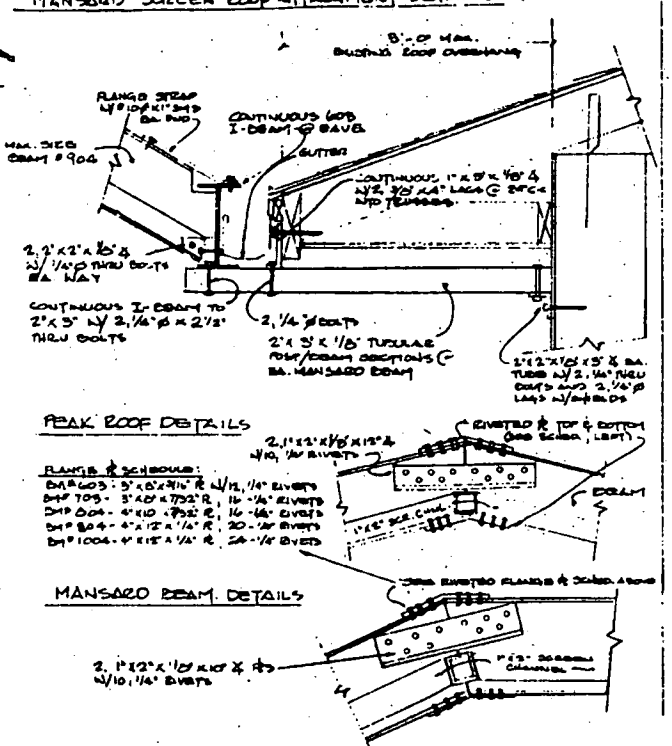
PLAN VIEW - ATTACHED CARPORT, PATIO, OR CADANA ROOM (SCREENED OR WALLED)



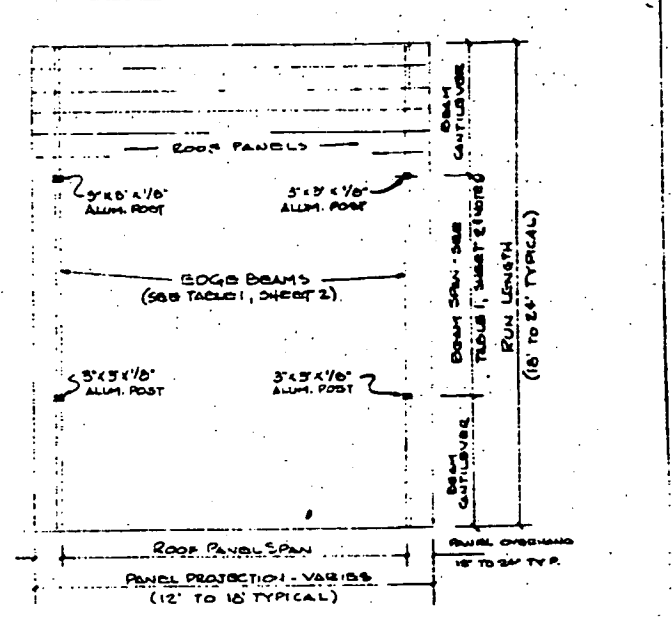
SCREENED POOL ENCLOSURE PLAN VIEW



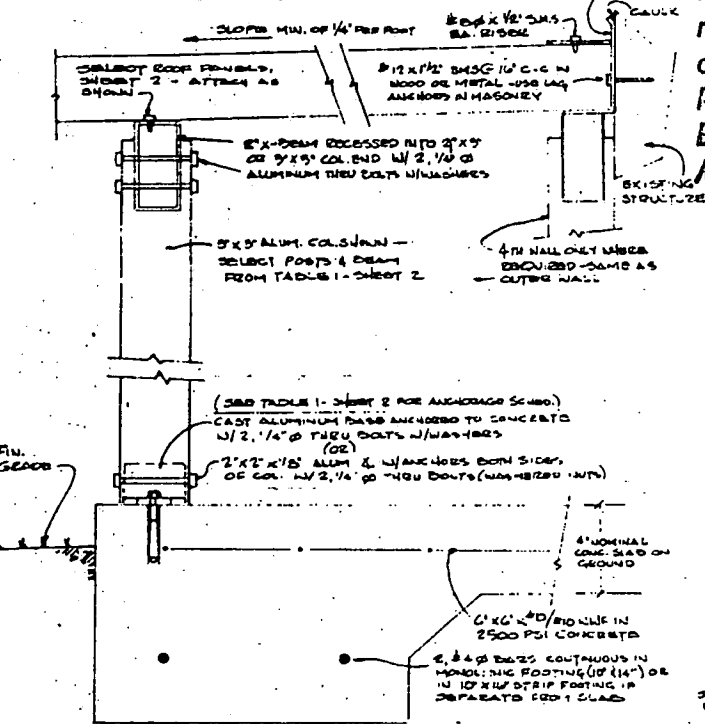
MANSARD SCREEN ROOF ATTACHMENT DETAILS



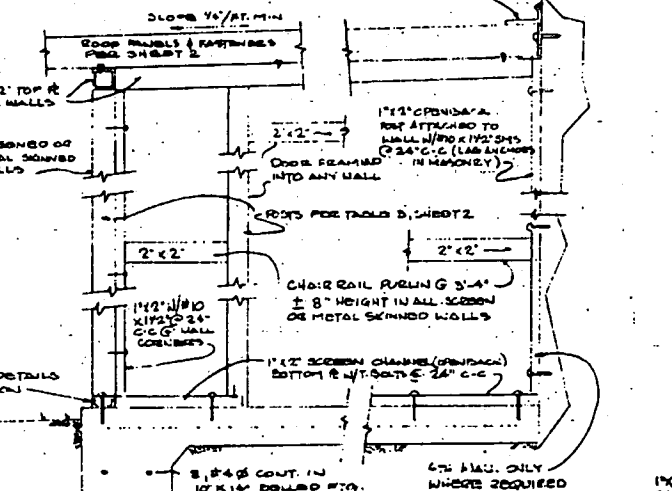
PLAN VIEW - FREE STANDING CARPORT



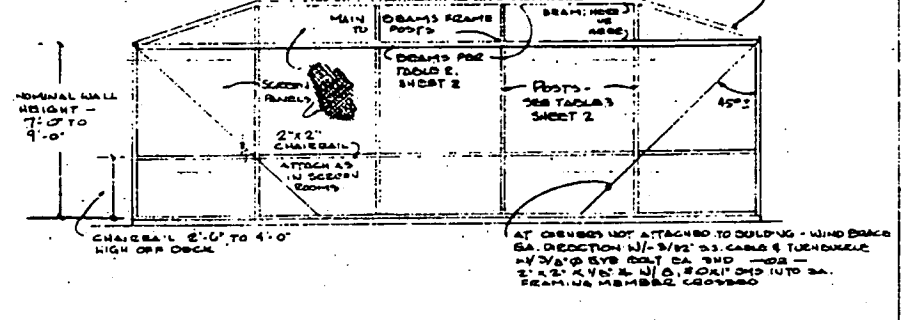
TYPICAL PATIO-CARPORT SECTION DETAILS



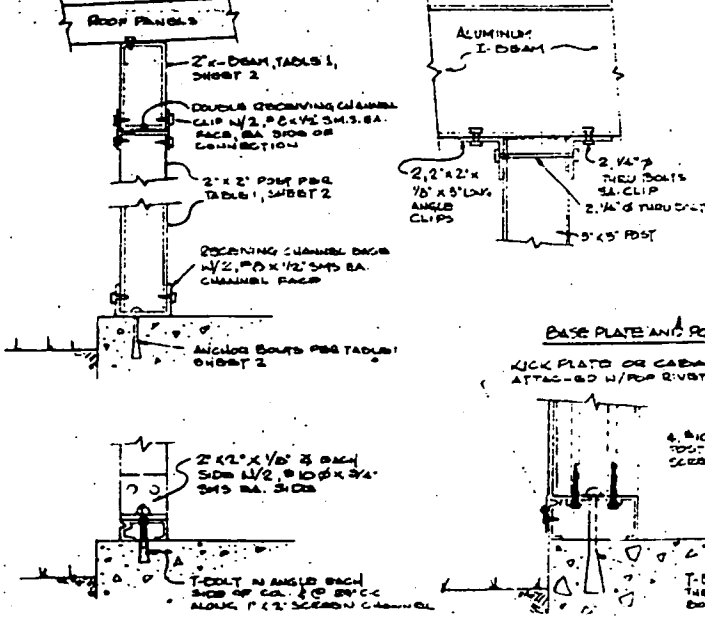
TYPICAL CADANA ROOM SECTION DETAILS



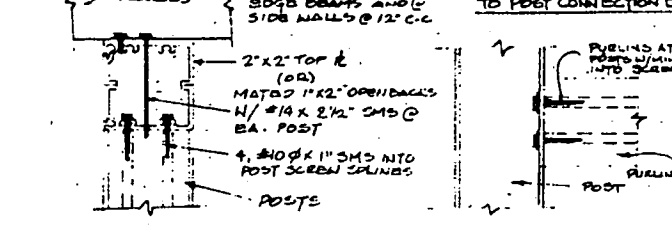
ROOF ENCLOSURE ELEVATION VIEW



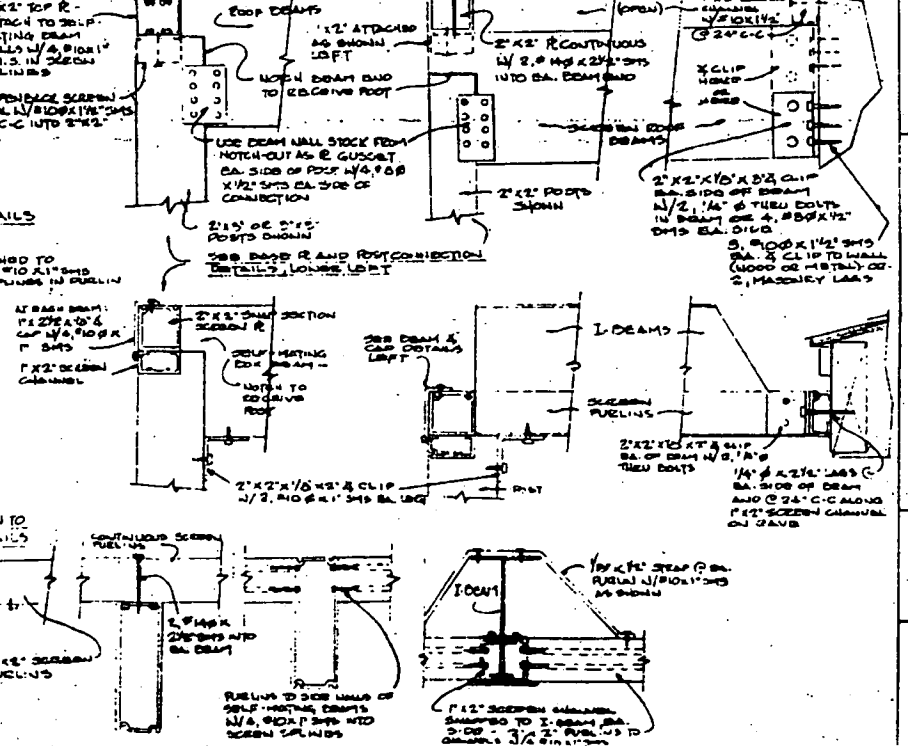
ALTERNATE POST AND BEAM CONNECTION DETAILS



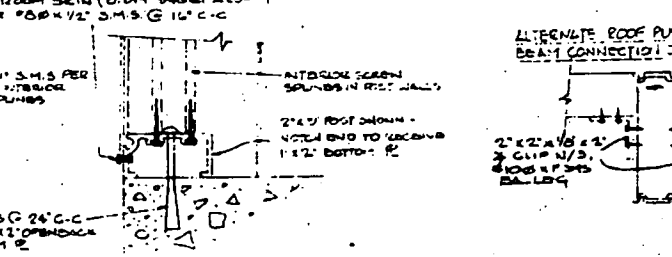
BEAM AND RURLIN TO POST CONNECTION DETAILS



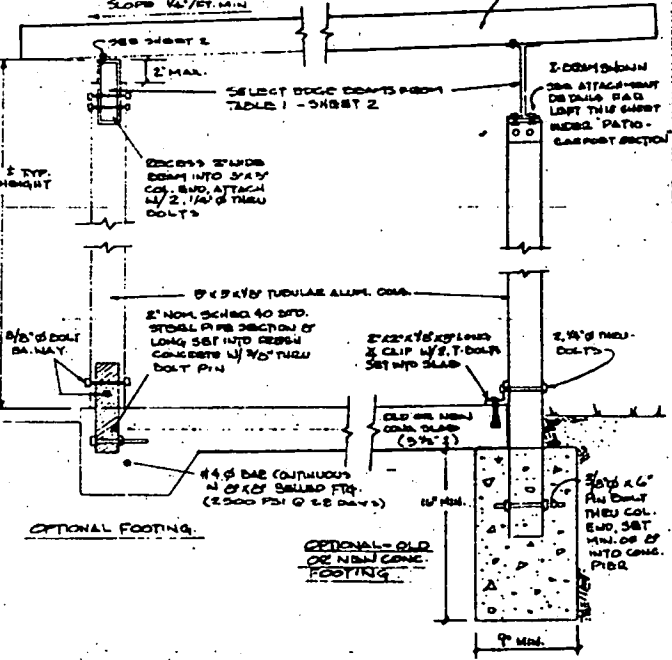
TYPICAL WALL AND BEAM END CONNECTION DETAILS



BASE PLATE AND POST CONNECTION DETAILS (SCREENED OR WALLED WALLS)



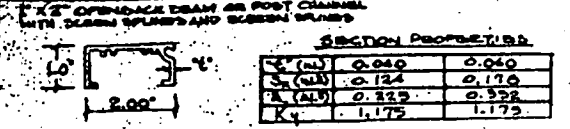
TYPICAL SECTION DETAILS



STRUCTURES DETAILLED AND SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE (SBC) FOR LOAD CONDITIONS AS FOLLOWS:  
 UNIFORM LIVE LOADS ARE APPLICABLE:  
 20 PSF LIVE LOADS + DEAD LOADS (A - 10 MAX.)  
 ALL WIND LOADS:  
 120 MPH WIND VELOCITY PRESSURES  
 ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROJECTIONS, SPANS AND LOAD CONDITIONS.

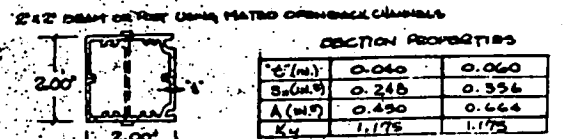
*Charles S. Clinch, P.E.*  
 CHARLES S. CLINCH, P.E.  
 P.A. REG. NO. 12525  
 10-6-80

**EXTRUDED ALUMINUM SECTIONS (1/2 SCALE)**  
ALLOY 6063 T5



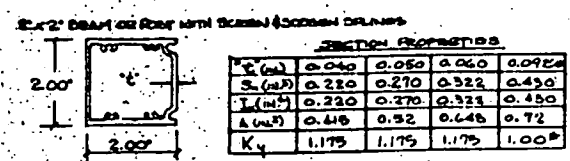
**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>4</sup> )	0.040	0.060
S <sub>y</sub> (IN <sup>4</sup> )	0.124	0.176
I <sub>x</sub> (IN <sup>4</sup> )	0.333	0.532
I <sub>y</sub> (IN <sup>4</sup> )	1.175	1.175



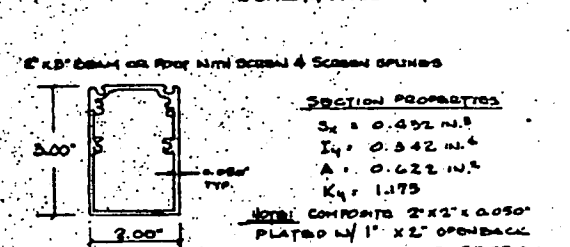
**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>4</sup> )	0.040	0.060
S <sub>y</sub> (IN <sup>4</sup> )	0.248	0.354
I <sub>x</sub> (IN <sup>4</sup> )	0.430	0.644
I <sub>y</sub> (IN <sup>4</sup> )	1.175	1.175



**SECTION PROPERTIES**

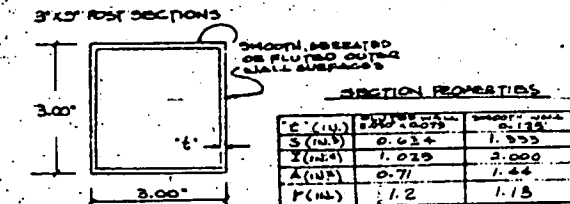
S <sub>x</sub> (IN <sup>4</sup> )	0.040	0.060	0.060	0.0920
S <sub>y</sub> (IN <sup>4</sup> )	0.220	0.270	0.322	0.430
I <sub>x</sub> (IN <sup>4</sup> )	0.220	0.370	0.322	0.450
I <sub>y</sub> (IN <sup>4</sup> )	0.418	0.52	0.648	0.72
K <sub>y</sub>	1.175	1.175	1.175	1.00*



**SECTION PROPERTIES**

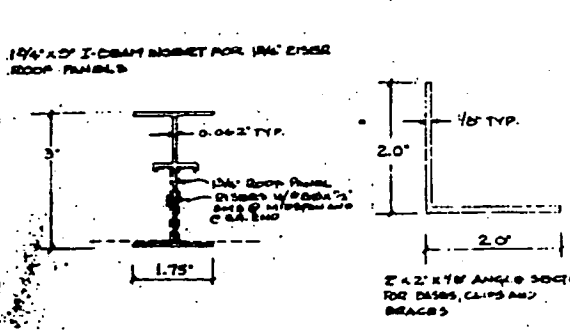
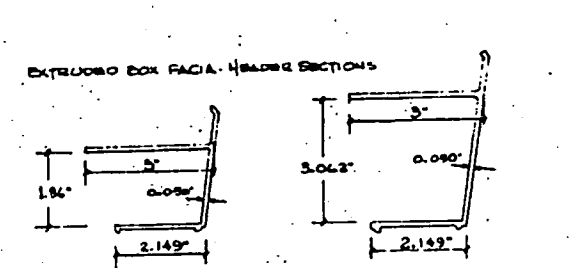
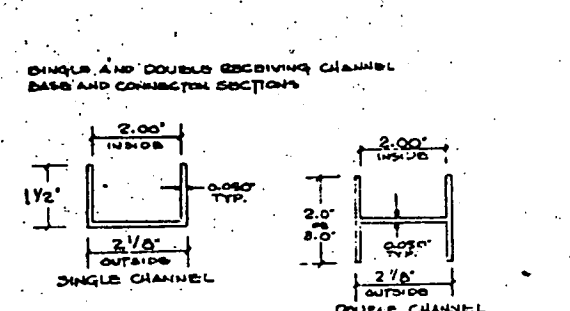
S <sub>x</sub>	0.492 IN <sup>4</sup>
I <sub>x</sub>	0.542 IN <sup>4</sup>
A	0.622 IN <sup>2</sup>
K <sub>y</sub>	1.175

\*TOTAL CONCRETE 2'x2'x0.050" PLATED W/ 1" x 2" OPENBACK ID EQUAL TO ABOVE SECTION 2'x2'x0.050" SHAP SECTION ALSO EQUAL.

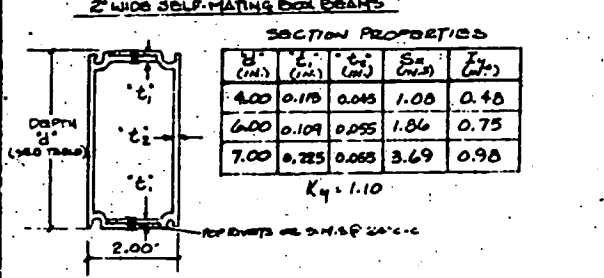


**SECTION PROPERTIES**

C (IN)	3.000
S (IN <sup>3</sup> )	0.234
I (IN <sup>4</sup> )	1.029
A (IN <sup>2</sup> )	0.71
F (IN)	1.2



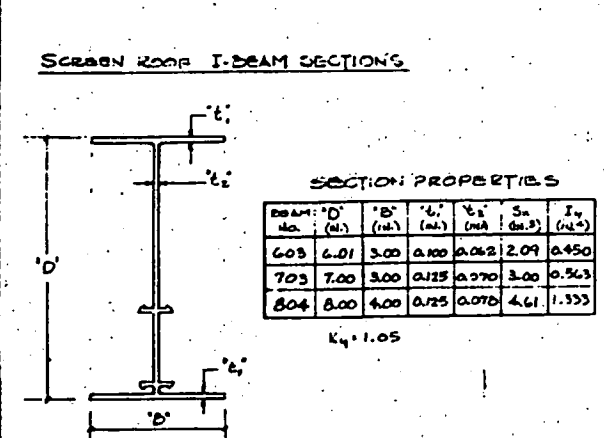
**EXTRUDED ALUMINUM BEAM SECTIONS (1/2 SCALE)**  
ALLOY 6063 T5



**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>4</sup> )	0.178	0.043	1.08	0.48
S <sub>y</sub> (IN <sup>4</sup> )	0.109	0.055	1.06	0.75
I <sub>x</sub> (IN <sup>4</sup> )	0.785	0.065	3.69	0.98

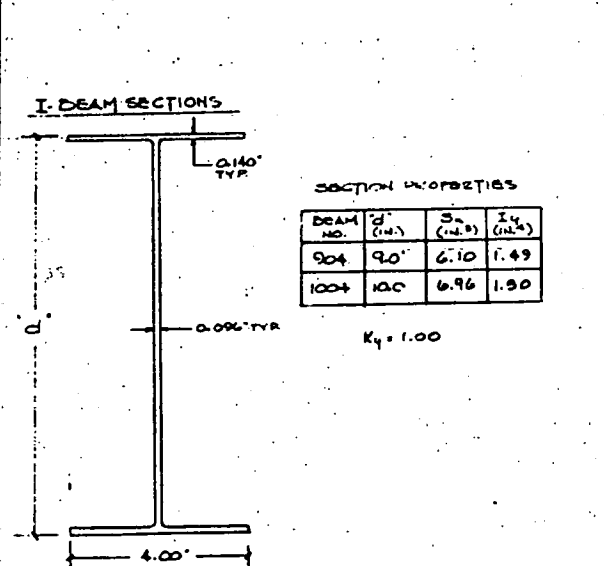
K<sub>y</sub> = 1.10



**SECTION PROPERTIES**

BEAM NO.	D (IN)	B (IN)	L (IN)	S <sub>x</sub> (IN <sup>4</sup> )	I <sub>x</sub> (IN <sup>4</sup> )	
603	6.01	3.00	0.100	0.062	2.09	0.450
703	7.00	3.00	0.125	0.070	3.00	0.563
804	8.00	4.00	0.125	0.070	4.61	1.333

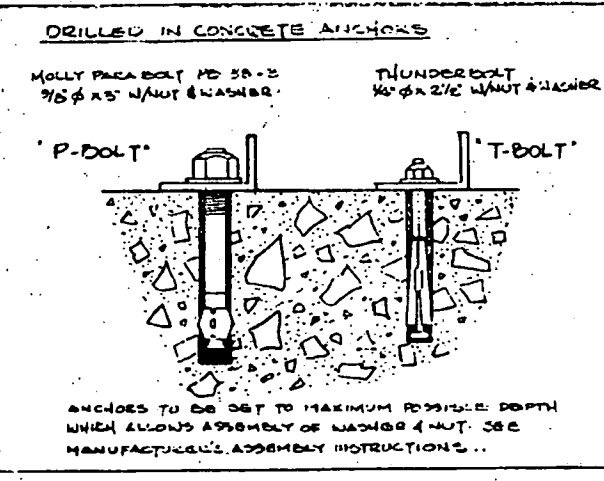
K<sub>y</sub> = 1.05



**SECTION PROPERTIES**

BEAM NO.	D (IN)	S <sub>x</sub> (IN <sup>4</sup> )	I <sub>x</sub> (IN <sup>4</sup> )
904	9.0	6.10	1.49
1004	10.0	6.96	1.90

K<sub>y</sub> = 1.00



**MISCELLANEOUS:**

- SHEET METAL SCREENS (SMS) SHALL BE STAINLESS OR CADMIUM PLATED.
- ALUMINUM BOLTS SHALL BE ALLOY 2024 T-3 STEEL BOLTS BOLTS SHALL BE STAINLESS OR CADMIUM PLATED.
- IN LIEU OF DRILLED-IN ANCHORS, 3/8" DIA. 3" LONG SET INTO FRESH CONCRETE MIN. OF 8 1/2" MAY BE SUBSTITUTED AS FOLLOWS:  
EACH 3/8" DIA. T-BOLT = 2 P-BOLTS  
EACH 3/8" DIA. T-BOLT = 4 T-BOLTS

**POST AND BEAM SPAN TABLES**

**TABLE 1 - SPAN TABLE FOR EXPOSED BEAMS IN CANOPY ROOF STRUCTURES**

BEAM SIZE	MAXIMUM CLEAR BEAM SPANS FOR CONTINUOUS EDGE BEAMS BY ROOF PANEL SPAN HEADS BELOW						MINIMUM POST SIZE AND NUMBER OF BASE ANCHOR BOLTS REQUIRED
	10 FT	11 FT	12 FT	13 FT	14 FT	15 FT	
2' x 2' x 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-8"	2' x 2' POSTS W/MIN OR 2 T-BOLTS (PER POST)
2' x 3' x 0.050"	6'-5"	6'-2"	6'-0"	5'-9"	5'-7"	5'-5"	2' x 3' x 0.050" OR EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
2' x 4' S.M. BEAM	11'-0"	10'-7"	10'-5"	10'-3"	9'-6"	9'-4"	2' x 4' S.M. BEAM OR EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
2' x 6' S.M. BEAM	14'-5"	13'-11"	13'-5"	13'-0"	12'-7"	12'-2"	2' x 6' S.M. BEAM OR EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
2' x 7' S.M. BEAM	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	16'-10"	2' x 7' S.M. BEAM OR EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
I-BEAM #603	15'-5"	14'-8"	14'-2"	13'-8"	13'-5"	12'-10"	EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
I-BEAM #703	18'-5"	17'-6"	16'-11"	16'-5"	15'-11"	15'-5"	EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
I-BEAM #804	22'-6"	21'-7"	20'-9"	20'-3"	19'-6"	19'-0"	EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
I-BEAM #904	24'-5"	23'-0"	22'-0"	21'-1"	20'-5"	19'-9"	EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)
I-BEAM #1004	25'-10"	24'-6"	23'-7"	22'-7"	21'-10"	21'-0"	EITHER 3' x 3' POST SECTION W/MIN OR 2 P-BOLTS (PER POST) (OR) 4 T-BOLTS (PER POST)

**REMARKS:** INTERPOLATION BETWEEN VALUES IS PERMISSIBLE. BEAM SIZES MAY CAPTURED UP TO 40% OF TYPICAL SPANS. FOR OTHER SPANS REDUCE TYPICAL VALUES BY 10%.

**NOTE:** POST ANCHOR TYPES AND DETAILS LOWER LEFT.

**TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS**

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS							
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C	7'-6" C-C	8'-0" C-C
2' x 4' S.M. BEAM	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-6"
2' x 6' S.M. BEAM	32'-10"	29'-6"	28'-5"	26'-0"	25'-0"	24'-4"	23'-6"	22'-10"
2' x 7' S.M. BEAM	46'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"	32'-10"	32'-0"
I-BEAM #603	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"	24'-10"	24'-2"
I-BEAM #703	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"	29'-11"	29'-1"
I-BEAM #804	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"	37'-0"	36'-0"
I-BEAM #904	55'-0"	49'-6"	47'-6"	45'-4"	43'-7"	42'-5"	40'-10"	39'-9"
I-BEAM #1004	59'-0"	53'-0"	50'-6"	48'-5"	46'-5"	45'-2"	43'-7"	42'-4"

**REMARKS:** BEAM SPANS ASSUME LATERAL FURROWS (2'x2') @ 40" FRAMED ACCESS ROOF @ EACH POST IN SCREENED SIDE WALLS.

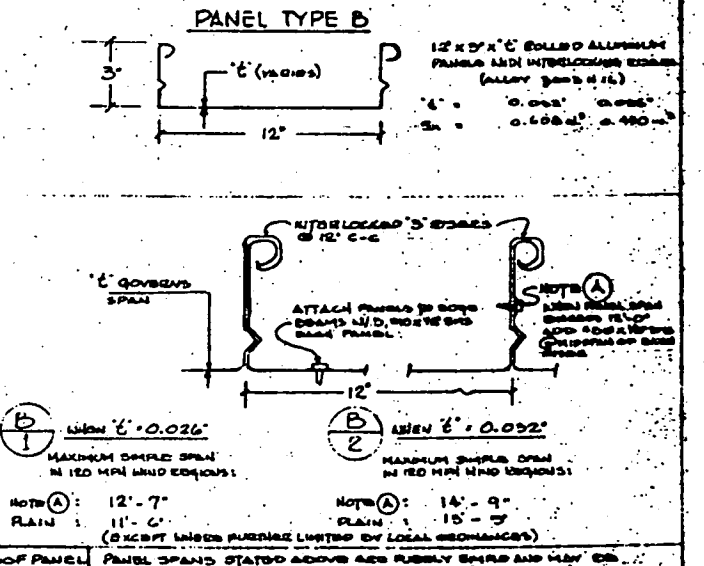
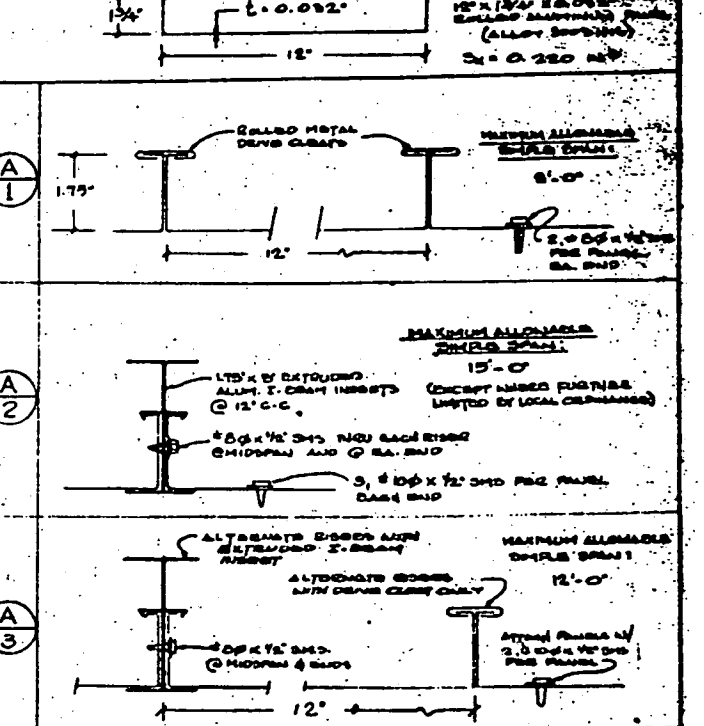
**TABLE 3 - POST LENGTHS AND SPACING IN SCREENED OR METAL SKINNED WALLS**

POST SIZE	NOMINAL WALL HEIGHT	SCREENED WALLS	METAL SKINNED WALLS
		MAX. SPACING, C-C	MAX. SPACING, C-C
2' x 2' x 0.040"	7'	5'-3"	2'-7"
	8'	4'-0"	2'-0"
2' MATED OPEN-BACKS, 1" x 2" x 0.040"	7'	5'-0"	NOT APPLICABLE
	8'	4'-6"	NOT APPLICABLE
2' x 2' x 0.050"	7'	6'-5"	2'-2"
	8'	4'-8"	2'-4"
2' x 2' x 0.060"	7'	7'-8"	3'-9"
	8'	5'-10"	3'-10"
	9'	4'-9"	2'-3"
2' MATED OPEN-BACKS, 1" x 2" x 0.060"	7'	8'-6"	NOT APPLICABLE
	8'	6'-6"	NOT APPLICABLE
	9'	4'-9"	NOT APPLICABLE
2' x 3' x 0.050" OR EQUIVALENT COMPOSITE SECTION	7'	8'-2"	4'-0"
	8'	6'-2"	3'-0"
	9'	4'-10"	2'-4"
2' x 4' S.M. BEAM SECTION USED AS POST	8'	17'-0"	NOT APPLICABLE
	9'	13'-0"	NOT APPLICABLE
	10'	11'-0"	NOT APPLICABLE
	11'	9'-0"	NOT APPLICABLE
12'	7'-8"	NOT APPLICABLE	

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

**ROOF PANEL SECTIONS AND ASSEMBLY DATA**



**ROOF PANEL SPAN NOTE:** PANEL SPANS STATED ABOVE ARE FULLY EXPOSED AND MAY BE INCREASED 25% FOR EACH 15' OF SHAD OR OVERHANG (UP TO 6'-0").

**PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAVE BEEN VERIFIED BY LOAD TESTS CONDUCTED UNDER SUPERVISION OF THE UNDERSIGNED ENGINEER.**

**STRUCTURES DETAILING IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODES (SBC), FOR LOAD CONDITIONS AS FOLLOWS:**

DEAD LOADS + 20 PSF LIVE LOADS (Δ = 1/80 MAX.)  
120 MPH WIND VELOCITY PRESSURES.

ADHERED TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROTECTIONS, SPANS AND LOAD CONDITIONS.

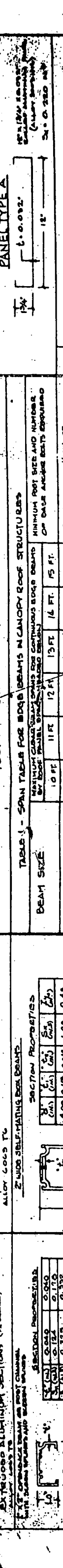
**MASTER PLANS - ALUMINUM RATIOS, CARPETS, SCREEN ROOMS, CABINETS, AND POOL ENCLOSURES**

**COMPONENT SECTIONS & DATA WITH SPAN TABLES**

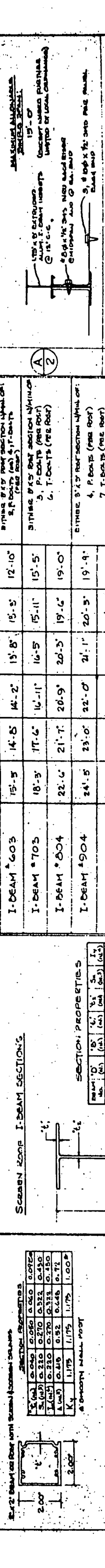
**SHEET #**  
2 of 2

**FOR:**  
CIMATEL FLORIDA CORPORATION  
529 SOUTH INDUSTRY ROAD  
COCOA, FLORIDA 32922

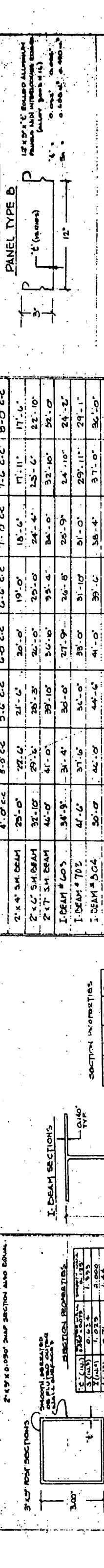
EXTRUDED ALUMINUM SECTIONS (1/8 SCALE)



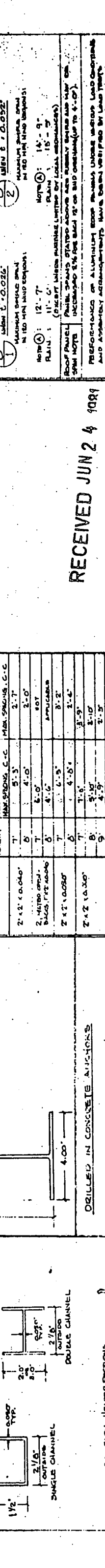
SECTION PROPERTIES tables for 2x2, 2x3, 2x4, 2x6, and 2x7 sections. Columns include S (in^2), I (in^4), X-bar (in), Y-bar (in), Z-bar (in), and K (in).



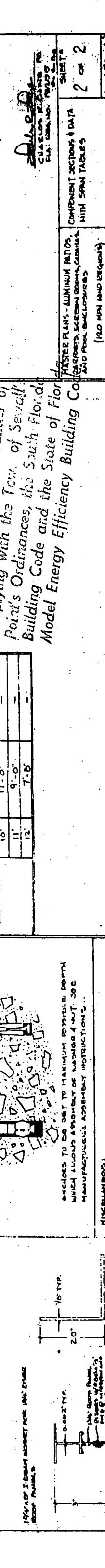
SECTION PROPERTIES table for screen roof I-beam sections, listing S, I, X-bar, Y-bar, Z-bar, and K values.



SECTION PROPERTIES table for I-beam sections, listing S, I, X-bar, Y-bar, Z-bar, and K values.

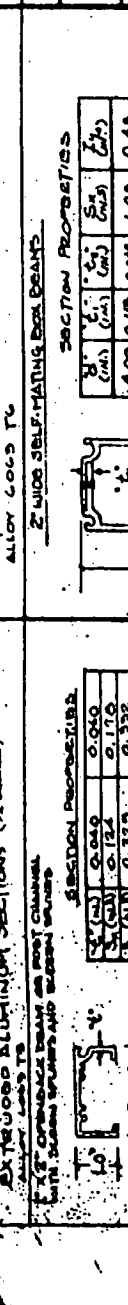


SECTION PROPERTIES table for double and single channel sections, listing S, I, X-bar, Y-bar, Z-bar, and K values.

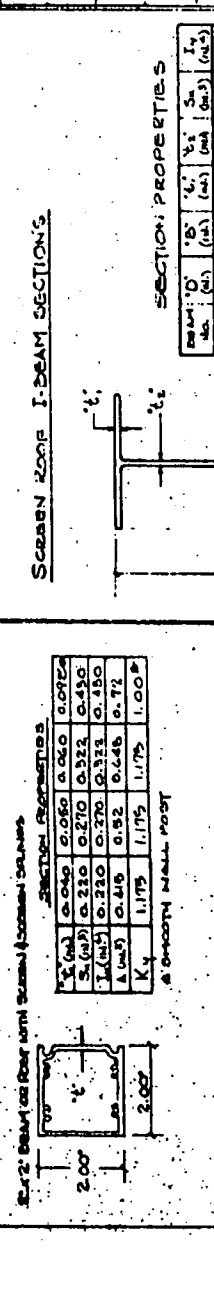


SECTION PROPERTIES table for extruded box facia sections, listing S, I, X-bar, Y-bar, Z-bar, and K values.

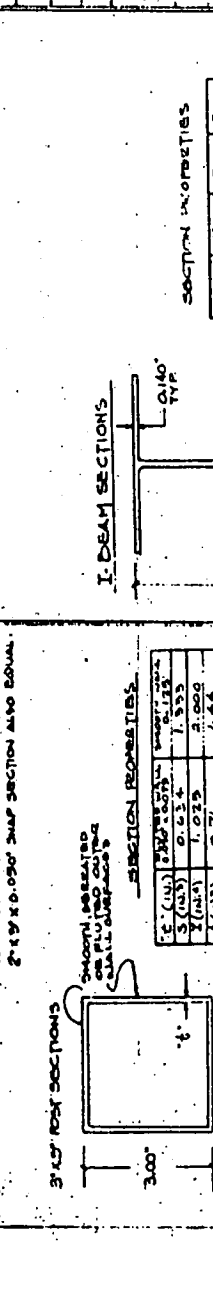
EXTENDED ALUMINUM BEAM SECTIONS (1/8 SCALE)



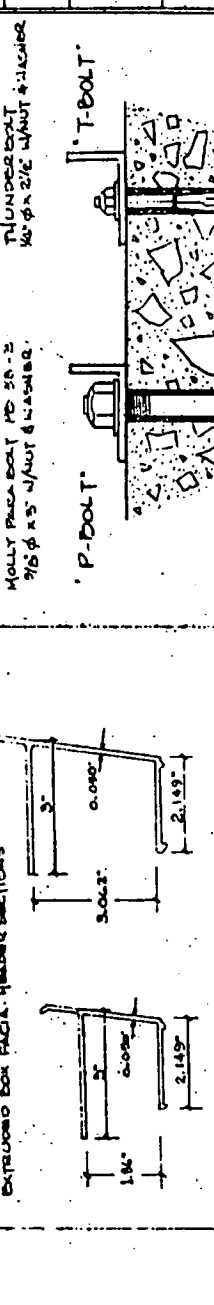
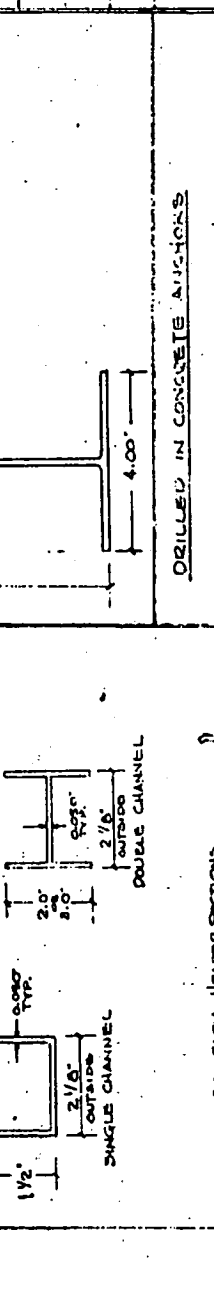
SECTION PROPERTIES table for 2 wide self-flashing beam section, listing S, I, X-bar, Y-bar, Z-bar, and K values.



SECTION PROPERTIES table for screen roof I-beam section, listing S, I, X-bar, Y-bar, Z-bar, and K values.



SECTION PROPERTIES table for I-beam section, listing S, I, X-bar, Y-bar, Z-bar, and K values.



NOTES and DISCUSSION regarding anchor bolts and concrete connections. Includes instructions on hole placement and load capacity.

POST AND BEAM SPAN TABLES

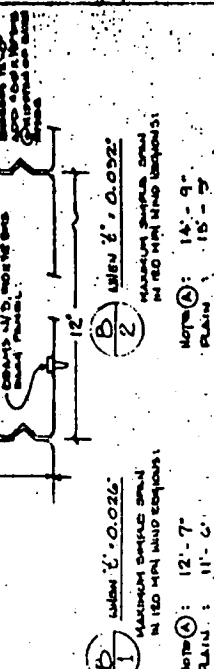
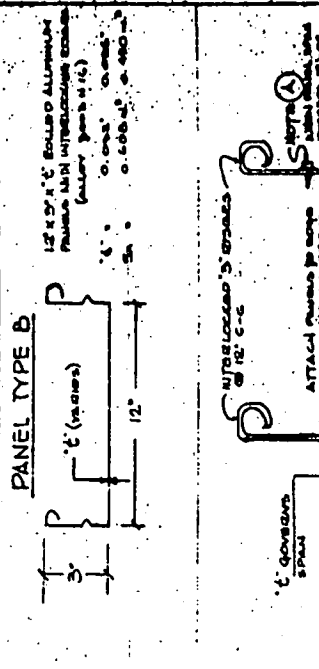
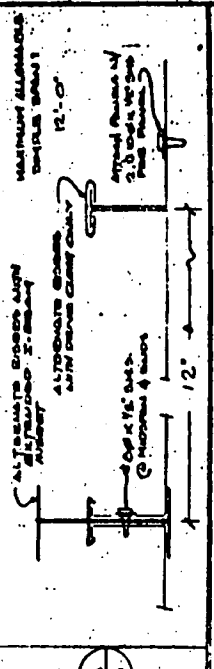
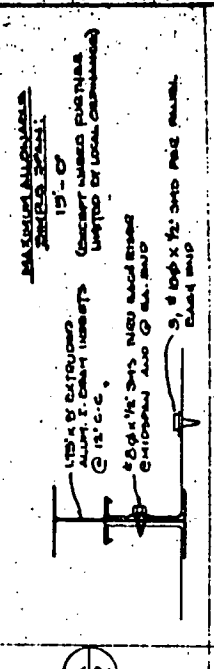
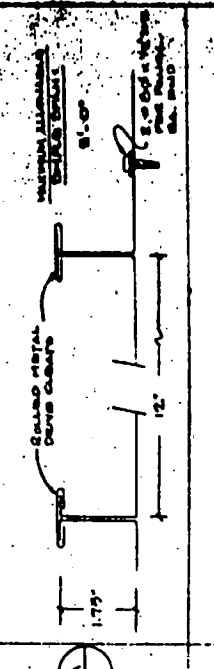
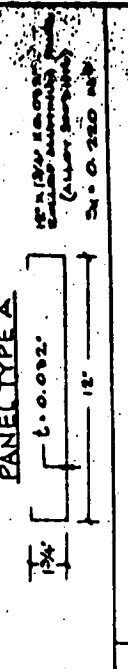
Table 1: Span tables for edge beams in canopy roof structures. Columns include beam size, 10 FT, 11 FT, 12 FT, 13 FT, 14 FT, 15 FT spans, and minimum post spacing.

Table 2: Span table for screened roof beams. Columns include beam size, 4' o.c., 5' o.c., 6' o.c., 7' o.c., 8' o.c., 9' o.c., 10' o.c., 11' o.c., 12' o.c., 13' o.c., 14' o.c., 15' o.c., 16' o.c., 17' o.c., 18' o.c., 19' o.c., 20' o.c., 21' o.c., 22' o.c., 23' o.c., 24' o.c., 25' o.c. spans.

Table 3: Post lengths and spacings in screened or metal skinned walls. Columns include post size, max spacing, metal skinning, and max spacing.

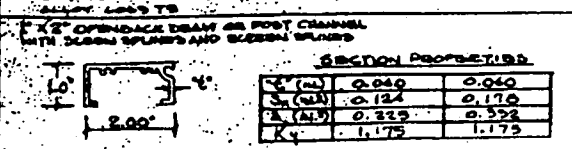
RECEIVED JUN 24 1989 stamp and handwritten notes: 'Approval of these plans in no way relieves the contractor or builder of complying with the Town of Seville Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code'.

ROOF PANEL SECTIONS AND ASSEMBLY DATA



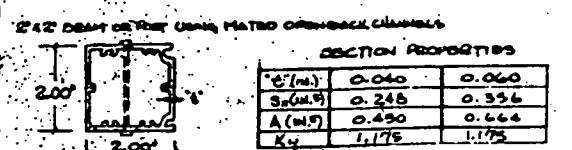
PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY REQUIREMENTS. Includes notes on wind velocity, dead load, and live load.

**EXTRUDED ALUMINUM SECTIONS (1/2 SCALE)**



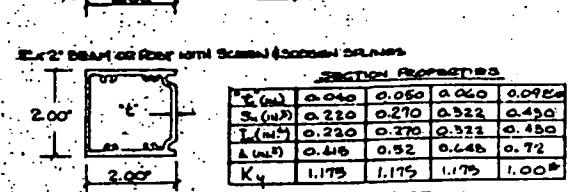
**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>2</sup> )	0.040	0.040
S <sub>y</sub> (IN <sup>2</sup> )	0.124	0.170
A (IN <sup>2</sup> )	0.333	0.352
K <sub>y</sub>	1.175	1.175



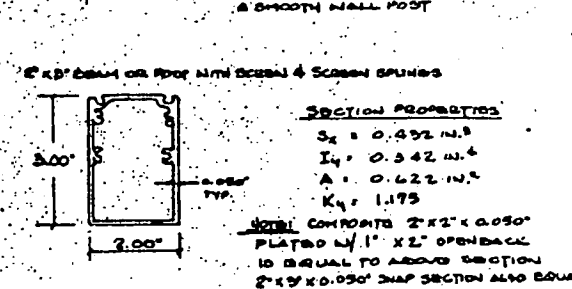
**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>2</sup> )	0.040	0.060
S <sub>y</sub> (IN <sup>2</sup> )	0.248	0.356
A (IN <sup>2</sup> )	0.490	0.644
K <sub>y</sub>	1.175	1.175



**SECTION PROPERTIES**

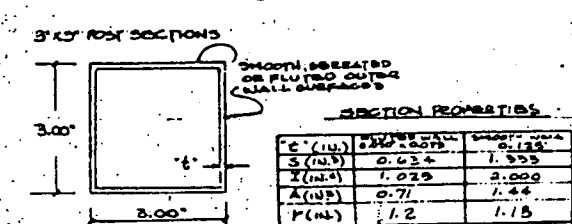
S <sub>x</sub> (IN <sup>2</sup> )	0.040	0.060	0.060	0.092
S <sub>y</sub> (IN <sup>2</sup> )	0.220	0.270	0.322	0.490
I (IN <sup>4</sup> )	0.220	0.370	0.322	0.480
A (IN <sup>2</sup> )	0.418	0.52	0.648	0.72
K <sub>y</sub>	1.175	1.175	1.175	1.00*



**SECTION PROPERTIES**

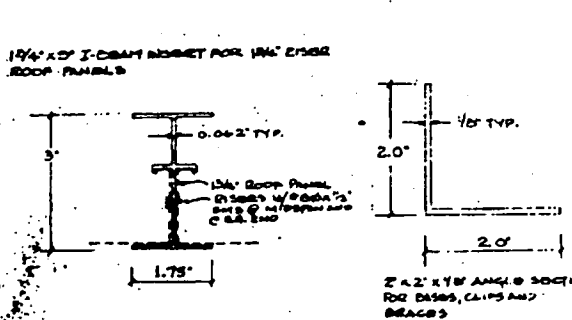
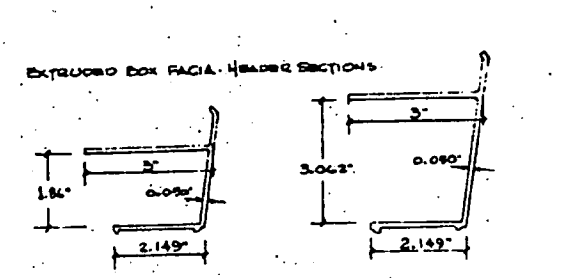
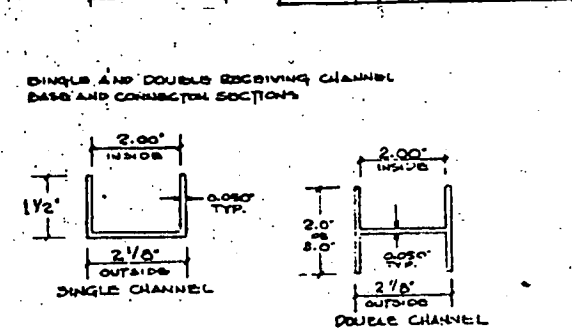
S<sub>x</sub> = 0.492 IN.<sup>2</sup>  
 I<sub>y</sub> = 0.342 IN.<sup>4</sup>  
 A = 0.622 IN.<sup>2</sup>  
 K<sub>y</sub> = 1.175

**NOTE:** COMPOSITE 2" X 2" X 0.050" PLATED W/ 1" X 2" OPENBACK IS EQUAL TO ABOVE SECTION 2" X 2" X 0.050" SHAP SECTION ALSO EQUAL.

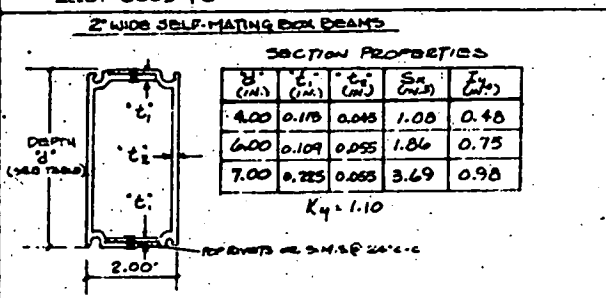


**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>2</sup> )	0.624	0.124
S <sub>y</sub> (IN <sup>2</sup> )	0.220	1.353
I (IN <sup>4</sup> )	1.025	2.000
A (IN <sup>2</sup> )	0.72	1.44
K <sub>y</sub>	1.175	1.175



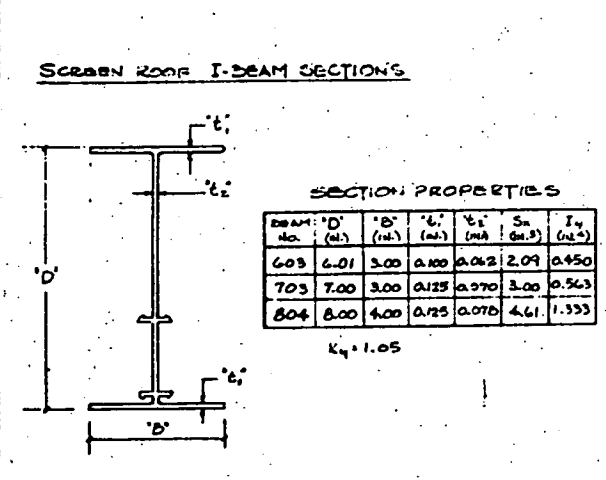
**EXTRUDED ALUMINUM BEAM SECTIONS (1/2 SCALE)**



**SECTION PROPERTIES**

S <sub>x</sub> (IN <sup>2</sup> )	0.118	0.045	1.00	0.48
S <sub>y</sub> (IN <sup>2</sup> )	0.109	0.055	1.86	0.75
A (IN <sup>2</sup> )	0.225	0.085	3.69	0.98

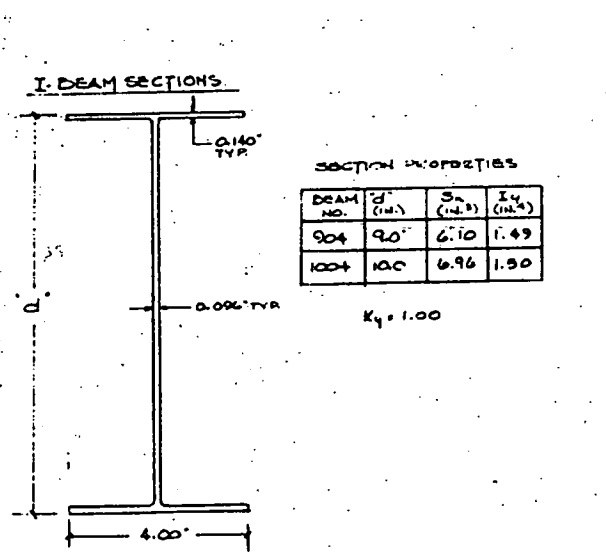
K<sub>y</sub> = 1.10



**SECTION PROPERTIES**

BEAM NO.	D (IN)	B (IN)	h (IN)	t <sub>f</sub> (IN)	S <sub>x</sub> (IN <sup>2</sup> )	I <sub>x</sub> (IN <sup>4</sup> )
603	6.01	3.00	0.100	0.062	2.09	0.450
703	7.00	3.00	0.125	0.070	3.00	0.563
804	8.00	4.00	0.125	0.070	4.61	1.353

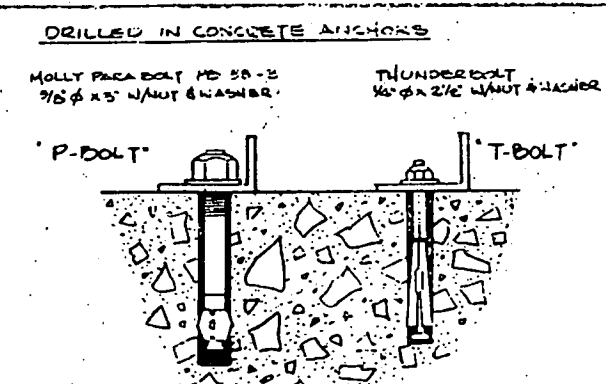
K<sub>y</sub> = 1.05



**SECTION PROPERTIES**

BEAM NO.	D (IN)	h (IN)	I <sub>x</sub> (IN <sup>4</sup> )
904	9.0	6.10	1.49
1004	10.0	6.96	1.90

K<sub>y</sub> = 1.00



**MISCELLANEOUS:**

- SHEET METAL DECKING (S.M.S.) SHALL BE STRAINLESS OR CALCIUM PLATED.
- ALUMINUM BOLTS SHALL BE ALLOY 2024 T-4. STEEL BOLTS SHALL BE 304 STAINLESS OR GALVANIZED.
- IN LIEU OF DRILLED-IN ANCHORS, 3/8" Ø 3" DOWEL BOLT INTO FRESH CONCRETE MIN. OR 8" Ø 2" MAY BE SUBSTITUTED AS FOLLOWS: EACH 3/8" Ø 3" DOWEL = 2 P. BOLTS OR EACH 3/8" Ø 2" DOWEL = 4 T. BOLTS

**POST AND BEAM SPAN TABLES**

**TABLE 1 - SPAN TABLES FOR EDGE BEAMS IN CANOPY ROOF STRUCTURES**

BEAM SIZE	MAXIMUM CLEAR BEAM SPANS FOR CONTINUOUS EDGE BEAMS BY ROOF PANEL SPAN HEADS (FEET)						MINIMUM POST SIZE AND NUMBER OF BASE ANCHOR BOLTS REQUIRED
	10 FT	11 FT	12 FT	13 FT	14 FT	15 FT	
2" X 2" X 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-8"	2" X 2" POSTS W/ MIN. OF 2 T. BOLTS (PER POST)
2" X 3" X 0.050"	6'-5"	6'-2"	6'-0"	5'-9"	5'-7"	5'-5"	2" X 3" X 0.050" OR EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
2" X 4" S.M. BEAM	11'-0"	10'-7"	10'-5"	9'-10"	9'-6"	9'-4"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
2" X 6" S.M. BEAM	14'-5"	13'-11"	13'-5"	13'-0"	12'-7"	12'-2"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
I-BEAM #603	15'-5"	14'-8"	14'-2"	13'-8"	13'-5"	12'-10"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
I-BEAM #703	18'-5"	17'-6"	16'-11"	16'-5"	15'-11"	15'-5"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
I-BEAM #804	22'-6"	21'-7"	20'-9"	20'-3"	19'-6"	19'-0"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
I-BEAM #904	24'-5"	23'-0"	22'-0"	21'-1"	20'-5"	19'-9"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)
I-BEAM #1004	25'-10"	24'-6"	23'-7"	22'-7"	21'-10"	21'-0"	EITHER 3" X 3" POST SECTION W/ MIN. OF 2 P. BOLTS (PER POST) (OR) 4 T. BOLTS (PER POST)

**REMARKS:** INTERPOLATION BETWEEN VALUES IS PERMISSIBLE. BEAM ENDS MAY CANTILEVER UP TO 40% OF TYPICAL SPANS. FOR OTHER SPANS REDUCE TYPICAL VALUES BY 10%.

**NOTE:** USE ANCHOR TYPES AND OBTAIN LOWER LIST.

**TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS**

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS							
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C	7'-6" C-C	8'-0" C-C
2" X 4" S.M. BEAM	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-6"
2" X 6" S.M. BEAM	32'-10"	29'-6"	28'-3"	26'-0"	25'-0"	24'-4"	23'-6"	22'-10"
2" X 7" S.M. BEAM	44'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"	32'-10"	32'-0"
I-BEAM #603	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"	24'-10"	24'-2"
I-BEAM #703	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"	29'-11"	29'-1"
I-BEAM #804	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"	37'-0"	36'-0"
I-BEAM #904	55'-0"	49'-8"	47'-6"	45'-4"	43'-7"	42'-3"	40'-10"	39'-9"
I-BEAM #1004	59'-0"	53'-0"	50'-6"	48'-6"	46'-5"	45'-2"	43'-7"	42'-4"

**REMARKS:** BEAM SPANS ASSUME LATERAL FURDS (2" X 2" @ 40' FRAMED ACROSS ROOF @ EACH POST IN SCREENED SIDE WALLS.

**TABLE 3 - POST LENGTHS AND SPACING IN SCREENED OR METAL SKINNED WALLS**

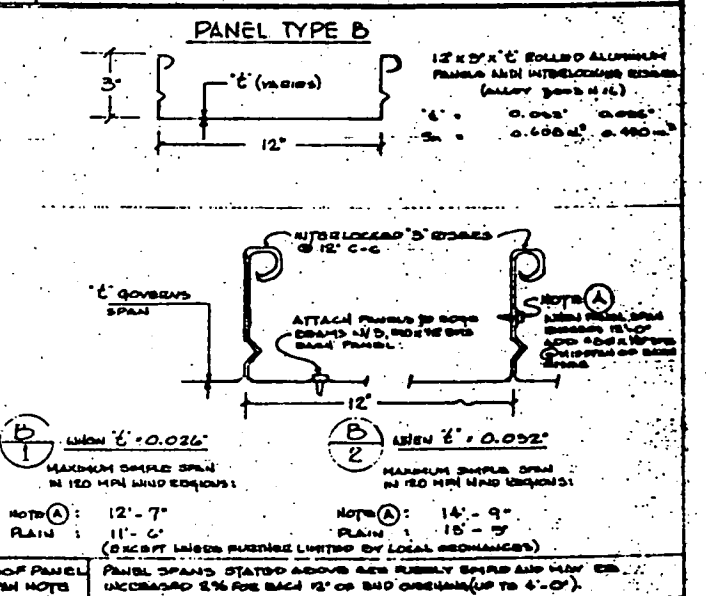
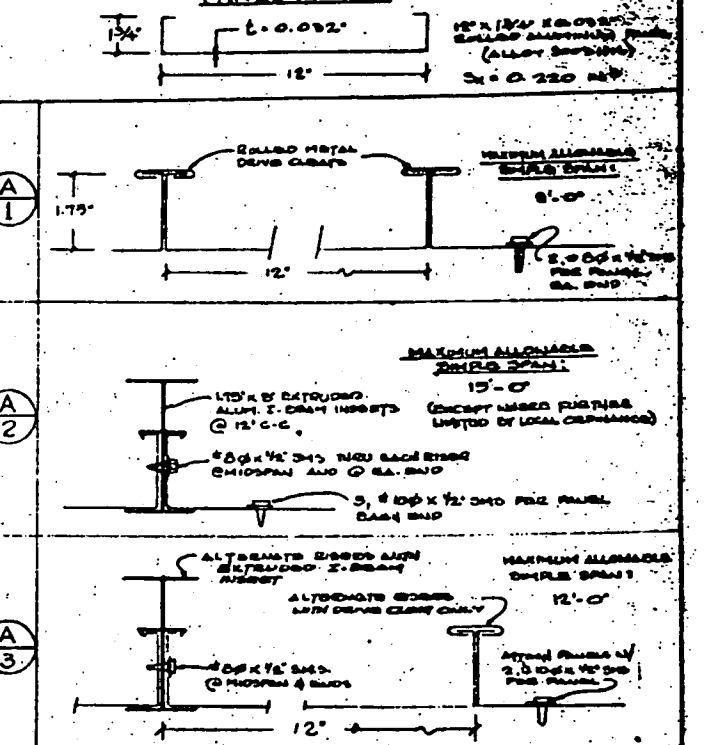
POST SIZE	NOMINAL WALL HEIGHT	SCREENED WALLS	METAL SKINNED WALLS
		MAX. SPACING, C-C	MAX. SPACING, C-C
2" X 2" X 0.060"	7'	5'-3"	2'-7"
2" X 3" X 0.050"	7'	4'-0"	2'-0"
2" X 4" S.M. BEAM	7'	5'-0"	1'-0"
2" X 6" S.M. BEAM	7'	4'-6"	APPLICABLE
2" X 7" S.M. BEAM	7'	6'-3"	3'-2"
2" X 2" X 0.050"	8'	4'-8"	2'-4"
2" X 2" X 0.030"	7'	7'-6"	3'-9"
2" X 2" X 0.020"	8'	5'-10"	2'-10"
2" X 2" X 0.010"	9'	4'-9"	2'-5"
2" X 3" X 0.050"	7'	6'-6"	NOT
2" X 4" S.M. BEAM	8'	6'-6"	APPLICABLE
2" X 6" S.M. BEAM	9'	4'-9"	---
2" X 5" X 0.050"	7'	5'-2"	4'-0"
2" X 6" X 0.050"	8'	6'-2"	5'-0"
2" X 7" X 0.050"	9'	4'-10"	2'-4"
2" X 4" S.M. BEAM SECTION USED AS POST	10'	3'-11"	N/A
	8'	17'-0"	NOT
	9'	15'-6"	APPLICABLE
	10'	11'-0"	---
	11'	9'-0"	---
	12'	7'-8"	---

RECEIVED JUL 24 1981

Jan 6/25/81

approval of these plans in no way relieves the contractor or builder of complying with the Town of Sawall's Ordinance, the South Florida Building Code and the State of Florida Building Code.

**ROOF PANEL SECTIONS AND ASSEMBLY DATA**



**ROOF PANEL SPAN NOTE:** PANEL SPANS STATED ABOVE ARE RUSSELL BEAMS AND MAY BE INCREASED 5% FOR EACH 12" OR 24" OVERHANG (UP TO 4'-0").

**PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAVE BEEN VERIFIED BY LOAD TESTS CONDUCTED UNDER SUPERVISION OF THE UNDERWRITERS ENGINEERS.**

**STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE (SBC-C), FOR LOAD CONDITIONS AS FOLLOWS:**

DEAD LOADS + 20 PSF LIVE LOADS (Δ = 1/60 MAX.)  
 120 MPH WIND VELOCITY PRESSURES.

ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROTECTIONS, SPANS AND LOAD CONDITIONS.

MASTER PLANS - ALUMINUM PATIOS, CARPETS, SCREEN ROOMS, CABINAS, AND POOL ENCLOSURES (120 MPH WIND REGION)

COMPONENT SECTIONS & DATA WITH SPAN TABLES

SHEET # 2 OF 2

C-1656-A

FOR: CLIMATEC FLORIDA CORPORATION, 525 SOUTH INDUSTRY ROAD, COCOA, FLORIDA 32922

**2232**

**DRIVEWAY**



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

Date \_\_\_\_\_

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

2232

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 Linda Jennings Present Address 995 Sewall's Pt Rd

Phone 283-9731

Contractor Same Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

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

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

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: driveway parking for 1 car and sidewalk

State the street address at which the proposed structure will be built: 995 Sewall's Pt Rd

Subdivision Rio Vista Lot number 23 Block number \_\_\_\_\_

Contract price \$ 1000 Cost of permit \$ 5.00

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

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown 1/19/88  
Building Inspector Date

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

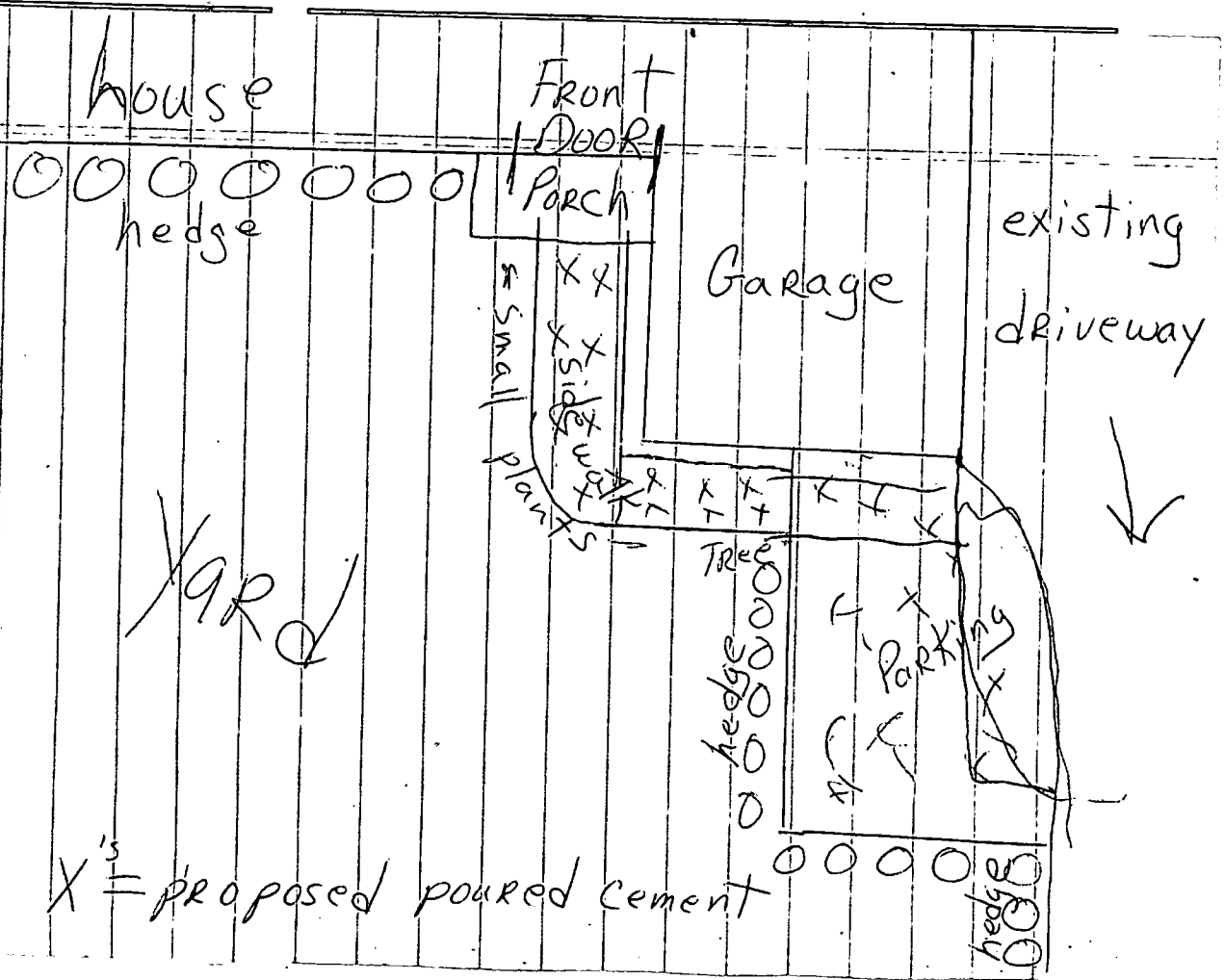
Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date

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.

283-9731 Linda Jennings  
99 S. Sewatts Pt. Rd.



X's = proposed poured cement

**2533**

**RE-ROOF**



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

Date \_\_\_\_\_

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

2533

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 ROBERT D. & CORA NEIL HEYDE Present Address 1310 Blue Road

Phone (305) 579-0438 (wk) (305) 666-9893 (hm) Coral Gables, Florida 33146

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

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

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

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 99 South Sewalls Point Road, Sewall Point FIA 34996

Screened area with slats + plantings - 20' back from home  
State the street address at which the proposed structure will be built:

99 S. Sewalls Point Road

Subdivision Rio Vista Lot number 23 Block number \_\_\_\_\_

Contract price \$ 2,000 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 \_\_\_\_\_

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 Cora Neil Heyde

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown 4/26/89  
Building Inspector Date

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

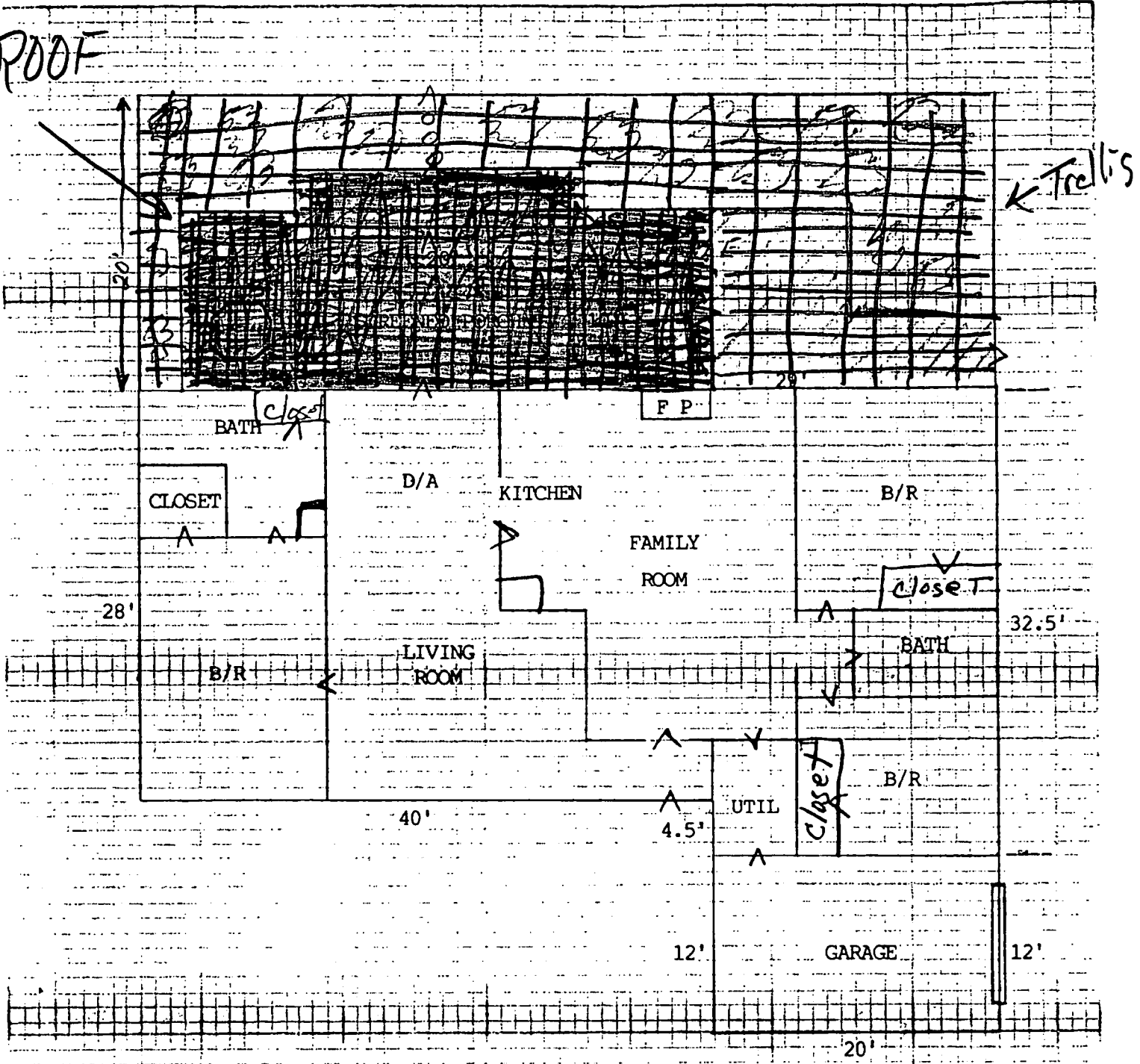
Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date

SP1282

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

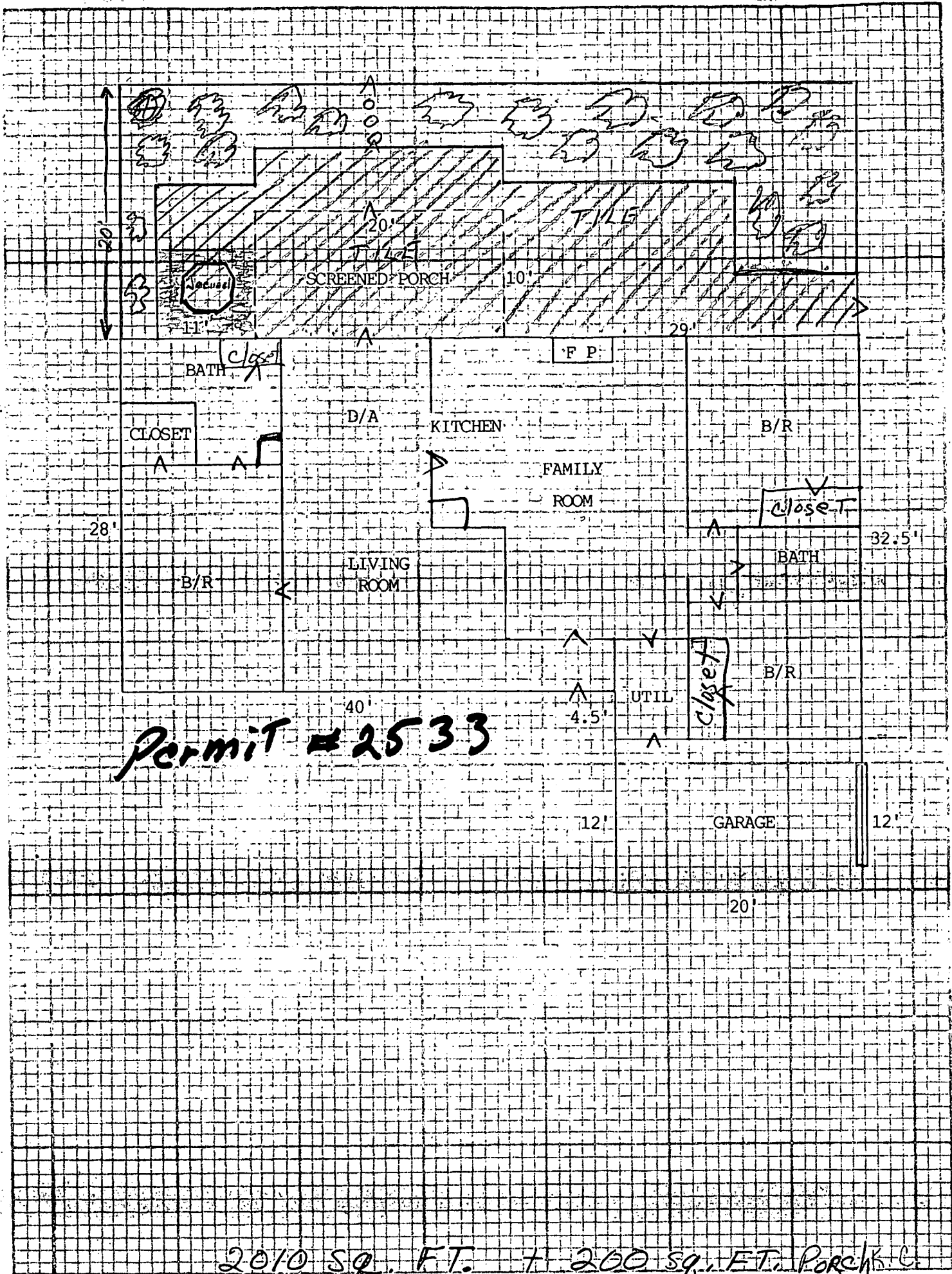
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

ROOF



2010 sq. FT. + 200 sq. FT. Porch C.  
 = 240 garage  
 1770 airconditioned

LAYOUT SKETCH



Permit # 2533

2010 sq. ft. + 200 sq. ft. Porch  
 = 240 garage  
 1770 airconditioned

Borrower/Client	Linda Jennings				
Property Address	99 S. Sewalls Point Road				
City	Sewall's Point	County	Martin	State	Florida
				Zip Code	34996
Lender					



March 24, 1981

I, Mary Chappell, owner of property Lot 23 of Rio Vista subdivision understand that I have surplus fill on the north edge of my driveway encroaching on Lot 24. I agree that should the owner of Lot 24 ask me to remove said fill at any future date, I will immediately do so and will build a retaining wall under my driveway to maintain the driveway in good condition.

Mary Chappell

*Mary Chappell*

Appeared before me this <sup>24<sup>th</sup></sup> day of *Mar*, 1981, Mary Chappell, know to me, and subscribed to the above.

*Jean Beckley*  
Notary Public

Notary Public, State of Florida at Large  
My Commission Expires Nov. 16, 1982  
Bonded By American Fire & Casualty Company

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/25/81  
Mindy Chappell  
Kathleen Riley

This is to request that a Certificate of Approval for Occupancy be issued to  
For property built under Permit No. 1210 Dated 9/19/80 when completed in  
conformance with the Approved Plans.

Signed \_\_\_\_\_

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	10/3/80	
Rough plumbing	10/3/80 & 12/15/80	
Slab	10/6/80	
Perimeter beam	11/3/80	
Close-in, roof and rough electric	12/15/80	
Final Plumbing	3/24/81	
Final Electric	3/21/81	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. J. Mazzucca date 3/25/81

Approved by Building Commissioner G. C. Strubbe date 3/26/81

Utilities notified 3/25/81 date

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

(Keep carbon copy for Town files)

**4474**

**RE-ROOF**

# Town of Sewall's Point

4479

P.L.N. \_\_\_\_\_

Date 10-5-98

## BUILDING PERMIT APPLICATION

to construct:

NEW CONSTRUCTION    ADDITION    ALTERATION    DEMOLITION

RESIDENTIAL    COMMERCIAL   \_\_\_\_\_ SF   \_\_\_\_\_ CF

OTHER: \_\_\_\_\_ CONTRACT PRICE \$4,000.00

Owner's Name MARYANNE OAKLEY

Owner's Address 99 S. Sewells Pt. Rd.

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

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

City \_\_\_\_\_ State Fl. Zip \_\_\_\_\_

Contractor's Name Vitone Roof inc.

Contractor's Address 3825 SE KORA ST.

City PSL State Fl. Zip 34953

Job Name OAKLEY

Job Address 99 S. Sewells Pt. Rd.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description 123241002.00000230-900

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

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

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

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

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

Owner or Agent

Date

Bruce E. Dalton  
Contractor

10-5-98  
Date

COUNTY OF MARTIN  
STATE OF FLORIDA

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 199\_\_\_ by

\_\_\_\_\_ who: [ ] is/are personally known to me, or [ ] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.

Name: \_\_\_\_\_

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of \_\_\_\_\_

\_\_\_\_\_ and my commission expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 199\_\_\_ by

\_\_\_\_\_ who: [ ] is/are personally known to me, or [ ] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.

Name: \_\_\_\_\_

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of \_\_\_\_\_

\_\_\_\_\_ and my commission expires: \_\_\_\_\_

Certificate of Competency Holder

Contractor's State Certification or Registration No. \_\_\_\_\_

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ Permit Officer

\_\_\_\_\_ Building Commissioner



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

TAX FOLIO # 12384100020000230-90

# NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF MARTIN

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

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

RIO VISTA SUB LOT 23

GENERAL DESCRIPTION OF IMPROVEMENT: RE ROOF

OWNER: MARYANNE OAKLEY

ADDRESS: 99 S. SEWELLS PT RD

PHONE #: 781 2499 FAX #: \_\_\_\_\_

CONTRACTOR: VITUNE ROOFING INC

ADDRESS: 3825 SW KOBA ST PSL FL

PHONE #: 879 9000 FAX #: 899 9212

SURETY COMPANY (IF ANY) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

X Maryanne Oakley  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4<sup>th</sup> DAY OF October 1998 BY Maryanne Oakley

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

Elysse A. Elder  
NOTARY SIGNATURE



Elysse A. Elder  
MY COMMISSION # CC668043 EXPIRES  
July 30, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

**4577**

**FENCE**

MASTER PERMIT NO.

4577

TOWN OF SEWALL'S POINT

Date MAR. 24, 99

BUILDING PERMIT NO. 4577

Building to be erected for M. KELLY Type of Permit FENCE

Applied for by JUSTWOOD FENCE (Contractor) Building Fee 30.00

Subdivision \_\_\_\_\_ Lot 23 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 99 S. SEWALLS PT. RD. Impact Fee \_\_\_\_\_

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

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

12 38 41 00 200000 2309 0000

Amount Paid 30.00 Check # 1481 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_ Plumbing Fee \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_ Roofing Fee \_\_\_\_\_ TOTAL Fees 30.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector

# FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455  
**WORK HOURS - 8:00 AM UNTIL 5:00 PM**  
 MONDAY THROUGH SATURDAY

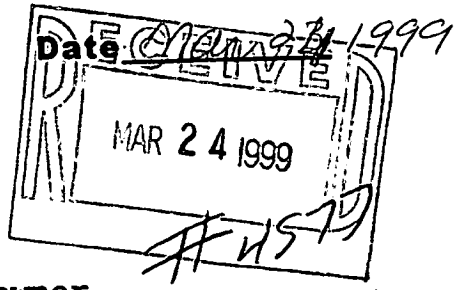
- New Construction     Remodel     Addition     Demolition

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

Bldg. Pmt# \_\_\_\_\_

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION



Owner's Name: MARY ANN OAKLEY Phone No. \_\_\_\_\_  
 Owner's Present Address: 99 S. SEWALLS PT. RD  
 Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 99 S. SEWALLS PT. RD  
 TYPE OF WORK TO BE DONE: WOOD FENCE 6' HIGH BOARD ON BOARD

CONTRACTOR INFORMATION  
 Contractor/Company Name: DANIEL KIMER Phone No. 220-8451  
 COMPLETE MAILING ADDRESS: 5030 PINE RIDGE WAY STUART, FLA.  
 State Registration \_\_\_\_\_ State License: SP 01325 (MARINA COUNTY)  
 Legal Description of Property: LOT 23  
 Parcel Number: 12 38 4600 200000 2309 0000

### ARCHITECT/ENGINEER INFORMATION

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_

Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_

Area Square Footage: 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
 Cost of construction or Improvement \_\_\_\_\_  
 Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
 Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
 Method of determining FMV \_\_\_\_\_

### SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical \_\_\_\_\_ State License \_\_\_\_\_  
 Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
 Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
 Roofing \_\_\_\_\_ State License# \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, 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/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Daniel Kimer  
 Sworn to and subscribed before me this 24th day of March, 1999 by Daniel Kimer who is personally known to me or has produced or has produced n.a. and who did (did not) take an oath. Don H. Barrow

CONTRACTOR SIGNATURE \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.



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

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_

Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE :**

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

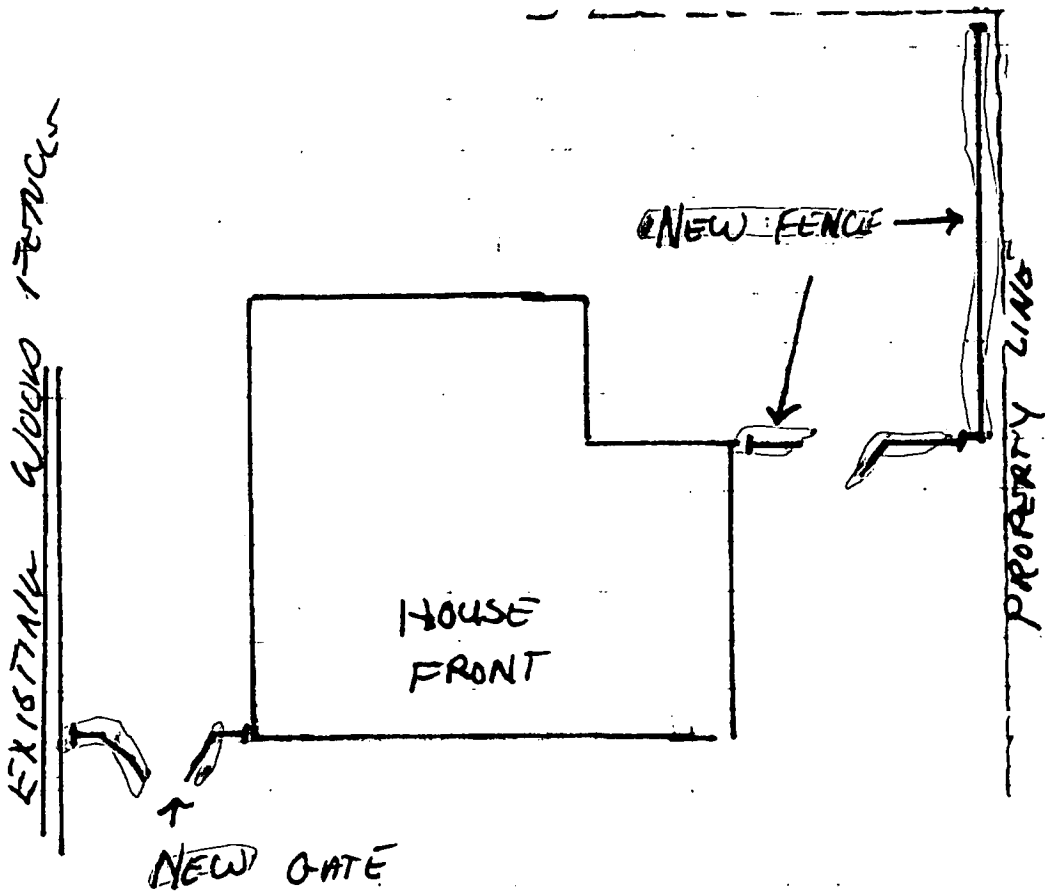
1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official \_\_\_\_\_  
Approved by Town Engineer \_\_\_\_\_



SEWALLS PT RD

**JUSTWOOD Fence Co.**  
830 Pinridge Way  
Stuart, FL 34997

Fawn  
3/24/99  
approved as noted  
MAX. 7' HT.  
Collins B-979

**4937**

**FENCE**

ORIG. FENCE P. N. 4577  
MASTER PERMIT NO. 4577

TOWN OF SEWALL'S POINT

Date 5/23/00 BUILDING PERMIT NO. 4937  
 Building to be erected for MARY ANN OAKLEY Type of Permit WOOD FENCE (RELOC.)  
 Applied for by JUSTWOOD FENCE (Contractor) Building Fee \$30.00  
 Subdivision RIO VISTA Lot 23 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 99 S. SEWALL'S POINT RD. Impact Fee \_\_\_\_\_  
 Type of structure S.F.R. A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_  
 Plumbing Fee \_\_\_\_\_  
 Roofing Fee \_\_\_\_\_  
 Parcel Control Number: 12-38-41-00200-00023-090000  
 Amount Paid \$30.00 Check # 1752 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
 Total Construction Cost \$ 340.00 TOTAL Fees \$30.00  
 Signed Daniel Komer Applicant Signed [Signature] Town Building Inspector [Signature]

# FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE _____

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455**

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

**MONDAY THROUGH SATURDAY**

New Construction     Remodel     Addition     Demolition

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



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/22/2000

PRODUCER (561)267-2030 FAX (561)288-2481  
Deakins-Carroll Insurance Agency  
P.O. Box 1597  
Pt. Salerno, FL 34992

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.

Attn: Bonnie Merritt  
INSURED  
Danny Kimer d/b/a  
Justwood Fence Co  
5030 Pineridge Way  
Stuart, FL 34997

**FILE**  
*Herrman*  
**FILE**  
*Mc/ids*

COMPANIES AFFORDING COVERAGE  
COMPANY A Bankers Insurance Company  
COMPANY B  
COMPANY C  
COMPANY D

**RECEIVED**  
MAY 22 2000  
BY: *SA*

### COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTOR'S PROT	090004849656201	10/02/1999	10/02/2000	GENERAL AGGREGATE \$ 100,000 PRODUCTS - COM/PROP AGG \$ 100,000 PERSONAL & ADV INJURY \$ 100,000 EACH OCCURRENCE \$ 100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				WC STATUTORY LIMITS: OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Fax 220-4765

### CERTIFICATE HOLDER

Town Of Sewalls Point  
1 S Sewalls Point Road  
Sewalls Point, FL 34996

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

C. J. Deakins, Jr./BM *[Signature]*

ACORD 25 8 (1/95)

ACORD CORPORATION 1988

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 03/04/2000  
EXPIRATION DATE 03/04/2002  
EXEMPTED PERSON LAST NAME KIMER  
FIRST NAME DANIEL  
SOCIAL SECURITY NUMBER 098-34-9676  
BUSINESS NAME JUSTWOOD FENCE CO  
FEDERAL IDENTIFICATION NUMBER 098349676  
BUSINESS ADDRESS 5030 PINERIDGE WAY  
STUART FL 34997

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

MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY

KIMER, DANIEL  
JUSTWOOD FENCE CO  
5030 PINE RIDGE WAY  
STUART, FL 34997

EXPIRES SEPTEMBER 30, 20 00

AUDIT  
CONTROL  
NUMBER

36550

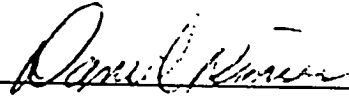
CERTIFICATE NUMBER

SP01325

CERTIFIED  
CONTRACTOR

FENCE ERECTION

SIGNATURE



ATTEST:

VALERIE A. MESSIER

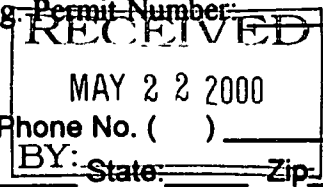
LICENSING ADMINISTRATOR

15921



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

Bldg. Permit Number: \_\_\_\_\_



Owner or Titleholder's Name MARY ANN OAKLEY

Phone No. ( ) \_\_\_\_\_

Street: 99 S. SEWALLS PT RD City \_\_\_\_\_

BY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Parcel Number: 12 38 4100 200002309

Location of Job Site: 99 S. SEWALLS PT RD 0000

TYPE OF WORK TO BE DONE: \_\_\_\_\_

CONTRACTOR/Company Name: JUSTWOOD FENCE Phone No. (561) 220-8451

Street: 5030 RIVERIDGE WAY City STUART State: FL Zip 34997

State Registration: SP01325 (MAN. COUNTY) / 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: \$ 340

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

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

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

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

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

**OWNER or AGENT SIGNATURE (Required)**

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

Notary Public

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

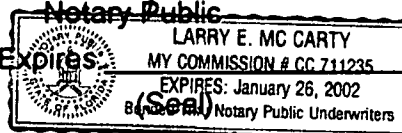
(Seal)

**CONTRACTOR SIGNATURE (Required)**

\_\_\_\_\_  
Contractor  
State of Florida, County of: MARTIN On  
this the 23 day of MAY, 2000,  
by \_\_\_\_\_ who is personally  
known to me or produced Fl. D.L.  
as identification.

Notary Public

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



**TREE REMOVAL (Attach sealed survey)**

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

DEVELOPMENT ORDER # \_\_\_\_\_

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

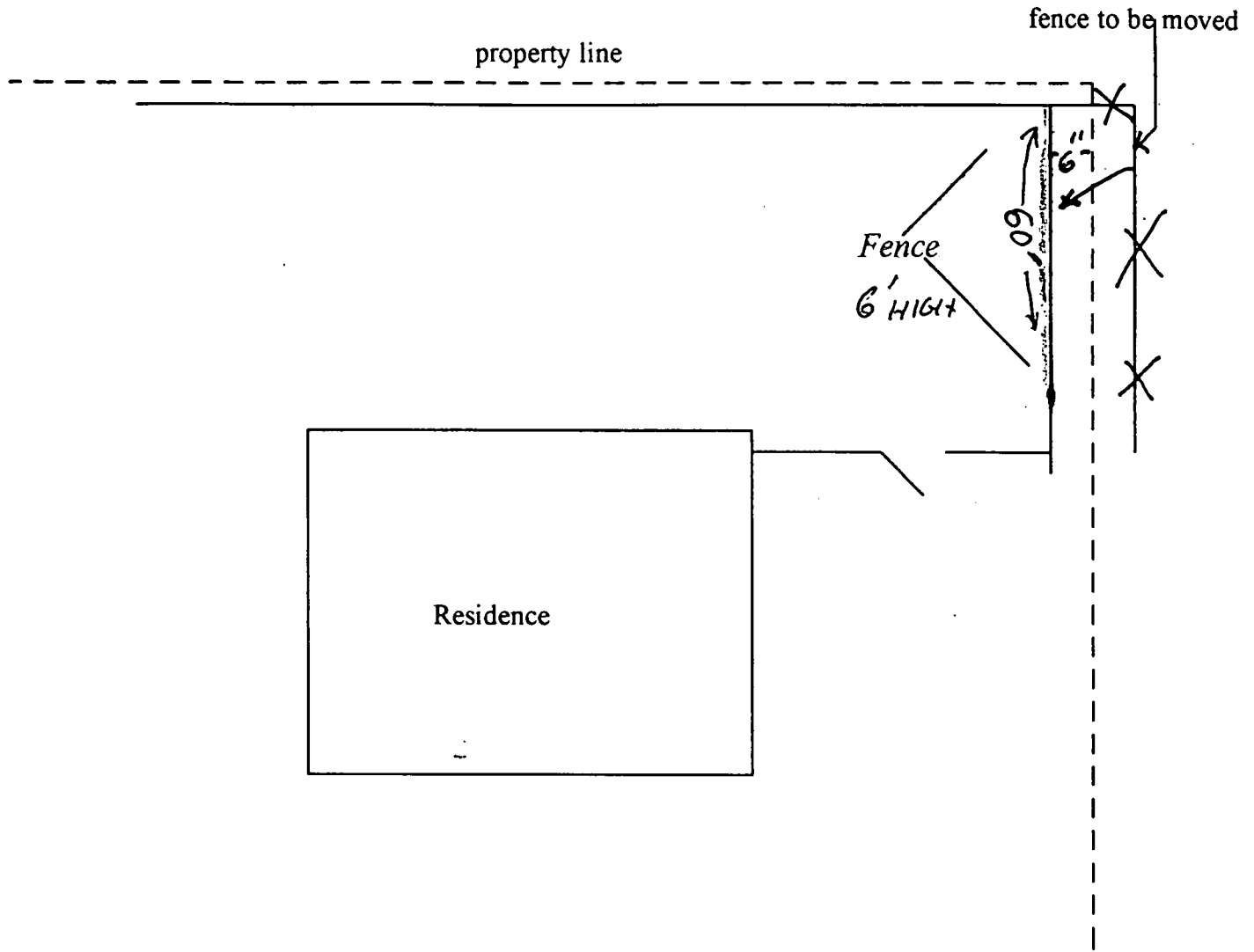
**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)



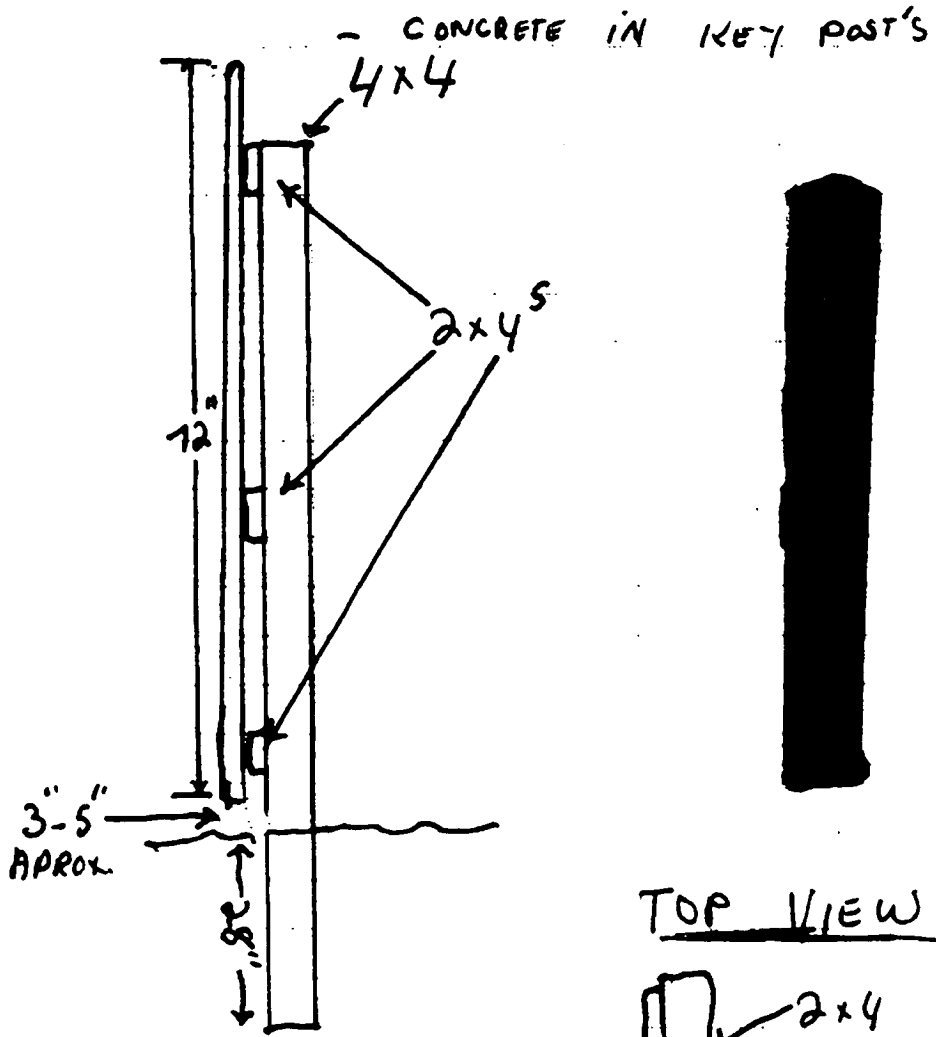
Sewall's Pt. Rd.

5/23/00 TOWN OF SEWALL'S POINT  
 REVIEW: *[Signature]*  
 BLDG. OFFICER

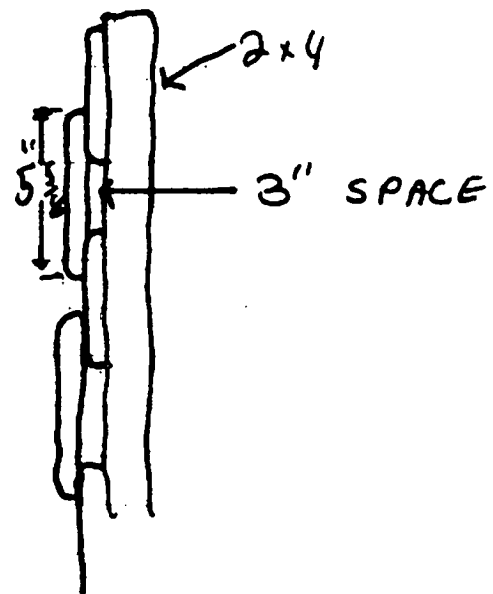
**Justwood fence** TOWN COPY  
 99 S. SEWALL'S POINT RD.

**PN 4937**

SPECS. 2x4 RAILS, 1x6x6 SLATS, 4x4 POSTS ALL  
 PRESSURE TREATED. - GALVANIZED 10D NAILS AND  
 " " " " 2" GLUE COATED  
 STAPLES FASTEN.



TOP VIEW



**JUSTWOOD Fence Co.**  
 8030 Pineridge Way  
 Stuart, FL 34997

BOARD ON BOARD FENCE

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/26/00, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4937	OAKLEY / D. Kinnor	FINAL	Rejeal	Post not cemented
②	JUSTWOOD PLACE		W/Fee	AS per plan.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	FOLLWEILER	Roof Sheathing	Passed	
⑤	11 N.E. Lofting Way	MAILING INSPECTION to DRY-IN	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4589	DEGIODA	TEMP. C.O WALK- (FOR FINAL) THRU	Partial	SEE LIST Below.
④	130 N. Sewall's Pt. Rd.		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	VONWAGNER	Insulation	Passed	
⑦	3 PALMA WAY CASTLE HILL	WALLS ONLY	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4613	SUBIN	FINAL	Passed	1. Vents in Soffit 2. Vents in Utility Rm. FOR GAS HEATER 3. 42" RAILING - Need letter FROM ARCHITECT
③	8 PALM CT	(REINSPECT)	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4732	JETTAMANTE	Gas Valve	Passed	25 PSI
⑥	19 Lofting Way (KACY) 284-6224	(REPAIRED LEAK) You can call if you don't want to go.	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4929	DERNEY	FINAL (ROOF)	Passed	
①	116 S. SEWALL'S PT. RD.		BG.	

OTHER: # 4589 ① ELEVATOR NOT HOOKED UP + Need Seal better  
 ② Seal ALL Holes in Basement ③ Need GFI AT BOTH ENDS of Island.  
 ④ Hooked up Elec. Bond to water heater. ⑤ Need Hose Bib  
 INSPECTOR (Name/Signature) Syphon Devices ⑥ ALL SINKS + FIXTURES to be  
 INSTALLED. ⑦ Need ATTIC Access Covers. ⑧ Need Access FOR WHIRLPOOL  
 ⑨ Need RAILING AT A/C AREA ON 2nd Fl.



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-7-00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
* S ✓ 4930	Keller	tin-tag *	Rejected	PERMIT ISSUED 5/19/00
(6)	14 Crane's Nest PACIFIC RFG	metal *	BG.	NO RECORD OF SWEATING INSPECTION. T/T CONTR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4861	Carlson	rough el *	Passed	* SUBS MUST OBTAIN PERMITS PRIOR TO INSP.
(4)	7 Kingston GLEN HUTCHINS	fr. pl. *	BG.	Did NOT SIGN OFF TILL Sub CORRECTION
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4955	Rica	driveway	Passed	Rear Section
(2)	5 Banyan BUWALDAS CONC.	Partial	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ <del>4937</del>	Oakley	inspect FENCE	Passed	<del>Denny says "don't</del>
(3)	<del>99 S.S.P. Rd.</del> JUSTWOOD FENCE	concrete FINISH (PERMITS) in notes	BG.	<del>STAKE TOO HARD -</del> <del>look but don't touch.</del>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4904	Miranda	stem wall	Passed	FORMWORKED SURVEY TO SITE.
(1)	34 Castle Hill o/B way	Partial - main house only	BG.	NO GARAGE OR PORCH AREAS.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4907	Fredrick	final garage door		
(7)	32 S.S.P. Rd. TREAS. CONST GAR. DOORS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4882	Woods	Partial straps & anchors	Passed	ELECT/RFG SUBS MUST OBTAIN PERMITS
(5)	116 So. River Rd. EMMICK CONST.	2nd Fl. Only	BG.	

OTHER: \* 4930 Removed Felt in several areas. Metal NOT NAILED properly. Rejected.

INSPECTOR (Name/Signature): \_\_\_\_\_

**5182**

**DRIVEWAY**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 12/6/00

BUILDING PERMIT NO. 5182

Building to be erected for MARY ANN OAKLEY

Type of Permit D/W ADDN.

Applied for by STEVE BOROVINA

(Contractor) Building Fee \$30.00

Subdivision RIO VISTA Lot 23 Block \_\_\_\_\_

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

Address 99 S. SEWALL'S POINT RD.

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

Type of structure S.P.R.

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

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

Parcel Control Number:

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

12-32-41-002-000-00230-9000

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

Amount Paid \$33.00 Check # 1259 Cash \_\_\_\_\_

Other Fees ( PCAD REV. ) 3.00

Total Construction Cost \$ 2,475.00

TOTAL Fees \$33.00

Signed Steve Borovina

Signed [Signature]

Applicant

Town Building Inspector OFFICER

## BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>12/15/00</u>

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2000

PRODUCER  
FLORIDA INSURANCE CONCEPTS, INC.  
P O BOX 061510  
PALM BAY, FL 32906-1510

**COPY FILE**  
*see us*  
**FILE**  
*VERIFY*

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  
STEVE BOROVINA  
2347 SE MONROE ST.  
STUART, FL 34997

INSURER A OWNERS INSURANCE CO.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**RECEIVED**  
NOV 30 2000  
BY: *[Signature]*

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	982312-20568715-99	12/14/99	12/14/00	EACH OCCURRENCE: \$300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MIXED AUTO <input type="checkbox"/> NON-OWNED AUTOS				FARE DAMAGE (Per seat fee): \$50,000 MED EXP (Any one person): \$5,000 PERSONAL & ADM INJURY: \$300,000 GENERAL AGGREGATE: \$300,000 PRODUCTS - COMP/OP AGO: \$300,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				CONSOLIDATED SINGLE LIMIT (E&S SECTOR): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per occurrence): \$ PROPERTY DAMAGE (Per occurrence): \$
	OCCUPY LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC \$, AGO \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EACH OCCURRENCE: \$ AGGREGATE: \$ RETENTION: \$ PWC STATU-TORY LIMITS: \$, OTHER: \$
	OTHER				E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYER: \$ E.L. DISEASE - POLICY LIMIT: \$

DESCRIPTION OF OPERATIONS, LOCATIONS AND RISKS/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

MASONRY CONTRACTOR

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER

**CANCELLATION**

TOWN OF SEWALLS POINT  
1 SOUTH SEWALLS POINT RD.  
SEWALL 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 SHOWN TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Anthony Bedlow*

**NOTICE OF ELECTION TO BE EXEMPT UC/INS**

Please refer to the written instructions prepared by the **FILE** Division of Workers' Compensation before completing this form. **PAID**

**STATE USE ONLY**

Effective/Issue Date: \_\_\_\_\_

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

Control Number: \_\_\_\_\_

Postmark Date: NPD

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

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details. (FOR YR-2001) 1989-513-057

I am applying for exemption as a (check only one box in this section):

**CONSTRUCTION INDUSTRY ( \$ 50.00 FEE REQUIRED)**

Sole Proprietor  Partner  Corporate Officer (your corp. title: \_\_\_\_\_)

**NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)**

Corporate Officer (your corp. title: \_\_\_\_\_)

RECEIVED NOV 8 0 2000 BY: SA RECEIVED NOV 08 2000

**CORPORATE OFFICERS AND PARTNERS:** List the registration number of your business on file with the Division of Corporate Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership have one, state "N/A"): \_\_\_\_\_

**THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION**

Business Name: <u>STEVE BOROVINA</u>		Trade Name; d/b/a; or a/k/a: <u>SAME</u>	
Business Mailing Address: <u>2347 S.E. MONROE STREET</u>		City: <u>STUART</u>	State: <u>FLORIDA</u>
County: <u>MARTIN</u>	Phone No.: <u>(561) 287-3602</u>	Nature of Business: <u>CONCRETE FINISHER</u>	Zip: <u>34991</u>
Unemployment Compensation Tax No: _____	Date Business Established: <u>NOVEMBER 2000</u>	No. of Employees: <u>0</u>	

Are you required to be registered or certified pursuant to Chapter 489, F. S.?  No  Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes CCC 09016

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application?  No  Yes: **YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE**

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies?  NO  YES list the name of all other businesses in which you are employed: \_\_\_\_\_

Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the Internal Revenue Service an annual Federal Income Tax Return?  No  Yes, You must attach tax records. See instruction sheet for detail

**AFFIDAVIT OF APPLICANT:** I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such

STEVE BOROVINA 1381 2P 19487 DEC 18  
 TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day

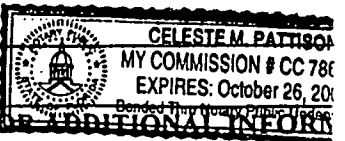
Stephen J. Borovina NOV 7 2000  
 APPLICANT'S SIGNATURE DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF MARTIN AKA STEVE  
 Sworn to and subscribed before me this 7<sup>th</sup> day of Nov, 2000, by STEPHEN J. BOROVINA

Personally Known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

NOTARY SIGNATURE Celeste M. Patten My Commission Expires \_\_\_\_\_

LES FORM BCM-250 Revised February 2000 (SEE REVERSE FOR ADDITIONAL INFORMATION)



AC# 5877082

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

DATE	BATCH NUMBER	LICENSE NBR
06/09/2000	999021387	CG - C007016

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2002

BOROVINA, STEPHEN J  
INDIVIDUAL  
2347 SE MONROE ST  
STUART

FL 34997-5840

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

**MARTIN COUNTY ORIGINAL**  
**2000 COUNTY OCCUPATIONAL LICENSE 2001**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-5804

LICENSE 1989 513 057 CERT CGC007016

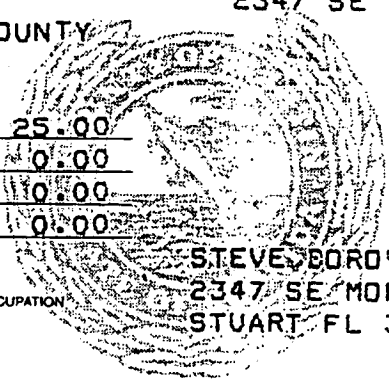
PHONE 561 287 3602 SIC NO 1521

LOCATION:

2347 SE MONROE ST

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



**STEVE BOROVINA**  
**2347 SE MONROE ST**  
**STUART FL 34997**

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **CERT GEN CONTR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 2000

AND ENDING SEPTEMBER 30, 2001 12 80802 391 PAID

TOWN OF SEWALL'S POINT  
BUILDING PERMIT APPLICATION

Owner or Titleholder's Name: MARYANN OAKLEY Phone No. (561) 781-2469  
Street: 99 S. SEWALL'S POINT RD City: STUART State: FLA Zip: DEC 01  
Legal Description of Property: LOT 23 RIO VISTA SUB-DIVISION  
Parcel Number: 23247-002-000-00-230-9000

Location of Job Site: 99 S. SEWALL'S POINT ROAD SEWALLS POINT, FLORIDA  
TYPE OF WORK TO BE DONE: EXTEND EXISTING DRIVEWAY TO ROAD

CONTRACTOR/Company Name: STEVE BOROVINA Phone No. (561) 287-3602  
Street: 2347 S.E. MONROE ST City: STUART State: FLA Zip: 34997  
State Registration: CERTIFIED GEN. CONTRACTOR State License: FLA. CG-C007016

ARCHITECT: ACCURIGHT LAND SURVEYING INC. Phone No. (561) 286-7694  
Street: 1501 DECKER AVE. SUITE 121 City: STUART State: FLA Zip: 34994

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: \$ 2475.00  
Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_  
If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO X  
Method of determining Fair Market Value: \_\_\_\_\_

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)  
Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
Mechanical: NONE State: \_\_\_\_\_ License # \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

OWNER or AGENT SIGNATURE (Required)  
Mary Ann Oakley  
Owner  
State of Florida, County of: Martin On this the 1 day of Dec, 2000, by Mary Ann Oakley who is personally known to me or produced FDL as identification.

CONTRACTOR SIGNATURE (Required)  
Steve Borovina  
Contractor  
State of Florida, County of: Martin On this the 30 day of NOV, 2000, by STEPHEN J. BOROVINA who is personally known to me or produced FIREARM license as identification.

Notary Public

Notary Public

My Commission Expires: \_\_\_\_\_  
LARRY E. MC CARTY  
MY COMMISSION # CC 711235  
EXPIRES: Jan 2002  
Bonded Thru Notary Public Underwriters

My Commission Expires: \_\_\_\_\_  
LINDA L. FINLEY  
MY COMMISSION # CC 949795  
EXPIRES: November 22, 2002  
Bonded Thru Notary Public Underwriters



**TREE REMOVAL (Attach sealed survey)**

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

**DEVELOPMENT ORDER # \_\_\_\_\_**

**1. ALL APPLICATIONS REQUIRE**

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

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

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

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

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

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

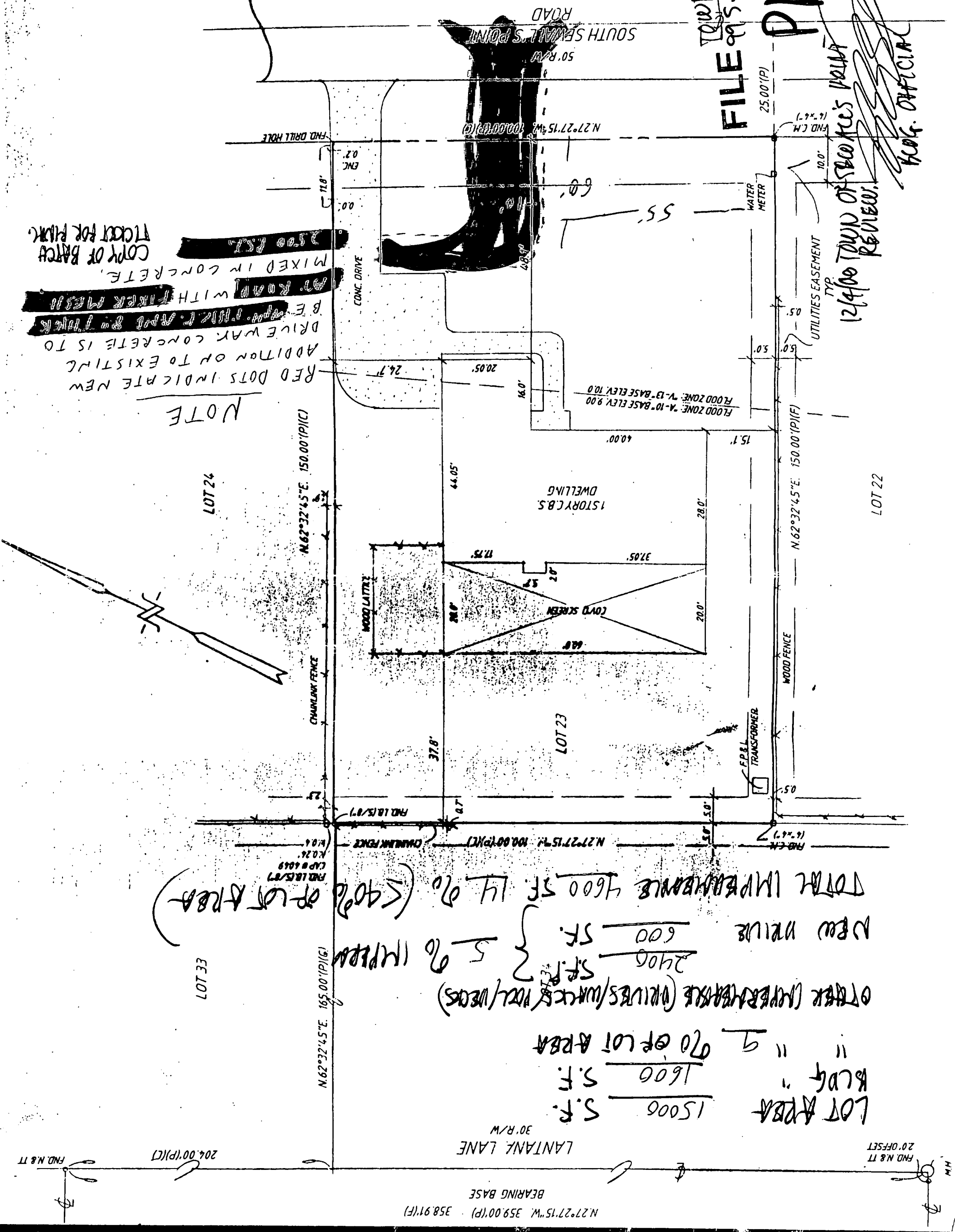
Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

PN 5182

FILE 99 S. SEAWAYS POINT RD.

12/4/00 TOWN OF SEAWAYS POINT  
REVIEW

HOG. OFFICIAL



LOT AREA 1500 S.F.  
BLDG " 1600 S.F.  
" " 970 S.F. OF LOT AREA  
OTHER IMPERVIOUS (WALKS/WALKS/VEAS) 2400 S.F.  
NEW DRIVE 600 S.F.  
TOTAL IMPERVIOUS 4600 S.F. 14.0% (5400 S.F. OF LOT AREA)

N 27° 27' 15" W 359.00' (P) 358.91' (F)  
BEARING BASE

FND N & TT 20' OFFSET

FND N & TT 204.00' (P) (L)

N 62° 32' 45" E 165.00' (P) (G)

N 62° 32' 45" E 150.00' (P) (C)

N 62° 32' 45" E 150.00' (P) (F)

N 27° 27' 15" W 100.00' (P) (L)

N 27° 27' 15" W 100.00' (P) (L)

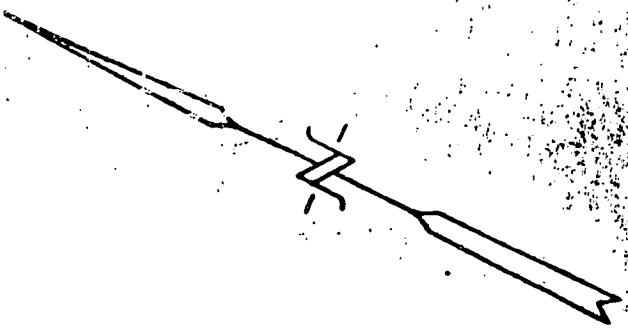
N 62° 32' 45" E 150.00' (P) (C)

N 62° 32' 45" E 150.00' (P) (C)

LOT 21

LOT 23

LOT 22



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Tue  Wed  Thu  Fri  Sat  Sun 12-13, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ① 4978	Rimer 29 S. River Rd. Lear	stem wall - rear patio wall	Pass	12/13
✓ S ⑥ 5183	De Garmo 16 E. High Point Pine Orchard	dock structural	Passed →	12/13 elevate el. conduit
✓ S ④ 5182	<del>Oakley</del> <del>97 S.S.P. Rd.</del> Korovena	<del>driveway</del> (PRE-POUR)	<del>Passed</del>	<del>12/13</del>
✓ M ⑨ 4717	Zarro 124 N.S.P. Rd. Buford	c.o. WALKTOW	PERFORMED \$	3:00 \$ POUR USE w/ G.C. REURP. 12/15
✓ S ③ 5123	Kiceu RIVER 65 S.S.P. Rd. Seagate	tie beam for rec. walls	Pass	12/13
✓ S ② 5126	Geller 10 Palmetto Dr. Mahaffey	plumbing	Passed	12/13 possible
✓ S ⑤ 5168	Schuck 8 Palm Rd. A & W	final roof	Cancelled 12/13	10: if possible not ready → Friday 12/15

OTHER: NOTE: ALL INSPECTIONS BY HERMUT GINNELE  
UNDER DIRECT SUPERVISION OF BLDG. OFFICER G

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12-15, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ⑥	5123 Piceu 65 S. River Rd. Seagate	Pl. under-ground 1st floor	Passed 12/15	- FIBED COPY OF PLUMBING PLANS TO SITE.
✓ S ①	5107 McCartney 45 W. Hi. Pt. Rd. O/B	sheathing carport (ROOF)	Passed 12/15	
✓ S ⑦	4978 Rimer-Bird 29 S. River Rd. Leor	ret. wall - vert. steel	Passed 12/15	
✓ N ⑧	4857 Conway 4 Oak Hill same	electrical temp. power (A/C & POOL EQUIP.)	Passed 12/15	- TEMP. YWR. UTR REG. REC'D 12/15 - PPL YWR. RBL. 12/15 1:10
✓ S ④	5185 JONES 14 HERONS NEST O/B	TEMP. POLE FPL PWR REG. 12/15 1:00	Passed 12/15	- PRODUCE WATER @ ADJ. LOT UNDER KWR. VERMONT METER 1ST INST. & - REG. NOTIFIER & PORTABLE.
✓ S ②	5148 SIEGEL 16 ISLAND RD. TREASURE COAST	FINAL - HURRICANE SHUTTER	Passed 12/15	
✓ S ⑤	5182 OAKLEY 99 S. Sewall's Pt Rd STEVE BOROVIDA	FINAL - DRIVEWAY	Passed 12/15	

OTHER: NOTE: ALL INSPECTIONS BY HELMUT GIMBLE  
UNDER DIRECT SUPERVISION OF BLDG. OFFICIAL. 12/15/00

INSPECTOR (Name/Signature): \_\_\_\_\_

**8459**

**DRIVEWAY**

### TOWN OF SEWALL'S POINT

Date 11-27-06

BUILDING PERMIT NO. 8459

Building to be erected for Oakley Travato

Type of Permit Driveway Pads

Applied for by 99 S Sewalls Pt Rd (Contractor)

Building Fee 35

Subdivision Riv Vista Lot 23 Block \_\_\_\_\_

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

Address O/B

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

Type of structure SFR

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

Parcel Control Number:

123841-002-000-0023090000

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

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

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

Amount Paid \$35 Check # \_\_\_\_\_ Cash  Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1000

TOTAL Fees 35

Signed Maylin Travato  
Applicant

Signed John Adams  
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 type="checkbox"/> ADDITION                 |
|   |  | <input checked="" type="checkbox"/> DRIVEWAY PADS |

## INSPECTIONS

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

RECEIVED

Town of Sewall's Point BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: Mary Ann O'Leary Trovato Phone (Day) 772 7080913 (Fax) \_\_\_\_\_

Job Site Address: 99 S. Sewalls Pt Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rivista /23 Parcel Number: 123841-002-000-002.3090000

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

Description of Work To Be Done: 2 drive pads poured

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1,000.00

(Notice of Commencement needed over \$2500)

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

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

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

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

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) Mary Ann O'Leary Trovato  
State of Florida, County of: Martin  
This the 6th day of November, 2006  
by MARY ANN TROVATO who is personally known to me or produced FLD# T613-581-45633-0 as identification.

CONTRACTOR SIGNATURE (required) \_\_\_\_\_  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 2006  
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

My Commission Expires: \_\_\_\_\_  
Notary Public Seal

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

# TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

## APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND ACCESSORY STRUCTURES

PERMIT NUMBER \_\_\_\_\_

### OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)
12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.



15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT ON THIS 20 DAY OF November, 2006

PROPERTY ADDRESS 99 S Sewalls Pt Rd

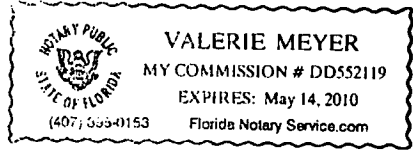
CITY Stuart STATE FL ZIP 34996

Mary Ann Trovato  
SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF 20th of November  
2006 BY MARY ANN TROVATO

PERSONALLY KNOWN   
OR PRODUCED ID   
TYPE OF ID FLDL# T613-581-45-633-0

Valerie Meyer  
NOTARY SIGNATURE



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12-20, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0016	Rivera	Plumbing final	PASS	
6	3 Emarita	meter	FAIL	INSPECTOR: <i>AM</i>
	OB	POWER RELEASE		
Tree	Gotfried Gomez	Tree	PASS	
5	19 N Via Lucinda			INSPECTOR: <i>AM</i>
	OB			
8172	Mariano	rough plumbing	PASS	PARTIAL / MASTER B.
2	23 Middle Rd.			INSPECTOR: <i>AM</i>
	Ken Wendell			
8105	Galini's	<del>TRUSS EJECT/STRAPPING</del> Framing	<del>PASS</del>	
7	26 S Sewall Pt	plumbing <del>etc</del>	PASS	INSPECTOR: <i>AM</i>
	Driftwood	form on stairs	PASS	
<del>8459</del>	<del>Travota</del>	<del>form</del>	<del>PASS</del>	
151	99 S Sewall Pt			INSPECTOR: <i>AM</i>
8394	Foster	steel	PASS	INSPECTOR: <i>AM</i>
	7 Tuma St			
4	Schiller			
8384	Nokeyl	final tiki hut	FAIL	
3	26 W High Pt			INSPECTOR: <i>AM</i>
	OB	(before 10AM)		

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5-16, 2007

Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8528	Masterpiece	tie beam	CANCEL	SCHEDULE FOR 5/17 FIRST
2	5 Mandalay Masterpiece			INSPECTOR: <i>AM</i>
8600	Terraw	line	PASS	
7	4 Kingston Ct Pupane Disc			INSPECTOR: <i>AM</i>
8585	Robinson	Final	PASS	CLOSE
1	173 S River Rd JA Taylor Roof			INSPECTOR: <i>AM</i>
<del>8459</del>	<del>Oakley Navato</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
8	99 S Sewalls OB	driveway PAD		INSPECTOR: <i>AM</i>
Tree	McAlpin	Tree	PASS	
3	5 Pineapple Ln McTrees			INSPECTOR: <i>AM</i>
8482	Gensheimer	GAS-rough	FAIL	
13	63 N River Masterpiece	GAS Final		INSPECTOR: <i>AM</i>
0088	Pooler	mechanical	FAIL	
11	94 N Sewalls Walter White	turs eng.	PASS	INSPECTOR: <i>AM</i>

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

TOWN OF SEWALL'S POINT, FLORIDA

Date August 31 2005 TREE REMOVAL PERMIT N<sup>o</sup> 2560

APPLIED FOR BY Trovato (Contractor or Owner)

Owner 99 S. Sewall's Point Rd

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

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

No. Of Trees: REMOVE 4 PINE

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

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

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant

Signed [Signature] FEE \$ 1500  
Town Clerk  
BONDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for notes or additional information.

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

REMARKS \_\_\_\_\_

**TOWN OF SEWALL'S POINT**  
**APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

**Tree Defined:** Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

**No permit required for:**

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

**Permit Fee:**

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

**Application procedures:**

1. Fill out application information below to include:
  - a. applicant information
  - b. written statement giving reasons for removal, relocation, or replacement if necessary
  - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
  - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Mary Ann Trovato Address 99 S. Sewall St Phone 7080913  
 Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

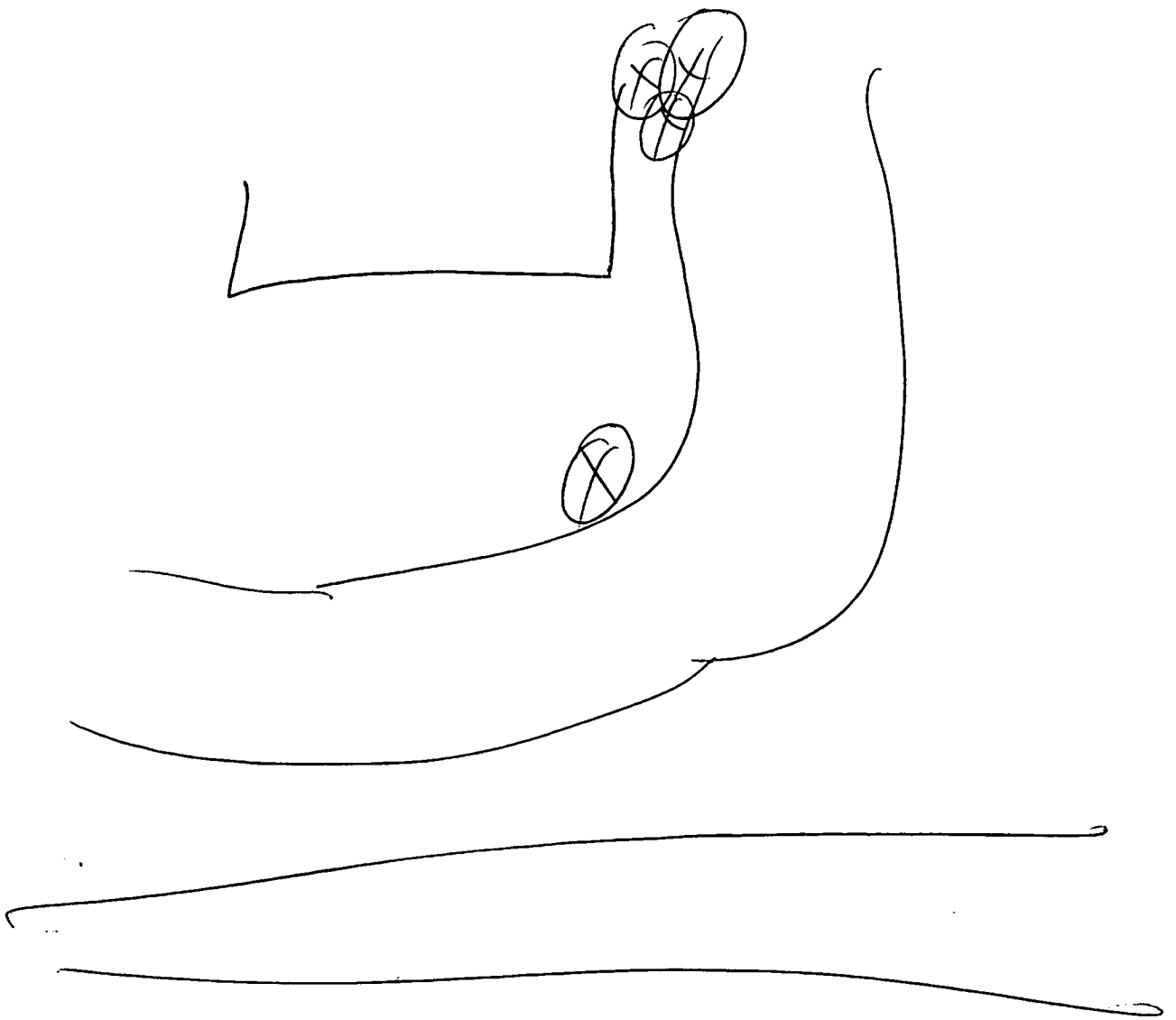
No. of Trees: REMOVE 4 Type: Pine  
 No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
 No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: Pines damaged during storm - leaning is worse - hoped to save them - no luck

Signature of Property Owner Mary Ann Trovato Date 8/30/05

Approved by Building Inspector: [Signature] Date 8/31 Fee: \$15.00

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_  
TREES ARE HEALTHY AND NOT IMMEDIATE THREAT TO PROPERTY - HOWEVER THEY COULD BE IN HIGH WINDS IF UPROOTED - THEREFORE OWNER HAS OPTION TO REMOVE IF DESIRED.





# Justwood Fence Co.

5030 Pineridge Way • Stuart, Florida 34997 • (561) 220-8451

LICENSED & INSURED

Licenses: Martin County - SP01325 • St. Lucie County: 2962



**SOLD TO:**

CUSTOMER NAME		DATE	
MAR-1 ANN OAKLEY		MARCH 25, 1999	
ADDRESS			
99 S. SEWARD ST RD			
CITY		STATE	ZIP
STUART			34906
HOME PHONE		BUSINESS PHONE	
TOTAL FOOTAGE			
100' APPROX			
LOT	BLOCK	PLAT	PAGE
23			
TAX FOLIO			
1236 4100 20000 2309 0000			
FENCE			
6' BD & BD ADD. P.T. 100'			
NO. OF GATES		SIZE	
3		100' x 100' to home	

SKETCH

additional 100' across back  
 \$1,200.00 MORE. Danny Kmei  
 Mary Ann Oakley

FENCE	\$	1490
PERMIT	\$	35
TOTAL PRICE	\$	1525
LESS DEPOSIT	\$	525
BALANCE ON COMPLETION	\$	1000.00
	+	1200.00
		2,200.00

Mary Ann Oakley  
 CUSTOMER'S SIGNATURE

DATE

APPROX. DELIVERY DATE: MARCH 25, 1999

Fence remains the property of Justwood Fence Co. until all charges are paid. Justwood Fence Co. is not responsible for property lines or underground utilities, including sprinkler systems.

I have read this agreement and understand its terms and authorize the installation of this fence. No modifications to this contract will be honored unless in writing and signed by both parties. I HEREBY AUTHORIZE THE INSTALLATION OF THE FENCE.

Danny Kmei  
 AUTHORIZED SIGNATURE

DATE