

103 South Sewall's Point Road

1052

Permit No. _____

Date _____

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 L BROWN Present address NORTH CAROLINA

Phone _____

General contractor JACK MYERS Address Box 397 ST...

Phone 283-4743 4204

Where licensed MARTIN COUNTY License No. 75

Plumbing contractor NORTON License No. 17

Electrical contractor PIONEER ELEC. License No. 40

Air-conditioning contractor PERSONALIZED License No. 60

Describe the building, or alteration to existing building
NEW RESIDENCE

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

Subdivision RIVOLTA Lot No. 21 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2400 \$ 84,000

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 70,000

Cost of permit \$ 450⁰⁰ Plans approved as submitted _____ or, as marked Jan

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

Contractor Johanna Manatee

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

Owner Mrs. Lucy Brown

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

TOWN RECORD Date submitted _____

Approved by Building Inspector (date) 10/8/79 Inspector's initials Jan

Approved by Town Commissioner (date) 15 Oct 179 Commissioner's initials JLJ

Certificate of Occupancy issued (date) _____

1052

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.

October 28, 1980

TO: Gil Strubell

Meyer's letter to you, of 23 October 1980, is an attempt to gain sympathy where none is warranted.

Meyer has been a problem child in Sewall's Point through ALL of his projects. In this one, Joe caught him with his pants down.

Ref his paragraph 2: We do not have to tell him in writing why he was red-tagged. He knows all too well. NO attorney would take his case.

Ref his paragraph 3: If he is spending \$20,000. to raise the roof, it is his own doing.

He should pay for the additional permit because he did not finish the project in the specified time, entirely because of his own mis-doings.

ADD: I talked to Steve Calvert, attorney for the woman who was to have bought the finished house from Meyer. Calvert said the woman is out of the problems now, has decided to build a home in her home state (which I think is Ohio.) She has, or will, release Meyer to finish the S.P. home on his own so he can sell it on his own on completion.

I have NO sympathy for him. Make him pay, under the code, the added fee.

EHG

cc: Joe Mazzucca

TOWN of SEWALL'S POINT

One Sewall's Point Road South, Jensen Beach, Florida 33457 Telephone 287-2455

COMMISSIONERS
EDWARD H. GLUCKLER, Mayor
E. CLINTON TOWL, Vice Mayor
WILLIAM E. BARTON, III
DANA deWINDT
GILBERT STRUBELL

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

October 17, 1980

Mr. Jack Myers
Manatee Construction
P. O. Box 397
Stuart, Florida 33494

Dear Mr. Myers:

The building permit for your house on Lot 21 Rio Vista subdivision expires October 18, 1980. The Sewall's Point ordinance governing this matter provides that any construction of any dwelling must be completed within twelve months from the date of the issuance of its building permit. A new permit becomes necessary if a certificate of occupancy is to be eventually issued.

We would appreciate your attention to this matter.

Sincerely,

TOWN OF SEWALL'S POINT

Gilbert Strubell / JB

Gilbert Strubell
Building Commissioner

GS:jb



Manatee Building Corp.

P.O. BOX 397
STUART, FLORIDA 33494
(305) 283-4744
(305) 283-4204

October 23, 1980

Town of Sewall's Point
1 Sewall's Point Road
Jensen Beach, FL 33457

Attention: Mr. Gilbert Strubell

Dear Mr. Strubell:

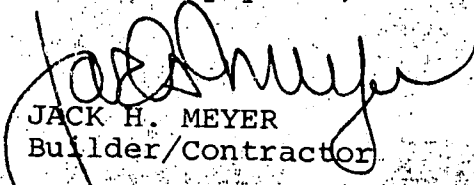
I am in receipt of your letter of 10/17/80. As you know, the job was stopped by the Town of Sewall's Point.

As of this date, you have avoided advising me in writing why the job was red tagged at the stage of construction the home was in.

I am spending \$20,000 to raise the roof, and modify the layouts. If you people feel that you are entitled to another permit fee, I will pay it, but I feel that it is totally unreasonable considering the circumstances.

Please advise by return mail.

Very truly yours,


JACK H. MEYER
Builder/Contractor

JHM/lw

cc: James Knight, Town Attorney
Ray Berndt, Sommers & Frasier

Joe

Builder and developer of Martin Counties finest areas
WOODSIDE, CRANE CREEK, MARITIMES-WEST, THE GARDENS
MID-RIVERS COUNTRY CLUB, SEWALLS POINT, HALFMILE LAKE

Joe
copy

TOWN of SEWALL'S POINT

One Sewall's Point Road South, Jensen Beach, Florida 33457 Telephone 287-2455

COMMISSIONERS

EDWARD H. GLUCKLER, Mayor
E. CLINTON TOWL, Vice Mayor
WILLIAM E. BARTON, III
DANA deWINDT
GILBERT STRUBELL

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

November 13, 1980

Mr. Jack Myers
Manatee Construction
P. O. Box 397
Stuart, Florida 33494

Dear Mr. Myers:

Town ordinances require that if a building is not completed within one year of the issuance of its building permit then that permit becomes void. We have no power to waive that requirement.

If a new permit fee is not paid for your house on Lot 21 Rio Vista within the next ten (10) days we will be forced to red-tag the job.

Sincerely,

TOWN OF SEWALL'S POINT

Gilbert Strubell
Building Commissioner

GS:jb

MARSH COUNTY
CONTRACTORS
CERTIFICATE OF COMPETENCY

Effective October 1, 1979 through September 30, 1980

NAME JACK MEYER
FIRM MANATEE CONSTRUCTION
ADDRESS P.O. Box 397
Stuart, FL 34994

CONTRACTOR GENERAL CONTRACTOR
ADDITIONAL CONTROL NO. 250
CERTIFICATE NUMBER 09055

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 Pittman Insurance Agency, Inc. P. O. Box 47 Stuart, FL 33494	COMPANIES AFFORDING COVERAGES COMPANY LETTER A U.S.F. & G. Co. COMPANY LETTER B Argonaut Insurance Co.
NAME AND ADDRESS OF INSURED Meyer & Sons Custom Builders, Inc. DBA Manatee Construction Co. P. O. Box 397 Stuart, FL 33494	COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E

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

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" 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"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	ICCB12496	6/8/80	BODILY INJURY	\$ 300	\$ 300
				PROPERTY DAMAGE	\$ 100	\$ 100
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED	BAP 3485	6/8/80	BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 300	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	WC 83-361-002298	8/11/80	STATUTORY		\$ 100 (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

 General Contractor - State of Florida

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:
 Town of Sewalls Point
 100 E. Ocean Blvd.
 Sewalls Point
 Jensen Beach, FL 33457

DATE ISSUED: October 5, 1979

William A. Pittman
 AUTHORIZED REPRESENTATIVE

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 7/18/81

This is to request that a Certificate of Approval for Occupancy be issued to Jack Myers
For property built under Permit No. 1052 Dated 10/18/79 when completed in
conformance with the Approved Plans.

[Signature]
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>12/11/79</u>	
Rough plumbing	<u>11/30/79</u> & <u>1/13/81</u>	
Slab	<u>12/3/79</u>	
Perimeter beam	<u>1/7/80</u>	
Close-in, roof and rough electric	<u>1/13/81</u>	
INSULATION	<u>1/19/81</u>	
Final Plumbing		
Final Electric		
- TRUSS MEMBERS	<u>1/28/80</u>	
Final Inspection for Issuance of Certificate for Occupancy.		
Approved by Building Inspector	<u>[Signature]</u>	date <u>9/30/81</u>
Approved by Building Commissioner	<u>[Signature]</u>	date <u>9/23</u>
Utilities notified	<u>9/30/81</u>	date

Original Copy sent to _____

(Keep carbon copy for Town files)

RECEIVED

SEP 17 1979

MARTIN COUNTY HEALTH DEPT.

FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 210 Jacksonville, Florida 32201

Application and Permit of Individual Sewage Disposal Facilities

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

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

Application/Permit No. HD 79-738 81-575 8/24/81 MARTIN County Health Department

Section I - Instructions:

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

Notes:

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

Section II - Information:

1. Property Address (Street & House No.) SEWALLS POINT RD.
 Lot 21 Block - Subdivision RIO VISTA
 Date Platted _____ Directions to Job RIO VISTA S/R
SOUTH ON SEWALLS POINT RD. TO SITE
2. Owner or Builder L. BROWN
 P.O. Address _____ City _____

Septic tank system to be installed by:

Scale 1" = 50'

S.B.R.

(Rear)

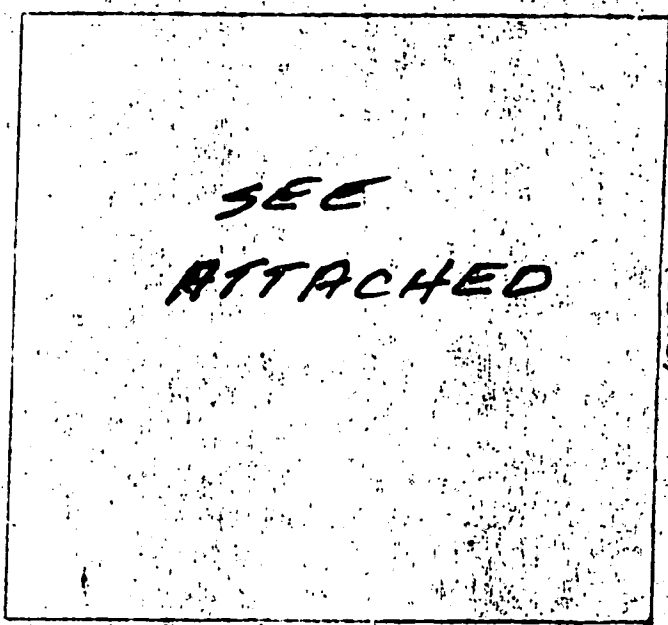
3. Specifications: 3 BORM
900 gallon tank with
255 square feet of
 drainfield with at least
 4" inside diameter pipe.

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

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

Applicant: L. BROWN
Please Print

Signature: [Signature] Date: 9-12-79



(Name of Street or State Road) (Side)

(Name of Street or State Road) (Side)

(Front) (Name of Street or State Road)

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions:

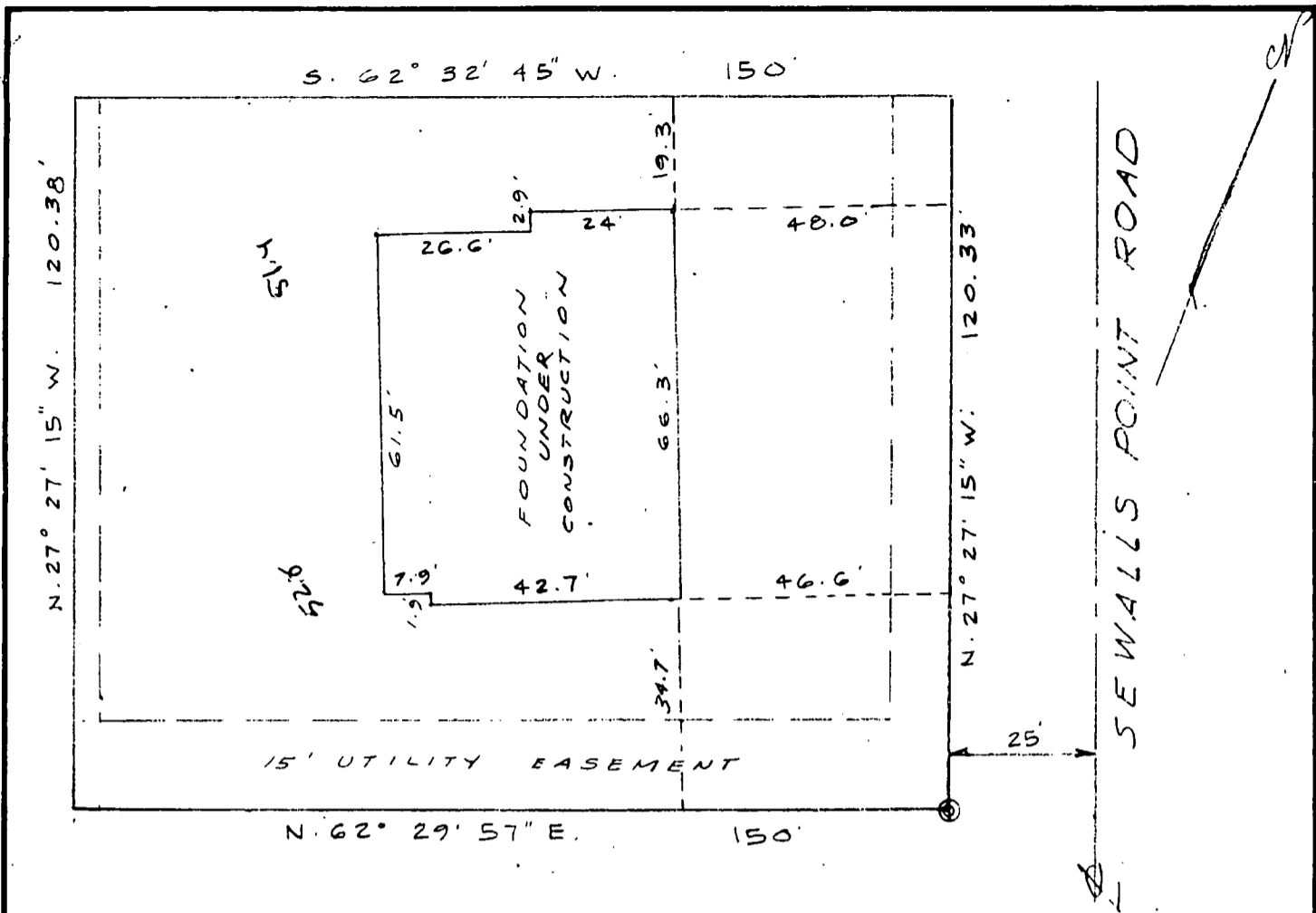
The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: Robert Washam County Health Dept. MARTIN Date 9-18-79

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____

FHA No. _____ VA No. _____



A TIE-IN ON

Lot 21
 RIO VISTA
 MARTIN COUNTY
 FLORIDA
 FOR
 JACK MYERS

SCALE: 1" = 30'	DATE: 12-4-79	PLAT BOOK: 6	PAGE: 95
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

DON WILLIAMS & ASSOCIATES, INC.

LAND SURVEYORS
 1115 E. OCEAN BLVD. STUART, FLA.

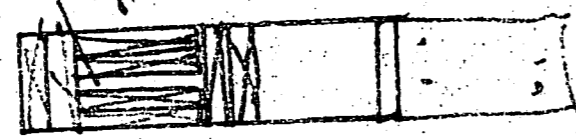
W.L. Williams
 W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272

F.B. 174 Page 4

REVISIONS	BY

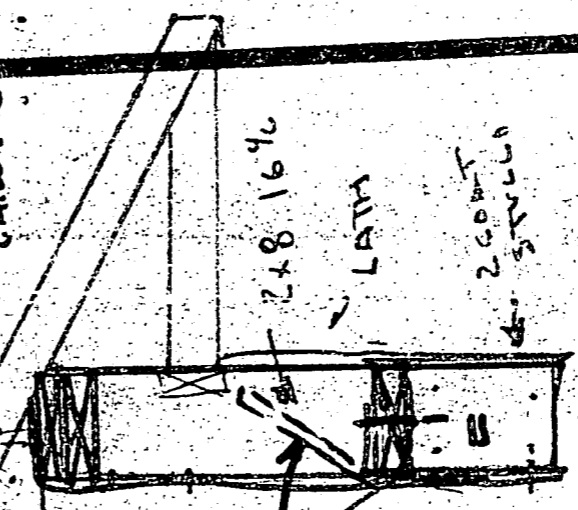
START PLUMBING
 10/1/80
 JAMES W. PROTHMAN
 10/1/80

PLUMBING CURB
 DO 2x10 HEADS
 OPEN TO 8-0
 DOUBLE 4x12
 FOR 12-0 OPEN.



2x10 @ 24" OC

hurricane straps
 hurricane bracing
 L.A.W. Std. Ply Code



2x2x8 PLUMB
 NUMBER STRAP
 STOP INTO CASE
 EXISTING
 HURRICANE STRAP
 2x8 PLUMB
 2x8 16'6"
 LATH
 2x8 PLUMB

SHOE CORNER
 TSP DR.

10-10-80

DO NOT REMOVE THIS STRAP OR BRACING FROM THE WALL OR CEILING

HURRICANE STRAP W/ TIE-ROD W/ END

2x4 SIPR BRACING
 1x8 BRASSIA (FLUT WOOD)
 1x2 SIPR BRACING (SIPR WOOD)
 SHIPR BRACING (SIPR WOOD)
 SHIPR BRACING (SIPR WOOD)



XPT

1416

POOL

TOWN OF SEWALL'S POINT FLORIDA

1416

Permit No. _____

Date Oct. 1, 1981

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 Gerry Mairs Present address 103 S. Sewall's Pt. Rd.

Phone _____

Contractor Louden Pools Address 4306 So. US #2

Phone 465-2700

Where licensed State, County, City License number CPC011421

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: Swimming Pool & Patio

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

103 South Sewalls Point Rd

Subdivision Sewalls Point Lot No. 21

Contract price \$ 18,000 Cost of Permit \$ 90

Plans approved as submitted Plans approved as marked _____

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

Contractor [Signature]

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

Owner Gerry Mairs

TOWN RECORD

Date submitted _____

Approved: [Signature]
Building Inspector

10/14/81
Date

Approved: [Signature]
Commissioner

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.

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

RECEIVED OCT 14 1981

RECEIVED OCT 21 1981

1416

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 12/1/81

This is to request that a Certificate of Approval for Occupancy be issued to Gery Mar
For property built under Permit No. 1416 Dated 10/15/81 when completed in
conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

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

Patio Steel 11/4/81
Steel & Grounding 10/26/81

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Amozgusa date 12/1/81

Approved by Building Commissioner _____ date _____

Utilities notified Not Req date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1597

WOOD DECK

Permit No. 1597

RECEIVED RECEIVED
JUL 27 1983 JUL 27 1983

Date _____

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

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 MR AND MRS CHRISTIE Present Address 103 SO. SEWALL PT RD
Phone _____ STUART

Contractor MANATEE BLDG CORP Address Box 397
Phone 2834744 STUART

Where licensed M.C. License number 0075

Electrical contractor NA License number _____

Plumbing contractor NA License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: TEMP. WOOD DECK AROUND

POOL

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

103 SO SEWALL PT RD

Subdivision RIO VISTA Lot number 21 Block number _____

Contract price \$ 1800⁰⁰ 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 MANATEE BLDG CORP

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 Mrs Christie

TOWN RECORD

Date submitted 7/27/83 Approved: J. Maszura 7/28/83
Building Inspector Date

Approved: GC Stuber 8/5/83 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

FINAL INSPECTION 9/17/83

SP1282

Jam OK 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.

1597

2148

RE-ROOF

Permit No. _____

Date June 24, 1987

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

2148

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 Milton Christie Present Address 103 S. Sewalls Pt. Rd.

Phone 287-0816 Sewalls Pt., FL

Contractor J.A. Taylor & Associates, Inc. Address 302 Melton Drive, Ft. Pierce, FL 33482

Phone 466-4040

Where licensed State of Florida (Certified) License number CCC035624 / CGC023923
Roofing / General

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Re-roof installing Celotex Dimensional shingles over pitched area. On both front & rear flat decks, install 28 lb. base sheet & 1 ply of ^{white granulated} ~~surf. modified~~ bitumen.

State the street address at which the proposed structure will be built:
103 S. Sewalls Point Road

Subdivision Rio Vista Lot number 21 Block number _____

Contract price \$ 5,000 Cost of permit \$ 25.00

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 D. Bruce Delbone

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 Milton Christie J.

TOWN RECORD

Date submitted 6/24/87 Approved: Dale Brow 6/25/87
Building Inspector Date

Approved: _____ Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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

4371

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/6/98

BUILDING PERMIT NO. 4371

Building to be erected for MILTON CRISTIE Type of Permit _____

Applied for by HEATON (Contractor) Building Fee _____

Subdivision Rio Vista Lot 21 Block _____ Radon Fee _____

Address 103 S. SEWALLS PT. ROAD Impact Fee _____

Type of structure RE-ROOF A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1238410020000021030000

Roofing Fee 100

Amount Paid 100 Check # 7591 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ _____

TOTAL Fees 100

Signed _____

Signed [Signature]

Applicant

Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
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!**

4371

Town of Sewall's Point

P.I.N. 1238410020000021030000

Date 4-2-98

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

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

Owner's Name Milton Christie

Owner's Address 103 S. Sewalla Point Rd.

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

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

City Sewalls Point State Fl. Zip 34996

Contractor's Name Heaton Enterprises Inc.

Contractor's Address P.O. Box 1143

City Palm City State Fl. Zip 34991

Job Name Milton Christie

Job Address 103 S. Sewalls Point Rd.

City Sewalls Point County Martin

Legal Description Rio Vista S/D Lot 21 acc.#27534

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



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

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

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

Milton Christie
Owner or Agent

4-2-98
Date

Daniel E. Heaton, Pres.
Contractor

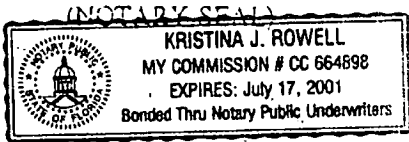
4-2-98
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 2 day of April 1998 by MILTON CHRISTIE who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Kristina Rowell
Name: KRISTINA ROWELL

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of CC 664898 and my commission expires: 7-17-01

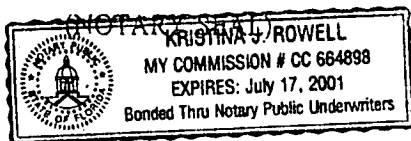


STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 2 day of April 1998 by DANIEL E. HEATON who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Kristina Rowell
Name: KRISTINA ROWELL

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of CC 664898 and my commission expires: 7-17-01



Certificate of Competency Holder

Contractor's State Certification or Registration No. CCC036990

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____

Permit Officer

PERMIT GENERAL CONDITIONS

Permit Applications must be accompanied by two (2) sets of the following:

(1) Plans, Sections, and Elevations with wind load and energy calculations signed and sealed by an architect or engineer and including plumbing, mechanical, and electrical drawings and calculations. **Plumbing, Mechanical, and Electrical** (also wells, pools, fences, etc.) require separate applications.

(2) Sketch or survey showing elevations and the locations of existing and proposed improvements, property lines, all setback lines, easements, rights-of-way, and any encroachments.

The permit is valid for twelve (12) months from date of issuance. Renewal of the permit may result in additional requirements and fees prevailing at the time of renewal.

All construction must conform to the Code of Ordinances of the Town of Sewall's Point ("Town Code") and the South Florida Building Code (Dade County 1994 edition, with revisions) ("Building Code"). An approval or permit issued based upon faulty documents or errors and/or omissions by the Building Official does not relieve the owner or the contractor of compliance with the Town Code or the Building Code, nor is it a license to circumvent the Town Code or the Building Code.

A temporary toilet is to be provided for workers or an existing toilet is provided and open to workers.

Debris must be contained in a dumpster-type metal container or must be immediately loaded in a truck (as reroofing may require). Debris will not be allowed to accumulate.

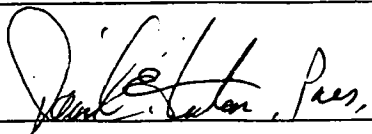
Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of any of the above conditions or the special conditions, attached, if any.


*NOTE: NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

ATTACHMENTS: _____

ACCEPTED:


Owner


Contractor


Building Official

PERMIT # _____

TAX FOLIO # 1238410020000021030000

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):

103 S.Sewalls Point Rd.

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof

OWNER: Milton Christie

ADDRESS: 103 S. Sewalls Point Rd.

PHONE #: _____ **FAX #:** _____

CONTRACTOR: Heaton Enterprises Inc.

ADDRESS: P.O.Box 1143, Palm City, Fl. 34990

PHONE #: 287-0116 **FAX #:** _____

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.

Milton Christie
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 2 DAY OF April 19 98 BY Milton Christie

[Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

4994

SHUTTERS

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/30/00

BUILDING PERMIT NO. 4994

Building to be erected for MILTON/MARIAN CHRISTIE Type of Permit STORM SHUTTERS

Applied for by TREASURE COAST HOME IMPROVEMENT (Contractor) Building Fee \$ 78.17

Subdivision RIO VISTA Lot 21 Block _____ Radon Fee _____

Address 103 S. SEWALL'S POINT RD Impact Fee _____

Type of structure S.F.R. AC Fee _____

Parcel Control Number: _____ Electrical Fee _____

12-38-84-100-200-00021-030 000 Plumbing Fee _____

Amount Paid \$ 85.99 Check # 1169 Cash _____ Other Fees (PLAD REVIEW) 7.82

Total Construction Cost \$ 8,143.00 TOTAL Fees \$ 85.99

Signed Clifford Wells Applicant Signed _____ Town Building Inspector

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 _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



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

RECEIVED
Bldg. Permit Number: _____
JUN 28 2000
BY: _____

Owner or Titleholder's Name Milton + Marian Christie Phone No. (407) 287-0816
Street: 103 S. Sewalls Point Rd City Sewalls Point State: FL Zip 34996
Legal Description of Property: 12-38-41-002-000-00210f 0000 Parcel Number: _____

Location of Job Site: 103 S. Sewall's Point Rd. Sewalls Point FL 34996
TYPE OF WORK TO BE DONE: Accordion shutters and storm panels

CONTRACTOR/Company Name: Treasure Coast Home Improv Phone No. (561) 335-8989
Street: 10155 E. Holbrook Ct. City PSL State: FL Zip 34952
State Registration: _____ State License: CR 9057901

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

ENGINEER: T. Heco Phone No. (305) 871-1530
Street: 6385 NE 36th St 217 City Virginia Gardens State: FL Zip 33168

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: \$ 8143.⁰⁰
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: _____ 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)
Milton Christie
Owner
State of Florida, County of: Martin On this the 30th day of June, 2000, by Milton Christie who is personally known to me or produced Fl. d. l. as identification.
Joan H. Barrow

Notary Public
Joan H. Barrow
MY COMMISSION # CC743445 EXPIRES November 30, 2002
BONDED THRU () INSURANCE, INC.

CONTRACTOR SIGNATURE (Required)
Cliff Wells
Contractor
State of Florida, County of: Martin On this the 27 day of June, 2000, by CLIFFORD WELLS who is personally known to me or produced Fl. d. l. as identification.
Susan S. Braender

Notary Public
SUSAN S. BRAENDER
MY COMMISSION # CC 634259 EXPIRES: May 26, 2001
BONDED THRU Notary Public Underwriters

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/28/00

PRODUCER

HAYNES & HAYNES INSURANCE
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309

COPY

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

K John Shockley
Phone No. 561-461-6040 Fax No.

INSURED

Treasure Coast Home Improvement, Inc.
1015 SE Holbrook Court
Pt St Lucie FL 34952

FILE

he/ms
FILE

COMPANIES AFFORDING COVERAGE

- COMPANY A Old Dominion Insurance Company
- COMPANY B AmComp Preferred Insurance Co
- COMPANY YC
- COMPANY D

RECEIVED
JUN 28 2000
BY: *[Signature]*

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
A	GENERAL LIABILITY	MPG22886	06/01/00	06/01/01	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 500,000
					RED EXP (Any one person) \$ 10,000
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCB7011797	09/10/99	09/10/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 100,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
*10 days applies to nonpayment on general liability. Florida Employees Only for Workmens Compensation.

CERTIFICATE HOLDER

SEWAL-1

Town of Sewalls Point
Fax: 561-220-4765
1 South Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

K John Shockley *[Signature]*
ACORD CORPORATION 1488



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

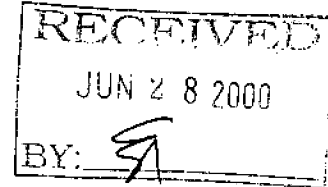
CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

FILE

McW

WELLS, CLIFFORD L
TREASURE COAST HOME IMPROVEMENTS INC
1015 SE HOLBROOK COURT
PORT ST LUCIE FL 34953



STATE OF FLORIDA AC# 587171
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CR -C057901 05/31/2000 99031E
CERTIFIED RESIDENTIAL CONTRACTOR
WELLS, CLIFFORD L
TREASURE COAST HOME IMPROVEMENTS
IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5871726

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

DATE	BATCH NUMBER	LICENSE NBR
05/31/2000	99031E	CR -C057901

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

WELLS, CLIFFORD L
TREASURE COAST HOME IMPROVEMENTS INC
1015 SE HOLBROOK COURT
PORT ST LUCIE FL 34953

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

NOTICE OF COMMENCEMENT

STATE OF FLA

COUNTY OF MARTIN

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

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

12 - 38 - 41

GENERAL DESCRIPTION OF IMPROVEMENT: Rio Vista S/D Lot 21

OWNER: Milton + Marian Christie

ADDRESS: 103 S. SENAILS Pt. RD. STUART, FL 34996

PHONE #: 287-0816 FAX #: _____

CONTRACTOR: TREASURE COAST HOME IMP. INC.

ADDRESS: 1015 S E HOLBROOK CT. PSL FL

PHONE #: 335-8989 FAX #: 335-3336

SURETY COMPANY (IF ANY) _____

ADDRESS: STATE OF FLORIDA
MARTIN COUNTY

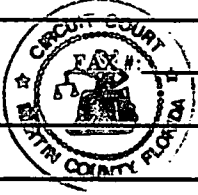
PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____



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

MARSHA BULLOCK, CLERK

DATE 6-13-02

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.

Milton Christie Marian Christie
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9 DAY OF June 2002 BY Milton + Marian Christie

Maurice A. Martinez
NOTARY SIGNATURE

PERSONALLY KNOWN _____
OR PRODUCED ID _____
TYPE OF ID FL Drivers License



Notarized in the State of Florida, Martin County 10/28/99



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Jupiter Aluminum
219 B Juno Street
Jupiter FL 33458

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

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

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

Your application for Product Approval of:
ASSA/Economy Aluminum Accordion Shutter
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 99-1005.06
Expires: 11/12/2002

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

6/30/00 TOWN OF SEWELL'S POINT
REVIEW:
BLDG OFFICER Francisco J. Quintana, R.A.
Director

Approved: 11/17/1999

1 of 3

Miami-Dade County
Building Code Compliance Office

FILE

TOWN COPY
103 S. SEWELL'S POINT RD.
PN 4994





re: Christie

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Eastern Metal Supply, Inc.
3600 23rd Ave., South
Lake Worth FL 33461

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

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

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

Your application for Product Approval of:

0.050" Bertlia Rolled Aluminum Storm Panel Shutters

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Applicant, along with drawings prepared by Walter A. Tillit Jr., P.E.

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0817.16 (Revises No.: 96-1203.08)

Expires: 08/07/00

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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

Charles Danger, P.E.
Director

Building Code Compliance Dept.
Metropolitan Dade County

Approved: 10/08/98

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~7-00~~, 2000;

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4997	Schecodnic	final fence	Passed	
✓ ①	1 River Crest United Court		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4975	stenhoj	steel -		NO POLYBOARD SURVEY-REQUIRED
✗	106 Hillcrest POOLS BY ADDRESS 692-7946	pool	CANCEL 9:05 AM	Called & advised need survey
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4894	Braunstein	final	Reject	No one at home.
✓ ②	11 N River TROPIC NATURE	dock (Two Large Dogs)	BG	GATE HAS LOCK ON IT. Can't get in
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4993	Reilly	shutters -	OK	HAS SOME EXISTING
✓ ⑦	78 S. Sewall's Tr. Coast Home Imp.	final	BG	Shutters NOT APPROVED.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4994	Christie	shutter	OK	
✓ ⑥	103 Sewall's Tr. Coast Home Imp.	final	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4996	Villa	final	OK	
✓ ⑨	24 S. Sewall's RMR Electric	electrical	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4691	Wattles	temp. el.	OK	AP ONLY-
✓ ⑧	20 N. Ridgeview	hook-up	BG	Took Keys to office.

OTHER: T/R 19 CASTLE HILL DEBARKHAM PALM COAST OK 1. ✓
 9 RIVERVIEW WINTER SPAIN'S OK 2. ✓
 20 PALM RD PAUCETT MONTAGS OK 3. ✓
 INSPECTOR (Name/Signature): SS WIGHT PONT KING SHANETRE OK 4. ✓

6989

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/27/04

BUILDING PERMIT NO. 6989

Building to be erected for CHRISTIE

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 21 Block _____

Radon Fee _____

Address 103 S. SEWALL'S PT

Impact Fee N/A

Type of structure SFR

A/C Fee HURRICANE

Parcel Control Number:

1238 41002 00000 21030000

Electrical Fee DAMAGE

Plumbing Fee _____

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

Total Construction Cost \$ 1545.00

Roofing Fee _____

TOTAL Fees _____

Signed Milton Christie

Applicant

Signed Gene Simmons (O/B)

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
OCT 26 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 10-25-04 Permit Number: _____

OWNER/TITLEHOLDER NAME Milton Christie Phone (Day) 287-0816 (Fax) _____

Job Site Address: 103 So. Sewalls Pt. Rd. City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1545
(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: _____

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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Milton Christie

State of Florida, County of: MARTIN

This the 25th day of OCTOBER, 2004

by MILTON CHRISTIE who is personally

known to me or produced [Signature] x 6/12/07

as identification [Signature]

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200 _____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!
LAURA L. O'BRIEN
Notary Public Underwriters
COMMISSION # DD 205961
Expires April 28, 2007

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

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

DISCLOSURE STATEMENT

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

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

Name: MILTON CHRISTIE Date: 10/27/04

Signature: Milton Christie

Address: 103 S. SEWALL'S PT. RD.

City & State: STUART, FL

Permit No. _____



BUILDING CODE COMPLIANCE OFFICE (BCCSO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 10/27/04
[Signature]
BUILDING OFFICIAL
Gene Simmons

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

NOTICE OF ACCEPTANCE (NOA)

Amarr Garage Doors.
165 Carriage Court
Winston Salem NC 27105

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

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

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

DESCRIPTION: Sectional Garage Door 16'- 0" Wide.

APPROVAL DOCUMENT: Drawing No. IRC-9516-169-26, titled "Model 950 Heritage w/DuraSafe Short Panel, Long Panel and Flush Panel", drawn on 03/12/03 and checked on 03/14/03 with no revisions, sheets 1 and 2, prepared by Amarr Garage Doors, signed and sealed by T.L. Shelmerdine, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 32000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance

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

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

This NOA consists of this page 1 as well as the approval document mentioned above.

The submitted documentation was reviewed by Candida R. Font PE.
[Signature]
09/04/03





TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 103 S. SEWALL'S PT. RD.

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

CAR DOOR

RIGHT SIDE 136A FLAG BRACKET
NEEDS (3) LAG BOLTS TOTAL

ANGLE BRACKET JUST BELOW
FLAG BRACKET IS NOT FLUSH
TO WOOD JAMB.

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

DATE: 11/12

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/12, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6658	MOORE 5 Oak Hill Way	FINAL GAS	PASS	
10	FERRELL GAS			INSPECTOR: <i>[Signature]</i>
799	HANAN 84 N. RIVER RD	TIN TAG + METAL		WILL RESCHEDULE
	PACIFIC	(LATE IF POSS)		INSPECTOR: <i>[Signature]</i>
TREES	AMOS 114 S. SEWALL'S PT	TREE	PASS	AS MODIFIED
4				INSPECTOR: <i>[Signature]</i>
697A	BYERS 32 N. SEWALL'S PT	FINAL DOCK	FAIL	NO PERMIT \$40 FEE
9	BLUE WATER MARINE	(GATE 1007)	De.	INSPECTOR: <i>[Signature]</i>
6989	CHRISTIE	CRAB TREE DOOR	FAIL	
5	103 S. SEWALL'S PT CRAB TREE O.H. DOOR			INSPECTOR: <i>[Signature]</i>
TREE	4 MANDALAY			QUEEN PALMS (NO ONE HOME)
				INSPECTOR: <i>[Signature]</i>
7048	BEAN 112 S. SEWALL'S PT	PREPOUR FOOTINGS	PASS	
	O/B			INSPECTOR: <i>[Signature]</i>
OTHER:	LULOY 20 E. HIGH PT	ISOLATE ELECTRIC		

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/15, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	O'SREEN	TRUSS ENG	—	WILL RESCHEDULE
4	1 RIDGEVIEW ANGUS ENT.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	TREE BEELITZ 10 S. VIA LUCINDIA	TREE	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7051	SCHERVENIG 110 ABBIE COURT	POOL DRAIN STEEL + BOND	FAIL	INSPECTOR: <i>[Signature]</i>
2	ADVANTAGE POOL			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6999	CRISTIE 103 S. SEWALL'S	GARAGE DOOR	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
6	OB			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6979	BYERS 32 N. SEWALL'S	FINAL DOOR	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
7	BLUE WATER MARINA (GATE #1007)			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1	WLOU 20 E HIGH PT BRADFORD ELEC	ISOLATE ELEC	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6776	WOLCOTT 7 ISLAND RD	FINAL	—	WILL RESCHEDULE
3	WILSON BLDGS			INSPECTOR: <i>[Signature]</i>

OTHER: _____

10466

RE-ROOF



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10466	DATE ISSUED:	JUNE 3, 2013
SCOPE OF WORK:	REROOF		
CONTRACTOR:	HEATON ROOFING		
PARCEL CONTROL NUMBER:	123841002-000-002103	SUBDIVISION	RIO VISTA - LOT 21
CONSTRUCTION ADDRESS:	103 S SEWALLS PT RD		
OWNER NAME:	CHRISTIE		
QUALIFIER:	DANIEL HEATON	CONTACT PHONE NUMBER:	287-0116

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10466

Date: May 20 2013

OWNER/LESSEE NAME: Marian Christie Phone (Day) 772-287-0816 (Fax)

Job Site Address: 103 S Sewall's Point Road City: Sewall's Point State: FL Zip: 34996

Legal Description SP-04 Rio Vista S17-10T 21 Parcel Control Number: 12384100 20000 21030000

Fee Simple Holder Name: N/A Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Re-Roof

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 18,000.00
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ 133,620.00

Construction Company: Heaton Roofing, Inc. Phone: 772-287-0116 Fax: 772-221-2299

Qualifiers name: Daniel E Heaton Street: P.O BOX 1143 City: Palm City State: FL Zip: 34991

State License Number: CCC 036970 OR: Municipality: License Number:

LOCAL CONTACT: Earl Pierce Phone Number: 772-380-5556

DESIGN PROFESSIONAL: License#

Street: City: State: Phone Number:

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

Carport: Total under Roof 3800 SF Elevated Deck: Enclosed area below BFE:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
Marian Christie
State of Florida, County of: Martin
On This the 20th day of MAY, 2013
by Marian Christie who is personally known to me or produced personally known
As identification.

CONTRACTOR LICENSEE NOTARIZED SIGNATURE:
Daniel E Heaton
State of Florida, County of: Martin
On This the 20th day of MAY, 2013
by Daniel E Heaton who is personally known to me or produced personally known
As identification.

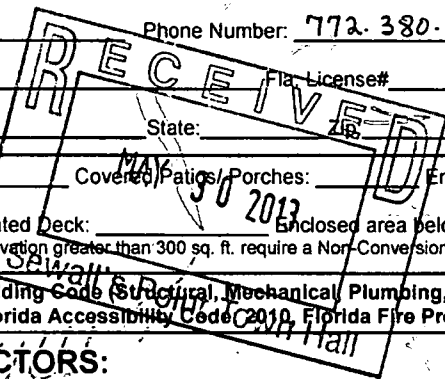
My Commission Expires: Victoria Dianne McKubien Notary Public July 21, 2016

My Commission Expires: Victoria Dianne McKubien Notary Public July 21, 2016

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

VICTORIA DIANNE MCKUBIEN MY COMMISSION # EE 214658 EXPIRES: July 21, 2016

VICTORIA DIANNE MCKUBIEN MY COMMISSION # EE 214658 EXPIRES: July 21, 2016



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

generated on 5/30/2013 10:51:49 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00210-3	27534	103 S SEWALL'S POINT RD, SEWALL'S POINT	\$241,620	5/25/2013

Owner Information

Owner(Current)	CHRISTIE MARIAN
Owner/Mail Address	103 S SEWALLS POINT RD STUART FL 34996-6320
Sale Date	4/1/1983
Document Book/Page	0568 1394
Document No.	
Sale Price	150000

Location/Description

Account #	27534	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 21
Parcel Address	103 S SEWALL'S POINT RD, SEWALL'S POINT		
Acres	.4140		

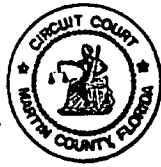
Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$108,000
Market Improvement Value	\$133,620
Market Total Value	\$241,620

THIS IS TO CERTIFY THAT THE
FOREGOING PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE



INSTR # 2397325
OR BK 2653 PG 2594
(1 Pgs)
RECORDED 05/29/2013 12:38:08 PM
CARDLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$25,000

CARDLYN TIMMANN, CLERK

BY: [Signature] D.C.
DATE: 5-29-13

TAX FOLIO # 12384100 200000 210 30000

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

103 S Sewall's Point Road, Sewall's Point SP-04 RIO VISTA SID LOT 21

GENERAL DESCRIPTION OF IMPROVEMENT: Re-Roof Shingle to Shingle

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

Name: Marian Christie
Address: 103 S Sewall's Point Road, Sewall's Point, FL 34996-6320
Interest in property: OWNER
Name and address of fee simple title holder (if different from Owner listed above):
N/A

CONTRACTOR'S NAME: Heaton Roofing Phone No.: 772-287-0116
Address: P O Box 1143 Palm City, FL 34991

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: N/A
Phone No.: _____ Bond amount: _____

LENDER'S NAME: N/A Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:

Name: N/A Phone No.: _____
Address: _____

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

Expiration date of Notice of Commencement:

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

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

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

* [Signature: Marian Christie]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

* Owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 20th day of MAY, 2013

By: Victoria Dianne McKuhen as Notary for MARIAN CHRISTIE
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Victoria Dianne McKuhen
Notary's Signature

Personally known or produced identification
Type of identification produced _____



VICTORIA DIANNE MCKUHEN
MY COMMISSION # EE 214668
EXPIRES: July 21, 2016
Bonded Thru Budget Notary Services

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



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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Heaton Roofing, Inc PHONE #: 772-287-0116 FAX: 772-221-2299

OWNER'S NAME: Marian Christie

CONSTRUCTION ADDRESS: 103 S Sewall's Point Rd CITY Sewall's Point STATE Florida

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)

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

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

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

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

ROOF TYPE: HIP _____ BOSTON-HIP _____ GABLE _____ FLAT _____ OTHER _____

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:* _____ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

_____ RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

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

EXISTING DECK TO REMAIN/REPAIRED& RENAILED

EXISTING ROOF COVERING: Shingles - Asphalt EXISTING COVERING TO BE REMOVED? YES NO _____

PROPOSED NEW ROOF COVERING: Shingles - Asphalt

MANUFACTURER Dwens Corning PRODUCT NAME Oakridge Shingles PRODUCT APPR # FL10674-R8

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

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

PROPOSED FLASHING: GALV./STEEL _____ ALUMINUM _____ COPPER _____ OTHER _____

RIDGEVENT TO BE INSTALLED: YES _____ NO

DESCRIPTION OF WORK: Tear off existing roof, remove to landfill. Dry-in one layer 30lb felt. Install metal flashings. Install Shingles using six nails per shingle.

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

[Signature] DATE: May 20 2013
 SIGNATURE OF CONTRACTOR



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

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

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

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

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

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

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

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

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

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

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



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

EVALUATION REPORT

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

Evaluation Report O37940.02.12-R2
FL10674-R8
Date of Issuance: 02/06/2012
Revision 2: 12/19/2012

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 FBC and 2010 FBC Residential Volume sections noted herein.

DESCRIPTION: Owens Corning Asphalt Roof Shingles

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

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

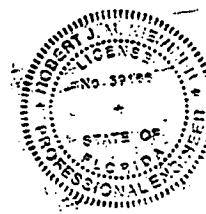
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 6.

Prepared by:

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



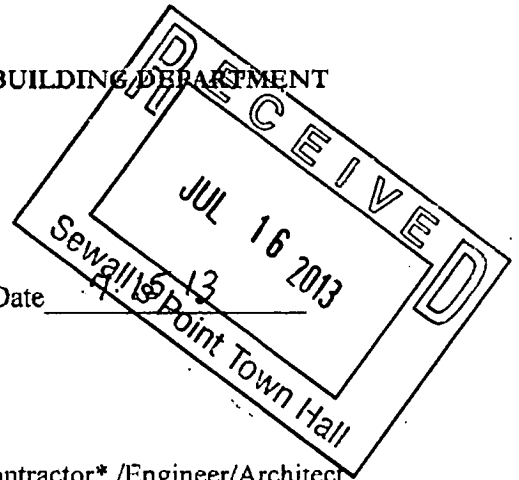
The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 12/19/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

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



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



RE: Permit # 10466

Date _____

Inspection Affidavit

I Daniel E Heaton, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: CCC 036970

On or about July 15, 2013 10:00 am, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 103 S Sewall's Point Road,
(circle one) (Job Site Address)

Sewall's Point, Florida 34996

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this 15th day of July, 2013

By Victoria Dianne McKuhen
Notary Public, State of Florida

Victoria Dianne McKuhen
(Print, type or stamp name)

Commission No.: EE 214 668

Personally known X or
Produced Identification _____
Type of identification produced. _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.

*OK CW
FILE*



VICTORIA DIANNE MCKUHEN
MY COMMISSION # EE 214668
EXPIRES: July 21, 2016
Bonded Thru Budget Notary Services

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-15-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10416	Christie	altering		NOT RE-OC
	103 S Sewalls	dry in		W/CO-USE SCHEDULE
	Heaton Roof.			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10314	SEABATE PITCH #3 TIMOR SEABATE	U.G. GAS	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10415	Smith 11 Palmetto Ark	fireplace rough	FAIL	NEED MANU. INSULATION INSTRUCTIONS INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	11 PALMETTO			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-19-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10511	Elliott 25 W High Pt Alford Ac	Final AC	FAIL	
				INSPECTOR <i>[Signature]</i>
10448	Stern 9 Lantana Ln Freedom	Final Roof	PASS	
				INSPECTOR <i>[Signature]</i>
10446	Chute 1035 Sewalls	dry-ins/mold	PASS	RECEIVED
2A	Heaton Roof			AFFIDAVIT INSPECTOR <i>[Signature]</i>
10445	Spina Alford Ac Alford Ac	drip-edge valleys nailing	Cancel	See Wed 7-17
				INSPECTOR
4	Jones 48 N River OB	deck framing	PASS	
				INSPECTOR <i>[Signature]</i>
10437	Grioto 107 S Sewalls Total Roofing	Final Roof	Reschedule	for Monday
				INSPECTOR
10440	Spina Alford Ac Freedom	Final Roof		
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-23-13** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10489	Guerrero 130 N Sewalls Aspen Air	Final		Reschedule for Wed
				INSPECTOR
10415	Smith 11 Palmetto Oak Homes	all trades: rough electric rough plumbing rough HVAC rough framing rough gas fireplace re-inspect	OK	INSPECTOR <i>[Signature]</i>
				INSPECTOR
10466	Chastain 1035 Sewalls Heaton Roof	Final		INSPECTOR
				INSPECTOR
	SPAMFI 73 N. River Rd	ROUGH DRAFTS	CANCEL	INSPECTOR
				INSPECTOR
	10 COPAIRE	TREE	OK	INSPECTOR
				INSPECTOR
	MANDALAY LANDSCAPE AREA	CALLED	T.C. IRRIGATION	INSPECTOR
				INSPECTOR
				INSPECTOR

11193

WINDOW/DOOR

REPLACEMENT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11193	DATE ISSUED:	March 4, 2015
SCOPE OF WORK:	Replace 3 Windows & 1 Door		
CONTRACTOR:	Glass Plus		
PARCEL CONTROL NUMBER:	12-38-41-002-000-00210-3	SUBDIVISION:	Rio Vista S/D Lot 21
CONSTRUCTION ADDRESS:	103 S Sewall's Point Road		
OWNER NAME:	Christie		
QUALIFIER:	Steve Zelenski	CONTACT PHONE NUMBER:	283-3411

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11193		
ADDRESS:	103 S Sewall's Point Road		
DATE ISSUED:	3/4/2015	SCOPE OF WORK:	Replace 3 Windows & 1 Door

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

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)			\$		
(No plan submittal fee when value is less than \$100,000)					
Total square feet air-conditioned spa	@ \$ 121.75 per sq. ft.	s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:					
	@ \$ 59.81 per sq. ft.	s.f.		\$	-
Total square feet remodel with new trusses:	\$ 90.78 per sq. ft.	s.f.		\$	-
Total Construction Value:					
			\$	\$	-
Building fee: (2% of construction value SFR or >\$200K)			\$		n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)				\$	-
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)					
			\$		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)					
			\$		n/a
Road impact assessment: (.04% of construction value - \$5 min.)					
Martin County Impact Fee:			\$		
TOTAL BUILDING PERMIT FEE:					
			\$	\$	-

ACCESSORY PERMIT	Declared Value:		\$	\$	3,042.33
Total number of inspections:	@ \$ 100.00 per insp.	# insp	2	\$	200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)					
			\$	\$	3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)					
			\$	\$	3.00
Road impact assessment: (.04% of construction value - \$5 min.)					
				\$	5.00
TOTAL ACCESSORY PERMIT FEE:					
				\$	211.00

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

Date: 2-11-15 Permit Number: 11193

OWNER/LESSEE NAME: Marian Christie Phone (Day) 287-0816 (Fax) _____

Job Site Address: 103 S. Sewalls Pt Rd. City: Sewalls Pointe State: FL Zip: 34996

Legal Description: Rio Vista STD LOT 21 Parcel Control Number: 12-38-41-002-000-00210-3

Fee Simple Holder Name: N/A Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace 3 windows + Door

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3042.33
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Glass Plus Phone: 283 3411 Fax: 781 4712

Qualifiers name: Steve Zelenski Street: 1052 S Dixie cutoff rd City: Stuart State: FL Zip: 34994

State License Number: N/A OR: Municipality: Martin County License Number: MCGLA-00849

LOCAL CONTACT: Steve Zelenski Phone Number: Same 1283 3411

DESIGN PROFESSIONAL: N/A Fla. License# _____

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

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

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

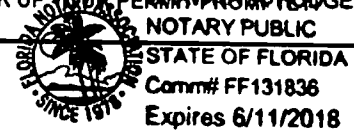
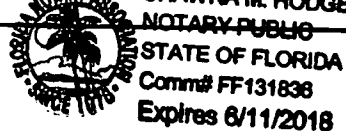
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
Marian Christie
State of Florida, County of: Martin
On This the 11th day of February, 2015
by Marian Christie who is personally known to me or produced _____
As identification, Shauna M. Hodge
Notary Public
My Commission Expires: 6-11-2018

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Steve Zelenski
State of Florida, County of: Martin
On This the 11th day of February, 2015
by Steve Zelenski who is personally known to me or produced _____
As identification, Shauna M. Hodge
Notary Public
My Commission Expires: 6-11-2018

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





CLASS-5 OP ID: LO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2014

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

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

PRODUCER The Plastridge Agency-STO 10337 N. Military Trail Palm Beach Gardens, FL 33410 Jean Reed Parks	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Glass Plus Zelenski Enterprises, Inc. dba 1052 S Dixie Cutoff Rd. Stuart, FL 34994	INSURER A: Ohio Security Insurance Co. NAIC # 24082	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BKS1552963394	06/24/2014	06/24/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Glass dealer/glazier

CERTIFICATE HOLDER Town of Sewalls Point One S. Sewall's Point Rd Sewall's Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

CLW
R022DATE (MM/DD/YYYY)
3/13/2015

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

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

PRODUCER PAYCHEX INSURANCE AGENCY INC 210706 P: (877) 287-1312 F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME: PHONE (A/C, No, Ext): (877) 287-1312 FAX (A/C, No): (888) 443-6112	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Underwriters Ins Co NAIC# 30104	
INSURED ZELENSKI ENTERPRISES INC. DBA GLASS PLUS 1052 SE DIXIE CUTOFF RD STUART FL 34994	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WEG KP7005	08/09/2014	08/09/2015	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$100,000
							E.L. DISEASE - EA EMPLOYEE	\$100,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT BUILDING DEPT
 1 S SEWALLS POINT RD
 SEWALLS POINT, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE



Martin County Building Department

900 SE Ruhnke Street

Stuart, FL 34994

(772) 288-5482

Fax (772) 419-6935

ZELENSKI, STEVE
GLASS PLUS
1052 S DIXIE CUTOFF RD
STUART, FL 34994

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency

GLASS & GLAZING - MC

License #: MCGLA00849 Expires: 09/30/2015

ZELENSKI, STEVE
GLASS PLUS
1052 S DIXIE CUTOFF RD
STUART, FL 34994

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: 1193 TAX FOLIO #: 12-38-41-002-000-00210-3
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
Rio Vista S/D LOT 21

GENERAL DESCRIPTION OF IMPROVEMENT: Remove no impact widws rplc with impact widws

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Marian Christie
ADDRESS: 103 S. Sewalls Point Rd
PHONE NUMBER: 772 287 0816 FAX NUMBER: ---
INTEREST IN PROPERTY: 100%

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

CONTRACTOR: Glass Plus
ADDRESS: 1052 S. DUNE CUTOFF RD
PHONE NUMBER: 772 283 3111 FAX NUMBER: 772 2814712

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

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

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

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

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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


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

Marian Christie
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11th DAY OF February, 2015
BY: Marian Christie AS Owner FOR Self
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED _____
Shawna M Hodge
NOTARY SIGNATURE/ SEAL

SHAWNA M. HODGE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF131838

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN THIMANN, CLERK
DATE: _____
BY: _____


RECORDED 03/25/2015 01:54:35 PM
CAROLYN THIMANN
MARTIN COUNTY CLERK
INSTR # 2505921
OR BK 2773 PG 2430

WINDOW/DOOR SCHEDULE

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	52 ^{5/8} x 62 ^{7/8}		SH	X		
2	52 ^{5/8} x 62 ^{7/8}		SH	X		
3	52 ^{7/8} x 62 ^{7/8}		SH	X		
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 500 S.F. *APPROX*

*PERCENTAGE OF NEW GLAZED AREA: 10 %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

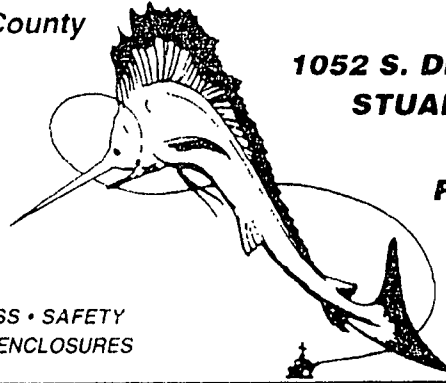
NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

* TYPE WINDOWS

- | | | |
|------------------|----------------|--------------|
| SH - SINGLE HUNG | AWN - AWNING | SL - SLIDING |
| DH - DOUBLE HUNG | CAS - CASEMENT | FIX - FIXED |

Residential and Commercial General Practioner in Martin County

GLASS PLUS



1052 S. DIXIE CUTOFF
STUART, FL 34994

772/283-3411
FAX/781-4712

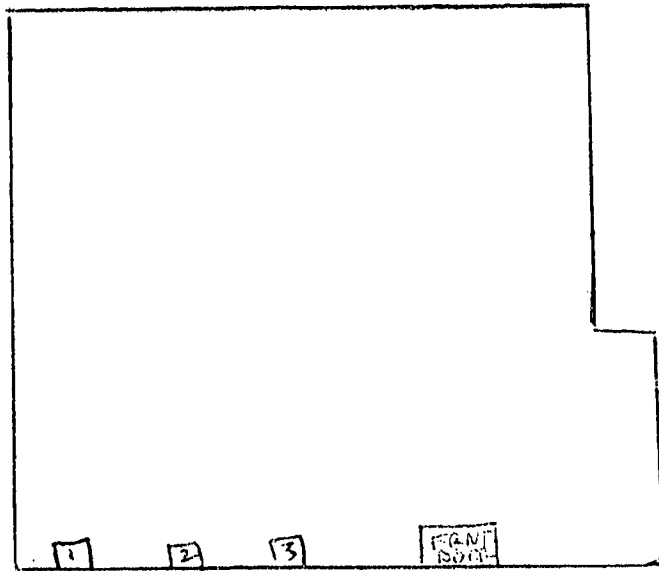
FREE ESTIMATES

STORE FRONTS • MIRRORS • WINDOWS & SLIDING GLASS DOORS • BOAT GLASS • SAFETY
GLASS • GLASS FURNITURE TOPS • PLATE GLASS • PLEXI GLASS • TUB & SHOWER ENCLOSURES

103 S Sewalls Point Rd
Parcel ID
12-38-41-002-000-00210-3

-W-

-S-



-N-

-E-

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

SCOPE:

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

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

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

DESCRIPTION: Series "SH-700" Aluminum Single Hung Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. 4040-20, titled "Alum. Single Hung Window, Impact", sheets 1 through 11 of 11, dated 09/01/2005, with revision "D" dated 10/07/2011, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, P. E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and Expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant.

LIMITATIONS: Miami-Dade County Product Control Approved Shutters Or Protection Devices shall be required for Glazing Option "M" at installations above 30 Ft. above ground (See sheet 1 of 11).

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

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

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

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

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

This NOA revises NOA No. 11-0405.10 and consists of this page 1, evidence pages E-1, E-2 and E-3, as well as approval document mentioned above.

The submitted documentation was reviewed by **Jaime D. Gascon, P. E.**

**MIAMI-DADE COUNTY
APPROVED**

J. Gascon
10/27/11

**NOA No. 11-1013.14
Expiration Date: March 26, 2016
Approval Date: November 03, 2011
Page 1**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/26/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11157	Stueart 12 N Ridgeview Drive Folding Shutter Corp	Final Shutters	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10778	Neh me 44S Sewalls Pt Rd Oceanfront Bldrs	Final	Fail- NOT READY	OK TO FURNISH INSPECTOR <i>[Signature]</i>
11193	Christie 103 S Sewalls Pt Rd Glass Plus	Final Windows	NO ANSWER 287-0876	INSPECTOR <i>[Signature]</i>
PM Requested				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/30/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11200	Leighton			NO ACCESS
AM Requested	43 W High Pt Rd	A/c Final	FAIL	
	Grime A/c			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11146	Batson	Strapping		
	3 Palmetto Dr	+ Engineering	PASS	
	O/B			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10694	Westcott	Pre-Pour		
	53 N River Road	Retaining wall	PASS	
	San George Construction	Cap		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11193	Christie	Final		
PM Requested	103 S Sewalls Pt Rd	Windows	PASS	OK
	Cylas Plus			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
				INSPECTOR



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9273	DATE ISSUED:	OCTOBER 21, 2009
SCOPE OF WORK:	FIBER SUPPORT EQUIPMENT		
CONDITIONS:			
CONTRACTOR:	SBA NETWORK SERVICES		
PARCEL CONTROL NUMBER:		SUBDIVISION	RIO VISTA
CONSTRUCTION ADDRESS:	NEAR 103 S SEWALLS POINT RD		
OWNER NAME:	AT&T		
QUALIFIER:	THOMAS HOFFMAN	CONTACT PHONE NUMBER:	352-629-1774

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

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

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

REQUIRED INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9273		
ADDRESS	NEAR 103 S SEWALLS POINT RD		
DATE:	10/21/09	SCOPE:	FIBER SUPPORT EQUIPMENT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	N/A
Total number of inspections @ \$75.00 each	1	\$	N/A
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	N/A
TOTAL ACCESSORY PERMIT FEE:		\$	N/A

RECEIVED 10-19-09

Date: 10/15/09 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 9273

OWNER/TITLEHOLDER NAME: AT&T Phone (Day) (Fax) Job Site Address: 103 S. SEWALL'S POINT ROAD City: STUART State: FL Zip: 34996

Legal Description Parcel Control Number: Owner Address (if different): 5201 S. CONGRESS AVE City: BOCA RATON State: FL Zip: 33487

Scope of work (please be specific): Fiber support equipment

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$13,000.00 (5000 CONSTRUCTION) (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: SBA NETWORK SERVICES Phone: 352 629-1774 Fax: 352 629-2959 Street: 2530 NE 36TH AVE City: DALLA State: FL Zip: 34471

State License Number: CGC062775 OR: Municipality: License Number: LOCAL CONTACT: GARY KISSEL Phone Number: 561 226-9369 561 716 4359

DESIGN PROFESSIONAL: MACTEC Lic# 6090 Phone Number: 305 826-5588 Street: 5845 NW 158TH ST City: MIAMI LAKES State: FL Zip: 33014

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

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

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

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

OWNER SIGNATURE: (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) State of Florida, County of: PALM BEACH This the 19th day of October, 2009 by MATTHEW JERRY who is personally known to me or produced as identification. Notary Public My Commission Expires: Gary D. Kissel

CONTRACTOR SIGNATURE: (required) On State of Florida, County of: MARION This the 15 day of October, 2009 by Thomas G. Hoffman who is personally known to me or produced as identification. Notary Public My Commission Expires: 10/29/2011

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

ROBIN HASTAD Notary Public - State of Florida Commission Expires Oct 29, 2011 21052 Notary Assn

OK

USE FOR VERIFICATION OF CONTRACTOR



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

Electrical Load Calculations

Electrical Contractor: Powertec Electric License No. ECA002143
 Phone #: 954 783 8765 Fax #: 954-783-8775
 Project: PINEAPPLE - ATAT Location: 103 S. SEWALL'S POINT ROAD, STUART
 Existing Service Feeder Size: _____ Existing Panel Size: _____
 Main Breaker Size: 100 A Number of Breakers: 1 / 20 A

Existing Loads

_____ Sq. Ft. X 3 watts per sq. ft.....	_____ watts
_____ Appliance cir. @1500 watts each.....	_____ watts
_____ Laundry cir. @ 1500 watts each.....	_____ watts
_____ Range @ 8 kw.....	_____ watts
_____ Dishwasher and disposal @ 1500 watts each.....	_____ watts
_____ Microwave @ 2000 watts.....	_____ watts
_____ Water heater @ 4.5 kw.....	_____ watts
_____ Tank less water heater.....	_____ watts
_____ Dryer @ 5 kw.....	_____ watts
_____ Refrigerator @ 1500 watts.....	_____ watts
_____ Bathroom 1 @ 1500 watts.....	_____ watts
_____ Sprinkler Pump	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Subtotal Watts	<u>W/A</u>

New Loads

_____ Pool pump.....	_____ watts
_____ Pool light.....	_____ watts
_____ Heat pump.....	_____ watts
_____ Chlorine generator.....	_____ watts
_____ Blower.....	_____ watts
_____ Boatlift.....	_____ watts
<input checked="" type="checkbox"/> Other <u>BATTERY BACK UP</u>	<u>2000</u> watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Total Watts	<u>2000</u>
_____ First 10 kw @ 100%.....	_____ watts
_____ Remainder @ 40%.....	_____ watts
_____ A/C heat @ 100%.....	_____ watts

Total watts _____ Divided by 240 volts = _____ Amps _____ Amp service provided

Prepared by: GUSTAVO DISZUTO Date: 10/19/09.

ELECTRICAL

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 10/16/09 Permit Number: _____

OWNER/TITLEHOLDER NAME: AT&T Phone (Day) 561 226-9369 (Fax) 561 981-9901

Job Site Address: 103 S. SEWALL'S POINT ROAD City: STUART State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Owner Address (if different): 5201 S. CONGRESS AVE City: BOCA RATON State: FL Zip: 33487

Scope of work (please be specific):
WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO [X]
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO [X]
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$8,000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 [X]
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Powertec Electric Phone: 954 783 8765 Fax: _____

Street: 1034 SW 13TH COURT City: Pompano Beach State: FL Zip: 33069

State License Number: ECA002143 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BEN GORDILS Phone Number: 954 478-3876

DESIGN PROFESSIONAL: MACTEC ENG & CONSULT Lic# 6090 Phone Number: 305 626 5588

Street: 5845 NW 158TH ST City: MIAMI LAKES State: FL Zip: 33014

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

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OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
State of Florida, County of: PALM BEACH
This the 16th day of October, 2009
by MATTHEW JERRY who is personally
known to me or produced
as identification: _____
Notary Public

CONTRACTOR SIGNATURE: (required)
On State of Florida, County of: PALM BEACH
This the 16th day of October, 2009
by BENNY GORDILS who is personally
known to me or produced
as identification: FL DR. Lic G63406167-103-0
Notary Public

My Commission Expires: _____ My Commission Expires: _____

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NOTARY PUBLIC STATE OF FLORIDA
Gary D. Kissel
Commission # DD67953
Expires: MAY 29, 2011
BONDED THRU ATLANTIC BONDING CO.

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri Dec 16, 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9273	ATT	across street of HSW		CLOSE
11:30	103 H. Sewalls Way SBA Network Serv	FINAL	PASS	contact FPL INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
7220	CRISPIN 30 E. AIGLE PT WISAIR	A/C FINAL		TRAVIS INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9285	108 H. Sewalls Way OLNEY EVERLAST	SCREEN FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9317	VON STATEN 20 N. Via Lucinda SEASIDE	IN PROGRESS	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9316	VON STATEN 20 Via Lucinda KRAUSS & CRANE	A/C FINAL	FAIL	LIGHT IN ATTIC LTR ABOUT Sewer INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9000	CD2 4 River Oak Rd Riverview Const	Meter Final	PASS	contact FPL INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

Valerie Meyer

From: Valerie Meyer [vmeyer@sewallspoint.martin.fl.us]
Sent: Friday, December 18, 2009 10:51 AM
To: 'FPL (tc_inspections@fpl.com)'
Subject: at&t POLE

Inspection complete and passed – Please install meter for pole located on South Sewalls Point Rd across street from Henry Sewall Way

If you have any questions, please feel free to contact me.

Thank you,

Valerie Meyer
Building Dept
Town of Sewalls Point
772-287-2455 Ext 13