

108 South Sewall's Point Road

10331

FILL



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:	10331	DATE ISSUED:	JANUARY 23, 2013
SCOPE OF WORK:	FILL		
CONTRACTOR:	DRIFTWOOD HOMES		
PARCEL CONTROL NUMBER:	013841001024-000207	SUBDIVISION	ARBELA - 1/2 LOT 24
CONSTRUCTION ADDRESS:	108 S SEWALLS PT RD		
OWNER NAME:	STEJSKAL		
QUALIFIER:	ALAN MORRIS	CONTACT PHONE NUMBER:	215-0074

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 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

Date: _____ BUILDING PERMIT APPLICATION Permit Number: 10331

OWNER/LESSEE NAME: GERHARD STEJSKAL Phone (Day) 732-761-0657 (Fax) _____

Job Site Address: 108 S. SEWALLS PT RD City: SEWALLS PT State: FL Zip: _____

Legal Description: ARBORA, S1/2 PL 24 E OF S.P.A. Parcel Control Number: _____

Fee Simple Holder Name: SAME Address: 8 COUNTRY MEADOW RD

City: COATS NEAK State: NJ Zip: 07122 Telephone: SAME

*SCOPE OF WORK (PLEASE BE SPECIFIC): FILL ON LOT

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: \$ 2,400.00

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

Construction Company: DRIFTWOOD HOMES, LLC Phone: 215-0074 Fax: 334-5877

Qualifiers name: ALAN B. MORRIS Street: 2143 NE PINELANDS City: JACKSON State: FL Zip: 34217

State License Number: 220056789 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: SAME Phone Number: SAME

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: 2007, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

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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, CERTIFYING THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION HAS BEEN FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE: X Gerhard Stejskal State of Florida, County of: Martin On This the 16th day of JAN, 2013 by Gerhard Stejskal who is personally known to me or produced As identification: Helen R. Morris Notary Public - State of Florida My Commission Expires: _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE: X Alan Morris State of Florida, County of: Martin On This the 21 day of Jan, 2013 by Alan Morris who is personally known to me or produced As identification: Valerie Carlet Notary Public My Commission Expires: _____

SINGLE FAMILY PERMITS 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!

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed **Thur** Fri **8-22-13** Page **2** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
930	72 S River Rd Horizon Pools	(wade) 801-8510	OK	INSPECTOR
10331	108 S Sewalls Duftwood	Final Final	Pass	Close INSPECTOR
10564	Caruso 29 S. St Rd Tone Homes by Rick	FINAL 3/10/13	Pass	Close INSPECTOR
10503	Mc BRIDE 19 N. Via Lucinda OB	R. PLUMB R. FLEW	Pass	INSPECTOR
10550	Seton 5 LANTANA ALL AMERICAN	DRY IN 4 METAL	FAIL	NAILS EXPOSED AT DRIP EDGE INSPECTOR
				INSPECTOR
				INSPECTOR

10688

SFR



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

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PERMIT NUMBER:	10688	DATE ISSUED:	NOVEMBER 27, 2013
SCOPE OF WORK:	NEW SFR (SINGLE FAMILY RESIDENCE)		
CONTRACTOR:	DRIFTWOOD HOMES		
PARCEL CONTROL NUMBER:	013841001024000207	SUBDIVISION	ARBELA - 1/2 L 24
CONSTRUCTION ADDRESS:	108 S SEWALLS PT RD		
OWNER NAME:	STEJSKAL		
QUALIFIER:	ALAN MORRIS	CONTACT PHONE NUMBER:	334-2577

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INSPECTIONS

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

Permit Number: _____

Date: _____

OWNER/LESSEE NAME: GERHARD & KATHARINA STEJSKAL Phone (Day) 732-761-0897 (Fax) _____
City: SEWALL PT State: FL Zip: _____

Job Site Address: 108 S. SEWALL PT RD Parcel Control Number: 01-38-41-001-024-00020-7

Legal Description: ALBEZA Address: 8 COUNTRY MEADOWS

Fee Simple Holder Name: SARO City: COCTS VELL State: NJ Zip: 07122 Telephone: 732-761-0997

*SCOPE OF WORK (PLEASE BE SPECIFIC):

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: \$ 1,070,000.000
(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 AE8 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: DRIFTWOOD HOMES, LLC Phone: 772-334-2577 Fax: 337-5877
Qualifiers name: ALAN MORRIS Street: 2463 PINE RIDGE City: J. BERRY State: FL Zip: 34957

State License Number: CLC1330697 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: SARO Phone Number: 215-0074

DESIGN PROFESSIONAL: BRADEN + BRADEN ARCHITECTS Fla. License# AAC000032
Street: 417 SE COCONUT AVE City: STUART State: FL Zip: 34994 Phone Number: 287-8256

AREAS SQUARE FOOTAGE: Living: 4930 Garage: 1441 Covered Patios/ Porches: 955 Enclosed Storage: 639

Carport: _____ Total under Roof: 9837 Elevated Deck: 324 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
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OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
[Signature]
State of New Jersey, County of Monmouth
On This the 1 day of NOV, 2013
by Gerhard & Katharina Stejskal who is personally known to me or produced NJ Driver License
As identification: Kathryne Noll
Notary Public
My Commission Expires: _____

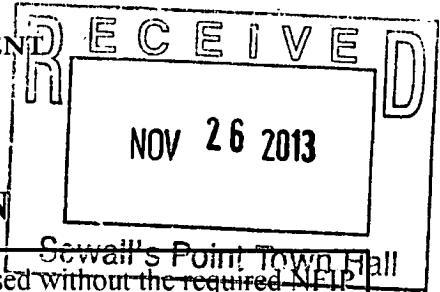
CONTRACTOR LICENSEE NOTARIZED SIGNATURE:
[Signature]
State of Florida, County of Monmouth
On This the 6 day of _____, 2013
by Alan Morris known to me or produced _____
As identification: Valerie Camlet
Notary Public
My Commission Expires: _____

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

My Commission Expires 11-28-16



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



V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NEIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name GERHARD STEJSKAL Insurance Policy No. _____
 Building Address or Legal Description 108 S. SEWALLS PT RD
 City SEWALLS POINT State FL Zip Code 34994

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ Date of FIRM index _____ Zone _____

SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... 13 feet (NGVD)
2. Base Flood Elevation (BFE)..... 10 feet (NGVD)
3. Elevation of the lowest adjacent grade..... 5 feet (NGVD)
4. Approximate depth of anticipated scour/erosion used for foundation design.... 5 feet (NGVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... 25 feet (NGVD)

SECTION III: V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

SECTION V: Certification

Certifier's Name DAN BRADEN Company Name BRADEN + BRADEN AIA
 Title PRESIDENT Florida License No. 9776
 Address 417 COCONUT AVE City STUART State FL Zip Code 34996
 Signature [Signature] Date 11/25/13 Telephone Number 287-8258

Seal

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

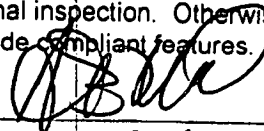
ESTIMATED ENERGY PERFORMANCE INDEX* = 70

The lower the Energy Performance Index, the more efficient the home.

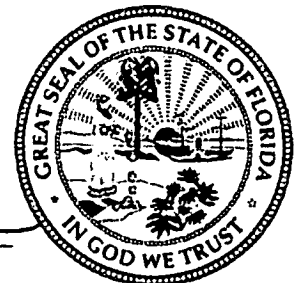
, MARTIN COUNTY, FL,

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p>New (From Plans) Single-family 1 3 No 4930</p>	<p>9. Wall Types a. Concrete Block - Ext Insul, Exterior b. Concrete Block - Ext Insul, Exterior c. N/A d. N/A</p> <p>10. Ceiling Types a. Cathedral/Single Assembly (Unvented) b. N/A c. N/A</p> <p>11. Ducts a. Sup: Attic, Ret: Attic, AH: Main b. Sup: Attic, Ret: Attic, AH: Main c. Sup: Attic, Ret: Attic, AH: Attic</p> <p>12. Cooling systems a. Central Unit b. Central Unit c. Central Unit</p> <p>13. Heating systems a. Electric Strip Heat b. Electric Strip Heat c. Electric Strip Heat</p> <p>14. Hot water systems a. Electric b. Conservation features None</p> <p>15. Credits</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td>R=4.1</td> <td>3446.70 ft²</td> </tr> <tr> <td>R=4.0</td> <td>270.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td>R=20.0</td> <td>4930.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="text-align: right;">R</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td>6</td> <td>275</td> </tr> <tr> <td>6</td> <td>156</td> </tr> <tr> <td>6</td> <td>95</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="text-align: right;">kBtu/hr</td> <td style="text-align: right;">Efficiency</td> </tr> <tr> <td>47.0</td> <td>SEER:16.00</td> </tr> <tr> <td>24.2</td> <td>SEER:16.00</td> </tr> <tr> <td>19.8</td> <td>SEER:16.00</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="text-align: right;">kBtu/hr</td> <td style="text-align: right;">Efficiency</td> </tr> <tr> <td>34.0</td> <td>COP:1.00</td> </tr> <tr> <td>27.0</td> <td>COP:1.00</td> </tr> <tr> <td>17.0</td> <td>COP:1.00</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2" style="text-align: right;">Cap: 40 gallons</td> </tr> <tr> <td colspan="2" style="text-align: right;">EF: 0.92</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2" style="text-align: right;">Pstat</td> </tr> </table>	Insulation	Area	R=4.1	3446.70 ft ²	R=4.0	270.00 ft ²	R=	ft ²	R=	ft ²			Insulation	Area	R=20.0	4930.00 ft ²	R=	ft ²	R=	ft ²			R	ft ²	6	275	6	156	6	95			kBtu/hr	Efficiency	47.0	SEER:16.00	24.2	SEER:16.00	19.8	SEER:16.00			kBtu/hr	Efficiency	34.0	COP:1.00	27.0	COP:1.00	17.0	COP:1.00			Cap: 40 gallons		EF: 0.92				Pstat	
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: 
Address of New Home: 108 S. SW 225 Ave

Date: 11/4/13
City/FL Zip: Seawater, FL



*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

**Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

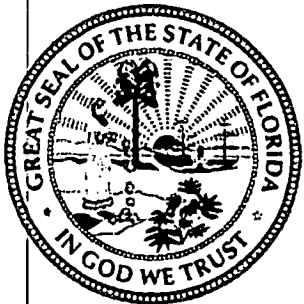
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: STEJSKA RESIDENCE Street: City, State, Zip: MARTIN COUNTY, FL, Owner: Design Location: FL, West Palm Beach	Builder Name: Permit Office: Permit Number: Jurisdiction:
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1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area above grade (ft²) Conditioned floor area below grade (ft²) 7. Windows (571.5 sqft.) a. U-Factor: Sgl, U=0.49 SHGC: SHGC=0.32 b. U-Factor: Sgl, U=1.30 SHGC: SHGC=0.64 c. U-Factor: N/A SHGC: d. U-Factor: N/A SHGC: Area Weighted Average Overhang Depth: 2.000 ft. Area Weighted Average SHGC: 0.344 8. Floor Types (4930.0 sqft.) a. Slab-On-Grade Edge Insulation b. N/A c. N/A	New (From Plans) Single-family 1 3 No 4930 0 <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Area</th> </tr> </thead> <tbody> <tr> <td>a. Sgl, U=0.49</td> <td>527.71 ft²</td> </tr> <tr> <td>b. Sgl, U=1.30</td> <td>43.75 ft²</td> </tr> <tr> <td>c. N/A</td> <td>ft²</td> </tr> <tr> <td>d. N/A</td> <td>ft²</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Insulation</th> <th style="text-align: left;">Area</th> </tr> </thead> <tbody> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0 4930.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R= ft²</td> </tr> <tr> <td>c. N/A</td> <td>R= ft²</td> </tr> </tbody> </table>	Description	Area	a. Sgl, U=0.49	527.71 ft²	b. Sgl, U=1.30	43.75 ft²	c. N/A	ft²	d. N/A	ft²	Insulation	Area	a. Slab-On-Grade Edge Insulation	R=0.0 4930.00 ft²	b. N/A	R= ft²	c. N/A	R= ft²	9. Wall Types (3716.7 sqft.) a. Concrete Block - Ext Insul, Exterior b. Concrete Block - Ext Insul, Exterior c. N/A d. N/A 10. Ceiling Types (4930.0 sqft.) a. Cathedral/Single Assembly (Unvented) b. N/A c. N/A 11. Ducts a. Sup: Attic, Ret: Attic, AH: Main b. Sup: Attic, Ret: Attic, AH: Main c. Sup: Attic, Ret: Attic, AH: Attic 12. Cooling systems a. Central Unit b. Central Unit c. Central Unit 13. Heating systems a. Electric Strip Heat b. Electric Strip Heat c. Electric Strip Heat 14. Hot water systems a. Electric b. Conservation features None 15. Credits	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Insulation</th> <th style="text-align: left;">Area</th> </tr> </thead> <tbody> <tr> <td>R=4.1</td> <td>3446.70 ft²</td> </tr> <tr> <td>R=4.0</td> <td>270.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Insulation</th> <th style="text-align: left;">Area</th> </tr> </thead> <tbody> <tr> <td>R=20.0</td> <td>4930.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">kBtu/hr</th> <th style="text-align: left;">Efficiency</th> </tr> </thead> <tbody> <tr> <td>47.0</td> <td>SEER:16.00</td> </tr> <tr> <td>24.2</td> <td>SEER:16.00</td> </tr> <tr> <td>19.8</td> <td>SEER:16.00</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">kBtu/hr</th> <th style="text-align: left;">Efficiency</th> </tr> </thead> <tbody> <tr> <td>34.0</td> <td>COP:1.00</td> </tr> <tr> <td>27.0</td> <td>COP:1.00</td> </tr> <tr> <td>17.0</td> <td>COP:1.00</td> </tr> </tbody> </table> <p style="text-align: right;">Cap: 40 gallons EF: 0.920</p> <p style="text-align: right;">Pstat</p>	Insulation	Area	R=4.1	3446.70 ft²	R=4.0	270.00 ft²	R=	ft²	R=	ft²	Insulation	Area	R=20.0	4930.00 ft²	R=	ft²	R=	ft²	kBtu/hr	Efficiency	47.0	SEER:16.00	24.2	SEER:16.00	19.8	SEER:16.00	kBtu/hr	Efficiency	34.0	COP:1.00	27.0	COP:1.00	17.0	COP:1.00
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Glass/Floor Area: 0.116	Total Proposed Modified Loads: 71.09 Total Standard Reference Loads: 102.09	PASS
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I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>[Signature]</u> DATE: <u>11-4-13</u> I hereby certify that this building, as designed, is in compliance with the Florida Energy Code. OWNER/AGENT: <u>[Signature]</u> DATE: <u>11/4/13</u>	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes. BUILDING OFFICIAL: <u>[Signature]</u> DATE: <u>11-22-13</u>	
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TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

PROJECT

Title: STEJSKAI RESIDENCE
 Building Type: User
 Owner:
 # of Units: 1
 Builder Name:
 Permit Office:
 Jurisdiction:
 Family Type: Single-family
 New/Existing: New (From Plans)
 Comment:

Bedrooms: 3
 Conditioned Area: 4930
 Total Stories: 1
 Worst Case: No
 Rotate Angle: 0
 Cross Ventilation:
 Whole House Fan:

Address Type: Street Address
 Lot #
 Block/SubDivision:
 PlatBook:
 Street:
 County: MARTIN COUNTY
 City, State, Zip: MARTIN COUNTY, FL

CLIMATE

Design Location	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating Degree Days	Design Moisture	Daily Temp Range
			97.5 %	2.5 %	Winter	Summer			
FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium

BLOCKS

Number	Name	Area	Volume
1	Block1	2926	29260
2	Block2	1226	11524.4
3	Block3	778	7313.2

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	2926	29260	Yes	2	1	1	Yes	Yes	Yes
2	BEDROOMS	1226	11524.4	No	0	1	1	Yes	Yes	Yes
3	MASTER BEDROO	778	7313.2	No	0	1	1	Yes	Yes	Yes

FLOORS

#	Floor Type	Space	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet
1	Slab-On-Grade Edge Insulatio	Main	275 ft	0	2926 ft²	---	0	0	1
2	Slab-On-Grade Edge Insulatio	BEDROOMS	156 ft	0	1226 ft²	---	0	0	1
3	Slab-On-Grade Edge Insulatio	MASTER BEDRO	105 ft	0	778 ft²	---	0	0	1

ROOF

#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
1	Hip	Composition shingles	5340 ft²	0 ft²	Medium	0.96	No	0.9	No	20	22.6

ATTIC

#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
1	Full attic	Unvented	0	4930 ft²	N	N

CEILING

✓ #	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
1	Cathedral/Single Assembly (Unvented)	Main	20	2926 ft²	0.11	Wood
2	Cathedral/Single Assembly (Unvented)	BEDROOMS	20	1226 ft²	0.11	Wood
3	Cathedral/Single Assembly (Unvented)	MASTER BEDRO	20	778 ft²	0.11	Wood

WALLS

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft. In	Height Ft. In	Area	Sheathing R-Value	Framing Fraction	Solar Absor	Below Grade%
1	N	Exterior	Concrete Block - Ext Insul	Main	4.09999	60	10	600.0 ft²	0	0	0.75	0
2	E	Exterior	Concrete Block - Ext Insul	Main	4.09999	40	10	400.0 ft²	0	0	0.75	0
3	S	Exterior	Concrete Block - Ext Insul	Main	4.09999	60	10	600.0 ft²	0	0	0.75	0
4	W	Exterior	Concrete Block - Ext Insul	Main	4.09999	40	10	400.0 ft²	0	0	0.75	0
5	N	Exterior	Concrete Block - Ext Insul	BEDROOMS	4	30	9	270.0 ft²	0	0	0.75	0
6	E	Exterior	Concrete Block - Ext Insul	BEDROOMS	4.09999	25	9 4	233.3 ft²	0	0	0.75	0
7	S	Exterior	Concrete Block - Ext Insul	BEDROOMS	4.09999	30	9 4	280.0 ft²	0	0	0.75	0
8	W	Exterior	Concrete Block - Ext Insul	BEDROOMS	4.09999	20	9 4	186.7 ft²	0	0	0.75	0
9	N	Exterior	Concrete Block - Ext Insul	MASTER BE	4.09999	20	9 4	186.7 ft²	0	0	0.75	0
10	E	Exterior	Concrete Block - Ext Insul	MASTER BE	4.09999	20	9 4	186.7 ft²	0	0	0.75	0
11	S	Exterior	Concrete Block - Ext Insul	MASTER BE	4.09999	20	9 4	186.7 ft²	0	0	0.75	0
12	W	Exterior	Concrete Block - Ext Insul	MASTER BE	4.09999	20	9 4	186.7 ft²	0	0	0.75	0

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Omt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
1	N	1	Metal	Single (Tinted)	Yes	0.49	0.32	75.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
2	N	1	Metal	Single (Tinted)	Yes	0.49	0.32	192.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
3	E	2	Metal	Single (Tinted)	Yes	0.49	0.32	36.8 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
4	N	1	Metal	Single (Tinted)	Yes	0.49	0.32	4.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
5	S	3	Metal	Single (Tinted)	Yes	0.49	0.32	8.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
6	S	3	Metal	Single (Tinted)	Yes	0.49	0.32	31.9 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
7	W	4	Metal	Single (Tinted)	Yes	0.49	0.32	36.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
8	S	3	Metal	Single (Tinted)	Yes	0.49	0.32	144.0 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None
9	W	4	Metal	Single (Tinted)	Yes	1.3	0.64	43.8 ft²	2 ft 0 in	6 ft 0 in	Drapes/blinds	None

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	6465.7	354.96	667.55	.345	8.0658

HEATING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
<input type="checkbox"/>	1	Electric Strip Heat	None	COP: 1	34 kBtu/hr	1	sys#1
<input type="checkbox"/>	2	Electric Strip Heat	None	COP: 1	27 kBtu/hr	2	sys#2
<input type="checkbox"/>	3	Electric Strip Heat	None	COP: 1	17 kBtu/hr	3	sys#3

COOLING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
<input type="checkbox"/>	1	Central Unit	None	SEER: 16	47 kBtu/hr	1410 cfm	0.75	1	sys#1
<input type="checkbox"/>	2	Central Unit	None	SEER: 16	24.2 kBtu/hr	726 cfm	0.75	2	sys#2
<input type="checkbox"/>	3	Central Unit	None	SEER: 16	19.8 kBtu/hr	594 cfm	0.75	3	sys#3

HOT WATER SYSTEM

<input checked="" type="checkbox"/>	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
<input type="checkbox"/>	1	Electric	None	Main	0.92	40 gal	60 gal	120 deg	None

SOLAR HOT WATER SYSTEM

<input checked="" type="checkbox"/>	FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
<input type="checkbox"/>	None	None			ft ²		

DUCTS

<input checked="" type="checkbox"/>	#	Location	Supply R-Value	Supply Area	Return Location	Return Area	Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat	HVAC # Cool
<input type="checkbox"/>	1	Attic	6	275 ft ²	Attic	25 ft ²	Default Leakage	Main	(Default)	(Default)			1	1
<input type="checkbox"/>	2	Attic	6	156 ft ²	Attic	15 ft ²	Default Leakage	Main	(Default)	(Default)			2	2
<input type="checkbox"/>	3	Attic	6	95 ft ²	Attic	10 ft ²	Default Leakage	Attic	(Default)	(Default)			3	3

TEMPERATURES

Programable Thermostat: Y			Ceiling Fans:																																			
Cooling	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	Venting	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec

Thermostat Schedule: HERS 2006 Reference		Hours											
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

Florida Code Compliance Checklist

Florida Department of Business and Professional Regulations
Residential Whole Building Performance Method

ADDRESS: MARTIN COUNTY, FL.	PERMIT #:
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MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code.	
	403.3.3	Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	

Project Information

For: MR. & MRS. STEJSKAIR
 MARTIN COUNTY, FL

Notes:

**TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY**

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db	45 °F
Inside db	70 °F
Design TD	25 °F

Summer Design Conditions

Outside db	91 °F
Inside db	75 °F
Design TD	16 °F
Daily range	L
Relative humidity	50 %
Moisture difference	57 gr/lb

Heating Summary

Structure	33542 Btuh
Ducts	9282 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	42824 Btuh

Sensible Cooling Equipment Load Sizing

Structure	27365 Btuh
Ducts	7637 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	33602 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

Latent Cooling Equipment Load Sizing

Structure	3533 Btuh
Ducts	3806 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	7339 Btuh
Equipment total load	40941 Btuh
Req. total capacity at 0.70 SHR	4.0 ton

	Heating	Cooling
Area (ft ²)	2924	2924
Volume (ft ³)	32609	32609
Air changes/hour	0.30	0.15
Equiv. AVF (cfm)	161	81

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	12.4 kW
Heating output	42401 Btuh
Temperature rise	25 °F
Actual air flow	1567 cfm
Air flow factor	0.037 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Rheem
Trade	RHEEM 14AJM SERIES
Cond	14AJM49
Coil	RHLL-HM4824++RCSL-H*4824
AHRI ref	3799431
Efficiency	13.0 EER, 16 SEER
Sensible cooling	32900 Btuh
Latent cooling	14100 Btuh
Total cooling	47000 Btuh
Actual air flow	1567 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.83

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Information

For: MR. & MRS. STEJSKAIR
 MARTIN COUNTY, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db	45 °F
Inside db	70 °F
Design TD	25 °F

Summer Design Conditions

Outside db	91 °F
Inside db	75 °F
Design TD	16 °F
Daily range	L
Relative humidity	50 %
Moisture difference	57 gr/lb

Heating Summary

Structure	14146 Btuh
Ducts	3744 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	17890 Btuh

Sensible Cooling Equipment Load Sizing

Structure	14825 Btuh
Ducts	3088 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	17196 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft ²)	1228	1228
Volume (ft ³)	11539	11539
Air changes/hour	0.39	0.20
Equiv. AVF (cfm)	76	38

Latent Cooling Equipment Load Sizing

Structure	2670 Btuh
Ducts	1521 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	4191 Btuh
Equipment total load	21388 Btuh
Req. total capacity at 0.70 SHR	2.0 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	5.1 kW
Heating output	17555 Btuh
Temperature rise	20 °F
Actual air flow	807 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Rheem
Trade	RHEEM 14AJM SERIES
Cond	14AJM25
Coil	RHLL-HM2417++RCSL-H*2417
AHRI ref	5550388
Efficiency	13.0 EER, 16 SEER
Sensible cooling	16940 Btuh
Latent cooling	7260 Btuh
Total cooling	24200 Btuh
Actual air flow	807 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.81

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Project Summary
AHU 3
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: MR. & MRS. STEJSKAIR
 MARTIN COUNTY, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
 Inside db 70 °F
 Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 9699 Btuh
 Ducts 2679 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 12378 Btuh

Sensible Cooling Equipment Load Sizing

Structure 14178 Btuh
 Ducts 2220 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 15742 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	778	778
Volume (ft ³)	7308	7308
Air changes/hour	0.31	0.15
Equiv. AVF (cfm)	38	19

Latent Cooling Equipment Load Sizing

Structure 1130 Btuh
 Ducts 1096 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 2226 Btuh
 Equipment total load 17968 Btuh
 Req. total capacity at 0.70 SHR 1.9 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency 100 EFF
 Heating input 3.5 kW
 Heating output 12070 Btuh
 Temperature rise 17 °F
 Actual air flow 660 cfm
 Air flow factor 0.053 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Rheem
 Trade RHEEM 14AJM SERIES
 Cond 14AJM18
 Coil RHLL-HM2417++RCSL-H*2417
 AHRI ref 3412280
 Efficiency 13.0 EER, 16 SEER
 Sensible cooling 13860 Btuh
 Latent cooling 5940 Btuh
 Total cooling 19800 Btuh
 Actual air flow 660 cfm
 Air flow factor 0.040 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.88

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-Suite® Universal 2013 13.0.01 RSU08101

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Page 3

Right-J® Worksheet
AHU 1
QUICK CALCS, INC.

Job:
Date:
By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

		Room name		Exposed wall		Room height		Room dimensions		Room area		AHU 1		BREAKFAST	
1				11.2 ft		282.0 ft		d		2924.0 ft ²		9.4 ft		47.0 ft	
2												17.0 x 17.0 ft		heat/cool	
3												289.0 ft ²			
4															
5															
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.58	2.82	884	620	2216	1750	160	84	301	238	
	G	1A-c10m	1.270	n	31.75	36.04	4	0	127	144	0	0	0	0	
	G	1A-c10m	1.270	n	31.75	36.04	40	0	1280	1453	0	0	0	0	
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1B-c1fm	1.130	n	28.25	19.38	76	0	2133	1464	76	0	2133	1464	
	G	1D-h20m	0.870	n	21.75	23.14	144	0	3132	3333	0	0	0	0	
	W	13A-4ocs	0.143	e	3.58	2.82	696	632	2260	1786	122	78	277	219	
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c10m	1.270	e	31.75	92.39	19	0	592	1722	0	0	0	0	
	G	1D-h20m	0.870	e	21.75	56.20	45	0	972	2510	45	0	972	2510	
	W	13A-4ocs	0.143	s	3.58	2.82	630	410	1467	1159	0	0	0	0	
	G	10A-m	1.670	s	41.75	26.48	134	134	5595	3549	0	0	0	0	
	G	10A-m	1.670	s	41.75	26.48	48	48	2004	1271	0	0	0	0	
	G	1A-c10m	1.270	s	31.75	36.04	4	4	132	150	0	0	0	0	
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c10m	1.270	s	31.75	36.04	33	33	1058	1201	0	0	0	0	
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-4ocs	0.143	w	3.58	2.82	696	660	2358	1863	160	124	443	350	
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1B-c1fm	1.130	w	28.25	36.15	36	0	1017	1302	36	0	1017	1302	
	C	16X19-21md	0.044	-	0.66	0.74	1126	1126	742	832	34	34	22	25	
	F	21A-20c	0.027	-	0.68	0.00	3005	3005	2028	0	289	289	195	0	
6	c) AED excursion									0				-114	
	Envelope loss/gain								29112	25488			5360	5993	
12	a) Infiltration								4430	1418			674	216	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230			2			460	0			0	
			Appliances/other							0				0	
	Subtotal (lines 6 to 13)								33542	27365			6034	6209	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								33542	27365			6034	6209	
15	Duct loads						28%	28%	9282	7637	28%	28%	1670	1733	
	Total room load								42824	35002			7704	7942	
	Air required (cfm)								1567	1567			282	356	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 1
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name				KITCHEN 19.0 ft				PANTRY 7.0 ft						
2 Exposed wall				9.4 ft heat/cool				9.4 ft heat/cool						
3 Room height				17.0 x 19.0 ft				1.0 x 62.0 ft						
4 Room dimensions				323.0 ft²				62.0 ft²						
5 Room area														
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	179	179	638	504	66	66	235	186
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	0	0	0	0	3	3	2	2
	F	21A-20c	0.027	-	0.68	0.00	323	323	218	0	62	62	42	0
6	c) AED excursion									-11				-4
	Envelope loss/gain									857	494			279
12	a) Infiltration									272	87			100
	b) Room ventilation									0	0			0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0	0			0
	Subtotal (lines 6 to 13)									1129	581			379
	Less external load									0	0			0
	Less transfer									0	0			0
	Redistribution									0	0			0
14	Subtotal									1129	581			379
15	Duct loads						28%	28%		312	162		28%	105
	Total room load									1441	743			484
	Air required (cfm)									53	33			18

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1	Room name				ELEC.				POWDER					
	Exposed wall				12.0 ft				0 ft					
	Room height				9.4 ft				9.4 ft					
2	Room dimensions				6.0 x 6.0 ft				1.0 x 46.0 ft					
3	Room area				36.0 ft²				46.0 ft²					
4	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	56	56	202	159	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	56	56	202	159	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	26	26	17	19	0	0	0	0
	F	21A-20c	0.027	-	0.68	0.00	36	36	24	0	46	46	31	0
6	c) AED excursion									-7				0
	Envelope loss/gain								445	331			31	0
12	a) Infiltration								172	55			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:				Occupants @	230	0		0	0	0		0	0
					Appliances/other				0	0			0	0
	Subtotal (lines 6 to 13)								617	386			31	0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								617	386			31	0
15	Duct loads						28%	28%	171	108	28%	28%	9	0
	Total room load								787	493			40	0
	Air required (cfm)								29	22			1	0

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 1
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

		WINE ROOM						HALL						
1	Room name	0 ft						0 ft						
2	Exposed wall	9.4 ft heat/cool						9.4 ft heat/cool						
3	Room height	6.0 x 8.0 ft						1.0 x 77.0 ft						
4	Room dimensions	48.0 ft ²						77.0 ft ²						
5	Room area													
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	0	0	0	0	0	0	0	0
	F	21A-20c	0.027	-	0.68	0.00	48	48	32	0	77	77	52	0
6	c) AED excursion									0				0
	Envelope loss/gain								32	0			52	0
12	a) Infiltration								0	0			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								32	0			52	0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								32	0			52	0
15	Duct loads						28%	28%	9	0	28%	28%	14	0
	Total room load								41	0			66	0
	Air required (cfm)								2	0			2	0

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

		Room name		Exposed wall		Room height		Room dimensions		Room area		GREAT ROOM 29.0 ft 16.5 ft heat/cool 1.0 x 717.0 ft 717.0 ft ²				BEDROOM 2 29.0 ft 9.4 ft heat/cool 15.0 x 18.0 ft 270.0 ft ²			
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)						
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool					
6	W	13A-4ocs	0.143	n	3.58	2.82	526	342	1223	966	141	141	504	398					
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	n	31.75	36.04	40	0	1280	1453	0	0	0	0					
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0					
	G	1D-h2om	0.870	n	21.75	23.14	144	0	3132	3333	0	0	0	0					
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	132	122	437	345					
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	9	0	296	861					
	G	1D-h2om	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0					
	C	16X19-21md	0.044	-	0.66	0.74	545	545	359	403	7	7	5	5					
	F	21A-20c	0.027	-	0.68	0.00	798	798	539	0	270	270	182	0					
6	c) AED excursion									-124				69					
	Envelope loss/gain								6532	6031			1424	1678					
12	a) Infiltration								803	257			416	133					
	b) Room ventilation								0	0			0	0					
13	Internal gains:		Occupants @	230			2			460	0			0					
			Appliances/other							0				0					
	Subtotal (lines 6 to 13)								7335	6748			1840	1811					
	Less external load								0	0			0	0					
	Less transfer								0	0			0	0					
	Redistribution								0	0			0	0					
14	Subtotal								7335	6748			1840	1811					
15	Duct loads						28%	28%	2030	1883	28%	28%	509	506					
	Total room load								9365	8631			2349	2317					
	Air required (cfm)								343	386			86	104					

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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				STORAGE 0 ft 9.4 ft 11.0 x 5.0 ft heat/cool 55.0 ft²				LIBRARY 28.0 ft 9.4 ft 15.0 x 17.0 ft heat/cool 255.0 ft²										
1	2	3	4	5	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
									Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	66	66	235	186	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	141	74	263	208	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	67	67	2811	1783	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	56	56	202	159	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.68	0.74	0	0	0	0	114	114	75	84	0	0	0	0
	F	21A-20c	0.027	-	0.68	0.00	55	55	37	0	255	255	172	0	0	0	0	0
6	c) AED excursion																	39
	Envelope loss/gain								37	0					3759			2460
12	a) Infiltration								0	0					401			128
	b) Room ventilation								0	0					0			0
13	Internal gains:		Occupants @	230			0				0	0						0
			Appliances/other															0
	Subtotal (lines 6 to 13)								37	0					4160			2588
	Less external load								0	0					0			0
	Less transfer								0	0					0			0
	Redistribution								0	0					0			0
14	Subtotal								37	0					4160			2588
15	Duct loads							28%	28%	10	0	28%	28%		1151			722
	Total room load								47	0					5311			3311
	Air required (cfm)								2	0					194			148

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 1
QUICK CALCS, INC.

Job:
Date:
By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name				FOYER 9.0 ft				DINING ROOM 18.0 ft						
2 Exposed wall				9.4 ft heat/cool				9.4 ft heat/cool						
3 Room height				9.0 x 11.0 ft				14.0 x 15.0 ft						
4 Room dimensions				99.0 ft²				210.0 ft²						
5 Room area														
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	38	38	134	106
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	85	37	131	103	132	98	351	278
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	48	48	2004	1271	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	33	33	1058	1201
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	18	18	12	13	84	84	55	62
	F	21A-20c	0.027	-	0.68	0.00	99	99	67	0	210	210	142	0
6	c) AED excursion										-26			175
	Envelope loss/gain								2214	1362			1741	1822
12	a) Infiltration								129	41			258	83
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								2343	1403			1999	1905
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								2343	1403			1999	1905
15	Duct loads						28%	28%	648	392	28%	28%	553	532
	Total room load								2991	1795			2552	2436
	Air required (cfm)								109	80			93	109

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 1
QUICK CALCS, INC.

Job:
Date:
By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name		2 Exposed wall		3 Room height		4 Room dimensions		5 Room area		STAIRWAY 18.0 ft 9.4 ft heat/cool 17.0 x 10.0 ft 170.0 ft²				LAUNDRY 35.0 ft 9.4 ft heat/cool 17.0 x 9.0 ft 153.0 ft²			
6	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)				
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool			
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0			
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0			
	G	1D-h2om	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	e	3.58	2.82	75	75	269	212	85	85	302	239			
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	0	0	0	0			
	G	1D-h2om	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	160	93	333	263			
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	67	67	2783	1765			
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	w	3.58	2.82	94	94	336	265	85	85	302	239			
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0			
	C	16X19-21md	0.044	-	0.66	0.74	68	68	45	50	153	153	101	113			
	F	21A-20c	0.027	-	0.68	0.00	170	170	115	0	153	153	103	0			
6	c) AED excursion									-11				34			
	Envelope loss/gain									764	517			3925 2654			
12	a) Infiltration									258	83			502 161			
	b) Room ventilation									0	0			0 0			
13	Internal gains:		Occupants @	230			0			0	0			0 0			
			Appliances/other							0	0			0 0			
	Subtotal (lines 6 to 13)									1023	600			4427 2814			
	Less external load									0	0			0 0			
	Less transfer									0	0			0 0			
	Redistribution									0	0			0 0			
14	Subtotal									1023	600			4427 2814			
15	Duct loads						28%	28%		283	167	28%	28%	1225 785			
	Total room load									1305	767			5652 3600			
	Air required (cfm)									48	34			207 161			

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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		Room name		Exposed wall		Room height		Room dimensions		Room area		BATH 2 16.0 ft 9.4 ft heat/cool 6.0 x 10.0 ft 60.0 ft ²				BATH 3 15.0 ft 9.4 ft heat/cool 6.0 x 9.0 ft 54.0 ft ²			
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)						
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool					
6	W	13A-4ocs	0.143	n	3.58	2.82	56	52	187	148	0	0	0	0					
	G	1A-c10m	1.270	n	31.75	36.04	4	0	127	144	0	0	0	0					
	G	1A-c10m	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
11	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1B-c1fm	1.130	n	28.25	19.38	0	0	0	0	0	0	0	0					
	G	1D-h20m	0.870	n	21.75	23.14	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	e	3.58	2.82	94	94	336	265	85	75	269	213					
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	e	31.75	92.39	0	0	0	0	9	0	296	861					
	G	1D-h20m	0.870	e	21.75	56.20	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	56	52	187	148					
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	4	4	132	150					
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1B-c1fm	1.130	w	28.25	36.15	0	0	0	0	0	0	0	0					
	C	16X19-21md	0.044	-	0.66	0.74	20	20	13	15	54	54	36	40					
	F	21A-20c	0.027	-	0.68	0.00	60	60	41	0	54	54	36	0					
6	c) AED excursion									-12				-10					
	Envelope loss/gain									704	561		956	1401					
12	a) Infiltration									229	73		215	69					
	b) Room ventilation									0	0		0	0					
13	Internal gains:		Occupants @	230			0			0	0		0	0					
			Appliances/other							0	0		0	0					
	Subtotal (lines 6 to 13)									933	634		1171	1470					
	Less external load									0	0		0	0					
	Less transfer									0	0		0	0					
	Redistribution									0	0		0	0					
14	Subtotal									933	634		1171	1470					
15	Duct loads						28%	28%		258	177		324	410					
	Total room load									1192	811		1495	1880					
	Air required (cfm)									44	36		55	84					

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 2
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax 772-466-6796 Email: QUICKCALCS@AOL.COM

		Room name		AHU 2		LOFT								
		Exposed wall		145.0 ft		23.0 ft								
		Room height		9.4 ft		9.4 ft								
		Room dimensions		d		1.0 x 463.5 ft								
		Room area		1227.5 ft²		463.5 ft²								
	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	179	145	519	410	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	33	0	1058	1201	0	0	0	0
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	432	404	1446	1142	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	31.75	36.04	28	0	887	2582	0	0	0	0
	G	1D-h2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	602	455	1626	1285	216	135	482	381
	G	10A-m	1.670	s	41.75	26.48	48	48	2004	1271	48	48	2004	1271
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	8	8	254	288	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	24	24	762	865	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	67	67	2116	2402	33	33	1058	1201
	W	13A-4ocs	0.143	w	3.58	2.82	150	150	538	425	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	1228	1228	809	907	464	464	305	343
	F	21A-20c	0.027	-	0.68	0.00	70	70	47	0	0	0	0	0
6	c) AED excursion									0				118
	Envelope loss/gain									12067	12780			3850 3314
12	a) Infiltration									2079	665			330 106
	b) Room ventilation									0	0			0 0
13	Internal gains:		Occupants @	230			6			1380	4			920 0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)									14146	14825			4179 4339
	Less external load									0	0			0 0
	Less transfer									0	0			0 0
	Redistribution									0	0			0 0
14	Subtotal									14146	14825			4179 4339
15	Duct loads						26%	21%		3744	3088	26%	21%	1106 904
	Total room load									17890	17913			5286 5243
	Air required (cfm)									807	807			238 236

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 2
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name				BEDROOM 3 24.0 ft				OFFICE 24.0 ft						
2 Exposed wall				9.4 ft heat/cool				9.4 ft heat/cool						
3 Room height				1.0 x 228.0 ft				1.0 x 256.0 ft						
4 Room dimensions				228.0 ft²				256.0 ft²						
5 Room area														
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	132	98	351	278
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	33	0	1058	1201
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	85	75	269	213	94	85	303	239
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	31.75	36.04	9	0	296	861	9	0	296	861
	G	1D-h2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	132	98	351	278	0	0	0	0
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	33	33	1058	1201	0	0	0	0
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	9	9	34	27	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	228	228	150	168	256	256	169	189
	F	21A-20c	0.027	-	0.68	0.00	0	0	0	0	42	42	28	0
6	c) AED excursion									-98				-114
	Envelope loss/gain								2158	2649			2205	2653
12	a) Infiltration								344	110			344	110
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	2			460
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								2502	2759			2549	3223
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								2502	2759			2549	3223
15	Duct loads						26%	21%	662	575	26%	21%	675	671
	Total room load								3165	3334			3224	3895
	Air required (cfm)								143	150			145	175

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
AHU 2
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 2 3 4 5	Room name		Exposed wall		Room height		Room dimensions		Room area		BATH 4 13.0 ft 9.4 ft 5.0 x 8.0 ft heat/cool 40.0 ft²				BATH 14.0 ft 9.4 ft 5.0 x 9.0 ft heat/cool 45.0 ft²			
	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)					
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool				
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	47	47	168	133				
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	n	31.75	36.04	0	0	0	0	0	0	0	0				
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1D-h2om	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0				
	W	13A-4ocs	0.143	e	3.58	2.82	75	75	269	212	85	75	269	213				
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	e	31.75	92.39	0	0	0	0	9	0	296	861				
	G	1D-h2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0				
	W	13A-4ocs	0.143	s	3.58	2.82	47	43	154	121	0	0	0	0				
	G	10A-m	1.670	s	41.75	26.48	0	0	0	0	0	0	0	0				
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	s	31.75	36.04	4	4	127	144	0	0	0	0				
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0				
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0				
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0				
	C	16X19-21md	0.044	-	0.66	0.74	40	40	26	30	45	45	30	33				
	F	21A-20c	0.027	-	0.68	0.00	0	0	0	0	28	28	19	0				
6	c) AED excursion													54				
	Envelope loss/gain								576	493			782	1293				
12	a) Infiltration								186	60			201	64				
	b) Room ventilation								0	0			0	0				
13	Internal gains:		Occupants @	230			0			0	0			0				
			Appliances/other							0				0				
	Subtotal (lines 6 to 13)								762	552			982	1357				
	Less external load								0	0			0	0				
	Less transfer								0	0			0	0				
	Redistribution								0	0			0	0				
14	Subtotal								762	552			982	1357				
15	Duct loads						26%	21%	202	115	26%	21%	260	283				
	Total room load								964	667			1242	1640				
	Air required (cfm)								43	30			56	74				

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 2
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

				STAIRWAY 37.0 ft 9.4 ft 17.0 x 10.0 ft heat/cool 170.0 ft ²				ELEVATOR 10.0 ft 9.4 ft 5.0 x 5.0 ft heat/cool 25.0 ft ²										
1	2	3	4	5	Ty	Construction number	U-value (Btuh/ft ² ·F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
									Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n			3.58	2.82	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n			31.75	36.04	0	0	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	n			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	n			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e			3.58	2.82	94	94	336	265	0	0	0	0	0	0
	G	10A-m	1.670	e			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e			31.75	36.04	0	0	0	0	0	0	0	0	0	0
	G	1D-h2om	0.870	e			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s			3.58	2.82	160	136	485	384	47	43	154	121	0	0
	G	10A-m	1.670	s			41.75	26.48	0	0	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s			31.75	36.04	0	0	0	0	4	4	127	144	0	0
	G	1A-c1om	1.270	s			31.75	36.04	24	24	762	865	0	0	0	0	0	0
	G	1A-c1om	1.270	s			31.75	36.04	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w			3.58	2.82	94	94	336	265	47	47	168	133	0	0
	G	1A-c1om	1.270	w			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-			0.66	0.74	170	170	112	126	25	25	16	18	0	0
	F	21A-20c	0.027	-			0.68	0.00	0	0	0	0	0	0	0	0	0	0
6	c) AED excursion																	-11
	Envelope loss/gain										2032	1972			465	405		
12	a) Infiltration										530	170			143	46		
	b) Room ventilation										0	0			0	0		
13	Internal gains:																	
	Occupants @										230	0			0	0		
	Appliances/other										0	0			0	0		
	Subtotal (lines 6 to 13)										2562	2142			609	451		
	Less external load										0	0			0	0		
	Less transfer										0	0			0	0		
	Redistribution										0	0			0	0		
14	Subtotal										2562	2142			609	451		
15	Duct loads										26%	21%			161	94		
	Total room load														770	545		
	Air required (cfm)														35	25		

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 3
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

		Room name		Exposed wall		Room height		Room dimensions		Room area		AHU 3				MASTER BEDROOM			
1												72.0 ft				49.0 ft			
2												9.4 ft				9.4 ft			
3												d				heat/cool			
4												777.5 ft²				1.0 x 450.5 ft			
5																			
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)						
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool					
6	W	13A-4ocs	0.143	n	3.58	2.82	207	131	469	371	179	103	369	291					
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
11	G	1A-c10m	1.270	n	31.75	25.95	76	0	2397	1959	76	0	2397	1959					
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1D-h20m	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	e	3.58	2.82	75	35	126	99	75	35	126	99					
	G	10A-m	1.670	e	41.75	54.35	40	0	1670	2174	40	0	1670	2174					
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1D-h20m	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	s	3.58	2.82	38	34	120	95	0	0	0	0					
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	s	31.75	36.04	4	4	127	144	0	0	0	0					
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-4ocs	0.143	w	3.58	2.82	357	289	1032	815	207	171	611	482					
	G	1A-c10m	1.270	w	31.75	92.39	33	0	1033	3007	0	0	0	0					
	G	1A-c10m	1.270	w	31.75	65.13	36	0	1143	2345	36	0	1143	2345					
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0					
	C	16X19-21md	0.044	-	0.66	0.74	778	778	512	575	451	451	297	333					
	F	21A-20c	0.027	-	0.68	0.00	54	54	36	0	6	6	4	0					
6	c) AED excursion									804				-298					
	Envelope loss/gain								8667	12388			6616	7386					
12	a) Infiltration								1032	330			703	225					
	b) Room ventilation								0	0			0	0					
13	Internal gains:		Occupants @	230			2		460	2			460	1000					
			Appliances/other						1000				1000						
	Subtotal (lines 6 to 13)								9699	14178			7319	9070					
	Less external load								0	0			0	0					
	Less transfer								0	0			0	0					
	Redistribution								0	0			0	0					
14	Subtotal								9699	14178			7319	9070					
15	Duct loads						28%	16%	2679	2220	28%	16%	2022	1420					
	Total room load								12378	16398			9340	10491					
	Air required (cfm)								660	660			498	422					

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 3
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax 772-466-6796 Email: QUICKCALCS@AOL.COM

				WIC 2 0 ft 9.4 ft 1.0 x 72.0 ft heat/cool 72.0 ft ²				WIC 0 ft 9.4 ft 1.0 x 40.0 ft heat/cool 40.0 ft ²											
1	2	3	4	5	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
									Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	31.75	25.95	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	41.75	54.35	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	31.75	92.39	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	31.75	65.13	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	72	72	47	53	40	40	26	30	0	0	0	0	0
	F	21A-20c	0.027	-	0.68	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
6	c) AED excursion																		
	Envelope loss/gain									47	52				26	29			
12	a) Infiltration									0	0				0	0			
	b) Room ventilation									0	0				0	0			
13	Internal gains:		Occupants @	230			0												
			Appliances/other																
	Subtotal (lines 6 to 13)									47	52				26	29			
	Less external load									0	0				0	0			
	Less transfer									0	0				0	0			
	Redistribution									0	0				0	0			
14	Subtotal									47	52				26	29			
15	Duct loads								28%	16%				28%	16%				
	Total room load									61	60				34	33			
	Air required (cfm)									3	2				2	1			

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
AHU 3
QUICK CALCS, INC.

Job:
 Date:
 By:

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

1 Room name				MASTER BATH 15.0 ft				TOILET 8.0 ft						
2 Exposed wall				9.4 ft 1.0 x 190.0 ft heat/cool				9.4 ft 5.0 x 5.0 ft heat/cool						
3 Room height				190.0 ft²				25.0 ft²						
4 Room dimensions														
5 Room area														
	Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.58	2.82	0	0	0	0	28	28	101	80
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c10m	1.270	n	31.75	25.95	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.58	2.82	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	41.75	54.35	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-h20m	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.58	2.82	38	34	120	95	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	31.75	36.04	4	4	127	144	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.58	2.82	103	71	253	200	47	47	168	133
	G	1A-c10m	1.270	w	31.75	92.39	33	0	1033	3007	0	0	0	0
	G	1A-c10m	1.270	w	31.75	65.13	0	0	0	0	0	0	0	0
	G	1B-c1fm	1.130	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16X19-21md	0.044	-	0.66	0.74	190	190	125	140	25	25	16	18
	F	21A-20c	0.027	-	0.68	0.00	33	33	22	0	15	15	10	0
6	c) AED excursion									1113				-9
	Envelope loss/gain								1681	4700			295	222
12	a) Infiltration								215	69			115	37
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0	0		0	0
			Appliances/other						0	0			0	0
	Subtotal (lines 6 to 13)								1896	4768			410	259
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1896	4768			410	259
15	Duct loads						28%	16%	524	747	28%	16%	113	41
	Total room load								2420	5515			523	300
	Air required (cfm)								129	222			28	12

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





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

REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 3/12/15 PERMIT NUMBER: 10866 10688
 JOB ADDRESS: 1085 S. Sewalls Pt.

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): FRONT WALL FOR DRIVEWAY

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 3000
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Alan Morry SIGNATURE: [Signature]
 PHONE NUMBER: 215-0074 FAX NUMBER: 834-2577

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: _____ Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) 3,000 x 2% = 60⁰⁰

Other additional fees: 30 31000 E.M. Revision review fee: 1 Pages @ \$25.00/Page 25

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 385⁰⁰

Applicant notified by: _____ Date: _____

108 5 Swts



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

10688

SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME DRIFTWOOD HOMES BLDG. PERMIT # _____
MAILING ADDRESS 2163 PINE RIDGE ST. JENSEN BCH FL

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM	BLUE REEF CONC.	
CFI	- FINISH		
BM	BLOCK MASON	EBRIGHT MASONRY	
CB	COLUMNS & BEAMS	DRIFTWOOD	
CA	CARPENTRY ROUGH	"	
GD	GARAGE DOOR	WAYNE DACTON	
DH	DRYWALL - HANG	ADDISON DRYWALL	
DF	- FINISH		
IN	INSULATION	COALE INSUL.	
LA	LATHING	---	
FI	FIREPLACE	---	
PAV	PAVERS	CHITWOOD PAVING	
AL	ALUMINUM	---	
LP	LP GAS	ELITE GAS	
PAV	PAINTING	TARNAL PAINTING	
PL	PLASTER & STUCCO	R+S	
ST	STAIRS & RAILS	DRIFTWOOD	
RO	ROOFING	TOTAL ROOFING SYST.	
TM	TILE & MARBLE	INGRAHAM TILE	
WD	WINDOWS & DOORS	DRIFTWOOD	
PLU	* PLUMBING	SOUTH PARK	
AC	* HARV	ASSOCIATED AIR	
EL	* ELECTRICAL	BELWETHER	

ok
oh



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

AL	* LOW VOLTAGE BURGLAR ALARM	SVI	
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida COUNTY OF Martin

of Nov, 2013 SWORN TO AND SUBSCRIBED before me this 6 day

Valerie Camlet
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10688

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: STEJSKAL

CONSTRUCTION ADDRESS: 108 S. SEWALL'S POINT ROAD

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Wiring For New SFH

VALUE OF CONSTRUCTION \$ 29,655.00

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER	
SCOPE OF WORK: _____	VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Charles Hoppmann
 SIGNATURE OF LICENSED CONTRACTOR 571 NW MERCANTILE PLACE #103 PINE ST LUCIE, FL
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: BELWETHER ELECTRIC CO / CHARLES HOPPMANN

TELEPHONE NO: 772-621-9494 FAX NO: 772-621-9164

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECTRICAL CONTRACTORS LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

HOPPMANN, CHARLES F
 BELLWETHER ELECTRIC COMPANY
 1598 SW BELLEVUE AVENUE
 PORT ST. LUCIE FL 34953

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA AC# 6206077
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 EC13004122 118190675
 CERTIFIED ELECTRICAL CONTRACTOR
 HOPPMANN, CHARLES F
 BELLWETHER ELECTRIC COMPANY
 IS CERTIFIED under the provisions of Ch. 489 FS
 Expiration date: AUG 31, 2014 L12071701588

DETACH HERE

AC# 6206077

THIS DOCUMENT HAS A COLORED BACKGROUND - MICROPRINTING - LINEMARK - PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12071701588

DATE	BATCH NUMBER	LICENSE NBR	THE STATE
07/17/2012	118190675	EC13004122	

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

HOPPMANN, CHARLES F
 BELLWETHER ELECTRIC COMPANY
 571 NW MERCANTILE PLACE
 SUITE 103
 PORT ST LUCIE FL 34986

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY



CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2013 to September 30, 2014

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law. THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

RECEIPT FOR TAX PAID ONLY
THIS RECEIPT DOES NOT GIVE HOLDER
THE AUTHORITY TO OPEN THIS BUSINESS
WITHOUT MEETING ALL STATE AND LOCAL
REQUIREMENTS

Business Address: 571 NW MERCANTILE PLACE
CONT CONTRACTOR
BELLWETHER ELECTRIC COMPANY
P.O. BOX 7866

PORT ST LUCIE, FL 34985

Business Tax 131694 / 14-1055557
Fee: 127.63
Discount: 0.00

Mary B. Mastis

BUSINESS TAX AUTHORITY

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

2013 / 2014 ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

RECEIPT # 1007347

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES
TYPE OF BUSINESS 1731 ELECTRICAL CONTRACTOR
BUSINESS/ Charles F Hoppmann

EXPIRES SEPTEMBER 30, 2014

DBA NAME Bellwether Electric Company
MAILING ADDRESS Charles F Hoppmann
PO Box 7866
Port St Lucie, FL 34985



BUSINESS LOCATION 571 NW Mercantile Place Ste 103
Port St Lucie, FL 34986
City of Pt St Lucie

RENEWAL ORIGINAL TAX \$12.35
PENALTY
COLLECTION COST
TOTAL \$12.35

EC13004122
P02000019124

Paid 07/11/2013 12.35

0019-20130711-007956



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10688

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Stejskal Residence - Driftwood Homes

CONSTRUCTION ADDRESS: _____

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: New Construction Plumbing

VALUE OF CONSTRUCTION \$: _____

<input type="checkbox"/> LOW VOLTAGE TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] SIGNATURE OF LICENSED CONTRACTOR
P.O. Box 768, Port Salerno, FL 3499 ADDRESS OF CONTRACTOR
 COMPANY OR QUALIFIER'S NAME: South Park Plumbing, Inc. / Jason Wintercorn
 TELEPHONE NO: (772) 287-2518 FAX NO: (772) 287-2559

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

Handwritten initials/signature in the top left corner.



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: STEJSKA

CONSTRUCTION ADDRESS: 108 S. SEWALL'S PT RD

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

ASSOC AIR

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: INSTALL HVAC

VALUE OF CONSTRUCTION \$ 15,000

<p>_____ LOW VOLTAGE</p> <p>TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER</p> <p>SCOPE OF WORK: _____ VALUE _____</p>

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR: Michael A Krenick ADDRESS OF CONTRACTOR: 1552 NIEMEYER CIR, PORT ST LUCIE, FL 34952

COMPANY OR QUALIFIER'S NAME: MICHAEL A KRENICK

TELEPHONE NO: 772-335-7089 FAX NO: 772-335-7508

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

INSURANCE BINDER ISSUE DATE **7/22/2013**

PLEASE NOTE THAT THIS BINDER IS FOR TEMPORARY INSURANCE FOR A TWELVE-DAY PERIOD. THIS BINDER EXISTS ON ITS OWN TERMS AND EXPIRES ON ITS OWN TERMS. WHEN A BINDER EXPIRES ON ITS OWN TERMS, NO COVERAGE EXISTS THEREAFTER. REQUIREMENTS FOR NOTICE OF CANCELLATION TO INSUREDS DO NOT APPLY TO EXPIRED BINDER.

PRODUCER Northeast Agencies, Inc. 6467 Main Street - Suite 104 Williamsville, NY 14221	INSURER(S) AFFORDING COVERAGE
	INSURER A: Western World Insurance Company
	INSURER B: N/A
INSURED Krencik, Michael, Associated Air of PSL Inc 1552 S Niemeyer Cir Port Saint Lucie, FL 34952	INSURER C: N/A
	INSURER D: Western World Insurance Company
	INSURER E: N/A

BINDER TERMS:
 THE FOLLOWING COVERAGE HAS BEEN BOUND PROVIDED TAPCO RECEIVES A PROPERLY COMPLETED APPLICATION AND A PREMIUM PAYMENT WITHIN 12 DAYS OF THE EFFECTIVE DATE. FAILURE TO REMIT PREMIUM AND APPLICATION WITHIN 12 DAYS OF THE EFFECTIVE DATE SHOWN BELOW WILL NULLIFY AND VOID THIS BINDER.

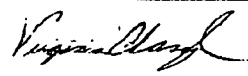
INSR LTR	COVERAGES	BINDER ID	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	IMQCO-I	7/9/2013	7/9/2014	GENERAL AGGREGATE	2,000,000
					PRODUCTS-COM/OP AGG.	1,000,000
					PERSONAL & ADV. INJURY	1,000,000
					EACH OCCURRENCE	1,000,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5,000
B	PERSONAL LIABILITY				COMBINED SINGLE LIMIT	
					MEDICAL PAYMENTS TO OTHERS	
C	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
D	INLAND MARINE	IMQCO-I	7/9/2013	7/9/2014	MISCELLANEOUS TOOLS	10,000
E	PROPERTY				BUILDING	
					CONTENTS	
					BUSINESS INCOME	

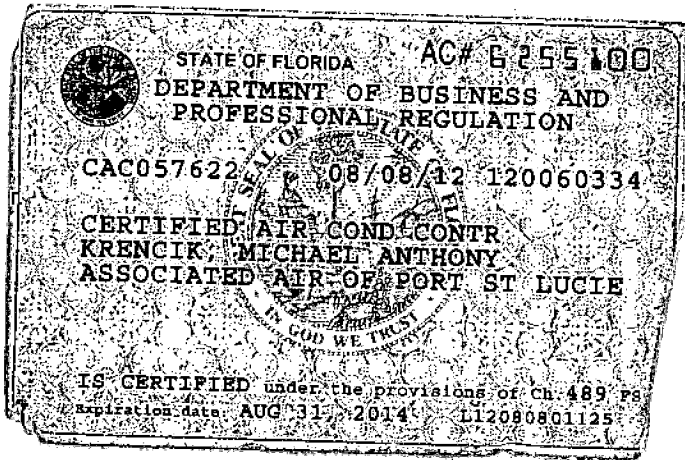
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS
 Air Conditioning Systems or Equipment dealers or distributors & installation, servicing or repair, Miscellaneous Tool

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE# A206695
13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

NAME AND ADDRESS TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD Stuart, FL 34996	AUTHORIZED SIGNATURE 
--	--



STATE OF FLORIDA AC# B-255100
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC057622 08/08/12 120060334

CERTIFIED AIR COND. CONTR.
KRENCIK, MICHAEL ANTHONY
ASSOCIATED AIR OF PORT ST LUCIE

IS CERTIFIED under the provisions of Ch. 489, FS
Expiration date: AUG 31, 2014

CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT



TERM: October 1, 2013 to September 30, 2014

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

VALID AT THIS BUSINESS ADDRESS ONLY

Business Address: 1552 SE NIEMEYER CIR
Classification: CONT CONTRACTOR
Issued to: ASSOC AIR OF PORT ST LUCIE INC
1552 SE NIEMEYER CIR

Business Tax 100042 / 14-1012555
Fee: 127.63
Discount: 0.00

Mary S. Mastri

PORT ST LUCIE FL 34952

BUSINESS TAX AUTHORITY

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE 3753 / 030 Zloperena
Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS TERM: October 1, 2013 to September 30, 2014

Business Address: 1552 SE NIEMEYER CIR
Classification: CONT CONTRACTOR

Business Tax 100042 / 14-1012555
Fee: 127.63
Discount: 0.00

Issued to: ASSOC AIR OF PORT ST LUCIE INC
1552 SE NIEMEYER CIR

PORT ST LUCIE FL 34952

375 / 030 Zloperena
Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63
THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law. TERM: October 1, 2013 to September 30, 2014

Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

Business Address: 1552 SE NIEMEYER CIR
Classification: CONT CONTRACTOR
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1552 SE NIEMEYER CIR

Business Tax 100042 / 14-1012555
Fee: 127.63
Discount: 0.00
375 / 030 Zloperena



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

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
T (786) 315-2590 F (786) 315-2599

NOTICE OF ACCEPTANCE (NOA)

www.miamidade.gov/economy

PGT Industries
1070 Technology Drive
North Venice, 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 RER - Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Series "CA-740" Outswing Aluminum Casement Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. MD-CA740-LM, titled "Casement Window Details - LM & SM", sheets 1 through 10 of 10, dated 08/08/12, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, 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 Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant.

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, 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 consists of this page 1 and evidence page E-1, as well as approval document mentioned above. The submitted documentation was reviewed by Manuel Perez, P.E.



Handwritten signature and date: 4/4/13

NOA No. 12-1218.09
Expiration Date: April 11, 2018
Approval Date: April 11, 2013
Page 1



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

MIAMI-DADE COUNTY, FLORIDA
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
T (786) 315-2590 F (786) 315-2599

www.miamidade.gov/economy

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
North Venice, 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 RER-Product Control Section to be used in Miami-Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

DESCRIPTION: Series "PW-701/ 720/ 820" Aluminum Fixed Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. MD-720-820, titled "Series Fixed Window Installation Guidelines", sheets 01 through 10 of 10, dated 07/14/03 with the latest revision dated 07/01/13, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, P. E., bearing the Miami-Dade County Product Control Section Renewal 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

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.

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

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

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

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

This NOA revises and renews NOA No. 11-1110.15 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



J. Gascon
7/18/13

NOA No. 13-0502.03
Expiration Date: February 19, 2019
Approval Date: July 18, 2013
Page 1



DEPARTMENT OF PERMITTING, ENVIRONMENT AND REGULATORY AFFAIRS (PERA)
 BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY, FLORIDA
 PRODUCT CONTROL SECTION
 11805 SW 26 Street, Room 208
 Miami, Florida 33175-2474
 T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/development/

PGT Industries
 1070 Technology Drive
 North Venice, 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 "FD-101" Outswing Aluminum French Door w/ wo Sidelites - L.M.I.

APPROVAL DOCUMENT: Drawing No. 110058-1, titled Series "Alum. French Door & Sidelites, Impact", sheets 1 through 10 of 10, dated 02/22/07 with revision "D" dated 08/14/12, prepared by manufacture, signed and sealed by Lynn Miller, P. E., bearing the Miami-Dade County Product Control Section renewal 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

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 and renews NOA No. 11-1013.22 and consists of this page 1 and 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.**



J. Gascon
 8/21/12

NOA No. 12-0516.02
 Expiration Date: October 18, 2017
 Approval Date: August 30, 2012
 Page 1



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA)
BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera/

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 "SGD-770" Aluminum Sliding Glass Doors w / wo Reinforcements

APPROVAL DOCUMENT: Drawing No.PGT0002 Rev C, titled "Series 770 Alum SGD-LMP", sheets 1 through 23 of 23, prepared by manufacturer, dated 08/05/07 and last revised on 10/11/11, signed and sealed by 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:

1. See table 1, 2 & 3, sheets 7, 8 & 9 of this approved drawing set for applicable SGD unit sizes, design pressures, reinforcements, glass types, sill riser and anchors requirements.
2. Egress operable doors must comply with min clear width per FBC, as applicable.
3. All laminated glazing options are with interior HS glass, see glazing options, sheet 1, 5 & 6.

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and 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 # 09-0826.10 and consists of this page 1 and evidence pages E-1, as well as approval document mentioned above.

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



8
11/22/11

NOA No 11-1018.14
Expiration Date: February 17, 2015
Approval Date: December 01, 2011
Page 1



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

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/economy

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
North Venice, 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 RER - Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

DESCRIPTION: Series "CA-740" Outswing Aluminum Casement Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. MD-CA740-LM, titled "Casement Window Details - LM & SM", sheets 1 through 10 of 10, dated 08/08/12, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, 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 Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant.

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, 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.

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This NOA consists of this page 1 and evidence page E-1, as well as approval document mentioned above. The submitted documentation was reviewed by Manuel Perez, P.E.



Handwritten signature and date: 4/4/13

NOA No. 12-1218.09
Expiration Date: April 11, 2018
Approval Date: April 11, 2013
Page 1



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

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 98408

Evaluation Report P12060.02.09-R13
FL5259-R18
Date of Issuance: 02/24/2009
Revision 13: 04/26/2013

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 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass Roof Underlayments

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.

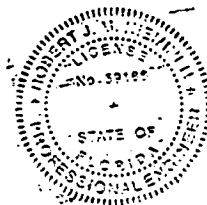
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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 10.

Prepared by:

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



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 04/26/2013. 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.

**EVALUATION REPORT OF
METAL SALES MANUFACTURING CORPORATION
'26 GA. 5V-CRIMP PANEL'**

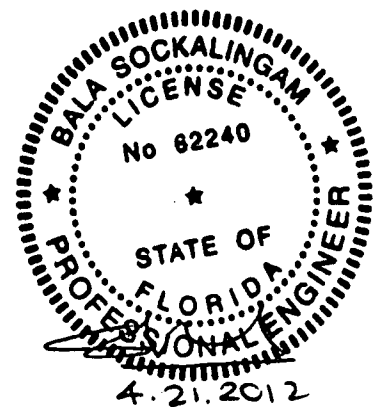
**FLORIDA PRODUCT APPROVAL
FL 15478.1
ROOFING
METAL ROOFING**

**Prepared For:
Metal Sales Manufacturing Corporation
545 South 3rd Street, Suite 200
Louisville, KY 40202
Telephone: (502) 855-4300
Fax: (502) 855-4290**

**Prepared By:
Bala Sockalingam, Ph.D., P.E.
Florida Professional Engineer #62240
1216 N Lansing Ave., Suite C
Tulsa, OK 74106
Telephone: (918) 492-5992
FAX: (866) 366-1543**

**This report consists of
Evaluation Report (3 Pages including cover)
Installation Details (1 Page)**

**Report No. C1842-1
Date: 4.21.12**



Manufacturer:	Metal Sales Manufacturing Corporation
Product Name:	5V-Crimp
Panel Description:	24" wide coverage with (5) 1/2" high ribs
Materials:	Min. 26 ga., 50 ksi steel. Galvanized coated steel (ASTM A653) or Galvalume coated steel (ASTM A792) or painted steel (ASTM A755).
Deck Description:	Min. 19/32" thick plywood for new and existing constructions. Designed and installed as per FBC 2010.
Deck Attachment:	8d x 2.5" long ring shank nails or #8 x 2" long wood screws @ 6" o.c. in the plywood field and @ 4" o.c. at edges
New Underlayment:	Minimum underlayment as per FBC 2010 Section 1507.4.5. Required for new construction and optional for reroofing construction.
Existing Underlayment: (Optional)	One layer of asphalt shingles over one layer of #30 felt. For reroofing construction only.
Slope:	1/2:12 or greater in accordance with FBC 2010 Section 1507.4.2
Design Uplift Pressure: (Factor of Safety = 2)	74.8 psf @ fastener spacing of 16" o.c. 196.75 psf @ fastener spacing of 8" o.c.
Fastener Pattern: Type:	#9-16 or #10-14 hex head wood screws with sealed washer. Fastener shall be of sufficient length to penetrate through the deck a minimum of 3/8".
At panel ends	@ 6" o.c. across panel width
At intermediate	@ 12" o.c. across panel width
Test Standards:	Roof assembly tested in accordance with TAS 125-03 'Standard Requirements for Metal Roofing Systems'.
Code Compliance:	The product described herein has demonstrated compliance with FBC 2010 Section 1507.4
Product Limitations:	Design wind loads shall be determined for each project in accordance with FBC 2010 Section 1609 or ASCE 7-10 using allowable stress design. The maximum support spacing listed herein shall not be exceeded. This evaluation report is not applicable in High Velocity Hurricane Zone. Fire classification is not within scope of this Evaluation Report. Refer to FBC 2010 Section 1505 and current

FL 15478.1

C1842-1

4.21.12

Page 3 of 3

approved roofing materials directory or ASTM E108/UL790 report from an accredited laboratory for fire ratings of this product.

Supporting Documents: TAS 125-03 Test Reports
Farabaugh Engineering and Testing Inc
Project No. T240-09, Reporting Date 9/22/09
Hurricane Test Laboratory, LLC
Project No. 0103-0712-09, Reporting Date 9/1/09



Jax Apex Technology, Inc.

FBPE CA No. 7547

4745 Sutton Park Court, Suite 402

Jacksonville, FL 32224

Evaluation reports are the opinion of the engineer who prepared the report, based on the findings, and in no way constitute or imply approval by a local building authority. The engineer, in review of the data submitted, finds that, in his opinion, the product, material, system, or method of construction specifically identified in this report conforms with or is a suitable alternate to that specified in the Florida Building Code, SUBJECT TO THE LIMITATIONS IN THIS REPORT

Jeffrey P. Arneson, an employee of Jax Apex Technology, Inc. (Apex Technology), is the authorized evaluating engineer of this report. Apex Technology is the prime professional, as defined in Florida Rule 61G-30.002, authorized to sell the engineering services performed by Jeffrey P. Arneson, and is in no way acting, nor attempting to act, as an approved evaluation entity. Neither Jeffrey P. Arneson, nor any other employee of Apex Technology, has performed calculations or testing for the products listed in this report. This evaluation is based solely upon the review, under the direct supervision of Jeffrey P. Arneson, of testing, installation drawings, and/or calculations submitted by the manufacturer.

The capacities listed in this report are based on the limiting capacities as determined from the substantiating data. We reviewed the substantiating data to a degree that allowed us to determine whether or not the work performed is consistent with the intended use of the product, and that the methods used are in compliance with, or meet the intent of, the Florida Building Code. All test reports were prepared by an approved testing laboratory.

REPORT NO: WD03035

CATEGORY: Doors and Windows

SUBMITTED BY:

Wayne Dalton Corporation
3395 Addison Drive
Pensacola, FL 32514

1. CERTIFICATION OF INDEPENDENCE

Jeffrey P. Arneson, the Florida engineer who prepared this report, and Apex Technology have no financial interest in the manufacturing, sales, or distribution of the products included in this report. Jeffrey P. Arneson and Apex Technology comply with all criteria as stated in Florida Administrative Code Chapter 9N-3.009.

2. PRODUCT NAME

Models 5150/5200/8300/8500 Garage Doors

3. SCOPE OF EVALUATION

Structural Transverse Wind Loads and Large Missile Impact and Cyclic Wind Pressure Resistance.

4. USES

Models 5150/5200/8300/8500 garage doors are used for residential and commercial applications with specified allowable design procedures.

5. DESCRIPTION

General

Models 5150/5200/8300/8500 doors listed in Table 1 of this report are a minimum 1-3/8" thick sectional overhead garage doors constructed with an interior and exterior skin of 28-gage, ASTM A653-00 CS Type B steel with an ASTM A525 G-30 galvanized coating and two coats of polyester paint. The doors have polyurethane insulation sandwiched between the interior and exterior skins and either 19-gage single end stiles or 16-gage double end stiles. A 4-1/2" x 6" x 22-gage backer plate is located at every intermediate hinge and outer end hinge location.

Door Tracks

All door assemblies listed in this report have both vertical and horizontal tracks ranging from a minimum 16 gage to minimum 15 gage, 33 ksi steel and finished with an ASTM A525 G-40 galvanized coating. The vertical tracks are attached to the supporting structure with jamb brackets as specified on the most recent manufacturer's installation instructions/drawings.

Glazed Sections

Option code assemblies listed in Table 1 are available with a minimum of 0.090-inch thick standard SSB glass windows that are installed in frames and inserted in the top or intermediate section of the door. The glazing is not impact resistant and does not meet the requirements for windborne debris regions. Refer to the most recent manufacturer's installation instructions/drawings for glass size limitations.

Wind Load Bracing

All option code assemblies listed in Table 1 of this report are braced on the inside of the doors with three inch horizontal spanning U-bars. Each U-bar is made of 20-gage ASTM A653-00 steel with a minimum yield strength of 80 ksi and are finished with an ASTM A525 minimum G-40 galvanized coating. The quantity of U-bar braces varies depending on the amount of windload resistance required and the height of the door.

In addition to three-inch horizontal spanning U-bars, some of the option code assemblies listed in Tables 1 and 2 of this report are braced with vertical aluminum posts made up of 0.125-inch thick 6063-T6 aluminum alloy. The post is a telescoping post assembly. The outer member outside diameter is 1.75" wide x 4.00" long. The inner member outside diameter is 1.47" wide x 3.72" long.

6. INSTALLATION

All option code assemblies listed in this report are to be installed in accordance with the most recent manufacturer's published installation instructions/drawings and this report.

The most recent manufacturer's installation instructions/drawings shall be strictly adhered to and a copy of these instructions/drawings shall be available at all times on the job site during installation.

7. ALLOWABLE TRANSVERSE WIND LOADS

Design wind load pressures for garage doors shall be determined in accordance with section 1609 of the 2010 Florida Building Code and shall not exceed the allowable transverse wind loads shown in the following tables:

Table 1: Models 5150/5200/8300/8500 Allowable Transverse Wind Loads and Impact Rating

Windload Specification Option Code	Maximum Size		Positive Design PSF	Negative Design PSF	Reinforcement	Glazing Available (Yes/No)	Door Impact Resistant (Yes/No)
	Width	Height					
0133	9'-0"	16'-0"	23.00	26.00	3", 20 gage U-bars	Yes	No
0132	9'-0"	16'-0"	31.00	36.00	3", 20 gage U-bars	Yes	No
0127	9'-0"	16'-0"	46.00	52.00	3", 20 gage U-bars	No	Yes
0125	16'-0"	16'-0"	22.00	24.66	3", 20 gage U-bars	No	No
0124	16'-0"	16'-0"	27.00	29.00	3", 20 gage U-bars	Yes	No
0126	16'-0"	8'-0"	33.00	37.50	3", 20 gage U-bars + (1) Aluminum Post	No	Yes
0130	18'-0"	16'-0"	22.00	24.67	3", 20 gage U-bars	Yes	No
0131	18'-0"	8'-0"	40.00	44.50	3", 20 gage U-bars + (2) Aluminum Posts	No	Yes

8. SUBSTANTIATING DATA

1. Test Report Numbers HETI-01-1080, HETI-01-1081, HETI-01-1083, HETI-01-1084, HETI-01-1090, HETI-01-1091, HETI-01-1092, HETI-01-1093, HETI-01-1082, HETI-01-1085, HETI-01-1094 tested in accordance with ASTM E 330-90* for transverse wind load and Miami-Dade County Protocol PA-201 and PA-203 for large missile impact resistance by Hurricane Engineering & Testing Inc., 8532 NW 64 Street, Miami, FL.

2. Installation drawings and installation instructions prepared by Wayne-Dalton Corporation for each option code assembly listed in Table 1 of this report.

9. CODE REFERENCES

Florida Building Code 2010 Edition

Section 1609	Wind Loads
Section 1715.5.3.1	ANSI/DASMA 108

10. REPORT SUMMARY

Upon review of the data submitted by Wayne-Dalton, it is my opinion that the models as described in this report conform with or are a suitable alternative to the code standards and sections in the Florida Building Code 2010 edition listed in section 9 of this report.

11. LIMITATIONS

Any reference in this report to the manufacturer's "most recent" information is a direct reference to the most recent information submitted by Wayne-Dalton to the Florida Building Commission as part of their Florida Product Approval application for the option code assemblies listed in Table 1 of this report.

This evaluation report and the most recent installation instructions, when required by the building official, shall be submitted at the time of permit application.

The design of the supporting structural elements shall be the responsibility of the design professional for the building structure and in accordance with current building codes for the loads listed in Table 1 of this report.

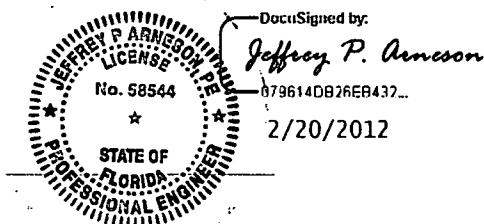
The doors shall not be located in areas where the transverse wind loads exceed the allowable loads shown in Table 1 of this report.

The option code assemblies with glazed panel inserts do not meet the impact requirements for the wind-borne debris regions.

The garage door assemblies listed in Table 1 of this report are not approved for use in the "High Velocity Hurricane Zone" as defined in the Florida Building Code.

12. IDENTIFICATION

Each Model series covered by this report shall be labeled with the manufacturer's name and/or trademark for field identification.



Jax Apex Technology, Inc.
Jeffrey P. Arneson, P.E.
P.E. No. 58544
February 20, 2012

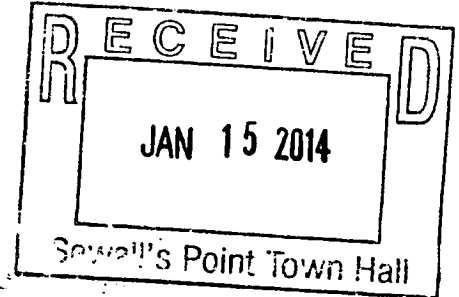


Environmental • Geotechnical • Construction Materials Testing • Threshold & Special Inspections • Private Provider Services & Code Compliance

PN 10688

Florida's Leading Engineering Source

December 16, 2013



Attention: Mr. Alan Morris
Driftwood Homes, Inc.
2163 Pine Ridge Street
Jensen Beach, Florida 34957
Phone: (772) 215-0074
Email: albomo@bellsouth.net

Subject: Proposed Two-Story Residence
108 South Sewall's Point Road
Stuart, Martin County, FL
GFA Project No. 13-0361.01
Re: GFA Geotechnical Report dated July 26, 2013

Alan Morris
FWP

Dear Mr. Morris:

Representatives of GFA International, Inc. (GFA) were requested to monitor the installation of auger-cast piles for the Proposed Two-Story Residence located at 108 South Sewall's Point Road, Stuart, Martin County, FL.

The piles were monitored between 12/12/2013 and 12/13/2013 during installation. The pump was calibrated on site by counting the pump strokes needed to fill a 55 gallon drum. Numbers indicated on the pile logs correspond to the numbers indicated on the drawing prepared by CSM Engineering, LLC attached to this report. Samples of the grout were taken during each day's production and were returned to the laboratory for compressive strength determination and will be submitted under separate cover.

Based upon our inspections and testing and to the best of our knowledge and belief, GFA concludes that they have been installed in general accordance with the design criteria and they will adequately provide the design loadings.

Closure

The assessment was performed at the Client's request using the methods and procedures consistent with good commercial and customary practice designed to conform with acceptable industry standards.

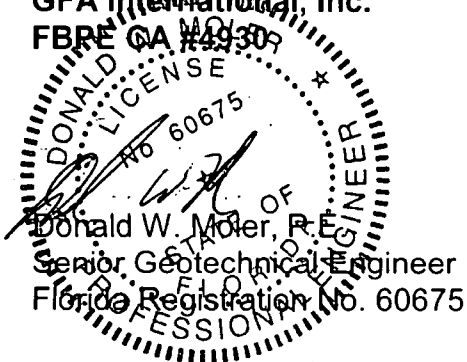
In expressing the opinions stated in this report, GFA has exercised the degree of skill and care ordinarily exercised by a reasonably prudent architect or engineer in the same community and in the same time frame given the same or similar facts and circumstances. Documentation and data provided by the Client, designated representatives of the Client or other interested third parties, or from the public domain, and referred to in the preparation of this assessment, have been used and referenced with the understanding that GFA assumes no responsibility or liability for their accuracy.

The independent conclusions represent our professional judgment based on information and data available to us during the course of this assignment. GFA's evaluations, analyses and opinions are not representations regarding either the design integrity, structural soundness or actual value of the property. The conclusions presented are based on the data provided, observations and conditions that existed on the date of the assessment.

It has been our pleasure to assist you in this phase of your project. If you have any questions about this report or need any additional information, please call at your convenience.

Respectfully submitted,
GFA International, Inc.

FBRE CA #4930



Donald W. Moler, P.E.
Senior Geotechnical Engineer
Florida Registration No. 60675



David Alker
Project Manager

Copies: Client (2)

Attachments: Pile Location Plan
Production Pile Logs





AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	1	2	3	4	5	6	7	8	9	10	11	12	13	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	24	24	24	24	24	24	24	24	24	24	24	24	24	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.68	
ACTUAL GROUT VOL. (cu.ft.)	37.4	34.8	34.8	33.1	37.4	35.7	40	38.3	35.7	34.8	33.1	35.7	40.02	
TRUCK No.	1374	1614	1614	1614	1614	1614	1374	1614	1374	1614	1614	1381	1463	
BATCH TIME	10:00	10:41	10:41	8:58	8:58	8:58	10:03	8:58	10:03	10:41	10:41	10:22	8:06	
No. STROKE	1st 5'	22	14	13	18	18	19	25	25	16	11	16	14	22
	TOTAL	43	40	40	38	43	41	46	44	41	40	38	41	46
REINF. STEEL. TYPE	SIZE	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6
		1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7
	DEPTH	24	24	24	24	24	24	24	24	24	24	24	24	24

NOTES: _____

LEGEND

C= Compression Bar

T= Tension Cage

Additional Comments <u>Grout head approx. 5' for all piles</u>	INSP. PERFORMED BY: <u>Craig Hampy, E.I.</u> QUALIFIED BY: <u>Don W. Moler, P.E.</u> <u>P.E. # 60675</u>
	FIELD REPORT: _____
	DISTRIBUTION: _____



AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	14	15	16	17	18	19	20	21	22	23	24	25	26	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	24	24	24	23	24	24	24	24	24	24	24	24	23	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	25.7	25.7	25.7	24.6	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	24.61	
ACTUAL GROUT VOL. (cu.ft.)	33.1	36.5	33.1	32.2	28.7	39.2	35.7	35.7	38.3	33.9	35.7	33.1	28.71	
TRUCK No.	1463	1614	1614	1381	1381	1479	1443	1463	1479	1463	1479	1463	1381	
BATCH TIME	8:06	8:58	10:41	10:22	10:22	1:54	9:27	8:06	11:44	8:06	11:44	8:06	10:22	
No. STROKE	1st 5'	17	21	14	12	11	16	14	14	16	18	14	15	13
	TOTAL	38	42	38	37	33	45	41	41	44	39	41	38	33
REINF. STEEL. TYPE														
SIZE	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	
	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	
DEPTH	24	24	24	23	24	24	24	24	24	24	24	24	23	

NOTES: _____

LEGEND
C= Compression Bar
T= Tension Cage

Additional Comments
Grout head approx. 5' for all piles

INSP. PERFORMED BY: Craig Hampy, E.I.
 QUALIFIED BY: Don W. Moler, P.E.
P.E. # 60675

FIELD REPORT: _____

DISTRIBUTION: _____

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	27	28	29	30	31	32	33	34	35	36	37	38	39	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	24	24	25	25	25	24	24	25	25	24	24	24	24	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	25.7	25.7	26.8	26.8	26.8	25.7	25.7	26.8	26.8	25.7	25.7	25.7	25.68	
ACTUAL GROUT VOL. (cu.ft.)	32.2	37.4	33.9	34.8	35.7	32.2	29.6	33.9	33.1	34.8	36.5	30.5	32.19	
TRUCK No.	1443	1479	1381	1381	1381	1381	1443	1381	1381	1479	1381	1381	1474	
BATCH TIME	9:27	1:54	3:31	3:31	3:31	10:22	9:27	3:31	3:31	11:44	3:31	10:22	8:47	
No. STROKE	1st 5'	13	15	16	15	15	13	12	17	14	15	15	14	11
	TOTAL	37	43	39	40	41	37	34	39	38	40	42	35	37
REINF. STEEL. TYPE														
	SIZE	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	4 - #6 1 - #7	
	DEPTH	24	24	25	25	25	24	24	25	25	24	24	24	24

NOTES: _____

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head approx. 5' for all piles

INSP. PERFORMED BY: Craig Hampy, E.I.
 QUALIFIED BY: Don W. Moler, P.E.
P.E. # 60675

FIELD REPORT: _____

DISTRIBUTION: _____

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	40	41	42	43	44	45	46	47	48	49	50	51	52	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	24	24	24	24	24	24	24	24	24	24	24	24	24	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.7	25.68	
ACTUAL GROUT VOL. (cu.ft.)	32.2	33.1	34.8	34.8	37.4	31.3	31.3	33.1	34.8	34.8	35.7	33.1	29.58	
TRUCK No.	1474	1479	1479	1479	1381	1443	1474	1474	1479	1614	1614	1614	1443	
BATCH TIME	8:47	1:54	1:54	1:54	12:38	9:27	8:47	8:47	11:44	10:41	10:41	10:41	9:27	
No. STROKE	1st 5'	12	15	14	16	19	14	16	14	16	16	15	16	14
	TOTAL	37	38	40	40	43	36	36	38	40	40	41	38	34
REINF. STEEL. TYPE	SIZE	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6
		1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7
	DEPTH	24	24	24	24	24	24	24	24	24	24	24	24	24

NOTES: _____

LEGEND

C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head approx. 5' for all piles

INSP. PERFORMED BY: Craig Hampy, E.I.
 QUALIFIED BY: Don W. Moler, P.E.
P.E. # 60675

FIELD REPORT: _____

DISTRIBUTION: _____

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	53	54	55	56	57	58	59	60	61	62	63	64	65	
PILE LOCATION:														
PILE DIAMETER:	14	14	14	14	14	14	14	14	14	14	14	14	14	
PILE LENGTH:	24	24	24	24	25	25	23	25	25	24	24	25	25	
ACTUAL TIP ELEV.:														
ACTUAL SURFACE ELEV.														
THEOR. PILE VOL. (cu.ft.)	25.7	25.7	25.7	25.7	26.8	26.8	24.6	26.8	26.8	25.7	25.7	26.8	26.75	
ACTUAL GROUT VOL. (cu.ft.)	36.5	34.8	33.1	33.9	34.8	34.8	35.7	33.1	34.8	33.1	33.1	30.5	33.93	
TRUCK No.	1474	1381	1474	1381	1614	1614	1381	1614	1614	1381	1479	1614	1614	
BATCH TIME	8:47	12:38	8:47	12:38	8:18	8:18	12:38	8:18	8:18	12:38	11:44	8:18	8:18	
No. STROKE	1st 5'	9	12	10	12	9	16	13	9	10	11	13	4	11
	TOTAL	42	40	38	39	40	40	41	38	40	38	38	35	39
REINF. STEEL. TYPE	SIZE	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6	4 - #6
		1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7	1 - #7
	DEPTH	24	24	24	24	25	25	23	25	25	24	24	25	25

NOTES: _____

LEGEND
C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head approx. 5' for all piles

INSP. PERFORMED BY: Craig Hampy, E.I.
 QUALIFIED BY: Don W. Moler, P.E.
P.E. # 60675

FIELD REPORT: _____

DISTRIBUTION: _____

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580



AUGERCAST PILING INSPECTION FORM

REPORT # 13-0361.01
 ORDER #: _____
 PERMIT #: _____
 DATE: _____

PUMP No.: _____ Cu.Ft./STROKE: 0.87
 ON-SITE: _____ OFF-SITE: _____
 TRAVEL: _____ TOTAL HRS: _____

PROJECT: Proposed Two-Story Residence
 OWNER: _____
 CONTRACTOR: Driftwood Homes, LLC
 PILE CONTRACTOR: BM Marine
 DRILLING SUPERINT.: _____
 ADDRESS: 108 South Sewall's Point Road
 CITY: Sewall's Point STATE: FL

WEATHER: Clear -- Overcast -- Rain
 TEMP: _____
 WIND: Still -- Moderate -- High
 HUMIDITY: Dry -- Moderate -- Humid

PILE No.:	66																			
PILE LOCATION:																				
PILE DIAMETER:	14																			
PILE LENGTH:	25																			
ACTUAL TIP ELEV.:																				
ACTUAL SURFACE ELEV.																				
THEOR. PILE VOL. (cu.ft.)	26.8																			
ACTUAL GROUT VOL. (cu.ft.)	35.7																			
TRUCK No.	1614																			
BATCH TIME	8:18																			
No. STROKE 1st 5'	10																			
	TOTAL	41																		
REINF. STEEL. TYPE																				
SIZE	4 - #6																			
	1 - #7																			
DEPTH	25																			

NOTES: _____

LEGEND
C= Compression Bar
T= Tension Cage

Additional Comments
 Grout head approx. 5' for all piles

INSP. PERFORMED BY: Craig Hampy, E.I.
 QUALIFIED BY: Don W. Moler, P.E.
P.E. # 60675

FIELD REPORT: _____

DISTRIBUTION: _____

GFA International, Inc.
 521 NW Enterprise Drive, Port St. Lucie, Florida 34986
 Phone: (772) 924-3575 Fax: (772) 924-3580

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/10/14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10489	Guerriero	Mechanical		Supply & RETURN
Am Requested	130 N SPR	Final	Fail	PLENUM DUCTS NOT SEALED
	Aspen Air	(Expired)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10934	Fabricey	Insulation,	7 <i>[Signature]</i>	
	6 Oak Hill Way	Roof in Progress		
	Seagate	Lath		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Di Sciullo	Tree Removal		
	15 Lantana Lane	Permit	OK	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11074	Rohloff	Mechanical		
	20 Riverview	Final	NO ONE HOME	
	Seacoast			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10688	Stejskal	Meter	FAIL	MINOR FPL
	108 S SPR	Final	FAIL	
	Alan Morse			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11065	Oliviera	Final Stairs		CRACK HAND RAIL
	118 S SPR	+ Railing	<i>[Signature]</i>	CLOSE
	Mel-Ly Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Frohlich	Tree Removal		
	9 Palm Rd	Permit	OK	
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **12-3-13** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10616	Nealing a mandalay	Final wiring		Reset for wed
<u>2-4</u>	ADR Elect	Homeowner will be home 2-4 PM		INSPECTOR <i>[Signature]</i>
10681	Gasiorich 67 N River Rd	in-progress		
	Best Roofing	at risk	Pass	INSPECTOR <i>[Signature]</i>
10522	Sharfi 73 N River	dry-in		
AM	Worrell		Pass	INSPECTOR <i>[Signature]</i>
10518	Williams 24 Castle Hill	insulation		
	Driftwood		Pass	INSPECTOR <i>[Signature]</i>
10AM	Spirak 30 W High Pt	concrey		
			Pass	INSPECTOR <i>[Signature]</i>
10688	Seykal	temp power		Reset for
108	Sewalls		Pass	FDIC ✓
	Driftwood			INSPECTOR <i>[Signature]</i>
Tree	de Cuba 105 Hillcrest Ct	tree		
			Pass	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-15-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10621	Hochstepper	ELEC		
	72 S. River Rd	FINAL	PASS	
	Horizon	Pool		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10720	Walker			
	21 W. Area Pt	SLAB	PASS	
	Wm Day Inc			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10731	Williams	POOL SPOOL		
	24 CASTLE HILL	POOL SPOOL BAND	PASS	
	S. Florida Custom	M/D		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688	Styskal	grade beam	PASS	
LATE AM	108 S Sewalls	slab	PASS	
	Duftwood			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10689	Birdsall	FINAL		
	49 N. River	DWAY	PASS	CLOSE
	T Coast Pavers			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		SERVICE		
pm	10 E. NIGA Pt	CANCEL	CANCEL	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10601	Gill	BARRIER		
	34 RIO VISA	POOL	PASS	
	S.F. Custom POOLS			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688	STE SKAL	CONC. SLAB		
	108 S 8th RD			
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	OTO	ADDP		
	26 N. SEWALLS RD RD	91FE VISIT	OK	
		FENCE		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	DE JOAN			
	10 HERITAGE WAY	TREE	SEE THRU	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		ILLUSTR	6 PPM	
	7 BANYAN	POOL WATER	CHLORINE	OK
		DISINFECT		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	SEBASTIANO	SPRINK - NO		
	6 HIGH PT	PERMIT	OK	
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10873	SEWALLS	SERVICE		CALLED FPL
9:30 10:00	4 RIVER OAK PL ELECT CONNECTIONS	CHANGE	PASS	INSPECTOR <i>JF</i>
10260	SPEJKAZ	ALL TRADES		
11:00	1028 S. Sewalls Rd DRIEWOOD		PASS	INSPECTOR
10934	FABRICA 6 OAKHILL WAY SERGATE	SLAB	PASS	INSPECTOR <i>JF</i>
10952	4 RIDGEVIEW O/B	R. PLUMB R. ELECT	FAIL	NEED LETTERS FROM ELECT. & PLUMBER INSPECTOR <i>JF</i>
10960	THOMPSON 95 SSPY RD SMART ROOFING	DRY IN METAL	PASS	INSPECTOR <i>JF</i>
				INSPECTOR
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log


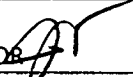
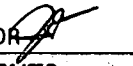
Date of Inspection Mon Tue Wed Thur Fri 3/5/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11138	Kaplan	Window		
Am Requested	11 Rivercrest Ct	Final	Pass	CLOSE
	E+B Elite Services			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11127	Armstrong	Tie beam		
Am Requested	82 S Sewalls Pt Rd	+ Columns	Pass	
	 Seagate			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11183	Comcast	Comcast		* E-MAIL FPL
* 	8 N Sewalls Pt Rd	Cabinet + Meter	Pass	
	Gary J. Gifford, Inc.	Final		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11178	Ponce Property Holdings	Final		
	8 Cranes Nest	Demo Slab +	Pass	CLOSE
	Seagate	Pool		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
110688	Stejskal	Gas Line +		TANK NOT FOUND
	108 S. Sewalls Pt Rd	Tank Final	FAIL	
	Driftwood Homes			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
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 3/12/15 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
110688	Stejskal			
	108 S Sewall Pt. Rd.	Gas Tank		
	Driftwood Homes			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11069	Gaydos			
	15 W High Pt Rd	Roof final	PASS	Close
	Code Red Roofers			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11020	Josephine's Cafe			
	3714 SE Ocean Blvd	Final		RESET FOR FRIDAY
	Gary Hufnagel, Inc			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
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 4/1/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11169	Licari 18 Perriwinkle Lane Joseph Lina Services	Window/ Door Buck	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR <i>[Signature]</i> COMMENTS
11215	Winslow 10 S Sewalls Pt Rd O/B	Electric Reconnect	NOT READY CALL K WINSLOW TOMORROW AM @ 954 444 8611	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
	6 EMARITA	TREE	N.G.	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10693	Bailey 117 N Sewalls Pt Rd Driftwood Homes	Pre-pour Front Column	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR <i>[Signature]</i> COMMENTS
10588	Stewjkal 108 S Sewalls Pt Rd Driftwood Homes	Pre-pour Front Column	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR <i>[Signature]</i> COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name GERHARD STEJSKAL & KATHARINA STEJSKA #6251-01	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 108 SOUTH SEWALL'S POINT ROAD	Company NAIC Number:

City STUART State FL ZIP Code 34996

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 SOUTH 1/2 OF LOT 24, ARBELA, LYING EASTERLY OF OF SEWALL'S POINT ROAD

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
 A5. Latitude/Longitude: Lat. 27°11'17" Long. 80°11'32" Horizontal Datum: NAD 1927 NAD 1983
 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 A7. Building Diagram Number 6

A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>232.8</u> sq ft	a) Square footage of attached garage <u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>0</u> sq in	c) Total net area of flood openings in A9.b <u>N/A</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number MARTIN UNINCORPORATED 120161		B2. County Name MARTIN		B3. State FLORIDA	
B4. Map/Panel Number 12085C0154	B5. Suffix F	B6. FIRM Index Date 10/04/02	B7. FIRM Panel Effective/Revised Date 10/04/02	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: MARTIN CTY ENG DEPT Vertical Datum: NGVD 1929
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

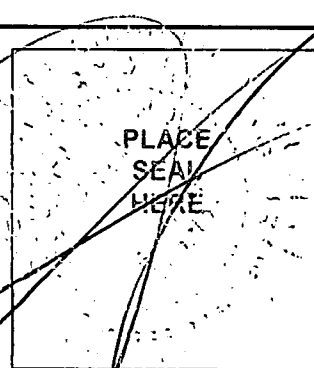
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>6.10</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>14.45</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>13.30</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14.45</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>5.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>5.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.



Certifier's Name STEPHEN J. BROWN	License Number 4049
Title SURVEYOR & MAPPER	Company Name STEPHEN J. BROWN, INC.
Address 619 EAST 5 TH STREET	City STUART State FL ZIP Code 34994
Signature STEPHEN J. BROWN	Date 07/08/15 Telephone (772) 288-7176

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 108 SOUTH SEWALL'S POINT ROAD	Policy Number:
City STUART State FL ZIP Code 34996	Company NAIC Number:

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments C2 e IS THE A/C UNIT

Signature STEPHEN J. BROWN

Date 07/08/15

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
108 SOUTH SEWALL'S POINT ROAD

Policy Number:

City STUART

State FL

ZIP Code 34996

Company NAIC Number:

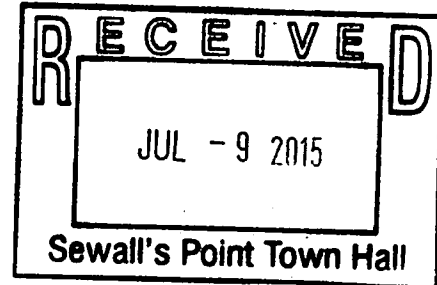
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

DATE OF PHOTOGRAPHS:07/08/2015



Complete Irrigation Services

2740 SW Martin Downs Blvd #115
Palm City, Florida 34990
talktocis@gmail.com
(772) 263-0086



July 8, 2015

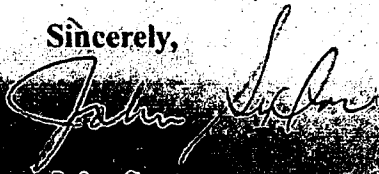
Re: 108 South Sewall's Point Road

Dear Sirs,

Complete Irrigation Services has completed the irrigation installation at 108 South Sewall's Point Road. We have used the latest in water conservation technology which includes drip line, rotary nozzles and low volume sprinkler heads.

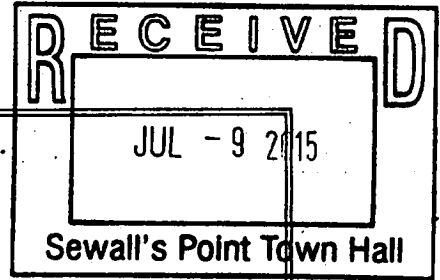
We appreciate the opportunity to provide our services.

Sincerely,



John Sexton
Complete Irrigation Services





SOUTHCOAST PEST CONTROL INC.
3113 APPROACH SHOT WAY
PORT ST. LUCIE, FL. 34952
772-370-4120

PEST CONTROL LICENSE # JB 110518

CERTIFICATE OF COMPLIANCE FOR TERMITE PROTECTION
(as required by Florida Building Code (FBC) 18116.1.7)

Treatment address: 108 S. SEWALLS POINT RD.

Permit:

Builder: DRIFTWOOD HOMES

Date of final treatment: 7/2/15

Date of treatment: 7/2/15

Time of treatment: 4:00

Area treated: OUTSIDE

Gallons used: 60


Chemical name: CROSSCHECK PLUS

Percentage of solution: .6%

Method of treatment: RODDED

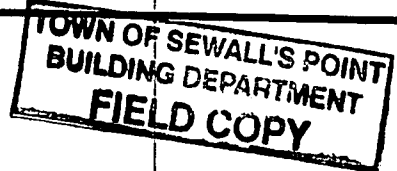
Other:

THE BUILDING HAS RECEIVED A TREATMENT FOR THE PREVENTION OF SUBTERRANEAN TERMITES. TREATMENT IS IN ACCORDANCE WITH RULES AND LAWS ESTABLISHED BY THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

Signature of Applicator: 

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method



Project Name: STEJSKA RESIDENCE Street: City, State, Zip: MARTIN COUNTY, FL, Owner: Design Location: FL, West Palm Beach	Builder Name: Permit Office: Permit Number: Jurisdiction:
--	--

1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area above grade (ft²) Conditioned floor area below grade (ft²) 7. Windows (571.5 sqft.) a. U-Factor: Sgl, U=0.49 SHGC: SHGC=0.32 b. U-Factor: Sgl, U=1.30 SHGC: SHGC=0.64 c. U-Factor: N/A SHGC: d. U-Factor: N/A SHGC: Area Weighted Average Overhang Depth: Area Weighted Average SHGC: 8. Floor Types (4930.0 sqft.) a. Slab-On-Grade Edge Insulation b. N/A c. N/A	New (From Plans) Single-family 1 3 No 4930 0 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. U-Factor: Sgl, U=0.49</td> <td>527.71 ft²</td> </tr> <tr> <td>b. U-Factor: Sgl, U=1.30</td> <td>43.75 ft²</td> </tr> <tr> <td>c. U-Factor: N/A</td> <td>ft²</td> </tr> <tr> <td>d. U-Factor: N/A</td> <td>ft²</td> </tr> <tr> <td>Area Weighted Average Overhang Depth:</td> <td>2.000 ft.</td> </tr> <tr> <td>Area Weighted Average SHGC:</td> <td>0.344</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0 4930.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R= ft²</td> </tr> <tr> <td>c. N/A</td> <td>R= ft²</td> </tr> </tbody> </table>	Description	Area	a. U-Factor: Sgl, U=0.49	527.71 ft²	b. U-Factor: Sgl, U=1.30	43.75 ft²	c. U-Factor: N/A	ft²	d. U-Factor: N/A	ft²	Area Weighted Average Overhang Depth:	2.000 ft.	Area Weighted Average SHGC:	0.344	Insulation	Area	a. Slab-On-Grade Edge Insulation	R=0.0 4930.00 ft²	b. N/A	R= ft²	c. N/A	R= ft²	9. Wall Types (3716.7 sqft.) a. Concrete Block - Ext Insul, Exterior b. Concrete Block - Ext Insul, Exterior c. N/A d. N/A 10. Ceiling Types (4930.0 sqft.) a. Cathedral/Single Assembly (Unvented) b. N/A c. N/A 11. Ducts a. Sup: Attic, Ret: Attic, AH: Main b. Sup: Attic, Ret: Attic, AH: Main c. Sup: Attic, Ret: Attic, AH: Attic 12. Cooling systems a. Central Unit b. Central Unit c. Central Unit 13. Heating systems a. Electric Strip Heat b. Electric Strip Heat c. Electric Strip Heat 14. Hot water systems a. Electric b. Conservation features None 15. Credits	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>R=4.1</td> <td>3446.70 ft²</td> </tr> <tr> <td>R=4.0</td> <td>270.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>R=20.0</td> <td>4930.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>R</th> <th>ft²</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>275</td> </tr> <tr> <td>6</td> <td>156</td> </tr> <tr> <td>6</td> <td>95</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>kBtu/hr</th> <th>Efficiency</th> </tr> </thead> <tbody> <tr> <td>47.0</td> <td>SEER:16.00</td> </tr> <tr> <td>24.2</td> <td>SEER:16.00</td> </tr> <tr> <td>19.8</td> <td>SEER:16.00</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>kBtu/hr</th> <th>Efficiency</th> </tr> </thead> <tbody> <tr> <td>34.0</td> <td>COP:1.00</td> </tr> <tr> <td>27.0</td> <td>COP:1.00</td> </tr> <tr> <td>17.0</td> <td>COP:1.00</td> </tr> </tbody> </table> <p>Cap: 40 gallons EF: 0.920</p> <p style="text-align: right;">Pstat</p>	Insulation	Area	R=4.1	3446.70 ft²	R=4.0	270.00 ft²	R=	ft²	R=	ft²	Insulation	Area	R=20.0	4930.00 ft²	R=	ft²	R=	ft²	R	ft²	6	275	6	156	6	95	kBtu/hr	Efficiency	47.0	SEER:16.00	24.2	SEER:16.00	19.8	SEER:16.00	kBtu/hr	Efficiency	34.0	COP:1.00	27.0	COP:1.00	17.0	COP:1.00
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Glass/Floor Area: 0.116	Total Proposed Modified Loads: 71.09 Total Standard Reference Loads: 102.09	PASS
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I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

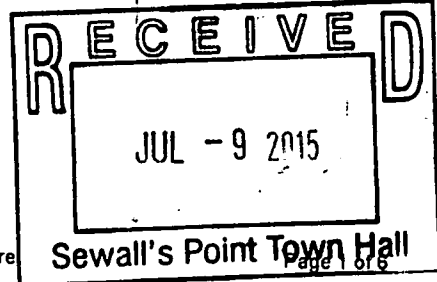
PREPARED BY: [Signature]
 DATE: 11-4-13

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: [Signature]
 DATE: 11/4/13

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: [Signature]
 DATE: 11-21-13





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



CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: STEJSKAL GERHARD F & KATHARINA PROPERTY ADDRESS: 108 S SEWALL'S POINT RD

LEGAL DESCRIPTION:

PARCEL CONTROL NUMBER 01-38-41-001-024-00020-7 SUBDIVISION ARBELA

GENERAL CONTRACTOR: DRIFTWOOD HOMES, LLC LIC/CERT NO: CRC1330697

ARCHITECT OR ENGINEER: BRADEN & BRADEN ARCHITECTS LIC/CERT NO: AAC000032

PERMIT NO: 10688 DATE OF ISSUE: NOVEMBER 27, 2013

CODE EDITION: FBC 2010 CONST. TYPE: CBS USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 9th day of JULY, 2015.

John R. Adams, CBO
 Building Official, Town of Sewall's Point

10711

DOCK



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:	10711	DATE ISSUED:	DECEMBER 12, 2013
SCOPE OF WORK:	DOCK		
CONTRACTOR:	TCBI		
PARCEL CONTROL NUMBER:	013841001-024-000207	SUBDIVISION	ARBELA - 1/2 L 24
CONSTRUCTION ADDRESS:	108 S SEWALLS PT RD		
OWNER NAME:	STEJSKAL		
QUALIFIER:	LISA JULIANO	CONTACT PHONE NUMBER:	201-9777

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: 10711

Date: _____

OWNER/LESSEE NAME: GERHARD STEJSKA Phone (Day) 732-741-0997 (Fax) _____
 Job Site Address: 108 S. SEWALL'S PT RD. City: _____ State: _____ Zip: _____
 Legal Description: AREA, S 1/2 LOT 24 Parcel Control Number: 02-38-41-001-024-00020-7
 Fee Simple Holder Name: SAME Address: 8 COUNTRY MEADOW DR.
 City: COLTS NECK State: NJ Zip: 07722 Telephone: 732-741-0997

*SCOPE OF WORK (PLEASE BE SPECIFIC): Install DOCK

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 43,000
 (Notice of Commencement required when over \$2500 prior to final 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

100
2
1720
12120

Construction Company: TREASURE COAST BARGE INC Phone: 772-201-9777 Fax: 772-221-1611

Qualifiers name: LEONARDINO Street: 200 SE CUR OFF RD City: SNYMER State: FL Zip: 34994

State License Number: SP01586 OR: Municipality: _____ License Number: SP01586

LOCAL CONTACT: SAN JULIANO Phone Number: _____

DESIGN PROFESSIONAL: PAUL WELCH Fla. License# 29945

Street: 1984 SW BILTMORE #114 City: PORT ST. WARE State: FL Zip: 34984 Phone Number: 785-9888

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

Carpport: _____ 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:
 X [Signature]
 State of Florida County of: Monmouth
New Jersey
 On This the 4 day of November, 2012
 by Gerhard Stejska who is personally
 known to me or produced NJ Drivers License
 As identification. [Signature]

Notary Public
 My Commission Expires: September 27 2017

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X [Signature]
 State of Florida, County of: Monroe
 On This the 14th day of November, 2013
 by Lisa A. [Signature] who is personally
 known to me or produced _____
 As identification. _____

Notary Public
 My Commission Expires: _____

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



Notary Public
 Deborah Pearson
 State of New Jersey
 My Commission Expires September 27, 2017





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/22/2013

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 PAUL LYNCH & ASSOCIATES INC 701 N Federal Hwy, Suite 401 Stuart, FL 34994	CONTACT NAME: PHONE (A/C No. Ext) (772) 232-9371	FAX (A/C No.) (772) 232-9375
	E-MAIL ADDRESS: sue@insuremarine.com	
INSURER(S) AFFORDING COVERAGE		
INSURER A: Lloyds of London		
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	ACEL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> P&I (Ex-crew & cargo)			13L1118	07/16/13	07/16/14	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
	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						GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				EACH OCCURRENCE \$ AGGREGATE \$
							PER STATUTE OTHER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Town of Sewalls Point Town Hall 1 South Sewalls Point Road Sewalls Point, FL 34996 Fax: 772-220-4765	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

DATE (MM/DD/YYYY)
7/22/2013

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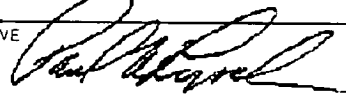
PRODUCER PAUL LYNCH & ASSOCIATES INC 701 N Federal Hwy, Suite 401 Stuart, FL 34994	CONTACT NAME		
	PHONE (A/C No Excl) (772) 232-9371	FAX (A/C No) (772) 232-9375	
	E-MAIL ADDRESS sue@insuremarine.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
INSURED Treasure Coast Barge Inc. dba TCBI 5835 SW Mapp Road Palm City, FL 34990 772-220-3625	INSURER A:	Lloyds of London	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

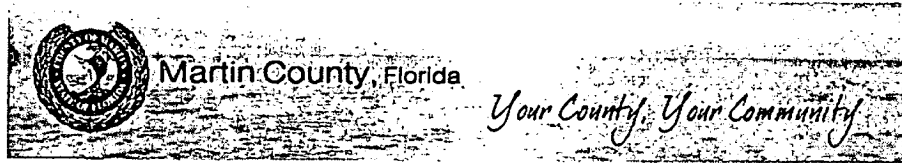
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INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR RWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Per occurrence) \$
	<input checked="" type="checkbox"/> P&I (Ex-crew & cargo)						MED EXP (Any one person) \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/PROP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in HI)						E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Town of Sewalls Point Town Hall 1 South Sewalls Point Road Sewalls Point, FL 34996 Fax: 772-220-4765	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 
---	--



Contractors List

Reset

Search Display 15

Name	License Type	Company	License & Exp	Status	Address	City	Phone Number	Liability & Exp	Wk Comp & Exp
JULIANO, ANTHONY	MARINE CONTRACTOR - MC	TCBI INC/TREASURE COAST BARGE	MCMAR01557 (30-SEP-14)	ACTIVE	5835 SW MAPP RD	PALM CITY FL 34990	772-220-3625 772-221-1611	PAUL LYNCH (16-JUL-14)	LION INS (01-JAN-14)
JULIANO, LISA A	MARINE CONTRACTOR - MC	TREASURE COAST BARGE INC	MCMAR01586 (30-SEP-14)	ACTIVE	1200 SE CUTOFF ROAD	STUART FL 34994	772-220-3625 772-221-1611	PAUL LYNCH (16-JUL-14)	LION (01-JAN-14)

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1 - 2

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[Flash](#)
[Beach Cam](#)
[Fire Rescue Scanner](#)
[Sheriff's Scanner](#)
[FHP Traffic](#)
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[911](#)

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*Some images courtesy of the Martin County Convention & Visitors Bureau

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Business Tax Receipt Details

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Business Tax Account	2003-000125-00030.000	Status	ACTIVE FULL
Business Name	TREASURE COAST BARGES, INC.	Current Amount Due	0.00
Business Category	MARINE CONSTRUCTION		
Additional Description	ACCOUNT PAID IN FULL	New Business Date	09/16/2002
Business Address	OCCY	Date Closed	
Doing Business As			
Owner Name	JULIANO LUCY - PRES		
Mailing Address	TREASURE COAST BARGES, INC. MICHAEL GUIDICE (QUALIFIER) JULIANO LUCY - PRES 5835 SW MAPP ROAD PALM CITY FL 34990		
			Update Business Details

License Renewal History

Year	License Amount	Penalty	Fees	Transfer	Duplicate	Exempt	Amount Due	Paid
2014	26.25						26.25	PAID
2013	26.25						26.25	PAID
2012	26.25	6.56	6.60				39.41	PAID
2011	26.25						26.25	PAID
2010	26.25						26.25	PAID
2009	26.25						26.25	PAID
2008	26.25						26.25	PAID

No. 7334 P. 1
INSTR # 2430310
OR BK 2691 PG 2538
(1 Pgs)

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$1,500,000
RECORDED 12/10/2013 01:14:25 PM
BY BRADY J. STEIN
MARTIN COUNTY CLERK

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-024-00020-7

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):
ARZONA, S 1/2 LOT 24 - 1085 SEWALLS PT. RD.

GENERAL DESCRIPTION OF IMPROVEMENT: Dock & Boat Lift

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: GERHARD & KATHARINA STEJSKAL
ADDRESS: 1085 SEWALLS PT RD STUART FL 34996
PHONE NUMBER: (732) 761-0997 FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: TREASURE COAST BARGE INC
ADDRESS: 1200 SE GUTHRIE RD STUART FL 34994
PHONE NUMBER: 772-221-9777 FAX NUMBER: 772-221-1611

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

LENDER/MORTGAGE COMPANY: _____
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 1, 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).

[Signature]
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 4th DAY OF November, 2013

BY: Deborah Pierson as Notary Public FOR Gerhard Stejskal
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

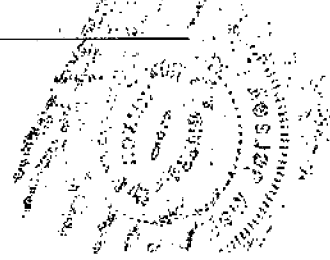
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

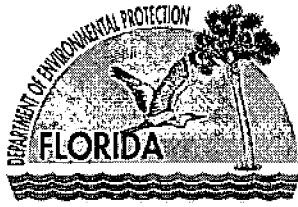
[Signature]
NOTARY SIGNATURE/ SEAL



Deborah Pierson
Notary Public
State of New Jersey
My Commission Expires September 27, 2017

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
BY [Signature]
MARTIN COUNTY CLERK
DATE _____





**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
SOUTHEAST DISTRICT BRANCH OFFICE
1801 SE HILLMOOR DRIVE, SUITE C-204
PORT ST. LUCIE, FL 34952
772-380-1260

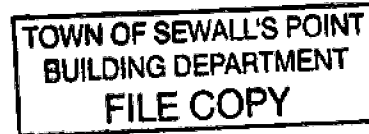
RICK SCOTT
GOVERNOR

JENNIFER CARROLL
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

January 24, 2013

Gerhard & Katharina Stejskal
8 Country Meadow Drive
Colts Neck, NJ 07722



RE: File Name: Stejskal, Gerhard & Katharina; FKA Lamb, Stuart
Transfer of Permit No.: 43-0313679-001
File No.: 43-0313679-002

Dear Mr. & Ms. Stejskal:

Enclosed is a copy of the executed transfer of permit for the referenced project. The transfer of this permit to Gerhard and Katharina Stejskal is hereby approved and effective as of the date of this letter. Please attach a copy of this letter and the enclosed transfer of permit to your permit and make them available on site during construction. When referring to this project, please use the file numbers indicated.

This notice of transfer does not alter the original expiration date of November 2, 2017, the Specific or General Conditions, or the monitoring requirements of the permit. This letter must be attached to the original permit.

This permit transfer is hereby granted. This action is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this action automatically becomes only proposed agency action on the application, subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because an administrative hearing may result in the reversal or substantial modification of this action, the applicant is advised not to commence construction or other activities until the deadlines noted below for filing a petition for an administrative hearing or request for an extension of time have expired.

Mediation is not available.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under rule 62-110.106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon. If a request is filed late, the Department may still grant it upon a motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 14 days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;

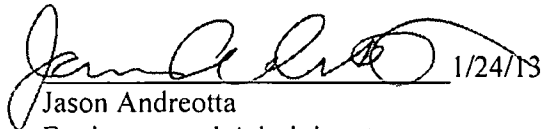
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

This permit transfer constitutes an order of the Department. Subject to the provisions of paragraph 120.68(7)(a) of the Florida Statutes, which may require a remand for an administrative hearing, the applicant has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the order is filed with the Clerk of the Department.

Sincerely,

 1/24/13

Jason Andreotta
Environmental Administrator
Submerged Lands & Environmental Resources
Program

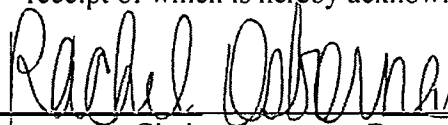
Permittee: Stejskal, Gerhard & Katharina; FKA Lamb, Stuart
Transfer of Permit No.: 43-0313679-001
File No.: 43-0313679-002
Page 4

Enclosure

cc: FDEP Compliance and Enforcement, John Renfranz, john.renfranz@dep.state.fl.us
Bruce Jerner, Jerner & Associates, Inc., jerner@bellsouth.net (agent)
Samantha Rice, USACOE Palm Beach Gardens, Samantha.L.Rice@usace.army.mil
Thomas Bausch, Town of Sewall's Point, weegee@gate.net

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to 120.52(7),
Florida Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.



Clerk Date

APPLICATION FOR TRANSFER OF ENVIRONMENTAL RESOURCE PERMIT AND NOTIFICATION
OF SALE OF A FACILITY OR SURFACE WATER MANAGEMENT SYSTEM

Permit No. 43-0313679-001

Date Issued 11/2/12

Date Expires 11/2/17

FROM (Name of Current Permit Holder) Stuart Lamb

Mailing Address 800 SW St. Lucie Crescent

City Stuart

State FL

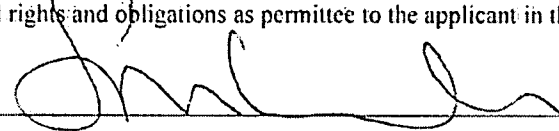
Zip Code 34994

Telephone: (772) 214-9444

Identification or Name of Facility/Surface Water Management System: Lamb Dock

Phase of Facility/Surface Water Management System (if applicable): NA

The undersigned hereby notifies the Department of the sale or legal transfer of this facility, or surface-water management system, and further agrees to assign all rights and obligations as permittee to the applicant in the event the Department agrees to the transfer of permit.

Signature of the current permittee: 

Title (if any): Permittee

OWNER

Date: 11/16/2012

TO (Name of Proposed Permit Transferee): GERHARD & KATHARINA STEJSKAL

Mailing Address: 8 COUNTRY MEADOW DRIVE

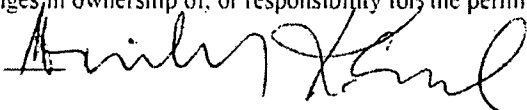
City: COUITS NECK

State: NJ

Zip Code: 07722

Telephone: (732) 761 0097

The undersigned hereby notifies the Department of having acquired the title to this facility, or surface-water management system. The undersigned also states he or she has examined the application and documents submitted by the current permittee, the basis of which the permit was issued by the Department, and states they accurately and completely describe the permitted activity or project. The undersigned further attests to being familiar with the permit, agrees to comply with its terms and with its conditions, and agrees to assume the rights and liabilities contained in the permit. The undersigned also agrees to promptly notify the Department of any future changes in ownership of, or responsibility for, the permitted activity or project.

- Signature of the applicant (Transferee): 

- Title (if any): OWNER

- Date: 11-26-2012

Project Engineer Name (if applicable) NA

- Mailing Address: _____

- Telephone: (____) _____

RECEIVED

DEC 03 2012

FL DEP PORT ST. LUCIE



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
Southeast District
Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952

RICK SCOTT
GOVERNOR

JENNIFER CARROLL
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

Stuart Lamb
800 SW St. Lucie Crescent
Stuart, FL 34994

Dear Mr. Lamb:

Enclosed is Environmental Resource Permit No. 43-0313679-001 issued pursuant to Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code (F.A.C.).

Appeal rights for you as the permittee and for any affected third party are described in the text of the permit along with conditions which must be met when permitted activities are undertaken. Please review this document carefully to ensure compliance with both the general and specific conditions contained herein. As the permittee, you are responsible for compliance with these conditions. **Please ensure all construction personnel associated with your activity review and understand the attached drawings and conditions.** Failure to comply with this permit may result in liability for damages and restoration, and the imposition of civil penalties up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, F.S.

In addition, please ensure the construction commencement notice and all other reporting conditions are forwarded to the appropriate office as indicated in the specific conditions.

If you have any questions about this document, please contact John Renfranz at 863/462-5891 or by email at john.renfranz@dep.state.fl.us.

Sincerely,

John Renfranz
Environmental Specialist I
Submerged Lands & Environmental
Resources Program

**Consolidated Environmental Resource Permit and State-owned Submerged Lands
Authorization**

**Permittee: Stuart Lamb
Permit No: 43-0313679-001
Project Name or Phase: Lamb Dock**

AUTHORIZATIONS

Project Description

The permittee is authorized to construct a single family dock that shall consist of a 15 ft. long by 4 ft. wide approach (60 ft.²), connecting to a 350 ft. long by 4 ft. wide (1,400 ft.²) access walkway, ending in a 10 ft. wide by 16 ft. long terminal platform (160 ft.²) for a total square footage of 1,620 ft.². Two 12 ft. by 12 ft. boatlifts shall be installed as shown on the attached drawings. These two areas shall be the only mooring areas authorized under this permit. The project shall occur within the landward extent of the Indian River, within the Jensen Beach to Jupiter Inlet Aquatic Preserve, Class III Waters, Outstanding Florida Waterbody. Authorized activities are depicted on the attached exhibits.

The submerged bottom at the project site consists of various densities of seagrass resources. An area 30 ft. to 50 ft. from the Mean High Water line and 230 ft. from the Mean High Water line out to the most waterward extent of the proposed terminal platform contained areas of Johnson's Seagrass (*Halophila johnsonii*). In efforts to avoid and minimize impacts to these resources, the proposed dock locations that are 30 ft. to 50 ft. from the Mean High Water line and 230 ft. from the Mean High Water line out to the most waterward extent of the proposed terminal platform shall consist of grated decking. The remaining areas shall consist of wooden decking with a minimum of 1 in. plank spacing. Permanent handrails shall be constructed along the entire approach and access walkway in all areas where this is no mooring. The surface of the dock will be elevated to 5 ft. above Mean High Water (MHW) and will terminate in water at a depth of -2.6 ft. Mean Low Water (MLW).

To ensure adequate clearance during all inshore/shallow water construction, work shall be conducted when sufficient water depths are present to avoid prop dredging, scouring, or damage to the river bottom and/or seagrass beds. To allow for at least 1' of clearance between the top of the resources and the bottom of the boat/propeller at all times, the maximum draft (with the engine in the down position) of the vessels to be moored in either of the two slips is 20".

Impacts to mangroves, seagrasses, or other wetland vegetation are **not** authorized by this permit, except for those areas where lateral trimming of mangroves may be needed along the approach and access walkway.

To offset unavoidable impacts that will occur from these authorized activities, the permittee shall utilize Best Management Practices for turbidity control within the jurisdictional areas during all phases of this project. Turbidity curtains shall be placed around the construction area as needed to contain turbidity. Turbidity curtains shall stay in place until all turbidity subsides to 0 NTUs above background. **If future requests are submitted to the Department that will increase the preempted area of the docking facility, a lease may be required.**

The project described above may be conducted only in accordance with the terms, conditions and attachments contained in this permit. The issuance of this permit does not infer, nor guarantee, nor imply that future permits or modifications will be granted by the Department.

State-owned Submerged Lands Authorization

The activity is located on submerged lands owned by the State of Florida. It therefore also requires authorization, from the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, and Sections 253.77, Florida Statutes (F.S.) and Chapter 258, F.S.

As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that the activity qualifies for a letter of consent to use sovereign, submerged lands, as long as the work performed is located within the boundaries as described herein and is consistent with the terms and conditions herein. Although the docking facility exceeds 10:1, pursuant to Chapter 18-21.005(1)(a)1, the project will qualify for a Letter of Consent as it is no more than the minimum size and length necessary to provide reasonable access to navigable water. **If future requests are submitted to the Department that will increase the preempted area of the docking facility, a lease may be required.** Therefore, consent is hereby granted, pursuant to Chapter 253.77, F.S., to perform the activity on the specified sovereign submerged lands.

Federal Authorization

The project as described herein qualifies for a State Programmatic General Permit (SPGP), issued by the Department on behalf of the U.S. Army Corps of Engineers (USACE), provided it is conducted in accordance with the attached USACE SPGP General Conditions. No further permit for this activity is required by the USACE. The authority granted under this SPGP expires July 25, 2016. Your project must be completed prior to that expiration date or it may be subject to additional permitting by the USACE.

Coastal Zone Management

This permit also constitutes a finding of consistency with Florida's Coastal Zone Management Program, as required by Section 307 of the Coastal Management Act.

Water Quality Certification

This permit constitutes certification of compliance with state water quality standards under Section 401 of the Clean Water Act, 33 U.S.C. 1341.

Other Authorizations

You are advised that authorizations or permits for this project may be required by other federal, state or local entities including but not limited to local governments and homeowner's associations. This permit does not relieve you from the requirements to obtain all other required permits or authorizations.

In addition, you are advised that your project may require additional authorizations or permits from the municipality/county in which the project is located. Please be sure to contact the local county building and environmental department to obtain these required authorizations.

PROJECT LOCATION

The activities authorized by this Permit and state-owned submerged lands authorization are located within the Indian River, within the Jensen Beach to Jupiter Inlet Aquatic Preserve, Outstanding Florida Waters, Class III Waters of the State, adjacent to 108 S. Sewall's Point Road, Stuart (Section 1, Township 38 South, Range 41 East), in Martin County (27° 11' 20.86" North Latitude, 80° 11' 29.18" West Longitude).

PERMIT/ STATE-OWNED SUBMERGED LANDS CONDITIONS

The activities described herein must be conducted in accordance with:

- **The Specific Conditions**
- **The General Conditions**
- **The General Consent Conditions**
- **The limits, conditions and locations of work shown in the attached drawings**
- **The term limits of this authorization**

You are advised to read and understand these conditions and drawings prior to commencing the authorized activities, and to ensure the work is conducted in conformance with all the terms, conditions, and drawings. If you are utilizing a contractor, the contractor also should read and understand these conditions and drawings prior to commencing the authorized activities. Failure to comply with these conditions, including any mitigation requirements, shall constitute grounds for revocation of the Permit and appropriate enforcement action by the Department.

Operation of the facility is not authorized except when determined to be in conformance with all applicable rules and this permit/certification/authorization and state-owned submerged lands authorization, as specifically described above.

SPECIFIC CONDITIONS - PRIOR TO CONSTRUCTION

(1) After selection of the contractor to perform the authorized activities and prior to the initiation of any work authorized by this permit, the permittee (or authorized agent) and the contractor shall attend a pre-construction conference with a representative of the Department. The permittee shall contact the Department in writing to schedule the conference. Department of Environmental Protection, Southeast District, Submerged Lands & Environmental Resources Program, Compliance/Enforcement Section, Attention: John Renfranz, 1801 SE Hillmoor Drive, Suite C-204, Port St. Lucie, Florida 34952 (phone: 863/532-1083).

SPECIFIC CONDITIONS - PROJECT FORMS & ATTACHMENTS

(2) The attached project drawings, sheets 1 through 4; the attached permit checklist; and DEP forms: 62-343.900(3), (4), (5), and (7) F.A.C., which may be downloaded at <http://www.dep.state.fl.us/water/wetlands/erp/forms.htm>; and the "Standard Manatee Conditions for In-Water Work, 2012", which can be downloaded at <http://myfwc.com/manatee/permits/> become part of this permit. If the applicant does not have access to the Internet, the applicant shall contact the Department at (561) 681-6646 to request the aforementioned forms and/or document(s).

(3) If the attached permit drawings conflict with the specific conditions, then the specific conditions shall prevail.

SPECIFIC CONDITIONS – CONSTRUCTION ACTIVITIES

Permittee: Lamb, Stuart

Permit No: 43-0313679-001

Page 3 of 12

(4) The permittee shall be responsible for ensuring that the permit conditions are explained to all construction personnel working on the project, and for providing each contractor and subcontractor with a copy of this permit before construction begins.

(5) The work authorized by this permit shall not be conducted on any property, other than that owned by the permittee, without prior written approval of that property owner.

(6) Impacts to mangroves, seagrasses, or other wetland vegetation are **not** authorized by this permit, except for those areas where lateral trimming of mangroves may be needed for access along the approach and access walkway.

(7) All watercraft associated with the construction of the permitted structure shall only operate within waters of sufficient depth (one-foot clearance from the deepest draft of the vessel to the top of submerged resources) so as to preclude bottom scouring, prop dredging, or damage to submerged resources.

(8) To protect benthic resources at this site, the decking shall be elevated 5' above mean high water (MHW). The portions of the dock that traverse seagrass resources shall be constructed of grated decking.

(9) There shall be no storage or stockpiling of tools and materials (i.e., lumber, pilings, debris), along the shoreline adjacent to waters of the state. All storage or stockpiling of tools or materials (i.e. lumber, pilings, pipes, casings, etc.) shall be limited to adjacent uplands and the construction barge adjacent to and with direct access to the project site. All excess lumber, scrap wood, trash, garbage, and any other type of debris shall be removed from wetlands/waters of the state within 14 days of completion of the work authorized in this permit. All construction equipment/tools and materials shall be transported to and from the site via upland roadways and all equipment/tools and materials shall be stored on the uplands.

SPECIFIC CONDITIONS – POST-CONSTRUCTION / OPERATIONAL ACTIVITIES

(10) Within 10 days of completion of dock construction, permanent handrails and “No Mooring” signs shall be installed along all portions of the of the entire access walkway adjacent to non-mooring areas. Handrails shall be constructed to eliminate access to the pier by boaters and shall be maintained for the life of the facility.

(11) There shall be no fish cleaning stations authorized by this permit. No overboard discharges of trash, human or animal waste, or fuel shall occur at this facility.

(12) The slips shall not be occupied by liveaboards. A liveboard vessel shall be defined as a vessel docked at a facility that is inhabited by a person or persons for any 5 consecutive days or a total of 10 days within a 30-day period.

(13) No more than two vessels shall be moored at the dock at any time and are only authorized in the locations shown on the attached permit drawings.

(14) Vessels utilizing this structure shall maintain a minimum of one foot clearance between the deepest draft of the vessel with the engine in the down position and the submerged bottom so as to preclude bottom scouring or prop dredging.

SPECIFIC CONDITIONS – TURBIDITY CONTROL

(15) Turbidity levels outside the construction area shall not exceed 0 NTU's above background levels. The following measures shall be taken immediately by the permittee whenever turbidity levels within waters of the State surrounding the project site exceed 0 NTUs above background:

- a. Notify the Department at 863-532-1083 at the time the violation is first detected.
- b. Immediately cease all work contributing to the water quality violation.
- c. Stabilize all exposed soils contributing to the violation. Modify the work procedures that were responsible for the violation, install more turbidity containment devices, and repair any non-functional turbidity containment devices.
- d. As required, perform turbidity monitoring per Specific Conditions.
- e. Resume construction activities once turbidity levels outside turbidity curtains fall below 0 NTUs.

SPECIFIC CONDITIONS – MANATEE CONDITIONS

(16) During all in-water work, the permittee shall comply with the standard manatee protection construction conditions listed in the attached 2-page "Standard Manatee Conditions for In-Water Work, 2011".

GENERAL CONDITIONS

(17) All activities authorized by this permit shall be implemented as set forth in the plans, specifications and performance criteria as approved by this permit. Any deviation from the permitted activity and the conditions for undertaking that activity shall constitute a violation of this permit and Part IV, Chapter 373, F.S.

(18) This permit or a copy thereof, complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete permit shall be available for review at the work site upon request by the Department staff. The permittee shall require the contractor to review the complete permit prior to commencement of the activity authorized by this permit.

(19) Activities approved by this permit shall be conducted in a manner which does not cause violations of state water quality standards. The permittee shall implement best management practices for erosion and pollution control to prevent violation of state water quality standards. Temporary erosion control shall be implemented prior to and during construction and permanent control measures shall be completed within 7 days of any construction activity. Turbidity barriers shall be installed and maintained at all locations where the possibility of transferring suspended solids into the receiving waterbody exists due to the permitted work. Turbidity barriers shall remain in place at all locations until construction is completed and soils are stabilized and vegetation has been established. All practices shall be in accordance with the guidelines and specifications described in Chapter 6 of the Florida Land Development Manual; A Guide to Sound Land and Water Management (Department of Environmental Regulation, 1988), unless a project-

Permittee: Lamb, Stuart

Permit No: 43-0313679-001

Page 5 of 12

specific erosion and sediment control plan is approved as part of the permit. Thereafter the permittee shall be responsible for the removal of the barriers. The permittee shall correct any erosion or shoaling that causes adverse impacts to the water resources.

(20) The permittee shall notify the Department of the anticipated construction start date within 30 days of the date that this permit is issued. At least 48 hours prior to commencement of activity authorized by this permit, the permittee shall submit to the Department an "**Environmental Resource Permit Construction Commencement**" notice (Form No. 62-343.900(3), F.A.C.) indicating the actual start date and the expected completion date.

(21) When the duration of construction will exceed one year, the permittee shall submit construction status reports to the Department on an annual basis utilizing an "**Annual Status Report Form**" (Form No. 62-343.900(4), F.A.C.). Status Report Forms shall be submitted the following June of each year.

(22) Within 30 days after completion of construction of the permitted activity, the permittee shall submit a written statement of completion and certification by a registered professional engineer or other appropriate individual as authorized by law, utilizing the supplied "**Environmental Resource Permit As-Built Certification by a Registered Professional**" (Form No. 62-343.900(5), F.A.C.). The statement of completion and certification shall be based on on-site observation of construction or review of as-built drawings for the purpose of determining if the work was completed in compliance with permitted plans and specifications. This submittal shall serve to notify the Department that the system is ready for inspection. Additionally, if deviation from the attached drawings is discovered during the certification process, the certification must be accompanied by a copy of the attached permit drawings with deviations noted. Both the original and revised specifications must be clearly shown. The plans must be clearly labeled as "as-built" or "record" drawing. All surveyed dimensions and elevations shall be certified by a registered surveyor.

(23) The operation phase of this permit shall not become effective: until the permittee has complied with the requirements of condition 26 above, has submitted a "**Request for Transfer of Environmental Resource Permit Construction Phase to Operation Phase**" (Form No. 62-343.900(7), F.A.C.); the Department determines the system to be in compliance with the permitted plans and specifications; and the entity approved by the Department in accordance with Sections 9.0 and 10.0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, accepts responsibility for operation and maintenance of the system. The permit shall not be transferred to such approved operation and maintenance entity until the operation phase of the permit becomes effective. Following inspection and approval of the permitted system by the Department, the permittee shall initiate transfer of the permit to the approved responsible operating entity if different from the permittee. Until the permit is transferred pursuant to Section 62-343.110(1)(d), F.A.C., the permittee shall be liable for compliance with the terms of the permit.

(24) Each phase or independent portion of the permitted system must be completed in accordance with the permitted plans and permit conditions prior to the initiation of the permitted use of site infrastructure located within the area served by that portion or phase of the system. Each phase or independent portion of the system must be completed in accordance with the permitted

plans and permit conditions prior to transfer of responsibility for operation and maintenance of the phase or portion of the system to a local government or other responsible entity.

(25) For those systems that will be operated or maintained by an entity that will require an easement or deed restriction in order to enable that entity to operate or maintain the system in conformance with this permit, such easement or deed restriction must be recorded in the public records and submitted to the Department along with any other final operation and maintenance documents required by sections 9.0 and 10.0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, prior to lot or unit sales or prior to the completion of the system, whichever occurs first. Other documents concerning the establishment and authority of the operating entity must be filed with the Secretary of State where appropriate. For those systems which are proposed to be maintained by the county or municipal entities, final operation and maintenance documents must be received by the Department when maintenance and operation of the system is accepted by the local government entity. Failure to submit the appropriate final documents will result in the permittee remaining liable for carrying out maintenance and operation of the permitted system and any other permit conditions.

(26) Should any other regulatory agency require changes to the permitted system, the permittee shall notify the Department in writing of the changes prior to implementation so that a determination can be made whether a permit modification is required.

(27) This permit does not eliminate the necessity to obtain any required federal, state, local and special district authorizations prior to the start of any activity approved by this permit. This permit does not convey to the permittee or create in the permittee any property right, or any interest in real property, nor does it authorize any entrance upon or activities on property which is not owned or controlled by the permittee, or convey any rights or privileges other than those specified in the permit and Chapter 40E-4 or Chapter 40E-40, F.A.C.

(28) The permittee is hereby advised that Section 253.77, F.S. states that a person may not commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, the title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund without obtaining the required lease, license, easement, or other form of consent authorizing the proposed use. Therefore, the permittee is responsible for obtaining any necessary authorizations from the Board of Trustees prior to commencing activity on sovereignty lands or other state-owned lands.

(29) The permittee is advised that the rules of the South Florida Water Management District require the permittee to obtain a water use permit from the South Florida Water Management District prior to construction dewatering, unless the work qualifies for a general permit pursuant to subsection 40E-20.302(4), F.A.C., also known as the "No Notice" rule.

(30) The permittee shall hold and save the Department harmless from any and all damages, claims, or liabilities which may arise by reason of the construction, alteration, operation, maintenance, removal, abandonment or use of any system authorized by the permit.

(31) Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered binding unless a specific condition of this permit or a formal determination under section 373.421(2), F.S., provides otherwise.

(32) The permittee shall notify the Department in writing within 30 days of any sale, conveyance, or other transfer of ownership or control of a permitted system or the real property on which the permitted system is located. All transfers of ownership or transfers of a permit are subject to the requirements of section 62-343.130, F.A.C. The permittee transferring the permit shall remain liable for corrective actions that may be required as a result of any violations prior to the sale, conveyance or other transfer of the system.

(33) Upon reasonable notice to the permittee, Department authorized staff with proper identification shall have permission to enter, inspect, sample and test the system to insure conformity with the plans and specifications approved by the permit.

(34) If historical or archaeological artifacts are discovered at any time on the project site, the permittee shall immediately notify the appropriate Department office.

(35) The permittee shall immediately notify the Department in writing of any previously submitted information that is later discovered to be inaccurate.

GENERAL CONSENT CONDITIONS

Chapter 18-21.004(7), F.A.C., General Conditions for Authorizations:

(36) Authorizations are valid only for the specified activity or use. Any unauthorized deviation from the specified activity or use and the conditions for undertaking that activity or use shall constitute a violation. Violation of the authorization shall result in suspension or revocation of the grantee's use of the sovereignty submerged land unless cured to the satisfaction of the Board.

(37) Authorizations convey no title to sovereignty submerged land or water column, nor do they constitute recognition or acknowledgment of any other person's title to such land or water.

(38) Authorizations may be modified, suspended or revoked in accordance with their terms or the remedies provided in Sections 253.04 and 258.46, F.S., or Chapter 18-14, F.A.C.

(39) Structures or activities shall be constructed and used to avoid or minimize adverse impacts to sovereignty submerged lands and resources.

(40) Construction, use, or operation of the structure or activity shall not adversely affect any species which is endangered, threatened or of special concern, as listed in Rules 68A-27.003, 68A-27.004, and 68A-27.005, F.A.C.

(41) Structures or activities shall not unreasonably interfere with riparian rights. When a court of competent jurisdiction determines that riparian rights have been unlawfully affected, the structure or activity shall be modified in accordance with the court's decision.

(42) Structures or activities shall not create a navigational hazard.

(43) Structures shall be maintained in a functional condition and shall be repaired or removed if they become dilapidated to such an extent that they are no longer functional. This shall not be construed to prohibit the repair or replacement subject to the provisions of Rule 18-21.005, F.A.C., within one year, of a structure damaged in a discrete event such as a storm, flood, accident, or fire.

(44) Structures or activities shall be constructed, operated, and maintained solely for water dependent purposes, or for non-water dependent activities authorized under paragraph 18-21.004(1)(g), F.A.C., or any other applicable law.

NOTICE OF RIGHTS

This Permit is hereby final unless a sufficient petition for an administrative hearing is timely filed under Sections 120.569 and 120.57 of the Florida Statutes (F.S.) as provided below. The procedures for petitioning for a hearing are set forth below.

Mediation is not available.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Because the administrative hearing process is designed to re-determine final agency action on the application, the filing of a petition for an administrative hearing may result in a modification of the permit or even a denial of the application. If a sufficient petition for an administrative hearing or request for an extension of time to file a petition is timely filed, this permit automatically becomes only proposed agency action on the application, subject to the result of the administrative review process. Accordingly, the applicant is advised not to commence construction or other activities under this permit until the deadlines noted below for filing a petition for an administrative hearing, or request for an extension of time has expired.

Under Rule 62-110.106(4), Florida Administrative Code (F.A.C.), a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon. If a request is filed late, the Department may still grant it upon a motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect.

In the event that a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Any intervention will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

In accordance with Rule 62-110.106(3) F.A.C., petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 14 days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action; and
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action;
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C. Under Sections 120.569(2)(c) and (d), F.S., a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

This permit constitutes an order of the Department. The applicant has the right to seek judicial review of the order under Section 120.68, F.S., by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department. The applicant, or any party within the meaning of Section 373.114(1)(a), F.S., may also seek appellate review of this order before the Land and Water Adjudicatory Commission under Section 373.114(1), F.S. Requests for review before the Land and Water Adjudicatory Commission must be filed with the Secretary of the Commission and served on the Department within 20 days from the date when the final order is filed with the Clerk of the Department.

Executed in Palm Beach County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Jennifer K. Smith

11-2-2012

Date

Program Administrator
Florida Department of
Environmental Protection
Southeast District Branch Office

Attachments:

Permit checklist, 1 page
Project Drawings and Design Specs., 4 pages

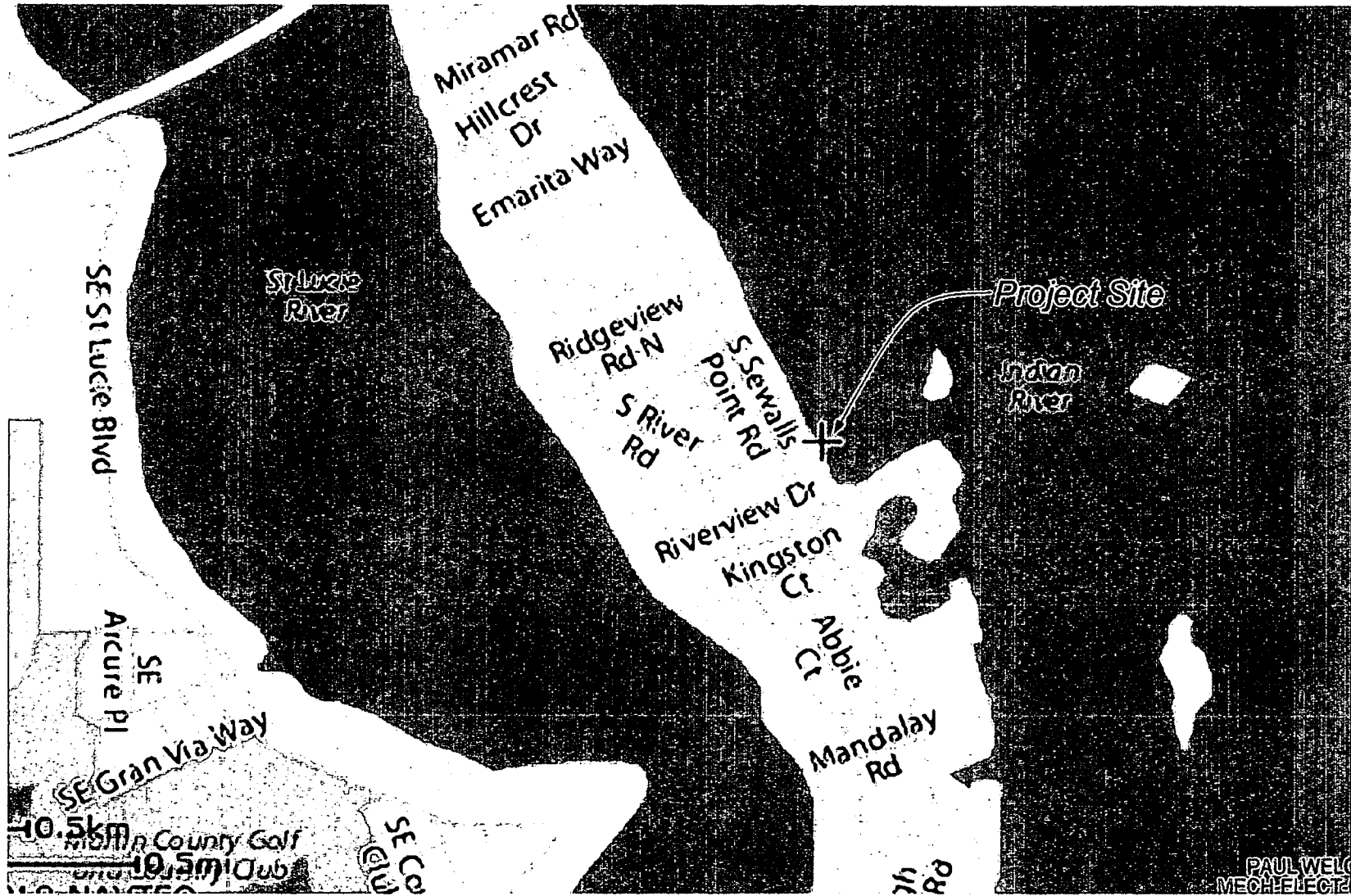
Attached by Reference:

Commencement notice /62-343.900(3)*
Annual status report/62-343.900(4)*
As-built certification/62-343.900(5)*
Transfer construction to operation phase/ 62-343.900(7)*

*Can be downloaded at: <http://www.dep.state.fl.us/water/wetlands/erp/forms.htm>

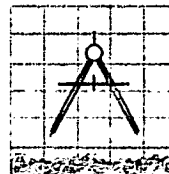
Copies furnished to:

Bruce Jerner, Jerner & Associates, Inc., jerner@bellsouth.net (agent)
Samantha Rice, USACOE Palm Beach Gardens, Samantha.L.Rice@usace.army.mil
Thomas Bausch, Town of Sewall's Point, weegee@gate.net



PAUL WELCH INC.
 MECH/ELECT/CIVIL ENG
 1984 BILTMORE ST. #114
 PORT ST. LUCIE, FL 34984
 PAUL WELCH, P.E. FLA REG NO 29945

108 S. SEWALL'S POINT RD.
 STUART



Design & Drawing by:
 Jerner & Associates, Inc.
 Environmental Consulting
 110 SW 5th Street, Stuart FL 34994
 Ph. (772) 283-2950 / Fax (772) 283-2760

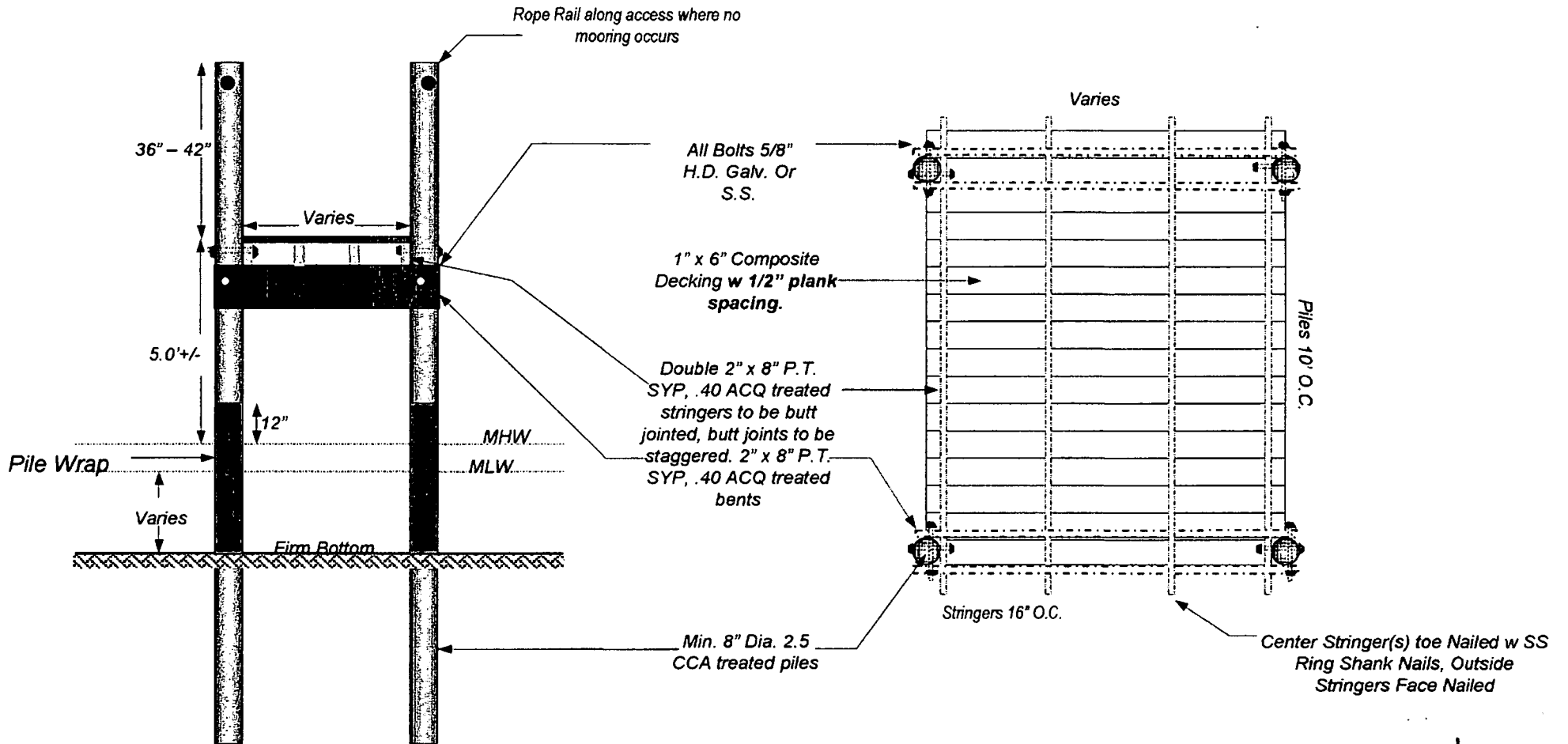
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Sheet 1

[Signature] - NOV 07 2013

Access Section Thru

Access Plan View

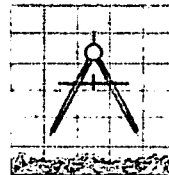


Pilings jettied to a minimum depth of 6' and as necessary to provide adequate bearing and stability

PAUL WELCH INC.
 MECH-ELECT-CIVIL ENG
 1984 BILTMORE ST. #114
 PORT ST. LUCIE, FL 34984
 PAUL WELCH, P.E. FLA REG NO 29945

[Signature]
 NOV 07 2013

108 S. SEWALL'S POINT RD.
 STUART



Design & Drawing by:
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 110 SW 5th Street, Stuart FL 34994
 Ph. (772) 283-2950 / Fax (772) 283-2760

Scale: Dimensioned

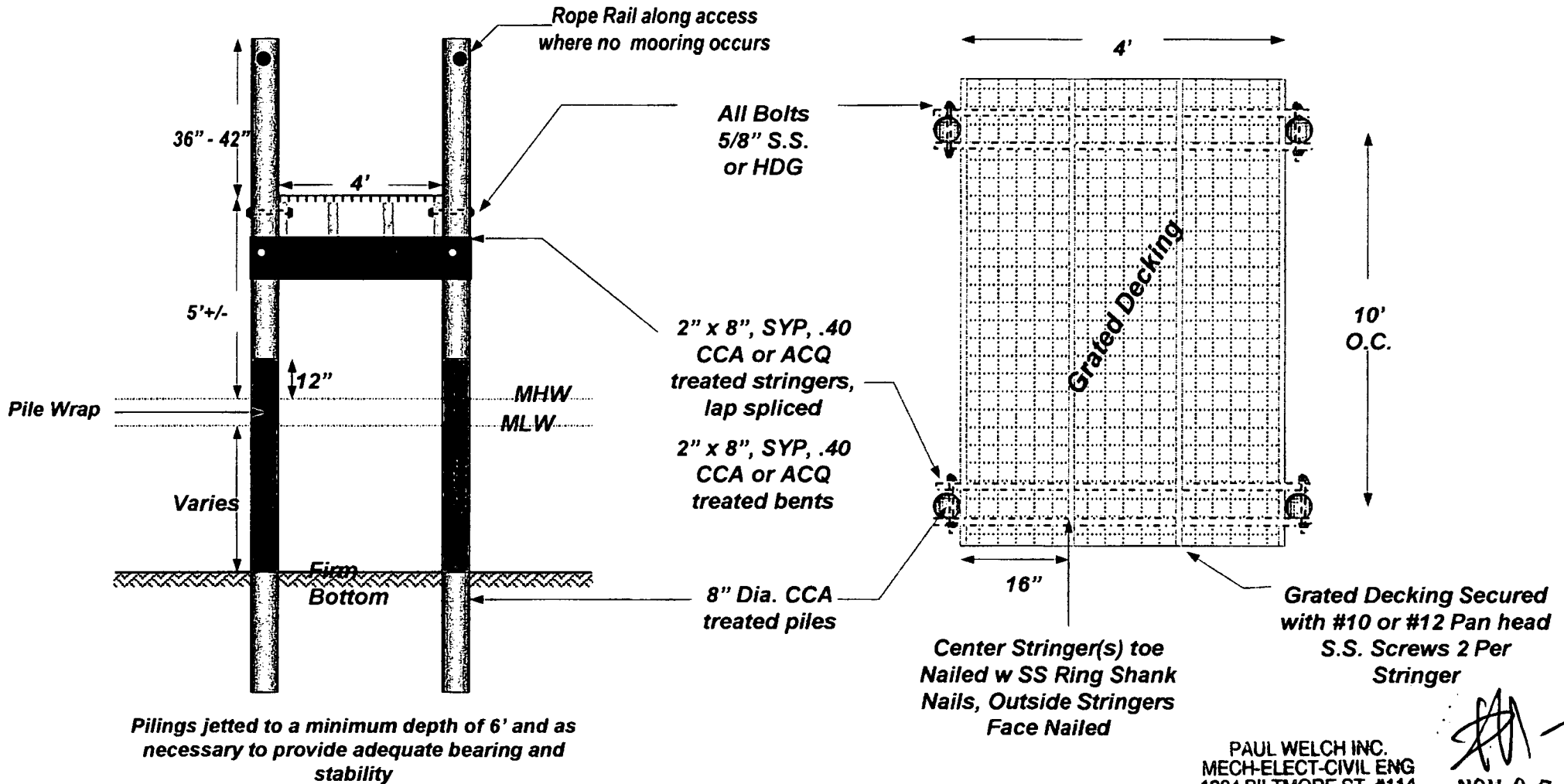
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Sheet 3

Wood Deck Detail

Access Section Thru

Access Plan View

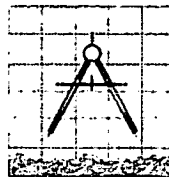


Pilings jettied to a minimum depth of 6' and as necessary to provide adequate bearing and stability

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NOV 07 2013

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 34994

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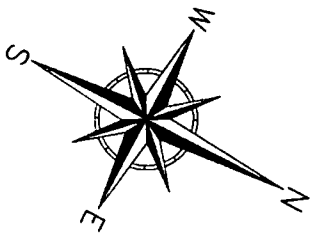
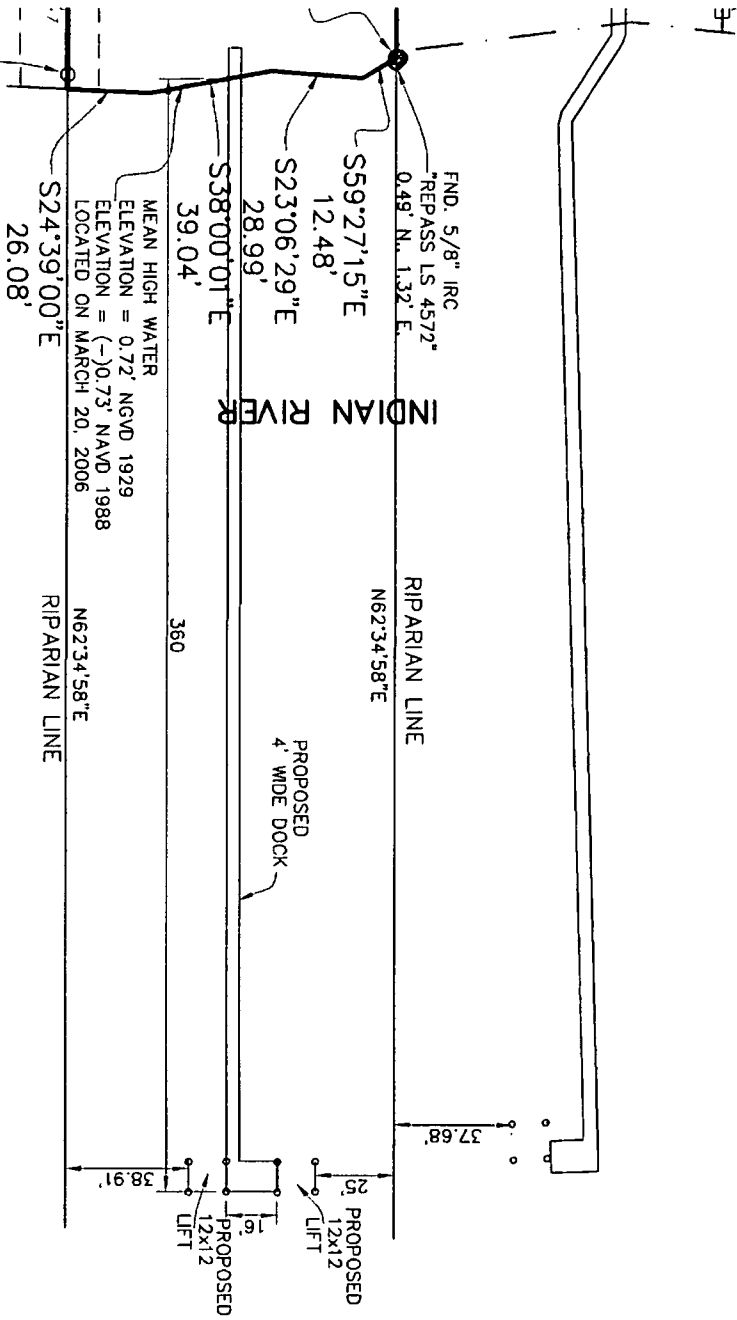
Dimensioned

Date: 8/27/12

Sheet 4

Grated Deck Detail

NOTE:
 GROUND ELEVATIONS AS SHOWN
 HEREON WERE ACQUIRED ON MARCH
 20, 2006. THE ELEVATION OF THE
 GROUND WAS NOT UPDATED DURING
 THE MAY 31, 2013 SURVEY



B **BETSY LINDSAY, INC.**
 SURVEYING AND MAPPING
 7997 S.W. JACK JAMES DRIVE STUART, FLORIDA 34997
 (772)286-5753 (772)286-5933 FAX
 LICENSED BUSINESS NO. 6852

DATE	REVISIONS
4/2/08	ADD FLOOD ELEV. DATA (NOTE #9)
9/5/12	UPDATE SURVEY
5/31/13	UPDATE SURVEY

DATE 03/20/2006
 SCALE 1" = 60'
 FIELD BK. POINT 2
 DRAWN BY DB./CR.
 CHECKED BY EAL.

**SOUTH 1/2 OF LOT 24 - PLAT OF ARBELA
 SEWALL'S POINT, FLORIDA**

**BOUNDARY SURVEY
 STUART LAMB**

SHEET NO. 2
 OF 2 SHEETS
 PROJECT NO. 06-19

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1/28-14

 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10672	Duke 25 Island Rd. Gar Butler 215-8464	Slab		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10711	GERHARD STEDSKAL ¹⁰⁸ SEWARD RD. ^{FINAK}			
	Treasure Coast Parge 260-4186		Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10662		Window		NEED ENG
10:00	16 CASTLE HILL RUBIN CONST	ATTACH		LETTER
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10737	HINKLEY 26 SIMARA ST B & M	PARTIAL SEW WALL CAP	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10463	Perine 8 Morgan Cir. A-G Concrete Pools	Final of Pool	Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10714	Martin 3 Quail Run La Taylor Roofing	Final Roof	Pass	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Winslow 10 S PPT RD BROWNIE	Partial Basement	Pass	INSPECTOR

10958

POOL & SPA



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:	10958	DATE ISSUED:	7/28/2014
SCOPE OF WORK:	NEW POOL & SPA		
CONTRACTOR:	SOUTH FLORIDA CUSTOM POOLS		
PARCEL CONTROL NUMBER:	013841001024000207	SUBDIVISION	ARBELA S 1/2 LOT 24
CONSTRUCTION ADDRESS:	108 S SEWALLS POINT RD		
OWNER NAME:	STEJSKAL		
QUALIFIER:	ROD MAINE	CONTACT PHONE NUMBER:	260-0848

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:	10958
ADDRESS:	108 S SEWALLS POINT RD
DATE ISSUED:	7/28/2014
SCOPE OF WORK:	NEW POOL & SPA

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.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	\$ 37,800.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 6.00	\$ 600.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 9.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 9.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	15.12
TOTAL ACCESSORY PERMIT FEE:		\$	633.12



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

V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (see FEMA 1546-1-01) which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name Stejskal Insurance Policy No. _____
 Building Address or Legal Description 108 S. Sewalls Point Rd.
 City Sewalls Point State Fl. Zip Code 34996

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 120164 Panel No. 0154 Suffix F Date of FIRM index 10-4-02 Zone VE

SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... 7.1 feet (NGVD)
2. Base Flood Elevation (BFE)..... 10 feet (NGVD)
3. Elevation of the lowest adjacent grade..... 4.3 feet (NGVD)
4. Approximate depth of anticipated scour/erosion used for foundation design.... 6 feet (NGVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... 18'-22" feet (NGVD)

SECTION III: V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.

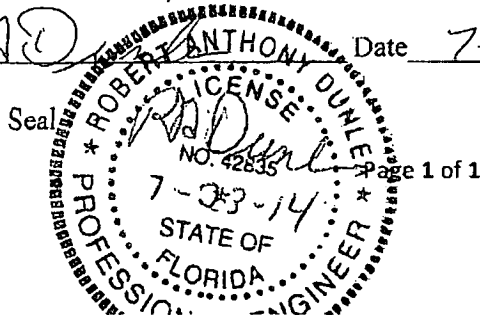
I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

SECTION V: Certification

Certifier's Name Robert A. Dunlea Company Name NA
 Title NA Florida License No. 42835
 Address 1513 Cedarwater Pl. City The Villages State FL Zip Code 32159

Signature RAO Date 7-23-14 Telephone Number 772-285-6444





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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name South Florida Custom Pools Permit # _____

Mailing Address 2625 SW Mapp Rd City Palm City State Fl. Zip 34990

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK	_____	_____
DECK FINISH <u>Pavers</u>	(to be determined) <u>Chitwood Pavers</u>	_____
MASTER ELECTRICIAN <u>Bell weather Elect.</u>	_____	_____
POOL GUNITE <u>Prestige Gunite</u>	_____	_____
INTERIOR POOL FINISH <u>S.F.C.P.</u>	_____	_____
POOL STEEL <u>S.F.C.P.</u>	<u>South Florida Custom Pools</u>	<u>CPC 1457785</u>
BARRIER/ALARM <u>Protect a Child</u>	_____	_____

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

[Signature]
 Signature of applicant

Sworn to and subscribed before me this 24 July day of 2014 by

[Signature]
 Notary Public, State of Florida, County of Martin
 _____ Personally Known Produced Identification

Type of ID Produced: FL DL



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



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

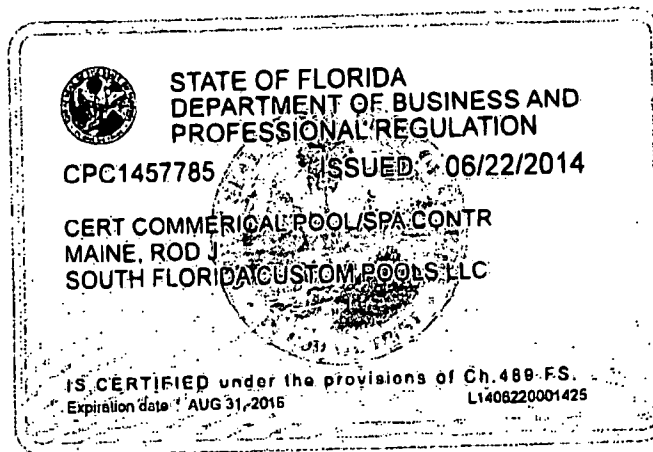
(850) 487-1395

**MAINE, ROD J
SOUTH FLORIDA CUSTOM POOLS LLC
5015 SW WHIPPOORWILL AVE
PALM CITY FL 34990**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CPC1457785	

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

**MAINE, ROD J
SOUTH FLORIDA CUSTOM POOLS LLC
2625 SW MAPP RD
PALM CITY FL 34990**



ISSUED: 06/22/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406220001425



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2014

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 Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 David R. Griffiths	CONTACT NAME: David R. Griffiths	PHONE (A/C. No. Ext.): 321-397-3870	FAX (A/C. No.): 321-397-3888
	E-MAIL ADDRESS:		
INSURED South Florida Custom Pools LLC 2625 A SW Mapp Rd Palm City, FL 34990	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Amerisure Mutual Ins. Co		23396
	INSURER B: Amerisure Ins Company		19488
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		GL20223380903	07/27/2014	07/27/2016	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
B	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	WC202234010	07/27/2014	07/27/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Fax 561-220-4765

CERTIFICATE HOLDER SEWALLS City of Sewalls Point 1 South 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 <i>David R. Griffiths</i>
---	---



SOUTH FLORIDA
CUSTOM POOLS

2625A SW Mapp Road, Palm City, FL 34990

Phone: 772-286-7033

Fax Number: 772-286-2690

FACSIMILE TRANSMITTAL SHEET

TO: Sewalls Pt Bldg Dept FROM: Kay

COMPANY: DATE: 7/28/14

FAX NUMBER: 772 220 4765 TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER: RE: Insurance + License Update.

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

We received a phone call message that you needed updates for our license and insurance (work comp + ^{Gen}Liab). Our occupational license renews on Sept 1st so we are currently waiting for that -

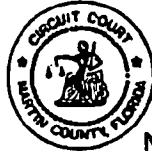
Please call me at the office if you need something else.

THANKS Kay Maine
0-772 286 7033

772-286-7033 (phone #)

E-Mail Address: sfcpools@gmail.com Web Address: sfcpools.com

STATE OF FLORIDA
MARTIN COUNTY



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE

NOTICE OF COMMENCEMENT

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

BY Carolyn Timmann
DATE PERMIT # 10958 TAX FOLD # 01-38-41-001-024-00020-7
STATE OF FLORIDA 10958 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):

Arbela, S 1/2 of Lot 24 East of Sewalls Point Rd

GENERAL DESCRIPTION OF IMPROVEMENT:

swimming pool, deck + general improvements

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

NAME: Stejskal, Gerhard + Katharina
ADDRESS: 108 S. Sewalls Point Rd
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: owner

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

CONTRACTOR: So Fl Custom Pools LLC
ADDRESS: 2625-A SW Mapp Rd Palm City FL 34990
PHONE NUMBER: 772 286 7033 FAX NUMBER: 772 286 2690

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

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).

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

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 3 DAY OF June, 2014

BY: Gerhard Stejskal AS owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

Rod J. Maine
NOTARY SIGNATURE/ SEAL

NOTARY PUBLIC-STATE OF FLORIDA
Rod J. Maine
Commission # EE040022
Expires: NOV. 04, 2014
BONDED THROUGH ATLANTIC BONDING CO. INC.

1351
CAROLYN TIMMANN, CLERK
DEPT. OF REVENUE
1351
2473154 DR BK 2237 P5 1218 RECD 08/27/2014
01:38:42 PM



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
 AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 108 S Sewalls Point Rd, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:

- (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
 - 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))



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

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

[Signature]
 CONTRACTOR'S SIGNATURE & DATE

[Signature]
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF Florida
 COUNTY OF Martin

ON THIS 24 DAY OF July 2014

BEFORE ME PERSONALLY APPEARED:

Bob J. Mame

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) Kathryn A. Barbera

NOTARY AS TO OWNER:

STATE OF Florida
 COUNTY OF Martin

ON THIS 3 DAY OF June 2014

BEFORE ME PERSONALLY APPEARED:

Gerhard Stejskal

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) Bob J. Mame



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

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

Town of Sewall's Point
BUILDING PERMIT APPLICATION

732-768-3027
732-500-7392
Permit Number: _____

Date: _____
OWNER/LESSEE NAME: Stejskal Gerhard + Katharina Phone (Day) 732 761 0997 (Fax) _____
Job Site Address: 108 S Sewall's Point Rd City: Stuart State: FL Zip: _____
Legal Description: Arbela, S 1/2 of Lot 24 East of Sewall's Point Rd Parcel Control Number: 01-38-41-001-024-00020-
Fee Simple Holder Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

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: \$ 37,800
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: South Florida Custom Pools LLC Phone: 772 260 0848 Fax: 772 286 7033
Qualifiers name: Rod J Maine Street: 2625 SW Mapp Rd City: Palm City State: FL Zip: 34990
State License Number: CPC 1457785 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: Rod J Maine Phone Number: 772 260 0848
DESIGN PROFESSIONAL: Robert Dunlea Fla. License# _____
Street: 1513 Cervantes Place City: The Villages State: FL Zip: 32159 Phone Number: 772 2856444

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 3 day of June, 2014
by Gerhard Stejskal who is personally known to me or produced PK
As identification: _____
Notary Public
My Commission Expires: Nov. 04, 2014

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 24 day of July, 2014
by Rod J. Maine who is personally known to me or produced FL DL
As identification: [Signature]
Notary Public
My Commission Expires: Nov. 04, 2014

NOTARY PUBLIC-STATE OF FLORIDA
Rod J. Maine
Commission # EE040022
Expires: NOV 04, 2014
BONDED THRU ATLANTIC SURETY CO., INC.

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



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

REVISIONS – CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 7/14/14 PERMIT NUMBER: 10688
 JOB ADDRESS: 108 SOUTH SEWALL'S POINT RD (STEJISKAL RESIDENCE)

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): PROPANE TANK & GAS LINES TO GENERATOR, POOL HEATER, DRYER, COOKTOP, WATER HEATER & GRILL STUB OUT

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 8000⁰⁰
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL
 CONTACT NAME: GARY KERNAN / ALLAN DRAFTWOODS SIGNATURE: [Signature]
 PHONE NUMBER: 772-486-8818 / 772-245-0074 FAX NUMBER: 801-5578

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 7.22.14 Approve Deny
 Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____
 Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____
 Other declared value increase (must be based on value not cost) 8,000 x 2% = 160.00
 Other additional fees: _____ Revision review fee: 2 Pages @ \$25.00/Page 50.00
 Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____
 TOTAL ADDITIONAL BUILDING PERMIT FEE \$ \$ 210⁰⁰
 Applicant notified by: _____ Date: 7/25/14

Propane Services Inc. DBA Elite Gas Contractors
PO Box 1245
Palm City, FL 34991

Combustion Air Requirements

Please Note: These fresh air ducts are being installed by the General Contractor and will be installed prior to rough in gas inspection.

Job Name: The Stejskal Residence (Driftwood Homes, General Contractor)
Location: ___ S. Sewall's Point Road

Gas Appliances:

1. One Gas water heater @ 75,000 BTU,
CFM T Fin duct of 4" delivering 80 CFM, no static pressure
2. One Gas dryer @ 20,000 BTU
CFM T Fin duct of 4" delivering 80 CFM, no static pressure.
3. One Gas cook top @ 60,000 BTU,
CFM T Fin duct of 4" delivering 80 CFM, no static pressure.

Note: CFM of T Fin Ducts, no static pressure

4" 80 CFM
6" 120 CFM
7" 160 CFM
8" 240 CFM

Elite Gas Contractors
Gary Kernan
Cell # 260-4728
Fax # 334-8518

TOTAL HOLDDOWN FORCE FORMULA IS:

Af = OUTER EDGE AREA OF THE POOL FLOOR IN SQ. FT.

Tf = THICKNESS OF THE POOL FLOOR IN FEET.

Tw = THICKNESS OF THE POOL WALL IN FEET.

Dp = AVERAGE DEPTH OF POOL.

Ww = WEIGHT OF ONE CUBIC FOOT OF SEA (SALT) WATER 64 LBS/CU. FT.

Wg = WEIGHT OF ONE CUBIC FOOT OF GUNITE 150 LBS/CU. FT.

Ppa = AVERAGE EDGE PERIMETER OF POOL IN FEET

SF = SAFETY FACTOR = 1.6

F = TOTAL HOLD DOWN FORCE REQUIRED FOR POOL

$$F = [(Af \times (Dp + Tf) \times Ww) - ((Af \times Tf) + (Ppa \times Tw \times Dp) \times Wg)] \times SF =$$

27' x 15' x 4' DEEP POOL

$$F1 = [(448 \times (4 + 0.5) \times 64) - ((448 \times 0.5) + (86 \times 0.5 \times 4)) \times 150] \times 1.6 = (129024 - 59400) \times 1.6 = 111398 \text{ LBS.}$$

15' x 8' x 11" DEEP POOL

$$F2 = [(144 \times (0.917 + 0.417) \times 64) - ((144 \times 0.417) + (33 \times 0.5 \times 0.917)) \times 150] \times 1.6 = (12294 - 11242) \times 1.6 = 1683 \text{ LBS.}$$

WALL HAS ONLY THREE SIDES.

8' x 8' x 3' DEEP SPA

$$F3 = [(81 \times (3 + 0.5) \times 64) - ((81 \times 0.5) + (34 \times 0.5 \times 3)) \times 150] \times 1.6 = (18144 - 13725) \times 1.6 = 7070 \text{ LBS}$$

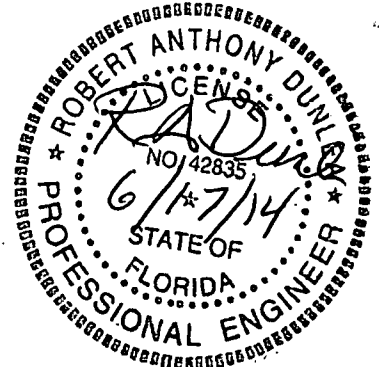
$$\text{TOTAL HOLDDOWN FORCE} = F1 + F2 + F3 = 120151 \text{ LBS.} = 60.0 \text{ TONS}$$

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

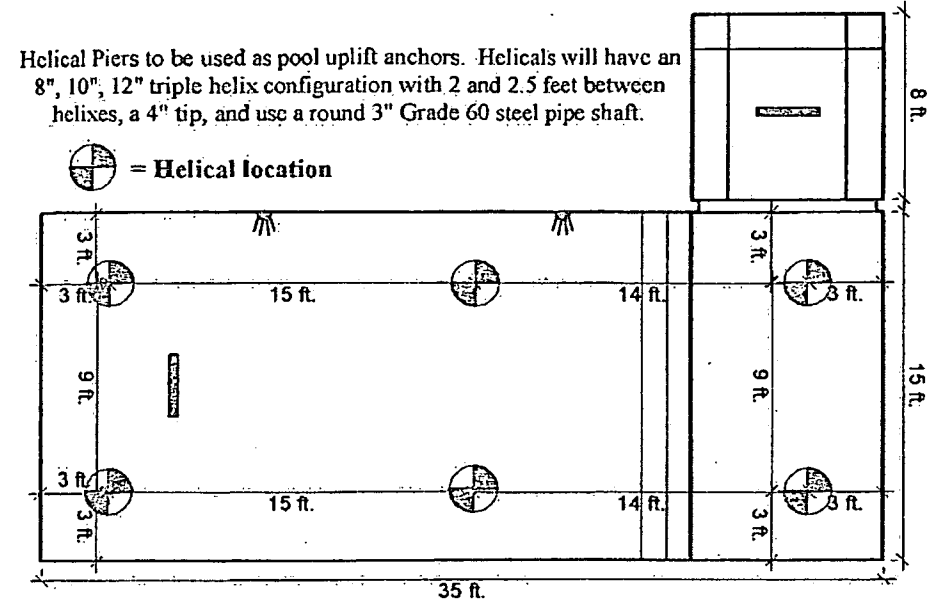
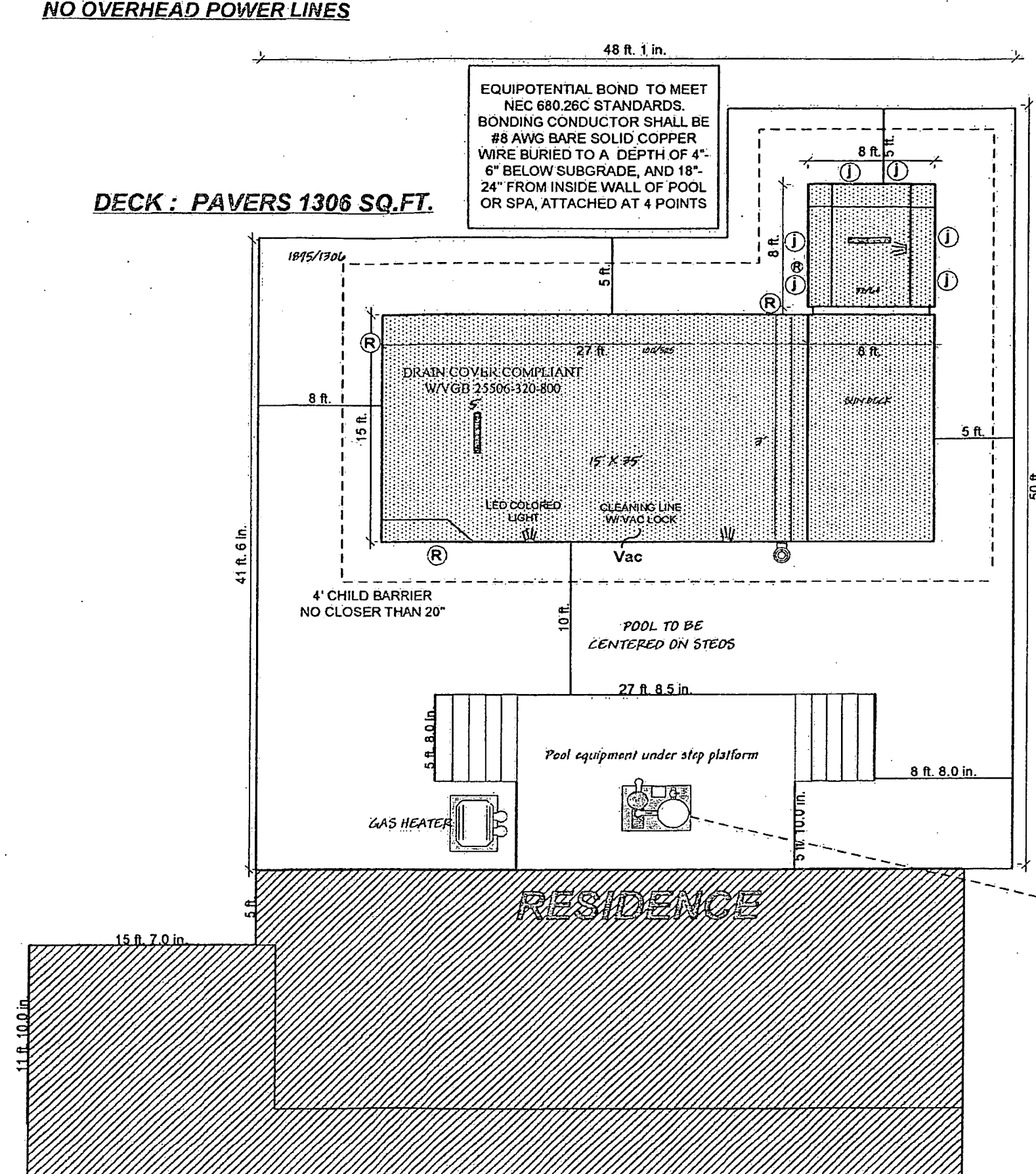
Lic. # CPC145T185
South Florida Custom Pools,
2625 S.W. Mapp Rd. Palm City, FL 34990
Phone: 772-286-7033

NAME: **STEJSKAL**
ADDRESS: **108 S. SEWALL'S POINT RD.**
CITY/STATE: **SEWALL'S POINT, FL 34996**
COUNTY: **MARTIN**
PID #: **01-38-41-001-024-00020-7**

R. A. Dunlea, P.E. License # 42835
1513 Cervantes Place, The Villages, FL 32159
Telephone # 772-285-6444



NO OVERHEAD POWER LINES

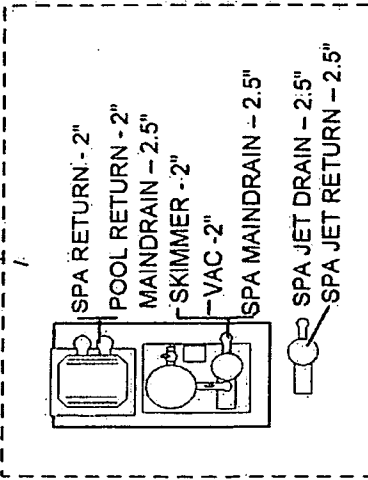


@38.89 GPM TURNOVER IN 6 HOURS.

USING 60'- 2.5" SUCTION PIPE AND 100'- 2" RETURN PIPE WITH 3 RETURNS AND 1" EYEBALLS CALCULATES TO 18.44' HEAD LOSS. THE MAX FLOW RATE AT MAX RPM WITH THIS HEAD LOSS IS 101.93GPM

HEAD LOSS AT MAX FLOW RATE 72.66'

Pipes and drain must than meet ANSI 7 code for suction entrapment based on this TDH Calculation 101.93GPM



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

POOL SPECIFICATIONS

- POOL SIZE
- POOL PERIMETER
- POOL AREA
- POOL DEPTH
- POOL GAL.
- 3 POOL INLETS 1" EYEBALLS SKIMMER
- 1 VAC LINE
- 2- LED POOL LIGHT
- Sta-Rite S8M 450 SQ. CARTRIDGE FILTER 169GPM MAX
- STA-RITE INTELLIFLO Pump VS-3050 (P6E6XS4H-209L)
- CUSTOM MOLDED PRODUCTS
- 1 - 32" x 3" CHANNEL DRAIN
- MAX FLO RATE THROUGH 2.5" PLUMBING USING CENTER PORT IS 200 GPM (FLOOR)

INTELLICHLOR SALT SYSTEM
STA-RITE 400,000btu GAS HEATER

INTERIOR FINISH : FLA. GEM

SPA SPECIFICATIONS

- SPA SIZE
- SPA PERIMETER
- SPA AREA
- SPA DEPTH
- 2- INLETS 1" EYEBALLS
- 1- LED SPA LIGHT
- 6 JETS

STA-RITE MAX-E-PRO 1 1/2 HP JET PUMP
MAX FLOW 94.72gpm WITH 12.69 HEAD LOSS

CUSTOM MOLDED PRODUCTS
1 - 32" x 3" CHANNEL DRAIN
MAX FLO RATE WITH CENTER PORT PLUGGED AND OUTER PORTS OPEN IS 308 GPM (FLOOR) WHEN USING 2.5" PLUMBING.

Lic. # CPC145T185
South Florida Custom Pools.
2625 S.W. Mapp Rd. Palm City, FL.
Phone: 772-286-7033 34990

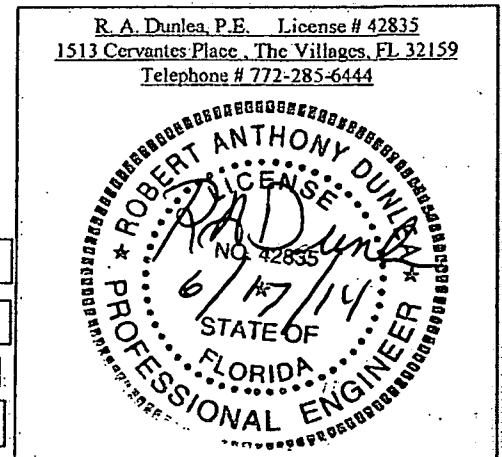
NAME:

ADDRESS:

CITY/STATE:

COUNTY:

PID #:



This pool and spa shall be designed and constructed in accordance with FBC 2010 residential code, chapter 41

ANSI / APSP - 7

4.4 The velocity in field-fabricated piping is based on the maximum system flow rate. Maximum water velocity in branch suction piping shall be limited to 6 feet per second when one of a pair is blocked. In normal operation then, the branch suction piping velocity is 3 feet per second. All other suction piping velocities shall be 8 feet per second for residential pools.

4.4.1 Maximum system flow rate shall be determined by one of the following :

TDH calculation for the circulation system of each pump; or Simplified TDH calculation.

4.5. Listed suction outlet cover / grate shall be tested and listed by a nationally recognized testing laboratory as conforming to the most recent edition of ASME / ANSI A112.19.8 and include a permanently marked flow rating tested to prevent hair entrapment. They are not governed by the velocity limitations of 4.4 and 4.6.

4.6 Minimum flow rating for each cover/grate. When used, submerged suction outlet arrangements shall be single unblockable, dual, or three-or-more as defined in 4.6.1 and 4.6.2.

4.6.1 Single or dual outlets. The flow ratings for each listed cover/grate shall be greater than the maximum system flow as determined in accordance 4.4.1.

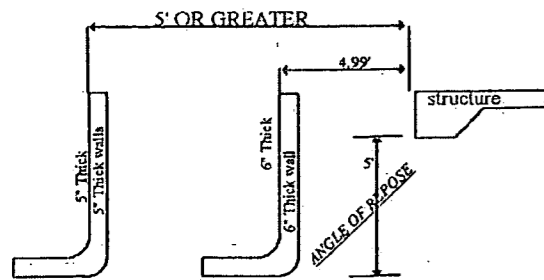
4.6.2 Three or more outlets. For a system with three or more covers/grates, the sum of the flow ratings shall be at least twice the maximum system flow rate as determined in accordance with 4.4.1, or alternatively

4.6.3 Warning: When using covers/grates of different flow ratings on the same system, the lowest flow rating shall be used in calculating.

SINGLE UNBLOCKABLE OUTLET ANSI/APSP-7 5.5.1
A single channel outlet shall be considered acceptable if the size of the perforated area is 3 inches or greater in width and 31 inches or greater in length.

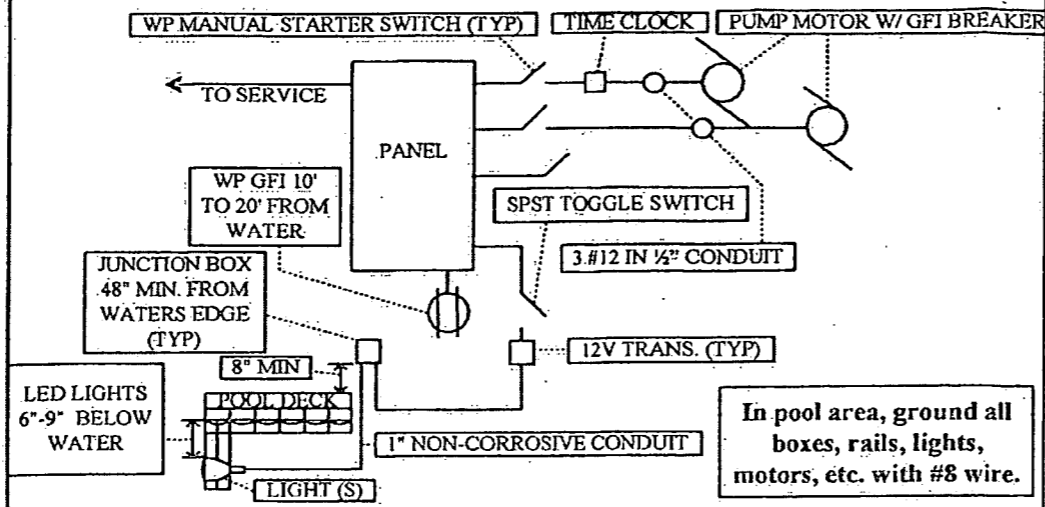
ANGLE OF REPOSE

The detail below is representative of a 5' deep pool section. The extra steel, sheathing, and shoring applies only to those areas of the pool/spa in which extra steel, sheathing, and shoring are required and shall be determined by the following: If the pool structure is within an area equal to depth + 1' of an existing structure, then shoring and /or sheathing and/or extra steel is required.



~ Outside angle of repose 5' and greater - 5" thick w/ #3 @12" O. C. each way.
~ within 4.99' from structure - 6" thick w/ #3 @ 6" O. C. each way, in areas over 5' deep.

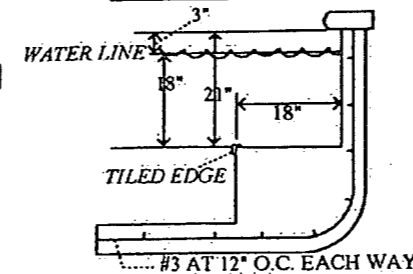
ELECTRICAL DIAGRAM



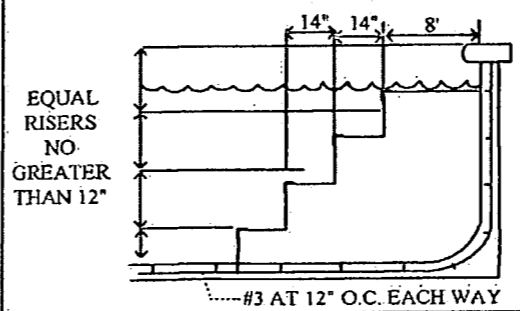
ELECTRICAL NOTES

POOL PANEL AND SWITCHES MUST BE AT LEAST 5' FROM THE INSIDE WALL OF THE POOL. ALL ELECTRICAL WIRING AND EQUIPMENT MUST BE INSTALLED IN ACCORDANCE WITH THE 2008 EDITION OF THE NATIONAL ELECTRICAL CODE. PROVIDE PROPER WORKING CLEARANCE SPACES FOR ELECTRICAL EQUIPMENT AS PER HO-26 OF NFPA 70. POOL PUMP MOTOR LOCATED ABOVE GRADE. PROVIDE SEPARATE CIRCUIT FOR PUMP MOTOR AND HEATER ETC. INSTALL 125V 15AMP WEATHERPROOF DUPLEX RECEPTACLE AT LEAST 10' AWAY AND NOT MORE THAN 20' FROM THE INSIDE WALL OF THE POOL.

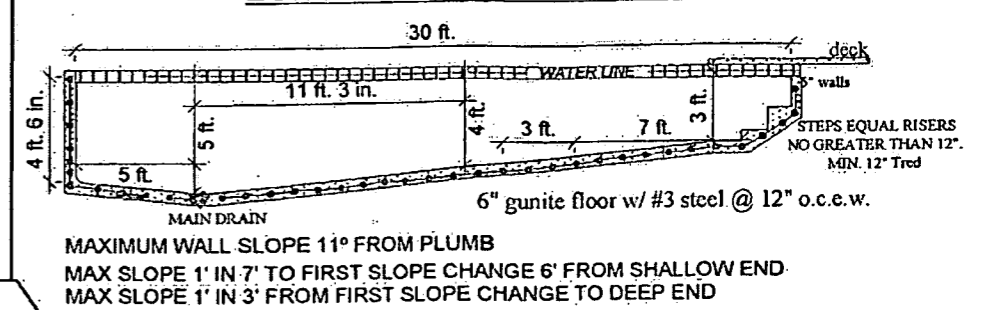
SWIMOUT DETAIL



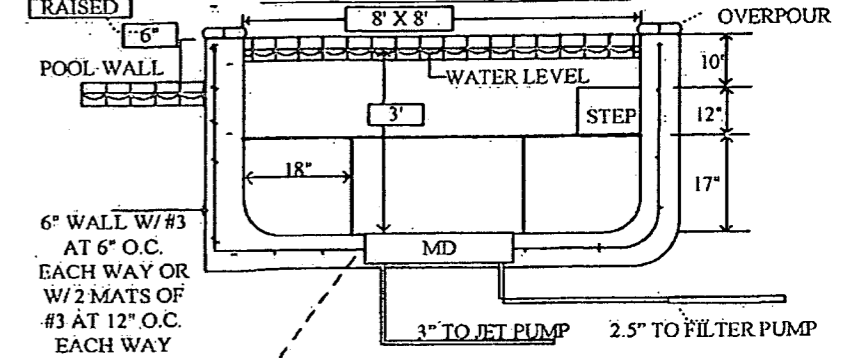
STAIR DETAIL



LONGITUDINAL POOL SECTION

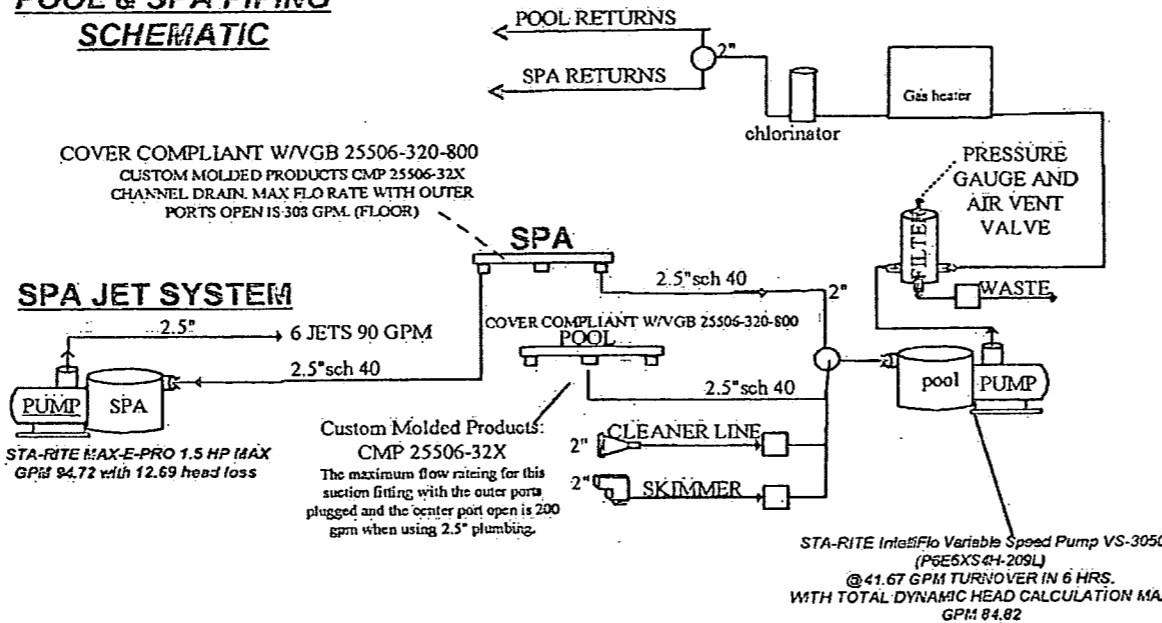


AUXILIARY SPA DETAIL



SINGLE UNBLOCKABLE OUTLET ANSI/APSP-7 5.5.1
A single channel outlet shall be considered acceptable if the size of the perforated area is 3 inches or greater in width and 31 inches or greater in length.
COVER COMPLIANT W/WGB 25506-320-800

POOL & SPA PIPING SCHEMATIC



POOL TDH FLOW RATE SYSTEM:

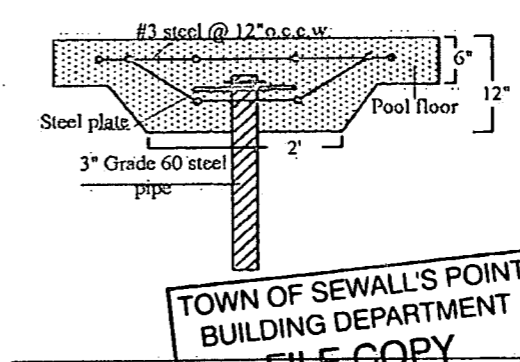
TDH POOL PUMP FLOW RATE :	101.93gpm
MAXIMUM DRAIN FLOW RATE :	200gpm
MAXIMUM SUCTION PIPE FLOW RATE CAPACITY @8 FPS :	2.5"- 117 gpm
MAXIMUM RETURN PIPE FLOW RATE CAPACITY @10 FPS :	2"- 103 gpm

SPA FILTER TDH FLOW RATE SYSTEM:

SPA TOTAL SYSTEM:

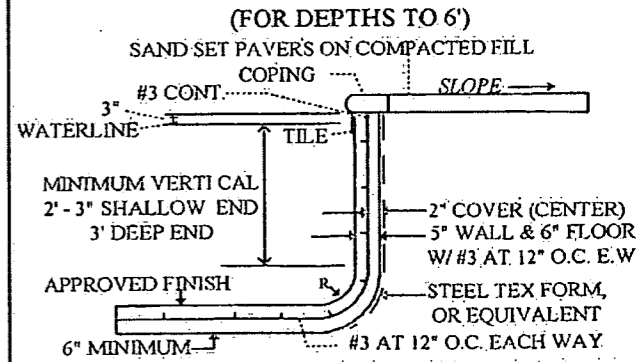
MAXIMUM DRAIN FLOW RATE :	308gpm
TDH SPA PUMP FLOW RATE :	101.93gpm
SPA JET PUMP FLOW RATE :	94.72gpm
MAXIMUM SUCTION PIPE FLOW RATE CAPACITY @8 FPS :	FILTER PUMP 2.5"- 117 gpm
	JET PUMP 2.5"- 117 gpm
MAXIMUM RETURN PIPE FLOW RATE CAPACITY @10 FPS :	FILTER PUMP 2"- 103 gpm
	JET PUMP 2.5"- 146 gpm

Helical Pile connection to pool steel



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

TYPICAL WALL and DECK SECTION (FOR DEPTHS TO 6')



South Florida Custom Pools CPC 1457785

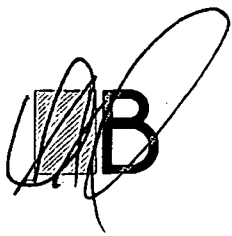
This pool and spa shall be designed and constructed in accordance with FBC 2010 residential code chapter 41

STEJSKAL

NAME: **108 S. SEWALL'S POINT RD.**
ADDRESS:
CITY/STATE: **SEWALL'S POINT, FL 34996**

PID #: 01-38-41-001-024-00024-7 COUNTY: **MARTIN**
DATE: 6-6-14 PAGE: 2 OF 2

R. A. Dunlea, P.E. License # 42835
1513 Cervantes Place, The Villages, FL 32159
Telephone # 772-285-6444



BRADEN & BRADEN, A. I. A., P. A.

Architects & Planners

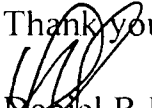
417 COCONUT AVENUE, STUART, FLORIDA 34996
TELEPHONE: (772) 287-8258 FAX (772) 287-8283
#AAC-000032
June 29, 2015

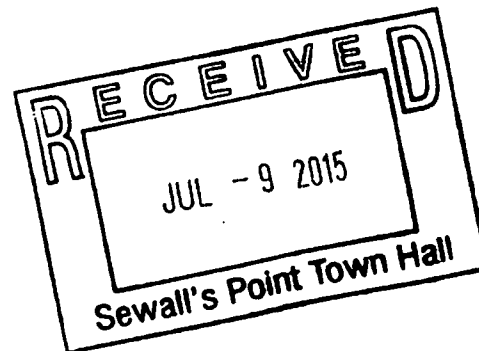
SEWALLS POINT BUILDING DEPARTMENT
RE:
MR. & MRS. STEJSKAL
SEWALLS POINT ROAD
SEWALLS POINT FLORIDA

We have reviewed the installation of the pool alarms and believe to the best of
Our professional opinion that they comply with Florida building Code
Section R4101.17.1.9. as of June 29th 2015.

We are alarming the doors to the pool area with Smartpool Yardgard alarms.
They are rated at 120db.

Thank you ...


Daniel R Braden AIA
Braden & Braden AIA PA



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-3 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10785	Sharfi	Final Tennis		
	73 N SPR	Court + Curbing	PASS	CLOSE
	NV Custom Homes			INSPECTOR <i>[Signature]</i>
10971	Pomales	Window/Door		
	31 Fieldway Dr	in progress	PASS	
	Atlantic Window			INSPECTOR <i>[Signature]</i>
10975	Millard	ROOF		
	5 Indialucie Pkwy	Final	PASS	CLOSE
	Sunshine Roofing			INSPECTOR <i>[Signature]</i>
10990	Currier	Pre-Pour		
	107 Hillcrest Ct	Driveway	PASS	
	Franco Construction	please call 359-0097 want to be there for inspection		INSPECTOR <i>[Signature]</i>
10958	Stejskal	Pool	PASS	PENDING BILLING
	108 S SPR	Steel		REPORT
	South FL Custom Pools			INSPECTOR <i>[Signature]</i>
10864	MANTIL	Window &		
	32 RD VISTA DR	FINAL	PASS	CLOSE
	Florida Window & Door			INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thur Fri 10/10 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10958	Stejskal	Pool		
	108 S SPR South Florida Custom Pools	Plumbing		Reason For Number
				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
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 10/3/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11040	Kremser	Final		
9 AM	23 Ridgeland	Mechanical	PASS	CLOSE
	Aztel			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
70958	STELSKAL	Pool		
	70958	PIPING	PASS	
	SOUTH FL CUSTOM POOLS			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11007	BRASHYANN	ROCKA U.G		
	30 SIMARA SQ	PAINTS	PASS	
	WINEMIP CONST			INSPECTOR <i>[Signature]</i>
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 2/5/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10958	Stejskal	Equipotential		
	108 S. Sewall's Pt Rd	Bonding		
	So Fla. Custom Pools			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

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 *6/30/15* Page *1* of *1*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11203	Ngo	Final		
	146 N Sewall's Pt Rd	Kitchen	PASS	CLOSE
	Glenmark Homes	Remodel		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10958	Stejskal	Pool Electric		
	108 S Sewall's Pt Rd	Pool Barrier	PASS	
	So Fla Custom Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Barbey	Tree Removal		
	14 Fieldway	Permit	OK	
				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 7/9/15 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10688	Stejka			ISSUE <u> </u>
	108 S Sewall Pt Rd Driftwood	Final	PASS	INSPECTOR <u> </u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott	Pre-Pour		NOT READY
	53 N River Rd	Pool Deck +		CANCEL
	San George	Side Wall		INSPECTOR <u> </u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
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, 7/10/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
615-000097	Starbuck	Window/Door		
AM requested	179 S River Rd	Attachment	PASS	
	Emil Lavidola			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
615-000105	Rossario	Final		
AM requested	137 S River Rd	Gas Tank	PASS	Close
	Florida Gas Express			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
108-558	Stejeskal	Pool		POOL BARRIER
	108 S Sewall St Rd	Final	FAIL	GATES NOT TO CODE
	So. Fla Custom Pool			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 7/16/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000099	Creeden 176 S Sewalls Pt Rd Advantage Air	Final A/C	FAIL	ACCESS TO A/H NOT TO CODE, CONTR TO PROVIDE PICTURES INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000074 B15-000044	Amaro 8 Castle Hill Way Dietz Electric	Electrical Rough	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000049	Clark 9 Pineapple Ln South Shore Plumbing	Plumbing Rough-in	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10158	Stejeskal 108 S Sewalls Pt Rd South FL Custom Pool	Pool Final	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11231	Williams 110 Henry Sewall Wy Stuart Fence	Fence Final	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	11 Simara Street	Investigate		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR