

109 South Sewall's Point Road

78

CARPORT

TOWN OF SEWALL'S POINT
Florida

78

109 S Sewall's
Point RD
PN 78

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Date October 3, 1964

Owner James H. & Mary Y. Stuart (Pamona?)

Address Star Pk. Sewall's Point (Lot 25 Arbela)

Architect Tom Tardy

Address Jensen Beach

Contractor James H. Stuart

Address Above 287-6832

Building to be constructed on:

Lot 25 Arbela Block 109 S. S. Pt. RD. Subdivision _____

Address Above

Purpose of Building Carport Type of Work _____

Estimated cost of Building or Improvements \$ 2000.00

Type of Construction Brick & Siding Roofing Covering Corrugated Plastic

Type of Roof Gable Foundation Concrete

Size of Building Lot 106' X 275'

Square Feet in Building 576

Zoning R-1

Permit Number 78 Permit Fee \$ _____

Clean-up Bond Number _____ Clean-up Fee \$ _____

James H. Stuart
Signed Contractor

78

TOWN OF SEWALL'S POINT
Florida

Fees \$ _____

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date October 3, 1964 Permit Number _____

Owner James H + Mary Y Stewart

Street and Number Lot 25 Arabela

Electrician _____ City License Number _____

Work: New Old Additional

DISTRIBUTION

S. Switches _____ Number of Generators _____

Number of Motors _____ Water Heater _____

Stoves _____ Outlets _____

Receptacles 10 _____ Wall Heater _____

Sub Feed _____ Size of Panel _____

Wire: Romex Conduit Number of Fixtures 3

Size of Main Disconnect _____

James H Stewart
Signed: Contractor

78

566

SERVICE CHANGE

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #566

Date 11/26/75

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

Owner J. PONESA Present Address 109 S SEWALLS PT RD Ph 283-

General Contractor _____ Address _____ Ph _____

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor PIONEER ELEC INC. License No. #40

Street building will front on _____

Subdivision _____ Lot No. _____ Area _____

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

Other Construction (Pools, additions, etc.) CHANGE ELEC. SERVICE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 500.00

Total cost of permit \$ 500

Plans approved as submitted none Plans approved as marked _____

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

Signed by General Contractor

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

[Signature]
Signed by Owner

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

TOWN RECORD

Date submitted 11/25/75

Date approved 11/26/75 Charles C. Dwyer

#566

Certificate of Occupancy issued 11/28/75 Date _____

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to PAONESSA 109 SSPX

For property built under Permit No. 566 Dated 11/26/75

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings		
Rough plumbing		
Perimeter beam		
Rough electric -		
Close in		
Final plumbing		
Final electric -	<u>11/26/75</u>	<u>CS</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

621

POOL

TOWN OF SEWALL'S POINT, FLORIDA

RECEIVED
AUG 12 1976

APPLICATION FOR BUILDING PERMIT

Permit No. 621

Date 8/18/76

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

Owner JOHN PAONESSA Present Address 109 S. SEWALLS PT RD Ph

General Contractor LOUANN CONSON Address 4306 S. USA 1 Ph

Where licensed MARTIN CO. License No. 10

Plumbing Contractor License No.

Electrical Contractor owner License No.

Street building will front on

Subdivision ARBELLA Lot No. 25-15 Area

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

Other Construction (Pools, additions, etc.) 15' X 30' pool

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5,200⁰⁰

Total cost of permit \$ 40⁰⁰ no plumb 30
40

Plans approved as submitted Plans approved as marked

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

[Signature]
Signed by General Contractor

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

JOHN PAONESSA [Signature]
Signed by Owner

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

TOWN RECORD

Date submitted 8/16/76 [Signature]

Date approved 8/16/76 [Signature]

Certificate of Occupancy issued 10/4/76

Date see #
house done

#621

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 8/18/76

This is to request that a Certificate of Approval for Occupancy be issued to PANESSA POOL
For property built under Permit No. 621 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	9/10/76	CS
Rough plumbing		
Perimeter beam		
Rough electric	9/21/76	CS
Close in		
Final plumbing	10/4/76	CS
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles P. Angus date _____

Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to 10/4/76

(Keep carbon copy for Town files)

628

SCREEN

ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

RECEIVED
SEP 30 1976

APPLICATION FOR BUILDING PERMIT

Permit No. #628
Date 9/30/76 10/6/76

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

Owner John Proessa Present Address 109 S. Sewalls Pt. Ph _____

General Contractor Conway Construction Address Stuart, Fla. Ph _____

Where licensed State License No. CRC002627 288-2466
334-2466

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

Street building will front on Sewalls Pt. Rd.

Subdivision _____ Lot No. _____ Area _____

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

Other Construction (Pools, additions, etc.) Pool Enclosure + Patio Roof

Contract Price (excluding land, rugs, appliances, landscaping) \$ 3500.⁰⁰

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

John W. Proessa
Signed by General Contractor

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

Signed by Owner

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

TOWN RECORD

Date submitted 10/4/76 Chak A. Dinger

Date approved 10/4/76 Joe Smith

Certificate of Occupancy issued 11/9/76 Date _____

#628

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to JOHN PARNER

For property built under Permit No. 628 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings		
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		
Final Inspection for Issuance of Certificate for Occupancy.		
Approved by Building Inspector _____		date
Approved by Town Commission _____		date
Utilities notified _____ date		
Original Copy sent to _____		
(Keep carbon copy for Town files)		

Footings
Rough plumbing
Perimeter beam
Rough electric
Close in
Final plumbing
Final electric

O/M *Clark Ouzer*
11/9/76

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

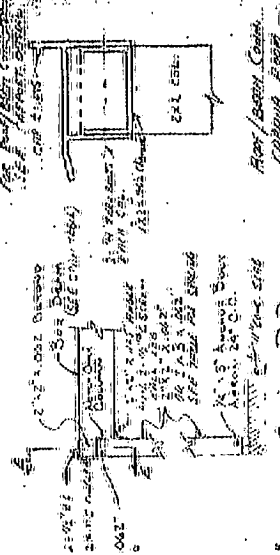
(Keep carbon copy for Town files)

PROVED FOR USE

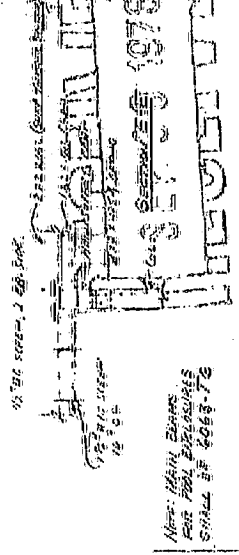
John W. ...
GENERAL NOTE

DESIGN LEAD: 1019 25-75
MAY 1975
DESIGN LEAD: 1019 25-75

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 - DESIGN LEAD: 1019 25-75



Section D-D
 1/2" = 1'-0"
 1/2" = 1'-0"



MASTER PLAN
 CARBON COPY, SHOW PLAN
 FLOOR PLAN FOR 1019 25-75
 1019 25-75
 1019 25-75
 1019 25-75
 1019 25-75

1902

RE-ROOF

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1902

Date 3/27/86

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

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

Owner John PAONESSA Present Address 109 South Sewalls Point Rd.
Phone 283-4432

Contractor KARAM HADDAD Address 6482 S.E. CLAIRMONT PL. HOBE SOUND, FL. 33455
Phone 288-0523

Where licensed STATE OF FLORIDA License number CRC 029153
Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor Butler Roofing License number EP00858

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: SINGLE FAMILY RESIDENCE, TEAR OFF OLD TILE ROOF, REPLACE WITH ASPHALT SHINGLES
State the street address at which the structure will be built: _____

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 5,200.00 Cost of permit \$ 40.00

Plans approved as submitted Plans approved as marked _____

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

Contractor Karam J. Haddad

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

Owner John Paonessa

TOWN RECORD

Date submitted 3/31/86 Approved [Signature] 3/31/86
Building Inspector Date

Approved [Signature] 3/30/86 Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

2531

POOL

2531

TOWN OF SEWALL'S POINT, FLORIDA

Permit No. _____ Date _____

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

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

Owner Walter Mc Glynn Present Address 107 - Pineapple Ln - Sewalls pt.

Phone 225-4546

Contractor Louden Pools Address _____

Phone 465-2700

Where licensed Fla License number CPCO-11421

Home New Const

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: attached Swimming Pool

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

Subdivision Riverstone Arbelk Lot number 25 Block number _____

Contract price \$ 12,000 Cost of permit \$ 100

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner Walter W. Mc Glynn

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No. _____

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

LEGAL DESCRIPTION

That portion of Lot 25, Plat of ARBELA, as recorded in Plat Book 3, page 29, public records of Palm Beach (now Martin) County, Florida, lying Westerly of Sewall's Point Road described as follows: BEGIN at a point where the South line of said Lot 25 intersects the centerline of Sewall's Point Road; thence Westerly along the said South line of Lot 25, a distance of 370 feet; thence run Northerly on a line perpendicular to said South line of Lot 25, a distance of 106 feet; thence run Easterly on a line parallel to the centerline of Sewall's Point Road; thence run Southerly along the said centerline to the point of beginning; LESS the East 175 feet of the Eastern part of the above described parcel which East 175 feet includes the West Half of the right of way of Sewall's Point Road. TOGETHER with the right of use of a 22 foot easement described in Official Records Book 55, page 366, Martin County, Florida, public records.

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 21HH-6 FLA. ADMINISTRATIVE CODE PURSUANT TO CHAPTER 472.027 FLA. STATUTES. NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

STEPHEN J. BROWN INC.

Stephen J. Brown PROFESSIONAL LAND SURVEYOR
REGISTRATION No. 4099, STATE OF FLORIDA

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- DRAINAGE FLOW
- 4. - MANHOLE
- P. - POWER POLE
- B. - CATCH BASIN
- 50 - EXISTING ELEVATION

LEGAL DESCRIPTION

That portion of Lot 25, Plat of ARBELA, as recorded in Plat Book 3, page 29, public records of Palm Beach (now Martin) County, Florida, lying Westerly of Sewall's Point Road described as follows: BEGIN at a point where the South line of said Lot 25 intersects the centerline of Sewall's Point Road; thence Westerly along the said South line of Lot 25, a distance of 370 feet; thence run Northerly on a line perpendicular to said South line of Lot 25, a distance of 106 feet; thence run Easterly on a line parallel to the South line of Lot 25, a distance of 370 feet, more or less, to the centerline of Sewall's Point Road; thence run Southerly along the said centerline to the point of beginning; LESS the East 175 feet of the Eastern part of the above described parcel which East 175 feet includes the West Half of the right of way of Sewall's Point Road. TOGETHER with the right of use of a 22 foot easement described in Official Records Book 55, page 366, Martin County, Florida, public records.

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 21HH-6 FLA. ADMINISTRATIVE CODE, PURSUANT TO CHAPTER 472.027 FLA. STATUTES. NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

STEPHEN J. BROWN INC.

Stephen J. Brown PROFESSIONAL LAND SURVEYOR
REGISTRATION No. 4049, STATE OF FLORIDA

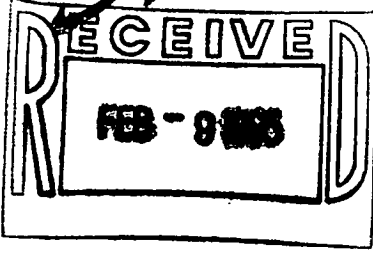
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- - DRAINAGE FLOW
- 1. - MANHOLE
- 2. - POWER POLE
- 3. - CATCH BASIN
- 50 - EXISTING ELEVATION

3758

ADDITION

3758

~~3758~~



Tax Folio No. _____
TITLE # 0-2125-20600

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name MAX & MOLLIE SCHWARTZ

Owner's Address 109 S. SEWALLS PT. RD.

Owner's Telephone (407) 286-8201

Fee Simple Titleholder's Name (if other than owner) ABOVE

Fee Simple Titleholder's Address (if other than owner) NA

City _____ State _____ Zip _____

Contractor's Name TOM ALLYN

Contractor's Address 1034 NW PINELAKE DR.

City STUART State FL Zip 34994

Contractor's Telephone 692-2793 License Number MC 00185

Job Name REMODEL - 109 S. SEWALLS PT. RD.

Job Address 109 S. SEWALLS PT. RD.

City Town of Sewall's Point State Florida Zip 34996

Legal Description ATTACHED.

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect (Engineer's) Name WEYANT ENGINEERS 335-0772

Architect (Engineer's) Address 201 S.W. PORT ST, LUCIE BLVD

Mortgage Lender's Name NA

Mortgage Lender's Address NA

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

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

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

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

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

Plumbing Contractor MASTLER PLUMBING, STUART License No. MT00001

Electrical Contractor OLYMPIC ELECTRIC, ^{HORR}SONO License No. _____

Roofing Contractor _____ License No. _____

A/C Contractor C & R License No. CAC049289

Description of Building or Alterations REMOVE ROOF, ADD 1000SF 2ND STORY.

Name of Street Designated as Front Building Line and Front Yard S. SEWALLS PT. RD.

Subdivision ARBELA. Lot 25 Block PLAT BOOK 3.

Building Area (air conditioned) 2729 sq. ft.

Garage, Porch, Carport Area CARPORNT = EXISTING sq. ft.

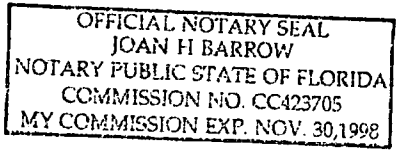
Contract Price (excluding carpet, land, appliance, landscaping)

\$ 15,000.00
15,000.00 CARPENTRY (DEM) FLOORING: 5,000.00
17,000.00 MECHANICAL DRYWALL 6,200.00
8,000.00 KITCHEN 107K ESTIMATED
6,000.00 WINDOWS 155

Mollie McGuire Schwartz DATE 3-10-95
(Owner or Authorized Agent)

Sworn and Subscribed before me this
10 day of MARCH 1995 (SEAL)

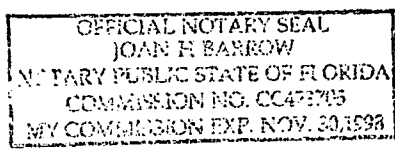
Joan H. Barrow
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Mollie McGuire Schwartz DATE 3-10-95
(Contractor)

Sworn and Subscribed before me this
10 day of MARCH 1995 (SEAL)

Joan H. Barrow
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale B... Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 2729 sq. ft. x \$60. = \$ 163,740

Non A/C Area 445 sq. ft. x \$25. = \$ 11,125

Total = \$ 174,865

Contract Price \$ 174,865 (fee will be charged on higher amount)

175 M. x \$8.00 = \$ 1400.00 Building Fee
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 27.29
 County Impact Fee \$ N/A
 TOTAL PERMIT FEE \$ 1827.29
 PAYMENT RECEIVED Dale Brown 3/13/95
 Signature Date

Contractor's License N/A
 Sub-Contractors' Licenses ✓
 Workers' Comp. Insurance X
 General Liability Insurance X
 Three sets of Plans X
 Plans sealed by architect or engineer X
 Plot Plan X
 Boundary survey
 Topographic survey certified to the X
 Town of S.P.
 Recorded warranty deed X
 Septic tank permit _____
 Energy Code calculations X
 Elevation certificate X
 Recorded notice of commencement _____
 Application for c.o. _____

LEGAL DESCRIPTION

The West 180 feet of the Following described parcel of land to wit:

That portion of Lot 25, PLAT OF ARBELA as recorded in Plat Book 3, page 29, Public Records of Palm Beach (now Martin) County, Florida that is lying Westerly of Sewall's Point Road that is described as follows:

Begin at a point where the South line of said Lot 25 intersects the center line of Sewall's Point Road; thence run Westerly along the South line of said Lot 25, a distance of 550 feet; thence run northerly on a line perpendicular to said south line of Lot 25, a distance of 106 feet; thence run easterly on a line parallel to the south line of Lot 25, to the center line of Sewall's Point Road; thence run Southerly along said center line to the Point of Beginning. Together with the right of use of a 22 foot easement described in the Warranty Deed recorded in Official Record Book 55 page 366, Public Records of Martin County, Florida.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: ADD 2ND FLOOR 1000SF

Owner: 109. S. SEWALLS PT.
Address: STUART, FL 34990

Owner's interest in site of the improvement: _____

Contractor: _____
Address: _____

Surety (if any): _____
Address: _____
Amount of Bond: _____

Lender: NA
Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: _____
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: _____
Address: _____

Sworn to and subscribed before me this _____ day
of _____, 19____.

(NOTARY SEAL)

I am a Notary Public of the
STATE OF _____ AT LARGE, and
My Commission Expires: _____

Seminole Paper & Printing Co., Inc. 1987

INDIVID. TO INDIVID.
MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL.

RECORDED & INDEXED
BY 20 D.C.
94 DEC 20 AM 10:38

01095651

This Instrument Prepared by:

Address: STEWART TITLE OF MARTIN COUNTY
409 E. Osceola Ave.
Stuart, FL 34994

Property Appraisers Parcel Identification (Folio Number(s)):

Grantee(s) S.S. #[s]

DOC-DEED \$ 945.00 MARSHA STILLER

DOC-MTG \$ _____ MARTIN COUNTY

DOC-ASM \$ _____ CLERK OF CIRCUIT COURT

INT. TAX \$ _____ BY W D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 1st day of December, 1994, by

DOLORES PAONESSA, an unremarried widow
hereinafter called the Grantor, to MAX S. SCHWARTZ and MOLLIE McGEEHON SCHWARTZ, his wife
whose post office address is
hereinafter called the Grantee.
109 S. Sewalls Point Rd.
Stuart, FL 34996

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in Martin County, State of Florida, viz:

(SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF)

Subject to taxes--Subsequent to December 31, 1994 and restrictions, reservations, easements and covenants of record.

Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1994.

In Witness Whereof, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Glynis B. Barnett
Witness Signature (as to first Grantor)
Glynis B. Barnett
Printed Name

Pauline L. Thomas
Witness Signature (as to first Grantor)
PAULINE L. THOMAS
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

Dolores Paonessa
Grantor Signature
DOLORES PAONESSA
Printed Name

2052 S.E. Wild Meadow Circle
Post Office Address
Post St. Stuart, FL 34952

Co-Grantor Signature, if any

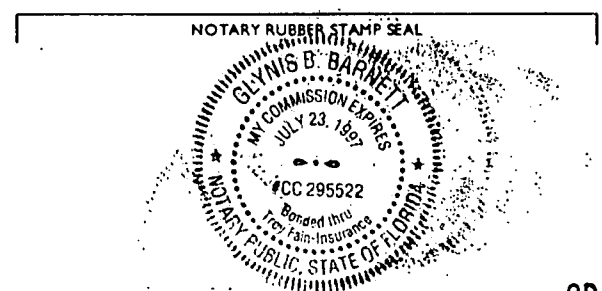
Printed Name

Post Office Address

STATE OF Florida)
COUNTY OF Martin)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

Dolores Paonessa, an unremarried widow
known to me to be the person _____ described in and who executed the foregoing instrument, who acknowledged before me that _____ executed the same, and an oath was not taken. (Check one:) Said person(s) is/are personally known to me. Said person(s) provided the following type of identification: drivers licence



Witness my hand and official seal in the County and State last aforesaid this
19th day of December, A.D. 19 94
Glynis B. Barnett
Notary Signature
Glynis B. Barnett
Printed Notary Signature

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93 Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: SCHWARTZ RESIDENCE BUILDER:
AND ADDRESS: 109 S SEWALLS PT. RD PERMITTING CLIMATE
SEWALLS PT. RD., FL. OFFICE: SEWALLS POINT ZONE: 7 8 9
OWNER: SCHWARTZ PERMIT NO. JURISDICTION NO. 531300

Table with 2 columns: Description and Value. Rows include construction type (1-4), floor area (5), overhangs (6-7), glass area (8), floor insulation (9), wall area (10), ceiling area (11), air distribution (12), cooling/heating systems (13-15), hot water credits (16), infiltration (17), HVAC credits (18), and EPI points (19).

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: [Signature]
DATE: 12-20-94

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

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 in accordance with Section 553.908 F.S.

OWNER/AGENT: _____
DATE: _____

BUILDING OFFICIAL: _____
DATE: _____

** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-11. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

SUMMER CALCULATIONS															

=== BASE ===				=== AS-BUILT ===											
=====															
GLASS-----															
ORIENT	AREA	x	BSPM	=	POINTS	TYPE	SC	ORIENT	AREA	x	SPM	x	SOF	=	POINTS

NE	135.90	109.7	14908.2			DBL TINT		NE	24.0		78.2		1.00		1876.8
						DBL TINT		NE	20.3		78.2		.53		843.1
						DBL TINT		NE	20.3		78.2		.53		843.1
						DBL TINT		NE	20.3		78.2		.53		843.1
						DBL TINT		NE	51.0		78.2		.97		3855.3
SE	59.00	109.7	6472.3			DBL TINT		SE	14.0		116.1		.65		1049.1
						DBL TINT		SE	9.0		116.1		1.00		1044.9
						DBL TINT		SE	12.0		116.1		1.00		1393.2
						DBL TINT		SE	12.0		116.1		1.00		1393.2
						DBL TINT		SE	12.0		116.1		1.00		1393.2
SW	101.00	109.7	11079.7			SGL TINT		SW	35.0		143.0		.41		2057.6
						DBL TINT		SW	10.5		116.1		.29		358.7
						DBL TINT		SW	10.5		116.1		.29		358.7
						DBL TINT		SW	10.5		116.1		1.00		1219.0
						DBL TINT		SW	10.5		116.1		1.00		1219.0
NW	82.50	109.7	9050.3			DBL TINT		SW	24.0		116.1		.97		2693.5
						SGL TINT		NW	35.0		94.5		.64		2116.8
						DBL TINT		NW	10.5		78.2		.69		568.5
						DBL TINT		NW	16.0		78.2		.77		968.0
						SGL TINT		NW	21.0		94.5		.55		1098.1

.15 x COND.	FLOOR /	TOTAL GLASS	=	ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA		FACTOR		POINTS		POINTS	POINTS
.15	2,988.00	378.40		1.184		41,510.48		49,167.54	27,193.01

NON GLASS-----									
AREA	x	BSPM	=	POINTS	TYPE	R-VALUE	AREA	x	SPM = POINTS

WALLS-----									
Ext	2074.4	1.6		3319.0	Ext Wood Frame	5.4	1058.3	4.41	4668.6
					Ext Wood Frame	19.0	1016.1	1.60	1625.8
Adj	163.0	1.0		163.0	Adj Wood Frame	5.4	163.0	1.78	290.1
DOORS-----									
Ext	21.0	6.4		134.4	Ext Insulated		21.0	6.40	134.4
Adj	21.0	2.6		54.6	Adj Insulated		21.0	2.60	54.6
CEILINGS-----									
UA	1793.0	.8		1434.4	Under Attic	30.0	1793.0	.80	1434.4
FLOORS-----									
Rsd	2988.0	-2.2		-6454.1	Rsd Wood (Stem-SWI	11.0	1793.0	-4.70	-8427.1
					Rsd Wood Adjacent	.0	1195.0	3.40	4063.0
INFILTRATION-----									
	2988.0	14.7		43923.6	Practice #1		2988.0	18.60	55576.8

TOTAL SUMMER POINTS					91,742.50	86,613.63
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TOTAL	x	SYSTEM	=	COOLING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	COOLING
SUM PTS	MULT	POINTS		POINTS	COMPON	RATIO	MULT		MULT		MULT		MULT		POINTS
91,742.50	.37	33,944.73		86,613.63	1.00	1.090		.314		.950		28,162.16			

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
NE	135.90	-.4	-54.4	DBL TINT		NE	24.0	1.8	1.00	43.2
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	51.0	1.8	1.05	96.7
SE	59.00	-.4	-23.6	DBL TINT		SE	14.0	-2.5	.58	-20.3
				DBL TINT		SE	9.0	-2.5	1.00	-22.5
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
SW	101.00	-.4	-40.4	SGL TINT		SW	35.0	-2.0	-.48	33.8
				DBL TINT		SW	10.5	-2.5	-.50	13.0
				DBL TINT		SW	10.5	-2.5	-.50	13.0
				DBL TINT		SW	10.5	-2.5	1.00	-26.3
				DBL TINT		SW	10.5	-2.5	1.00	-26.3
NW	82.50	-.4	-33.0	DBL TINT		SW	24.0	-2.5	.97	-58.0
				SGL TINT		NW	35.0	2.9	1.30	131.9
				DBL TINT		NW	10.5	1.8	1.40	26.4
				DBL TINT		NW	16.0	1.8	1.30	37.5
				SGL TINT		NW	21.0	2.9	1.38	84.0

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	2,988.00	378.40	1.184		-151.36		-179.28	414.87

NON GLASS-----									
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS
WALLS-----									
Ext	2074.4	.3	622.3	Ext Wood Frame	5.4	1058.3	1.19	1257.9	
				Ext Wood Frame	19.0	1016.1	.30	304.8	
Adj	163.0	.5	81.5	Adj Wood Frame	5.4	163.0	.85	138.8	
DOORS-----									
Ext	21.0	1.8	37.8	Ext Insulated		21.0	1.80	37.8	
Adj	21.0	1.3	27.3	Adj Insulated		21.0	1.30	27.3	
CEILINGS-----									
UA	1793.0	.1	179.3	Under Attic	30.0	1793.0	.10	179.3	
FLOORS-----									
Rsd	2988.0	-.3	-836.6	Rsd Wood (Stem-SWI	11.0	1793.0	.20	358.6	
				Rsd Wood Adjacent	.0	1195.0	1.70	2031.5	
INFILTRATION-----									
	2988.0	1.2	3585.6	Practice #1		2988.0	1.90	5677.2	

TOTAL WINTER POINTS										
			3,517.90							10,428.04

TOTAL	x	SYSTEM	=	HEATING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS	MULT	MULT		POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT		POINTS	
3,517.90	1.10			3,869.69	10,428.04	1.00	1.090	1.000		.950				10,798.24	

WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL		TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
------------------	---	------	---	-------	--	-------------	----	---------------	---	------	---	----------------	---	-------

4		3319.0	=	13,276.00		80	.97	1.000		3010.0		1.00	=	12,040.00
---	--	--------	---	-----------	--	----	-----	-------	--	--------	--	------	---	-----------

SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS		COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	--	-------------------	---	-------------------	---	---------------------	---	-----------------

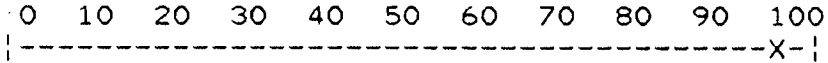
33944.7		3869.7		13276.0	=	51,090.42		28162.2		10798.2		12040.0	=	51,000.40
---------	--	--------	--	---------	---	-----------	--	---------	--	---------	--	---------	---	-----------

 * EPI = 99.82 *

ENERGY GUIDE

For detailed information
of the EPI rating number
or for any ITEM listed,
ask your Builder for
DCA Form 600A-93
or Form 600B-93

EPI= 99.8



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency
		SINGL CLR	DBL TINT	
WINDOWS.....	Double Tint	-----X		
INSULATION.....				
Ceiling R-Value.....	30.0	R-10	R-30	
Wall R-Value.....	5.4	R-0	R-7	
Floor R-Value.....	11.0	R-0	R-19	
AIR CONDITIONER.....				
SEER.....	10.0	10.0	SEER	17.0
HEATING SYSTEM.....				
Electric COP.....	1.0	2.50	COP	4.19
WATER HEATER.....				
Electric EF.....	0.97	0.88	0.96	
Gas EF.....	0.00	0.54	0.90	
Solar EF.....		0.40	0.80	
OTHER FEATURES.....				

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

3861

RE-ROOF

HOUSE PERMIT #
3758

TAX FOLIO NO. _____

DATE SEPT 28, 95

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

3841

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

Owner MAX & MOLLIE SCHWARTZ Present address 109 S. SEWALLS PT

Phone (407) 286-8201 STUNTA, FL 34996

Contractor TOM ALLYN Address ABOVE

Phone 692-2793

Where licensed MARTIN COUNTY License number MC 00185

Electrical Contractor TOM AYERS License number _____

Plumbing Contractor NA License number NA.

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: RE ROOF CARPORT + CLOSE INTO A GARAGE.

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

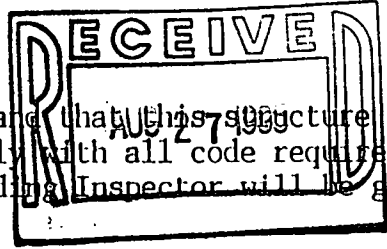
ABOVE

Subdivision ARBELA Lot Number 25 Block Number _____

Contract price \$ 17,000.00 Cost of permit \$ 336.00

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor _____

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

Owner Mollie Schwartz

TOWN RECORD

Date submitted _____

Approved: Dale Brown 9/28/95
Building Inspector Date

Approved: V. V. Vom
Commissioner Date

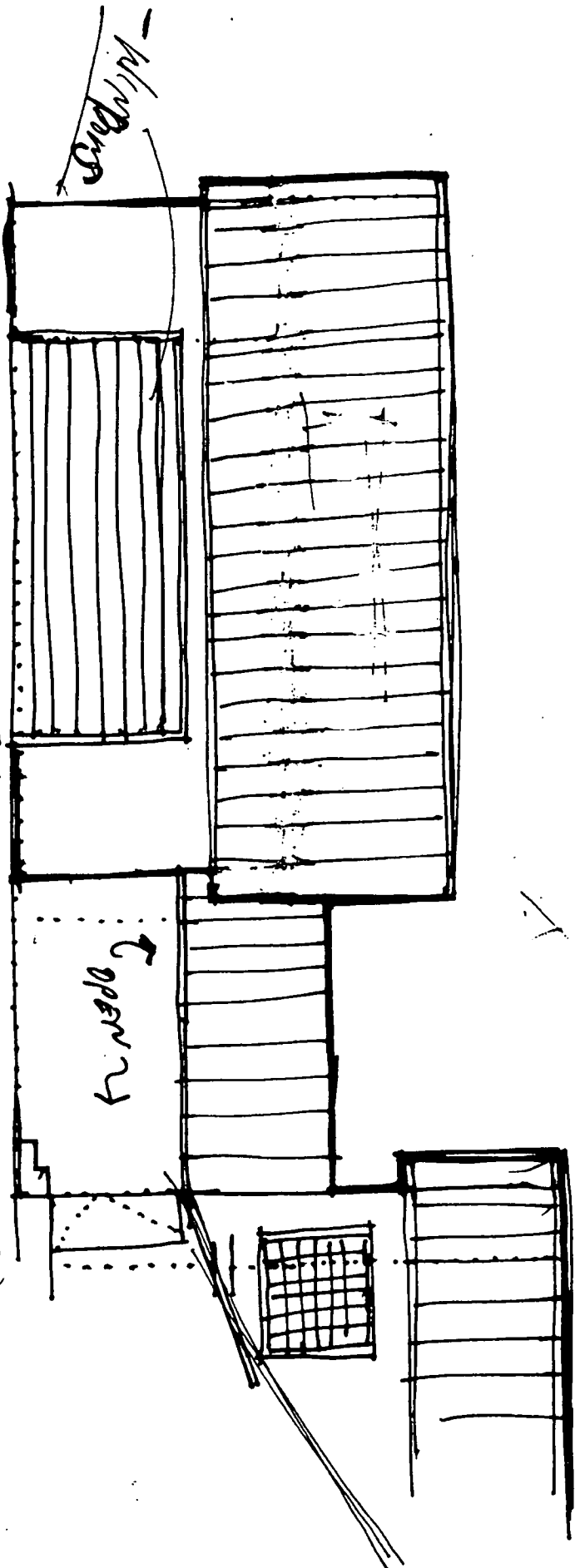
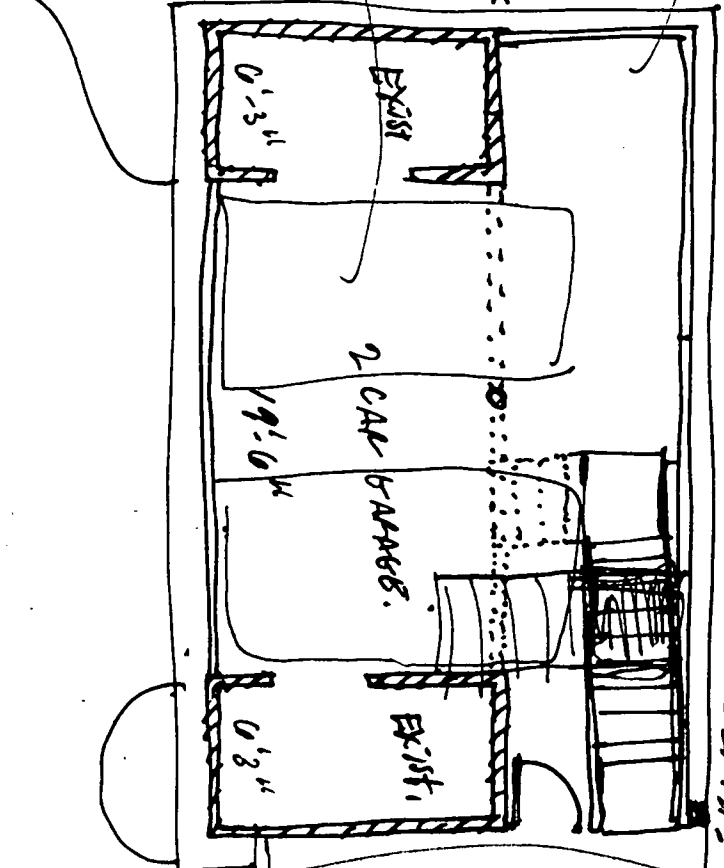
Final approval given: 10/6/95
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

TD, MR. BREWEL

2 1/2" x 12" x 20' 0"



CARPENT CARPENT

EXIST HOUSE.
109 S. SEWALLS PT.
286-8201
MOLLIE SCHWARTZ

NOTICE OF COMMENCEMENT

3861
Addition of
Remodel

STATE OF FLA
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: REMODEL HOUSE + 2ND STORY.

Owner: MAX + MOLLIE SCHWARTZ

Address: 109 S. SEWALLS PT. STUART, FLA 39996

Owner's interest in site of the improvement: RESIDENCE

Contractor: OWNER-BUILDER

STATE OF FLORIDA
COUNTY OF MARTIN

Address: _____

Surety (if any): SAME AS ABOVE

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

Address: _____

Amount of Bond: _____

Lender: NA

MARSHA STILLER, CLERK

Address: _____

BY Charlott Bullock, D.C.

DATE 3-10-95

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: SAME AS ABOVE

Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: NA

Address: _____

Mollie McBeehon Schwartz
MOLLIE McBeehon Schwartz

County of MARTIN

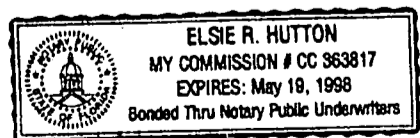
Sworn to and subscribed before me this 10 day
of MARCH, 1995.

Elsie R. Hutton ELSIE R. HUTTON

I am a Notary Public of the
STATE OF Florida AT LARGE, and
My Commission Expires:

1.0. File No # M250-556-60-531-0 Exp 01/31/2002

(NOTARY SEAL)



Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 7083

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
 PROJECT NAME: SCHWARTZ RESIDENCE | BUILDER:
 AND ADDRESS: 109 S SEWALLS PT. RD. | PERMITTING | CLIMATE
 SEWALLS PT. RD., FL. | OFFICE: SEWALLS POIN | ZONE: 7 | 8 | 9 |
 OWNER: SCHWARTZ | PERMIT NO. | JURISDICTION NO. 531300

1. New construction or addition	1. Addition	_____
2. Single family detached or Multifamily attached	2.	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 2988.00	_____
6. Predominant eave overhang (ft.)	6. 1.00	_____
7. Porch overhang length (ft.)	7. 8.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 91.0sqft 287.40sqft	_____
9. Floor type and insulation:		
b. Wood, raised (R-value, area)	9b.R= 0.00 , 1195.00 sqft	_____
b. Wood, raised (R-value, area)	9b.R=11.00 , 1793.00 sqft	_____
10. Net Wall type area and insulation:		
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R= 5.40, 1058.30sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 1016.10sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R= 5.40, 163.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a.R=30.00 , 1793.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.70 , uncond	_____
a. Ducts (Insulation + Location)	12a. R= 6.70 , cond	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 10.00	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 12.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.97	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 1	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	_____
19. EPI (must not exceed 100 points)	19. 99.82	_____
a. Total As-Built points	19a. 51000.40	_____
b. Total Base points	19b. 51090.42	_____

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Druget
 DATE: 12-20-94

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

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 in accordance with Section 553.908 F.S.

OWNER/AGENT: _____
DATE: _____

BUILDING OFFICIAL: _____
DATE: _____

**** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST ****

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-11. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----
 ORIENT AREA x BSPM = POINTS TYPE SC ORIENT AREA x SPM x SOF = POINTS

NE	135.90	109.7	14908.2	DBL TINT		NE	24.0	78.2	1.00	1876.8
				DBL TINT		NE	20.3	78.2	.53	843.1
				DBL TINT		NE	20.3	78.2	.53	843.1
				DBL TINT		NE	20.3	78.2	.53	843.1
				DBL TINT		NE	51.0	78.2	.97	3855.3
SE	59.00	109.7	6472.3	DBL TINT		SE	14.0	116.1	.65	1049.1
				DBL TINT		SE	9.0	116.1	1.00	1044.9
				DBL TINT		SE	12.0	116.1	1.00	1393.2
				DBL TINT		SE	12.0	116.1	1.00	1393.2
				DBL TINT		SE	12.0	116.1	1.00	1393.2
SW	101.00	109.7	11079.7	SGL TINT		SW	35.0	143.0	.41	2057.6
				DBL TINT		SW	10.5	116.1	.29	358.7
				DBL TINT		SW	10.5	116.1	.29	358.7
				DBL TINT		SW	10.5	116.1	1.00	1219.0
				DBL TINT		SW	10.5	116.1	1.00	1219.0
NW	82.50	109.7	9050.3	DBL TINT		SW	24.0	116.1	.97	2693.5
				SGL TINT		NW	35.0	94.5	.64	2116.8
				DBL TINT		NW	10.5	78.2	.69	568.5
				DBL TINT		NW	16.0	78.2	.77	968.0
				SGL TINT		NW	21.0	94.5	.55	1098.1

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	2,988.00	378.40	1.184	41,510.48		49,167.54	27,193.01

NON GLASS-----
 AREA x BSPM = POINTS TYPE R-VALUE AREA x SPM = POINTS

WALLS-----								
Ext	2074.4	1.6	3319.0	Ext Wood Frame	5.4	1058.3	4.41	4668.6
				Ext Wood Frame	19.0	1016.1	1.60	1625.8
Adj	163.0	1.0	163.0	Adj Wood Frame	5.4	163.0	1.78	290.1
DOORS-----								
Ext	21.0	6.4	134.4	Ext Insulated		21.0	6.40	134.4
Adj	21.0	2.6	54.6	Adj Insulated		21.0	2.60	54.6
CEILINGS-----								
UA	1793.0	.8	1434.4	Under Attic	30.0	1793.0	.80	1434.4
FLOORS-----								
Rsd	2988.0	-2.2	-6454.1	Rsd Wood (Stem-SWI	11.0	1793.0	-4.70	-8427.1
				Rsd Wood Adjacent	.0	1195.0	3.40	4063.0
INFILTRATION-----								
	2988.0	14.7	43923.6	Practice #1		2988.0	18.60	55576.8

=====
 TOTAL SUMMER POINTS 91,742.50 86,613.63
 =====

TOTAL x SYSTEM = COOLING | TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING
 SUM PTS MULT POINTS | COMPN RATIO MULT MULT MULT POINTS

91,742.50 .37 33,944.73 | 86,613.63 1.00 1.090 .314 .950 28,162.16
 =====

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
NE	135.90	-.4	-54.4	DBL TINT		NE	24.0	1.8	1.00	43.2
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	20.3	1.8	1.63	59.5
				DBL TINT		NE	51.0	1.8	1.05	96.7
SE	59.00	-.4	-23.6	DBL TINT		SE	14.0	-2.5	.58	-20.3
				DBL TINT		SE	9.0	-2.5	1.00	-22.5
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
				DBL TINT		SE	12.0	-2.5	1.00	-30.0
SW	101.00	-.4	-40.4	SGL TINT		SW	35.0	-2.0	-.48	33.8
				DBL TINT		SW	10.5	-2.5	-.50	13.0
				DBL TINT		SW	10.5	-2.5	-.50	13.0
				DBL TINT		SW	10.5	-2.5	1.00	-26.3
				DBL TINT		SW	10.5	-2.5	1.00	-26.3
NW	82.50	-.4	-33.0	DBL TINT		SW	24.0	-2.5	.97	-58.0
				SGL TINT		NW	35.0	2.9	1.30	131.9
				DBL TINT		NW	10.5	1.8	1.40	26.4
				DBL TINT		NW	16.0	1.8	1.30	37.5
				SGL TINT		NW	21.0	2.9	1.38	84.0

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	2,988.00	378.40	1.184		-151.36		-179.28	414.87

NON GLASS-----									
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS
WALLS-----									
Ext	2074.4	.3	622.3	Ext Wood Frame	5.4	1058.3	1.19		1257.9
				Ext Wood Frame	19.0	1016.1	.30		304.8
Adj	163.0	.5	81.5	Adj Wood Frame	5.4	163.0	.85		138.8
DOORS-----									
Ext	21.0	1.8	37.8	Ext Insulated		21.0	1.80		37.8
Adj	21.0	1.3	27.3	Adj Insulated		21.0	1.30		27.3
CEILINGS-----									
UA	1793.0	.1	179.3	Under Attic	30.0	1793.0	.10		179.3
FLOORS-----									
Rsd	2988.0	-.3	-836.6	Rsd Wood (Stem-SWI	11.0	1793.0	.20		358.6
				Rsd Wood Adjacent	.0	1195.0	1.70		2031.5
INFILTRATION-----									
	2988.0	1.2	3585.6	Practice #1		2988.0	1.90		5677.2

TOTAL WINTER POINTS										
			3,517.90							10,428.04

TOTAL	x	SYSTEM	=	HEATING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS	MULT	MULT		POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT		POINTS	
3,517.90	1.10			3,869.69	10,428.04	1.00	1.090	1.000		.950				10,798.24	

WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
------------------	---	------	---	-------	-------------	----	---------------	---	------	---	----------------	---	-------

4		3319.0		13,276.00	80	.97	1.000		3010.0		1.00		12,040.00
---	--	--------	--	-----------	----	-----	-------	--	--------	--	------	--	-----------

SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	-------------------	---	-------------------	---	---------------------	---	-----------------

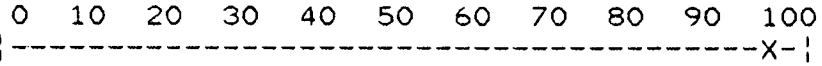
33944.7		3869.7		13276.0		51,090.42	28162.2		10798.2		12040.0		51,000.40
---------	--	--------	--	---------	--	-----------	---------	--	---------	--	---------	--	-----------

* EPI = 99.82 *

ENERGY GUIDE

For detailed information
of the EPI rating number
or for any ITEM listed,
ask your Builder for
DCA Form 600A-93
or Form 600B-93

EPI= 99.8



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Double Tint	-----X		-----X	
INSULATION.....					
Ceiling R-Value.....	30.0	R-10		R-30	
Wall R-Value.....	5.4	R-0		R-7	
Floor R-Value.....	11.0	R-0		R-19	
AIR CONDITIONER.....					
SEER.....	10.0	10.0	SEER	17.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.97	0.88		0.96	
Gas EF.....	0.00	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

4839

ADDITION

AFTER THE FACT

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/22/00 BUILDING PERMIT NO. 4839
 Building to be erected for MAX S. SCHWARZ Type of Permit Garage ADDN (SHBL)
 Applied for by CUSTOM CRAFTSMEN SERVICES (Contractor) Building Fee \$ 76.80
 Subdivision _____ Lot _____ Block _____ Radon Fee N/A
 Address 109 S. SEWALL'S POINT RD. Impact Fee N/A
 Type of structure S.F.R. A/C Fee N/A
 Parcel Control Number: " AFTER FACT " PERMIT (DOUBLE FEE) Electrical Fee 240.00
 Plumbing Fee 240.00
 Roofing Fee N/A
 Other Fees (REVIEW) 7.68
 Amount Paid \$ 564.48 Check # 8549 Cash _____ TOTAL Fees \$ 564.48
 Total Construction Cost \$ 4,000.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector
" AFTER FACT " may be attached

BUILDING PERMIT

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

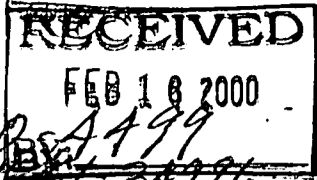
FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

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

New Construction Remodel Addition Demolition

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

BUILDING PERMIT APPLICATION



Owner's Name: MAX S. SCHWARZ Phone No. 228-34499
Owner's Present Address: 109 S. SEWALL POINT RD - STUART, FL 34996
Fee Simple Titleholder's Name & Address if other than owner: _____

Location of Job Site: SAME 109 S. SEWALL POINT RD STUART, FL 34996

TYPE OF WORK TO BE DONE: AFTER THE FACT ROUGH-IN - FRAMING, PLUMBING & ELECTRICAL

CONTRACTOR INFORMATION
Contractor/Company Name: CUSTOM CRAFTSMEN SERVICES, INC. Phone No. 334-0708

COMPLETE MAILING ADDRESS: 887 NE DIXIE HWY. #6 - JENSEN BEACH, FL 34957

State Registration _____ State License: CF-C057143

Legal Description of Property _____

Parcel Number: 01-3841-001-025-00050

ARCHITECT/ENGINEER INFORMATION

Architect: GRANFIELD & GRANFIELD Phone No. 283-6032

Address: 3001 SE OCEAN BLVD. #002 STUART, FL 34996

Engineer _____ Phone No. _____

Address _____

Area Square Footage: Living Area 900' Garage Area _____ Carport _____

Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____

Type Sewage: SEPTIC Septic Tank Permit # from Health Dept. _____

NEW electrical SERVICE SIZE _____ AMPS
AFTER THE FACT ROUGH-IN - OLD PERMIT 3861 - STUDIO OVER GARAGE.

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD

proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement 4000.00

Fair Market Value (FMV) prior to improvement 435,000.00

Substantial Improvement 50% of FMV yes _____ No X

Method of determining FMV SALES CONTRACT

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

Electrical: COUNTY ELECTRIC State License ME00419

Mechanical: CR AIR CONDITIONING State License # GA-C049289

Plumbing: CUSTOM CRAFTSMEN State License # CF-C049419

Roofing _____ State License # _____

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

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

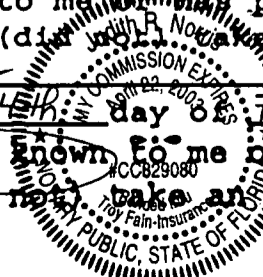
OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____

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

CONTRACTOR SIGNATURE Andrew T. Dierze

Sworn to and subscribed before me this 14th day of FEBRUARY, 1998 by ANDREW T. DIERZE who is personally known to me or has produced _____ and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)
No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/16/2000

PRODUCER (561)287-2030 FAX (561)288-2481
Deakins-Carroll Insurance Agency
P.O. Box 1597
Pt. Salerno, FL 34992

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

FILE
Carroll
Ext:

COMPANIES AFFORDING COVERAGE

COMPANY A Assurance Company of America

Attn: Barbara Walenius

INSURED Custom Craftsmen Services, Inc.
887 NE Dixie Hwy., #6
Jensen Beach, FL 34957-6189

COMPANY B

COMPANY C

COMPANY D

CIC/INS
FILE

RECEIVED

FEB 16 2000

BY: [Signature]

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTE	SCP35932558	02/01/2000	02/01/2001	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 300,000
					MED EXP (Any one person) \$ 10,000
	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 \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER \$
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS
Fax: 220-4765

CERTIFICATE HOLDER

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 33996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Lee Carroll/BW

Lee Carroll

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 02/16/00
 OPID 96
 CUSTO16

PRODUCER

Plastridge Agency, Inc.
 811 S. E. Ocean Blvd.
 Stuart FL 34994-2427

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

COMPANIES AFFORDING COVERAGE

COMPANY A FCCI Insurance Co.

COMPANY B
 COMPANY C
 COMPANY D

RECEIVED
 FEB 16 2000
 BY: *JA PAX*

FILE
UC/105

Jean R. Parks
 Phone No. 561-287-5532 Fax No. 561-287-5572
 INSURED

Custom Craftsmen Serv., Inc.
 A Division of Oakridge Const.
 887 N.E. Dixie Highway, #6
 Jensen Beach FL 34957

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	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	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	001WC99A30675	03/01/00	03/01/01	WC STATUTORY LIMITS	OTHER
A	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE				EL EACH ACCIDENT	\$ 100000
					EL DISEASE - POLICY LIMIT	\$ 500000
					EL DISEASE - EA EMPLOYEE	\$ 100000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWNSE1

Town of Sewall's Point
 1 S Sewall's Point Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jean R. Parks

Jean R. Parks

ACORD CORPORATION 1988

AC# 0178409

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

DATE	BATCH NUMBER	LICENSE NBR
06/20/1998	97904099	CF - C049418

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2000

BIEGER, ANDREW THOMAS
CUSTOM CRAFTSMEN SERVICES INC
887 NE DIXIE HWY UNIT 6
JENSEN BEACH FL 34957

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

AC# 5178438

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

DATE	BATCH NUMBER	LICENSE NBR
06/20/1998	97904099	CG - C057143

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2000

BIEGER, ANDREW THOMAS
CUSTOM CRAFTSMEN SERVICES INC
887 NE DIXIE HWY UNIT 6
JENSEN BEACH FL 34957

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

RECEIVED
FEB 16 2000
BY: *GA* FAX

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23/00, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4839	Schwartz	after the fact	Partial	Visual Inspection
①	109 S. Sewall's Pt Rd Bill 285-1054	Rough end Elec + PIB	BG	Elect + PIB Rough. Almost Complete
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4821	Acrona	wall	Passed	10:00 AM if possible
⑥	126 N.S Pt. Rd	Column Steel	BG	2-Columns by Rd. Steel + P
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
477	47A Sinton	30 day Temp	Consultation	afternoon if possible
⑧	33 N River Rd (enter INDIALUCE)	elect *	BG	possible Visual Inspect House Almost Complete. Left Form with owner
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4794	Birdsall	final Siding	Passed	
④	2 NE Palm Ct.		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4805*	FCGUA	UNDER-ELECT.	Passed	*MASTER P.N. 4803
②	101 HENRY SENALLEY	ROUGH PLUMBING	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4838	Gigante	sheathing	Passed	
③	14 N. Lucinda St		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4759	Dayton	6/11 2009	Passed	
⑤	14 Palm Court		BG	

OTHER: 16 S. SEWALL'S POINT RD (FADEN): A/C PLATFORM RELOCATION COMPLIANCE? (G)

CONTR. TO CALL 110

INSPECTOR (Name/Signature): _____

4921

ALTERATION

&

ADDITION

SHELL
MASTER PERMIT NO. 4839

TOWN OF SEWALL'S POINT

Date 05/10/00 BUILDING PERMIT NO. 4921
 Building to be erected for STEPHEN & COLLEEN SCHRAMM Type of Permit ADD BLDG - COMPLETE SHELL
 Applied for by BRAMICK CONST. INC (Contractor) Building Fee \$105.20
 Subdivision ARBELA Lot (PTL) 25 Block _____ Radon Fee N/A
 Address 109 S. SEWALL'S POINT RD. Impact Fee N/A
 Type of structure S.P.R. A/C Fee 120.00
 Parcel Control Number: _____ Electrical Fee 120.00
01-38-41-001-025-0005,0-70000 Plumbing Fee 120.00
 Amount Paid \$486.72 Check # 4829 Cash _____ Other Fees (PLP REVIEW) 11.52
 Total Construction Cost \$ 12,000.00 TOTAL Fees \$486.72

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>11/20/00</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

BUILDING PERMIT APPLICATION

Owner's Name: Stephen & Colleen Schramm Phone No. 228-4499-286-4700
 Owner's Present Address: 109 S. SEWALL POINT RD. STUART, FL 34996
 Fee Simple Titleholder's Name & Address if other than owner _____
 Location of Job Site: 109 S. SEWALL POINT RD. - STUART, FL 34996
 TYPE OF WORK TO BE DONE: FINISH INTERIOR & CONSTRUCT EXTERIOR STAIR
 CONTRACTOR INFORMATION: BOGERT-H PRINCE #4839
 Contractor/Company Name: EMMICK CONST. INC.
 COMPLETE MAILING ADDRESS: P.O. BOX 1968 TENSEN BCH, FLA 34968
 State Registration CA State License CE-057743 CRC017291
 Legal Description of Property 109 S. SEWALL POINT RD., SEWALL POINT, FL.
 Parcel Number 01-3841-001-025-00050

ARCHITECT/ENGINEER INFORMATION

Architect G. DANFIELD & G. DANFIELD Phone No. 283-6032
 Address: 3601 SE OCEAN BLVD #0020 STUART, FL 34996
 Engineer _____ Phone No. _____
 Address _____
 Area Square Footage: Living Area 800 Garage Area _____ Carport _____
 Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
 Type Sewage: SEPTIC Septic Tank Permit # from Health Dept. _____
 NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
 proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
 Cost of construction or Improvement 9000.00 (~~12000.00~~) (12000.00) IF
 Fair Market Value (FMV) prior to improvement 432,000.
 Substantial Improvement 50% of FMV yes _____ No X
 Method of determining FMV PENDING SALES CONTRACT

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

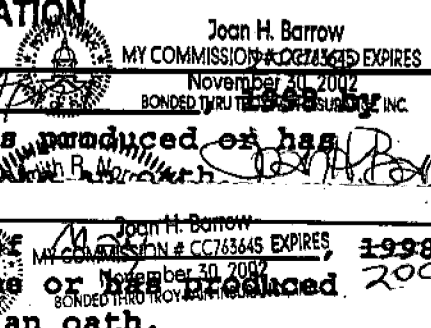
Electrical COUNTY ELECTRIC State License ME00419
 Mechanical C+R AIR CONDITIONING State License# CA-C049289
 Plumbing CUSTOM CRAFTSMEN State License# CF-C049418
 Roofing NA State License# _____

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Colleen Schramm
 Sworn to and subscribed before me this 6th day of APRIL
 produced H. d. l. who is personally known to me or has produced or has
 and who did (did not) take an oath. Joan H. Barrow
 CONTRACTOR SIGNATURE _____
 Sworn to and subscribed before me this 10th day of MAY
 by J. Emmick who is personally known to me or has produced
Joan H. Barrow and who did (did not) take an oath. 2000



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

RECEIVED

MAR 16 2000

PERMIT NO. 43-SS-02220
DATE PAID: 3-16-00
FEE PAID: 25.
RECEIPT #: 28492

RECEIVED
MAR 23 2000
BY: 9

00-0232-E

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: MAX S. SCHWARTZ
AGENT: CUSTOM CRAFTSMEN SERVICES, INC TELEPHONE: 334-0708
MAILING ADDRESS: 887 NE DIXIE HWY. UNIT 6 JENSEN BEACH, FL 34957

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION
LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 01-3841-001075-00050 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 109 S. SEWALL POINT RD - STUART, FL 34996

DIRECTIONS TO PROPERTY: E. OLCAN TO SEWALL POINT RD

Martin County Health Department

THIS PLAN IS APPROVED FOR:

Septic System: Approval # 43-SS-02220
 WELL DRILLING INFORMATION: RESIDENTIAL [] COMMERCIAL

Other: _____ Approval # _____
By: _____ Date: 3/17/00 No. of _____ Building _____ Commercial/Institutional System Design
Area Sqft _____ Table 1, Chapter 64E-6, FAC

Comments: As noted

- 2 _____
- 3 finishing existing room over the garage
- 4 adding bath & shower

[] Floor/Equipment Drains [] Other (Specify) _____
SIGNATURE: [Signature] DATE: 3-16-01

APPLICATION FOR: Check type of permit, if "Other" specify type in blank.

APPLICANT: Property owner's full name.

AGENT: Property owner's legally authorized representative.

TELEPHONE: Telephone number for applicant or agent.

MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.

TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features; filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



Martin County Health Department

EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

1. SYSTEM OWNER: Shearn PHONE NO.: SYSTEM LOCATION (STREET/CITY/ZIP): 109 S Sewalls Point Road, Sewalls Point, FL

2. LEGAL DESCRIPTION:

3. SEPTIC TANK SIZE: 900 GALS DRAINFIELD SIZE: 33' L X 12' W GREASE TRAP SIZE: N-A GALS DOSING SYSTEM: N-A GALS TYPE OF TANK: CONCRETE FIBERGLASS N-A OTHER (EXPLAIN) DRAINFIELD CONFIGURATION: BED [X], TRENCH [], OTHER [] THERE IS 11 INCHES OF SOIL OVER THE TOP OF THE SEPTIC TANK LID. THE TOP OF THE DRAINFIELD IS 10 INCHES BELOW ABOVE THE TOP OF THE SEPTIC TANK LID (CIRCLE "ABOVE" IF THERE IS A DOSING SYSTEM)

DEPTH OF SEASONAL HIGH WATER TABLE BELOW EXISTING GRADE 72 INCHES. GIVE SOIL TYPE USING SIX FOOT SOIL BORING AND MARTIN CO. SOIL SURVEY: Paola #6. IF LOT IS FILLED, AMOUNT OF FILL: N-A FT.

4. DISTANCE FROM SEPTIC SYSTEM TO: WELLS N-A FT. SURFACE WATER N-A FT. PUBLIC WATER LINES: N-A FT. OTHER: N-A

5. IS TANK PROPERLY SEALED, STRUCTURALLY SOUND, AND IN GOOD OPERATING CONDITION? YES IF NO, PLEASE EXPLAIN:

6. HAS THE SEPTIC TANK BEEN PUMPED WITHIN THE LAST 3 YEARS? YES 3-9-2000

7. DOES TANK NEED PUMPING? YES IF YES, OWNER NOTIFIED? YES

8. IS THERE ANY EVIDENCE THAT THE TANK OR DRAINFIELD HAS OVERFLOWED TO GROUND SURFACE? NO IF YES, HAS AREA BEEN DISINFECTED Y / N, THE TANK PUMPED Y / N AND HAS OWNER BEEN NOTIFIED TO PROPERLY REPAIR THE SYSTEM Y / N

9. COMMENTS: Drain field and septic tank roots have started to enter the system

10. IF THIS INSPECTION IS TO BE USED FOR A RENOVATION OR ADDITION TO THE EXISTING STRUCTURE, PLEASE DRAW A SITE PLAN ON THE BACK OF THIS FORM SHOWING PROPERTY LINES AND DIMENSIONS, SEPTIC SYSTEMS, WATER SUPPLY, SURFACE WATER WITHIN 75 FT. OF THE PROPERTY, AND THE EXISTING HOUSE AND THE PROPOSED ADDITION.

TO THE BEST OF MY KNOWLEDGE, I HEREBY CONFIRM THAT THE ON-SITE SEWAGE DISPOSAL SYSTEM IS / IS NOT FUNCTIONING ADEQUATELY.

James L. Raycole Septic SIGNATURE OF SEPTIC TANK COMPANY REPRESENTATIVE CERTF. NO. DATE OF INSPECTION 3-09-2000

This Instrument Prepared By,
Record and Return to:
Debra E. Araujo
PREMIER TITLE COMPANY, LTD.
151 Royal Palm Way
Palm Beach, FL 33480
Agent File No.: 00-004

01420035

RECORDED & VERIFIED
BY
09 MAR -1 PM 4:33

2010 00

MARTIN CO.
CLERK OF CIRCUIT COURT

Parcel Identification Number: 01-38-41-001-025-0005.0-70000

WARRANTY DEED

THIS INDENTURE, made this 28th day of February, 2000, between Max S. Schwartz, a single man, GRANTOR*, whose address is 300 Pelican Drive, Stuart, Florida 34996 and Stephen C. Schramm and Colleen C. Schramm, husband and wife, whose address is 109 S. Sewall's Point Rd., Stuart, Florida 34996, GRANTEE*;

(Wherever used herein the terms "Grantor" and "Grantee" shall include all the parties to this instrument and heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH, That said Grantor, for and in consideration of the sum of TEN AND 00/100 (\$10.00) DOLLARS and other good and valuable consideration, to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee and Grantee's heirs, successors and assigns forever the following described land located in the County of MARTIN, State of Florida, to-wit:

The West 180 feet of the following described parcel of land to wit:

That portion of Lot 25, PLAT OF ARBELA as recorded in Plat Book 3, Page 29, Public Records of Palm Beach (now Martin) County, Florida, that is lying Westerly of Sewall's Point Road that is described as follows:

Begin at a point where the South line of said Lot 25 intersects the center line of Sewall's Point Road; thence run Westerly along the South line of said Lot 25, a distance of 550 feet; thence run northerly on a line perpendicular to said south line of Lot 25, a distance of 106 feet; thence run easterly on a line parallel to the south line of Lot 25, to the center line of Sewall's Point Road; thence run Southerly along said center line to the Point of Beginning. Together with the right of use of a 22 foot easement described in the Warranty Deed recorded in Official Record Book 55, Page 366, Public Records of Martin County, Florida.

SUBJECT TO all restrictions, reservations and easements of record, if any; zoning restrictions and prohibitions imposed by governmental authority, and taxes for the year 2000 not yet due and payable, none of which are intended to be reimposed hereby.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND THE SAID GRANTOR does hereby covenant with the said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal this day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature

Printed Signature

Witness Signature

Max S. Schwartz

Robert S. Raynes Jr.
Witness Signature
Robert S. Raynes Jr.
Printed Signature

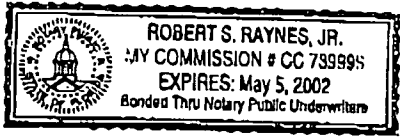
STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 28th day of February, 2000, by Max S. Schwartz, a single man who [] is personally known to me or [X] produced A People's Choice Bank as identification.

SEAL

Robert S. Raynes Jr.
Notary Signature
ROBERT S. RAYNES JR.
Printed Notary Signature
My Commission Expires:

472056

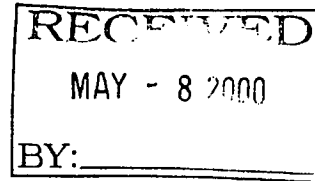


DR BK 1 4 6 0 PG 2 2 1 6

**STEPHEN C. SCHRAMM
COLLEEN C. SCHRAMM
109 S. SEWALLS POINT ROAD
STUART, FLORIDA 34996
(561) 286-4700**

May 4, 2000

Mr. Edward Arnold
Building Official
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, FL 34996



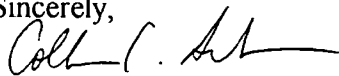
Dear Mr. Arnold:

As you know, we have recently purchased the home located at 109 South Sewall's Point Road. First of all, we would like to thank you for your assistance in issuing the required building permit to finish the work started by Mr. Max Schwartz (the previous home owner) on the area located above our garage.

Secondly, we would like to hire Joe Emmick of Emmick Construction, Inc. He is a State Certified Residential Contractor, License Number CRC017291. Because the permit was applied for by the previous owner, he chose a contractor, Bill Norris of Custom Craftsman, with whom he had worked in the past. We are sure Mr. Norris does quality work, however, we do not have first hand knowledge of his work. Our family has worked with Mr. Emmick for many years and we are very familiar with the quality of his work. We are confident Mr. Emmick will properly complete the project to our and your satisfaction. Over the years, Mr. Emmick has worked in Sewall's Point, and coincidentally, he is currently working on the home behind ours.

It is our intention to complete this project in a timely fashion in accordance with all building regulations and code. If you have any questions or need additional information, please do not hesitate to call us or Mr. Emmick.

Sincerely,



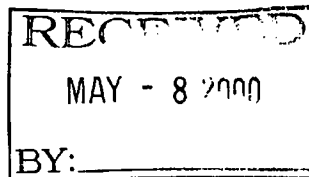
Stephen and Colleen Schramm

Emmick Construction Inc.

CRCO 17291
State Certified

P.O. Box 1968
Jensen Beach, FL 34958

Phone 334-0440



May 07, 2000

Mr. Edward Arnold
Building Official
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, FL 34996

Dear Mr. Arnold:

This letter is to inform you that Stephen and Colleen Schramm of 109 S. Sewall's Point Road have requested my services to complete the area above their garage. I am a State Certified Residential Contractor, License Number CRCO 17291.

I am currently working on a project on the home behind the Schramm's; therefore, I am familiar with the Building Code for the Town of Sewall's Point. It is my intention to complete this project in a timely fashion and in accordance with the Building Code.

Thank you for your assistance in this matter. If you have any questions or need additional information, please do not hesitate to call me at 334-0440.

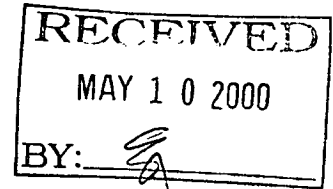
Sincerely,

A handwritten signature in black ink, appearing to read "Joseph P. Emmick". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joseph P. Emmick
President

CUSTOM CRAFTSMEN SERVICES, INC.

887 N.E. Dixie Highway, Unit 6
Jensen Beach, Florida 34957
(407) 334-0708
Fax: (407) 334-0709



FILE

May 9, 2000

Sewalls Point Bldg Dept
1 South Sewalls Point Rd
Sewalls Point, FL 34996

Attn: Ed Arnold

Re: Pending permit 109 S Sewalls Point Rd- owner- Shramm

This is your authority to release our permit to the substitute contractor, Emmick Construction, Inc.

Yours truly,


W O Norris, Pres.

ACORD CERTIFICATE OF LIABILITY INSURANCE

EP ID SB
EMMIC-1

DATE (MM/DD/YY)
01/03/00

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 561-286-4334 Fax: 561-286-9389		<p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg);">FILE</p> <p style="font-size: 1.5em; opacity: 0.5;">UC/IDS</p> <p style="font-size: 1.5em; opacity: 0.5;">Jensen</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg);">FILE</p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Joseph P. Emmick Emmick Construction, Inc. PO Box 1968 Jensen Beach FL 34958			INSURERS AFFORDING COVERAGE INSURER A: Southern Owners INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20552563	09/20/99	09/20/00	EACH OCCURRENCE	\$ 300,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 300,000
					GENERAL AGGREGATE	\$ 300,000
					PRODUCTS - COMP/OP AGG	\$ 300,000
	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) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	OTHER					

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

CERTIFICATE HOLDER Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Cabot W. Lord, CIC.
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CONSTRUCTION INDUSTRY

NOTICE OF ELECTION TO BE EXEMPT FROM THE PROVISIONS OF THE FLORIDA WORKERS' COMPENSATION LAW

MAIL TO: Department of Labor & Employment
Bureau of W.C. Compliance
2728 Centerview Drive, 100 Forest Bldg.
Tallahassee, Florida 32399-0666

2-13-94
EFFECTIVE DATE
ACKNO: RECEIVED
CARRIER
AGENT
PLEASE TYPE OR PRINT: 869005

STATE USE ONLY
POSTMARK DATE 1/13/94
This notice shall be in effect for two (2) years from the effective date of 2-13-94 until or until revoked, whichever comes first.

NAME: Joe Emmick DBA: Emmick Construction, Inc.
(Legal Business Name of Sole Proprietorship, Partnership, or Corporation) (D/B/A If Applicable)
PO Box 1968 1909 N.E. ACAPULCO DR.
(Mailing Address) (Street Address, if different)
Jensen Beach Fl. 34958 59-2641855
(City) (State) (Zip) (Federal Employer Identification Number)
Nature of Business or Trade: RESIDENTIAL CONSTRUCTION

As of 12:01 a.m. 30 days following the date of the mailing of this form, you are hereby notified that the following Sole Proprietor, Partner or Corporate Officer of the above named business does elect to be exempt from the provisions of the Florida Workers' Compensation Law. I understand that by this action I am not entitled to be covered under Chapter 440, Florida Statutes. By filing this form I have not exceeded the exemption limit of three Partners or three Corporate Officers. I understand that any employees of the business named above are covered by workers' compensation insurance.

PURGED

The following are the certified or registered licenses held by me pursuant to chapter 489 Florida Statutes (If none, so state):
(1) Type: CERTIFIED Number: CAC012291 (2) Type: Number:
RESIDENTIAL CONTRACTOR

INSURANCE CARRIER INFORMATION (If Applicable): A construction industry employer with one (1) or more employees must maintain Workers' Compensation coverage. Failure to comply will result in a five-hundred dollar (\$500) fine and a one-hundred dollar (\$100) fine for each day of noncompliance (see section 440.43, F.S.).

Name of Carrier: El Home Bldrs SIF
Carrier Address: PO Box 166007, Altamonte Springs, Fl. 32716
Policy Number: 23427 EFFECTIVE DATE: 3/1/93
Insurance Agent (Agency): RICK CARROLL INS
Agency Address: PO BOX 877, JENSEN BEACH, FL. 34958

Signature: [Signature] Social Security Number: 266-04-9930
Type/Print Name: JOSEPH P. EMMICK
Position: Proprietor /Partner /or/Officer (Title): PRESIDENT

IMPORTANT: Individual exemption filing fee, pursuant to Section 440.05, F.S., is seven dollars and fifty cents (\$7.50) and is payable only by money order or cashier's check, to W.C. Administrative Trust Fund. Failure to enclose fee will result in return of request and delay of certification.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30 DAY OF December, 1993.
AT Stuart, FLORIDA

NOTARY PUBLIC
NANCY L. SPEEDY
Notary Public, State of Florida
Commission No. CC 294731
My Commission Expires 6/15/97
Bonded Through Fla. Notary Service & Bonding Co.

[Signature: Nancy L. Speedy]
Notary Public, State of Florida
My Commission Expires:

AC# 5204239

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

DATE	BATCH NUMBER	LICENSE NBR
07/10/1998	98900077	CR -C017291

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000



EMMICK, JOSEPH P JR
EMMICK CONSTRUCTION INC
1909 NE ACAPULCO DR
P O BOX 1968
JENSEN BEACH

FL 34957-6650

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARREI
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/16/2000

PRODUCER (561)287-2030 FAX (561)288-2481
Deakins-Carroll Insurance Agency
P.O. Box 1597
Pt. Salerno, FL 34992

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

Attn: Barbara Walenius Ext:

COMPANIES AFFORDING COVERAGE
A Assurance Company of America

INSURED Custom Craftsmen Services, Inc.
887 NE Dixie Hwy., #6
Jensen Beach, FL 34957-6189

COMPANY B
COMPANY C
COMPANY D

FILE

RECEIVED
FEB 16 2000
BY: [Signature]

FILE PERMIT

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS' & CONTRACTOR'S PROT	SCP35932558	02/01/2000	02/01/2001	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS: <input type="checkbox"/> OTHER: <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS
Fax: 220-4765

CERTIFICATE HOLDER

CANCELLATION

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 32996

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

AUTHORIZED REPRESENTATIVE
Lee Carroll/BW

[Signature]

CERTIFICATE OF LIABILITY INSURANCE

OP. ID. S6
CUSTO16 DATE (MM/DD/YY) 02/16/00

Oakridge Agency, Inc.
11 S. E. Ocean Blvd.
Stuart FL 34994-2427

Jean R. Parks
Phone No. 561-287-5532 Fax No. 561-287-5572
INSURED

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

COMPANIES AFFORDING COVERAGE

COMPANY A	FCCI Insurance Co.
COMPANY B	
COMPANY C	
COMPANY D	

RECEIVED

FEB 17 2000

BY: *EA*

~~Custom Craftsmen Serv., Inc.~~
A Division of Oakridge Const.
887 N.E. Dixie Highway, #6
Jensen Beach FL 34957

COVERAGES

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

O TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$												
	<input type="checkbox"/> 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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$												
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$												
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$												
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	001WC99A30675	03/01/00	03/01/01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 15%;">OTHER</td> <td style="width: 70%;"></td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td></td> <td>\$ 100000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 100000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		EL EACH ACCIDENT		\$ 100000	EL DISEASE - POLICY LIMIT		\$ 500000	EL DISEASE - EA EMPLOYEE		\$ 100000
WC STATUTORY LIMITS	OTHER																
EL EACH ACCIDENT		\$ 100000															
EL DISEASE - POLICY LIMIT		\$ 500000															
EL DISEASE - EA EMPLOYEE		\$ 100000															
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER TOWNSE1

Town of Sewall's Point
1 S Sewall's Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Jean R. Parks *Jean R. Parks*

8409

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

DATE	BATCH NUMBER	LICENSE NBR
06/20/1998	97904099	CF -C049418

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

BIEGER, ANDREW THOMAS
CUSTOM CRAFTSMEN SERVICES INC
887 NE DIXIE HWY UNIT 6
JENSEN BEACH FL 34957

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

AC# 5178438

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

DATE	BATCH NUMBER	LICENSE NBR
06/20/1998	97904099	CO -C057143

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

BIEGER, ANDREW THOMAS
CUSTOM CRAFTSMEN SERVICES INC
887 NE DIXIE HWY UNIT 6
JENSEN BEACH FL 34957

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

RECEIVED
FEB 16 2000
BY: *[Signature]* FAX

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

109 S. SEWALL POINT RD. STUART, FLA 34996

GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRUCT EXTERIOR STAIRWAY - FINISH INTERIOR OVER GARAGE

OWNER: STEVEN SCHRAMM

ADDRESS: 109 S. SEWALLS PT. RD.

PHONE #: 286-4700 FAX #: _____

CONTRACTOR: EMMICK CONST. INC.

ADDRESS: P.O. BOX 1968 JENSEN BCH, FLA

PHONE #: 334-0940 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: STEVEN SCHRAMM

ADDRESS: 109 S. SEWALLS PT. RD. STUART, FLA

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

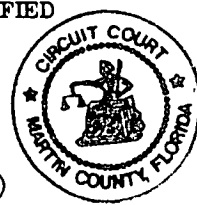
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

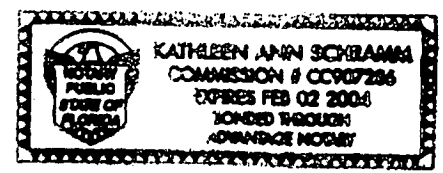
SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF May 19 2000 BY Stephen Schramm

[Signature]
OR
NOTARY SIGNATURE

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 5.9.00



PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____



CUSTOM CRAFTSMEN SERVICES, INC.

887 N.E. Dixie Highway, Unit 6
Jensen Beach, Florida 34957
(407) 334-0708
Fax: (407) 334-0709

May 9, 2000

Sewalls Point Bldg Dept
1 South Sewalls Point Rd
Sewalls Point, FL 34996

Attn: Ed Arnold

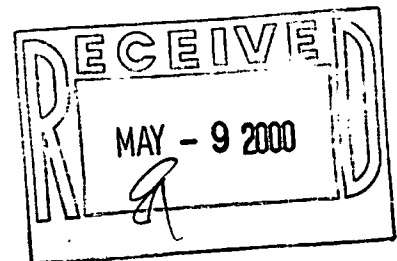
Re: Pending permit 109 S Sewalls Point Rd- owner- Shramm

This is your authority to release our permit to the substitute contractor, Emmick Construction, Inc.

Yours truly,


W O Norris, Pres.

FILE
Pending application



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name:	Interior Improvments -109 S Sewalls Point Road	Builder:	
Address:	109 S Sewalls Point Road	Permitting Office:	Sewall's Point
City, State:	Sewalls Point, FL	Permit Number:	
Owner:		Jurisdiction Number:	53130
Climate Zone:	South		

1. New construction or existing	Existing	___	12. Cooling systems		
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 24.0 kBtu/hr	___
3. Number of units, if multi-family	1	___		SEER: 12.00	___
4. Number of Bedrooms	1	___	b. N/A		___
5. Is this a worst case?	No	___	c. N/A		___
6. Conditioned floor area (ft ²)	448 ft ²	___			___
7. Glass area & type		___	13. Heating systems		
a. Clear - single pane	30.0 ft ²	___	a. Electric Strip	Cap: 24.0 kBtu/hr	___
b. Clear - double pane	0.0 ft ²	___		COP: 1.00	___
c. Tint/other SC/SHGC - single pane	0.0 ft ²	___	b. N/A		___
d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	c. N/A		___
8. Floor types		___	14. Hot water systems		
a. Raised Wood, Adjacent	R=0.0, 448.0ft ²	___	a. Electric Resistance	Cap: 30.0 gallons	___
b. N/A		___		EF: 0.95	___
c. N/A		___	b. N/A		___
9. Wall types		___	c. Conservation credits		___
a. Frame, Wood, Exterior	R=11.0, 685.0 ft ²	___	(HR-Heat recovery, Solar		___
b. N/A		___	DHP-Dedicated heat pump)		___
c. N/A		___	15. HVAC credits		PT ___
d. N/A		___	(CF-Ceiling fan, CV-Cross ventilation,		
e. N/A		___	HF-Whole house fan,		
10. Ceiling types		___	PT-Programmable Thermostat,		
a. Under Attic	R=19.0, 448.0 ft ²	___	MZ-C-Multizone cooling,		
b. N/A		___	MZ-H-Multizone heating)		
c. N/A		___			
11. Ducts		___			
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 1.0 ft	___			
b. N/A		___			

Glass/Floor Area: 0.07

Total as-built points: 7400.40
Total base points: 7933.40**PASS**

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Miriam Moore
DATE: 2-21-00

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

OWNER/AGENT: _____
DATE: _____

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: _____
DATE: _____



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 109 S Sewalls Point Road, Sewalls Point, FL,

PERMIT #:

BASE	AS-BUILT
GLASS TYPES	
.18 X Conditioned X BSPM = Points Floor Area	Type/SC Ornt Overhang Len Hgt Area X SPM X SOF = Points
.18 448.0 53.20 4290.3	Single, Clear W 1.0 4.0 30.0 65.53 0.92 1804.8
	As-Built Total: 30.0 1804.8
WALL TYPES Area X BSPM = Points	
Type	R-Value Area X SPM = Points
Adjacent 0.0 0.0 0.0	Frame, Wood, Exterior 11.0 685.0 2.70 1849.5
Exterior 685.0 2.70 1849.5	
Base Total: 685.0 1849.5	As-Built Total: 685.0 1849.5
DOOR TYPES Area X BSPM = Points	
Type	Area X SPM = Points
Adjacent 0.0 0.00 0.0	Exterior Wood 21.0 9.40 197.4
Exterior 21.0 6.40 134.4	
Base Total: 21.0 134.4	As-Built Total: 21.0 197.4
CEILING TYPES Area X BSPM = Points	
Type	R-Value Area X SPM = Points
Under Attic 448.0 0.80 358.4	Under Attic 19.0 448.0 1.50 672.0
Base Total: 448.0 358.4	As-Built Total: 448.0 672.0
FLOOR TYPES Area X BSPM = Points	
Type	R-Value Area X SPM = Points
Slab 0.0(p) 0.0 0.0	Raised Wood, Adjacent 0.0 448.0 3.40 1523.2
Raised 448.0 -2.16 -967.7	
Base Total: -967.7	As-Built Total: 1523.2
INFILTRATION Area X BSPM = Points	
Area X SPM = Points	Area X SPM = Points
448.0 18.79 8417.9	448.0 18.79 8417.9
Summer Base Points: 14082.8	Summer As-Built Points: 14464.8
Total Summer X System = Cooling Points Multiplier Points	Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points
14082.8 0.3560 5013.5	14464.8 1.000 0.970 0.284 0.950 3787.7 14464.8 1.00 0.970 0.284 0.950 3787.7

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 109 S Sewalls Point Road, Sewalls Point, FL,

PERMIT #:

BASE	AS-BUILT
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area	
	Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points
.18 448.0 2.02 163.3	Single, Clear W 1.0 4.0 30.0 4.47 1.00 133.8
	As-Built Total: 30.0 133.8
WALL TYPES Area X BWPM = Points	Type R-Value Area X WPM = Points
Adjacent 0.0 0.0 0.0	Frame, Wood, Exterior 11.0 685.0 0.60 411.0
Exterior 685.0 0.60 411.0	
Base Total: 685.0 411.0	As-Built Total: 685.0 411.0
DOOR TYPES Area X BWPM = Points	Type Area X WPM = Points
Adjacent 0.0 0.00 0.0	Exterior Wood 21.0 2.80 58.8
Exterior 21.0 1.80 37.8	
Base Total: 21.0 37.8	As-Built Total: 21.0 58.8
CEILING TYPES Area X BWPM = Points	Type R-Value Area X WPM = Points
Under Attic 448.0 0.10 44.8	Under Attic 19.0 448.0 0.30 134.4
Base Total: 448.0 44.8	As-Built Total: 448.0 134.4
FLOOR TYPES Area X BWPM = Points	Type R-Value Area X WPM = Points
Slab 0.0(p) 0.0 0.0	Raised Wood, Adjacent 0.0 448.0 1.70 761.6
Raised 448.0 -0.28 -125.4	
Base Total: -125.4	As-Built Total: 761.6
INFILTRATION Area X BWPM = Points	Area X WPM = Points
448.0 -0.06 -26.9	448.0 -0.06 -26.9
Winter Base Points: 504.5	Winter As-Built Points: 1472.8
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points
504.5 1.0900 549.9	1472.8 1.000 1.014 1.000 0.950 1418.3

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 109 S Sewalls Point Road, Sewalls Point, FL,	PERMIT #:
-------------------------------------------------------	-----------

BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Volume		Bedrooms		Ratio				Multiplier		
Bedrooms														
1		2370.00	=	30.0	0.95	1		1.00		2194.44		1.00	=	2194.4
As-Built Total:													2194.4	

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
5013.5		549.9		2370.0		7933.4	3787.7		1418.3		2194.4		7400.4

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 109 S Sewalls Point Road, Sewalls Point, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq. ft. window area; .5 cfm/sq. ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.9

The higher the score, the more efficient the home.

, 109 S Sewalls Point Road, Sewalls Point, FL,

<p>1. New construction or existing</p> <p>2. Single family or multi-family</p> <p>3. Number of units, if multi-family</p> <p>4. Number of Bedrooms</p> <p>5. Is this a worst case?</p> <p>6. Conditioned floor area (ft²)</p> <p>7. Glass area & type</p> <p style="padding-left: 20px;">a. Clear - single pane</p> <p style="padding-left: 20px;">b. Clear - double pane</p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane</p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane</p> <p>8. Floor types</p> <p style="padding-left: 20px;">a. Raised Wood, Adjacent</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. N/A</p> <p>9. Wall types</p> <p style="padding-left: 20px;">a. Frame, Wood, Exterior</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. N/A</p> <p style="padding-left: 20px;">d. N/A</p> <p style="padding-left: 20px;">e. N/A</p> <p>10. Ceiling types</p> <p style="padding-left: 20px;">a. Under Attic</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. N/A</p> <p>11. Ducts</p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior</p> <p style="padding-left: 20px;">b. N/A</p>	<p>Existing ___</p> <p>Single family ___</p> <p>1 ___</p> <p>1 ___</p> <p>No ___</p> <p>448 ft² ___</p> <p>___</p> <p>30.0 ft² ___</p> <p>0.0 ft² ___</p> <p>0.0 ft² ___</p> <p>0.0 ft² ___</p> <p>___</p> <p>R=0.0, 448.0ft² ___</p> <p>___</p> <p>___</p> <p>___</p> <p>R=11.0, 685.0 ft² ___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>R=19.0, 448.0 ft² ___</p> <p>___</p> <p>___</p> <p>___</p> <p>Sup. R=6.0, 1.0 ft ___</p>	<p>12. Cooling systems</p> <p style="padding-left: 20px;">a. Central Unit</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. N/A</p> <p>13. Heating systems</p> <p style="padding-left: 20px;">a. Electric Strip</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. N/A</p> <p>14. Hot water systems</p> <p style="padding-left: 20px;">a. Electric Resistance</p> <p style="padding-left: 20px;">b. N/A</p> <p style="padding-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits</p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>	<p>Cap: 24.0 kBtu/hr ___</p> <p>SEER: 12.00 ___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>Cap: 24.0 kBtu/hr ___</p> <p>COP: 1.00 ___</p> <p>___</p> <p>___</p> <p>Cap: 30.0 gallons ___</p> <p>EF: 0.95 ___</p> <p>___</p> <p>___</p> <p>PT ___</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Project Summary

Project:	109 S Sewalls Point	Company:	Wojcieszak & Associates
Client:		Representative:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
Fax:		Fax:	
		Comment:	

Design Data

Project Name:	109 S Sewalls Point
Reference City:	West Palm Beach, Florida
Daily Temperature Range:	Medium
Latitude:	26 Degrees
Elevation:	15 Feet
Elevation Sensible Adj. Factor:	1.000
Elevation Total Adj. Factor:	1.000
Elevation Heating Adj. Factor:	1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel.Hum.	Indoor Dry Bulb	Grains Difference
Winter:	45	N/A	N/A	72	N/A
Summer:	91	79	50%	75	66

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	2.232
Square feet of room area:	448	Square feet per ton:	218.987

Building Loads

Total heating required with outside air:	8,898 Btuh	8.898 MBH
Total sensible gain:	18,90 Btuh	90 %
	3	
Total latent gain:	1,993 Btuh	10 %
Total cooling required with outside air:	20,89 Btuh	1.741 Tons (based on sensible + latent)
	6	
		2.046 Tons (based on 77% sensible capacity)

Notes

Calculations are based on 7th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

Total Building Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Clear Glass Metal Frame	30	936	0	2,574	2,574
10D Door Wood Solid Core	21	261	0	189	189
12C Wall R-11 + 1/2" Gypsum(R-0.5)	685	1,664	0	1,210	1,210
16D Ceiling R-19 Insulation	448	641	0	950	950
20F Floor Over Open Crawl Carpet No Insulation	448	2,637	0	1,074	1,074
Subtotals for structure:	1,632	6,139	0	5,997	5,997
Active People:	4	0	920	1,200	2,120
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	2,000	2,000
Lighting:	2,000	0	0	6,820	6,820
Ductwork:	0	809	0	2,466	2,466
Infiltration: Winter CFM: 65.7, Summer CFM: 23.9	51	1,950	1,073	420	1,493
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				18,903	
Temperature Swing Multiplier:				X1.00	
Building Load Totals:		8,898	1,993	18,903	20,896

Check Figures

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		2.046 Tons (based on 77% sensible capacity)

Notes

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 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

DUTCHER-HIGGINBOTHAM & BASS, I 561-286-7600 02/28/99 STEPHEN DUTCHER

MARTIN COUNTY TAX INFORMATION

PID: 01 3841 001 025 00050

SBN: ARBELA
SBN CODE: 001 MP PG: SP-03
USE: 0100/SINGLE FAMILY RESID

PAD: 109 SEWALL'S POINT RD
LEGAL: ARBELA, BEG ON S/LN LOT 25 & S PT RD C/LN, W ALG S/LN 370'
FOR POB, CONT 180', N PERP 106', E 180' & S TO BEG

OWNER INFORMATION:

Owner 1 First Name: MAX S
Owner 1 Last Name: SCHWARTZ
Address1: 109 S SEWALLS PT
Address2:
City: STUART

SECOND OWNER:

Owner 2 First Name: MOLLIE MCGEEHON
Owner 2 Last Name: SCHWARTZ
RD

State: FL Zip: 34996-6320

BUILDING FEATURES

AREA	AREA DESC	QUAN	AREA	AREA DESC	QUAN
FUS	FINISHED UPPER ST	1176.000	BEDROOMS	NUMBER OF BEDROOMS	2.000
BATHS	NO. OF BATHS COMM	2.000	MAIN	MAIN LIVING AREA	1760.000
SP6	FIN SCR POR HD TL	240.000	PT1	PATIO, CONCRETE	110.000
SP6	FIN SCR POR HD TL	260.000	PL2	POOL	90.000
PT1	PATIO, CONCRETE	821.000	HF3	HEAT A/C	
BATHS	NO. OF BATHS COMM	2.000	BEDROOMS	NUMBER OF BEDROOMS	2.000
ELAV	ELECTRIC, AVERAGE	1.000	EWBS	CONCR BLOCK STUCCO	1.000
FDSL	SLAB	1.000	IFPF	PLASTER FIRRING	1.000
RMSM	SHEET METAL	1.000	RTHG	HIP GABLE	1.000
TUR	TOTAL UNDER ROOF	2408.000	LOT		1.000
LLIT		1.000	DG2	DET GAR 2 CAR	420.000
ST5	STORAGE SHED, FIN	100.000	ST5	STORAGE SHED, FIN	100.000
CNSP			COND	DEPRECIATION	
FIXTURES	NUMBER OF FIXTURS	7.000	SCR	SCREEN ENCLOSUR	1825.000
CNSP		1.000	FIXTURES	NUMBER OF FIXTURS	6.000

Year Built: 1996

Total Living Area: 2936

Tax Year: 1998 Tax: 2918.96

Effective Year Built:

Total Under Roof: 2408

-- Information Deemed Reliable But Not Guaranteed 02/28/99 05:33 PM
Call Property Appraiser at (561)288-5608 with ACN: 17593

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/17, 2000; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4837	Shea Schramm	footings +	Passed	1st inspection
4921	109 Sewall Pt Rd	piers	BG.	turn at 109 - long driveway
		6-Pads		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4812	Tidikis	roof	Passed	
	6 Kingston	final	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	framing /		Fri.
	Paloma Way	all trades		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4912	Chico's	screws for	PARTIAL	
	Harbour Bay	dry wall	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4895	Seely	tie beam	Passed	7- Columns
	37 Lofting Way	sono tube	BG.	2nd Fl. GARAGE Ber
		columns		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4877	Loyola/osborne	rough pl.	Passed	
	20 Castle Hill		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4732	Tetamanti	insulation	Passed	Installer said it
	19 Lofting Way	Joan Called	BG.	went Be Ready
	Hufnagel	Said inspection IS FOR FRI.	NO FEE	FOR Two days - JUST STARTED.

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-31-00, 2000;

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ✓ 4904	Miranda 34 Castle Hill owner	slab-REINSP.	OK Bg	COMP. TEST RUN. Need Termite Cert ON VACATION
✓ S ✓ 4943	Botwinick / 157 FLORIDA 27. Emerita 4945 Leonard Bros. ELK1	slab electric	OK Bg	PVC Pipe in SLAB
✓ S ✓ 4843	Tidikis 6 Kingston D.S. Contractors	disconnect re-connect	OK Bg	mid-day
✓ S ✓ 4755	Clements 6 Middle Rd. Campbell	rough framing	Reject w/ Fee	9:30 if possible See list attached
✓ N ✓ 4827	Conway 4 Oak Hill Way Pecore	metal	OK Bg	
✓ S ✓ 4921	Schramm 109 S. Sewalls BMMICK CONST	framing 771-5611	OK Bg	
✓ S ✓ 4691	Wattles 20 No. Ridgeview Driftwood	final	OK Bg	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-17, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4723	KOCH 71 N. RIVER RD. BROWN	INSULATION (called in by sub)	PASSED EA	
4217	ZARRO 124 N. SEWALL'S PT. RD KUTRO RD	TROSS EDG'G (REWSP.)	PASSED EA	sealed edge wood
4882	WOODS 116 S. RIVER RD. PACIFIC	T/T & MTC.	PASSED EA	
4921	SCHRAMM 109 S. SEWALL'S PT. RD. EDMICK	D/W SCREEN	PASSED EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: T/R 17 PALM ROAD; ARCH - MONTE'S TREE SERV.
T/R 4 BAYON " ; BURGUNDY - MIKE'S " "

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-15, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4921	Schramm	final	HIC	MANDRAL REQ ON STAIRS
5 (7)	109 S.S.P. Rd. Emmick	addition <small>PERM 12</small> (INTERIOR-SHELL)	SA	IMPACT PROTECTION! REUSE REQ - NO FEE.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri ~~11-20~~ , 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4755	Clements 6 Middle Rd. owner JIM CAMPBELL	electrical	X	CANCEL BY OWNER - WILL SUBMIT TEMP. SERVICE AGMT (TBS)
✓ 4921	Schramm 109 S.S.P. Rd. Ernick 781-5691	final (REINSPECT)	PASSED ↗	
5168	SCHULKE 8 PALM ROAD A+W	SHEATHING + DRY IN		
✓ 5001	REPCAW 11 RIVERCREST REDDAR	2ND FL. COL/BM.	X	CANCEL - RAIN (ROLOVER/RESCHED)
✓ 4717	Zerro 124 N.S.P. Rd. Euford (142/99)	temp. el.	PASSED ↗	REQUEST LTR. ON FILE - CC TO CONTRACTOR. FPL 223-4208 ✓ 10:40 11/20
✓ 4990	Elder 4. Ematica owner	framing	X	CANCELLED BY OWNER 11/20 8:00 (RAIN)
✓ 4775	Campo 5 Palama Way Seagrace 220-7660	temp el. → hurricane shutters	PASSED ↗	will have elec. for Mon ✓ RCV 11/20 FPL 223-4208 ✓ 10:40 11/20

OTHER: _____

INSPECTOR (Name/Signature): _____

8118

SPA

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-21-06

BUILDING PERMIT NO. 8118

Building to be erected for SCHRAMM Type of Permit SPA

Applied for by BRIAN'S POOLS + SPAS (Contractor) Building Fee 240.00

Subdivision ARBELA Lot 25 Block _____ Radon Fee _____

Address 109 S. SEWALL'S POINT RD Impact Fee _____

Type of structure SPR SPA A/C Fee _____

Parcel Control Number:

138410010250005070000 Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Amount Paid 264.00 Check # _____ Cash Other Fees (10% PA) 24.00

Total Construction Cost \$ 10,000 TOTAL Fees 264.00

Signed Brian Schramm Applicant
Signed Gene Simmons (RHS) Town Building Official

PERMIT

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

INSPECTIONS

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLA.

COUNTY OF MARTIN.

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

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

109 S. Sewall Pt. Road, West 180, Lot 25, Plat of Arkela, Plat Book 3 Page 21.

GENERAL DESCRIPTION OF IMPROVEMENT:

Add Concrete SPA.

OWNER: Stephen C. + Colleen C. Schramm.

ADDRESS: 109 S. Sewall Pt. Rd.

PHONE #: 286-4700 FAX #: _____

CONTRACTOR: BRIANS Pools + SPAS.

ADDRESS: 573 IREZ Ct. Pt. St. Lucie, FLA 34955.

PHONE #: 528-0730 FAX #: _____

SURETY COMPANY (IF ANY)

ADDRESS: MARTIN COUNTY

PHONE # _____ THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. FAX #: _____

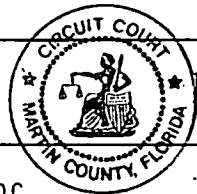
BOND AMOUNT: _____ MARSHA EWING, CLERK

LENDER: BY Shrenek D.C.

ADDRESS: DATE 1-24-06

PHONE #: _____ FAX #: _____

INSTR # 1905273
OR BK 02105 PG 0567
Pg 0567; (1pg)
RECORDED 01/24/2006 12:58:40 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix



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

NAME: _____

ADDRESS: _____

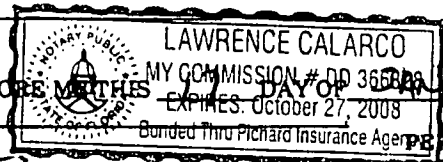
PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

x [Signature]
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 1906 BY _____

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

RECEIVED
11/30/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Stephen C. Schramm Phone (Day) 286-4700 (Fax) _____

Job Site Address: 109 S. SEAWALLS POINT ROAD City: Stuart State: FLA Zip: 34996

Legal Desc. Property (Subd/Lot/Block) West 180, Lot 25 Parcel Number: _____

Owner Address (if different) PLAT of Arabela City: _____ State: _____ Zip: _____

Description of Work To Be Done: Add. Granite SPA

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 10,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Is improvement cost 50% or more of Fair Market Value? YES

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Brian's Pools + Spas Phone: 528-0730 Fax: _____

Street: 573 Trz Ct City: St. Lucie State: FLA Zip: 34953

State Registration Number PP0059908 State Certification Number: _____ Martin County License Number: SP00981

SUBCONTRACTOR INFORMATION:

Electrical: C.E.S. State: FLA License Number: ME00419

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT H.C.E. Lic.#: 58742 Phone Number: 954-772-4940

Street: 5755 POWERLINE RD. City: PT. LAUDERDALE State: FLA Zip: 33309

ENGINEER H.C.E. Lic.#: 58742 Phone Number: 954-772-4940

Street: 5755 POWERLINE RD City: PT. LAUDERDALE State: FLA Zip: 33309

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Stephen C. Schramm

State of Florida, County of MARTIN

This the _____ day of _____, 2006

by _____ who is personally known to me or produced as identification.

James Calarco
Notary Public.

My Commission Expires: 9/27/08

CONTRACTOR SIGNATURE (required)

Brian Schramm

On State of Florida, County of: MARTIN

This the 17 day of JAN, 2006

by _____ who is personally known to me or produced as identification.

Lawrence Calarco
Notary Public.

My Commission Expires: 9/27/08



SEARCH

GO

[TOM GALLAGHER](#) · [NEWS & MEDIA](#) · [OFFICES & DIVISIONS](#) · [FIRE MARSHAL](#) · [CAREER OPPORTUNITIES](#) · [PUBLICATIONS](#)

[Workers' Comp Home](#)

Employer Detail Page

This Database was Last Updated: 3/2/2006 2:24:06 AM

[About Us](#)

[Return to Query Form](#)

[Assessment Rates](#)

Employer Information - 000531808					
Employer Name	BRIAN'S QUALITY POOLS & SPAS INC				
Address	2344 SW CABALLERO ST				
City	PORT SAINT LUCIE				
State	FL	Zip	34953	County	Saint Lucie
Employer Type	CORPORATION	Industry Code			

[Benefit Delivery Proc.](#)

[Centralized Performance System](#)

[Ch. 440 FL Statutes](#)

[Contact Us](#)

No Coverage History

[Databases](#)

Exemption Listings	
<i>Click Exemption Holder's Name for Details.</i>	
Name	
	BRIAN D WEISGERBER

[Directory](#)

[District Offices](#)

[EDI](#)

[Frequent Questions](#)

No Owner Election of Coverage Listings

[History](#)

[Memoranda/Bulletins](#)

No Additional Locations

[Publications](#)

[Related Links](#)

Employer Name History		
Employer Name	Name Type	Change Date
BRIAN'S QUALITY POOLS & SPAS INC	Legal	Current

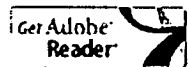
[Rules & Forms](#)

[Safety](#)

[Statistics](#)

[What's New](#)

[Return to Query Form](#)

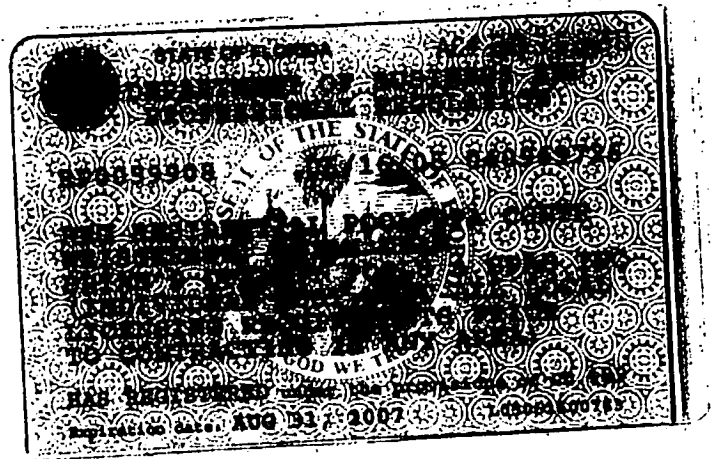


[Help with PDF Files](#)

DIVISION OF WORKERS' COMPENSATION (800) 742-2214 or (850) 413-1601

Florida Department of Financial Services · Division of Workers' Compensation · 200 East Gaines Street · Tallahassee, Florida 32399-4228 · [Privacy Statement](#)





CITY OF CORNHURST LUCIE 3302698
CERTIFICATE OF REGISTRATION
EXPIRES SEPTEMBER 30, 2006

NAME: JAMES L. BROWN, JR.
FIRM: BROWN & ASSOCIATES, INC.
2345 W. BIRCHWOOD DRIVE
CORNHURST LUCIE, FL 33026

TYPE: RESIDENTIAL
STATE: FLORIDA CITY: 33026-2458

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID JR BRIAN13	DATE (MM/DD/YYYY) 01/30/06
PRODUCER Insurance By Ken Brown, Inc. P.O. Box 540569 1339 Arlington Street Orlando FL 32805 Phone: 407-849-0490 Fax: 407-648-0197		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
Brian's Quality Pool & Spa Inc 2344 SW Caballero Street Pt. St. Lucie FL 34953		INSURER A: Colony Insurance Company	39993
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRG	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL3407482	11/17/05	11/17/06	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 300,000
	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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Fax: 772-220-4765

CERTIFICATE HOLDER

CANCELLATION

SEWALLS City of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>James L. Delmonico</i>
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

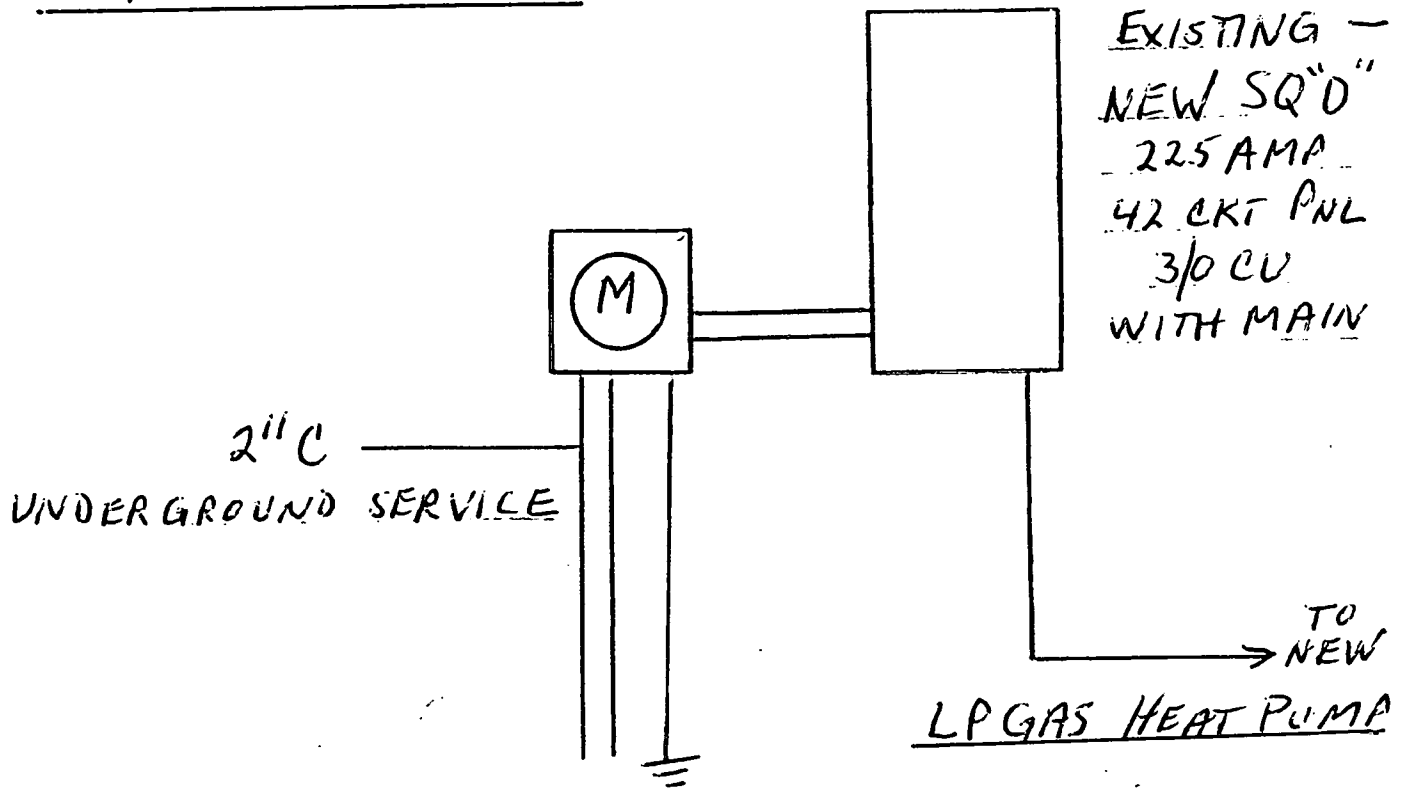


COUNTY ELECTRICAL SERVICES

2892 FARLEY ROAD, PORT ST. LUCIE, FLORIDA 34952

335-1817

SCHRAMM RESIDENCE
109 SO SEWALS PT RD



TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

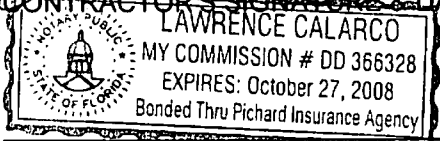
AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 109 So. Sewall Pt. Rd., and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

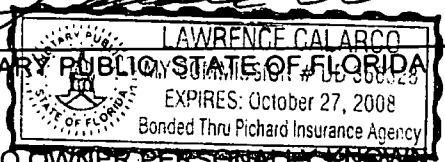
- The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29
- The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)
- All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet
- All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

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 by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

Lawrence Calarco CONTRACTOR'S SIGNATURE & DATE Call C.M. OWNER'S SIGNATURE & DATE



NOTARY PUBLIC, STATE OF FLORIDA



NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE _____

AS TO OWNER PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE 1/17/06

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLA

COUNTY OF MARTIN

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

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

109 S. Sewall Pt. Road, West 180, Lot 25 Plat of Arkola, Plat Book 3 Page 29.

GENERAL DESCRIPTION OF IMPROVEMENT: Add Concrete SPA.

OWNER: Stephen C. + Colleen C. Schramm.

ADDRESS: 109 S. Sewall Pt. Rd.

PHONE #: 286-4700 **FAX #:** _____

CONTRACTOR: BEHNS - Pools + SPAs.

ADDRESS: 573 IRZ Ct. Pt. St. Lucie, FL 34955.

PHONE #: 528-0730 **FAX #:** _____

SURETY COMPANY (IF ANY): _____
STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

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

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

NAME: _____

ADDRESS: _____

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

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

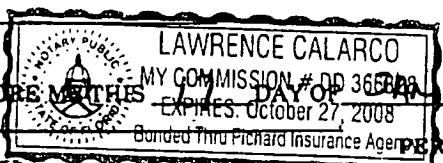
OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 1906 BY _____



[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN OR PRODUCED ID TYPE OF ID _____

INSTR # 1905273
OR BK 02105 PG 0567
Pg 0567; (1pg)
RECORDED 01/24/2006 12:58:40 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix



8118

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 109 S. SPR

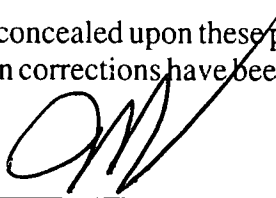
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

SPA STEEL

SPA EQUIP. ENCRUSHERS
SET BACK

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

DATE: 4/21



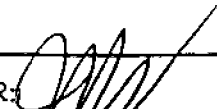
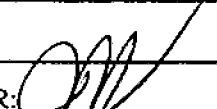
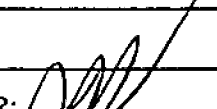
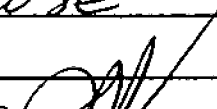
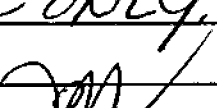
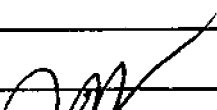
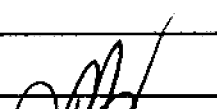
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/21, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1874	SLATER	Insulation	PASS	
10	4 LAGOON IS. CT.			INSPECTOR: 
	Skue Conway			
1837	KVAPIL	SLAB REPAIR	PASS	
7	4 Rio Vista			INSPECTOR: 
	Advanced Concepts			
8184	TAPPER	SPA (1st Insp.)	PASS	
4	22 SE Island Rd			INSPECTOR: 
	Advantage Pool			
8062	CARTON	Roof Final	PASS	CLOSE
12	6 Fernwinckle Cr			INSPECTOR: 
	Roof Concepts			
1922	TRANTER	INSULATION	PASS	WALL ONLY.
2	9 Middle Rd			INSPECTOR: 
	8012 PARKS			
3118	Schramm	Pool Deck	FAIL	
6	109 S Sewall Pt	Steel bond		INSPECTOR: 
	Beran's Pool			
1898	Bernston	Dray In	PASS	
3	176 S Sewalls			INSPECTOR: 
	Reroof of Am.			

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 109 S. SPR

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

SPA STEEL

SPA EQUIP. ENCRACHES
SET BACK

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

DATE: 4/21

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

except
12-1
485-5973
Mrs. Schwamm
A 286-4700

Placed on
existing
pad



8118

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 109 55PR.

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

SPA PLUMBING

NEED BONDING WIRE TO
POOL SPA EQUIP.

ELEC. CONDUIT TO BE BURIED
TO 12" DEPTH.

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

DATE: 4/28

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-28, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6833	Foster	700 Steel Inap	FAIL	
5	7 Timor St Custom Built Marine			INSPECTOR: <i>[Signature]</i>
1801	Cummings	wall column steel	FAIL	
6	83 S. River Rd Elias Mgmt			INSPECTOR: <i>[Signature]</i>
8155	SHED CONTR Stopp	re-inspect gas rough	PASS	
9	12 S. Sewall Pt Terrell Gas			INSPECTOR: <i>[Signature]</i>
8116	Kendrigan	Final	PASS	CLOSE
7	12 Rio Vista Dr Privacy Fence			INSPECTOR: <i>[Signature]</i>
8112	Mackay	re-inspect in Drain	CANCEL	
3	2 Oakwood Dr Superior Roof.	Bring Skylight Revision		INSPECTOR: <i>[Signature]</i>
8118	SEWCOMM	Re-inspect for pipe, steel & wood	FAIL	
4	109 S. Sewall Pt Byrns Pools	plumbing rough		INSPECTOR: <i>[Signature]</i>
8161	Rimer	STEEL INSPECT retaining wall in back	PASS	
8	29 S. River Rd Lean Devel.	10AM-		INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/10, 2006 Page 2 of 5

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1991	Zarro	Footing - Steel	PASS	
23	124 N. SPR Buford - Chad 215-2430			wants to here - call INSPECTOR: <i>[Signature]</i>
0226	Tschanner	Roof tar	FAIL	
17	15 Emarita Way Jolly/Denmark 904-449-1541			INSPECTOR: <i>[Signature]</i>
0099	Rick	Rough Prep	RESCHEDULED 5/11	INSPECTOR:
19	20 N. SPR Dwayne Disc.	June 72-468-0070	INSPECTOR:	
8112	Mackay 2 Oakwood Superior Roof.	James Miller 772-460-9662	INSPECTOR:	Notes on page 1 Dug In - Insp by registered Eng. - we need letter
818	Schiroma	Steel bonding pressure	INSPECTOR:	
8	109 S. SPR Bryan's Pools 528-9544			INSPECTOR: <i>[Signature]</i>
0705	Andrew	Final	CANCEL	
15	9 Palmetto Dr Palm Beach Creative	Per 361-827-0605	INSPECTOR:	call
8143	Connolly	Final	PASS	CLOSE
14	23 N. Regerview Rd Custom Craftsmen	Josh Michael 334-0708		INSPECTOR: <i>[Signature]</i>
OTHER:				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 109 S.S.P.R.

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

SPA FINAL

COPING NOT COMPLETE

PUMP NEEDS TO BE SECURED TO PAD

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

DATE: 9/6/06

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-6, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8118	Schramme	Final-SPA	FAIL	
3	109 S Sewalls Pt Brian's Pool			INSPECTOR: <i>[Signature]</i>
Tree	Flannery	Tree	PASS	
4	23 Rio Vista			INSPECTOR: <i>[Signature]</i>
6812	Mader	Final	CANCEL - RESCHEDULE	
12	106 Abbe Ct Buford			9/8/06 INSPECTOR: <i>[Signature]</i>
Tree	Armstrong	Tree	PASS	
6	3 Ridgeland Dr			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-11, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8118	Schramm	Final SPA	PASS	USE
4	109 S. Sewalls Mains			INSPECTOR: <i>[Signature]</i>
0052	CLYDE 7 Ridgeland Dr DB	plumbing FINAL	PASS	USE INSPECTOR: <i>[Signature]</i>
(1st)				
7801	Cummings	Inspect scope of work	—	NEVER MET w/ SUPERINTENDENT/ INSPECTOR: <i>[Signature]</i>
7	83 S River Rd			
—	Scully, Nancy	erosion problem	—	— WILL TALK w/ NEW. B.O. INSPECTOR: <i>[Signature]</i>
6	11 N Ridgeway Rd	283-6685		
	Baigree/Kiplinger	work w/o permit??		ONLY REPLACING PIPELINE - NO STRUCTURE INSPECTOR: <i>[Signature]</i>
3	143 S River Rd		OK	
8123	Luloh	tie beam	FAIL	
2	20 E High Rd Seagate			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

8250

POOL DECK

Martin County SPO/20060020
MASTER PERMIT NO. 20060020

TOWN OF SEWALL'S POINT

Date 6-2-06 BUILDING PERMIT NO. 8250
Building to be erected for Schramm Type of Permit Add Deck/Pool
Applied for by O/B (Contractor) Building Fee 35.00
Subdivision Arbela Lot 25 Block _____ Radon Fee _____
Address 109 S. Sewalls Pt Rd Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: 13841-001-025-0005 070000 Plumbing Fee _____
Roofing Fee _____
Amount Paid _____ Check # _____ Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 1400 TOTAL Fees 35.00

Signed [Signature] Applicant
Signed [Signature] Town Building ~~Officer~~ Dept Clerk

RECEIVED
MAY 9 2006

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 5-4-06

Permit Number: _____

OWNER/TITLEHOLDER NAME: Colleen Schramm

Phone (Day) 286-4700 (Fax) _____

Job Site Address: 109 S. Sewall's Point Road

City: Stuart

State: FL

Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 25, Plat of Arabela, Plat Book 3 Page 9

Parcel Number: _____

Owner Address (if different): _____

City: _____

State: _____

Zip: _____

Description of Work To Be Done: Add additional 8' x 22' 1/2" of decking to pool - concrete

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1400
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 1400

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____

Phone: _____

Fax: _____

Street: _____

City: _____

State: _____

Zip: _____

State Registration Number: _____

State Certification Number: _____

Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Colleen C. Schramm

State of Florida, County of: Martin

This the 9th day of May, 2006

by Colleen C. Schramm who is personally

known to me or produced

as identification. Jennifer M. Laychur

Notary Public

My Commission Expires: 3-4-09

NOTARY PUBLIC-STATE OF FLORIDA

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200 _____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

Seal

Jennifer M. Laychur

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM DATE OF APPLICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Expires: MAR. 04, 2009

Bonded Thru Atlantic Bonding Co., Inc.



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060020
Permit Type: SEWALLS POINT
Date Issued: 02-JUN-06
Project:
Scope of Work: Add additional 8' X 22 1/2" of decking to pool - concrete

Applicant/Contact:	SCHRAMM, STEPHEN C & COLLEEN C /	
Parcel Control Number:	01-38-41-001-025-0005.0-70000	
Subdivision:	ARBELA	
Construction Address:	109 SEWALLS POINT RD	
Location Description:		
Owner Name:	SCHRAMM, STEPHEN C & COLLEEN C	
Prime Contractor:	OWNER	CONTACT OWNER
		License No.:

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

TOWN OF SEWALL'S POINT

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

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: Colleen Schramm Date: 5-4-06

Signature: Col C. Schramm

Address: 109 S. Sewall's Point Rd.

City & State: Stuart, FL 34996

Permit No. _____

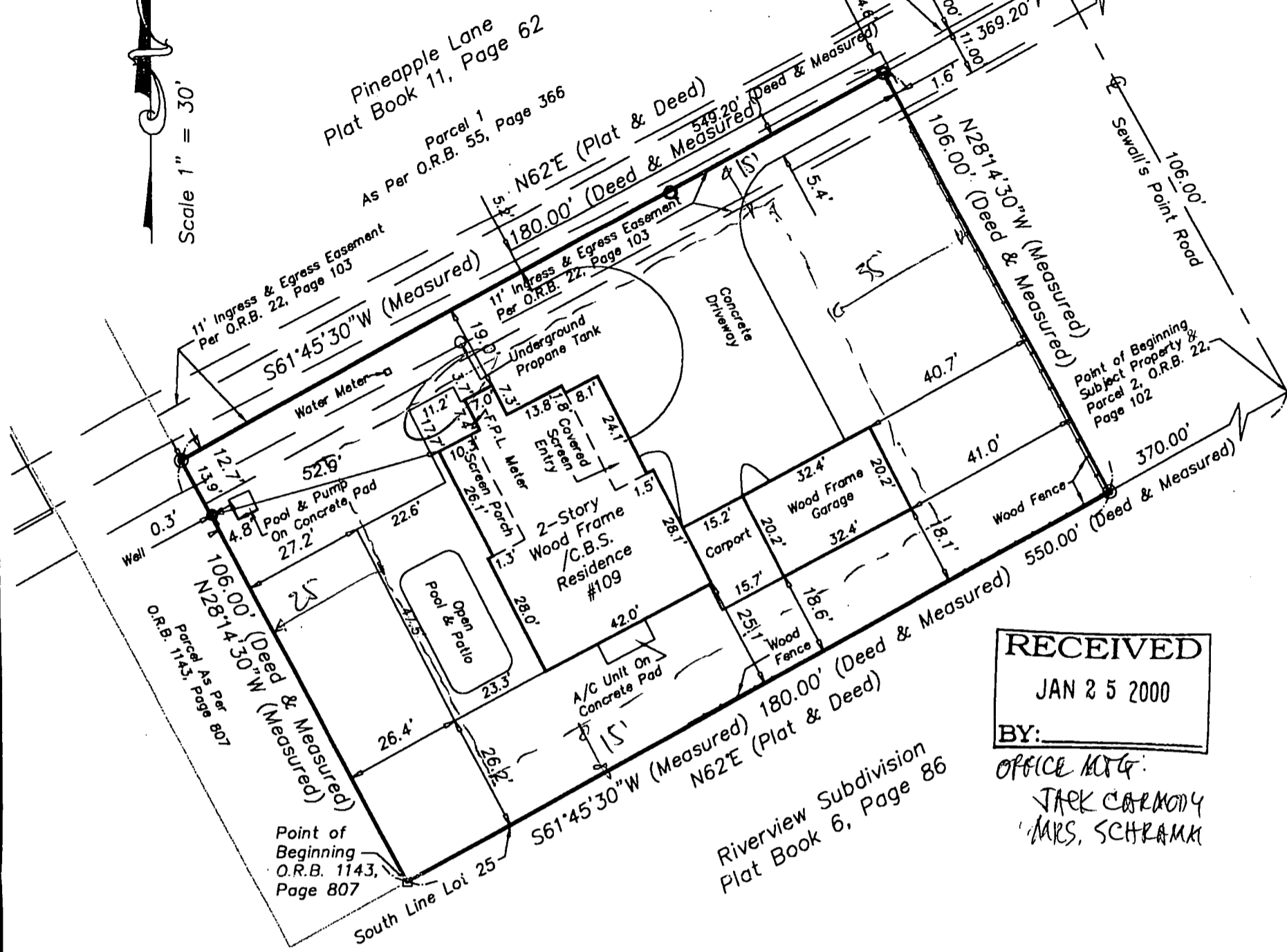
Boundary Survey

FILE



Scale 1" = 30'

Centerline of 22'
Ingress & Egress
Easement
(D.R.B. 55, Page 366)



RECEIVED
JAN 25 2000
BY:

OFFICE MGT:
JACK CARMODY
MRS. SCHRAMM

NOTE: Water Service

ADDRESS: 109 S. Sewalls Point Road
Stuart, Florida

NOTE: Well is 0.3' from the "rear" property line and
13.9' from the Northerly "side" line.

LEGAL DESCRIPTION:

The West 180 feet of the following described parcel of land to wit:

That portion of Lot 25, PLAT OF ARBELA, as recorded in Plat Book 3, Page 29, Public Records of Palm Beach (now Martin) County, Florida that is lying Westerly of Sewall's Point Road that is described as follows:

Begin at a point where the South line of said Lot 25 intersects the centerline of Sewall's Point Road; thence run Westerly along the South line of said Lot 25, a distance of 550 feet; thence run Northerly on a line perpendicular to the South line of Lot 25, a distance of 106 feet; thence run Easterly on a line parallel to the South line of Lot 25, to the centerline of Sewall's Point Road; thence run Southerly along said centerline to the Point-of-Beginning. TOGETHER WITH the right of use of a 22 foot easement described in the Warranty Deed recorded in Official Records Book 55, Page 366, Public Records of Martin County, Florida.

CERTIFIED TO:

STEPHEN C. SCHRAMM AND COLLEEN C. SCHRAMM;
PREMIER TITLE COMPANY, LTD.;
ATTORNEYS TITLE INSURANCE FUND, INC.

Flood Zones "B" & "C"

- = Found PK Nail & Disk #4049
- ⊙ = Found 5/8" Iron Rod & Cap #4049
- = Found 4" X 4" Concrete Monument (No Identification)

. ARBELA Lot 25 part . Schramm .

REVISION	DATE	BY

LANGBEHN SURVEYING & MAPPING, INC.
P.O. BOX 698 JENSEN BEACH, FLORIDA 34958
(561) 398 - 8166
FAX (561) 337 - 7404

CERTIFICATE: This is to certify that this SURVEY of the hereon described property, is true and correct to the best of my knowledge and belief, contains no within attachments, unless shown, and meets the Minimum Technical Standards set forth in Chapter 61G17-8 F.A.C. by the Florida Board of Land Surveyors pursuant to Section 478.007, Florida Statutes.

NOTE: NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
This SURVEY prepared from legal description supplied by client.

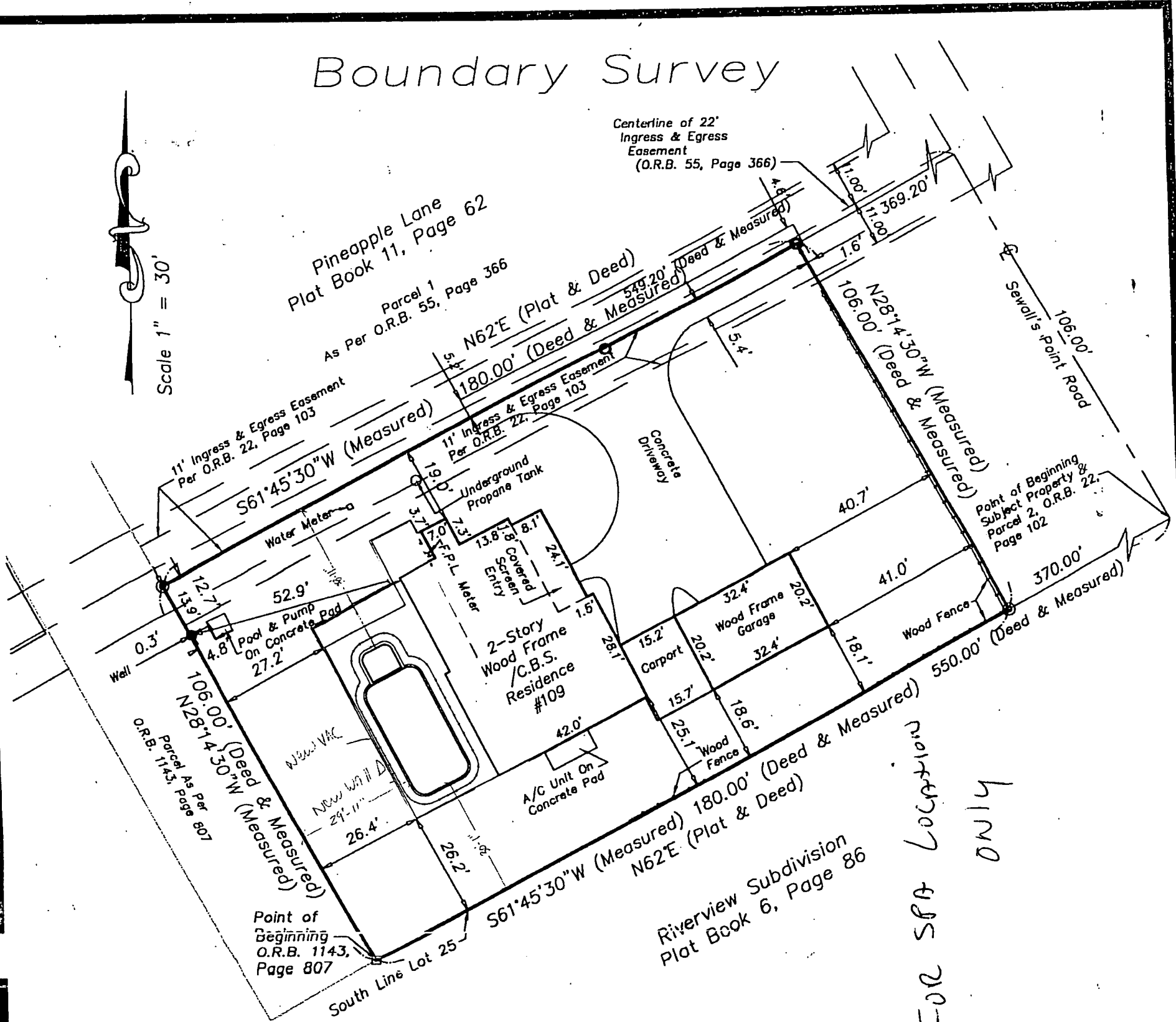
PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA, REGISTRATION NO. 2162

DRAWN	PCF
DATE OF FIELD SURVEY	1/14/2000
SCALE	1" = 30'
JOB NO.	11852
FIELD BOOK AND PAGE	File

Boundary Survey



Scale 1" = 30'



NOTE: Water Service

ADDRESS: 109 S. Sewalls Point Road
Stuart, Florida

NOTE: Well is 0.3' from the "rear" property line and 13.9' from the Northerly "side" line.

LEGAL DESCRIPTION:

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CERTIFIED TO:

STEPHEN C. SCHRAMM AND COLLEEN C. SCHRAMM;
PREMIER TITLE COMPANY, LTD.;
ATTORNEYS TITLE INSURANCE FUND, INC.

Flood Zones "B" & "C"

- = Found PK Nail & Disk #4049
- ⊙ = Found 5/8" Iron Rod & Cap #4049
- = Found 4" X 4" Concrete Monument (No Identification)

ARBELA Lot 25 part . Schramm .

REVISION	DATE	BY

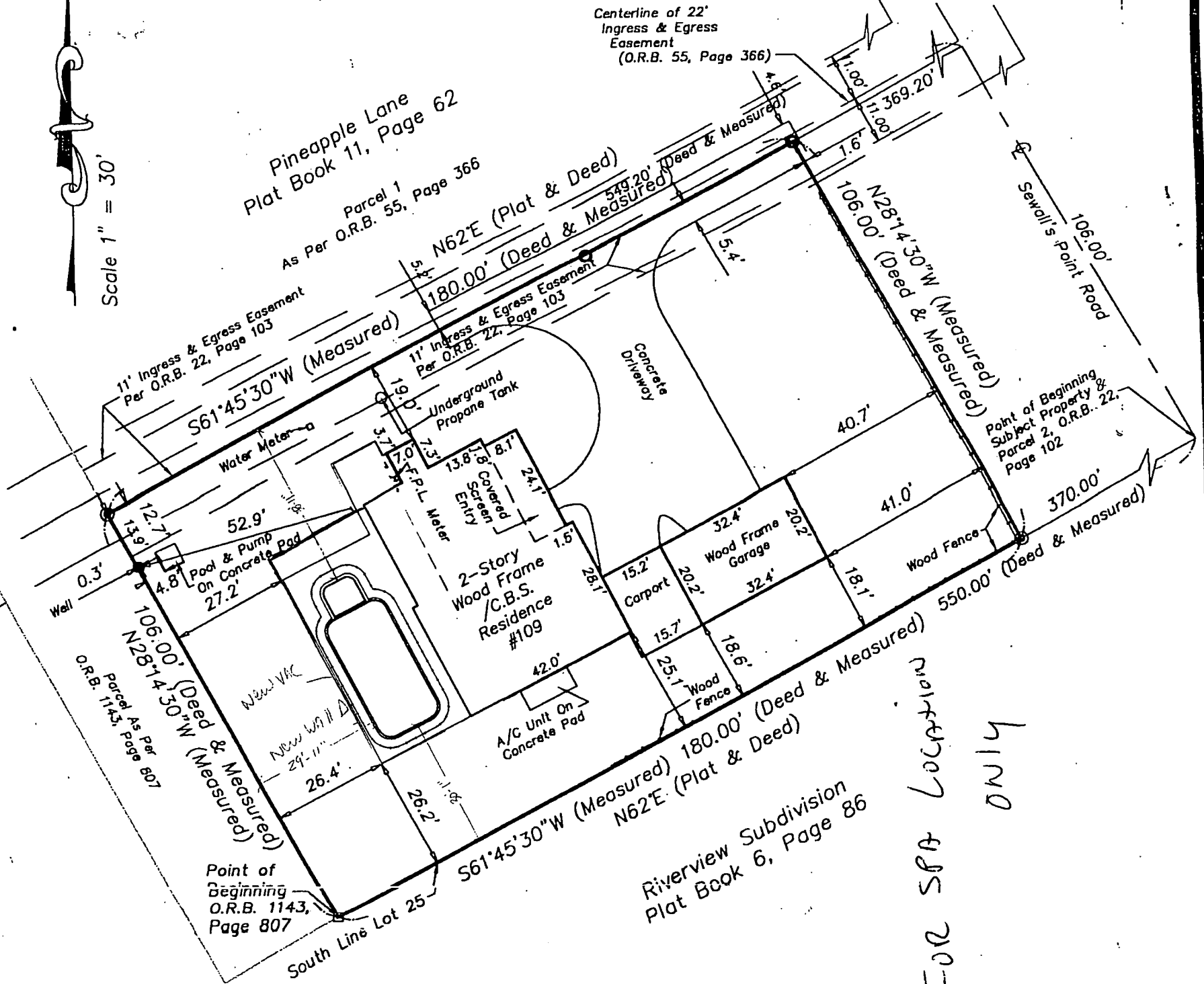
LANGBEHN SURVEYING & MAPPING, INC.
P.O. BOX 698 JENSEN BEACH, FLORIDA 34968
(561) 398 - 8188
FAX (561) 337 - 7404

CERTIFICATE: This is to certify that this SKETCH OF SURVEY, of the hereon described property, is true and correct to the best of my knowledge and belief, contains no clerical or technical mistakes, and meets the Minimum Technical Standards set forth in Chapter 610.00 F.A.C. by the Florida Board of Land Surveyors pursuant to Section 479.27, Florida Statutes.
[Signature]
PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA REGISTRATION NO. 2158

DRAWN	PCF
DATE OF FIELD SURVEY	1/14/2000
SCALE	1" = 30'
JOB NO.	11852

FIELD BOOK AND PAGE

Boundary Survey



NOTE: Water Service

ADDRESS: 109 S. Sewalls Point Road
Stuart, Florida

NOTE: Well is 0.3' from the "rear" property line and 13.9' from the Northerly "side" line.

LEGAL DESCRIPTION:

The West 180 feet of the following described parcel of land to wit:

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CERTIFIED TO:

STEPHEN C. SCHRAMM AND COLLEEN C. SCHRAMM;
PREMIER TITLE COMPANY, LTD.;
ATTORNEYS TITLE INSURANCE FUND, INC.

Flood Zones "B" & "C"

- = Found PK Nail & Disk #4049
- ⊙ = Found 5/8" Iron Rod & Cap #4049
- ⊠ = Found 4" X 4" Concrete Monument (No Identification)

ARBELA Lot 25 part - Schramm .

REVISION	DATE	BY

LANGBEHN SURVEYING & MAPPING, INC.
P.O. BOX 698 JENSEN BEACH, FLORIDA 34958
(561) 398 - 8188
FAX (561) 337 - 7404

CERTIFICATE: This is to certify that this SKETCH OF SURVEY, of the hereon described property, is true and correct to the best of my knowledge and belief, contains no clerical or computational errors, and meets the Minimum Technical Standards set forth in Chapter 6101, F.S.C. by the Florida Board of Land Surveyors pursuant to Section 479.22, Florida Statutes.

[Signature]
PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA REGISTRATION NO. 2154

NOTE: NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
This SURVEY prepared from legal description supplied by client.

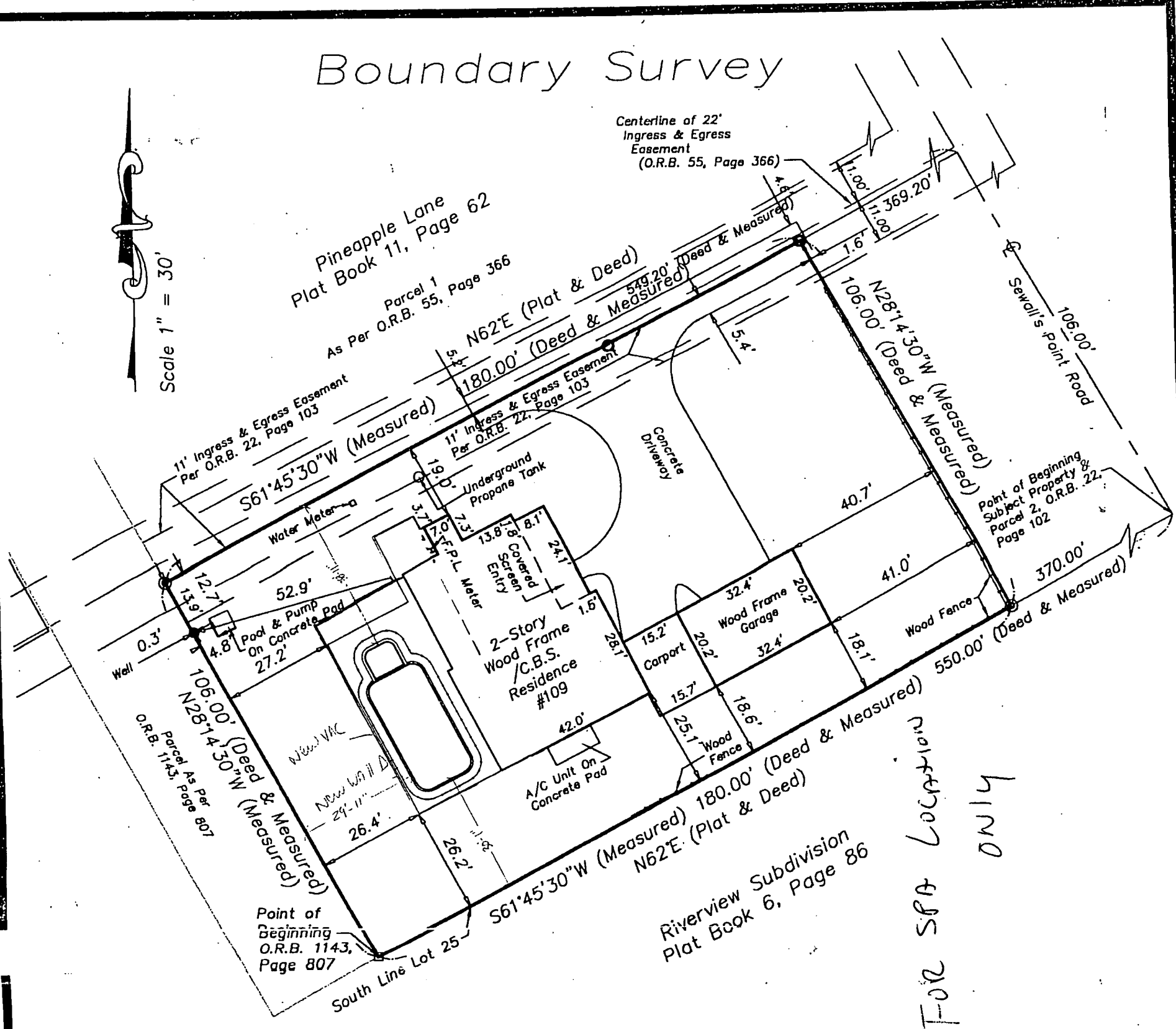
DRAWN	PCF
DATE OF FIELD SURVEY	1/14/2000
SCALE	1" = 30'
JOB NO.	11852

FOR SFA LOCATION ONLY

Boundary Survey



Scale 1" = 30'



NOTE: Water Service

ADDRESS: 109 S. Sewalls Point Road
Stuart, Florida

NOTE: Well is 0.3' from the "rear" property line and 13.9' from the Northerly "side" line.

LEGAL DESCRIPTION:

The West 180 feet of the following described parcel of land to wit:

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CERTIFIED TO:

STEPHEN C. SCHRAMM AND COLLEEN C. SCHRAMM;
PREMIER TITLE COMPANY, LTD.;
ATTORNEYS TITLE INSURANCE FUND, INC.

Flood Zones "B" & "C"

- = Found PK Nail & Disk #4049
- ⊙ = Found 5/8" Iron Rod & Cap #4049
- = Found 4" X 4" Concrete Monument (No Identification)

ARBELA Lot 25 part . Schramm .

REVISION	DATE	BY

LANGBEHN SURVEYING & MAPPING, INC.
P.O. BOX 698 JENSEN BEACH, FLORIDA 34958
(561) 398 - 8168
FAX (561) 337 - 7404

CERTIFICATE: This is to certify that this SKETCH OF SURVEY, of the hereon described property, is true and correct to the best of my knowledge and belief, contains no visible errors, omissions, or mistakes, and meets the Minimum Technical Standards set forth in Chapter 610.00, F.A.C. by the Florida Board of Land Surveyors pursuant to Section 479.02, Florida Statutes.

NOTE: NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
This SURVEY prepared from legal description supplied by client.

PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA REGISTRATION NO. 2152

DRAWN	PCF
DATE OF FIELD SURVEY	1/14/2000
SCALE	1" = 30'
JOB NO.	11852
FIELD BOOK AND PAGE	

FOR SFA LOCATION ONLY

Boundary Survey



Centerline of 22' Ingress & Egress Easement (O.R.B. 55, Page 366)

Pineapple Lane Plat Book 11, Page 62

Parcel 1 As Per O.R.B. 55, Page 366

Scale 1" = 30'

Proposed 8' x 22' concrete Decking

NOTE: Water Service

ADDRESS: 109 S. Sewalls Point Road
Stuart, Florida

NOTE: Well is 0.3' from the "rear" property line and 13.9' from the Northerly "side" line.

LEGAL DESCRIPTION:

The West 180 feet of the following described parcel of land to wit:
That portion of Lot 25, PLAT OF ARBELA, as recorded in Plat Book 3, Page 29, Public Records of Palm Beach (now Martin) County, Florida that is lying Westerly of Sewall's Point Road that is described as follows:
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CERTIFIED TO:

STEPHEN C. SCHRAMM AND COLLEEN C. SCHRAMM;
PREMIER TITLE COMPANY, LTD.;
ATTORNEYS TITLE INSURANCE FUND, INC.

Impervious vs. pervious Calc's	Proposed Impervious Area
Lot Size - 19,080 s.f.	8'x22' Concrete Pad Deck (76 s.f.)
Existing impervious areas	Total Impervious Area
Wood frame garage - 654 s.f.	6,816 (36%)
Carport - 307 s.f.	Total Pervious Area
SFR - 2,233 s.f.	12,264 (64%)
Pool and Deck - 1,296 s.f.	*40% allowed per Section 82-27
AC PAD - 35 s.f.	
Driveway - 2,115 s.f.	

- = Found PK Nail & Disk #4049
- ⊙ = Found 5/8" Iron Rod & Cap #4049
- = Found 4" X 4" Concrete Monument (No Identification)

ARBELA Lot 25 part - Schramm

REVISION	DATE	BY

LANGBEHN SURVEYING & MAPPING, INC.
P.O. BOX 898 JENSEN BEACH, FLORIDA 34958
(581) 398 - 8188
FAX (581) 337 - 7404

CERTIFICATE: This is to certify that this ~~SKETCH~~ **MAP** OF SURVEY, of the herein described property, is true and correct to the best of my knowledge and belief, contains no visible ~~errors~~ **errors**, and meets the Minimum Technical Standards set forth in Chapter 8101.00 F.A.C. by the Florida Board of Land Surveyors pursuant to Section 479.07, Florida Statutes.

PROFESSIONAL LAND SURVEYOR
STATE OF FLORIDA REGISTRATION NO. 2182

NOTE: NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
This SURVEY prepared from legal description supplied by client.

DRAWN BY: PCF
DATE OF FIELD SURVEY: 1/14/2000
SCALE: 1" = 30'
JOB NO.: 11852
FIELD BOOK AND PAGE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0121		FRAMING	FAIL	
11	20 N. RIVER			INSPECTOR: <i>OM</i>
0100		FINAL SHUTTER	FAIL	
7	8 PALMETTO DR.			INSPECTOR: <i>OM</i>
0079		ROOF FINAL	FAIL	
2	18 SE. RIVERVIEW DR.			INSPECTOR: <i>OM</i>
0116		ROOF FINAL	FAIL	
0003	92 N. S. P. R.	FRAMING	PASS	
9		10:30.		INSPECTOR: <i>OM</i>
0020		FINAL	PASS	CLOSE
3	109 S. S. P. R.	POOL DECK		INSPECTOR: <i>OM</i>
0024		GEN. & ELEC.	FAIL	
5	26 SIMARA			INSPECTOR: <i>OM</i>
0040		FINAL GAS	PASS	
5	26 SIMARA	5091		INSPECTOR: <i>OM</i>

OTHER:

GAS COMPANY MUST CALL IN FOR
D. B. TANK & LINE ROLL
HAVE GAS COMPANY RESCHEDULE FINAL GAS FOR
FRIDAY 9/29/06 -

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 12 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8208	Balinger	NO PROGRESS		
5	18 Indalene Hwy	LAST PLEASE		CANCEL
	J.A. Taylor			INSPECTOR:
8042	Steele	Reinspect Final		
1	32 Fieldway DR	1st Please		Cancel
	O.B.			INSPECTOR:
7576	Silas	Sidewalk	PASS	
3	10 Castle Hill Wa			
	Statewide			INSPECTOR: <i>[Signature]</i>
1993	Grachino	Roof Sheathing	FAIL	
4	11 Wendy Ln	STRAPPING + tie down		
	Seagate Bldg.			INSPECTOR: <i>[Signature]</i>
8190	Kiplinger	Dry-In + metal Boathouse		
2	143 S.R.R.			Cancel
	Struct Roof.			INSPECTOR:
2006 0013	ANTONELLI	INSULATION	PASS	
1	10 15. RD.			
	LLOYD JOHNSON/EEC.			INSPECTOR: <i>[Signature]</i>
2006 0026	COLLEEN SHRAMM	ETG / SCAB	PASS	
2A	109 S.S.P.R.			
	O.B.			INSPECTOR: <i>[Signature]</i>
OTHER:	8088	100 ADPTE CT	NO FINAL PLINGS	CANCEL
	FELT/BLU			

8619

SHUTTERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6-5-07

BUILDING PERMIT NO. 8619

Building to be erected for Schramm

Type of Permit Hurricane Shutter

Applied for by Gulfstream Alum (Contractor)

Building Fee 120-

Subdivision Orchida Lot 25 Block _____

Radon Fee _____

Address 109 S Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

13841-001-025-00050-7

Amount Paid \$120- Check # 13543 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 14000-

TOTAL Fees 120-

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

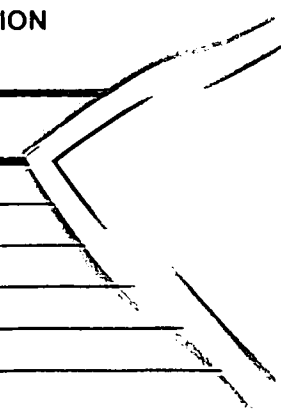
- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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



2

RECEIVED
5-25-07

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5/7/07

Permit Number: _____

OWNER/TITLEHOLDER NAME: Stephen Schramm

Phone (Day) 286-4700 (Fax) _____

Job Site Address: 109 S Sewall's Pt Co

City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Arbelia Sec on S/W Lot 25

Parcel Number: 01-38-41-001-025-00050-7

Owner Address (if different): SAME

City: _____ State: _____ Zip: _____

Description of Work To Be Done: Hurricane Shutters

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 14,000 -
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Gulfstream Alum + Shutter Corp

Phone: 287-6476 Fax: 287-9740

Street: 3001 SE GRAN PARK WAY

City: Stuart State: FL Zip: 34997

State Registration Number: CAC058017

State Certification Number: _____

Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required): [Signature]

CONTRACTOR SIGNATURE (required): [Signature]

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the May day of 2007

This the May day of 2007

by Stephen Schramm who is personally

by John L. O'Brien who is personally

known to me or produced

known to me or produced

as identification. [Signature]

as identification. [Signature]

Notary Public

Notary Public

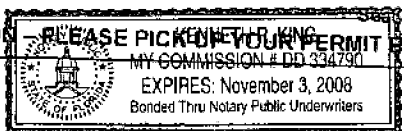
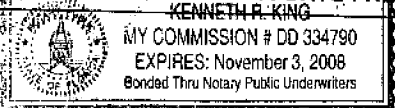
My Commission Expires: 11-3-08

My Commission Expires: 11-3-08

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION

PLEASE PICK UP YOUR PERMIT PROMPTLY!



Martin County, Florida

generated on 4/24/2007 11:04:45 AM EDT

Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
01-38-41-001-025-00050-7	109 S SEWALL'S POINT RD	17593	Owner	0	1

Summary

Property Location 109 S SEWALL'S POINT RD
Tax District 2200 Sewall's Point
Account # 17593
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.441

Legal Description

Property Information
 ARBELA, BEG ON S/LN LOT 25 &
 S PT RD C/LN, WALG S/LN 370'
 FOR POB, CONT 180', N PERP

Owner Information

Owner Information
SCHRAMM, STEPHEN C & COLLEEN C

Mail Information

109 S SEWALLS POINT RD
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$394,730
Market Total Value \$669,730

Recent Sale

Sale Amount \$430,000

Sale Date 2/28/2000
Book/Page 1460 2216

Data updated on 04/19/2007

NOTICE OF COMMENCEMENT

Property Appraisers Parcel ID No. 01 - 38 - 41 - 001 - 025 - 00050 - 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 Statute, the following information is provided in this Notice of Commencement:

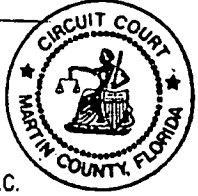
1). Description of property: Arbela, beg on SW cor 25 + 5 PKO CLK W/19 S/LN 300' for P&B
Address: 109 S Samuels Point Rd
Stuart FL 34996 CONT 1880
per P

2). General description of improvement: Hurricane Shutters

3). Owner information:
Name Stephen Schramm
Address: 109 S Samuels Pt Rd Stuart
Interest in property: _____
Name & address of fee simple title holder STATE OF FLORIDA
MARTIN COUNTY

4). Contractor information:
Name: Gulfstream Aluminum & Shutter Corp.
Address: 3001 SE Gran Park Way, Stuart, FL 34997
(782) 287-6476

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



5). Surety: N/A
Name: _____
Address: _____

BY Phoenix D.C.
DATE 5-24-07

6). Lender Information: N/A
Name: _____
Address: _____

7). Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)(7), Florida Statutes. Name & Address: _____

8). In addition to himself, Owner designates _____ to receive a copy of the Lienor as provided in Section 713.13(1)(b), Florida Statutes.

9). Expiration date of Notice of Commencement (the expiration date is One (1) year from the date of recording unless a different date is specified).

Sworn to and subscribed before me by Stephen Schramm who is personally known to me or produced _____ as identification, and who did take an oath this 24th day of May, 2007.

Signature of Notary: Kenneth R King
Printed Name of Notary: KENNETH R KING
Commission Number: DD 334790
Expiration Date: 11-3-08

Signature of Owner: [Signature]
Printed Name of Owner: Stephen Schramm
Owner's Address: 109 S Samuels Pt Rd



INSTR # 2015495 OR BK 02250 PG 2725 RECD 05/24/2007 02:19:04 PM
Pg 2725 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LP
GULFS-5

DATE (MM/DD/YYYY)
12/08/06

PRODUCER
R.V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996
Phone: 772-287-3366 Fax: 772-287-4255

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

INSURED
Gulfstream Aluminum & Shutter Corp dba Gulfstream Alum. Prod
3001 SE Gran Parkway
Stuart FL 34997

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Safeco Ins. Co. of America	24740
INSURER B: Auto-Owners Insurance Co	18988
INSURER C: Bridgefield Casualty Ins Co	
INSURER D: Southern Owners Insurance	10190
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
D	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	72654247	07/08/06	07/08/07	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					Emp Ben.	1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CH34890701	11/20/06	11/20/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AUTO ONLY: AGG	\$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	4514445401	07/08/06	07/08/07	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10,000					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	196-03957	12/12/06	12/12/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
					E L EACH ACCIDENT	\$ 500000
					E L DISEASE - EA EMPLOYEE	\$ 500000
					E L DISEASE - POLICY LIMIT	\$ 500000
D	OTHER Equipment Floater	72654247	07/08/06	07/08/07	Leased & Rent Equi	\$60,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
30 days notice of cancellation for workers compensation coverage.
Companies have the option to cancel 10 days for non-payment.

CERTIFICATE HOLDER
TOWN024
Town of Sewalls Point
1 S. Sewalls Point Road
Stuart FL 34996

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

C# 2623157

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06062001046

DATE	BATCH NUMBER	LICENSE NBR
06/20/2006	050841334	CRC058017

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

O'BRIEN, JOHN L
GULFSTREAM ALUMINUM & SHUTTER CORP
3001 SE GRAN PARK WAY
STUART FL 34997

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 3004012

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06122800075

DATE	BATCH NUMBER	LICENSE NBR
12/28/2006	060408148	QB52216

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2007
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

GULFSTREAM ALUMINUM & SHUTTER CORPORATION
3001 S.E. GRAN PARK WAY
STUART FL 34997

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 900-518-0362 CERT _____
PHONE (772) 287-6476 SIC NO 001541

LOCATION:
3001 SE GRAN PARK WAY MAR

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 09/01/2006 NORMA
19000005180036
002 2005 0013523
GULFSTREAM ALUMINUM

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

O'BRIEN, JOHN L
GULFSTREAM ALUMINUM & SHUTTER CORP
3001 SE GRAN PARK WAY
STUART, FL 34997

01 SEPTEMBER 06
AND ENDING SEPTEMBER 2007



SHUTTER SCHEDULE

LD. NO.	APPOX OPENING SIZE (WxH)	APPOX SHUTTER WIDTH	APPOX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
	37"X63"	45"	71"	N/A	12"	N/A	NO	EXAMPLE
1	40x82	43.125	90	N/A	12"	N/A	NO	SP
2	59x59	61	67	N/A	12"	N/A	NO	SP
3	36x59	40	65.125	N/A	12"	N/A	NO	BA
4	41x35	43.125	43	N/A	12"	N/A	NO	SP
5	60x80	61	88					"
6	65x47	67	55					"
7	35x47	37.25	55					"
8	39x80	43.125	88					"
9	41x41	43.125	49					"
10	95x42	96.5	50					"
11	42x42	43.125	50					"
12	53x29	55.25	37					"
13	65x54	67	62					"
14	65x54	67	62	↓	↓	↓	↓	"
15								
16	77x41	81	47.625	1	15"	N/A	NO	CO
17	72x80	72.75	88	N/A	12"	N/A	NO	SP
18	36x59	37.25	67	↓	↓	↓	↓	SP
19	36x59	37.25	67	↓	↓	↓	↓	SP
20	20x20	25.375	28	↓	↓	↓	↓	SP
21	65x96	67	98.375	2	15"	N/A	NO	CO
22	65x65	69	70.375	N/A	12"	↓	↓	BA
23	65x65	69	70.915	↓	↓	↓	↓	BA
24	65x65	69	70.375	↓	↓	↓	↓	BA
25	65x65	69	70.875	↓	↓	↓	↓	BA

FILE



SHUTTER SCHEDULE

LD. NO.	APPOX OPENING SIZE (WxH)	APPOX SHUTTER WIDTH	APPOX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
	37"X63"	45"	71"	N/A	12"	N/A	NO	EXAMPLE
20	26x26	31.25	34	N/A	12"	N/A	NO	SP
21	26x55	31.25	63					SP
22	24x24	25.375	32					SP
23	50x80	55.25	88					SP
24	24x24	28	32					SP
25								
26	24x48	25.375	56					SP
27	24x48	25.375	56	↓	↓	↓	↓	SP
28								
29								
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37								
38								
39								
40								
41								
42								
43								
44								
45								

FILE



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Gulfstream Aluminum and Shutter Corporation
3001 SE Gran Park Way
Stuart, Florida 34997

FILE

SCOPE:

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

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

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

DESCRIPTION: "Impact" Aluminum Bahama Shutter

APPROVAL DOCUMENT: Drawing No. 1001, titled "Impact Bahama Shutters", sheets 1 through 10 of 10, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated November 17, 2000, signed and scaled by Warren W. Schaefer, P.E. on March 18, 2004, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises & renews NOA #00-0411.11 and consists of this page 1, evidence submitted page(s) as well as approval document mentioned above.

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



Helmy A. Makar
05/06/04

NOA No 04-0325.01
Expiration Date: 05/06/2009
Approval Date: 05/06/2004
Page 1



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

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

NOTICE OF ACCEPTANCE (NOA)

**Gulfstream Aluminum and Shutter Corporation
3001 SE Gran Park Way
Stuart, Florida 34997**

FILE

SCOPE:

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

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

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

DESCRIPTION: "Impact" Aluminum Hinged Colonial Shutter

APPROVAL DOCUMENT: Drawing No. 1000, titled "Impact Colonial Shutters", sheets 1 through 7 of 7, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated January 10, 2001, signed and sealed by Warren W. Schaefer, P.E. on March 18, 2004, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises & renews NOA #00-0411.10 and consists of this page 1, evidence submitted page(s) as well as approval document mentioned above.

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

Helmy A. Makar
05/06/2004

NOA No 04-0325.02
Expiration Date: 05/06/2009
Approval Date: 05/06/2004



FLORIDA DEPARTMENT OF Community Affairs



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 [Lin](#)




Product Approval
 USER: Public User

FILE

[Product Approval Menu](#) >
 [Product or Application Search](#) >
 [Application List](#) >
 Application Detail

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- BUILDING CODES
- FLORIDA COMMUNITIES TRUST
- FRONT PORCH FLORIDA
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY
- NEWS
- FREQUENTLY ASKED QUESTIONS
- ABOUT OUR SECRETARY
- E-MAIL THE SECRETARY
- INSPECTOR GENERAL
- WEB ASSISTANCE
- CONTACT US
- OUR LOGO
- DCA EMPLOYEE SERVICES

FL #	FL419-R1
Application Type	Revision
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Eastern Metal Supply
Address/Phone/Email	4268 Westroads Drive West Palm Beach, FL 33407 (561) 841-5480 bfeeley@easternmetal.com
Authorized Signature	Bill Feeley bfeeley@easternmetal.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Shutters
Subcategory	Storm Panels
Compliance Method	Evaluation Report from a Florida Registered Architect Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Walter A. Tillit, Jr.
Florida License	PE-44167

Quality Assurance Entity
Validated By

National Accreditation and Management Institute
John Henry Kampmann Jr.

Certificate of Independence

Referenced Standard and Year (of
Standard)

Standard
SSTD 12-99

Year
2001

Equivalence of Product Standards
Certified By

Sections from the Code

1606.1.4

Product Approval Method

Method 1 Option D

Date Submitted

09/15/2005

Date Validated

09/23/2005

Date Pending FBC Approval

09/29/2005

Date Approved

10/11/2005

Summary of Products

FL #	Model, Number or Name	Description
419.1	05-270	0.050 Bertha Aluminum Storm Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.		Installation Instructions Verified By: Evaluation Reports PTID 419_R1_T Certification of Independence.pdf PTID 419_R1_T Drawing No05-271.pd PTID 419_R1_T Dwg 05-270.pdf PTID 419_R1_T Dwg No. 05-276.pdf PTID 419_R1_T Product Evaluation No 0907.04.pdf PTID 419_R1_T Product Evaluation Re 05-0907.03.pdf PTID 419_R1_T Report No. 05-0907.0
419.2	05-271	24ga. Galvanized Bertha Steel Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined		Installation Instructions Verified By: Evaluation Reports

on section 1619.2 of the Florida Building Code.

419.3	05-276	Clear Bertha Storm Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.		Installation Instructions Verified By: Evaluation Reports

[Back](#)

[Next](#)

DCA Administration

*Department of Community Affairs
Florida Building Code Online
Codes and Standards*

*2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100*

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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Product Approval Accepts:



Gulfstream Aluminum and Shutter Corporation

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #00-0411.10

A. DRAWINGS

1. *Drawing No. 1000, titled "Impact Colonial Shutter", prepared by W. W. Schaefer Engineering & Consulting, P.A., dated January 10, 2001, sheets 1 through 7 of 7, signed and sealed by Warren W. Schaefer, P.E.*

B. TESTS

1. *Test Report on: 1) Large Missile Impact Test, per PA-201
2) Cyclic Wind Pressure Test, per PA-203 and
3) Uniform Static Air Pressure test per PA-202, of colonial shutters, prepared by Hurricane Test Laboratory Inc., Report No. 0205-1201-99, dated March 23, 2000, signed and sealed by Vinu J. Abraham, P.E.*

C. CALCULATIONS

1. *Anchor analysis and calculations dated 12/24/99, Pages 1 to 15, prepared by W. W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, P.E.*

D. MATERIAL CERTIFICATION

1. *Certified Tensile Test Report No. 0AM-142, prepared by QC Metallurgical Inc., dated 03/02/2000, per ASTM E8-93, signed and sealed by Frank Grate, P.E.*

2. NEW EVIDENCE SUBMITTED

A. DRAWINGS

1. *Drawing No. 1000, titled "Impact Colonial Shutters", sheets 1 through 7 of 7, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated January 10, 2001, signed and sealed by Warren W. Schaefer, P.E. on March 18, 2004.*

B. TESTS

1. *None.*

C. CALCULATIONS

1. *None.*

D. QUALITY ASSURANCE

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

E. MATERIAL CERTIFICATIONS

1. *None.*



Helmy A. Makar, P.E.
Product Control Examiner
NOA No 04-0325.02
Expiration Date: 05/06/2009
Approval Date: 05/06/2004

FLORIDA DEPARTMENT OF Community Affairs



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FILE

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- BUILDING CODES
- FLORIDA COMMITTEE ON STRUCTURAL STEEL
- FRONT PORCH FLORIDA
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY
- NEWS
- FREQUENTLY ASKED QUESTIONS
- ABOUT OUR SECRETARY
- EMAIL THE SECRETARY
- INSPECTOR GENERAL
- EMERGENCY ASSISTANCE
- CONTACT US
- FOIP/LOGO
- FLORIDA EMPLOYEES SERVICE

FL # FL389-R1
Application Type Revision
Code Version 2004
Application Status Approved
Comments
Archived

Product Manufacturer American Shutter Systems Association, Inc.
Address/Phone/Email 4268 Westroads Drive
 West Palm Beach, FL 33407
 (561) 841-5480
 bfeeley@easternmetal.com

Authorized Signature Bill Feeley
 bfeeley@easternmetal.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Shutters
Subcategory Accordion

Compliance Method Evaluation Report from a Florida Registered Architect
 Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name Walter A.. Tillit, Jr. P.E.
who developed the Evaluation Report
Florida License PE-44167

Quality Assurance Entity
Validated By

National Accreditation and Management Institute
John Henry Kampmann Jr.

Certificate of Independence

Referenced Standard and Year (of
Standard)

Standard

ASTM E-1886

ASTM E-1996

Year

2002

2002

Equivalence of Product Standards
Certified By

Sections from the Code

1609.1.4

1609.1.4

Product Approval Method

Method 1 Option D

Date Submitted

8/5/2005

Date Validated

9/23/2005

Date Pending FBC Approval

9/29/2005

Date Approved

10/11/2005

Summary of Products		
FL #	Model, Number or Name	Description
389.1	Bertha HV Accordion Shutter (Non-HVHZ)- Drwg #05-196	Extruded aluminum interlocking blades by tracks (top and bottom) for storm pr
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: This product shall not be installed within High Velocity Hurricane Zone as defined on section 1620.2 of the Florida Building Code.		Installation Instructions Verified By: Evaluation Reports PTID_389_R1_T_CERT_INDEPENDENCE 0715.01.pdf PTID_389_R1_T_Drawing_No.05-196.p PTID_389_R1_T_PROD_EVALUATION_R 05-0715.01.pdf

Back

Next

DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

118 N 5th PR
 DECK / BRASS
 HOUSE -

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-16, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8668	Beattie	Final	PASS	CLOSE
3	4 Admirals Walk Gulfstream Alum			INSPECTOR: <i>[Signature]</i>
5019	Schramm	Final	PASS	CLOSE
2	1095 Sewall Pt Gulfstream Alum			INSPECTOR: <i>[Signature]</i>
8632	Gibson	Final	FAIL	\$40 FEE
1	1345 River Rd Gulfstream Alum			INSPECTOR: <i>[Signature]</i>
8486	Van Vonno	Made correction on equip. PAD	PASS	
4	15 S Ridgeway Paul Peoples			INSPECTOR: <i>[Signature]</i>
8472	Kremser	Final left studs	PASS	CLOSE
5	23 Ridgeland Dr LTS Plastering	see me for Permit		INSPECTOR: <i>[Signature]</i>
7344	Cabrera	Fill	PASS	CLOSE
8170	3 Melody Ln	Fence	PASS	CLOSE
8171	O/B	Shed	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

10187

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10187	DATE ISSUED:	AUGUST 15, 2012
SCOPE OF WORK:	AC CHANGEOUT - 3 SYSTEMS		
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	013841-001-025-000507	SUBDIVISION	ARBELA - LOT 25
CONSTRUCTION ADDRESS:	109 S SEWALLS PT RD		
OWNER NAME:	SCHWARTZ		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

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:

10187

Date: 9/17/12

OWNER/LESSEE NAME: BART: DARYN SCHWARTZ Phone (Day) 384-9418 (Fax)

Job Site Address: 109 S. SEWALLS POINT RD. City: STUART State: FL Zip: 34990

Legal Description: ARBIA ON SILN LOT 25 Parcel Control Number: 01-3841-001-025-00050-7

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC):

REPLACE 3 A/C SYSTEMS

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: \$ 14660 (241400)
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: KRAUSS: CRANE, INC. Phone: 287-1727 Fax: 283 4055

Qualifiers name: JOHN H. CRANE, INC. Street: 9045 DIXIE HWY City: STUART State: FL Zip: 34994

State License Number: CAC049880 OR: Municipality: License Number:

LOCAL CONTACT: JOHN H. CRANE, INC. Phone Number: 287-1727

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

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

Carport: Total under Roof 3613 sq ft 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 See both signed proposals
State of Florida, County of:
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification, _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
John Crane
State of Florida, County of: *Martin*
On This the *7* day of *August*, 20*12*
by *John Crane* who is personally
known to me or produced _____
As identification, _____
My Commission Expires: _____
MICHELLE THOMAS
MY COMMISSION # DD974341
EXPIRES March 23, 2014
Notary Public
Florida Notary Service Corp.
(407) 398-0153

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!

**SYSTEM 1
PROPOSAL**

846

PERMIT
FPL



THUS
8/9/12
install

BART Inv# ~~111578~~

Submitted To ~~BRAD~~ SCHWARTZ
Street 109 S SEWALLS POINT RD
City, St. Zip STUART FL 34996
Phone 324-8418
Location _____
Attention _____
Date 8-6-12

Krauss & Crane, Inc.

AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055
Email: kandc@kciac.com

We Hereby Submit Specifications For The Following:

EQUIPMENT

Condenser RTTB4024E
S.E.E.R. 16 Tons 2
Air Handler GANSAC24M Vert/Horz VERT
Heat Strip 5 Thermostat NEW
Package Unit N/A Crane N/A

DUCTWORK

New Supply Outlets N/A
New Return Inlets N/A
Air Handler Stand N/A Filters
New Plenums AS NEEDED
Grilles N/A

PIPING

Primary Drain CLEAN Emergency Drain
Drain Pan NEW Clean Out NEW
Cond. Pump N/A Armaflex AS NEEDED
Liquid Line FLUSH Suction Line FLUSH
Other _____

ELECTRICAL

New Disconnect N/A Existing Service
New Breakers N/A Add New Circuit N/A
Other _____

WARRANTY

Labor 1 years Comp 10 years
Coil 10 years Parts 10 years
Maintenance _____ years

MISCELLANEOUS

All work complies with existing codes
All required permits
Refrigerant recovery
Disposal of old equipment
Weather resistant vibration isolation pads
Rust resistant brass refrigerant connectors
Condenser support pad
Galvanized steel weatherproof piping cover
All work to be performed in a neat manner
Professional journeyman class technicians

OTHER

We propose hereby to furnish complete as above specified for the sum of:

Sub Total \$ <u>4138</u>	Rebates -\$ <u>405</u>	Deposit -\$ _____	Balance \$ <u>3733</u>
--------------------------	------------------------	-------------------	------------------------

PAYMENT DUE IN FULL UPON COMPLETION

ACCEPTED MAC
Krauss & Crane, Inc. CAC049286

DATE 8-6-12

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS OUTLINED ABOVE. ALL MATERIALS AND EQUIPMENT REMAIN THE PROPERTY OF KRAUSS & CRANE, INC. UNTIL PAYMENT IN FULL. KRAUSS & CRANE, INC. RESERVES THE RIGHT TO TAKE POSSESSION OF ANY EQUIPMENT AND/OR MATERIALS DUE TO NON PAYMENT.

ACCEPTED DS Dany Schwartz DATE 8/6/12

Method of Payment Check _____ Credit Card _____ Financing _____

With Approved Credit

THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 10 DAYS.

**SYSTEM 2
PROPOSAL**

**PERMIT
FPL**



**THUS
8/9/12
install**

Inv# ~~111558~~
844

Submitted To **BART** **MARK SCHWARTZ**
Street **109 S SEWALLS POINT**
City, St. Zip **STUART FL 34996**
Phone **324-8418**
Location _____
Attention _____
Date **8-6-8**

Krauss & Crane, Inc.

AIR CONDITIONING SALES AND SERVICE
904 South Dixie Highway • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055
Email: kandc@kciac.com

We Hereby Submit Specifications For The Following:

EQUIPMENT

Condenser **4TRB4024E**
S.E.E.R. **16** Tons **2**
Air Handler **GAM5A0A24M** Vert/Horz **VERT**
Heat Strip **5** Thermostat **NEW**
Package Unit **N/A** Crane **N/A**

DUCTWORK

New Supply Outlets **N/A**
New Return Inlets **N/A**
Air Handler Stand **N/A** Filters _____
New Plenums **AS NEEDED**
Grilles **N/A**

PIPING

Primary Drain **CLEAN** Emergency Drain _____
Drain Pan **NEW** Clean Out **NEW**
Cond. Pump **N/A** Armaflex **AS NEEDED**
Liquid Line **FLUSH** Suction Line **FLUSH**
Other _____

ELECTRICAL

New Disconnect **N/A** Existing Service
New Breakers **N/A** Add New Circuit **N/A**
Other _____

WARRANTY

Labor **1** years Comp **10** years
Coil **10** years Parts **10** years
Maintenance _____ years

MISCELLANEOUS

All work complies with existing codes
All required permits
Refrigerant recovery
Disposal of old equipment
Weather resistant vibration isolation pads
Rust resistant brass refrigerant connectors
Condenser support pad
Galvanized steel weatherproof piping cover
All work to be performed in a neat manner
Professional journeyman class technicians

OTHER

We propose hereby to furnish complete as above specified for the sum of:

Sub Total \$ <u>4138</u>	Rebates -\$ <u>405</u>	Deposit -\$ _____	Balance \$ <u>3733</u>
---------------------------------	-------------------------------	-------------------	-------------------------------

PAYMENT DUE IN FULL UPON COMPLETION

ACCEPTED **MBC**
Krauss & Crane, Inc. CAC049286

DATE **8-6-12**

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS OUTLINED ABOVE. ALL MATERIALS AND EQUIPMENT REMAIN THE PROPERTY OF KRAUSS & CRANE, INC. UNTIL PAYMENT IN FULL. KRAUSS & CRANE, INC. RESERVES THE RIGHT TO TAKE POSSESSION OF ANY EQUIPMENT AND/OR MATERIALS DUE TO NON PAYMENT.

ACCEPTED **Mark Schwartz**

DATE **8/6/12**

Method of Payment Check _____ Credit Card _____ Financing _____

With Approved Credit

THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 10 DAYS.

PERMIT
FPL

WED 8/8/12 SYSTEM 3
PROPOSAL

install



845

Inv# ~~111583~~

BART

Submitted To ~~MARK~~ SCHWARTZ
Street 1095 SEWALLS POINT RD
City, St. Zip STUART FL 34996
Phone 324-
Location _____
Attention _____
Date 8-6-12

Krauss & Crane, Inc.
AIR CONDITIONING SALES AND SERVICE
904 South Dixie Highway • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055
Email: kandc@kciac.com

We Hereby Submit Specifications For The Following:

EQUIPMENT

Condenser 4TTB4024E
S.E.E.R. 16 Tons 2
Air Handler GAMS A024M Vert/Horz VERT
Heat Strip 5 Thermostat NEW
Package Unit N/A Crane N/A

DUCTWORK

New Supply Outlets N/A
New Return Inlets N/A
Air Handler Stand N/A Filters
New Plenums AS NEEDED
Grilles N/A

PIPING

Primary Drain CLEAN Emergency Drain _____
Drain Pan NEW Clean Out NEW
Cond. Pump N/A Armaflex AS NEEDED
Liquid Line FLUSH Suction Line FLUSH
Other _____

ELECTRICAL

New Disconnect N/A Existing Service
New Breakers N/A Add New Circuit N/A
Other _____

WARRANTY

Labor 1 years Comp 10 years
Coil 10 years Parts 10 years
Maintenance _____ years

MISCELLANEOUS

All work complies with existing codes
All required permits
Refrigerant recovery
Disposal of old equipment
Weather resistant vibration isolation pads
Rust resistant brass refrigerant connectors
Condenser support pad
Galvanized steel weatherproof piping cover
All work to be performed in a neat manner
Professional journeyman class technicians

OTHER

We propose hereby to furnish complete as above specified for the sum of:

Sub Total \$ 4138 Rebates -\$ 405 Deposit -\$ _____ Balance \$ 3733

PAYMENT DUE IN FULL UPON COMPLETION

ACCEPTED MAC
Krauss & Crane, Inc. CAC049286

DATE 8-6-12

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS OUTLINED ABOVE. ALL MATERIALS AND EQUIPMENT REMAIN THE PROPERTY OF KRAUSS & CRANE, INC. UNTIL PAYMENT IN FULL. KRAUSS & CRANE, INC. RESERVES THE RIGHT TO TAKE POSSESSION OF ANY EQUIPMENT AND/OR MATERIALS DUE TO NON PAYMENT.

ACCEPTED Daryn Schwartz

DATE 8/6/12

Method of Payment Check _____ Credit Card _____ Financing _____

With Approved Credit

THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 10 DAYS.



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

Air Conditioning Change out Affidavit

Residential Commercial _____

Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No

Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No

Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# GAMS A0A34
Volts ²⁰⁰¹ 240 CFM's 700 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 310 Suction 314
Refrigerant type R410A
Location: Existing New _____
Attic/Garage/Closet (specify) closet
Access: NIA
(Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TTB4034E1
Volts ²⁰⁰¹ 240 SEER/EER 16 BTU's 21600
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 310 Suction 314
Refrigerant type R410A
Location: Existing New _____
Left/Right/Rear/Front/Roof side house
Condensate Location closet

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: RHEEM Model# RBEA14J05
Volts ²⁰⁸¹ 240 CFM's 700 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. New _____
Attic/Garage/Closet (specify) closet
Access: NIA

Condenser: Mfg RHEEM Model# RALB024JA2
Volts ²⁰⁸¹ 240 SEER/EER 10 BTU's 24000
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. New _____
Left/Right/Rear/Front/Roof side house
Condensate Location closet

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

John Cum
Signature

8/7/12
Date

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-025-00050-7

STATE OF FLORIDA COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE UPON 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 on SLN Lot 25

GENERAL DESCRIPTION OF IMPROVEMENT:

replacement of 3 A/c systems like for like

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

NAME: Bart & Daryn Schwartz
ADDRESS: 109 S. Sewells Point Rd Stuart FL 34996
PHONE NUMBER: 772-324-0418 FAX NUMBER: _____
INTEREST IN PROPERTY: owner

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

CONTRACTOR: Krauss & Crane
ADDRESS: 904 S. Dixie Hwy Stuart FL 34994
PHONE NUMBER: 772-287-1227 FAX NUMBER: 772-283-4055

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

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

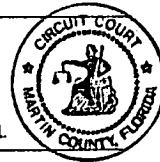
LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____

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: _____
BY: _____ DATE: 08/15/12

STATE OF FLORIDA
MARTIN COUNTY



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

MARSHA EWING, CLERK

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ DATE _____ 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).

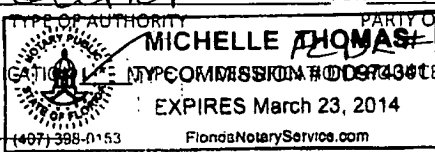
Daryn Schwartz
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 14 DAY OF August 2012

BY: Daryn Schwartz Owner FOR _____

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION: Michelle Thomas
NOTARY SIGNATURE/ SEAL



PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
5632-168-69-924-0

INSTR # 2346338 OR BK 02594 PG 2711 RECD 08/15/2012 10:44:36 AM
MARSHA EWING, CLERK
MARTIN COUNTY DEPUTY CLERK
C 0111111



General Data

Product Specifications

Model No. ①	4TTB4018E1	4TTB4024E1	4TTB4030E1	4TTB4036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	12	19
Max Fuse Size (Amps)	15	15	20	30
Compressors	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF® · SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1
RL AMPS - LR AMPS	6.4 - 38.6	6.8 - 38.6	9.1 - 57.8	14.1 - 77
Outdoor Fan FL Amps	0.74	0.74	0.93	0.93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/8-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	38.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT300
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 80'. Standard lift - 60' Suction and Liquid line. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (†denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-Weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OVTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTB4018E	79	24.9	44.9	56.7	71.1	74.1	72.7	62.2	49.9
4TTB4024E	79	23	45.4	57	70.9	74.2	70.5	62.9	52.6
4TTB4030E	80	27.9	52.9	62.9	74.3	76.2	73	64.7	52.5
4TTB4036E	78	23.2	51.7	64.2	72.3	74.1	71.3	62.7	49.5
4TTB4042E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4048E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4049E	76	44.3	53.8	56.6	63.6	34.6	59.9	52.7	43.7
4TTB4060E	80	22.8	52.8	65.6	73.3	75.1	71.5	62.8	50
4TTB4061E	76	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008



TRANE®

Electrical Data

WIRING DATA											
GAM5A0A18M11SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump

WIRING DATA											
GAM5A0A24M21SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (A.H.R.I. STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



sys#1

Schwartz

This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150825

Date: 8/7/2012

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTB4024E1

Indoor Unit Model Number: GAM5A0A24M21

Manufacturer: TRANE

Trade/Brand name: XB14

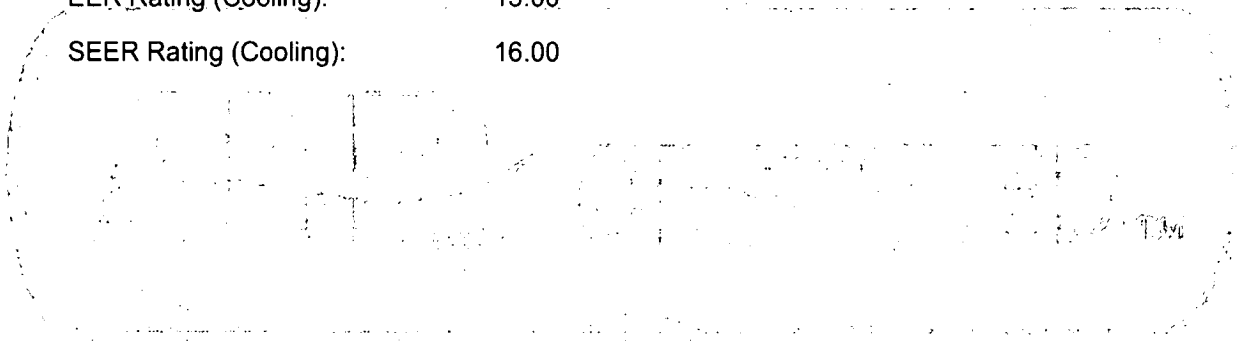
Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 21600

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

Sys # 1



Project Summary
Entire House
Krauss & Crane, Inc.

Job:
 Date:
 By:

904 S. Dixie Hwy, Stuart, FL 34994 Phone: 772-287-1227 Fax: 772-283-4055 Email: kandc@kciac.com Web: www.kciac.com

Project Information

For: Bart Schwartz
 109 S. Sewalls Point Rd., Stuart, FL 34996
 Phone: 772-324-8418

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db **47 °F**
 Inside db **70 °F**
 Design TD **23 °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 **13202 Btuh**
 Ducts **1547 Btuh**
 Central vent (0 cfm) **0 Btuh**
 Humidification **0 Btuh**
 Piping **0 Btuh**
 Equipment load **14749 Btuh**

Sensible Cooling Equipment Load Sizing

Structure **15844 Btuh**
 Ducts **2094 Btuh**
 Central vent (0 cfm) **0 Btuh**
 Blower **0 Btuh**
 Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **17293 Btuh**

Infiltration

Method **Simplified**
 Construction quality **Average**
 Fireplaces **0**

	Heating	Cooling
Area (ft²)	1247	1247
Volume (ft³)	9976	9976
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	75	38

Latent Cooling Equipment Load Sizing

Structure **3069 Btuh**
 Ducts **799 Btuh**
 Central vent (0 cfm) **0 Btuh**
 Equipment latent load **3868 Btuh**
 Equipment total load **21161 Btuh**
 Req. total capacity at 0.70 SHR **2.1 ton**

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no./a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	14569 Btuh
Temperature rise	17 °F
Actual air flow	779 cfm
Air flow factor	0.053 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make
 Trade
 Cond
 Coil
 AHRI ref no.
 Efficiency **0 SEER**

Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	779 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.82

Bold/italic values have been manually overridden

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



Right-Suite® Universal 2012 12.0.04 RSU13682

X:\Load Calc\Schwartz 3 8-7-12.rup Calc = MJ8 Front Door faces: N

2012-Aug-07 14:07:41

Page 1



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

Syot 1

SCHWARTZ

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: BART: DARYN SCHWARTZ Contractor name: KRAUSS CRANE, INC.
 Street address: 109 S. SEWALLS Pt. Rd. Jurisdiction: JOHN H. CRANE, III SEWALLS POINT
 City: STUART, FL Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- _____ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- _____ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- _____ The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- _____ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 8/2/12
 Printed Name: John Crane
 Contractor License #: CAC049286

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____
 Printed Name: _____



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

Air Conditioning Change out Affidavit

Residential [checked] Commercial

Package Unit Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No - Refrigerant line replacement Yes No

Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# GAMS A0A24
Volts 240 CFM's 760 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 312 Suction 314
Refrigerant type R410A
Location: Existing [checked] New
Attic/Garage/Closet (specify) closet
Access: N/A

Condenser: Mfg TRANE Model# 4TTB4034E1
Volts 240 SEER/EER 16 BTU's 21600
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 312 Suction 314
Refrigerant type R410A
Location: Existing [checked] New
Left/Right/Rear/Front/Roof side house
Condensate Location closet

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: LENNOX Model# CB29M
Volts 240 CFM's 760 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. [checked] New
Attic/Garage/Closet (specify) closet
Access: N/A

Condenser: Mfg LENNOX Model# AC13024030
Volts 240 SEER/EER 13 BTU's 23000
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. [checked] New
Left/Right/Rear/Front/Roof side house
Condensate Location closet

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Handwritten Signature]

Date 8/7/12



Sys # 8

Schwartz

This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150825

Date: 8/7/2012

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTB4024E1

Indoor Unit Model Number: GAM5A0A24M21

Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 21600

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute



General Data

Product Specifications

Model No. ①	4TTB4018E1	4TTB4024E1	4TTB4030E1	4TTB4036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	12	19
Max Fuse Size (Amps)	15	15	20	30
Compressors	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF® · SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1
RL AMPS - LR AMPS	6.4 - 38.6	6.8 - 38.6	9.1 - 57.8	14.1 - 77
Outdoor Fan FL Amps	0.74	0.74	0.93	0.93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/3-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	38.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT302
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 80'. Standard lift - 60' Suction and Liquid line.

For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-0'. (*denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-Weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OVTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTB4018E	79	24.9	44.9	56.7	71.1	74.1	72.7	62.2	49.9
4TTB4024E	79	23	45.4	57	70.9	74.2	70.5	62.9	52.6
4TTB4030E	80	27.9	52.9	62.9	74.3	76.2	73	64.7	52.5
4TTB4036E	78	23.2	51.7	64.2	72.3	74.1	71.3	62.7	49.5
4TTB4042E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4048E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4049E	76	44.3	53.8	56.6	63.6	34.6	59.9	52.7	43.7
4TTB4060E	80	22.8	52.8	65.6	73.3	75.1	71.5	62.8	50
4TTB4061E	76	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008



Electrical Data

WIRING DATA											
GAM5A0A18M11SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump

WIRING DATA											
GAM5A0A24M21SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump



TRANE

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

Exp #2



Project Summary

Entire House

Krauss & Crane, Inc.

Job:
Date:
By:

904 S. Dixie Hwy, Stuart, FL 34994 Phone: 772-287-1227 Fax: 772-283-4055 Email: kandc@kdac.com Web: www.kdac.com

Project Information

For: Bart Schwartz
109 S. Sewalls Point Rd., Stuart, FL 34996
Phone: 772-324-8418

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db	47 °F
Inside db	70 °F
Design TD	23 °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	12853 Btuh
Ducts	1507 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	14360 Btuh

Sensible Cooling Equipment Load Sizing

Structure	15621 Btuh
Ducts	2039 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	17025 Btuh

Latent Cooling Equipment Load Sizing

Structure	3001 Btuh
Ducts	776 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	3776 Btuh

	Heating	Cooling
Area (ft ²)	1189	1189
Volume (ft ³)	9512	9512
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	71	36

Equipment total load	20801 Btuh
Req. total capacity at 0.70 SHR	2.0 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref no./a	
Efficiency	100 EFF
Heating input	0 Btuh
Heating output	15439 Btuh
Temperature rise	18 °F
Actual air flow	768 cfm
Air flow factor	0.053 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref no.	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	768 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.82

Bold/italic values have been manually overridden

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





Supt 8

SCHWARTZ

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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: BART DARYN SCHWARTZ Contractor name: KRAUSS CRANE, INC.
Street address: 109 S. SEWALLS Pt. Rd. Jurisdiction: JOHN H. CRANE, III SEWALLS POINT
City: STUART, FL Permit No.:
Zip: 34996 Final inspection date:

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
System was tested (see below) and repairs were made as necessary - (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 8/7/12
Printed Name: John Craue
Contractor License #: CAC049286

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: Date:
Printed Name:



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

Air Conditioning Change out Affidavit

Residential [checked] Commercial

Package Unit Yes No [checked] (Use Condenser side of form below for equipment listing)

Duct Replacement Yes [checked] No - Refrigerant line replacement Yes [checked] No

Flushing Existing Refrigerant lines Yes [checked] No - Adding Refrigerant Drier Yes [checked] No

Rooftop A/C Stand Installation Yes [checked] No - Curb Installation Yes [checked] No

Smoke Detector in Supply (over 2000 CFM) Yes [checked] No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# GAMS A0A24
Volts 240 CFM's 700 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 310 Suction 314
Refrigerant type R410A
Location: Existing [checked] New
Attic/Garage/Closet (specify) closet
Access: N/A
(Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TTB4004E1
Volts 240 SEER/EER 16 BTU's 21600
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 310 Suction 314
Refrigerant type R410A
Location: Existing [checked] New
Left/Right/Rear/Front/Roof side house
Condensate Location closet

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RBEA14JDS
Volts 240 CFM's 700 Heat Strip 5 Kw
Min. Circuit Amps 29 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 29
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. [checked] New
Attic/Garage/Closet (specify) closet
Access: N/A

Condenser: Mfg Rheem Model# RAUB-018JAZ
Volts 240 SEER/EER 10 BTU's 23000
Min. Circuit Amps 9 Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 318 Suction 314
Refrigerant type R22
Location: Ext. [checked] New
Left/Right/Rear/Front/Roof side house
Condensate Location closet

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Handwritten Signature]

Date 8/2/12



General Data

Product Specifications

Model No. ①	4TTB4018E1	4TTB4024E1	4TTB4030E1	4TTB4036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	12	19
Max Fuse Size (Amps)	15	15	20	30
Compressors	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF® · SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1
RL AMPS - LR AMPS	6.4 - 38.6	6.8 - 38.6	9.1 - 57.8	14.1 - 77
Outdoor Fan FL Amps	0.74	0.74	0.93	0.93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/3-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	38.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT302
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 80'. Standard lift - 60' Suction and Liquid line.

For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-Weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A_WEIGHTED FULL OVTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTB4018E	79	24.9	44.9	56.7	71.1	74.1	72.7	62.2	49.9
4TTB4024E	79	23	45.4	57	70.9	74.2	70.5	62.9	52.6
4TTB4030E	80	27.9	52.9	62.9	74.3	76.2	73	64.7	52.5
4TTB4036E	78	23.2	51.7	64.2	72.3	74.1	71.3	62.7	49.5
4TTB4042E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4048E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4049E	76	44.3	53.8	56.6	63.6	34.6	59.9	52.7	43.7
4TTB4060E	80	22.8	52.8	65.6	73.3	75.1	71.5	62.8	50
4TTB4061E	76	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008



TRANE®

Electrical Data

WIRING DATA											
GAM5A0A18M11SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump

WIRING DATA											
GAM5A0A21M21SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A ① BAYEAAC10LG1A ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A ②	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: * Motor Amps
 ① Heater not qualified for downflow installations
 ② Approved for 240 V only with Heat Pump



TRANE[®]

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRJ STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ret.: ASTM 1785-76)



sys #3

SCHWARTZ

This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150825

Date: 8/7/2012

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTB4024E1

Indoor Unit Model Number: GAM5A0A24M21

Manufacturer: TRANE

Trade/Brand name: XB14

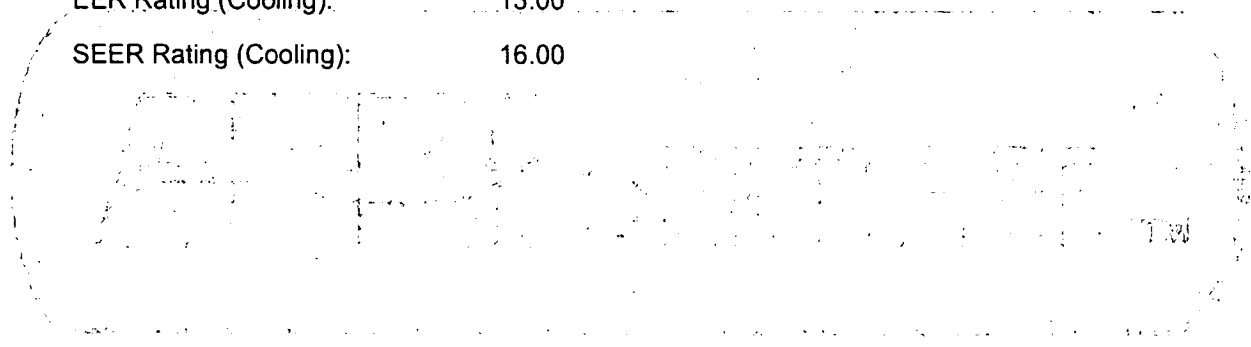
Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 21600

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute



Project Summary
Entire House
Krauss & Crane, Inc.

Job:
 Date:
 By:

904 S. Dixie Hwy, Stuart, FL 34994 Phone: 772-287-1227 Fax: 772-283-4055 Email: kandc@kciac.com Web: www.kciac.com

Project Information

For: Bart Schwartz
 109 S. Sewalls Point Rd., Stuart, FL 34996
 Phone: 772-324-8418

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db	47 °F
Inside db	70 °F
Design TD	23 °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	13028 Btuh
Ducts	1541 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	14569 Btuh

Sensible Cooling Equipment Load Sizing

Structure	15733 Btuh
Ducts	2082 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	17173 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

Latent Cooling Equipment Load Sizing

Structure	3035 Btuh
Ducts	790 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	3825 Btuh
Equipment total load	20998 Btuh
Req. total capacity at 0.70 SHR	2.0 ton

	Heating	Cooling
Area (ft²)	1218	1218
Volume (ft³)	9744	9744
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	73	37

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref non/a	
Efficiency	100 EFF
Heating input	0 Btuh
Heating output	14962 Btuh
Temperature rise	18 °F
Actual air flow	774 cfm
Air flow factor	0.053 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref no.	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	774 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.82

Bold/italic values have been manually overridden

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 772-220-4765

FLORIDA ENERGY CONSERVATION CODE
Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: BART: DARYN SCHWARTZ Contractor name: KRAUSS: CRANE, INC.
Street address: 109 S. SEWALLS Pt. Rd. Jurisdiction: JOHN H. CRANE, III SEWALLS POINT
City: STUART, FL Permit No.:
Zip: 34996 Final inspection date:

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
System was tested (see below) and repairs were made as necessary - (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 8/7/12
Printed Name: John Crane
Contractor License #: CAC049286

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: Date:
Printed Name:

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-29-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10187	Schwartz	Final		
1st	109 S Sewalls	AC	Pass	Code
	Krauss & Crane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10188	Cuban	Final		
9 AM	85 N Sewalls	AC	Pass	Close
	Krauss & Crane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10090	SUBIN			
	8 Palm Ct	FINAL	Pass	Close
	CHITWOOD	PAVERS		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10061	ELDER			
	110 S SPT RD	FRAMING	Pass	
	OB			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10179	CLEMENTS	TRUSS		Code Code
	11 W. HIGH PT	TIE DOWN	Pass	
	WILCO			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10144	MURPHY / BAKHS	SUP/VIEW	2:00 -	
	8 PERONS NEST	PILING INST	2:30	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10333

RE-ASPHALT

DRIVEWAY



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:	10333	DATE ISSUED:	01/23/2013
SCOPE OF WORK:	REPAVE ASPHALT DRIVEWAY		
CONTRACTOR:	PAV-CO CONTRACTING		
PARCEL CONTROL NUMBER:	013841001025-000507	SUBDIVISION	ARBELA - L25
CONSTRUCTION ADDRESS:	109 S SEWALLS PT RD		
OWNER NAME:	SCHWARTZ		
QUALIFIER:	BILL CARPINO	CONTACT PHONE NUMBER:	286-7385

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.

6030-503-6093

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10333

Date: _____

OWNER/LESSEE NAME: BART SCHWARTZ Phone (Day) 630.503.6093 (Fax) _____

Job Site Address: 107-111 S. SEWALLS POINT RD City: SEWALLS POINT State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): x Re-Paving Driveway ASPHALT

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: \$ 12,000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Pin-La Contracting, INC Phone: 772-286-7385 Fax: 286-7859

Qualifiers name: William Carpino Street: 3341 SE SLACK ST City: STUART State: FL Zip: 34997

State License Number: _____ OR: Municipality: _____ License Number: MCP-02487

LOCAL CONTACT: Bill Carpino Phone Number: 772-286-7385

DESIGN PROFESSIONAL: N/A License # _____

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

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

- 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.

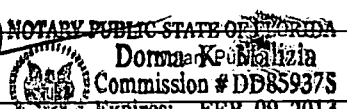
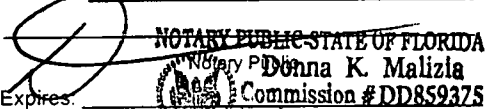
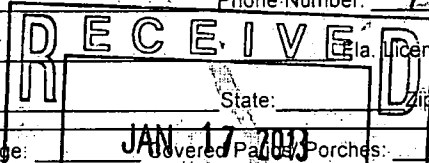
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

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 17 day of Jan, 2013
by BART SCHWARTZ who is personally known to me or produced DRIVERS LICENSE
As identification _____
My Commission Expires _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of Martin
On This the 17 day of Jan, 2013
by BILL CARPINO who is personally known to me or produced FL DL CG15-936-70-206-0
As identification _____
My Commission Expires _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.14) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-025-00050-7

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):

Arbella - lot 25

GENERAL DESCRIPTION OF IMPROVEMENT: REPAVE DRIVEWAY

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

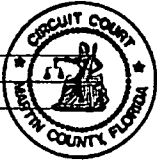
NAME: SCHWARTZ
ADDRESS: 128 S SEYMOUR BLVD RD SEYMOUR PLANT, FL 34436
PHONE NUMBER: 772-286-7393 FAX NUMBER:
INTEREST IN PROPERTY:

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

CONTRACTOR: PA-Lo Contracting, Inc.
ADDRESS: 3341 SE SLATER ST SUITE #2 34441
PHONE NUMBER: 772-286-7385 FAX NUMBER: 772-286-7859

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS:
PHONE NUMBER:
BOND AMOUNT:
STATE OF FLORIDA
MARTIN COUNTY

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER:
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE



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: CAROLYN JIMMANN, CLERK
BY: [Signature] D.C.
DATE: 1-17-13

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.

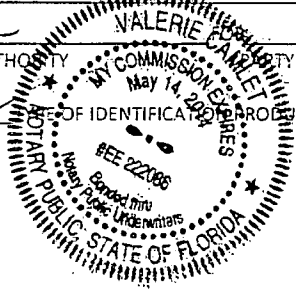
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

[Signature]
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE: owner

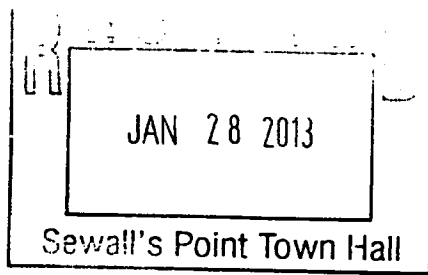
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 17 DAY OF Jun 20 13

BY: Bart Schwarz AS owner TYPE OF AUTHORITY: OWNER
NAME OF PERSON TYPE OF AUTHORITY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION: [Signature]
NOTARIAL PUBLIC, STATE OF FLORIDA
FOLIO # 5632-061-70-319-0

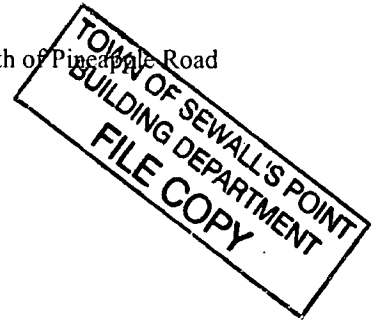


INSTR # 2372166 OR BK 2624 PG 2877 RECD 01/17/2013 09:55:57 AM
(1 Pgs)
CAROLYN JIMMANN MARTIN COUNTY CLERK
DEED DOC #0.00, NIG DOC #0.00, INTANGIBLE #0.00



12/6/2012

This document pertains to the shared driveway / access road easement that runs parallel and south of Pineapple Road covering portions of the following properties:



- 1 Pineapple – Tony / Arlene Lagana
- 3 Pineapple – Lucy McCartney
- 5 Pineapple – Ryan and Jenny Askeland
- 107 South Sewalls Point Rd – Will and Charlotte Ghioto
- 109 South Sewalls Point Rd – Bart and Daryn Schwartz
- 111 South Sewalls Point Rd – Allison Novins

I give permission for the owners of 109 and 111 South Sewalls point road to take the necessary actions to have said driveway / access road repaired. I agree that:

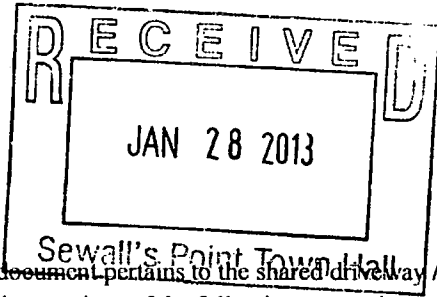
- 1) I will have no financial responsibility for the project.
- 2) I abdicate decisions regarding the manner in which the repairs are made to the owners of 109 and 111 South Sewalls Point Road .

Signed:

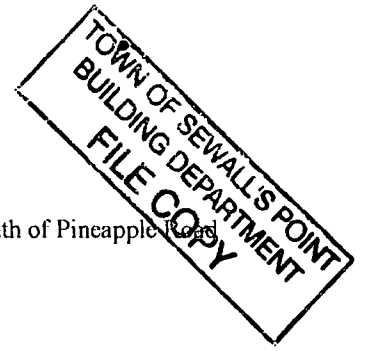
Charlotte Ghioto

Will or Charlotte Ghioto

Owner, 107 Sewalls Point Road



12/6/2012



This document pertains to the shared driveway / access road easement that runs parallel and south of Pineapple Lane covering portions of the following properties:

- 1 Pineapple – Tony / Arlene Lagana
- 3 Pineapple – Lucy McCartney
- 5 Pineapple – Ryan and Jenny Askeland
- 107 South Sewalls Point Rd – Will and Charlotte Ghioto
- 109 South Sewalls Point Rd – Bart and Daryn Schwartz
- 111 South Sewalls Point Rd – Allison Novins

I give permission for the owners of 109 and 111 South Sewalls point road to take the necessary actions to have said driveway / access road repaired. I agree that:

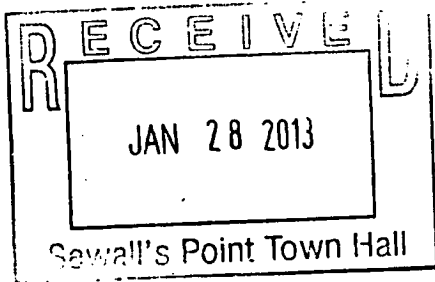
- 1) I will have no financial responsibility for the project.
- 2) I abdicate decisions regarding the manner in which the repairs are made to the owners of 109 and 111 South Sewalls Point Road .

Signed:

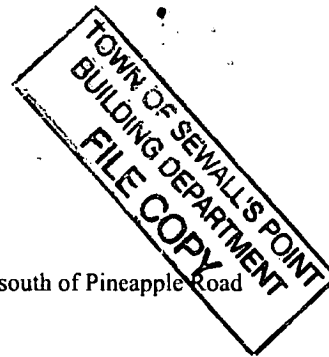
Arlene Lagana 1/21/13

Tony or Arlene Lagana

Owner, 1 Pineapple Lane



12/5/2012



This document pertains to the shared driveway / access road easement that runs parallel and south of Pineapple Road covering portions of the following properties:

- 1 Pineapple – Tony / Arlene Lagana
- 3 Pineapple – Lucy McCartney
- 5 Pineapple – Ryan and Jenny Askeland
- 107 South Sewalls Point Rd – Will and Charlotte Ghioto
- 109 South Sewalls Point Rd – Bart and Daryn Schwartz
- 111 South Sewalls Point Rd – Allison Novins

I give permission for the owners of 109 and 111 South Sewalls point road to take the necessary actions to have said driveway / access road repaired. I agree that:

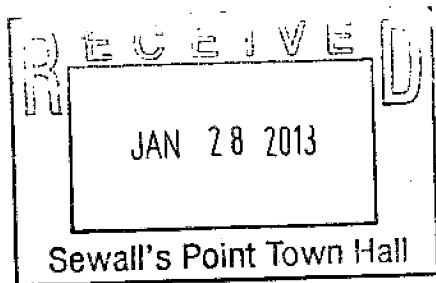
- 1) I will have no financial responsibility for the project.
- 2) I abdicate decisions regarding the manner in which the repairs are made to the owners of 109 and 111 South Sewalls Point Road .

Signed:

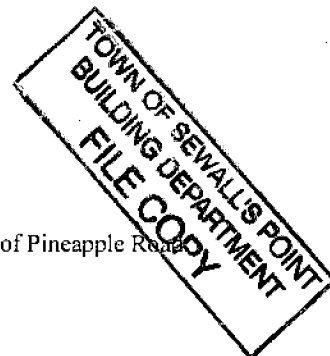
A handwritten signature in cursive that reads "Ron McCartney".

Ron McCartney

Owner, 3 Pineapple Rd



12/6/2012



This document pertains to the shared driveway / access road easement that runs parallel and south of Pineapple Road covering portions of the following properties:

- 1 Pineapple – Tony / Arlene Lagana
- 3 Pineapple – Lucy McCartney
- 5 Pineapple – Ryan and Jenny Askeland
- 107 South Sewalls Point Rd – Will and Charlotte Ghioto
- 109 South Sewalls Point Rd – Bart and Daryn Schwartz
- 111 South Sewalls Point Rd – Allison Novins

I give permission for the owners of 109 and 111 South Sewalls point road to take the necessary actions to have said driveway / access road repaired. I agree that:

- 1) I will have no financial responsibility for the project.
- 2) I abdicate decisions regarding the manner in which the repairs are made to the owners of 109 and 111 South Sewalls Point Road .

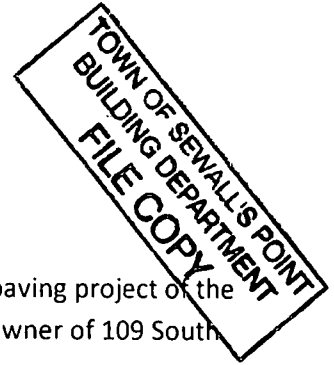
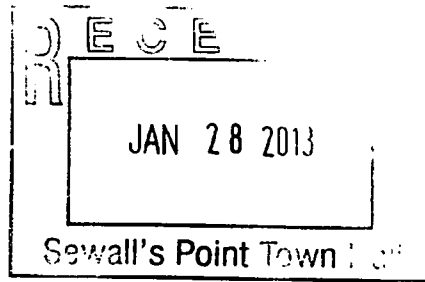
Signed:

A handwritten signature in black ink, appearing to be "Ryan or Jenny Askeland".

Ryan or Jenny Askeland

Owner, 5 Pineapple Lane

January 17, 2013



To Whom It May Concern,

I, Allison Novins, owner of 111 South Sewalls Point Road, am participating in the paving project of the shared driveway. I am sharing the financial responsibility of with Bart Schwartz, owner of 109 South Sewalls Point Road.

Sincerely,

A handwritten signature in cursive script that reads 'Allison Novins'.

Allison Novins

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-28-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10334	Weder	Final AC		
10 AM	21 Palm Rd Nishi		Pass	CLOSE INSPECTOR <i>AF</i>
10326	Clements	Final AC		
9:00	11 W High Pt Coulter Reliable		Pass	CLOSE INSPECTOR <i>AF</i>
10313	FG FLP	grading		
	3 Marguerita Oceanside		Pass	INSPECTOR <i>AF</i>
10333	Schwartz	grading	Pass	
1:00 PM	109 S Sewalls Pawco	SUB-BASE	Pass	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/12 -14 Page 1 of 3

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
7892	Tedesco	Final Remodel		
10 AM	18 N River O/B	(Notice of Expired Permit)	Pass	CLOSE INSPECTOR <i>A</i>
10685	Dickinson	Final		
	19 Emerita Way Pioneer Screen	Porch Screen (Notice of Expired Permit)	Pass	CLOSE INSPECTOR <i>A</i>
9949	Gilberto	Final		
9 AM	107 S River Rd O/B	windows + Door	Pass	CLOSE INSPECTOR <i>A</i>
10566	Winslow	Rough		
9 AM	10 S SPR Green Building Construct.	Electrical	Called to	move wednesday INSPECTOR
10530	Sharfi	Gas lines		
	73 N River Rd Florida Gas Express	final (Notice of Expired permit)	Pass	CLOSE INSPECTOR <i>A</i>
10333	Schwartz	Final		
	109 S SPR Pav Co	Driveway (Notice of Expired permit)	Pass	CLOSE INSPECTOR <i>A</i>
10838	Weston	Pool Bonding		
	30 S SPR Weston	EQUIPMENTAL BOND GRID	Pass	INSPECTOR <i>A</i>

TOWN OF SEWALL'S POINT, FLORIDA

Date 11/7/01 19____ TREE REMOVAL PERMIT No 0517

APPLIED FOR BY Scheppman (Contractor or Owner)

Owner SANDS

Sub-division 109 S. Sewalls Pt Rd Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 Hackberry

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

No. Of Trees: REPLACE 2 OAKS WITHIN 30 DAYS

REMARKS _____

FEE \$ -0

Signed, Coll C. St Applicant Signed, [Signature] Town Clerk

Blob - D. F. [Signature]

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Table with 10 empty rows for project details.

PROJECT DESCRIPTION _____

Four empty lines for project description.

REMARKS _____

Four empty lines for remarks.

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

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

Owner Schramm Address 109 S. Sewall's Phone 286-4700

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1, Hickory

2 - Oak

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

2 - OAK.

Number of trees to be replaced: (list kinds of trees):

2 GA

Permit Fee \$ -0-

\$15.00

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

Plans approved as submitted Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant Coll C. M. Plans approved as marked _____

Approved by Building Inspector h Date submitted: 11/9/01

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

