

111 South Sewall's Point Road

133

SFR

133

Application For Building Permit

Owner Mary G. Stuart Present Address Sewall's Point Phone 287

Architect J Address _____

General Contractor T. E. S. Webster Address N. R. Ux Shores Phone 287-5487

Where Licensed Martin Co. License No. _____

Plumbing Contractor R. Lindley Where Licensed Martin Co No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location S. Pt. Rd Subdivision Arbela Plat ^{LOT 25} Lot No. _____

Lot Dimensions 105'5" X 150' Lot Area 1575 sq ft Sq. Ft. _____

Purpose of Building Residence Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls _____ Inside of Walls 1332 sq ft.

Street or Road building will front on Sewall's Pt Road

Clearances - Front 35' Back Min. 25' Side 15 ft Side 15 ft ^{min} River _____

Well Location _____ Septic Tank Location City Water

Building elevation (By Ordinance Definition) OK

Contract Price (Include Plumbing, Electrical, Air Conditioning) 12,487.00

PERMIT FEE

	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction) <u>39.00</u>			
Plumbing (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	
Total (To be paid by General Contractor or Owner) -----	<u>\$59.00</u>		

SIGNED: - General Contractor or Owner Thomas E. Webster

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 8/21/67

Date Permit approved 9/2/67

Date Permit Fee paid 9/2/67

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

133

133

$$\begin{array}{r} 104 \\ 68 \\ \hline 172 \\ \hline 3 \overline{) 344} \\ 148 \\ \hline \end{array}$$

$$\begin{array}{r} 19 \\ 8 \\ \hline 65 \\ 152 \\ \hline 163 \end{array}$$

$$\begin{array}{r} 12 \\ 6 \\ \hline 32 \end{array}$$

$$\begin{array}{r} 19.8 \\ 52 \\ \hline 38 \\ 958 \\ 132 \\ \hline 1023 \\ 163 \\ 13 \\ \hline 1318 \\ 148 \\ \hline 1170 \end{array}$$

340.5
35

$$\begin{array}{r} 105 \\ 150 \\ \hline 5250 \\ 105 \\ \hline 15750 \end{array}$$

1274

REMODEL

#1274

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date _____

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

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

Owner David A. Larson Present address 111 Sewalls Pt. Rd. Se.

Phone 742-8980 work

Contractor David A. Larson Address _____

Phone 742-8980

Where licensed _____ License number _____

Electrical contractor D.J. Herman License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: new conc. slab & exterior walls

for existing ~~port~~ port Remodel

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

Sewalls Point Road

Subdivision Arbela Lot No. 25

Contract price \$ 2000 Cost of Permit \$ 10⁰⁰ + 10 = 20

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor David A. Larson

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 David A. Larson

TOWN RECORD

Date submitted _____

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

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

Final Approval given: OK 3/2/81 Date _____

Certificate of Occupancy issued _____ Date _____

Slab OK 2/2/81
Framing OK 2/5/81
Electrical 2/10/81

SP/1-79

#1274

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

1285

SERVICE CHANGE

Permit No. 1285 TOWN OF SEWALL'S POINT FLORIDA

Date 2/12/81

service change

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

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

Owner DAVID LARSON Present address 111 S. Sewalls Pt. Rd.

Phone 283-8980 OFFICE

Contractor _____ Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor D.J. HARMAN Co. License number 00049

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL NEW RAINTITE ELECT. PANEL &

UPGRADE ELECTRICAL SERVICE.

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

111 S. SEWALLS POINT ROAD

Subdivision Plat of Anabela Lot No. #25

Contract price \$ 450⁰⁰ Cost of Permit \$ 15⁰⁰

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor *Joseph A. [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 X *David J. Larson*

TOWN RECORD

Date submitted _____

Approved: *J. Marquise* Building Inspector Date *2/18/81*

Approved: _____ Commissioner Date _____

Final Approval given: *OK 2/18/81 Jem* Date _____

Certificate of Occupancy issued *Called for meter 2/18/81* Date *Jem*

SP/1-79

1285

1296

DECK

#1296

TOWN OF SEWALL'S POINT FLORIDA

Permit No. 1296

Date 2 Mar 81

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

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

Owner David A. Larson Present address 111 Sewalls Pt. Rd So.
Phone 287 6055 Jensen Beach 33459
Contractor Same Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor N/A License number _____

Plumbing contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Wood deck & Pore fence

State the street address at which the proposed structure will be built:
111 Sewalls Pt. Rd So. Jensen Beach

Division Abella Lot No. 25

Cost of Permit \$ 5XX

Approved as submitted _____ Plans approved as marked _____

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

Contractor David A. Larson

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 David A. Larson

TOWN RECORD

Date submitted 2 Mar 81

Approved: J. Mazzuca 3/3/81
Building Inspector Date

Approved: De Strubell 3/4/81
Commissioner Date

Final Approval given: 4/7/81 Jan
Date

Certificate of Occupancy issued _____
Date

1296

1753

REPAIR/REPLACE

SOFIT

Permit No. 1753

Date 10/27/84

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 DAVID ALAFSON Present Address 111 SEWALL PT. ROADS.

Phone 223-8980 WORK 287-6056 HOME

Contractor TIMBERCROFT BUILDERS/NAUTICAL Address 12905 N. 34 TH ST. PALM CITY

Phone 283-7981 PALM CITY, FLA.

Where licensed MARTIN Co. License number A0014-1

Electrical contractor NA License number ---

Plumbing contractor NA License number ---

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REMOVE FASCIA BOARD REPAIR ROOFER GARDEN

CEILING - REPAIR -

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

Subdivision PROOF APBELA Lot number 25 Block number PLAT BOOK #3 PB.29

Contract price \$ 2300.00 Cost of permit \$ 12.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 10/22/84 Approved: [Signature] 10/22/84
Building Inspector Date

Approved: _____ Date Final Approval given: 12/1/85 Date

Certificate of Occupancy issued (if applicable) _____ Date

SPL282

Permit No. 1753

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.

3141

FENCE

3141

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 Jill & Jim BROTHERTON Present Address 111 S. Sewalls Pt. Rd.

Phone 286-2495

Contractor OWNER Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

6' STOCKADE

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

JAMES

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 300.- Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Jim Brotherton agent

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 Jim Brotherton agent

TOWN RECORD

Date submitted _____ Approved: Debra 2/20/92
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.

3141

4321

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/16/98

BUILDING PERMIT NO. 4321

Building to be erected for PAUL SMITH

Type of Permit RE-ROOF

Applied for by PAUL SMITH

(Contractor) Building Fee _____

Subdivision ANABELLA Lot 25 Block _____

Radon Fee _____

Address 111 S. SEWALL'S POINT

Impact Fee _____

Type of structure RE-ROOF

A/C Fee _____

5-V CRIMP METAL OVER 1X4 STRIPS TO
DADE COUNTY SPECS.

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

138410010250008010000

Roofing Fee 100

Amount Paid 125 Check # 4062 Cash _____

Other Fees (O/B) 25

Total Construction Cost \$ 2200

TOTAL Fees 125

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

RE-ROOFING PERMIT

UNDERLAYMENT		INSPECTIONS	
DATE _____	DATE _____	PROGRESS	DATE _____
DRY IN	DATE _____	FINAL	DATE _____
PROGRESS	DATE _____		

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

4321

Town of Sewall's Point

P.I.N. 138410010250008010000 Date _____

ACCESSORY STRUCTURE PERMIT APPLICATION to construct:

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

OTHER: Re Roof Detached GARAGE

Owner's Name PAUL SMITH

Owner's Address 111 So Sewall's Pt Rd

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

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

City STUART State FL Zip 34996

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip _____

Job Name _____

Job Address 111 So Sewall's Pt Rd Martin County, Stuart, FL 34966

Legal Description LOT 25 PLAT ARBELA Plat Book 3, Page 25

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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

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

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

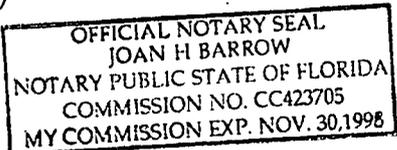
[Signature] _____ Date Jan 16/98
Owner or Agent
[Signature] _____ Date Jan 16/98
Contractor

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 16th day of Jan, 1998 by Paul Smith who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Joan H. Barrow
Name: _____

(NOTARY SEAL) Typed, printed or stamped



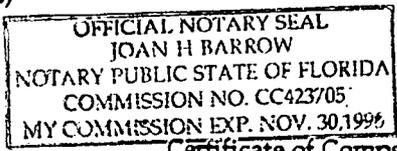
I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 16th day of Jan, 1998 by Paul Smith who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Joan H. Barrow
Name: _____

(NOTARY SEAL) Typed, printed or stamped



I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

4379

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/23/98

BUILDING PERMIT NO. 4379

Building to be erected for SMITH Type of Permit FENCE

Applied for by PAUL SMITH (Contractor) Building Fee _____

Subdivision ARBELA Lot 25 Block _____ Radon Fee _____

Address 111 S. SEWALLS POINT Impact Fee _____

Type of structure WOOD FENCE A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

_____ Plumbing Fee _____

Amount Paid 25 Check # 4261 Cash _____ Other Fees (FENCE) 25

Total Construction Cost \$ 350 TOTAL Fees 25

Signed [Signature] Applicant Signed [Signature] Town Building Inspector

FENCE PERMIT

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

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

4379

Town of Sewall's Point

P.L.N. _____

Date _____

POOL / SPA PERMIT APPLICATION

to construct:

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL

FENCE

OTHER: _____ ~~CONTRACT PRICE~~ _____

Owner's Name PAUL Smith

Owner's Address 111 So Sewall Pt Road

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

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

City Stuart State FL Zip 34996

Contractor's Name Self

Contractor's Address _____

City _____ State _____ Zip _____

Job Name _____

Job Address 111 So Sewall Pt Road

City Sewall Pt (Stuart) State FL Zip _____

Legal Description Portion of Lot 25 Plat of AEBCLA IN BOOK 3, Page 29

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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

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

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

[Handwritten Signature]

April 23 98
Date

Owner or Agent

Contractor

Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 23rd day of April, 1998 by Paul H. Smith

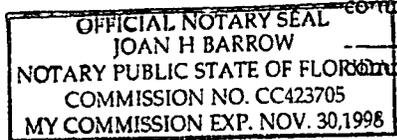
who: [] is/are personally known to me, or [] has/have produced Fl. d. I. as identification, and who did not take an oath.

Name: Joan H. Barrow

Typed, printed or stamped

(NOTARY SEAL)

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



and my

commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

Name: _____

Typed, printed or stamped

(NOTARY SEAL)

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

_____ and my commission expires: _____

Certificate of Competency Holder

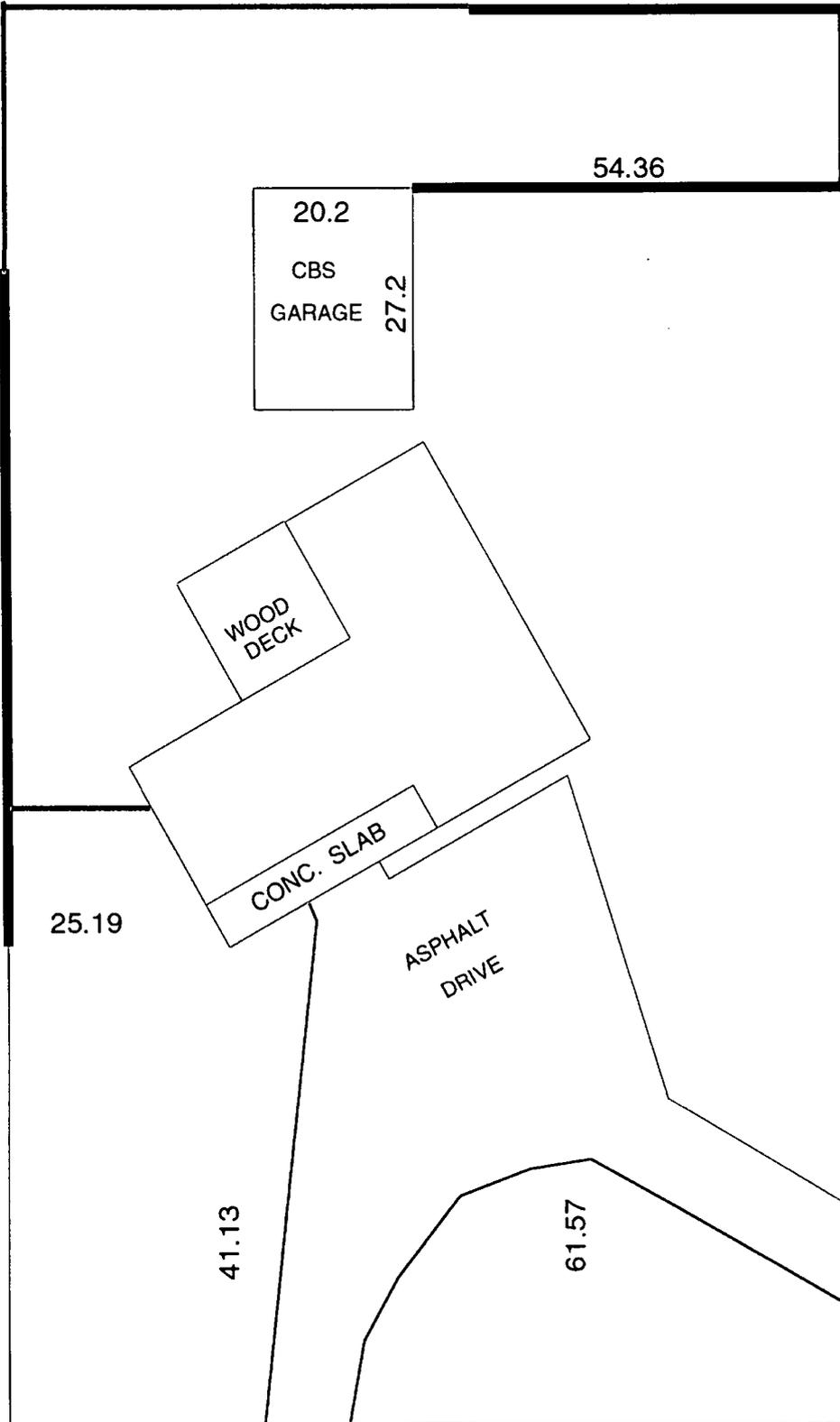
Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

— NEW FENCE
— EXISTING FEFCE



6922

REPAIR FASCIA

TOWN OF SEWALL'S POINT

Date 10/11/04

BUILDING PERMIT NO. 6922

Building to be erected for SMITH

Type of Permit REPAIR FASUA

Applied for by RALPH PAVIGS (Contractor)

Building Fee 35.00

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 111 S. SEWALL'S PT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410010250008010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 3674 Cash _____

Other Fees (_____)

Total Construction Cost \$ 650.00

TOTAL Fees 35.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

JUL 26 2004

Permit Number:

BY:

Date: 7-23-04

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Paul H. Smith Phone (Day): 287-7057 (Fax):

Job Site Address: 111 S. Sewalls Pt. RD. City: Sewalls Pt State: FL Zip: 34986

Legal Desc. Property (Subd/Lot/Block) Arbelo Lot #25 Parcel Number: 1-38-41-001.025-00080-1000

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

Description of Work To Be Done: Remove & Replace approx 30' L. ft. of fascia front RH corner

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

CONTRACTOR/Company: Parks Co. Inc. Phone: 781-1616 Fax: 781-0620

Street: 710 E. Ocean Blvd. City: Stuart State: FL Zip: 34994

State Registration Number: State Certification Number: CBC013350 Martin County License Number:

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 65000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: n/a State: License Number: Mechanical: n/a State: License Number: Plumbing: n/a State: License Number: Roofing: n/a State: License Number:

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

ENGINEER Phone Number: Street: City: State: Zip:

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: MARTIN

This the 20th day of July, 2004

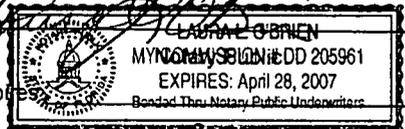
This the 23 day of July, 2004

by PAUL HENRY SMITH who is personally known to me or produced [Signature]

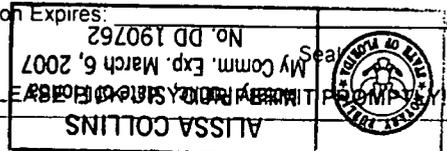
by Alissa Collins who is personally known to me or produced [Signature]

as identification. [Signature]

As identification. Alissa Collins



Notary Public My Commission Expires: 3/6/07



Address: SOUTH FLORIDA TITLE SERVICES, INC.
213 E OCEAN BLVD
STUART, FL. 34994

This Instrument Prepared by:
Name: SOUTH FLORIDA TITLE SERVICES, INC.
Address: SAME

Property Appraisers Parcel Identification
Folio Number(s): 1-38-41-001-025-00080-10000
Grantee(s) S.S. # (s)

01274222

93 JAN 14 AM 11:26

RECORDED \$ 966.00 MARSHA STILLER
DOC-MTC \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY [Signature] D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 9th day of January, 19 98, by
JILL A. BROTHERTON, A MARRIED PERSON

hereinafter called the Grantor, to PAUL H. SMITH AND LAURA L. SMITH, HIS WIFE,
whose post office address is 111 S. Seixas Pt. Rd, Stuart, Fl. 34996,
hereinafter called the Grantee.

(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 ATTACHED EXHIBIT "A" MADE A PART HEREOF

SUBJECT TO restrictions and easements of record, if any; taxes for the year 1998 and subsequent years, and to all valid zoning ordinances.

GRANTOR HEREBY STATES THAT THIS IS NOT HER HOMESTEAD PROPERTY NOR IS IT CONTIGUOUS TO HER HOMESTEAD PROPERTY.

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, 19 97

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:

[Signature]
Witness Signature (as to first Grantor)

Denielle Boonseu
Printed Name

[Signature]
Witness Signature (as to first Grantor)

Cole He Degnan
Printed Name

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

Printed Name

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

Printed Name

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

Printed Name

STATE OF FLORIDA)
COUNTY OF MARTIN)

JILL A. BROTHERTON

known to me to be the person _____ described in and who executed the foregoing instrument, who acknowledged before me that SHE 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: _____

NOTARY RUBBER STAMP SEAL

[Signature]
Grantor Signature **U.S.**

JILL A. BROTHERTON
Printed Name

213 E Ocean Blvd, Stuart, Fl 34994
Post Office Address

Co-Grantor Signature, (if any) **U.S.**

Printed Name

Post Office Address

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

Witness my hand and official seal in the County and State last aforesaid
this 9th day of January, A.D. 19 98

[Signature]
Notary Signature

Denielle Boonseu
Printed Name

BOOK 263 PAGE 777

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LF
RALPH-4

DATE (MM/DD/YYYY)
07/09/04

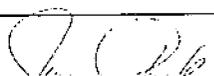
PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Ralph H. Parks Inc. PO Box 2654 Stuart FL 34995	INSURER A: Mid-Continent Casualty Company	
	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 INSRD	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	04GL000553616	07/01/04	07/01/05	EACH OCCURRENCE \$ 1000000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000				
	MED EXP (Any one person) \$ Excluded				
	PERSONAL & ADV INJURY \$ 1000000				
	GENERAL AGGREGATE \$ 2000000				
	PRODUCTS - COMP/OP AGG \$ 2000000				
	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER 0000000 Town of Sewall's Point Gene Simmons Building Inspector 1 S Sewall's Point Rd 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 <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

Producer: Lion Insurance Company
905 E. Martin Luther King Jr. Dr.
Tarpon Springs, FL 34689
Phone: 727-938-5562 Fax: 727-937-2133

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: South East Personnel Leasing
905 East MLK Jr. Drive Suite # 110
Tarpon Springs, FL 34689
Phone : (727)938-5562

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	
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	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				<div style="text-align: center; font-size: 2em; font-weight: bold;">CANCELLED 05-16-04</div>	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. \$ Autos Only: AGG. \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2004	01/01/2005	X WC Statutory Limits OTH-ER	E.L. Each Accident \$1000000 E.L. Disease - Ea Employee \$1000000 E.L. Disease - Policy Limits \$1000000

Other 2038040
Ralph H. Parks, Inc.

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

ADD ON DATE: 10/22/01

COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Ralph H. Parks, Inc. Client # 2038040 Add On Date 10/22/01

CERTIFICATE HOLDER

CANCELLATION

SEWALLS POINT BUILDING DEPT.
1 SOUTH SEWALLS POINT ROAD

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

STUART FL 34996

Producer: Lion Insurance Company
905 E. Martin Luther King Jr. Dr.
Tarpon Springs, FL 34689
Phone: 727-938-5562 Fax: 727-937-2138

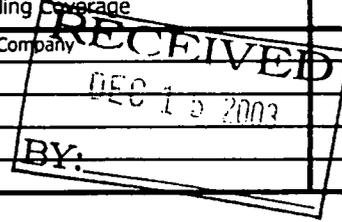
This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

NAIC #

Insured: South East Personnel Leasing
905 East MLK Jr. Drive Suite # 110
Tarpon Springs, FL 34689
Phone : (727)938-5562

Insurer A: Lion Insurance Company
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	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos Only: AGG.	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2004	12/31/2004	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Other 2038040
Ralph H. Parks, Inc.

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

ADD ON DATE:

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Ralph H. Parks, Inc. Client # 2038040 Add On Date 10/22/01

CERTIFICATE HOLDER

CANCELLATION

SEWALLS POINT BUILDING DEPT.
1 SOUTH SEWALLS POINT ROAD

STUART FL 34996

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

John A. ...



City of Stuart Contractor Licensing

Expires: September 30, 2003

AP010800519

TYPE: CBC

Contractor: Ralph H Parks, LLC
Qualifier: Ralph Parks
Address: PO Box 2654
Stuart, FL 34995

AC#0642103

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02100600313

DATE	BATCH NUMBER	LICENSE NBR
10/06/2002	200141437	CBC013350

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

PARKS, RALPH H
RALPH H PARKS INC
1100 S FEDERAL HWY STE 101
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri TUES 5/31, 2008 Page 2 of

3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7553	KIPUNGER N. Gable 143 S. RIVER RD STUART ROOFING	Dry In + Metal	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
7484	LASKY 27 W. HIGHT POINT SEABATE	FENCE	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
6902	PARKS SMITH 111 S. SPR. PARKS	FASCIA REPAIR	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
		DEAD TREE	-	ON OWNERS PROPERTY - NO ACTION CAN BE TAKEN INSPECTOR: <i>[Signature]</i>
	S.S.P.R.			
				INSPECTOR:
TREE	VALLI 101 S.S.P.R.	TREE	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:

OTHER:

7323

INSULATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/18/05

BUILDING PERMIT NO. 7323

Building to be erected for SMITH

Type of Permit FOAM INSULATION

Applied for by O/B

(Contractor)

Building Fee 35.00

Subdivision ARBELA

Lot 25

Block _____

Radon Fee _____

Address 111 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410010250008010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00

Check # _____

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1300.00

TOTAL Fees 35.00

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 _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 2.18.05

Permit Number: _____

OWNER/TITLEHOLDER NAME: LAURA SMITH Phone (Day) 287.7057 (Fax) _____

Job Site Address: 111 S. SEWALLS PT. RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) ARBEA LOT 25 Parcel Number: 138410010250008010000

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

Description of Work To Be Done: FOAM INSULATION

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1300.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

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

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

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

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
Laura Smith

State of Florida, County of: MARTIN
This the 18th day of February, 2005
by LAURA LEE SMITH who is personally
known to me Produced 9530-532-51-915-0
as identification. _____
Notary Public

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
As identification. _____
Notary Public

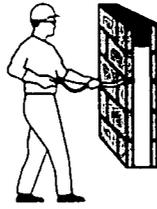
My Commission Expires _____

My Commission Expires: _____



APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

100 Loren Ct.
Sanford, FL 32771



TAILORED FOAM OF FLORIDA

RESIDENTIAL DIVISION, INC.

Phone: (407) 936-0333
Fax: (407) 585-3079
www.tailoredfoaminc.com

CORE-FILL 500 FOUR-HOUR FIRE RATED MASONRY INSULATION

My name is Tiffany and I'm the Territory Manager, covering Indian River to Broward counties, for **Tailored Foam**, an exciting insulation product **now** available to **Residential Home Builders**. Available to **Commercial Builders** for close to 20 years now, **Tailored Foam** is in almost **every** Commercial Building built today. We are the **largest** foam insulation company and the oldest in the state of Florida. Please take a look at the very impressive names below, and the enclosed list, referencing just a few of the thousands of our well-known customers.

What is Tailored Foam and why do these successful businesses **insist** on it in all their new buildings? Put simply is a 'pressure injected insulating foam' using **Core-Fill 500** that is injected directly into the hollow spaces of your concrete block walls. They **insist** on it and now **you can too**, because Tailored Foam ...

- ~ **DOUBLES** The "R" Value of a New Home's Current Insulation Requirements (9.1 By itself in the Block)
- ~ **Helps Safely Prevent BUGS and VERMIN** from nesting in block w/**Boric Acid** (a safe household pest product)
- ~ **SUPERIOR SOUND** Insulation () for close neighbors, traffic, barking dogs, home theaters
- ~ **Provides a Certified 4 HOUR FIRE WALL** (Great for Townhouses) and it **WON'T** smolder or burn
- ~ **Tailored Foam is NON-TOXIC, Odorless & Environmentally Safe**
- ~ **The Boric Acid also helps safely prevent MOLD & MILDEW** growth and **Improves INDOOR AIR QUALITY**
- ~ **PAYS FOR ITSELF** with **ENERGY SAVINGS** to the Homeowner in a very short time !
- ~ **SO AFFORDABLE & SAVES MONEY - YEAR after YEAR** - Homeowners **CAN'T** afford **NOT** to have it!

This product is hands down a **must have** for **all** new homes. In this day and age each of these benefits is priceless. **Tailored Foam** should be added **after** the electrical and plumbing trades have completed their work, and **before** the drywall stage of residential construction. It's so simple, **ALL YOU DO** is Nextel me to schedule the install.

It's so ! Just show our brochure and commercial customer list and let them know that they can only get it from you. They'll want this! Give them my number if they have any questions **AT ALL**. Once scheduled, (we request a one week notice), we show up at the site, we install the Core Fill 500 and in just a few hours we're gone! Tailored Foam by itself in block, meets and exceeds the required insulation codes for new home insulation, in most Florida counties. Our CD gives architects and builders 'drop in' specifications for plans and additional homeowner information from many, many years of lab testing results. You or your homeowner can view a video installation online at our website www.tailoredfoaminc.com !

Please feel free to call me direct anytime at (772) 260-1950 or email me at Tgreer@tailoredfoaminc.com for your **FREE** quote with **NO OBLIGATION**. For most homes, all I need are a few details found on your blueprints, which you can relay to me right over the phone. I look forward to your call and will gladly answer any questions I can.

Sincerely,

Tiffany K. Greer (772) 260-1950 Local cell or Nextel me at 158122137624
Territory Manager
Tailored Foam of Florida,
Residential Division, Inc

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/18/05

BUILDING OFFICIAL
 Gene Simmons



Core-Fill 500, manufactured by Tailored Chemical Products, Inc. has been classified by Underwriter's Laboratory, Inc. as to Surface Burning Characteristics, R19134

When installed as suggested in the Energy Star Insulation Guide, this product can save energy. See the Insulation Guide at www.energystar.gov

Core-Fill 500™ Masonry Foam Insulation Product & Technical Information

Product Presentation

Core-Fill 500™ Foam Insulation is a two component system consisting of Amino-Plast resin and a catalyst foaming agent surfactant. With the proper ratio, the two components together with compressed air produce a foam insulation having excellent thermal and acoustic properties. Core-Fill 500™ Foam Insulation is a superior insulation for use in commercial, industrial and institutional applications.

Core-Fill 500™ contractors shall be licensed and approved by the manufacturer and shall employ applicators who are properly

trained and certified in the use of Amino-Plast Foam Insulation materials and equipment.

Core-Fill 500™ Foam has been tested by nationally recognized testing and research facilities such as Southwest Research Institute, San Antonio, Texas, Commercial Testing Co., Dalton, Georgia, Chem Bac Laboratories, Charlotte, N.C., Cerny & Ivey, Atlanta, Georgia, Acoustical Systems, Austin, Texas, Center For Applied Engineering, St. Petersburg, Florida, Environmental Consulting and Technology, Tampa, Florida.

Technical Presentation

TEST	REFERENCE	REQUIREMENTS	CORE-FILL 500 RESULTS	COMPLY
Thermal Resistivity	D.O.E. (e)(2) H.U.D. 6.2.7	Not less than 4.0 per inch	@ 74°F 4.6 per inch @ 32°F 4.9 per inch	Yes
Fire Safety	ASTM E-84	Flame spread not to exceed 25	Fuel contributed 0 Flame spread 0 Smoke density 5	Yes
Fire Wall Rating	ASTM E-119	Minimum - 2 hours on a standard 8" or	4 hours on 8" CMU** 4 hours on 12" CMU**	Yes
Corrosiveness	D.O.E. (e)(3) H.U.D. 6.2.8	Al, Cu, steel-no perforations Galvanized steel-no pitting Loss in mass not to exceed 0.2g	No perforations No pitting Less than 0.1g	Yes
Density	D.O.E. (e)(4) H.U.D. 6.1.4	Dry 0.7 to 0.9 lb/ft ³ Wet 2.5 to 5.5 lb/ft ³	0.8 lb/ft ³ 2.7 to 3.3 lb/ft ³	Yes
Water Absorption	D.O.E. (e)(5) H.U.D. 6.2.9	Not to exceed 15% No absorption in less than 1 hour	Floating test 3% Droplet test 1 hr. 15 min.	Yes
Setting Time	D.O.E. (e)(8) H.U.D. 6.2.2	20 to 60 seconds	21 seconds	Yes
Volume Resistivity	D.O.E. (e)(9) H.U.D. 6.2.3	Not less than 5000 Ohm-Cm	43000 Ohm-Cm	Yes
Acoustic Properties	ASTM E90-90	STC Rating 50	STC Rating 53 (equal to sand) OITC Rating 44 (equal to sand)	Yes
Water Drainage	D.O.E. (e)(10) H.U.D. 6.2.4	No leakage	No leakage	Yes
Shrinkage	D.O.E. (E)(11) H.U.D. 6.2.5	Not more than 4.0%	Less than 1%	Yes

*This numerical flame spread rating is not intended to reflect hazards presented by this or any other material under actual fire conditions.

** A two-hour rated 8" or 12" CMU is improved to four hours when cores are filled with Core-Fill 500™ per ASTM E119-88 testing standard.

Construction Values

INSULATION VALUE	CONSTRUCTION	U VALUE	R VALUE	DENSITY OF BLOCK
FOAM IN CORES	Hollow Concrete Block 6 inch	.09 / .16	11.1 / 7.1	60 / 100 lbs. Per cubic foot
	8 inch	.07 / .10	14.2 / 9.1	60 / 100 lbs. Per cubic foot
	12 inch	.05 / .08	20.0 / 12.5	60 / 100 lbs. Per cubic foot
FOAM IN CAVITY (wall applications based on "R" value of 4.9 per inch)	10" Cavity Wall 4" Dense Outer Wythe 2" Air Space 4" hollow Inner Wythe	.07	14.2	

HOLLOW BLOCK WALLS - U Values provided by National Concrete Masonry Association, Herndon, VA

TAILORED CHEMICAL PRODUCTS, INC.

3719 1st Avenue S.W., P.O. Drawer 4186, Hickory, NC 28602 828-322-6512 Fax 828-322-7688 Toll Free 800-627-1687

TAILORED FOAM OF FLORIDA, INC

Please Read our

GUARANTEE OF QUALITY

We at Tailored Foam of Florida, Inc. are glad that we have been given the opportunity to earn your business. After 18 years of providing Core-Fill 500 foam insulation, we can **guarantee** you that we are going to insulate all your projects correctly.

Foam insulation is unique in the fact that you do not see it once it is installed. A few insulation companies have started installing masonry foam insulation. Some of these companies may be well established and do a wonderful job gluing on rigid or stapling foil or batt insulation to furring strips (these products can be visually inspected to ensure proper application). Properly mixing chemicals and foaming the inside of a wall that you can't see takes experience. Tailored Foam employs certified thermographic technicians that use a special camera to produce a heat-rendering image of the building. This ensures the quality of our installation process. We incur this additional expense to **guarantee** we are giving you 100% of what you are paying for - **completely insulated masonry walls.**

Since our inception in 1986, we have been able to keep our high standards and ensure that Core-Fill 500 is installed properly. Core-Fill 500 has **never** been removed from any owner's specifications. Core-Fill 500 performs wonderfully in hot and humid climates, such as Florida. Other manufacturers may tell you that their product is equal or superior to Core-Fill 500; however, if that were true, Core-Fill 500 would not have been used in over **90% of all projects** insulated with masonry foam insulation **within the State of Florida.** Since 1986, many foam manufacturers have tried marketing their products within Florida. **Only one product and one company - Core-Fill 500 and Tailored Foam of Florida - have emerged as the clear choice of architects and owners alike.**

Improper applications by other insulation companies has led us to this guarantee:

If on this project, Tailored Foam of Florida, Inc. invoices you for 100% of the insulation contract amount and does not follow our manufacturer's installation specification's, we will credit you Core-Fill 500 insulation for 1,000 8" or 12" cmu on your next project.

We realize that you have worked hard to build your relationship with the owner/developer of this project. We **promise** to do our best, so that the next time a project is awarded, you will benefit. If you choose not to award Tailored Foam of Florida, Inc. a contract on this particular job, **please hold your contractor of choice to these same high standards.**

Thank you for giving us the opportunity to earn your business.

Tailored Foam of Florida, Inc.
Jason, Scott and Robert Sander, Owners

FLORIDA'S ORIGINAL FOAM INSULATION COMPANY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7300	JENKINS 4 SABAL COURT GARY MAZZO	DRY IN	FAIL	DONE 2/22 INSPECTOR: <i>OM</i>
		871-2489 WOULD LIKE TUES	BETW 8-9	
7323	SMITH	TEAM INSULATION	FAIL	WOULD LIKE TUES
4	111 S. Sewall's Pt 1013			INSPECTOR: <i>OM</i>
TREE	DEMARKARIAN 19 CASTLE WAY	TREE	PASS	INSPECTOR: <i>OM</i>
7105	CARLTON 6 PERRIWINKLE CIR GLENMARK HOMES	INSULATION	PASS	DONE 2/22 INSPECTOR: <i>OM</i>
		341-2750 WOULD LIKE TUES PLEASE	BETW 8-9	
6807	FENSTERER 5 71 S. Sewall's Pt STUART ROOFING	DRY IN	PASS	INSPECTOR: <i>OM</i>
		LINDA 692.9854		
7309	BABKIE 101 S. Sewall's Pt TACHENY	DRY-IN SHEATHING TUES	PASS PASS	DONE 2/22 INSPECTOR: <i>OM</i>
7256	SCHRAOER 8 4 E MARITA OLYMPIC	POOL STEEL	FAIL	#40 FEET INSPECTOR: <i>OM</i>

OTHER:

LOT 1 RIDGEVIEW - 8:30 MEET W/ OWNERS - DRAINAGE

7415

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/23/05

BUILDING PERMIT NO. 7415

Building to be erected for SMITH

Type of Permit FENCE

Applied for by O/B

(Contractor) Building Fee 30.00

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 111 S. Sewall's Pt Rd

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # _____ Cash

Other Fees (_____) _____

Total Construction Cost \$ 1800.

TOTAL Fees 30.00

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 _____

MAR 21 2005

BY:

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number:

Date:

OWNER/TITLEHOLDER NAME: Paul Smith Phone (Day) 287 7057 (Fax)

Job Site Address: 1150 Sewalls Pt Rd City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: Repair Fence

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1800 + 2400.00

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value:

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Phone: Fax:

Street: City: State: Zip:

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

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER Lic# Phone Number:

Street: City: State: Zip:

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

Carport: Total Under Roof Wood Deck: Accessory Building:

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

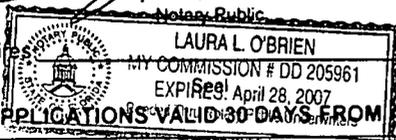
This the 21st day of MARCH, 2005

by Paul Henry Smith who is personally

known to me or produced FDLS 5770 688-48-014-0

as identification. X 1/14/09

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of:

This the day of 200

by who is personally

known to me or produced

As identification.

My Commission Expires:

Seal

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

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 through 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: _____

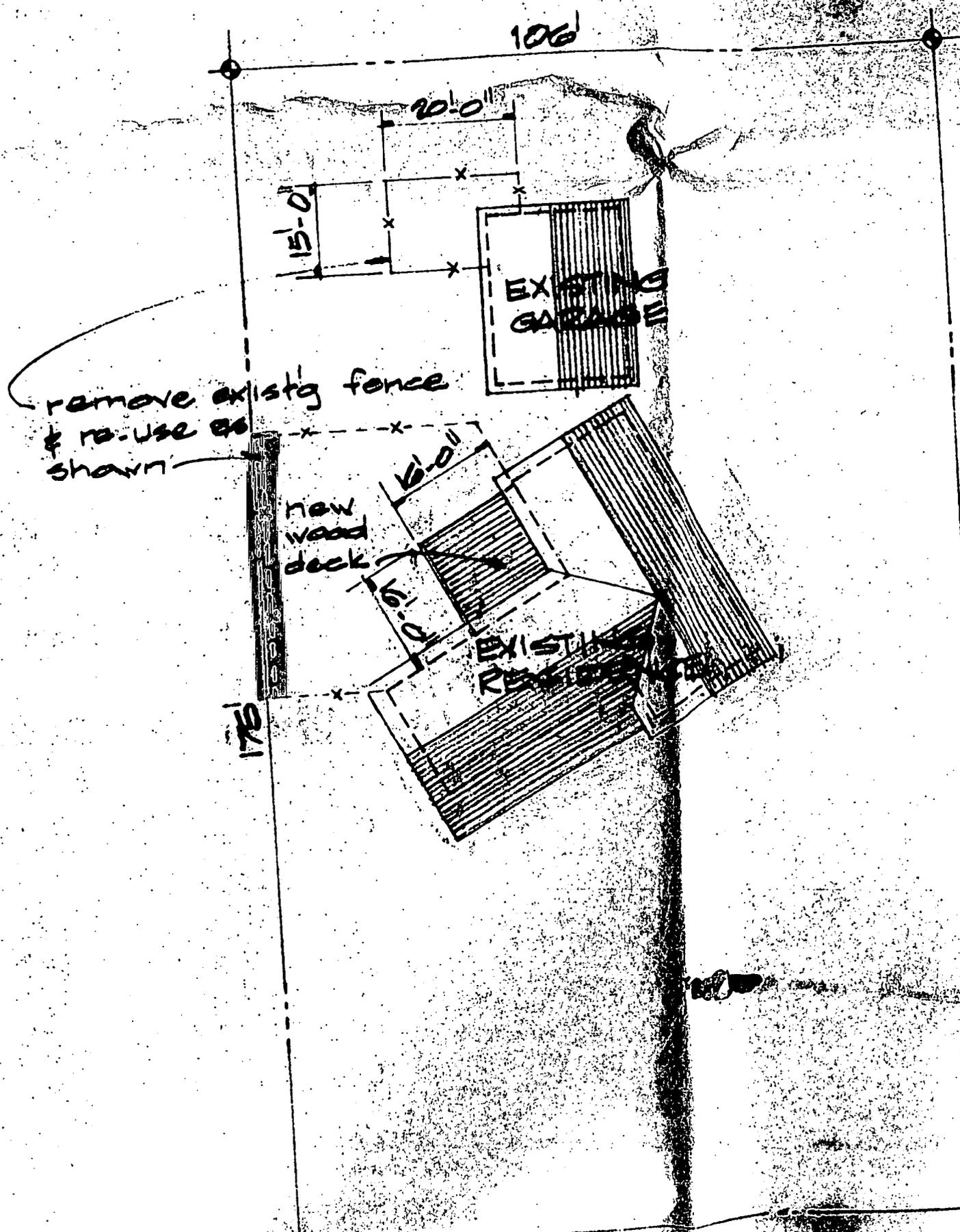
Date: _____

Signature: _____

Address: _____

City & State: _____

Permit No. _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/4, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROOF METAL	PASS	
8	9 PALMETTO PALM BEACH CR.	(DRY-IN)		INSPECTOR: <i>[Signature]</i>
6705	ANDERSON	FRAMING	PASS	
8	9 PALMETTO PALM BEACH CR.			INSPECTOR: <i>[Signature]</i>
7380	BONIFACE	Gr. ROUGH	PASS	
4	63 S. RIVER RD WILSON BLDGS			INSPECTOR: <i>[Signature]</i>
7320	BEATTIE	DRY IN + METAL	FAIL	NOT READY \$10
5	4 ADMIRAL'S WALK SMART ROOFING			INSPECTOR: <i>[Signature]</i>
6857	PRELSSMAN	SUC CHG	PASS	
6	28 RIO VISTA FORWARD H & A			INSPECTOR: <i>[Signature]</i>
7415	SMITH	FENCE FINE	PASS	CLOSE
3	211 S. SEWALLS PT OIB			INSPECTOR: <i>[Signature]</i>
		SLAB		
10A	18 FIELDWALK DE THOMAS CONC.			INSPECTOR: <i>[Signature]</i>
OTHER:	LABITZKA	FINAL FILL	PASS	
7199	3 RIO VISTA O.B.			<i>[Signature]</i>

7515

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/27/05

BUILDING PERMIT NO. 7515

Building to be erected for SMITH

Type of Permit REROOF

Applied for by JIM'S ROOFING (Contractor)

Building Fee _____

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 111 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410010250010070000

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 10431 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 6400.00

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

APR 14 2005

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 4/13/05

OWNER/TITLEHOLDER NAME: Paul Smith Phone (Day) 287-7057 (Fax) _____

Job Site Address: 111 S Sewalls Pt Rd City: Stuart State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) F-38-41-001-025-00080.10m Parcel Number: lot 25

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

Description of Work To Be Done: Re-roof

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 6400
(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: Jim's Roofing Phone: 221-0050 Fax: 221-1040

Street: 8626 SW Perry Ln City: Stuart State: FL Zip: 34997

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Laura Lee Smith
State of Florida, County of: Martin
This the 13th day of April, 2005
by Laura Lee Smith who is personally

known to me or produced FLDL 138410010250008010000
as identification James P. O'Brien x 11/15/06

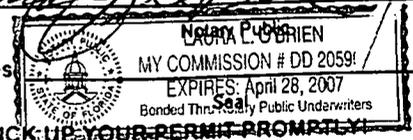
My Commission Expires: _____
Notary Public

CONTRACTOR SIGNATURE (required)

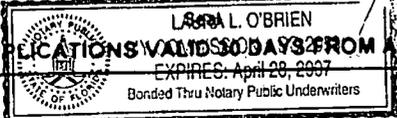
James P. O'Brien
On State of Florida, County of: Martin
This the 13th day of April, 2005
by JAMES PATRICK CONKLING who is personally

known to me or produced FLDL 138410010250008010000
As identification James P. O'Brien x 3/17/08

My Commission Expires: _____



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



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/09/2004

PRODUCER A BETTER DEAL INSURANCE 1026 SW BAYSHORE BLVD PORT ST LUCIE 772-871-1975		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 JIM'S ROOFING OF THE TREASURE COAST INC 8626 SW PERRY LANE PORT ST LUCIE, FL 34997		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: CANAL INDEMNITY	
		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	ADD'L INSRD	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	04-2143	8-9-04	8-9-05	EACH OCCURRENCE \$300,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> 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 OTH-ER 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
ROOFING

CERTIFICATE HOLDER CITY OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewall's Point
1 S. Sewall's Point Rd.
Sewall's Point FL 34996

Jim's Roofing of the
Treasure Coast, Inc.
8626 SW Perry Lane
Stuart FL 34997

ATTN: To whom it may concern

Date: 02/15/2005

This is to certify that Jim's Roofing of the Treasure Coast, Inc.
8626 SW Perry Lane
Stuart FL 34997

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

COVERAGE NUMBER:	<u>870-032935</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>01/01/2005</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE:	<u>01/01/2006</u>	Employers' Liability	\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

Employers liability limits amended to:
\$500,000/\$500,000/\$500,000

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domicile employees only.

By: Brett Stiegel
Brett Stiegel, Administrator
FRSA-SIF

By: Debbie Kemmerer
Debbie Kemmerer - Underwriting Manager
FRSA-SIF

**2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 987-520-181 CERT 2356101
PHONE (772)287-1874 SIC NO 2356101

LOCATION:
8626 SW PERRY LN STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>3.75</u>
\$	<u>.00</u>	COL. FEE \$	<u>5.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>33.75</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ROOFING CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

10 DAY OF NOVEMBER 2004
AND ENDING SEPTEMBER 30, 2005

JIM'S ROOFING
JAMES P CONKLING, INC
CONKLING, JAMES P
8326 SW PERRY LANE
STUART FL 34997

RECEIPT OF PAYMENT

6610
LARRY C. O'STEEN
99 11/18/2004 OCCI NORMAL
198752600181800
\$33.75
022004110001795CX

AC# 1508016

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04072701031

DATE	BATCH NUMBER	LICENSE NBR
07/27/2004	040090385	CCC041295

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

CONKLING, JAMES PATRICK
JIM'S ROOFING
1004 NW 16TH PL
STUART

FL 34994-9620

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # Parcel ID # 138410010250008010000

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):

ARBELA LOT 25

GENERAL DESCRIPTION OF IMPROVEMENT: Roof

OWNER: Paul Smith

ADDRESS: 111 S. SENAWIS POINT RD SENAWIS POINT, FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: Juni's Roofing

ADDRESS: 4626 SW Ferry Ln Stuart, FL

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY) _____

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.

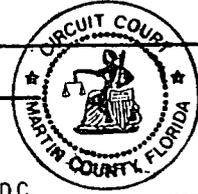
Laura L. Smith
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF April 2005 BY LAURA LEE SMITH

Laura L. O'Brien
NOTARY SIGNATURE
LAURA L. O'BRIEN
MY COMMISSION # DD 20594
EXPIRES: April 28, 2007
Bonded Thru Notary Public Underwriters

OR PERSONALLY KNOWN
PRODUCED ID FDL 5530-530-51-915-0
TYPE OF ID _____ X 11/15/06

INST # 1829875 DR BK 02002 PG 0136 RECD 04/13/2005 11:48:16 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix





**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)

**GAF Materials Corp.
1361 Alps Rd.
Wayne, NJ 07470**

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 the BCCO and accepted by the Building Code and Product Review Committee 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 BCCO (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. BCCO reserves the right to revoke this acceptance, if it is determined by BCCO 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 South Florida Building Code, 1994 Edition for Miami-Dade County or Florida Building Code.

DESCRIPTION: Timberline 30

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

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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 4/18/05

[Signature]

BUILDING OFFICIAL
Gene Simmons

NOA No.:01-1203.07
Expiration Date: 02/21/07
Approval Date: 02/21/02
Page 1 of 3

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 6, 2002 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7321	Kiplinger	Final roof	PASS	CLOSE
2A	143 S River Rd Street Roofing			INSPECTOR: 
725	Smith 11 S Sewall's Pt	Dry-in-panel	---	NOT RECORDED
	Jim's Roofing			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
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

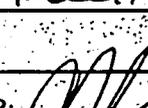
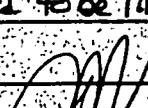
Date of Inspection: Mon Wed Fri May 9th, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7187	Hannon	Siding	PASS	CLOSE
13	84 N Sewalls Pt Rd Campbell			INSPECTOR: <i>[Signature]</i>
7019	Hannon	Re-roof	PASS	CLOSE
13	84 N Sewalls Pt Rd Pacific Roofing			INSPECTOR: <i>[Signature]</i>
7110	Bird	Roof - Final	PASS	CLOSE
14	27 Lightning Way Pacific Roofing			INSPECTOR: <i>[Signature]</i>
	Smith	Dry-in + metal	PASS	First thing
6	111 SSPR Jim's Roofing			INSPECTOR: <i>[Signature]</i>
6712	Elder	Petro →		WILL RESCHEDULE
5	4 Margarita Dr O/B			INSPECTOR: <i>[Signature]</i>
	Siegel	Electrical - Duct	PASS	
3	16 Island Rd Riverside Electric			INSPECTOR: <i>[Signature]</i>
7515	Smith	Dry-in,	PASS	* Requested to be first *
6	111 S. Sewalls Pt Rd Jim's Roofing	Metal		INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 9th, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7187	Hannon	Siding	PASS	CLOSE
13	84 N Sewalls Pt Rd			INSPECTOR: 
	Campbell			
7019	Hannon	Re roof	PASS	CLOSE
13	84 N Sewalls Pt Rd			INSPECTOR: 
	Pacific Roofing			
7110	Bird	Roof - Final	PASS	CLOSE
14	27 Lighting Way			INSPECTOR: 
	Pacific Roofing			
7515	Smith	Dry-in +	PASS	First thing
6	111 SSPR	metal		INSPECTOR: 
	Jim's Roofing			
6712	Elder	Petro →		WILL RECHECK
5	4 Margarita Dr.			INSPECTOR: 
	DIR			
	Siegel	Electrical - Deck	PASS	
3	16 Island Rd			INSPECTOR: 
	Riverside Electric			
7515	Smith	Dry-in,	PASS	* Requested to be first
6	111 S. Sewall's Pt Rd	metal		INSPECTOR: 
	Jim's Roofing			
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/13, 2005 Page ___ of ___

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7515	SMITH	FINAL ROOF	PASS	COOPER
6	111 S. SEWALLS PT JIM ROOFING			INSPECTOR: 
7375	COOPER	FINAL GAS	PASS	CLOSE
2	33 W HIGH POINT BEACON APPLIANCE			INSPECTOR: 
7390	Goldman	Footers	PASS	Pour scheduled / for noon
1	4 Summerlane O/B	*708-1766 *FIRST PLEASE		INSPECTOR: 
TREE	KING	TREE	PASS	
3	35 W HIGH POINT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

10387

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:	10387	DATE ISSUED:	MARCH 19, 2013
SCOPE OF WORK:	ASPHALT DRIVEWAY		
CONTRACTOR:	PAV-CO		
PARCEL CONTROL NUMBER:	013841001025-000801	SUBDIVISION	ARBELA - LOT 25
CONSTRUCTION ADDRESS:	111 S SEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	WILLIAM 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 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**

Date: 2/7/13 Permit Number: 10389
 OWNER/LESSEE NAME: DR. ALLISON NAVINS Phone (Day) 418-3545 (Fax) DR. NAVINS@M.S.U.EDU
 Job Site Address: 111 S. Sewalls Pt Rd City: STUART State: FL Zip: 34994
 Legal Description: X Parcel Control Number: 01-38-411-001-025-00080-1
 Fee Simple Holder Name: N/A Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Asphalt Overlay Exist. DRIVEWAY

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: \$ 4700.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: PAV-Co Contracting, INC Phone: 286-7385 Fax: 286-7859
 Qualifiers name: William Carpio Street: 3341 SE SLASH ST City: STUART State: FL Zip: 34997
 State License Number: _____ OR: Municipality: M.C. License Number: MCP-02487
LOCAL CONTACT: Bill Carpio Phone Number: 772-286-7385
DESIGN PROFESSIONAL: N/A Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
AREAS SQUARE FOOTAGE: Living: _____ Garage: 1000 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 Flood Inversion 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

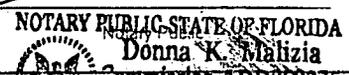
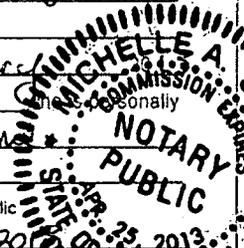
WARNINGS TO OWNERS AND CONTRACTORS: Sewall's Point Town Hall
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT 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*******

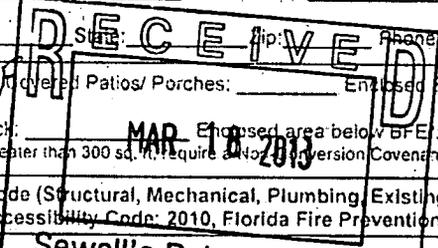
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 Allison Navins
 State of Florida, County of: Suwannee
 On This the 15 day of February
 by Allison Navins who is personally known to me or produced - Known to me
 As identification: Michelle A. Straupe Notary Public
 My Commission Expires: April 25, 2013

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
 X William Carpio
 State of Florida, County of: MARTIN
 On This the 7 day of FEB 20 13
 by William Carpio who is personally known to me or produced
 As identification: _____
 My Commission Expires: _____

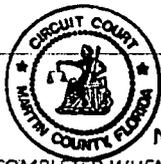


SINGLE FAMILY PERMIT APPLICATIONS MUST BE SUBMITTED WITHIN 30 DAYS OF APPROVAL NOTIFICATION. PERMITS ARE VALID FOR 180 DAYS (FBC 105.3.2) - PLEASE PICK UP PERMIT FROM TOWN OF SEWALL'S POINT TOWN HALL. BOUNDARY SURVEY BY ATLANTIC BONDING CO., INC.



ARBELA, beg C/LN S Point Rd S/LN. Lot 25,
W ALG S/LN 175', N PERP 106', E TO RD C/LN
& S TO POB (LESS R/W) OR 341/2093





INSTR # 2375654
OR BK 2629 PG 785

(1 Pgs)
RECORDED 02/07/2013 11:00:08 AM
MARTIN COUNTY CLERK

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

NOTICE OF COMMENCEMENT

BY: Carolyn Timmann CLERK TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500,000
DATE: 02/07/2013 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):
111 S. Sewalls Point Rd / Ardela, Bcg C/LN SPT RD & 3/4LN LOT 25, W ALE SWN 175, N PERP 106', E TO RD C/LN & STD POB (LESS 12W) 02 3412093

GENERAL DESCRIPTION OF IMPROVEMENT: Asphalt Overlay Exist. & New

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: ALLISON NOVINS
ADDRESS: 111 S Sewalls Point Rd
PHONE NUMBER: _____ FAX NUMBER: DIR NOVINS @ MSJ.COM
INTEREST IN PROPERTY: owner

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

CONTRACTOR: PAV-LO Contracting, INC
ADDRESS: 3541 SE SLACK ST. STUART FL 34997
PHONE NUMBER: 772-286-7385 FAX NUMBER: 772-286-7859

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

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

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

NAME: N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

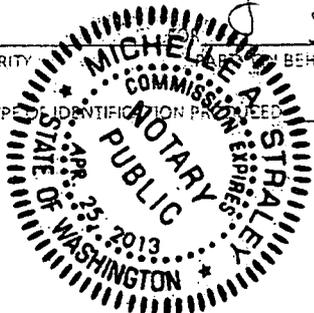
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

X Allison Novins
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 1ST DAY OF February 2013
BY: Allison Novins AS Owner Self
NAME OF PERSON TYPE OF AUTHORITY IN BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____
Michelle A. Straley
NOTARY SIGNATURE/SEAL



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-10-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10156	Robertson 173 S River A+G Pools	rough plumbing Pool PIPING	PASS	INSPECTOR <i>[Signature]</i>
10246	Elliot 25 W High Pt Prop Sew/Elite	Final gas tank & lines	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9438	Stanton 6 Sabal Ct Aan Butcher Roof	Final flat roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10387	NOVINS 111 S Sewalls Pt. Rd Pm-co	FINISH DRAWING	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10377	TURNER 81 S RIVER RD A+G POOL	A/G FINISH		INSPECTOR
tree	WILKINSON 8 OAKWOOD	TREE	OK	INSPECTOR
tree	Clifford 20N River	Tree	OK	INSPECTOR

10456

POOL & DECK



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:	10456	DATE ISSUED:	MAY 23, 2013
SCOPE OF WORK:	POOL & DECK		
CONTRACTOR:	FLAMINGO POOLS		
PARCEL CONTROL NUMBER:	013841001025-000801	SUBDIVISION	ARBELA - LOT25
CONSTRUCTION ADDRESS:	111 S SEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	ROBERT GRABOWSKI	CONTACT PHONE NUMBER:	220-0627

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: 10456

Date: _____
 OWNER/LESSEE NAME: ALLISON NOVINS Phone (Day) _____ (Fax) _____
 Job Site Address: 111 S. SEWALLS PT RD City: STUART State: FL Zip: _____
 Legal Description _____ Parcel Control Number: 01-38-41-001-025-000801
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** CONSTRUCT GUNITE POOL + DECK

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 35,000.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: FLAMINGO POOLS + PATIOS Phone: 220-0627 Fax: 220-4080
 Qualifiers name: ROBERT W. GRABOWSKI Street: 3405 SEDWIE HWY City: STUART State: FL Zip: 34997
 State License Number: RP0067264 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: KAROL GRABOWSKI Phone Number: 220-0627

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: 1764 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 Fire Prevention Code: 2010, Florida Accessibility Code: 2010, Florida State Accessability Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

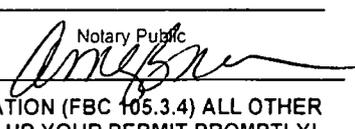
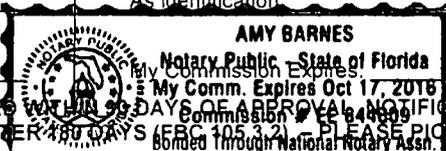
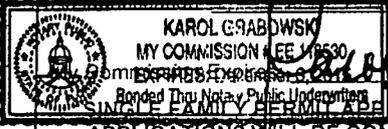
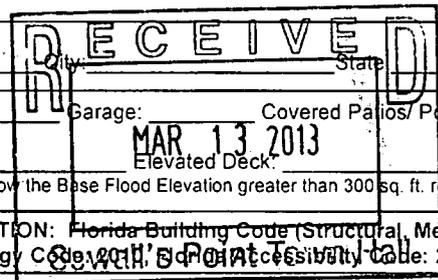
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST 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: [Signature]
 State of Florida, County of: MARTIN
 On This the 12 day of MARCH, 2013
 by ALLISON NOVINS who is personally
 known to me or produced _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE: [Signature]
 State of Florida, County of: MARTIN
 On This the 12 day of MARCH, 2013
 by ROBERT W. GRABOWSKI who is personally
 known to me or produced _____
 As identification _____



APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS. Commission # 105321 - PLEASE PICK UP YOUR PERMIT PROMPTLY!

NOVINS



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name FLAMINGO POOLS Permit # _____

Mailing Address 3400 SE DIXIE HWY City STUART State FL Zip 34997

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

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

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK		
DECK FINISH <u>PAVERS</u>	<u>FLAMINGO POOLS + PATIOS</u>	<u>MCSP02715</u>
MASTER ELECTRICIAN <u>PAYUK</u>	<u>ELECTRIC</u>	<u>ME00454</u>
POOL GUNITE <u>FLAMINGO POOLS + PATIOS</u>		<u>MCSP02715</u>
INTERIOR POOL FINISH <u>FLAMINGO POOLS + PATIOS</u>		<u>MCSP02715</u>
POOL STEEL <u>FLAMINGO POOLS + PATIOS</u>		<u>MCSP02715</u>
BARRIER/ALARM <u>FLAMINGO POOLS + PATIOS</u>		<u>MCSP02715</u>

Handwritten notes on the left margin: "PAVERS", "ELECTRICIAN", "POOL GUNITE", "INTERIOR POOL FINISH", "POOL STEEL", "BARRIER/ALARM".

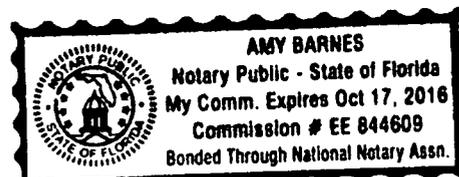
I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

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

Signature of applicant ROBERT W. GRABOWSKI
Sworn to and subscribed before me this 12 day of MARCH 2013 by

Amy Barnes
Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Type of ID Produced: _____



Page 1

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

SITE ADDRESS:

SUBDIVISION:

LOT: BLK: PHASE:

PARCEL CONTROL #

OWNER'S FULL NAME AS STATED ON DEED:

VERIFICATION OF PARCEL CONTROL NUMBER:

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

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER:

TELEPHONE NO: 772-335-1639 FAX NO: 772-4181

COMPANY OR QUALIFIER'S NAME:

SIGNATURE OF LICENSED CONTRACTOR

ADDRESS OF CONTRACTOR: 2501 Caluso Ave Ft. Lauderdale FL

PLANS AND ALL APPLICABLE CODES

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

LOW VOLTAGE	TYPE OF EQUIPMENT:	SCOPE OF WORK:	VALUE:
	SECURITY	VACUUM	SOUND SYSTEM
	LANDSCAPE	OTHER	

VALUE OF CONSTRUCTION \$ 500.00

SCOPE OF WORK: POOL WIRING

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

- PLUMBING
- ELECTRICAL
- HVAC
- IRRIGATION
- PUEB CAS

PERMIT TYPE: RESIDENTIAL COMMERCIAL

CONSTRUCTION ADDRESS: 111 SE SEWALLS PT RD

OWNERS NAME: NOLANS

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

BUILDING PERMIT NUMBER:

VERIFICATION OF CONTRACTOR

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



FLAMINGO POOLS & SPA 2204080

7722204088

03/12/2013 22:38

09-06-08:16:14

Handwritten signature or initials.



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PERMIT # _____

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

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 111 S. SEWALLS Pt RD., and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

Residential swimming pool safety feature options:

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

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

- _____ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- _____ (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- AN (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)

AN 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

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

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



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

AFFIDAVIT OF REQUIREMENT COMPLIANCE

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

[Signature]
 CONTRACTOR'S SIGNATURE & DATE
 ROBERT W. GRABOWSKI

[Signature]
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

NOTARY AS TO OWNER:

STATE OF FLORIDA

STATE OF FLORIDA

COUNTY OF MARTIN

COUNTY OF MARTIN

ON THIS 12 DAY OF MARCH 2013

ON THIS 26 DAY OF FEB 2013

BEFORE ME PERSONALLY APPEARED:

BEFORE ME PERSONALLY APPEARED:

[Signature]

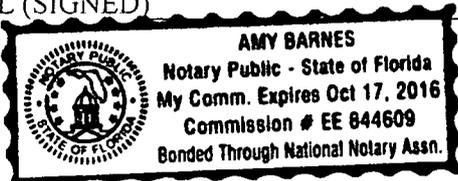
ALLISON NOUINS

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

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

SEAL (SIGNED)

SEAL (SIGNED)



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

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-025-00080-1

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):

111 SOUTH SEWALLS PT RD STUART FL 34996 ARBELA - PART LOT 25 OR 341/2093

GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRUCT POOL + DECK

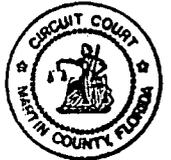
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: ALLISON NOVINS
ADDRESS: 111 SOUTH SEWALLS PT ROAD STUART FL 34996
PHONE NUMBER: 425-418-3542 FAX NUMBER:
INTEREST IN PROPERTY:

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

CONTRACTOR: FLAMINGO POOLS + PATIOS INC
ADDRESS: 3406 SE DIXIE HWY STUART FL 34997
PHONE NUMBER: 220-0627 FAX NUMBER: 220-4080

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT: THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER: CAROLYN TIMMANN, CLERK

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: BY: I NOVINS D.C. DATE: 3/13/13

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

PHONE NUMBER: FAX NUMBER: EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

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

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

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

Handwritten signature of Allison Novins

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

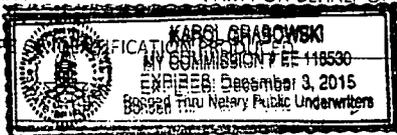
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 26 DAY OF FEB 20 13

BY: ALLISON NOVINS OWNER FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE

Handwritten signature of Carol Dubowala
NOTARY SIGNATURE/ SEAL



Vertical text on the right side: INST. # 2382469 OR BK 2636 PG 2473 RECD 03/13/2013 01:32:20 PM



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

V-ZONE DESIGN CERTIFICATE FOR IN-GROUND POOLS

Name of Property Owner ALLISON NOVINS
Building Address 111 SOUTH SEWALLS PT. ROAD
Legal Description LOT 25 PLAT BOOK 3 PAGE 29
City STUART State FLORIDA Zip Code 34996

FLOOD INSURANCE RATE MAP INFORMATION

Community # 120164 Panel # 0154 Suffix F
Date of FIRM 10/4/02 Zone VE Base Flood Elevation 10.0

MAP# 120850154F

ELEVATION INFORMATION

Base Flood Elevation 10.0
Elevation of Lowest Adjacent Grade 3.55 Highest Adjacent Grade 5.03
Depth of Anticipated Scour used for foundation design -3.00
Embedment Of Piles/Footings/Columns Below Lowest Adjacent Grade 6.55
Elevation of top edge of pool 4.00 Elevation of deck around pool 4.00

V-ZONE CERTIFICATION STATEMENT

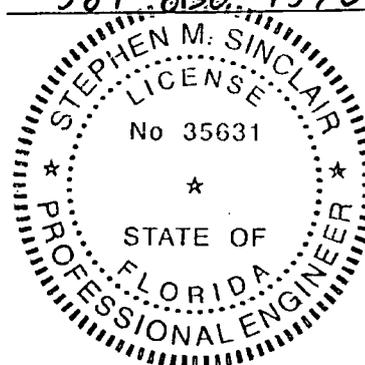
I certify that I have developed or reviewed the structural design, specifications and location for construction. The design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions: ... The foundation and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the combined effects of wind and water loads acting simultaneously on all structural components. Water loading values used are those associated with the 100 year storm event. Wind loading values are those associated with a 160 mph (3 second gust) wind potential. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood.

CERTIFIED BY

Certifiers Name Stephen M. Sinclair Title President
Company Name Sinclair Engineering License # 35631
Address 8259 N. Military Trail City Palm Beach Gardens
State FL Zip Code 33418 Phone # 561.630.9570

Signature Stephen M Sinclair PE
Date: APR 16 2013

SEAL:



FLAMINGO POOLS



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

Electrical Load Calculations

Electrical Contractor: PAYUK Electric License No. FC13001275
 Phone #: 772-337-4197 Fax #: 772-335-1639
 Project: NOVINS Location: 111 S. SEWALLS PT RD.
 Existing Service Feeder Size: 2/0 Cu Existing Panel Size: 200 AMP
 Main Breaker Size: 200 AMP Number of Breakers: 33

Existing Loads

<u>1492</u> Sq. Ft. X 3 watts per sq. ft.....	<u>4476</u> watts
<u>1</u> Appliance cr. @1500 watts each.....	<u>6000</u> watts
<u>1</u> Laundry cr. @ 1500 watts each.....	<u>1500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8000</u> watts
<u>1</u> Dishwasher and disposal @ 1500 watts each.....	<u>3000</u> watts
<u>1</u> Microwave @ 2000 watts.....	<u>2000</u> watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4500</u> watts
<u>1</u> Tank less water heater.....	_____ watts
<u>1</u> Dryer @ 5 kw.....	<u>5000</u> watts
<u>1</u> Refrigerator @ 1500 watts.....	<u>1500</u> watts
<u>1</u> Bathroom 1 @ 1500 watts.....	<u>1500</u> watts
<u>1</u> Sprinkler Pump.....	_____ watts
<u>1</u> Other.....	_____ watts
<u>1</u> Other.....	_____ watts
<u>1</u> Other.....	_____ watts
	<u>37,476</u> Subtotal Watts

New Loads

<u>1</u> Pool pump.....	<u>3840</u> watts
<u>2</u> Pool light... <u>Len</u>	<u>200</u> watts
<u>1</u> Heat pump.....	<u>12,000</u> watts
<u>1</u> Chlorine generator.....	<u>160</u> watts
<u>1</u> Blower.....	_____ watts
<u>1</u> Boatlift.....	_____ watts
<u>1</u> Other.....	_____ watts
<u>1</u> Other.....	_____ watts
<u>1</u> Other.....	_____ watts
	<u>53,676</u> Total Watts

First 10 kw @ 100%..... 10,000 watts
 Remainder @ 40%..... 67,471 watts
 A/C heat @ 100%..... 10,500 watts
 Total watts 37,971 Divided by 240 volts = 158.2 Amps 200 Amp service provided
 Prepared by: Bob Payuk Date: 3/12/13

Ernesto Velasco, P.E.
Ernesto Velasco
Respectfully Submitted,

In-Place Dry Density	Maximum Dry Density	% Compaction
102.8	104.4	98.4
103.2	104.4	98.8
102.0	104.4	97.7

TEST SAMPLE LOCATION: 10' IS LR Corner - Center of Pad - 10' IS RF Corner

SOIL CLASSIFICATION & REMARKS: A3 Firm brown sandy soil

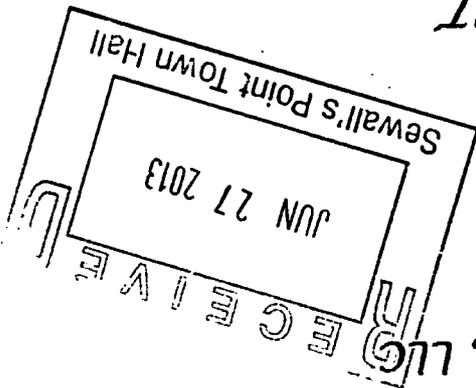
DATE: June 26, 2013
 JOB NUMBER: 13-0632
 PERMIT NUMBER: [REDACTED]
 CLIENT: Flamingo Pools
 CONTRACTOR: Flamingo Pools
 JOB LEGAL: N/A
 JOB ADDRESS: 111 So. Sewall's Point Road
 Sewall's Point, FL

Ernesto Velasco

ASTM D 6938-10

COMPACTON TEST REPORT

COASTAL TESTING LABORATORY, LLC
 Post Office Box 2023
 Palm City, FL 34991-2023
 772.220.6688



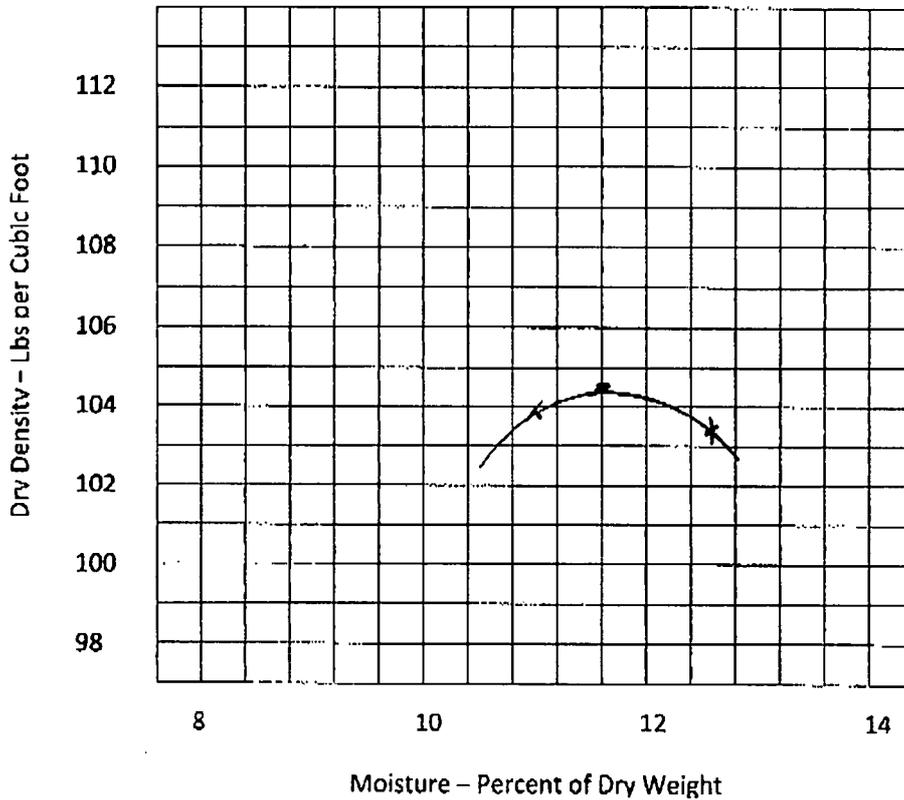


COASTAL TESTING LABORATORY, LLC
Post Office Box 2023
Palm City, FL 34991-2023
772.220.6688

MOISTURE DENSITY RELATIONSHIP

ASTM D 1557-09

DATE: June 26, 2013
CONTRACTOR: Flamingo Pools
JOB NUMBER: 13-0632
PERMIT NUMBER: 10456



COASTAL TESTING LABORATORY
 P.O. BOX 2023
 PALM CITY, FL 34991-2023
 OFFICE 772 220-6688
 FAX 772 287-1591

FAX COVER SHEET

SEND TO	
CITY OF SEWALLS POINT	<i>From</i>
<i>Attention</i> BUILDING DEPT.	<i>Date</i>
<i>Office location</i>	<i>Office location</i>
<i>Fax number</i> 772 220-4765	<i>Phone number</i>

- Urgent
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: _____

COMMENTS

772-286 7669 FAX

287 2455 OFC.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon

Tue

Wed

Thur

Fri

6-4-13

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10459	Rowe	Final		
11AM	5 Skiver	AC	Pass	Close
12	NIS Air			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10435	Brown	Final		
	123 S Sewalls	Fence	Pass	Close
	Daniels Fence			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10456	Dovens	Pool stand	Pass	REMOVING THE EX
AM	115 Sewalls	Pool Stand	Pass	SOLVE
	Flamingo Pool	MAIN DRAIN		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10399	Bills	Final		
	3 Via Judinda	over driveway	Pass	Close
	Chitwood			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10429	Vont Bosch	Final		
PM	8 Laegon Isl.	windows + doors	Pass	Close
1	Fla Window + Door			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	11 S Ridgview Rd	Tree		
PM	Kramer		OK	
2				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10464	Boniface	Footer		
PM	63 S Skiver		Pass	
	Winchip			INSPECTOR <i>A</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

7-1-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10489	Guerrero 130N Sewalls Aspen Air	Final	Cancel	will reschedule
10:00 10:30				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Trees 85 River	Investigate	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10486	Novena 111 Sewalls Flamingo	UG plumbing	Pass	
				INSPECTOR <i>CA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



P/N: 10456

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 111 SSPR.

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.

BOND WIRE

BONDING WIRE DOES NOT
CONTINUE TO POOL EQUIP.
PAD.

OK corrected

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: 7/17

OK

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-17-13** Page **2** of **3**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10490	Botwinick	dry-in metal	FAIL PASS	RECEIVED AFFIDAVIT
8	27 Emaita Total Roofing	(Main House)		INSPECTOR <i>[Signature]</i>
10491	Botwinick	dry-in/metal	FAIL PASS	RECEIVED AFFIDAVIT
8	27 Emaita Total Roofing	(Theatre Bldg)		INSPECTOR <i>[Signature]</i>
10448	Stern	Roof final	FAIL	
7	9 Lantana Freedom			INSPECTOR <i>[Signature]</i>
10515	Schaunersy	Final Shutters	PASS	CLOSE
3	3 Deland La Gulfstream			INSPECTOR <i>[Signature]</i>
10486	Merendino	UG Electric	PASS	
11	2 Castle Hill Forward Elec			INSPECTOR <i>[Signature]</i>
10466	Christie	dry-in/metal		
	1039 Sewalls Heat on Roof	Call me reschedule for		INSPECTOR
10436	NOVINO	2 gable roof	FAIL	REINSPECTED
	115 Sewalls Flamingo	Call me	PASS	WHEN CORRECTED INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-25-13 Page 11 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10584	Lawson 129 S Sewalls Liberty Home	Final Pavers	Fail	NOT READY INSPECTOR
10386	Kitch 3 Tumor St Flamingo Pools	Final Pool	PASS	CLOSE INSPECTOR
10456	Nowin 111 S Sewalls Flamingo Pools	Flamingo Pools	PASS	INSPECTOR
10029	GOUDIS 25 Silver Rd Team Parks	ELEC. FINAL Pumps "	PASS PASS	INSPECTOR
10518	Williams 24 Castle Hill DRIFTWOOD	Paved ROOF DECK 2ND FL Ceilings	PASS	INSPECTOR
10248	Premier/Bolner 2 N Sewalls Pt Renar	FINAL BLOG	PASS	ISSUE C.O.C. INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-22-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10539	MELOSH 132 S. SPT RD GROSSMAN A/E	FINAL A/E		CANCEL INSPECTOR
10629	VAN AMSTERDAM 2 E. HIGH PT A.D. COOK	ELECT FINAL	PASS	CLOSE INSPECTOR A
10956	ADOLPHUS 2111 S SPT RD FLANNING	PIPE FINAL	PASS	CLOSE INSPECTOR A
10536	FITSGERALD 22 W. HIGH PT ACCENT GARAGE DOOR	FINAL GARAGE DOOR	PASS	CALL CONTA. SLOPPY WORK INSPECTOR A
	KREMSEN RIVERVIEW	INVESTIGATE RIDGE		 INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10551

IRRIGATION



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:	10551	DATE ISSUED:	AUGUST 6, 2013
SCOPE OF WORK:	IRRIGATION		
CONTRACTOR:	RAINTRONICS		
PARCEL CONTROL NUMBER:	013841001025000801	SUBDIVISION	ARBELA - LOT 25
CONSTRUCTION ADDRESS:	111 S SEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	RANYD DURHAM	CONTACT PHONE NUMBER:	361-7246

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

Date: 7/15/13 Permit Number: 10551

OWNER/LESSEE NAME: Allison Novins Phone (Day) _____ (Fax) _____
 Job Site Address: 111 S Sewall's Point Rd City: Sewalls Point State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: 01384100010250008010000
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

<p>WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES _____ NO <u>X</u></p> <p>Has a Zoning Variance ever been granted on this property? YES _____ (YEAR) _____ NO <u>X</u> (Must include a copy of all variance approvals with application)</p>	<p>COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ <u>4495.00</u> (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 <u>X</u></p> <p>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</p>
--	---

Construction Company: Raintronics Inc Phone: 772-361-7246 Fax: 772-288-5273
 Qualifiers name: Randy Durham Street: 8007 SW 33rd St City: Palm City State: FL Zip: 34990
 State License Number: _____ OR: Municipality: Martin Co. License Number: ME1502905

LOCAL CONTACT: Randy Durham Phone Number: 772-626-5571

DESIGN PROFESSIONAL: _____
 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.

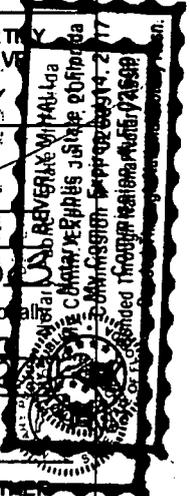
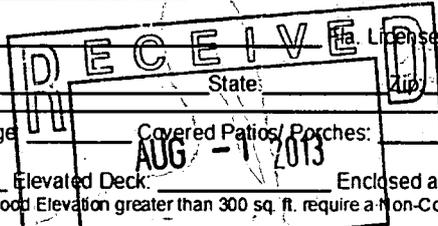
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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 Allison Novins
 State of Florida, County of: Martin
 On This the 15th day of July, 2013
 by Allison Novins who is personally known to me or produced _____
 As identification: Expire August 18, 2017
 My Commission Expires: 8/18/2017
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X Randy Durham
 State of Florida, County of: Martin
 On This the 30th day of July, 2013
 by Randy D Durham who is personally known to me or produced Fla Driver Lic
 As identification: Beverly M Hagan
 My Commission Expires: 7-14-2017
 Notary Public

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





INSTR # 2411008
NOTICE OF COMMENCEMENT BK 2670 PG 129

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

RECORDED 08/13/2013 09:49:27 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

PERMIT #: 10551 TAX FOLIO #:

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):
PC # 013841001025000801 111 S. Sewalls Point Rd, Sewalls Point FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Irrigation

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

NAME: Allison Novins
ADDRESS: 111 S. Sewalls Pt. Rd., Sewalls Pt, FL 34996
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: Randy Durham
ADDRESS: 8027 SW 33rd St. Palm City, FL 34990
PHONE NUMBER: 772-361-7246 FAX NUMBER: 772-288-5273

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

ADDRESS: _____
PHONE NUMBER: _____
BOND AMOUNT: _____

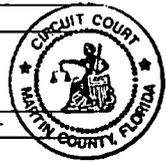
LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____

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

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

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
DATE: 8/13/13



Arbela, beg c/ln s pt rd & s/ln lot 25,
w a lg s/ln 175' N Prop 106', E to Rd
c/ln & s to Pub (loss r/w) or 341/2093

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).

Allison Novins
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

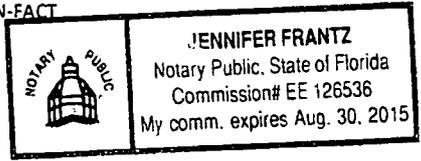
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 8 DAY OF Aug, 2013

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

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FL Drivers licence

Jennifer Frantz
NOTARY SIGNATURE, SEAL





Rotary Nozzles 17 - 24' Radius

Operating Range

- Pressure range: 20-55 psi
- Spacing: 13' to 24'

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



RSD Rain Sensor

Dimensions

RSD-BEx

Overall Length: 6.5" (16,5 cm)

Overall Height: 5.4" (15,7 cm)

Bracket hole pattern: 1.25" (3,2 cm)

RSD-CEx

Overall Length: 3" (7,6 cm)

Overall Height: 2.75" (7 cm)

Electrical Specifications

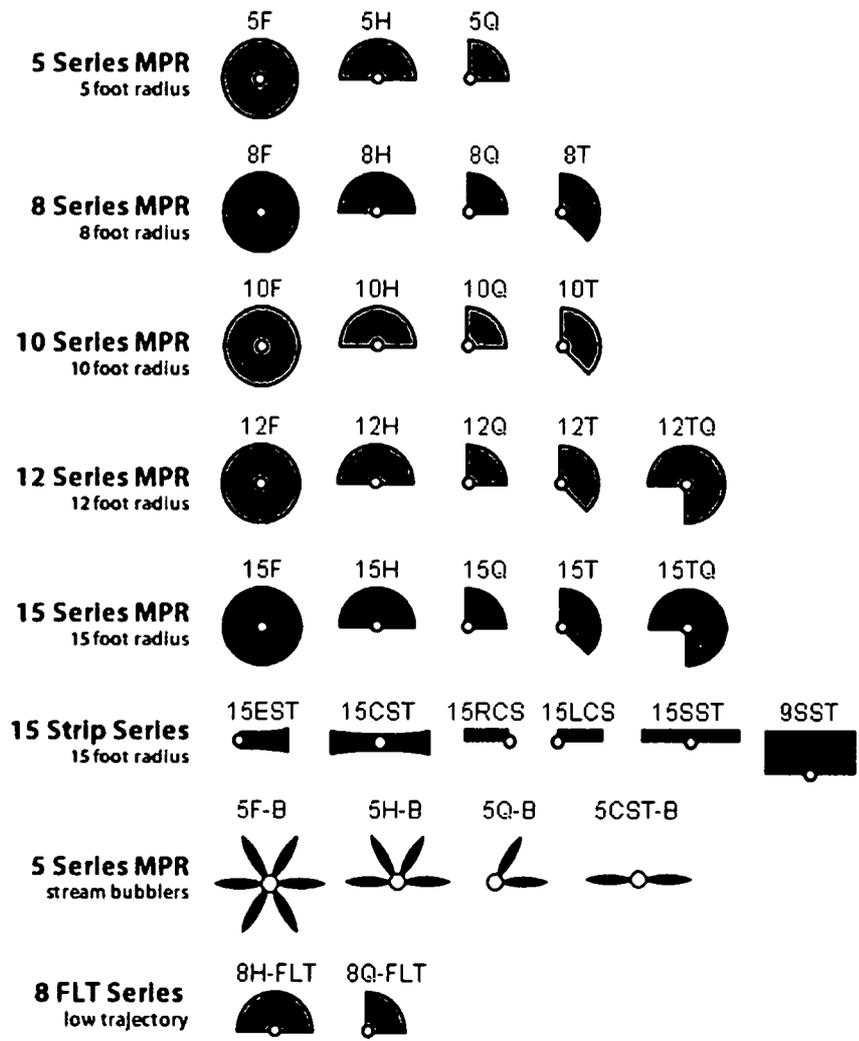
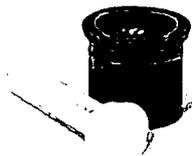
- Application: suitable for low voltage 24VAC control circuits and 24 VAC pump start relay circuits (not recommended for use with high voltage pump start, pump start relay circuits or devices).
- Switch electrical rating: 3A @ 125/250 VAC.
- Capacity: Electrical rating suitable for use with up to ten 24VAC, 7VA solenoid valves per station, plus one master valve.
- Wire: 25' (7,6 m) length of #20, 2 conductor UV resistant extension wire.
- Short lead for normally open (N.O.) installations.
- UL, cUL listed; CE, C-Tick approved.

Mechanical Properties

- Multiple rainfall settings from 1/8" to 3/4" (5-20 mm) are quick and easy with just the twist of a dial.
- Adjustable vent ring helps control drying time.
- High-grade, UV-resistant polymer body resists the elements.
- Available in rugged aluminum bracket version (RSD-BEx comes with 5" latching aluminum bracket) or conduit version (RSD-CEx) for a clean and professional look.



12' MPR Nozzle (Matched Precipitation Rate)





ESP-Me Series Controllers

Operating Specifications

- Station timing: 1 minute to 6 hours
- Seasonal Adjust; 5% to 200%
- Max operating temperature: 149°F (65°C)

Electrical Specifications

- Input required: 120 VAC \pm 10%, 60Hz
(International models; 230/240 VAC \pm 10%, 50/60Hz)
- Output: 25.5 VAC 1A
- Master Valve/Pump Start Relay
Operating Voltage: 24VAC 50/60Hz
Max Coil Inrush: 11VA
Max Coil Holding: 5VA
- Idle/Off power draw 0.06 amps at 120VAC
- Power back-up not required. Nonvolatile memory permanently saves the current programming and a 10 year life lithium battery maintains the controllers time and date during power outages.

Certifications

- UL, cUL, CE, CSA, C-Tick, FCC Part 15b, WEEE, S-Mark, IP24

Dimensions

- Width: 10.7 in. (27,2 cm)
- Height: 7.7 in. (19,5 cm)
- Depth: 4.4 in. (11,2 cm)



1800 Series 4" Spray Head

Specifications

- Spacing: 3 to 20 feet (0,9 to 6,1 m).
- Pressure: 15 to 70 psi (1 to 5 bar).
- Regulates nozzle pressure to an average 30 psi (2.1 bar) with inlet pressures of up to 70 psi (4.8 bar).
- Flow-by: 0 at 8 psi (0.6 bar) or greater; 0.1 gpm (0.02 m³/h; 0.006 l/s) otherwise.
- Installation: side or bottom inlet.
- Side inlet installation not recommended in freezing climates.



PROSERIES 100 ELECTRIC VALVES

This reliable valve offers a straight through flow pattern that dramatically reduces pressure loss and reduces the risk of trapped debris that causes other brands to fail.

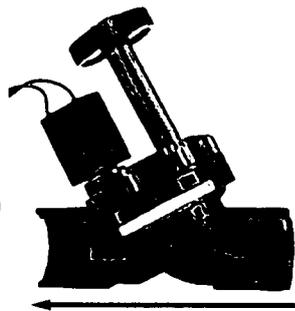
- *Self-cleaning screen with straight flow-through pattern.*
- *Internal and external bleed in addition to optional flow control.*
- *Captured Plunger Solenoid*

The valve body is constructed of UV and corrosion resistant PVC material. The valve is available in NPT, welded slip and BSP configurations. The valve is manufactured for 3 different applications:

- 1. To accept 1" Female slip or 1 1/4" slip installation within the same unit.*
- 2. To accept 1" Female thread or 1 1/4" slip installation within the same unit.*
- 3. To accept 1" Female BSP thread or 1 1/4" slip installation within the same unit.*

FLOW THROUGH

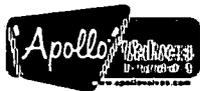
The unique tilted diaphragm creates a better flow path than traditional globe style electric valves by decreasing friction loss and increasing flow rate.



SELF-CLEANING SCREEN

The straight flow path allows debris to move through and the turbulent water flow cleans the diaphragm filter screen. This provides long life in applications using well or lake water.





Model PVB4A PRESSURE VACUUM BREAKER

Job Name:	Contractor:
Job Location:	P.O. Number:
Engineer:	Representative:
Tag:	Wholesale Distributor:

DESCRIPTION

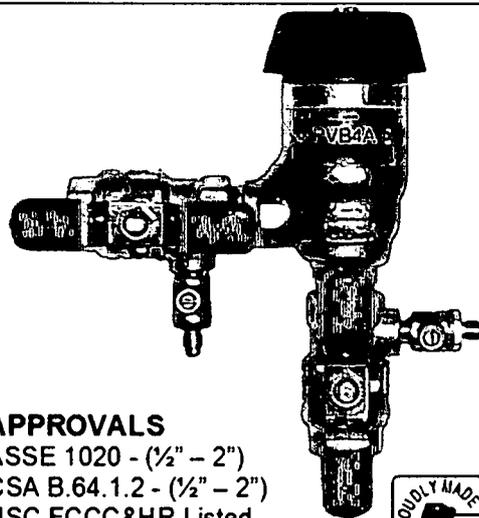
The Apollo® Model PVB4A Pressure Vacuum Breakers prevent contamination of the potable water supply due to back-siphonage. An integral freeze protection relief valve serves to reduce the possibility of damage due to intermittent freezing conditions. The modular check valve cartridge provides a captured spring, a replaceable seat and a reversal silicone seat disc. This Made in America assembly features Apollo® ball valves with stainless steel handles and nuts as standard and carries the five-year Apollo® factory warranty.

FEATURES

- Low pressure loss documented by independent approval agencies
- Built-in freeze resistance feature standard
- Easily removable modular check valve cartridge
- Captured stainless steel springs
- Apollo® ball valves w/ SS handles & nuts standard
- Test cocks located for easy draining
- Corrosion resistant
- No special tools required
- Unique canopy detachment
- **Designed, cast, machined, assembled and tested IN THE USA**

MATERIAL SPECIFICATIONS

Part Name	Material
Body, Ball Valves, Test cocks	Bronze C84400
Canopy	UV-Resistant ABS
Bonnet	Glass-Filled PPO
Check Valve Cartridge	Glass-Filled PPO
Springs	Stainless Steel
Seat Discs	Chloramine-resistant Silicone
Float	Glass-Filled Polypropylene
O-rings	Chloramine-resistant EPDM



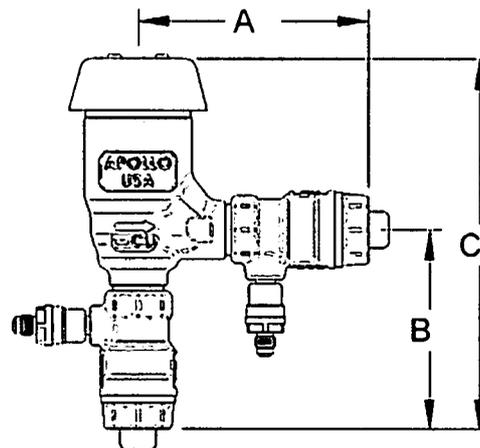
APPROVALS

ASSE 1020 - (1/2" - 2")
 CSA B.64.1.2 - (1/2" - 2")
 USC FCC&HR Listed - (1/2"-2") except 1 1/4"-2" w/SAE T/C



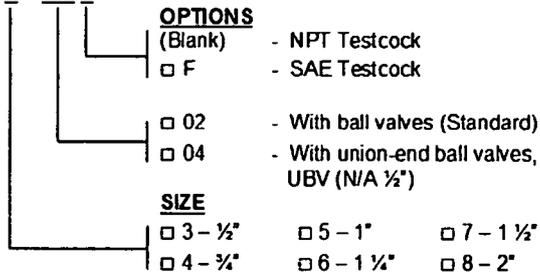
PERFORMANCE RATING

Maximum Operating Pressure 150 psi
 Temperature Range 33 °F - 140 °F



ORDERING INFORMATION

4A-50X-XXF



DIMENSIONS (in.)

Ordering No.	Size	A	B	C	Wt. (lb.)
4A50302	1/2"	4 1/2	3 3/4	7 1/4	3.2
4A50402	3/4"	4 3/4	4 1/8	7 5/8	3.8
4A50404	3/4"	6 1/8	5 1/2	9	4.1
4A50502	1"	5 3/8	4 3/8	8 3/8	5.2
4A50504	1"	7	6 1/4	10	5.6
4A50602	1 1/4"	7 3/8	5 3/4	10 1/4	9.1
4A50604	1 1/4"	9	7 1/2	12	12.4
4A50702	1 1/2"	7 1/2	5 3/8	10 3/8	12.5
4A50704	1 1/2"	9 3/8	8	12 3/8	16.7
4A50802	2"	8 3/8	6 3/4	11 3/8	21.0
4A50804	2"	10 3/8	8	14	27.9

Conbraco Industries, Inc. 701 Matthews Mint Hill Rd. Matthews NC 28105 USA; www.apollovalves.com; 704-841-6000

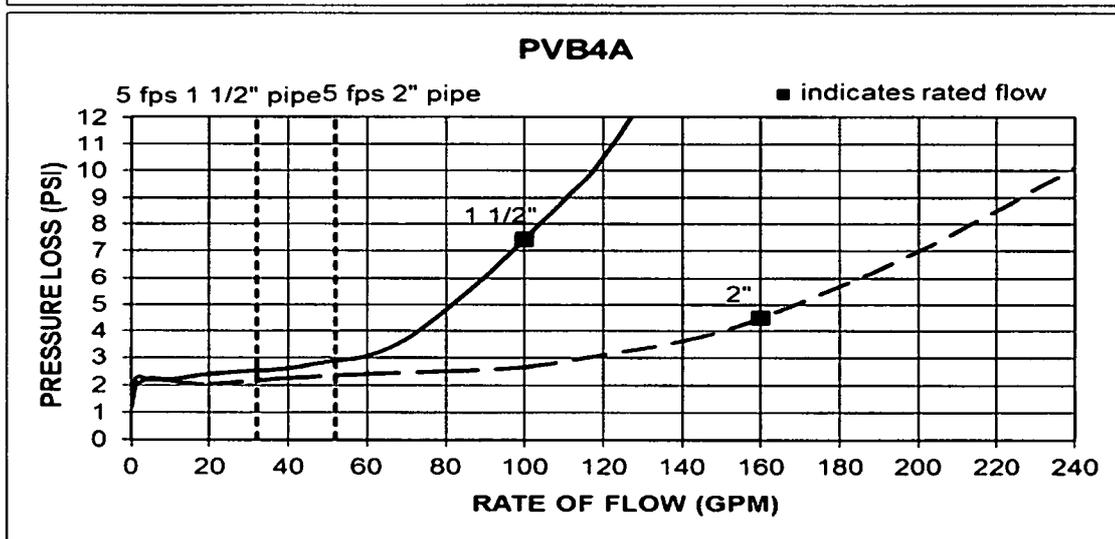
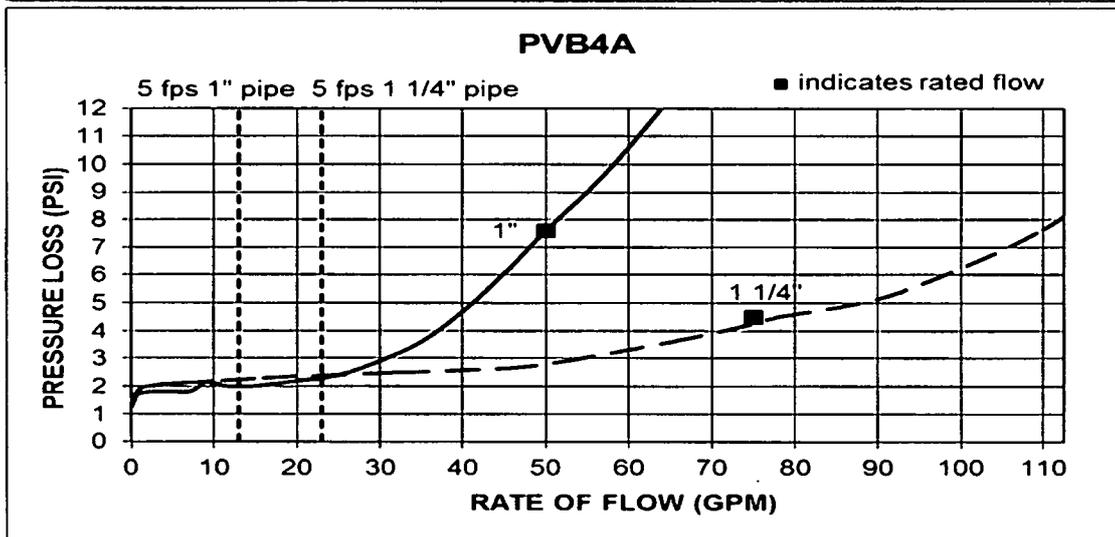
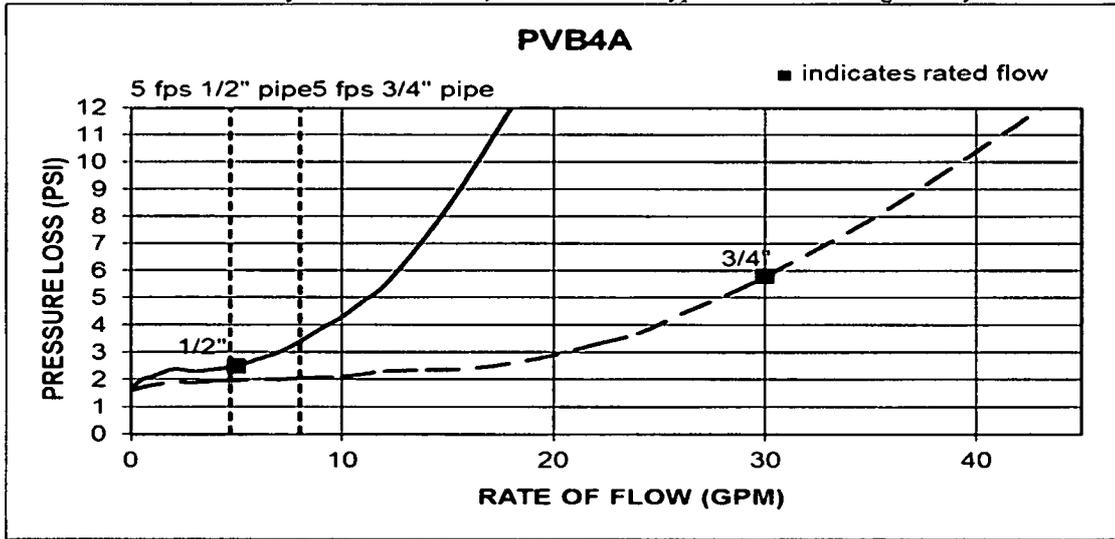
This specification is provided for reference only. Conbraco reserves the right to change any portion of this specification without notice and without incurring obligation to make such changes to Conbraco products previously or subsequently sold.



Model PVB4A PRESSURE VACUUM BREAKER

FLOW CURVES, Curves developed from independent approval agencies actual tests – Consult factory for details.

■ indicates rated flow as determined by USC FCCC&HR, 5.0 ft/sec is the typical maximum irrigation system flow rate.



Conbraco Industries, Inc. 701 Matthews Mint Hill Rd. Matthews NC 28105 USA; www.apollovalves.com; 704-841-6000

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-4-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10550	Sedor 5 Lantana La All Am Roof & Ceiling	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10551	1000 111 S Sewalls Raintronics	Final Waterproofing	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10516	Aune 6 Michael Rd Gulfstream	Final Shutter	PASS	CLOSE INSPECTOR <i>[Signature]</i>
Tree	16 Cranes Nest	Tree	OK	 INSPECTOR
Tree	HOA Plantation	Trees	OK	 INSPECTOR
	35 Ridgeway	Tree	OK	 INSPECTOR
	23 N Ridgeway	Tree	OK	 INSPECTOR
	Indialucie	Investigate	nest & grass PICTURE	 INSPECTOR

10638

DECK



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:	10638	DATE ISSUED:	OCTOBER 17, 2013
SCOPE OF WORK:	ELEVATED DECK		
CONTRACTOR:	RJ MADDOX AND ASSOC		
PARCEL CONTROL NUMBER:	013841001-025-000801	SUBDIVISION	ARBELA - L 25
CONSTRUCTION ADDRESS:	111 SSEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	ROBERT MADDOX	CONTACT PHONE NUMBER:	834-5454

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10638
ADDRESS	111 S SEWALLS PT RD - NOVINS
DATE 10/17/13	SCOPE OF WORK ELEVATED DECK

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	2300
Total number of inspections @ \$100.00 each	2		200
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	3
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	3
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	211

Handwritten signature
 Case
 10
 10-17-13

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10638

Date: 10/15/13

OWNER/LESSEE NAME: ALLISON NOVINS Phone (Day) 425 418 3542 (Fax) _____

Job Site Address: 111 S. Sewall's point road City: Stuart State: FL Zip: 34996

Legal Description Arbela Parcel Control Number: 013841001025.000801

Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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: \$ 2,300

(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: R.J. Maddox and Associates Inc. Phone: 772 834-5454 Fax: _____

Qualifiers name: Robert J. Maddox Street: 624 N.W. Palm St. City: Stuart State: FL Zip: 34994

State License Number: CGC 047336 OR: Municipality: City of Stuart License Number: QB 46144

LOCAL CONTACT: R.J. Maddox Phone Number: 772-834-5454

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: 325 Sqft 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 *******

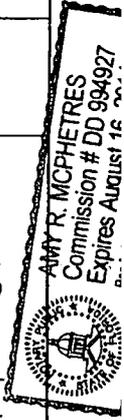
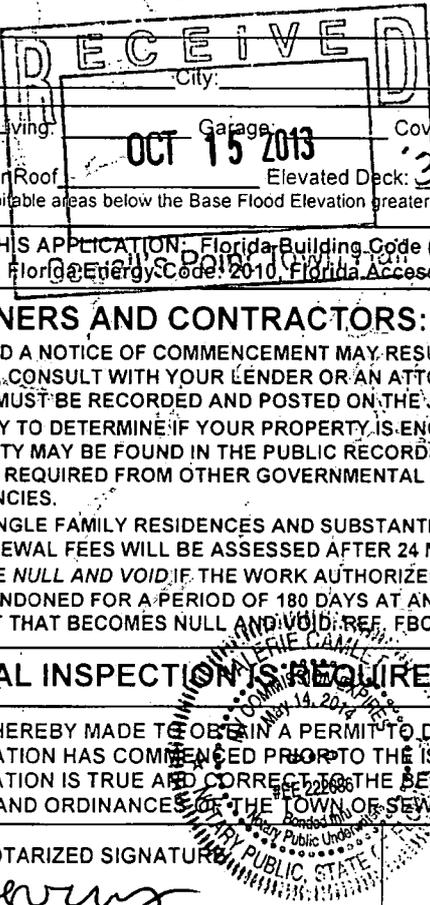
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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: Allison Novins
 State of Florida, County of: Martin
 On This the 15 day of Oct 2013
 by Allison Novins who is personally
 known to me or produced
 As identification: Valerie Camlet
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: R.J. Maddox
 State of Florida, County of: St. Lucie
 On This the 14th day of October 2013
 by Robert Maddox who is personally
 known to me or produced
 As identification: DL
 Notary Public

My Commission Expires: _____

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





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

AFFIDAVIT OF REQUIREMENT COMPLIANCE

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

Rob Maddox 10/14/13
 CONTRACTOR'S SIGNATURE & DATE

 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

NOTARY AS TO OWNER:

STATE OF Florida

STATE OF _____

COUNTY OF St Lucie

COUNTY OF _____

ON THIS 14th DAY OF October 2013

ON THIS ___ DAY OF _____

BEFORE ME PERSONALLY APPEARED:

BEFORE ME PERSONALLY APPEARED:

Rob Maddox

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

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

SEAL (SIGNED) [Signature] 10/14/13

SEAL (SIGNED) _____



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

Troy Fain Insurance 800-325-7019

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-21-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10552	Smiths 11 Palmetto Dr Alexander Pool	pool barrier electric	PASS	INSPECTOR [Signature]
10623	DE STEPHAN 18 Palm Rd CHAPMAN FENCE	FINAL FENCE	PASS	CLOSE INSPECTOR
10638	NOVINS 111 S. Sewalls Pt. Rd RS Maddox	Deck FOOTERS	PASS	INSPECTOR [Signature]
10536	FITZGERALD 22 W. HIGH PT RD ACCENT GARAGE ROOM	FINAL GARAGE DOOR	RESET FOR TUES	INSPECTOR
10472	AK Bride 19 N. VIA LUCINDIA 0/13	FINAL FENCE	PASS	CLOSE INSPECTOR [Signature]
9003	DeStephan 18 Palm George Castle	FLA. Room FINAL	PASS	CLOSE INSPECTOR [Signature]
	LARGE CLOCK ON			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-23-13 Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	Paolo Weston 30 S. Sewalls	Footer	Pass PENDING	Paolo Weston 561-676-4100 COMPACTION - need INSPECTOR 10/30/13
10635	ESULL 2 Banyan Rd SB A/c and Elec	Final wednesday 10/23/2013	Fail	BRUCE Q CONDENSER INSPECTOR OVERNATED
10633	H. B. Associates 3756 SE Ocean Sign Art	Final SIGN	Pass	Mary SE Lobeau 321-727-7324 INSPECTOR CLOSE
10595	RIVERVIEW COMCAST	UNDERGROUND	Pics	INSPECTOR
10638	AVONING 111 S. ST 10	FRAMING DECK	Pass	INSPECTOR
10597	SIHANI 8 QUAIL RUN	SOFFIT FRAME	Pass	INSPECTOR
10522	SIHANI 73 N. River	ROOF SMOOK CAN. DOOR	Pass	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

0-28-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10645	Dd Massandro	A/C		CLOSE
10128	4 Emerita Grossman	Change out	PASS	Council 398-9725 INSPECTOR <i>[Signature]</i>
10641	Hanmock	A/C		CLOSE
10128	25 Rio Vista Grossman	Change out	PASS	Council 398-9725 INSPECTOR <i>[Signature]</i>
10580	John Wye/liff	Pool Deck		CLOSE
1028	26 N. River Rd Keith Holman	Final	PASS	Keith 215- 0642 INSPECTOR <i>[Signature]</i>
10488	Martin Lehman	Mech		CLOSE
10128	10 Ridgeland Service America	Final	PASS	954-979-1102 Sherry x567 INSPECTOR <i>[Signature]</i>
10637	(RM) Rocksaper 24 SSP Rd Caruso	tieback dead men	PASS	INSPECTOR <i>[Signature]</i>
10598	Ellie's	Final		CLOSE
Am	106 Henry Sewalls Porch Factory	Screen End.	PASS	<i>[Signature]</i> INSPECTOR
10638	115 Sewalls	Final	PASS	CLOSE
	RT Maddox	deck	PASS	INSPECTOR <i>[Signature]</i>

10683

SCREEN

ENCLOSURE



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:	10683	DATE ISSUED:	NOVEMBER 25, 2013
SCOPE OF WORK:	SCREEN ENCLOSURE & STAIRS		
CONTRACTOR:	RJ MADDOX & ASSOC		
PARCEL CONTROL NUMBER:	013841001-025-000801	SUBDIVISION	ARBELA - L 25
CONSTRUCTION ADDRESS:	111 S SEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	425-418-3542

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.

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 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: Oct 28 2013 Permit Number: 10683

OWNER/LESSEE NAME: ALLISON NOVINS Phone (Day) 425-418-3542 (Fax) _____
 Job Site Address: 111 S. Sewalls Pt. Road City: Stuart State: FLA Zip: 34996
 Legal Description: ARBELA L-25 Parcel Control Number: 013841001-025-000801
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): screen enclosure and garage (remodel)

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: \$ 10,000
 (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

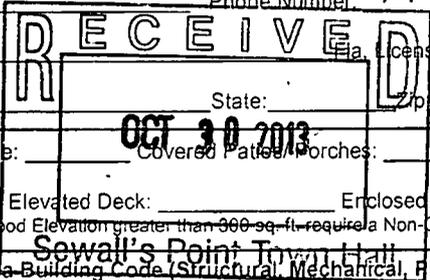
Construction Company: RJ Maddox and Assoc Phone: 834-5454 Fax: _____

Qualifiers name: ROBERT maddox Street: 624 NW Palm St City: STUART State: FL Zip: 34994

State License Number: CGC 047336 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: R.J. MADDOX Phone Number: 772-834-5454

DESIGN PROFESSIONAL: _____
 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:

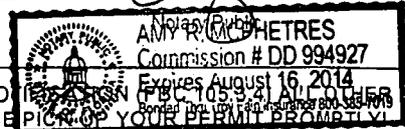
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST 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 Allison Novins
 State of Florida, County of: Martin
 On This the 30 day of Oct
 by Allison Novins who is personally
 known to me or produced
 AS identification: Valerie Lambert
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X Robert Maddox
 State of Florida, County of: St Lucie
 On This the 29 day of October 2013
 by Robert Maddox who is personally
 known to me or produced
 AS identification: [Signature]
 My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NO APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/13

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

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

PRODUCER Eaton Insurance, Inc. 7405 Lake Worth Road Lake Worth, FL 33467 Phone (561) 966-1848 Fax (561) 966-4312		CONTACT NAME: KATHY HALE PHONE (A/C No. Ext): (561) 966-1848 FAX (A/C No.): (561) 966-4312 E-MAIL ADDRESS: KATHY@EATONINSURANCE.NET	
INSURED RJ MADDOX & ASSOC INC 624 N.W. Palm St STUART, FL 34994 (772) 834-5454		INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN HERITAGE INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INCR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		SCP0897113	05/29/2013	05/29/2014	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	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 <input type="checkbox"/>					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 SOUTH SEWALLS POINT ROAD SEWALLS POINT, FL 34996 FAX 772 220 4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE KATHY HALE <i>Kathy Hale</i>
---	--



10-05-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 11/02/2012 EXPIRATION DATE: 11/02/2014

PERSON: MADDOX ROBERT J

FEIN: 592413111

BUSINESS NAME AND ADDRESS:

R. J. MADDOX AND ASSOCIATES INC
824 NW PALM STREET
STUART FL 34994

SCOPES OF BUSINESS OR TRADE:

1- LICENSED GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Handwritten initials/signature

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

6267966

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12081402009

DATE	BATCH NUMBER	LICENSE NBR
8/14/2012	126003431	CGC047336

is GENERAL CONTRACTOR
named below IS CERTIFIED
under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

MADDOX, ROBERT JAMES
R J MADDOX AND ASSOCIATES INC
624 NW PALM STREET
STUART FL 34994

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



CITY OF STUART
LOCAL BUSINESS TAX RECEIPT
 2013-2014

RECEIPT NO.	ACCOUNT NO.	CATEGORY NO.
6323	22769	170500

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	ROBERT MADDOX STUART ST
ST/CITY LICENSE	CGC047336/QB46144
DESCRIPT	

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
 PAYMENT OCTOBER 1 CONSTITUTES VIOLATION
 OF CITY CODE OF ORDINANCES

This local business tax receipt does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This receipt does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Local Business Taxing Questions 772-288-5319

SEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	R.J. MADDOX & ASSOC. INC. ROBERT MADDOX 624 NW PALM ST STUART FL 34994
-----------------------------------	---

DATE	10/03/2013
------	------------

CHERYL WHITE
 CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

THIS IS NOT AN INVOICE

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 013841-001-025-00801

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):

ARBELA 1-25

GENERAL DESCRIPTION OF IMPROVEMENT: screen enclosure, garage remodel, fence and steps

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

NAME: ALLISON NOVINS
ADDRESS: 111 S. Sewalls Pt Road
PHONE NUMBER: 425 418 3542 FAX NUMBER:
INTEREST IN PROPERTY: owner

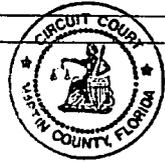
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: R.J. Macdock
ADDRESS: 624 NW Page Street Stuart Fla 34994
PHONE NUMBER: 772 837 5454 FAX NUMBER:

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

LENDER/MORTGAGE COMPANY: STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE NUMBER: FAX NUMBER:

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(B), FLORIDA STATUTES AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



CAROLYN TIMMANN CLERK
BY: [Signature] D.C.
DATE: 11/01/13 FAX NUMBER:

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECORD 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

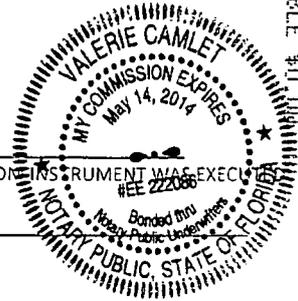
SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 30 DAY OF Oct 20 13

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

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

[Signature]
NOTARY SIGNATURE/ SEAL



INSTR # 2424487 OR BK 2695 Pg 1370 RECD 11/01/2013 04:09:47 PM
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED REC \$0.00
INTEGRABLE \$0.00

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

generated on 10/30/2013 12:15:58 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-001-025-00080-1	17595	111 S SEWALL'S POINT RD, STUART	\$207,680	10/29/2013

Owner Information

Owner(Current)	NOVINS ALLISON
Owner/Mail Address	6114 139TH AVE SE SNOHOMISH WA 98290
Sale Date	5/31/2012
Document Book/Page	2580 1231
Document No.	2334027
Sale Price	240000

Location/Description

Account #	17595	Map Page No.	SP-05
Tax District	2200	Legal Description	ARBELA, BEG C/LN S PT RD & S/LN LOT 25, W ALG S/LN 175', N PERP 106', E TO RD C/LN & S TO POB (LESS R/W) OR 341/2093
Parcel Address	111 S SEWALL'S POINT RD, STUART		
Acres	.3610		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$133,880
Market Improvement Value	\$73,800
Market Total Value	\$207,680

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

12-2-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10662	Roos	shower pan		
POAM	16 Castle Hill Reuben		PASS	
				INSPECTOR <i>CF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10683	N. VINS	FRONT PORCH		
	119 S. 5th St	Steps	PASS	
	RT Maddux	Pool		
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	9 Pineapple	INVEST.	<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	109 Hillcrest	dumpster		
	vacant home	has been in driveway for about 45 days.	<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Allyn	Tree		
	1 Copaire Rd		<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
	954 534 0887			
				INSPECTOR

12-19 Pennikwke

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/19 - 14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10860	Plough	Final A/C		
9AM	6 India Lucie Pkwy N/Air		PASS	CLOSE INSPECTOR <i>[Signature]</i>
10664	MARTIN	Final		
	3 Quail Run Ln Concrete Plus	Concrete walkway (Expired permit)	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9314	Slater	Final		
	31 Lofting Way Lowe's	Fence (Expired permit)	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10778	Nehme	Sheathing		
9AM	44 S SPR Ocean front	Roof	PASS	INSPECTOR <i>[Signature]</i>
10683	Novins	Final		
	110 S SPR RJ Maddox + Sons	Screen Enclosure + stairs (expired)	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10625	Elders	Fence +		
	110 S SPR O/B	Block Wall (Expired)	PASS	CLOSE INSPECTOR
10626	Elder	WATER Feature		
	110 S SPR O/B	Fountain (Expired)	PASS	CLOSE INSPECTOR <i>[Signature]</i>

10722

GARAGE

RENOVATION

&

A/C PAD



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:	10722	DATE ISSUED:	DECEMBER 19, 2013
SCOPE OF WORK:	GARAGE RENOVATION & AC PAD		
CONTRACTOR:	RJ MADDOX AND ASSOC.		
PARCEL CONTROL NUMBER:	013841001-025-000801	SUBDIVISION	ARBELA - L 25
CONSTRUCTION ADDRESS:	111 S SEWALLS PT RD		
OWNER NAME:	NOVINS		
QUALIFIER:	ROBERT MADDOX	CONTACT PHONE NUMBER:	843-5454

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

- | | |
|---|--|
| <ul style="list-style-type: none"> 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 _____ <input checked="" type="checkbox"/> FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____ | <ul style="list-style-type: none"> UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ <input checked="" type="checkbox"/> WED CHAIRS SUB-SIDING _____ <input checked="" type="checkbox"/> INSULATION WATER PROOF (7ft) _____ <input checked="" type="checkbox"/> LATH _____ ROOF TILE IN-PROGRESS _____ <input checked="" type="checkbox"/> ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ <input checked="" type="checkbox"/> BUILDING FINAL _____ |
|---|--|

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

Town of Sewall's Point

Date: NOV 21 2013 BUILDING PERMIT APPLICATION Permit Number: 10722

OWNER/LESSEE NAME: ALLISON NOVINS Phone (Day) 425 418 3542 (Fax) _____

Job Site Address: 111 S. Sewalls Pt Road City: Stuart State: FLA Zip: 34996

Legal Description: ARBELA L. 25 Parcel Control Number: 013841001-025 000 801

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): GARAGE move rear wall in AC pad

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: \$ _____
(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: R J maddox and assoc Phone: 843 5454 Fax: _____

Qualifiers name: Robert maddox Street: 624 NW palm st City: stuart State: fl Zip: 34994

State License Number: CGC 047336 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: R J maddox Phone Number: 728 34 5454

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

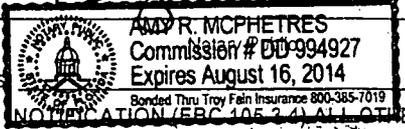
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
 X Allison Novins
 State of Florida, County of: Martin
 On This the 21 day of Nov, 2013
 by Allison Novins who is personally known to me or produced
 As identification: Valerie's Cement
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X Robert Maddox
 State of Florida, County of: Stucie
 On This the 21 day of December 2013
 by Robert Maddox who is personally known to me or produced
 As identification: _____
 My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

generated on 12/5/2013 11:51:48 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-001-025-00080-1	17595	111 S SEWALL'S POINT RD, STUART	\$207,680	11/30/2013

Owner Information

Owner(Current)	NOVINS ALLISON
Owner/Mail Address	6114 139TH AVE SE SNOHOMISH WA 98290
Sale Date	5/31/2012
Document Book/Page	2580 1231
Document No.	2334027
Sale Price	240000

Location/Description

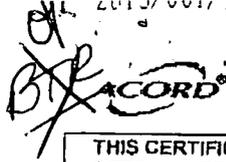
Account #	17595	Map Page No.	SP-05
Tax District	2200	Legal Description	ARBELA, BEG C/LN S PT RD & S/LN LOT 25, W ALG S/LN 175', N PERP 106', E TO RD C/LN & S TO POB (LESS R/W) OR 341/2093
Parcel Address	111 S SEWALL'S POINT RD, STUART		
Acres	.3610		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$133,880
Market Improvement Value	\$73,800
Market Total Value	\$207,680



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/13

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

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

PRODUCER Eaton Insurance, Inc. 7405 Lake Worth Road Lake Worth, FL 33467 Phone (561) 966-1848 Fax (561) 966-4312		CONTACT NAME: KATHY HALE PHONE (A/C No, Ext): (561) 966-1848 FAX (A/C, No): (561) 966-4312 E-MAIL ADDRESS: KATHY@EATONINSURANCE.NET	
INSURED RJ MADDOX & ASSOC INC 624 N.W. Palm St STUART, FL 34994- (772) 834-5454		INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN HERITAGE INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL BR INSR	UBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SCP0897113	05/29/2013	05/29/2014	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	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						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 SOUTH SEWALLS POINT ROAD SEWALLS POINT, FL 34996 FAX 772 220 4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE KATHY HALE <i>Kathy Hale</i>
---	---



10-05-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 11/02/2012 EXPIRATION DATE: 11/02/2014

PERSON: MADDOX ROBERT J

FEIN: 592413111

BUSINESS NAME AND ADDRESS:

R. J. MADDOX AND ASSOCIATES INC
824 NW PALM STREET
STUART FL 34994

SCOPES OF BUSINESS OR TRADE:

1- LICENSED GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

JS
BTR

THIS DOCUMENT HAS A COLORED BACKGROUND, MICROPRINTING, LINEMARK, PATENTED PAPER.

6267966

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12081402009

DATE	BATCH NUMBER	LICENSE NBR
8/14/2012	126003431	CGC047336

ie GENERAL CONTRACTOR
imed below IS CERTIFIED
ider the provisions of Chapter 489 FS.
piration date: AUG 31, 2014

MADDOX, ROBERT JAMES
R J MADDOX AND ASSOCIATES INC
624 NW PALM STREET
STUART FL 34994

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



CITY OF STUART
LOCAL BUSINESS TAX RECEIPT
 2013-2014

RECEIPT NO.	ACCOUNT NO.	CATEGORY NO.
6323	22769	170500

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	ROBERT MADDOX STUART ST
ST/CITY LICENSE	CGC047336/QB46144
DESCRIPT	

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
 PAYMENT OCTOBER 1 CONSTITUTES VIOLATION
 OF CITY CODE OF ORDINANCES

This local business tax receipt does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This receipt does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Local Business Taxing Questions 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	R.J. MADDOX & ASSOC. INC. ROBERT MADDOX 624 NW PALM ST STUART FL 34994
-----------------------------------	---

DATE	10/03/2013
------	------------

CHERYL WHITE
 CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

THIS IS NOT AN INVOICE

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 013841-001-025-00801

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):

ARBELA 1-25

GENERAL DESCRIPTION OF IMPROVEMENT: screen enclosure, garage remodel, fence and steps

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

NAME: ALLISON NOVINS
ADDRESS: 111 S. SEAWALLS PT ROAD
PHONE NUMBER: 425 418 3542
INTEREST IN PROPERTY: owner

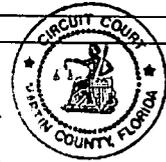
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: R J madlock
ADDRESS: 624 NW PAGE STREET STUART FLA 34994
PHONE NUMBER: 772 837 5454

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

LENDER/MORTGAGE COMPANY: STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE NUMBER:
FAX NUMBER:

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(B), FLORIDA STATUTES. ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



NAME: CAROLYN TIMMANN CLERK
ADDRESS:
BY: [Signature] D.C.
DATE: 10/13
FAX NUMBER:

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECORD 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

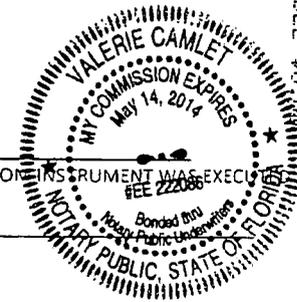
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

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

Signature of Allison Novins
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 30 DAY OF Oct 20 13
BY: Allison Novins AS owner FOR _____

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED
Notary Signature/Seal: Valerie Camlet



Vertical text on the right side: INSTR # 242487 OR BK 285 PG 1370 RECD 11/01/2013 04:09:47 PM

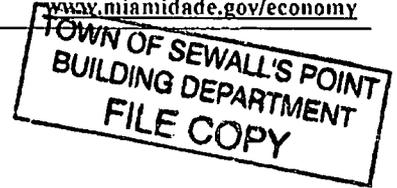


DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
BOARD AND CODE ADMINISTRATION DIVISION

NOTICE OF ACCEPTANCE (NOA)

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

www.miamidade.gov/economy



Clopay Building Products Company
8585 Duke Boulevard
Mason, OH 45040

SCOPE:

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

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

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

DESCRIPTION: 2" Gallery EPS Ins. W8 Steel Sectional Garage Door up to 16'-2" Wide w/ Optional Impact Resistant Lites (DP +46.0, -52.0 PSF)

APPROVAL DOCUMENT: Drawing No. 104786, titled "W8 DP 46T 2" Gallery EPS Doors 16'2"W", sheet 1 and 3 of 3, dated 04/10/2013, with revision 2 dated 05/29/2013, prepared by Clopay Building Products Company, signed and sealed by Scott Hamilton, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: A permanent label with the manufacturer's name or logo, Troy, OH, model number, the positive and negative design pressure rating, indicate impact rated if applicable, installation instruction drawing reference number, approval number (NOA), the applicable test standards, and the statement reading 'Miami-Dade County Product Control Approved' is to be located on the door's side track, bottom angle, or inner surface of a panel.

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

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

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

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

This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



[Signature]
07/11/2013

NOA No 13-0423.16
Expiration Date: July 18, 2018
Approval Date: July 18, 2013
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Drawing No. 104786, titled "W8 DP 46T 2" Gallery EPS Doors 16'2"W", sheet 1 and 3 of 3, dated 04/10/2013, with revision 2 dated 05/29/2013, prepared by Clipay Building Products Company, signed and sealed by Scott Hamilton, P.E.

B. TESTS

1. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
2) Large Missile Impact Test per FBC, TAS 201-94
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
4) Forced Entry Test, per FBC, TAS 202-94
5) Tensile Test per ASTM E8

Along with marked-up drawings and installation diagram of 16'2"x 8', 27ga steel garage door Model GD2LPW8 with windows, prepared by American Test Lab, Inc., Test Report No. ATLNC 0117-01-13R, dated 03/18/2013, signed and sealed by David W. Johnson, P.E.

"Submitted under NOA # 12-1108.01"

2. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
2) Large Missile Impact Test per FBC, TAS 201-94
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
4) Forced Entry Test, per FBC, TAS 202-94
5) Tensile Test per ASTM E8

Along with marked-up drawings and installation diagram of 16'2"x 8', 27ga steel garage door Model 4300 with windows, prepared by American Test Lab, Inc., Test Report No. ATLNC 0827-01-12, dated 10/09/2012, signed and sealed by David W. Johnson, P.E.

3. Test report on Salt Spray per ASTM B117 of painted G40 galvanized coated panels, prepared by Stork Materials Technology, Test Report No. 30160-04-63365, dated 01/26/2005, signed by John D. Lee, P.E.

C. CALCULATIONS

1. Jamb anchor calculations prepared by Clipay Building Products Company, dated 04/15/2013, signed and sealed by Scott Hamilton, P.E.



Carlos M. Utrera, P.E.
Product Control Examiner
NOA No 13-0423.16
Expiration Date: July 18, 2018
Approval Date: July 18, 2013



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

FORMULA FOR DESIGN PRESSURES

Example: 25 ft mean roof height, exposure C - 16 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. **This must be completed for exposure C:**

Pressure	Exposure C multiplier	Req. Design Pressure
34.1	X 1.29	= 43.989 (+)
38.0	X 1.29	= 49.02 (-)

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

TABLE 1609.3.1

EQUIVALENT BASIC WIND SPEEDS_{a,b,c}

V3S	85	90	100	105	110	120	125	130	140	145	150	160	170
Vfm	71	76	85	90	95	104	109	114	123	128	133	142	152

For SI: 1 mile per hour = 0.44 m/s.

- a. Linear interpolation is permitted.
- b. V3S is the 3-second gust wind speed (mph).
- c. Vfm is the fastest mile wind speed (mph).

TABLE 1609.6(2)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot=304.8 mm.

All table values shall be adjusted for other exposures and heights by multiplying by the above coefficients.

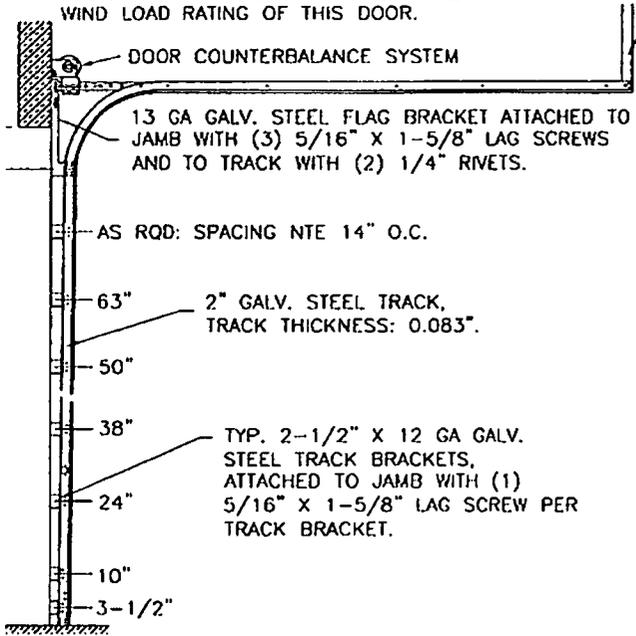
TABLE 1609.6(1)

Effective Wind Area		Basic Wind Speed V (mph - 3 second gust)															
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150								
Roof Angle 0 - 10 degrees																	
8	8	10.5	-11.9	11.7	-13.3	14.5	-16.4	17.5	-19.9	20.9	-23.6	24.5	-27.7	28.4	-32.2	32.6	-36.9
10	10	10.1	-11.4	11.4	-12.7	14.0	-15.7	17.0	-19.0	20.2	-22.7	23.7	-26.6	27.5	-30.8	31.6	-35.4
14	14	10.0	-10.7	10.8	-12.0	13.3	-14.8	16.1	-17.9	19.2	-21.4	22.5	-25.1	26.1	-29.1	30.0	-33.4
Roof Angle > 10																	
9	7	11.4	-12.9	12.8	-14.5	15.8	-17.9	19.1	-21.6	22.8	-25.8	26.7	-30.2	31.0	-35.1	35.6	-40.2
16	7	10.9	-12.2	12.3	-13.7	15.2	-16.9	18.3	-20.4	21.8	-24.3	25.6	-28.5	29.7	-33.1	34.1	-38.0

For SI: 1 Square foot = 0.929 m², 1 mph = 0.447 m/s, 1 psf = 47.88 N/m²

- 1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- 2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1609.8 (2).
- 3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
- 4. Negative pressures assume door has 2 feet of width in building's end zone

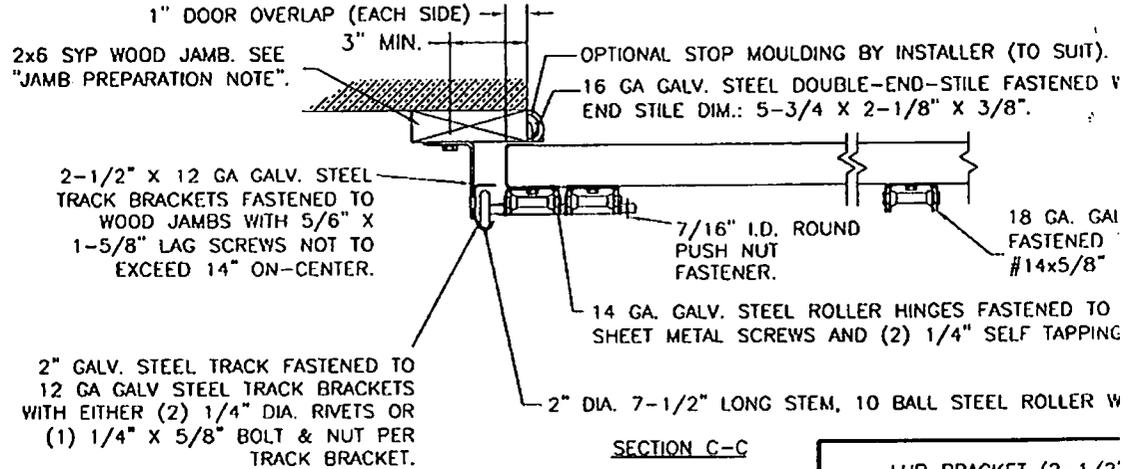
NOTE: TRACK CONFIGURATION ABOVE THE DOOR OPENING DOES NOT AFFECT THE WIND LOAD RATING OF THIS DOOR.



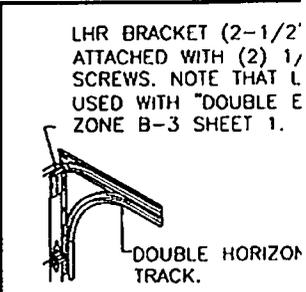
HORIZONTAL TRACK SUPPORT BY DOOR INSTALLER (TO SUIT).

DOOR HEIGHT	"L"
6'-6"	70"
7'-0"	76"
7'-6"	82"
8'-0"	88"
8'-6"	94"
9'-0"	100"
9'-6"	106"
10'-0"	112"
10'-6"	118"
11'-0"	124"
11'-6"	130"
12'-0"	136"
12'-6"	142"
13'-0"	148"
13'-6"	154"
14'-0"	160"
14'-6"	166"
15'-0"	172"
15'-6"	178"
16'-0"	184"

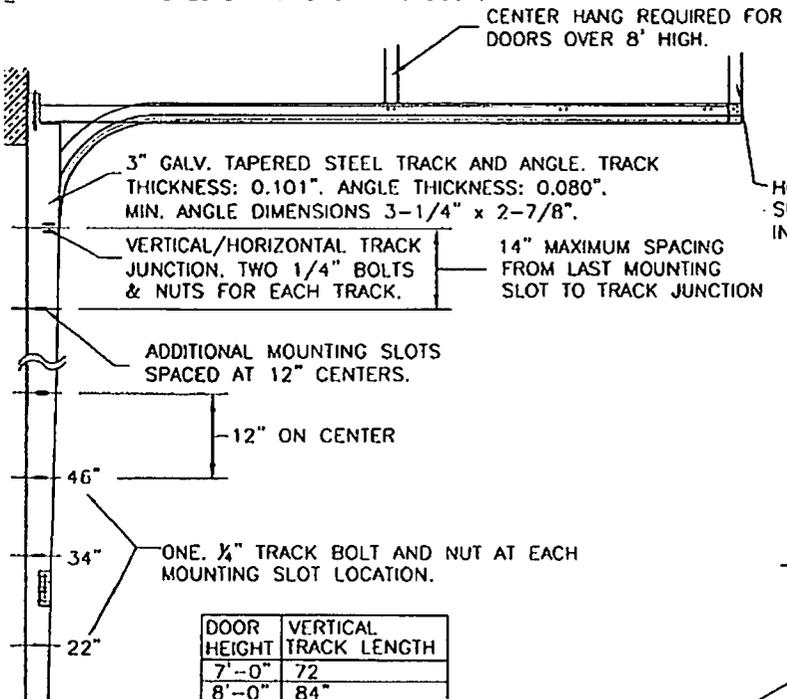
JAMB CONFIGURATION DOORS UP TO 800 LBS.



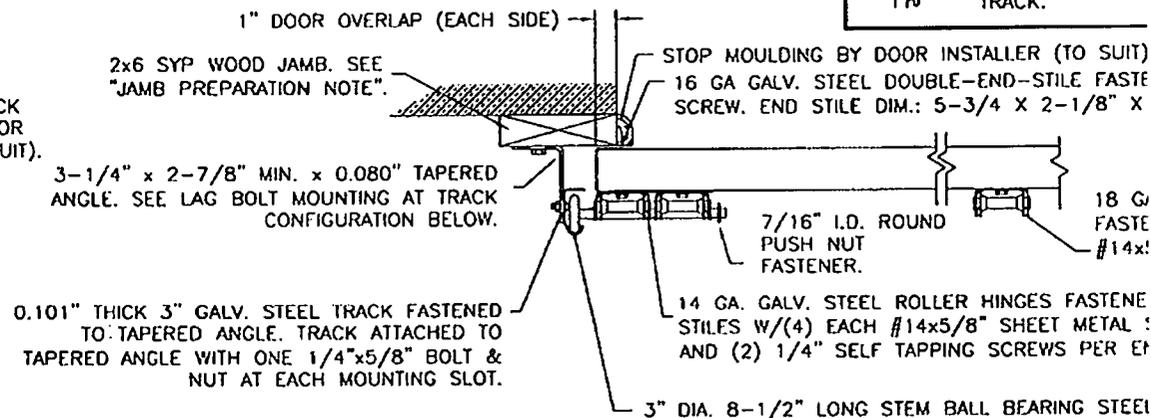
PREPARATION OF JAMBS BY OTHERS.



NOTE: TRACK CONFIGURATION ABOVE THE DOOR OPENING DOES NOT AFFECT THE WIND LOAD RATING OF THIS DOOR.



JAMB CONFIGURATION DOORS 800 LBS AND OVER.



PREPARATION OF JAMBS BY OTHERS.

DESIGN LOADS: +46.0 P.S.F. & -52.0 P.S.F.

DOOR HEIGHT	VERTICAL TRACK LENGTH
7'-0"	72"
8'-0"	84"

Unless Stated Otherwise
TOLERANCES are
.0 = ±.031



8585 Duke
Mason, OH
Tel. No. 513
Fax No. 513

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **12-23-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10658	Erstroms	Framing		
	23 N RIDGEVIEW		PASS	
	Wilson Bldg			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10715	VonSeckamm	Service		
2pm	10 E High Pt	Changed		
	Coastal Elec			INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10722	Novaco	3015 SUNDOWN	PASS	
	111 SOSP RD	FRAMING	PASS	
	RJ Madden			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10678	Nichols	Attachment		
	17 Palmetto	(windows)	PASS	
	Home Depot			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10724	122 SOSP LLC	R. Elec		
	122 SOSP RD		PASS	
	Amant			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **12-30-13** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Tree Gerhardt 14 S Sewalls	Tree	OK	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10693	Bailey 117 N Sewalls Driftwood	UG plumbing	PASS	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10662	Raos 16 Castle Hill Rubin	Final Plumbing	PASS	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10619	Sullivan 15 Lofting Way Code led roof.	dry-in/metal + S in progress	PASS	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10655	Fitzner 2 W High Pt A Great Fence	Final Fence	PASS	Close
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10660	NOVINO M S St 16	REVISION	PASS	
	RS Maddux			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

CORRESPONDENCE

Tessier Consulting, LLC

Hydrogeology and Hydro-Environmental Services
6528 Wood Lake Road
Jupiter, Florida
Phone: 561-307-0984
E-Mail: Tessier.consulting@gmail.com



MEMORANDUM

To: John Adams, Senior Building Official Town of Sewall's Point, Florida	Cc: Allison Novins
From: Tom Tessier, FL PG#775, FL QSMI#28945 Tessier Consulting, LLC	
Pages: [3] Inclusive	Date: Aug. 5, 2013

**Re: Review of Flooding Potential to Adjacent Properties resulting from
Landscaping Changes to 111 So. Sewall's Point Road, Sewall's Point, Florida**

Executive Summary: We have visited the subject property and reviewed aerial photos and the FEMA Flood Zone map to assess the potential for increased flooding on adjacent properties as a result of berms constructed on the subject property for flood protection. We found no conditions that would indicate increased flood potential of the adjacent properties as a result of the berms constructed or improvements to the subject property. After the adjacent residences were elevated on fill, the threat of flooding to the subject property from runoff may have increased.

Introduction: We are pleased to provide our review of site conditions and planned landscape modifications at 111 So. Sewall's Point Road, Sewall's Point, Florida. The Town has expressed concerns that the installation of vegetated berms on the northwest and northeast sides of the property will increase the potential for flooding of adjacent properties.

Site Visit: Geohydrologist Thomas L. Tessier (Florida Licensed Professional Geologist #775 and Florida Qualified Stormwater Management Inspector #28945) visited the subject residential property on August 2, 2013. The subject property is located adjacent to So. Sewall's Point Road. According to the USGS St. Lucie Inlet Quadrangle, the land surface slopes from west (land surface elevations over 25 ft, msl) to east. At the subject property, the land surface elevation was less than 5 ft, msl.

Adjacent properties were observed from the subject property and from public right-of-ways. Berms

had been constructed inside the northwest and northeast property boundaries of the subject property and some landscaping had been installed. Sod had not yet been installed so the entire property consisted of bare sand. A single-story CBS house on the northeast half of the property was oriented almost west-east and a detached garage in the west quadrant was oriented almost north-south. The floor of the residence itself appeared to be about 2 to 3 tiers of cinder blocks above grade. A pool was under construction south of the garage in the south quadrant. Except for the berms, the property appeared to slope gently toward the south corner.

A recently paved driveway on the northwest side of the subject property provided access to residences to the west. Across the driveway was a residence that appeared to sit on fill, so that the house was well above the driveway. A timber retaining wall about 3 feet northwest of the driveway appeared to prevent the fill from slumping or washing onto the driveway. West of that residence and north of the driveway (west of the subject property), undeveloped property (which may have been a vacant parcel or part of a developed parcel) appeared to be slightly lower than the elevation of the driveway.

West of the subject property, a large residence on filled land was found. Although the house itself sat on fill, the land between it and the subject property appeared to be as low as or lower than the subject property. We were told that this area included a Koi pond. The low area appeared to slope southward where a swale occurs across the property back line.

Southeast of the subject property, a residence was elevated by fill. The fill graded downward toward the subject property and it appeared that a shallow swale area occurred between the subject property and the residence to the southeast. This swale appeared to be dry at the time of the site visit, so the discharge point and flow direction could not be established.

Across So. Sewall's Point Road from the subject property, a residence on fill occurred to the southeast and a parcel under development was observed to the northeast. The unfilled portion of the property to the east appeared to be at or slightly below the elevation of So. Sewall's Point Road. The property to the north of the subject property across So. Sewall's Point Road appeared to be unevenly graded; some undisturbed areas appeared to be at or below the elevation of So. Sewall's Point Road but other areas appeared to have been filled or were being filled.

Flooding Threats: There are two potential mechanisms for flooding in the area. Stormwater runoff from hard surfaces (roofs, driveways, patios) during storm events may result in a quick and extensive inundation. In the vicinity of the subject property, the adjacent residences on fill to the northwest, west and southeast side of the subject property all may generate runoff. To the extent that the grading allows, the runoff from those residences will flow toward the subject property which is lower than these adjacent properties. Based on the observed slopes of the subject and adjacent properties, runoff from the residence to the northwest will be contained by the driveway and the runoff will flow toward the undeveloped low land to the west. If the rain event is very intense, runoff may flow over the driveway onto the subject property but the slope of the subject property should allow the flow to move southwestward toward the swale. Runoff from the property west of the subject property should move southward toward the swale. Runoff from the property south of the subject property should move toward the swale. The berms constructed on the subject property do not alter the local runoff patterns, which existed before the berms were constructed, although it could be argued that by elevating all the adjacent residences on fill, the adjacent residences pose a greater runoff threat to the subject property than existed historically.

The greater but less frequent threat from flooding in the area is from a storm surge from the direction of the Indian River. The subject property which appears to be in Flood Zone VE (FEMA Map 12085C0154F) has been flooded in the past. For this reason, the Owner has installed berms across the east and north sides of the subject property to divert storm surges away from the residence. With the current grading, the berms will divert water around the residence itself but will continue to allow the water to flow westward toward the low area between the subject property and the property to the west where the water can drain southward toward the swale, and southwestward following the natural land slope toward the swale south of the subject property. The berms will not increase the flooding potential of the adjacent properties since they did not change the prevailing pre-berm flow paths or overall slope.

BZA

Burch

TOWN of SEWALL'S POINT

No. 1 Sewall's Point Road, Jensen Beach, Florida 33457 Telephone 287-2455

COMMISSIONERS

HARRY M. SISSON, Mayor
ROBERT W. WILSON, JR., Vice Mayor
WILLIAM H. COBB
CLAY T. LAMBETH, JR.
DANIEL S. MORRELL

MARY G. SMITH
Town Clerk
Telephone 287-2455

May 12, 1973

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

Gentlemen:

I am giving you herewith Mr. James Stuart's letter of April 20, 1973. He has been advised that the Board of Adjustment has no authority to give him the right to sell Lot X. He has also been told that the land between the Sewall's Point Road and the new upper road location is already an illegal subdivision; also, that all property owners on the road would all have to give 4-feet more to the road, making it 31-feet wide and then pave it to the Town's specifications. The Schmidts have been advised to the same effect.

Mr. Knoeller called me yesterday to learn what he would have to do to be able to purchase Lot X and to build a home thereon. I explained the situation to him and he said he would be willing to give 4-feet more on Lot X, making a total of 15-feet to the center of the road and to put in escrow money representing his share of paying for the paving of a proper road. I suggested that he discuss the matter with the Town Commission, which he said he would do.

I am attaching a rough sketch of the property, which had been made, to discuss the situation with the Town Commission. This may help in making the situation clear.

Mr. Stuart has been advised that the matter is now in the hands of the Town Commission.

Respectfully,
Town of Sewall's Point

John Dickinson
Chairman
Board of Adjustments

JD:ab

Town Commission
Town of Seattle, Wash.
gentlemen:

I am sorry you recently
Mr. James Stewart Kelly of April 20, 1973
He has been advised that the
B & A has no authority to give
from the right to ask for X
He has also been told that the land
between the Seattle Port Canal and the
new upper road location is already
an illegal subdivision; also, that all
property owners on the road would all
have to give 4 ft more to the
road, making of 31 ft wide and
then part of Town specifications.
The Seattle's have been advised
to the same effect.

Mr. Kessler (?) called me yesterday
to learn what he would have to do
to be able to perform lot X and
to build a home there as planned
the situation to him and he would
be willing to give 4 ft more
in lot X to making a total of 15 ft
to the center of the road, and to
put in extra money representing his
share of paying for the paving
of a proper road. I suggested that

to take this subject

he discusses the matter with the Town Commission which he said he would do.

I am attaching a rough sketch of the property which had been made to discuss the situation with the Town Commission. It may help in making the situation clear.

¶

Mr. Stuart has been advised that the matter is now in the hands of the Town Commission.

Respectfully.

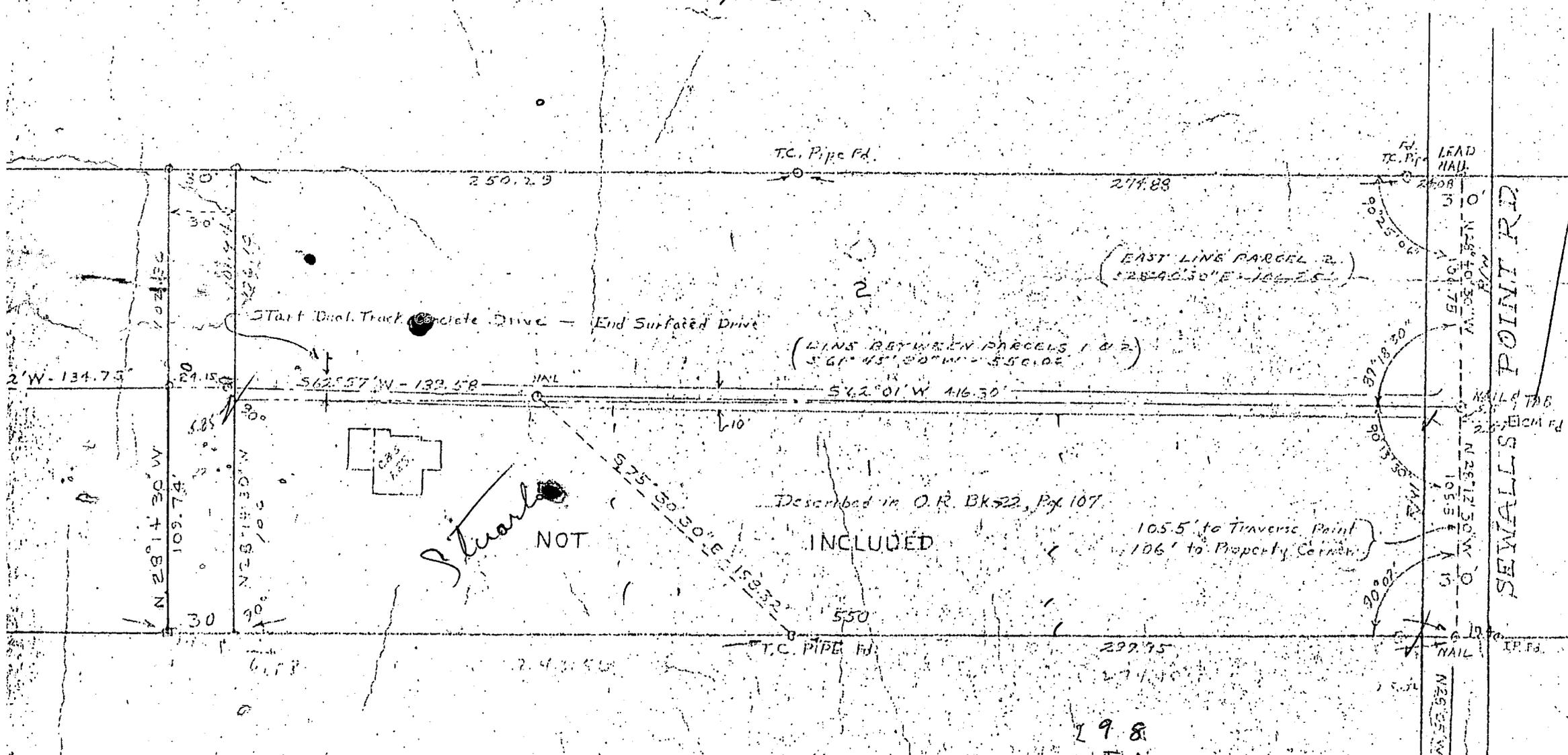
John Wadsworth
Chairman, B & A

Center of Sewalls Pt. Rd.
 To Center of R/W = 750

750

K

X



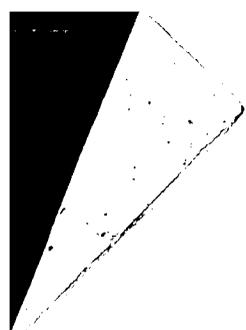
2 | 530

 275

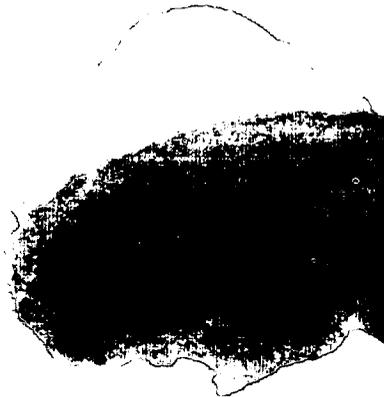
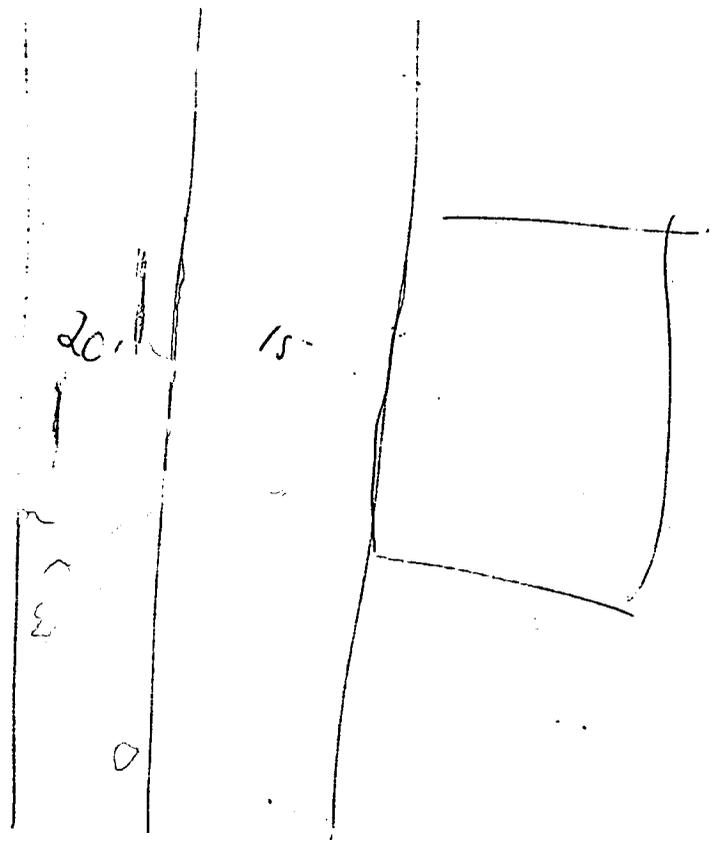
STAFFORD & BROCK
 ENGINEERS
 SURVEYORS

298
 750

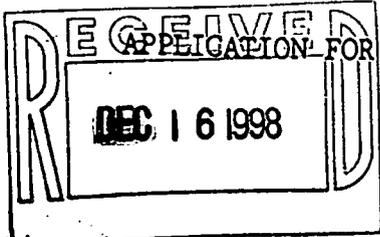
 5148



U



TOWN OF SEWALL'S POINT



APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

2010

Permit #

217

Date Issued

12-18-98

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 Paul Smith Address 111 So Sewall Rd Phone 287-7057

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 SLASH PINES 19D

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 1 PORTA CAERUS (total 5 trees)

Number of trees to be replaced _____ (list kinds of trees):

20.00 credit

Permit Fee \$ 90.- (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

No permit fee for trees which are relocated on property or lie within a utility easement & 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 [Signature] Date submitted 12/14/98

Approved by Building Inspector R. J. May Date 12-18-98

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. 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?

Double Fee tree permit Needs tree survey
Subject to civil penalty for slash pines
Trees replaced inch per inch 25", 19" & 13" Bob Gott

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 219

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 Paul Smith Address 111 S. Sewall (A/D) Phone 287-7057

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 Mallucia (invasive tree)
1 Portia Carpus (damaging structure)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
0

Number of trees to be replaced _____ (list kinds of trees):
0

Permit Fee \$ No Fee \$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.

No permit fee for trees which are relocated on property or lie within a utility easement & 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 Yes Plans approved as marked Per

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted _____

Approved by Building Inspector Robert A. B... Date 12-30-98

Approved by Building Commissioner Buildr Official Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. 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?

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 220

Date Issued 12-30-98

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 Paul Smith Address 111 S. Sewall's Pt Phone 287-7057

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 Slash Pines 25" x 19"

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

2
Number of trees to be replaced Non-invasive Inch per Inch
(list kinds of trees):

Aptax the Fact Permit 2 x 35" - 70"

Permit Fee \$ 70.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

No permit fee for trees which are relocated on property or lie within a utility easement & 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 [Signature] Date submitted _____

Approved by Building Inspector Robert A Bott Date 12-30-98

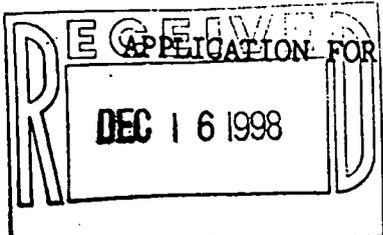
Approved by Building Commissioner _____ Date _____

Completed 12-30-98 Date Bob Bott Checked by Bob Bott Replacement tree's OK

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. 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 AS 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?

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 PAUL SMITH Address 111 So Sewall Rd Phone 287 7057

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 SLASH PINE'S

2 MALLAUCLA 1 PORTA CAEPUS (total 5 trees)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced _____ (list kinds of trees): _____

Permit Fee \$ _____ \$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.

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 [Signature] Date submitted 12/14/98

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

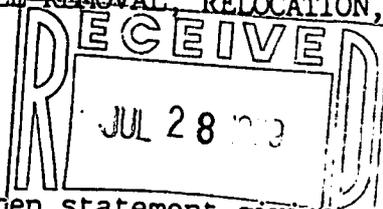
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THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

Double Fee tree permit. Needs tree survey
Subject to civil penalty for slash pines
Trees replaced inch per inch 25", 19" & 13" Bob Gott

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT



Permit # 254

Date Issued 7/28/99

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 Paul Smith Address 11 So Sewall St Rd Phone 287 7057

Contractor Tims tree Service Address _____ Phone 561 871 9779

Number of trees to be removed(list kinds of trees) 2 slash Pines

Number of trees to be relocated within 30 days(no fee)(list kinds of trees): _____

Number of trees to be replaced _____ (list kinds of trees): _____

Permit Fee \$ _____ (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

No permit fee for trees which are relocated on property or lie within a utility easement & 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 [Signature] Date submitted July 28/99

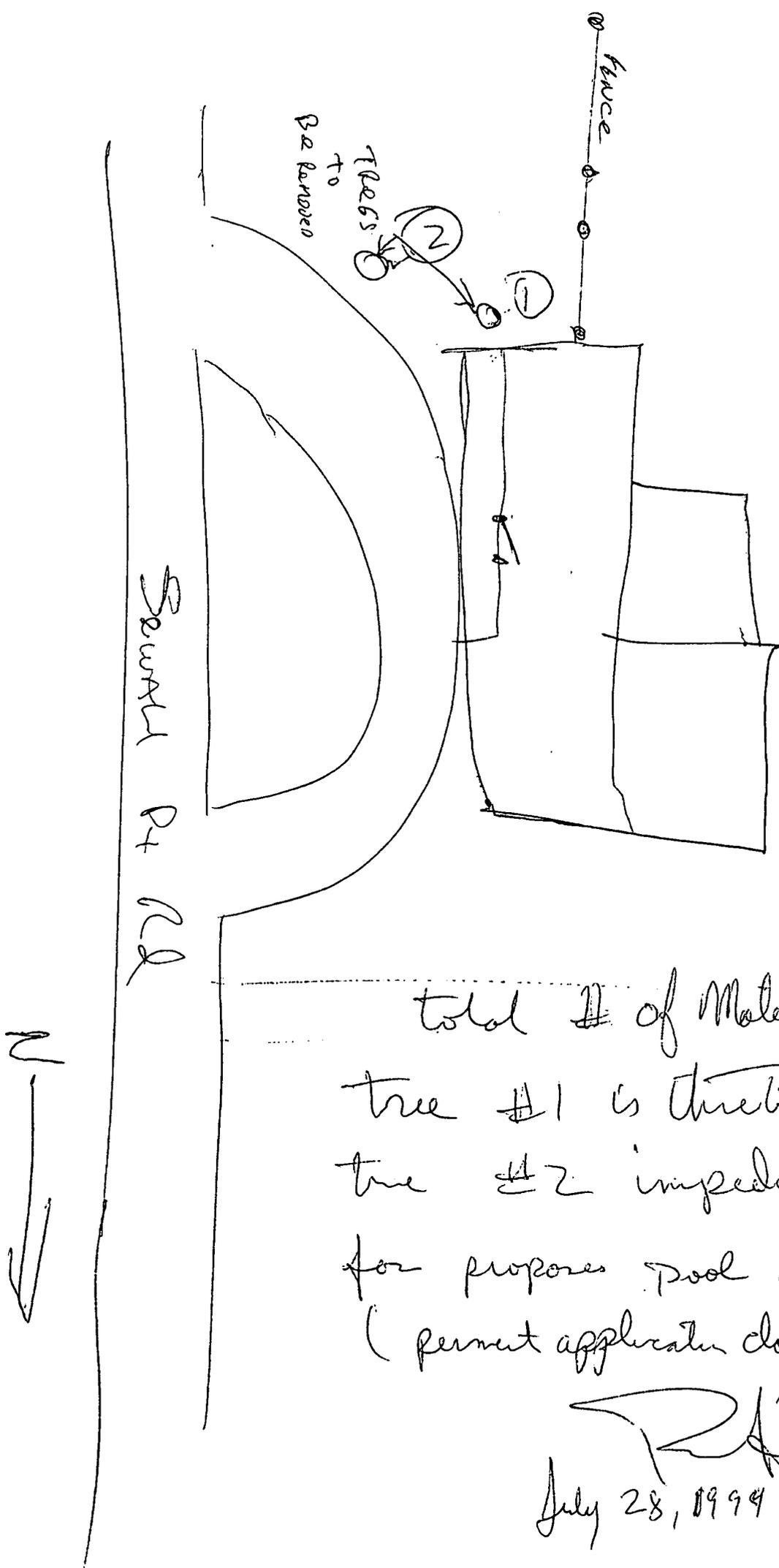
Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

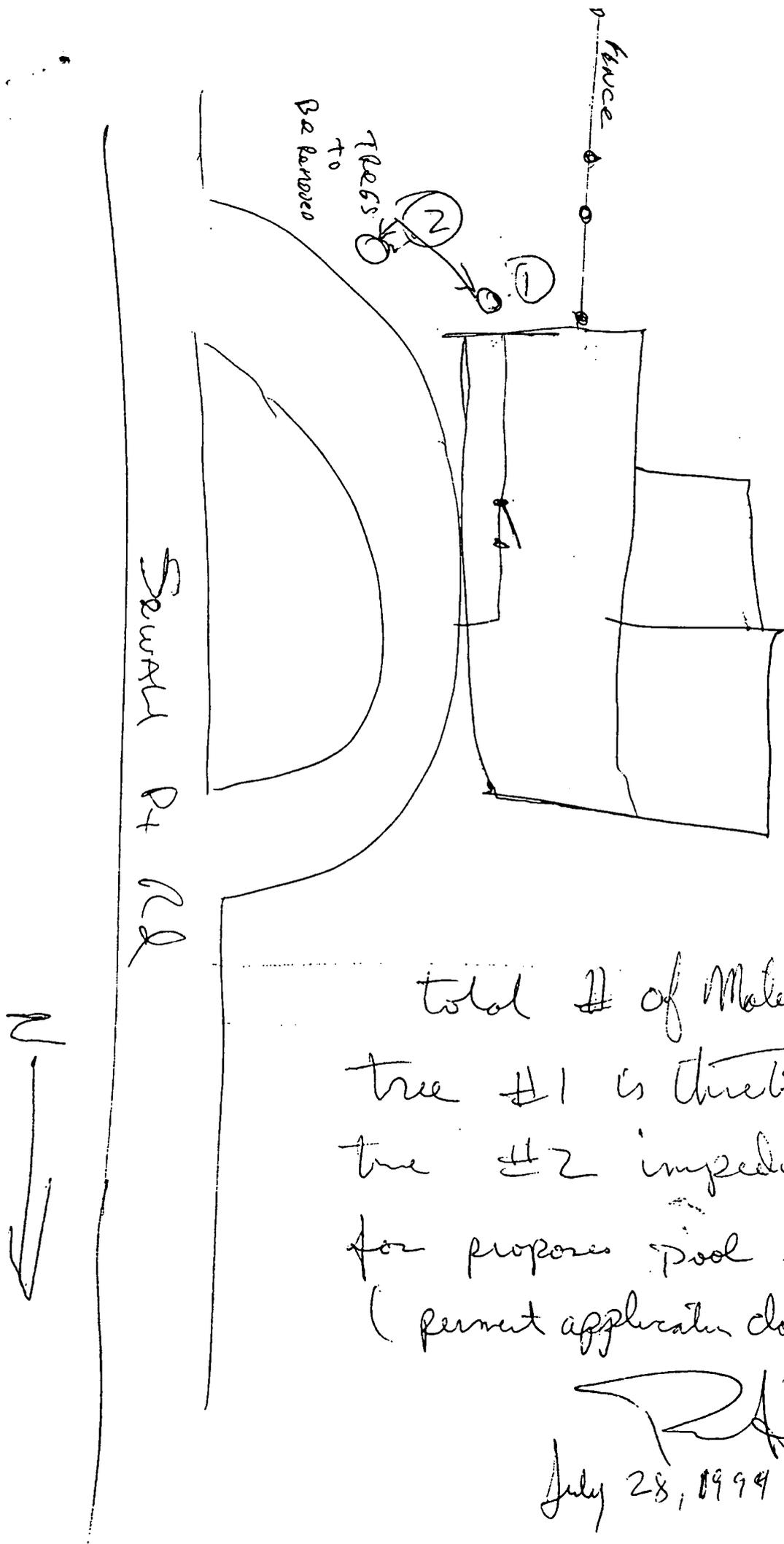
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?



total # of Mature trees on site ~~app~~ 52
 tree #1 is threatening structure
 tree #2 impeding sight access
 for proposed pool enclosure.
 (permit application documents in progress)

[Signature]
 July 28, 1994



total # of Mature trees on site ~~approx~~ 5.
 tree #1 is threatening structure
 tree #2 impeding sight access
 for proposed pool enclosure.
 (permit application documents in progress)

R.H. Lee
 July 28, 1994

TOWN OF SEWALL'S POINT, FLORIDA

Date 7/21/00 ~~TS~~ TREE REMOVAL PERMIT No 0347

APPLIED FOR BY PAUL SMITH (Contractor of Owner)

Owner 111 S. SEWALL'S POINT RD.

Sub-division _____, Lot _____, Block _____

Kind of Trees SLASH PINES

No. Of Trees: REMOVE 2 (DEAD)

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

REMARKS SEE APPLICATION FOR LOCATION SKETCH.

Signed, [Signature]
Applicant

Signed, [Signature]
Town Clerk ALICE OFF

FILED INSP/WRIF
7/17/00

FEE \$ -0-

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 _____

Five empty lines for project description details.

REMARKS _____

Five empty lines for remarks.

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

FILE

2/4/00 SCOTT (NSP)
7/17/00

RECEIVED
JUL 11 2000
BY: _____

0397

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 Paul Smith Address 111 Seawall Rd Phone 2877057

Contractor _____ Address _____ Phone _____

Number of trees to be removed(list kinds of trees) 2 SLASH PINES (DEAD)

Number of trees to be relocated within 30 days(no fee)(list kinds of trees): _____

Number of trees to be replaced _____ (list kinds of trees): _____

Permit Fee \$ 15.00 (~~\$75.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00)

(No permit fee for trees which are relocated on property or lie within a utility easement & 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 2/9 Plans approved, as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted July 11, 2000

Approved by Building Inspector [Signature] Date 7/17/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~Obtaining a Permit~~ **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?

MON. #LS1413

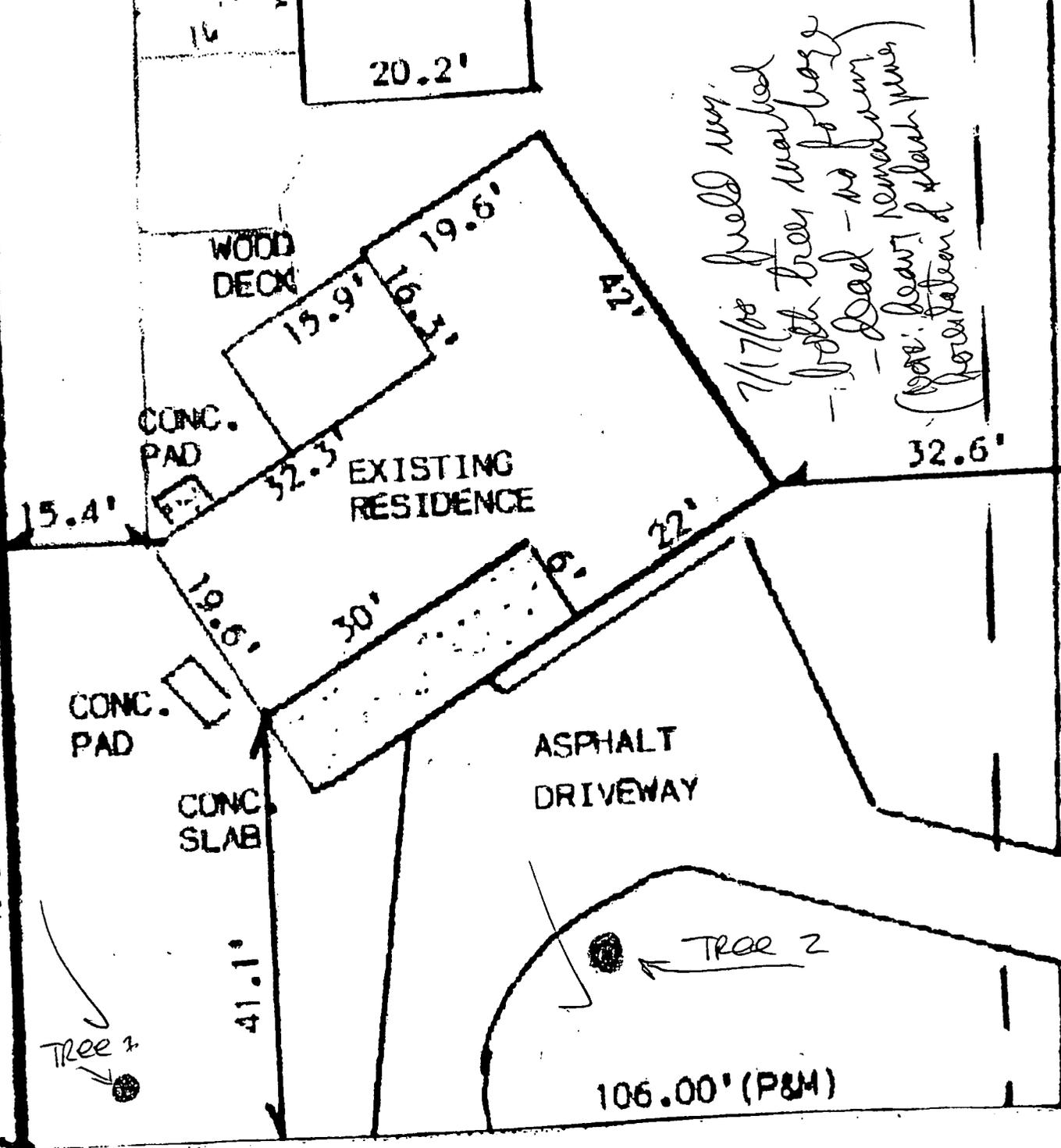
IT 6

ATION IS TO
HE FOLLOWING
LAND MORTGAGE
FLORIDA TITLE
OLD REPUBLIC
& PAUL H.
ITH

L'S POINT ROAD
IDA

FD. 4X4
CONC. MON.

N 61° 45' 30" E 175.00' (P&M)



175.00' (P&M)

N 61° 45' 30" E

FD. F
DIS

FPL TREE WORK AUTHORIZATION

TO _____ DATE _____ 20__

Do NOT Write above this line - for Vegetation Management

CUSTOMER'S NAME PAUL Smith	ADDRESS (Work Location) 111 So Sewall Park	CITY SWANSEA	DAYTIME TELEPHONE 200 PM
OWNER'S NAME (if different)	ADDRESS OF OWNER (if different)		TELEPHONE
FACILITIES INVOLVED: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> SERVICE <input type="checkbox"/> ACCESSIBLE TO TRUCK <input type="checkbox"/> STREETLIGHT <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> TRANSFORMER <input type="checkbox"/> OTHER <input type="checkbox"/> NO <input type="checkbox"/> YES			PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
INSTRUCTIONS <input checked="" type="checkbox"/> REMOVE 1 Cabbage Palm <input type="checkbox"/> TRIM <input type="checkbox"/>			CUSTOMER CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CHARGE TO: (Vegetation Management Only)	APPROVED BY: _____ 20__		
RWO/SIO/TWO NO.	LCSO	STAKING DATE	FPL Utility Arborist _____ Date
*MARKED PRIMARY MAP AND/OR JOB SKETCH REQUIRED FOR ALL REQUESTS			
ORIGINATED BY: Steve Kelly Company Representative	VMP Department	723-4217 Phone No.	6-26 20 02 Date
FOR REMOVALS ONLY		TROUBLE Ticket No. _____ Date _____ *Wire <input type="checkbox"/> Yes Down <input type="checkbox"/> No	
Signature of Owner/Agent (Circle One) [Signature]		REMARKS	
DEVICE COORDINATE NO.	WORK COMPLETED BY	DATE	
THIS WORK IS TO BE DONE AT NO COST TO THE CUSTOMER			

Form 21 (Stocked) Rev. 2/01

PART 1 (White) - Original
PART 2 (Canary) - Office Copy
PART 3 (Pink) - Office Pending Copy
PART 4 (Goldrod) - Acknowledgement Copy

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: Paul Smith Address 111 So Sewall Pt Rd Phone 287 7057

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 SLASH PINES

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ ~~15.00~~

HAZARDOUS TO PROPERTY - Correct

(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 _____ Plans approved as marked _____

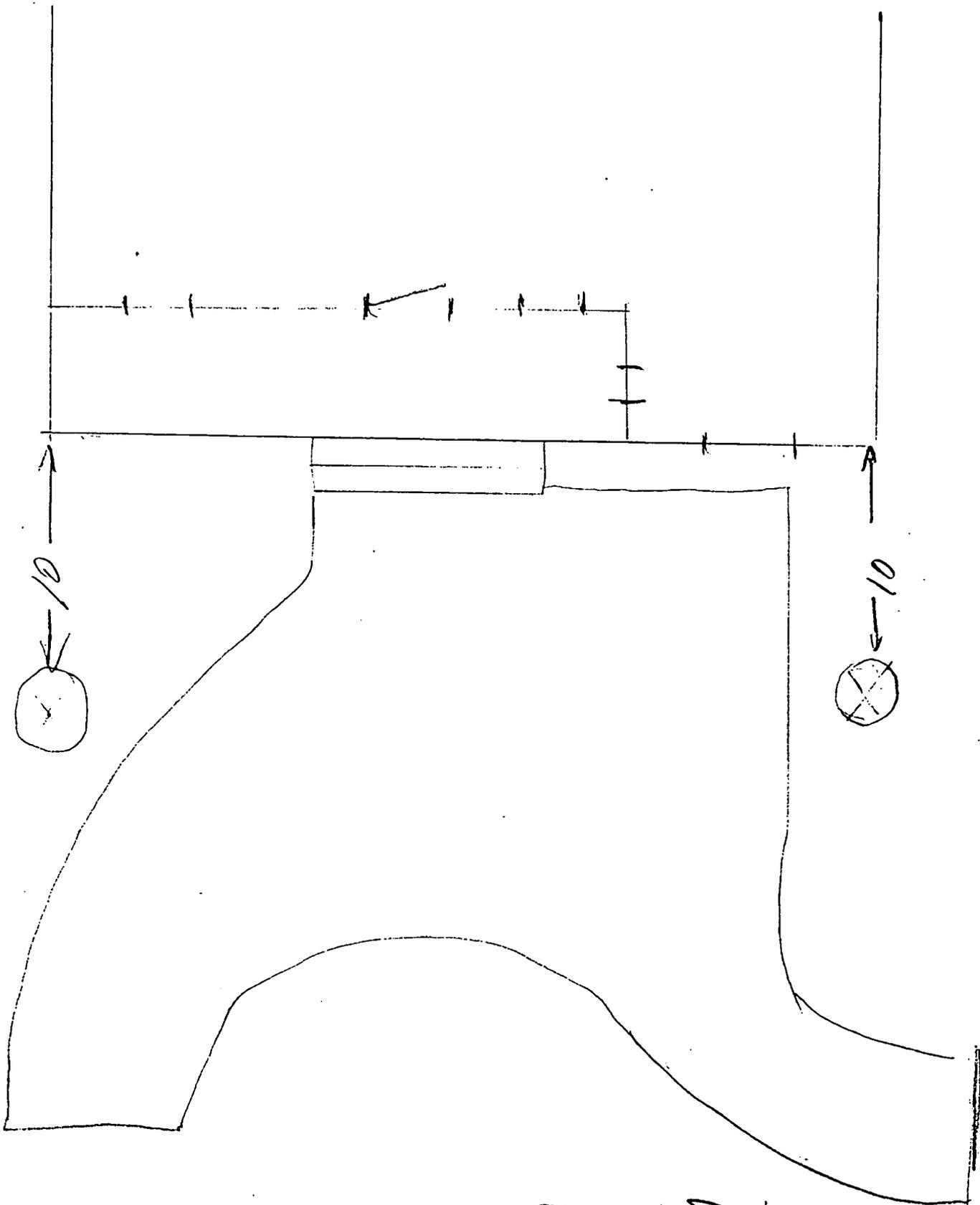
Approved by Building Inspector [Signature] Date submitted: 9/25/02

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



111 50. Sussex Point Rd.

TOWN OF SEWALL'S POINT, FLORIDA

Date Dec 1 ~~16~~ 2004 TREE REMOVAL PERMIT No 2365

APPLIED FOR BY SMITH (Contractor or Owner)

Owner 111 S. SEWALL'S Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 13 PINES

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

No. Of Trees: REPLACE 2 WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed [Signature] Town Clerk

BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty lined box for additional information or notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Laura Smith Address 111 S. Sewalls Pt Phone 287-7057 * 4677 530-

Contractor Tree Barber Address 4626 WE Dudley Phone 334-2673

No. of Trees: REMOVE 13 Type: Pines

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Dead and Broken, pine bark and storm damage

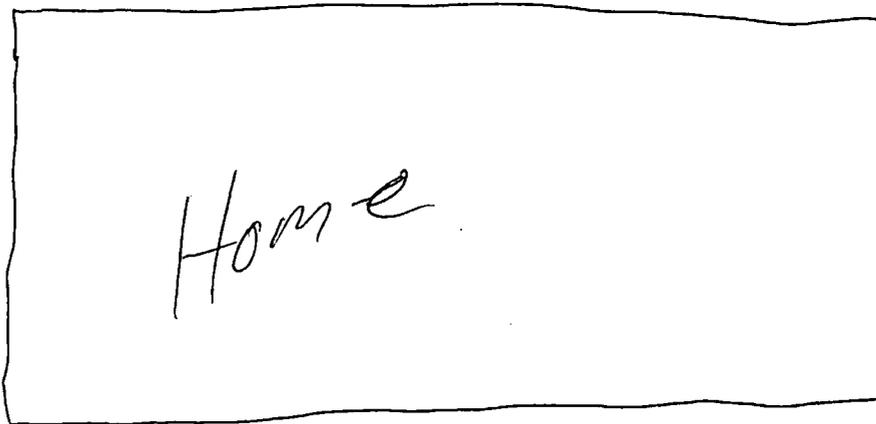
Signature of Property Owner Laura Smith Date 11-29-04

Approved by Building Inspector: [Signature] Date 12/1 Fee: -0-

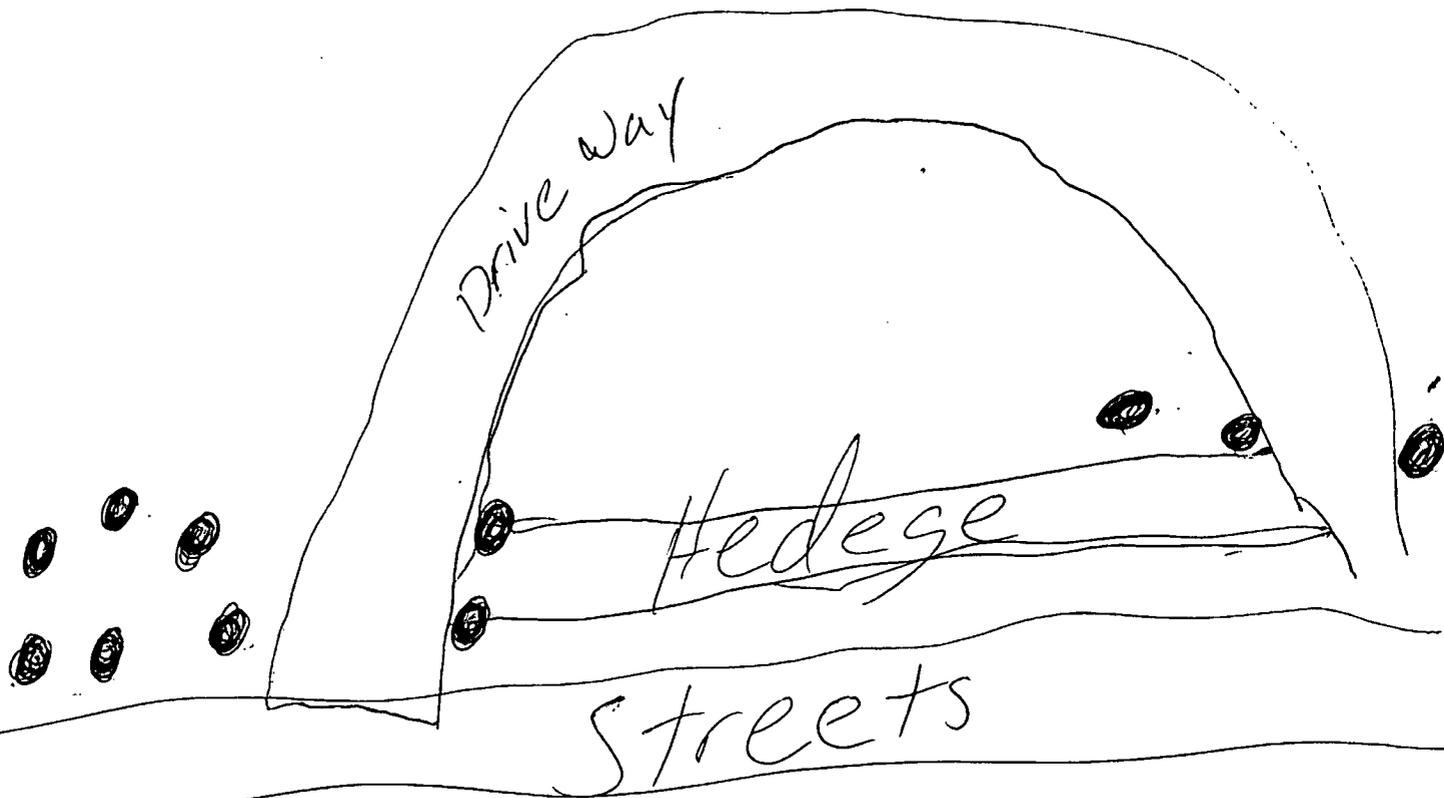
Plans approved as submitted _____ Plans approved as revised/marked: ✓

PLEASE SUBMIT PROPOSAL FOR NEW TREES TO REPLACE THE 13 REMOVED. (2 REQUIRED) 8 TREE 3" IN DIA.

Nor Folk Tree



fence



13 Trees to be remove and Hauled off
Stumps to be grinded
By Tree Barber

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 1, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7070	SMITH	TREE	FAIL	
6	111 S. SEWALL'S		PASS	INSPECTOR: <i>[Signature]</i>
7070	WINSLOW	PRE DRYWALL	PASS	1823 CODE NORTH
10	10 S. SEWALLS PT.	ROUGH PLUMBING	PASS	END OF HOUSE ONLY
	O/B	(TRUSS REPAIRS)	PASS	INSPECTOR: <i>[Signature]</i>
6948	WINSLOW	ROUGH ELEC	FAIL	
10	10 S. SEWALLS PT	FRAMING	FAIL	INSPECTOR: <i>[Signature]</i>
	KRAUSS + CRANE			
6839	WADE		PASS	
11	9 E. HIGH POINT	260-0955		INSPECTOR: <i>[Signature]</i>
	PINE ORCHARD	(LAST PLEASE)		
6391	WHITWELL	FINAL BLDG	FAIL	
1	1 MARGUERITA			INSPECTOR: <i>[Signature]</i>
	HEMMINGWAY			
6772	ELDER	FOOTER (BACK OF HOUSE)	FAIL	
2	4 MARGUERITA			INSPECTOR: <i>[Signature]</i>
	O/B	223-9305 475-5069		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner ALLISON NOVINS Address 1116 Sewalls Pt Phone 425 418 3542

Contractor DAVID MULHOLLAND Address _____ Phone 772 676 7588

No. of Trees: REMOVE 1 Species: live oak 10'

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE 2 Species: live oak 4.5' 5.5'

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) over-pruned existing oak

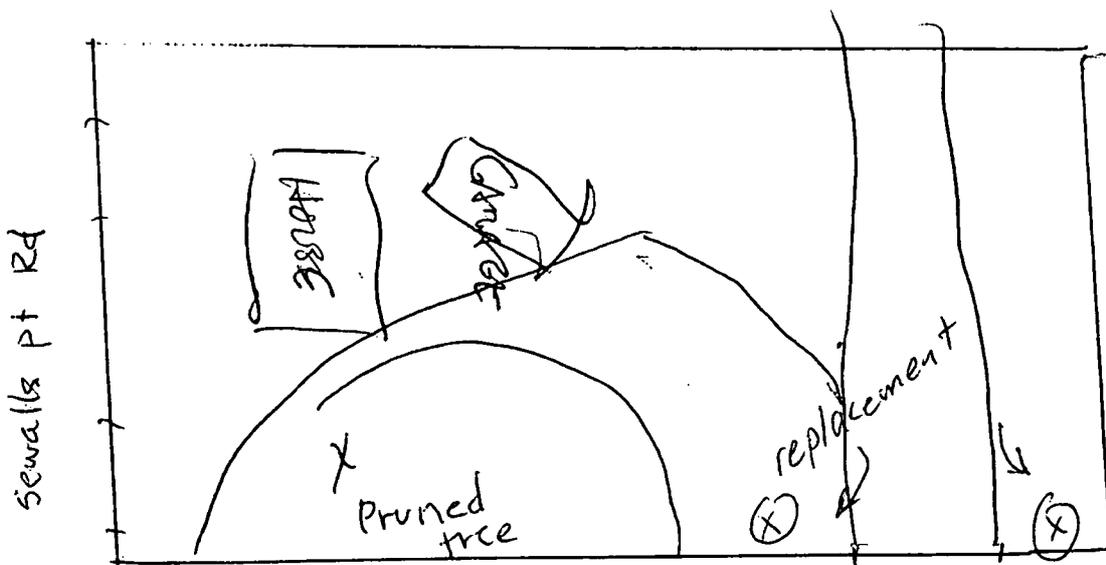
Signature of Property Owner Allison Novins Date 6/27/13

Approved by Building Inspector: [Signature] Date 7-2-13 Fee: _____

NOTES: NEEDS ADDITIONAL OAK @ 4" CALIPER

TREES ARE MITIGATED BASED ON CALIPER NOT HEIGHT

SKETCH:





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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner ALLISON NOVINS Address 111 S. Sewalls Phone 425-418 3542

Contractor rene marcinkes Address 100 florida Ave Phone 772 337 0302

No. of Trees: REMOVE 6 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner Allison Novins Date 7-16-12

Approved by Building Inspector: _____ Date 7-16-12 Fee: \$15

NOTES: _____

ALLISON NOVINS
 PH. 360-862-8005
 6114 139TH AVENUE SE
 SNOHOMISH, WA 98290

Pay to the Order of Town of Sewalls pt.
Fifteen and xx/100

7-16-12 Date

\$ 15.00

Dollars

6482

Cascade Bank

1101 Avenue D, Bldg B
 Snohomish, WA 98290

Allison Novins MP

Hortland Clark

queen
 X Palm

Front

X unknown
 Palm

Handwritten signature and initials



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner ALLISON NOVINS Address [REDACTED] Phone 425-418-3542

Contractor rene marcinhes Address 100 florida Ave Phone 772 337 0302

No. of Trees: REMOVE 6 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

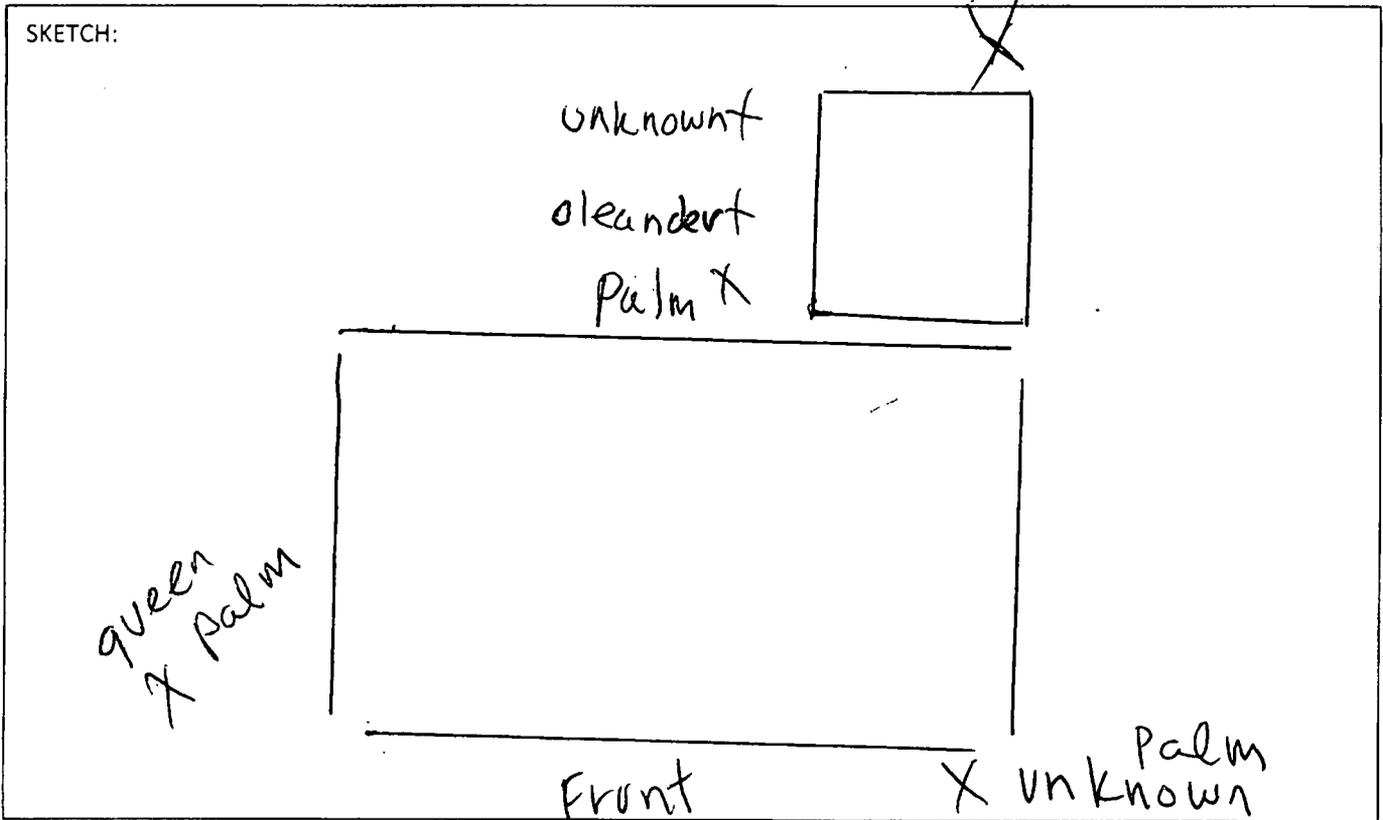
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner *Allison Novins* Date 7-16-12

Approved by Building Inspector: *[Signature]* Date 7-16-12 Fee: 415 *pd*
OK #6482

NOTES: _____



oh



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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No. of Trees: REMOVE 1 Species: live oak 10' 12''

No. of Trees: RELOCATE _____ Species: _____

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ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) over-pruned existing oak

Signature of Property Owner Allison Novins Date 6/27/13

Approved by Building Inspector: _____ Date 7/2/13 Fee: _____

NOTES: NEED APPROVAL FROM ADJACENT PROPERTY OWNERS

TREES ARE MAINTAINED BASED ON CROWN NOT HEIGHT

SKETCH:

