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

# <u>133</u> <u>SFR</u>

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#### TON OF SEWALL'S POINT - FLORIDA

#### Application For Building Permit

# 133

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Owner Mary 4. Study Present Address Securic Point Phone 287
Architect
General Contractor T. E Stup los Ter Address N.R. Ver Shores Phone 287.5487
Where Licensed Marin Co License No
Plumbing Contractor Rchind Dey_ Where Licensed Martin Co No.
Electrical Contractor / Where Licensed No.
Property Location S. PT. Rd Subdivision av bela Plat Lot No.
Lot Dimensions 105 5 X 150 Lot Area 15 75 04 / 1- 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 Walls332_Sq. ft.
Street or Road building will front on Sewall's pT Road
Clearances - Front 35' Back Min. 25' Side 15 FT Side 15 rm. River
Well Location Septic Tank Location City Grates
Building elevation (By Ordinance Definition) OK.
Contract Price (Include Plumbing, Electrical, Air Conditioning 12.487.00
PERMIT FEE <u>New Home</u> Additions Others
General(\$3.00 per \$1000 or Fraction) <u>39.00</u>
Plumbing (Flat Fee) \$10.00 \$3.00
Electrical (Flat Fee) \$10.00 \$3.00
Total (To be paid by General Contractor or Owner)
SIGNED: - General Contractor or Owner from E y bet
Building Inspector Comments:

\*\*\*\*\*\*\*

FOR TOWN RECORDS: Date Drawings submitted\_\_\_\_\_ 81211 Date Permit approved 9/2/67 Date Permit Fee paid\_\_\_\_ Date First Inspection\_ Date Final Inspection\_ Date Occupancy approved\_\_\_\_

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105 150 5250 105 15750

## <u>1274</u> REMODEL

Permit No

TOWN OF SEWALL'S POINT FLORIDA

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

and at reast two erevacions, as appricable.	
Owner David A. Larson	Present address 111 Securilly P4. Rol. S
Phone 283-2930 Work	······································
contractor David A. Larcon	Address
Phone <u>162-8980</u>	
Where licensed	License number
Electrical contractor D. A. Horma	Dicense number
Plumbing contractor	License number
Describe the structure, or addition or alter this permit is sought: <u>New Cource</u>	slab & exterior walls
State the street address at which the propo	Remodel
	sed structure will be built:
Sewalls Point Road.	Bahr
Subdivision Arbela	Permit \$ $\frac{10^{20}-10^{20}}{20}$
	2
Plans approved as submitted	Plans approved as marked
such debris being gathered in one area and sary, removing same from the area and from ply may result in a Building Inspector or a tion project.	no way relieves me of complying with the outh Florida Building Code. Moreover, I
I understand that this structure must and that it must comply with all code requisions final approval by a Building Inspector will Owner	
TOWN RECO	RD Date submitted
Approved:Building, Inspector	<u>cce</u> //22/8/ Date /
Approved:	1 1/2/81
Commissioner Final Approval given:	<u>Date</u> <u>3/2/81</u> Slab OK 2/2/E1,
Date Certificate of Occupancy issued	<u></u>
Date	e Jiranerey OK 2/ " Jule
SP/1-79	Electrical 110/81

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.

#### <u>1285</u>

#### **SERVICE CHANGE**

E SEWALL'E POINT FLORIDA

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 DAVIA LIARSON	Present address 111 S. Sewalls 74. Rol
Phone 283- 8980 OFFICE	•
Contractor	Address
Phone	
Where licensed	License number
Electrical contractor D. J. HARMAN Co.	License number <u>00049</u>
Plumbing contractor	License number
Describe the structure, or addition or alter this permit is sought: <u>Install</u> NEW	ation to an existing structure, for which $RAINTITE ELECT. PANCE 4$
Up Graper Electrical S State the street address at which the propose	ERDICE. ed structure will be built:
#111 S. SEWAlls Point	
subdivision Plat of Aubela	
Contract price\$ 450 22 Cost of P	ermit \$599
Plans approved as sugatted	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

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.

TOWN RECORD

Owner >

Date submi

Approved:

and a Building Inspector

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Approved:

Commissioner Date Â Final Approval given: Date Certificate of Occupancy issued

SP/1-79

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## <u>1296</u> DECK

$\sim$		
	H-9L TOWN OF SEWALL'S POI	NT FLORIDA
	Permit No.	Date 1 Low S
	APPLICATION FOR A PERMIT TO BUILD A DOCK, FEN ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT	
ч <b>г</b> .	This application must be accompanied by three cluding a plot plan showing set-backs; plumbi and at least two elevations, as applicable.	ng and electrical layouts, if applicable.
	owner Daund A. Lavsen	Present address III Sewalls R. Rol So. Jensen Boach 33459
•	Phone 1287 6055	Jensen Boach 33459
	Contractor Ganna	Address
	Phone	11
	Where licensed	License number
	Electrical contractor	License number
	Plumbing contractor H	License number
	Describe the structure, or addition or altera this permit is sought:	
	State the street address at which the propose	d structure will be built:
	111 Generally P.F. Pol S	». Jensen Reach
	sion Schella	Lot No. 25
	Cost of Pe	$_{\rm rmit\ s}$ 5 $^{\times \chi}$
	Koved as submitted	Plans approved as marked
	that the structure must be completed in accor understand that approval of these plans in no Town of Sewall's Point Ordinances and the Sou understand that I am responsible for maintain orderly fashion, policing the area for trash, such debris being gathered in one area and at sary, removing same from the area and from th ply may result in a Building Inspector or a T tion project.	way relieves me of complying with the th Florida Building Code. Moreover, I ing the construction site in a neat and scrap building materials and other debris, least once a week, or oftener when neces- e Town of Sewall's Point. Failure to com- own Commissioner "Red-tagging" the construc-
	Contrac	deterning of formation
	I understand that this structure must be and that it must comply with all code require final approval by a Building Inspector will b Owner	ments of the Town of Sewall's Point before
	TOWN RECORD	Date submitted 2 Mar 8)
		222 3/3/81
	Building Inspector	Date /
	Approved: <u>Strubel</u> Commissioner	3/4/81 Date
	Final Approval given: $4/7/81$	The contract of the contract o
	Date Certificate of Occupancy issued	
	Date	

SP/1-79

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# <u>1753</u> <u>REPAIR/REPLACE</u> <u>SOFIT</u>

TOWN OF SEWALL'S POINT, FLORIDA	
Permit No Date 11/22/84	المرودين
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, in- cluding a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.	
Owner Dour ALAFGON Present Address III Sealacte Pr. RoapS.	
Phone 223-8980WORK 287-6056 Home	
Contractor Timber Conser Bungers / Anter Address 12905W.34 TH ST. PALM (174	
Phone 28:3-7981 Proconcity, FLA	
Where licensed Martin Co. License number A 00141	
Electrical contractor <u>MA</u> License number	
Plumbing contractor Ala License number	
Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: <u>Lemme Fasciales FIT Re Bacent Roubs Gown</u>	/
CEARE - REPAR-	
State the street address at which the proposed structure will be built:	
Subdivision PLOTS APBELA Lot number 25 Block number 18,0	29
Contract price $323002$ Cost of permit $4725$ 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 neces- sary, removing same from the area and from the Town of Sewall's Point. Failure to com- ply may result in a Building Inspector or Town Commissioner "red-tagging" the construction	, n
project.	
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	
Date submitted 10/33/54 Approved: Building Inspector Date	
Approved: Final Approval given: Pate	
Certificate of Occupancy issued (if applicable) Date	
SP1282 Permit No. 1753	
Approval of these plans in no way relieves the contractor or builder of	

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complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

### <u>3141</u> FENCE

Date APPLICATION FOL 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 🥆 ERTAN SEWALIS M. H. \_resent Address Phone Contractor \_\_\_\_\_Address\_\_\_ Phone \_.. · Where licensed License number Electrical contractor \_\_\_\_\_License number\_\_\_ Plumbing contractor\_ \_\_\_\_\_License number Describe the structure, or addition or alteration to an existing structure, for which OCKADE () State the street address at which the proposed structure will be built: AME 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-tacking the construction Contractor I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given. Owner TOWN RECORD Date submitted Approved: lding Inspector Approved: Date Final Approval given: Commissioner 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 Fiorida Model Energy Efficiency Building Code.

## <u>4321</u> <u>RE-ROOF</u>

ſ		MASTER	R PERMIT NO	
•	OWN OF SEWALL'S	POINT		
Date 1/16/98		BUILDING	PERMIT NO.	4321
Building to be erected for $\underline{\qquad}$	AUL SMITH	Type of Pe	rmit <b>Re</b> -Ro	n <b>C</b>
Applied for by Paul	SMITH	_ (Contractor)	Building Fee	
Subdivision Ano Berry	Lot 25 Bloc	k	Badon Fee	
address <u>111 S. Seu</u>				
Type of structure			A/C Fee	
5.V CRIMP METAL	OVER 1X4 STRIPS	5 70	Electrical Fee	
Parcel Control Number:	CONNTY SPECS.		Plumbing Fee	
1384100102500	08010000		Roofing Foo	100
Amount Paid <u>125</u> Ch	eck #_ <b>406</b> 2_Cash	Other Fe	es $(O/B)$	75
otal Construction Cost \$2	00		TOTAL Fees	
Signed X UMA, A	Signed _	1 di	· · · · · · · · · · · · · · · · · · ·	
Applicant		/	uilding Inspector	
UNTDERLAYMENT DATE DRY IN DATE PROGRESS DATE	INSPECTIONS	GRESS	DATE	
	ni	NAL	DATE	
24 HOURS NOTICE REQUI	RED FOR INSPECTIONS.		CALL	287-2455
WORK HO	URS - X:00 AA			
WORK HO	URS - 8:00 AN MONDAY TROUGH SA		L 3:00 P	IVI
		TURDAY		

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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!

Том	vn of Sewall's P	oint	
P.I.N. 138410010250	08010000	Date	
ACCESSORY S	TRUCTURE PERMIT	APPLICATION	
<ul> <li>DOCK requires prerequisite approva</li> <li>BULKHEAD requires prerequisite approva</li> <li>DETACHED GARAGE</li> <li>SOLAR WATER HEATER</li> <li>SCR</li> </ul>	al from State and Army Co pproval from State and Ал MMING POOL	rps of Engineers. ny Corps of Engineers. I WALL	
ETNICE more not mayire sealed dra	wings.	~	
OTHER: Re Roof	Detacheo (	SARPGE	···
Owner's Name PAUL	Smith		
Owner's Address	SewALL'S	Pf Kd	
Fee Simple Titleholder's Name (If other th	lan owner)		
Fee Simple Titleholder's Address (If other City	than owner) State		96
City	State	zıp	
Contractor's Name			
Contractor's Address			
City	State	Zip	·····
Job Name	<u> </u>		
Job Address	Sewall's T	Martin County, Stu	art, FL 34966
Legal Description LOT 25	PLAN ARBELA	PLAT Book 3, Page 2	<u>s                                    </u>
Bonding Company		<u> </u>	
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.

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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.

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IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. Date Owner or COUNTY OF MARTIN STATE OF FLORIDA DF FLORIDA Sworn to and subscribed before me this 16 day of 30, 1998 by x1 Smith \_\_\_\_ who: [ ] is/are personally knc wn to me, or [1] 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 OFFICIAL NOTARY SEAL commission number of JOAN H BARROW NOTARY PUBLIC STATE OF FLORIDA and my commission expires:\_\_\_\_ COMMISSION NO. CC423705 MY COMMISSION EXP. NOV. 30,1998 STATE OF FLORIDA COUNTY OF MARTIN Sworn to and subscribed before me this  $\frac{16}{6}$  day of  $\frac{100}{100}$  1998 by aul Smith \_\_\_\_\_, who: [ ] is/are personally known to me, or [1] has/have produced as identification, and who did not take an oath. Name: Typed, printed or stamped I am a Notary Public of the State of Florida having a (NOTARY SEAL) UFFICIAL NOTARY SEAL commission number of IOAN H BARROW and my NOTARY PUBLIC STATE OF FLORIDA commission expires:\_\_ COMMISSION NO. CC423705 MY COMMISSION EXP. NOV. 30,1996 Certificate of Competency Holder Contractor's State Certification or Registration No. . Contractor's Certificate of Competency No. Permit Officer APPLICATION APPROVED BY Building Commissioner

<u>4379</u> FENCE

		MASTER	PERMIT NO.	
T		'S POINT		
4/23/98		BUILDING	PERMIT NO.	4379
ding to be erected for	SMITH	Type of Per	rmit <u>FEN</u>	CE
lied for by	AUL SMITH	(Contractor)	Building Fee	
division <u>ARBELA</u>	LotZ5	Block	Radon Fee	
ress S. S. S. E. C.			Impact Fee	
e of structure	DOD FENCE		A/C Fee	
			Electrical Fee	
cel Control Number:			Plumbing Fee	<u> </u>
			Roofing Fee	-
	neck #Cash	Other Fe	es ( <u>FENCE</u> )	25
al Construction Cost \$?	50		TOTAL Fees	<u></u>
		Ann		_
ned x /////	Sig	ined / MVC		
/ Applicant		Town I	Building Inspecto	or
SETBACKS DATE FOOTINGS DATE		TIONS HEIGHT FINAL	DATE DATE	
24 HOURS NOTICE REQ	· · · · · · · · · · · · · · · · · · ·			LL 287-2455
WORK H	OURS - 8:00	•	FIL 5:00	) PM
	MONDAY TROU			
D Now Constru	ation T Domos			
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Town of Sewall's Point
P.I.N Date
POOL / SPA PERMIT APPLICATION
□ NEW CONSTRUCTION □ ADDITION □ ALTERATION □ DEMOLITION
RESIDENTIAL COMMERCIAL FENCE
OTHER: CONTRACT PRICE
Owner's Name PAUL SMITH
Owner's Address 111 So Seware P+ Road
Fee Simple Titleholder's Name (If other than owner)
Fee Simple Titleholder's Address (If other than owner)
City Stuppt State EL Zip 34996
Contractor's Name
Contractor's Address
CityStateZip
Job Name
Job Address 111 So Sewarl Pt ROAD
CitySEWORL Pt (Sugert) State R Zip
Legal Description PORTION of LOT 25 PLAT OF ALBELA INBOOK 3, PAR 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.

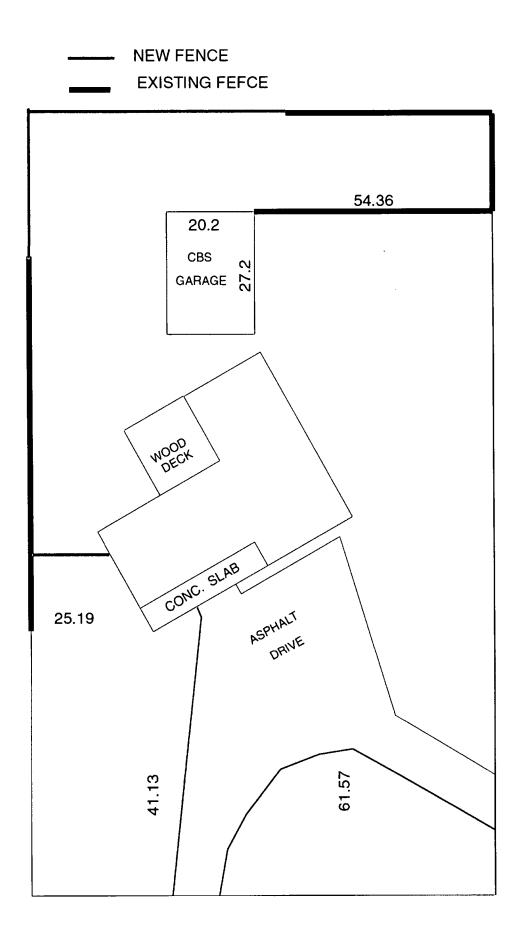
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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

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IF YOU INTEND TO OBTAIN FINANCING, CO	ONSULT WITH YOUR LENDER OR AN ATTORNEY
Owner or Agent	pil 27 9 8 Date
Contractor	Date
COUNTY OF MARTIN STATE OF FLORIDA Sworn to and subscribed before me this Biay who: []is/ar	of April, 1998 by Pacel H. Smith e personally known to me, or [1] has/have produced not take an oath.
ivame: Types, printed or stamped (NOTARY SEAL)	1 - Ti a Notary Public of the State of Florida having a
OFFICIAL NOTARY	SEAL commission number of W end my F FLOROmmission expires:
Sworn to and subscribed before me this day , who: []is/ar as identification, and who did	re personally known to me, or [ ] has/have produced
Name: Typed, printed or stamped (NOTARY SEAL)	I am a Notary Public of the State of Florida having a commission number of
	and my
<u>Certificate of C</u>	competency Holder
Contractor's State Certification or Registration No.	
Contractor's Certificate of Competency No.	
-	Permit Officer
	Building Commissioner
	· · · · · ·

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### <u>6922</u> REPAIR FASCIA

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		MASTER PERMIT NO
TO	WN OF SEWALL'S P	OINT
Date 10/11/04		BUILDING PERMIT NO. 6,922
	mith	Type of Permit Para FASCIA
Applied for by Races P	1	(Contractor) Building Fee 35.00
		Radon Fee
Subdivision ARBELA		1
Address /11_S. Se	WALLSTIK	
Type of structure		A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
138410010	250008010000	2 Roofing Fee
Amount Paid 35.00 Chec	k #3677 Cash	Other Fees ()
Total Construction Cost \$ 650.		TOTAL Fees 35.00
A la la	0:	2 hours
Signed	Signed ø	/
Applicant	·.	Town Building Official
	PERMIT	Γ.
		MECHANICAL
PLUMBING     DOCK/BOAT LIFT	ROOFING     DEMOLITION	POOLISPAIDECK FENCE
	TEMPORARY STRU	CTURE GAS
FILL     TREE REMOVAL	<ul> <li>HURRICANE SHUTT</li> <li>STEMWALL</li> </ul>	
	INSPECTIC	ONS
UNDERGROUND PLUMBING		IDERGROUND GAS
UNDERGROUND MECHANICAL		
STEMWALL FOOTING SLAB		E BEAM/COLUMNS
		ALL SHEATHING
TRUSS ENG/WINDOW/DOOR BUCKS		ATH
ROOF TIN TAG/METAL		OOF-IN-PROGRESS
PLUMBING ROUGH-IN	E	LECTRICAL ROUGH-IN
MECHANICAL ROUGH-IN	G	AS ROUGH-IN
FRAMING		ARLY POWER RELEASE
FINAL MECHANICAL		
FINAL ROOF		BUILDING FINAL

MACTED DEDMIT NO

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	RECEIVED
Date: 7-23-04	JUL 2 8 2004
Town of Sewal	Permit Number:
BUILDING PERMIT	APPLICATION
OWNER/TITLEHOLDER NAME: Paul 4. Smith	Phone (Day) 287-7057 (Fax)
Job Site Address: 111 S. Sewells Pt. 120.	_ City: Serveles Pt State: FL. Zip: 34986
Legal Desc. Property (Subd/Lot/Block) Arbeia Lot #25	Parcel Number: 1-38-41-001.025-00080-1000
Owner Address (if different):	City: State: Zip:
Description of Work To Be Done: Remore ? Replace Coport	
WILL OWNER BE THE CONTRACTOR?: Yes	(If no, fill out the Contractor & Subcontractor sections below)
CONTRACTOR/Company: Parks 6. Inc.	Phone: 781-1616 Fax: 781-0620
	City: Steenet State: 17- Zip:34994
State Registration Number: State Certification Number	
COST AND VALUES: Estimated Cost of Construction or Improvements: \$_	
· /	State:License Number:
	State:License Number:
	State:License Number:
Roofing: K /A	State:License Number:
	=======================================
ARCHITECT	
	City:State:Zip:
ENGINEER	Phone Number:
	City:State: Zip:
***************************************	
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Ga	rage:Covered Patios:Screened Porch:
Carport: Total Under RoofWood Deck:	Accessory Building:
=======================================	
I understand that a separate permit from the Town may be required for ELE FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSOR REMOVAL AND REL	RY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE
National Electrical Code: 2002 Florida Energy Cod	Building Code (Structural, Mechanical, Plumbing, Gas): 2001 de: 2001 Florida Accessibility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS KNOWLEDGE AND LACEBEE TO COMPLY WITH ALL APPLICABLE CODES,	
	CONTRACTOR PIONATURE (required)
State of Florigte, Certify of:	On State of Herida, County of: MOLICATIN
	This the day of 200 4
	by Alissa Collins who is personally
known to me or produced De DL Sta 30 688 48 0140x	known to me or produced
as identification.	As identification. aliste Collins
MYNCONAMYSBIODNIEDD 205961	Notary Public
Wy Commission Express Booded Thru Notary Public Underwriters	My Commission Expires: 292061 00 '0N
Seat	(007 '0 HOLEH dy THUMON (1543)
PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIF	

SOUTH FLORIDA TITLE SERVICES, INC. 213 E OCEAN BLVD STUART, FL. 34994	0 + 2 / 4 2 2 2 93 JAN 14 - AM 11: 2
SOUTH FLORIDA TITLE SERVICES, INC. SAME	THAT OFED S 966, CC.
uisers Parcel Identification	DOC-ATC 5
"1·38·41·001·075·00080·10000	INT. TAX 9 BY D.C.
. # (s)	
SPACE ABOVE THIS LINE FOR PROCESSING DATA	SPACE ABOVE THIS LINE FOR RECORDING DATA
This Marranty Deed, Made the JILL A. BROTHERTON, A MARRIED PE	
hereinafter called the Grantor, toH	SMITH AND LAURA L. SMITH, HIS WIFE
11	Wills At. RD, Studit, Fr. 349966
hereinafter called the Grantee.	197 - Picture II do not be attained and the being land constraints
and assigns of individuals, and the su	nd "Grantee" include all the parties to this instrument and the heirs, legal representatives, accessors and assigns of corporations, wherever the context so admits or requires.) I in consideration of the sum of \$ <u>10.00</u> and other
	hereby acknowledged, hereby grants, bargains, sells, aliens, remis
SEE ATTACHED EXHIBIT "A" MADE A	PART HEREOF ements of record, if any; taxes for the year 1998
and subsequent years, and to all	
GRANTOR HEREBY STATES THAT THIS TO HER HOMESTEAD PROPERTY.	IS NOT HER HOMESTEAD PROPERTY NOR IS IT CONTIGUOU
appertaining. To Habe and to Hold, the And the Grantor hereby covenants we simple; that the grantor has good right and the title to said land and will defend the sar	he same in fee simple forever. With said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warra me against the lawful claims of all persons whomsoever; and that so
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes In Mitness Mhereof, the said Gran written. Signed, sealed and delivered in the presence	he same in fee simple forever. With said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warra me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 ator has signed and sealed these presents the day and year first al
appertaining. To Have and to Hold, the And the Grantor hereby covenants we simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Un Mitness Matereof, the said Gran written. Signed, sealed and delivered in the presence	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j of lawful authority to sell and convey said land, and hereby warran me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 stor has signed and sealed these presents the day and year first al cof: <u>Craphor/Signature</u>
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes. In Mitness Migereof, the said Gran written. Signed, sealed and delivered in the presence Witness Signature (as to first Grantor) Willle, With Said (Printed Name	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that su s accruing subsequent to December 31, 1997 stor has signed and sealed these presents the day and year first al cof: <u>Crantor/Signature</u> <u>JULL A. BROTHERTON</u> Printed Name C. 24
appertaining. To Have and to Hold, the And the Grantor hereby covenants we simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes In Mitness Matereof, the said Gran written. Signed, sealed and delivered in the presence winess Signature (as to first Grantor) DUNCING. HUNDSHIP	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that su s accruing subsequent to December 31, 1997 stor has signed and sealed these presents the day and year first al cof: <u>Crantor/Signature</u> <u>JULL A. BROTHERTON</u> Printed Name C. 24
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes In Mitness Mhereof, the said Gran written. Signed, sealed and delivered in the presence Witness Signature (as to first Grantor) DUVLILLE HOUDSELD Printed Name (DULLE HOUDSELD Winess Signature (as to first Grantor), OLE HE DEGMAN	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warran me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 whor has signed and sealed these presents the day and year first all e of: <u>Stuff Fracture</u> <u>JILL A. BROTHERTON</u> Prived Name <u>J13 E OCIAN BIUD</u> , Stuart, F. 34
appertaining. To Have and to Hold, the And the Grantor hereby covenants we simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes In Mitness Minereof, the said Gran written. Signed, sealed and delivered in the presence MULU Witness Signature (as to first Grantor) DUNCING. HOUSSIG Printed Name Winess Signature (as to first Grantor). OIE HE DEGMEN	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warraw me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 ator has signed and sealed these presents the day and year first al e of: <u>Yeal Brocherton</u> Granfor/Signature <u>JILL A. BROTHERTON</u> Prived Name 313 E OCIAN BIUD, Shuah, F. 34 Post Office Address
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Un Mitness Milpereof, the said Gran written. Signed, sealed and delivered in the presence Multiple Houston Witness Signature (as to first Grantor) Witness Signature (as to Co-Grantor, if any) Printed Name Witness Signature (as to Co-Grantor, if any)	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warraw me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 ator has signed and sealed these presents the day and year first al e of: <u>YeaU. Brocharton</u> Granfor/Signature <u>JILL A. BROTHERTON</u> Prigted Name <u>J13 &amp; OCLAN BLUD, Shuah, F. 34</u> Post Office Address
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Un Mitness Milpereof, the said Gran written. Signed, sealed and delivered in the presence Multiple Houston Witness Signature (as to first Grantor) Witness Signature (as to Co-Grantor, if any) Printed Name Witness Signature (as to Co-Grantor, if any)	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 attor has signed and sealed these presents the day and year first all e of: <u>JULL A. BROTHERTON</u> Printed Name <u>Co-Grantor Signature, (if any)</u> Printed Name
appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Un Mitness Milpereof, the said Gran written. Signed, sealed and delivered in the presence Multiple Houston Witness Signature (as to first Grantor) Witness Signature (as to Co-Grantor, if any) Printed Name Witness Signature (as to Co-Grantor, if any)	he same in fee simple forever. with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that so s accruing subsequent to December 31, 1997 nor has signed and sealed these presents the day and year first all e of: 
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appertaining. To Have and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Un Mitness Milpereof, the said Gran written. Signed, sealed and delivered in the presence Multiple Houston Witness Signature (as to first Grantor) Witness Signature (as to Co-Grantor, if any) Printed Name Witness Signature (as to Co-Grantor, if any)	the same in fee simple forever.         iith said grantee that the grantor is lawfully seized of said land in J         d lawful authority to sell and convey said land, and hereby warrant         me against the lawful claims of all persons whomsoever; and that sats         s accruing subsequent to December 31, 19 97         thor has signed and sealed these presents the day and year first all         e of:         UILL A. BROTHERTON         Princed Name         J13 E OCOAN BLUD, Stuart, Z34         Post Office Address         Post Office Address
appertaining. To Habe and to Hold, the And the Grantor hereby covenants we simple; that the grantor has good right and the title to said land and will defend the sail land is free of all encumbrances, except taxes.         Jn Mitness Allhereof, the said Grant written.         Signed, sealed and delivered in the presence         Witness Signature (as to first Grantor)         Witness Signature (as to first Grantor).         Witness Signature (as to Co-Grantor, if any)         Printed Name         Witness Signature (as to Co-Grantor, if any)         Printed Name         JILL A. BROTHERTON         known to me to be the person described in and we executed the same, and an oath was not taken. (Chect	the same in fee simple forever.         with said grantee that the grantor is lawfully seized of said land in j d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that sa is accruing subsequent to December 31, 1997         stor has signed and sealed these presents the day and year first all cof:         U.U.B.C.C.M.C.C.M.C.C.         Grantor/Signature         JILL A. BROTHERTON         Priored Name         JIS E. OCOAN BLUN, Stuart, K. 34         Post Office Address         Quere Control Signature. (if any)         Printed Name         Post Office Address
appertaining. To Hafe and to Hold, the And the Grantor hareby covenants we simple; that the grantor has good right and the title to said land and will defend the sail land is free of all encumbrances, except taxes. Un Mitness Milpereof, the said Grant written.         Signed, sealed and delivered in the presence         Witness Signature (as to first Grantor)         Witness Signature (as to Co-Grantor, if any)         Printed Name         Witness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to Co-Grantor, if any)         Printed Name         Mitness Signature (as to co-Grantor, if any)         Printed Name         Mitness Sig	with said grantee that the grantor is lawfully seized of said land in f         d lawful authority to sell and convey said land, and hereby warrant me against the lawful claims of all persons whomsoever; and that said s accruing subsequent to December 31, 1997         stor has signed and sealed these presents the day and year first ab         e of:         Yull A. BROTHERTON         Priored Name         Priored Name         Post Office Address         Cu-Grantor Signature, (if any)         Priored Name         Post Office Address         Post Office Address         Who executed the foregoing instrument, who acknowledged before me thatSH who executed the foregoing instrument, who acknowledged before me thatSH who executed the foregoing instrument, who acknowledged before me thatSH who executed the foregoing instrument, who acknowledged before me thatSH who executed the foregoing instrument, who acknowledged before me thatSH who executed the foregoing instrument, who acknowledged before me that
appertaining. To Habe and to Hold, th And the Grantor hereby covenants w simple; that the grantor has good right and the title to said land and will defend the sar land is free of all encumbrances, except taxes Jn Mitness Milereof, the said Gran written. Signed, sealed and delivered in the presence Wille. House Will Printed Name Witness Signature (as to first Grantor). COLE HE DEGMAN Printed Name Witness Signature (as to Co-Grantor, if any) Printed Name Witness Signature (as to Co-Grantor, if any) Printed Name Mitness 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 Witness Signature (as to Co-Grantor, if any) Printed Name Mitness Signature (as to Co-Grantor, if any) Printed Name Printed Name Mitness Signature (as to Co-Grantor, if any) Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Printed Name Printed	he same in fee simple forever.         with said grantee that the grantor is lawfully seized of said land in f         d lawful authority to sell and convey said land, and hereby warran         me against the lawful claims of all persons whomsoever; and that so         s accruing subsequent to December 31, 1997         stor has signed and sealed these presents the day and year first ab         e of:         Granfor/Signature         JIL A. BROTHERTON         Printed Name         Post Office Address         Ce-Grantor Signature. (if any)         Printed Name         Post Office Address         Post Office Address         Who executed the foregoing instrument, who acknowledged before me that
appertaining. To Hatte and to Hold, th         And the Grantor hereby covenants w         simple; that the grantor has good right and         the title to said land and will defend the sar         land is free of all encumbrances, except taxes         Jn Mitness Milpereof, the said Gran         written.         Signed, sealed and delivered in the presence         Witness Signature (as to first Grantor)         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         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         Witness Signature (as to Co-Grantor, if any)         Printed Name         Witness Signature (as to Co-Grantor, if any)         Printed Name         OUNTY OF         JILL A. BROTHERTON </td <td>the same in fee simple forever.         with said grantee that the grantor is lawfully seized of said land in f         d lawful authority to sell and convey said land, and hereby warran         me against the lawful claims of all persons whomsoever; and that so         s accruing subsequent to December 31, 1997         etor has signed and sealed these presents the day and year first ab         cof:        </td>	the same in fee simple forever.         with said grantee that the grantor is lawfully seized of said land in f         d lawful authority to sell and convey said land, and hereby warran         me against the lawful claims of all persons whomsoever; and that so         s accruing subsequent to December 31, 1997         etor has signed and sealed these presents the day and year first ab         cof:

· • • • •

ACORD CERTIFICATE OF LIABILI	TY INSURANCE OPID LF	07/09/04
PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd.	THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE CI HOLDER. THIS CERTIFICATE DOES NOT AMENI ALTER THE COVERAGE AFFORDED BY THE PC	ERTIFICATE
Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: Mid-Continent Casualty Company INSURER B:	
Ralph H. Parks Inc.	INSURER C.	
PO Box 2654 Stuart FL 34995	INSURER D:	
Prate ID 34222	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 E	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DO/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	(TION YY) LIMITS	
1	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1000000
A	X COMMERCIAL GENERAL LIABILITY	04GL000553616	07/01/04	07/01/05	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100000
	CLAIMS MADE X OCCUR		i.		MED EXP (Any one person)	<pre>\$Excluded</pre>
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s 2000000
	POLICY PRO-					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	5
	ANY AUTO				(Ea accident)	
	ALL OWNED AUTOS				BODILY INJURY	\$
	SCHEDULED AUTOS				(Per person)	
	HIRED AUTOS				BODILY INJURY	s
	NON-OWNED AUTOS				(Per accident)	
			-		PROPERTY DAMAGE (Per accident)	s
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
1	ANY AUTO				OTHER THAN EA ACC	s
					AUTO ONLY: AGG	s
	EXCESS/UMBRELLA LIABILITY		1		EACH OCCURRENCE	5
			-		AGGREGATE	\$
						5
	DEDUCTIBLE					5
	RETENTION \$					S
	KERS COMPENSATION AND				TORY LIMITS	
ANY	LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				E L EACH ACCIDENT	\$
OFFI	CER/MEMBER EXCLUDED?				EL DISEASE - EA EMPLOYEE	\$
SPE	s, describe under CIAL PROVISIONS below	· · · · · · · · · · · · · · · · · · ·			E L. DISEASE - POLICY LIMIT	\$
отн	ER					
l						
Carpe	ION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORS	EMENT / SPECIAL PRO	VISIONS		

CERTIFICATE HOLDER	CANCELLATION
Town of Sewall's Point Gene Simmons Building Inspector 1 S Sewall's Point Rd Stuart FL 34996	

CACORD CORPORATION 1

A	COR		E OF LIAE	BILITY IN	SURANCE		Date 6/22/04	
	ducer:	Lion Insurance Company 905 E. Martin Luther King Jr. Dr. Tarpon Springs, FL 34689		rights upon		er of information only and co This Certificate does not am ne policies below.		
	Phone: 727-938-5562 Fax: 727-937-2138				Insurers Affording Coverage			
Ins	Insured: South East Personnel Leasing				Lion Insurance Company	/		
	905 East MLK Jr. Drive Suite # 110			Insurer B: Insurer C:				
		Tarpon Springs, FL 34689		Insurer D:				
	r	Phone : (727)938-5562		Insurer E:	- · · · · · · · · · · · · · · · · · · ·			
Cov	erages	S						
with re	spect to wh	surance listed below have been issued to the insure ich this certificate may be issued or may pertain, th 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				Each Occurrence	s	
		Commercial General Liability Claims Made Occur				Damage to rented premises (EA occurrence)	\$	
						Med Exp	5	
		General aggregate limit applies per:	- 1			Personal Adv Injury	\$	
		Policy Project LOC				General Aggregate	\$	
						Products - Comp/Op Agg	\$	
						Combined Single Limit (EA Accident)	ĸ	
		Any Auto				Bodily Injury		
		All Owned Autos		NCEL	LED	(Per Person)	s	
		Hired Autos				Bodily Injury		
		Non-Owned Autos		5-16	-104	(Per Accident)	-s	
						Property Darrage (Per Accident)	s	
		GARAGE LIABILITY	1			Auto Only - Ea Accident	s	
		Any Auto				Other Than EA Acc.	s	
						Autos Only: AGG.	s	
		EXCESS/UMBRELLA LIABILITY				Each Occurrence		
		Occur Claims Made				Aggregate		
		Deductible						
		Retention						
А		rs Compensation and	WC 71949	01/01/2004	01/01/2005	X WC Statu- tory Limits ER	•	
		yers' Liability prietor/partner/executive officer/member				E.L. Each Accident	\$1000000	
	excluded					E.L. Disease - Ea Employee	\$1000000	
	11 1 63, 00					E.L. Disease - Policy Limits	\$1000000	
		2038040 Ralph H. Parks, Inc.	COVERAGE AP	PLIES ONLY TO T	HOSE EMPLOYEES I	EASED, NOT TO SUBCON	ITRACTORS.	
C	OVERAGI	of Operations/Locations/Vehicles/Exclusions E APPLIES ONLY IN THE STATE OF FLOR dd On Dale 10/22/01				O ON DATE: 10/22/01 CTORS OF Ralph H. Parks, Inc.	Client #	
		····		CANCELLATION Should any of the ab	nve described policies he cons	elled before the expiration date there	of the issuing	
	SEWALLS POINT BUILDING DEPT.				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.			
STL	JART	FL 34996			al.	1. Somera		
ACORD	DRD 25 (1001/08)							

90 Ta Ph <b>Coverages</b> The policies of insur with respect to which	Lion Insurance Company 905 E. Martin Luther King Jr. Dr. Tarpon Springs, FL 34689 Phone: 727-938-5562 Fax: 727-937-213 Jouth East Personnel Leasing 5 East MLK Jr. Drive Suite # 110 Irpon Springs, FL 34689	8	rights	s upon the	Certificate Holder.	This Certificate does not am				
90 Ta Ph <b>Coverages</b> The policies of insur with respect to which	outh East Personnel Leasing 5 East MLK Jr. Drive Suite # 110	8				ITY INSURANCE         12/9/03           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.				
90 Ta Ph Coverages The policies of insur with respect to which	5 East MLK Jr. Drive Suite # 110			Insurers Affording			NAIC #			
90 Ta Ph Coverages The policies of insur with respect to which	5 East MLK Jr. Drive Suite # 110		Insure	Insurers Affording Concare						
Ta Ph <b>Coverages</b> The policies of insur with respect to which		905 East MLK Jr. Drive Suite # 110								
Ph Coverages The policies of insur with respect to which					Insurer C: 0201 2 2003					
Coverages The policies of insur with respect to which	ione : (727)938-5562		Insure	Insurer D: RV.						
The policies of insur with respect to which			Insure	er E:						
with respect to which										
	rance listed below have been issued to the insure h this certificate may be issued or may pertain, the we been reduced by paid claims.									
INSR ADDL LTR INSRD	Type of Insurance	Policy Number	Policy Effec Date (MM/DD/		Policy Expiration Date (MM/DD/YY)	Limits				
	GENERAL LIABILITY		(		(	Each Occurrence	s			
	Commercial General Liability					Damage to rented premises (EA				
	Claims Made Occur					occurrence)	s			
		4				Med Exp	\$			
		4 1				Personal Adv Injury	s			
	General aggregate limit applies per:					General Aggregate	5			
	Policy Project LOC	i I				Products - Comp/Op Agg	\$			
		<del>}</del> ł				Combined Single Limit	-			
						(EA Accident)	s			
	Any Auto					Bodily Injury	-			
	All Owned Autos					(Per Person)	s			
	Scheduled Autos					Bodily Injury				
1 1	Hired Autos		·			(Per Accident)	s			
	Non-Owned Autos					Property Damage				
						(Per Accident)				
	GARAGE LIABILITY	╡───┤		+		Auto Only - Ea Accident	r			
	Any Auto						<u>[</u>			
						Other Than EA Acc.	s			
						Autos Only: AGG.	\$			
	EXCESS/UMBRELLA LIABILITY					Each Occurrence				
	Occur Claims Made					Aggregate				
	Deductible			ľ						
1 [	Retention									
A Workers	Compensation and	WC 71949	01/01/200		12/31/2004	X WC Statu- tory Limits ER	1			
Employe	rs' Liability	110 / 1040	0.00.0200		12/01/2004	E.L. Each Accident	\$1000000			
Any proprie excluded?	etor/partner/executive officer/member						\$1000000			
	cribe under special provisions below.					E.L. Disease - Ea Employee	<b></b>			
		<u> </u>		ł.		E.L. Disease - Policy Limits	\$1000000			
Other 20				V TO THO		EASED NOT TO SUBCON				
	alph H. Parks, Inc.	k				EASED, NOT TO SUBCON				
	Operations/Locations/Vehicles/Exclusions APPLIES ONLY TO THOSE EMPLOYEES					ON DATE: c. Client # 2038040 Add On Date	10/22/01			
CERTIFICATE HO	DLDER	· · · · ·	CANCELLA	ATION						
	NT BUILDING DEPT.		Should any o	of the above o	described policies be canc	elled before the expiration date there	If the issuing			
	ALLS POINT ROAD		insurer will e	indeavor to m	ail 30 days written notice t	o the certificate holder named to the t nd upon the insurer, its agents or repr	eft, but failure to			
STUART	FL 34996				al	1 Some				
ACORD 25 (1001/08)						ACORD CORPO	RATION 1988			

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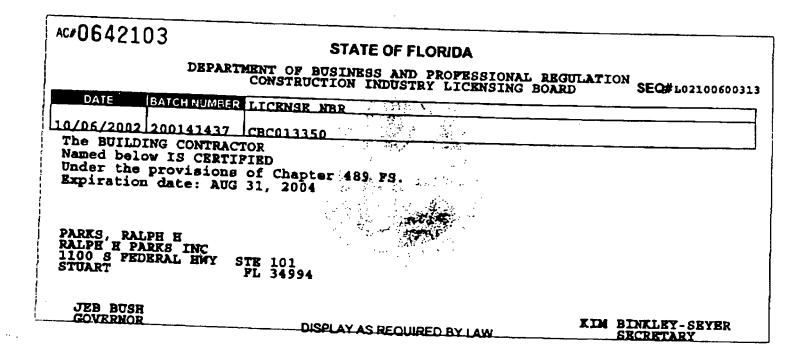
City of Stuart Contractor Licensing

Expires: September 30, 2003

# AP010800519

TYPE: CBC

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



Date of In	Building De	epartment - Insp		
	OWNER/ADDRESS/CONTR.	a state a second a second second second		Page of
7553	KIPUNGER N.GONE			NOTEC/COMMENTS:
	1435 PUERLO	VEINIEAC	TAD	
$\mathcal{D}$	STUART ROOFING			·····
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR UV
	•			
				INCRECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR:
7484	IASKU	FENCE	PASS	CLOSE
	27 W. HIGH POINT			
* .	SEABATE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
CI AND	PARKSSUTH	FASCIA REDAIR	PAG	CLOSE
	111 S.SPR.	TRAM COMP		
	DADIC			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3		DEAD TREE		ON OWNERS PRODEDTV - NO
	· SSP.R.			ACTION CAN BETH
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	VALL	TREE	PASS	
	101 55 PR			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

# <u>7323</u> INSULATION

/

MASTER PERMIT NO.\_\_\_\_\_

#### TOWN OF SEWALL'S POINT

Date 2/18/05		G PERMIT NO. 7323			
Building to be erected for					
Applied for by $O(B)$	(Contractor	r) Building Fee 35.00			
Subdivision ARBELA	Lot Block	_ Radon Fee			
Address III.S. SENA	is Pr Ro	_ Impact Fee			
Type of structure SFR	•	_ A/C Fee			
		Electrical Fee			
Parcel Control Number:		Plumbing Fee			
1384109025	0008010000	_ Roofing Fee			
Amount Paid 35.00 Check #_					
Total Construction Cost \$ 1300, C		TOTAL Fees 35.00			
	<u>л</u>	0			
Signed Juna Mut	Signed Line	Shimmens ( AUT			
Applicant		n Building Official			
	050145				
	PERMIT				
	<ul> <li>ELECTRICAL</li> <li>ROOFING</li> </ul>	MECHANICAL     POOL/SPA/DECK			
DOCK/BOAT LIFT					
	TEMPORARY STRUCTURE     HURRICANE SHUTTERS	GAS RENOVATION			
	STEMWALL				
	INSPECTIONS				
UNDERGROUND PLUMBING	UNDERGRO	JND GAS			
UNDERGROUND MECHANICAL	UNDERGRO	UND ELECTRICAL			
STEMWALL FOOTING	FOOTING				
SLAB	TIE BEAM/C				
	WALL SHEA	THING			
TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL	LATH				
PLUMBING ROUGH-IN		L ROUGH-IN			
MECHANICAL ROUGH-IN	GAS ROUG				
FRAMING	·····	NER RELEASE			
FINAL PLUMBING	FINAL ELE				
FINAL MECHANICAL	FINAL GA9				
FINAL ROOF	BUILDING	FINAL			

		We Deint		
- 2.18.15 BUILDI	wn of Sewa NG PERMI	T APPLICATIC		nit Number:
OWNER/TITLEHOLDER NAME: AURA S	SMITH	Phone (Dav) (	287.7057,	Fax)
JOB Site Address: 111 S. SEWAUS P	TRN	172	ART State	FL_zip: 34996
Job Site Address: 111 D DEWHUS F	<u>1. NU</u>		. 13841nn	1025000801000
Legal Desc. Property (Subd/Lot/Block) ARBEA LO	775			
Owner Address (if different):		City:	State:	∠ıp:
Description of Work To Be Done: FOAM INSU				
WILL OWNER BE THE CONTRACTOR?:				
				nts: <u>\$ 1300.00</u>
YES NO	Estimat	ted Fair Market Value	e prior to improvem	
(If no, fill out the Contractor & Subcontractor sections below)	) is impro	ovement cost 50% o	r more of Fair Marke	et Value? YES 🔞
(If yes, Owner Builder Affidavit must accompany application)	Method	of Determining Fair	Market Value:	***************************************
				x:
CONTRACTOR/Company:				
Street:				te:Zip:
State Registration Number:State Ce	ertification Numbe	ſ:	_Martin County Licen	se Number:
SUBCONTRACTOR INFORMATION:				
		_State:	License Numb	ber:
Electrical:		State:	License Numb	er
		State:	License Numb	ber
	•.	State:		~···
			******************	
ARCHITECT	Lic.#:_	F	Phone Number	te:Zip:
Street		City:		
	======================================		one Number	
ENGINEER	LIC#	Pn City:	Stat	te:Zip:
Street:	**********************			
AREA SQUARE FOOTAGE - SEWER - ELECTRIC	Living: C	Sarage:Cov	ered Patios:	_Screened Porch:
a total Linder Reef	Wood Deck:		_Accessory building.	
#0#20#222002222002220222002222202222220222222	*************		MECHANICAL SIGNS	POOLS WELLS FURNACE.
I understand that a separate permit from the Town may BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSOR	be required for EL Y BUILDING, SAND	OR FILL ADDITION OR	REMOVAL, AND TREE	REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002	Florida Energy C	da Building Code (S Code: 2001	Florida A	Accessibility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FU KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APP	IRNISHED ON TH	IIS APPLICATION IS S, LAWS AND ORDI	TRUE AND CORRE	CT TO THE BEST OF MY HE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (mayingd)		CONTRACTOR S	IGNATURE (required	(t
Verera Mil		On State of Florids	a, County of:	
-State of Florida, County of: <u>MARTIN</u>	2005	This the .	day of	200
This the 18th day of February		bv		200 who is personally
by <u>AUCALES M 74</u> who is pers known to me brandweed FUDA 55 30-53			oduced	
as identification.	/\J~U			
as identification. With a more than the second				Notary Public
My Commission Express	ļ	My Commission E	xpires:	
MY COMMSCION # DD 205961 PERMIT APPLICATIONS VALEDASD CAYS FROM	APPROVAL NO	TIFICATION - PLEA		Seal PERMIT PROMPTLY!

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f00 Loren Ct. Sanford, FL 32771



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 <u>www.tailoredfoaminc.com</u> !

Please feel free to call me direct anytime at (772) 260-1950 or email me at <u>Tgreer@tailoredfoaminc.com</u> 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.

has been classified by Undersenter's Laboratory, Inc

as to Surface Burning Characteristics, R19134

Sincerely,

Tiffany K. Greer (772) 260-1950 Local cell o Territory Manager Tailored Foam of Florida, Residential Division, Inc

	or	Nextel me	FILE COPY at 1581231 376 <sup>2</sup> SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR COPE COMPLIANCE	
		ASSIR,	alieled	-
			BUILDING OFFICIAL Gene Simmons	Linergy T
Core	ાંગ્રા આવે	manufactured by Tailored	Chemical Products, Inc.	



#### Core-Fill 500... Masonry Foam Insulation Product & Technical Information

#### **Product Presentation**

Core-Fill 500<sub>1</sub> 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<sub>1</sub> Foam Insulation is a superior insulation for use in commercial, industrial and institutional applications.

Core-Fill 500re 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.

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/ft3 Wet 2.5 to 5.5 lb/ft3	0.8 lb/ft3 2.7 to 3.3 lb/ft3	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

#### **Technical Presentation**

"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 300% per ANTM E119-88 testing standard.

#### **Construction Values**

INSULATION VALUE	CONSTRUCTION	UT VALUE	"R" VALUE	DENSITY OF BLOCK
	Hollow Concrete Block 6 inch	.09 / .16	11.17.1	60 / 100 lbs. Per cubic foot
FOAM IN CORES	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 <u>one product</u> and <u>one company</u> - **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 <u>does not follow</u> 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

	nspection: Mon Wed	Fri2/13	,200	
ERMIT	OWNER/ADDRESS/CONTR			NOTES/COMMENTS:
Bas	JENKINS	DRYIN	FAIL	DOVE 2/22
	4 SABAL COURT			
	GARY MARZO	871-2489 WOULD LIKE WES	BETW B-9	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
723233		HEADY WARDARD	asone	5 CIASE
	Mr. S. Seyma As			MI
4	OB			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TEEE	DEMARKARIAN	TREE	PALS	
	19 CASTLE WAY			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR:
7105	CARLTON	INSULATION	61015	
	6 PERRIWINKLE CIR		04-22	DINEZ/22
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PERMIT	GUENNAICHOMES OWNER/ADDRESS/CONTR.	WOULD LIKE TUES F INSPECTION TYPE	LEASE)	INSPECTOR:
		······································	RESULTS	NOTES/COMMENTS:
6001	FENSTERE	DeyIN	1495	
F	715. Sensuis Pr			- AL
	STUDET ROOFING	UNDA 692.9854	· · · ·	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7309	BABILIE	DRY-IN	PHS	DONE 2/22
	101 S. SEWAN'S Pr	SHEATHING	MASS	
	TACHENY	TUES		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7256	SCHRADER	POOL STEEL	FAIL	<u> </u>
0	4 EMARTA			# AD FEET
$\mathcal{O}$	4 EMARITA- OLVMPIC			INSPECTOR:
OTHER:			<u>I</u>	INOI DOTOR. / MIC

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# <u>7415</u> FENCE

		MASTER PERMIT NO
TOWI	N OF SEWALL'S PO	DINT
Date 3/23/05		BUILDING PERMIT NO. 7415
Building to be erected for		-
Applied for by		Contractor) Building Fee 30,00
Subdivision ARBELA	Lot 25 Block	Radon Fee
Address <u>III S. Sewar</u>	is Pr Ro	Impact Fee
Type of structure Ferrice		A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
	· · · · · · · · · · · · · · · · · · ·	Roofing Fee \
Amount Paid 30.00 Check #	Cash L	Other Fees ( )
Total Construction Cost \$ 800,		TOTAL Fees 30.00
Signed	Signed	Ine Immous (RAS)
Applicant		Town Building Official
	PERMIT	
BUILDING	ELECTRICAL     ROOFING	MECHANICAL , POOL/SPA/DECK
	DEMOLITION     TEMPORARY STRUCT	X FENCE TURE □ GAS
SCREEN ENCLOSURE FILL TREE REMOVAL	TEMPORARY STRUCT     HURRICANE SHUTTE     STEMWALL	
	INSPECTION	
	·····	ERGROUND GAS
UNDERGROUND MECHANICAL STEMWALL FOOTING		
SLAB		BEAM/COLUMNS
ROOF SHEATHING	WAL	L SHEATHING
TRUSS ENG/WINDOW/DOOR BUCKS	LAT	н
ROOF TIN TAG/METAL	ROC	DF-IN-PROGRESS
	ELE	CTRICAL ROUGH-IN
MECHANICAL ROUGH-IN		S ROUGH-IN
FRAMING		AL ELECTRICAL
FINAL PLUMBING	FIN	

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FINAL GAS

BUILDING FINAL

FINAL ROOF

FINAL MECHANICAL

Date: Town	of Sewall's Point PERMIT APPLICATION		
OWNER/TITLEHOLDER NAME RUL SMIT	A Phone (Day) 2-8	71057 (Fax)	
Job Site Address: 11150 Seevells Pt Rd	Quinat	- G	7499
Legal Desc. Property (Subd/Lot/Block)	Parcel Number:		
Owner Address (if different):	City:	State:	Zip:
Owner Address (if different): Description of Work To Be Done:	<u>LL</u>		
WILL OWNER BE THE CONTRACTOR?:			7800
XES NO	COST AND VALUES: Estimated Cost of Constructior (Notice of Commencement neede Estimated Fair Market Value pr		
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or mo		
(If yes, Owner Builder Affidavit must accompany application)			
CONTRACTOR/Company:		Fax:	
Street:	City:	State:	Zip:
State Registration Number:State Certifica	ation Number:Ma	Intin County License Nu	umber:
Electrical:	State:	License Number:	
Mechanical:	State:	License Number:	
Plumbing:	State:	License Number:	
Roofing:	State:	LICENSE NUMBER	
		888888888888888888888888888888888888888	==============================
ARCHITECT	Lic.#:Phon	e Number:	
Street:	City:	State:	Zip:
***************************************			************
	_Lic#Phone	Number:	7:
Street:	City:		Zip
AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living Carport: Total Under Roof	g:GarageCovered	ressory Building:	
		====================================	
I understand that a separate permit from the Town may be rea BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUIL	QUIRED FOR ELECTRICAL, PLUMBING, MEC	CHANICAL, SIGNS, POOL OVAL, AND TREE REMO	.S. WELLS, FURNACE VAL AND RELOCATIO
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florid	Elorida Building Code (Struc)	tural, Mechanical, Plu	mbing, Gas): 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNIS KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICA	HED ON THIS APPLICATION IS TRU	JE AND CORRECT TO	) THE BEST OF MY
OWNER OR AGENT SIGNATIONE (required)		ATURE (required)	
State of Florida, County of: MACTIN	- On State of Florida, Co		
This the 21st day of MARCH ,2005		day of	200_
by Paul HENRY Smith who is personally			
known to me or produced HDL 5789 46 88 - 48-0			
as identification	/14/09 As identification.		
My Commission Expires A			ry Public
My Commission Expines A COMMISSION # DD 205961	My Commission Expire		

#### 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)

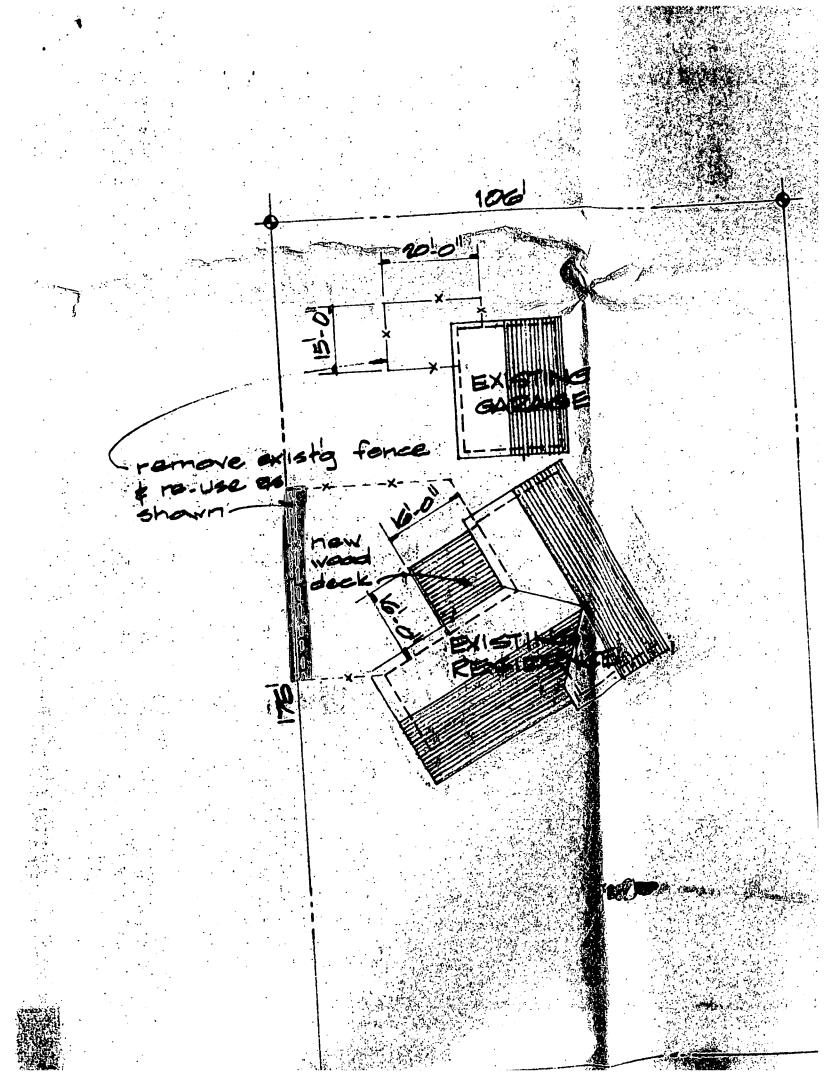
#### DISCLOSURE STATEMENT

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 Statues 489.103(7).

I have read the above and agree to comply with the	e provisi	ons as s	stated.		
Name:	_ Date: _	32		2005	-
Signature: PAUL H Smith	<i>.</i>				
Address: 111 So Sewall Pt Rd	_				
City & State: StrART FL	_				
Permit No.	_				

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0705	ANDERSON	ROOF METAL	DAG	
$\sim$	9 PALMETTO	(DRU-IN)		
B	Parin BEACH CE.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
670S	ANDERSON	FEAMING	PActs	
2	9 PALMETTO			
$\mathcal{O}$	PAIMBEACHCE.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7380	BONIFACE	GR. Povat	PHS	
1	635. RIVER RO			
4	WILSON BLDES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7320	BEARIE	Der IN+Merch	FAIL	NOT READU !
· · · · · ·	4 DOMIRAL'S WALK			#10
5	SWART ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6857	PREISSHAN	SUCCHR	PASS	
	28 RIO VISEA			â
$\varphi$	FORWARD HEA			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
74415	Skattl.	Fenerative	-1452	CLOSE
Z	III S. SELAUSPY			
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		SLAB		
Inn	18 FIELOWALL			
ĮUH	DETHOMAS LOUC.			INSPECTOR:
OTHER:	LHBITSKI	FIDAL FILL	PA55	
7199	-3 KIV VI SIH			

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# <u>7515</u> RE-ROOF

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		CEW/A	1120	DOINT
UVVIN	UL.	SEVYP	ILL J	POINT

TOWN OF SEWALL'S	S POINT
Date 4/27/05	BUILDING PERMIT NO. 7515
Building to be erected for	Type of Permit
Applied for by Jim's ROOFING	(Contractor) Building Fee
Subdivision ACBELA Lot 25 B	lock Radon Fee
Address III S. SENDU'S Poin	MRD Impact Fee
Type of structure SFR	A/C Fee
	Electrical Fee
Parcel Control Number:	Plumbing Fee
1384100102500100	270000 Roofing Fee 120,00
Amount Paid 20 50 Check # 10431 Cash	Other Fees ()
Total Construction Cost \$OOOO	TOTAL Fees
	ed June Sumous Legi Town Building Official
Applicant	
PERM	IT
BUILDINGELECTRICALPLUMBINGROOFINGDOCK/BOAT LIFTDEMOLITIONSCREEN ENCLOSURETEMPORARY STRFILLHURRICANE SHUTREE REMOVALSTEMWALL	
INSPECT	IONS
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MECHANICAL ROUGH-IN	ELECTRICAL ROUGH-IN GAS ROUGH-IN EARLY POWER RELEASE FINAL ELECTRICAL FINAL GAS BUILDING FINAL

Jak Harris Statement	
APR 1 4, 2005	Town of Sewall's Point
13/05	BUILDING PERMIT APPLICATION Permit Number:
Date:	all lmill 1_ Phone (Day) 287-7057 (Fax)
OWNER/TITLEHOLDER NAME	
Job Site Address:	uls Pt Rd city: Stuar State: F/ Zip:
1 Dave Descet (Subd/ of/Block) /- 3A	-41-001-025.00080.10m Parcel Number: fit 25
	City:State:Zip:
Owner Address (if different):/	
Description of Work To Be Done: <u>KL-h</u>	
WILL OWNER BE THE CONTRAC	
WILL OWNER BE THE CONTRACT	Estimated Cost of Construction or Improvements: \$_670-0
YES (NO)	(Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$
$\bigcirc$	total and the Market Value? YES NO
(If no, fill out the Contractor & Subcontractor s	and the And Data mining Sair Market Value:
(If yes, Owner Builder Affidavit must accompa	
CONTRACTOR/Company:	nin Roofing Phone: 221-0650 Fax: 221-1040
	1 It I m 7/ 70907
Street: \$626 SW PMM	City:StateState
State Registration Number:	State Certification Number:Martin County License Number:
SUBCONTRACTOR INFORMATION	Liconen Number
Electrical:	License Number
Mechanical:	Ctata License Number
Plumbing:	State:License Number:
Roofing:	
	Lic.#:Phone Number
Street:	City:State:Zip:
ENGINEER	Lic#Phone Number:
Street:	City:State:Zip:
AREA SQUARE FOOTAGE - SEWER - ELE	CTRIC Living:Garage:Covered Patios: Screened Porch:
Carport: Total Under Roof	Wood Deck:Accessory Building:
	the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE,
BOILERS, HEATERS, TANKS DOCKS, SEA WALL	the Town may be required for ELECTRICAL FLUMBING, MECHANICAL, SIGNAL, FREMOVAL AND RELOCATIONS. LS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF A	PPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002	Florida Energy Code: 2001
	ON I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE-(required)	CONTRACTOR CICNATION (CONTRACT)
Jama X Saut	2 Ams R Calling
State of Florida, County of: MARTIN	On State of Florida, County of:
This the 13th day of Aperc	
by LAURA LEE SMITH	who is personally by James PATRICK GALKUNG who is personally
known to me or produced FLD Ln / 78)440	010250008010000 known to me or produced 1010 (100 1555301)
as identification	X11/5/06 As identification put the full for the former / 1
as identification provide the Notary Put	Dic Notara Proteinien
My Comprission Expires:	My Commission Expires MY COMMISSION # DD 2059! / EXPIRES: April 28, 2007 Bonded Thrussely Public Underwriters
DERMIT APPLICATIONS WANDS	DDAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY
LAPINED.	April 28, 2007 ny Public Underwriters

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						DATE (MM/DD/YYY) 08/09/2004
PRODUCER A BETTER DEAL II 1026 SW BAYSHORI PORT ST LUCIE	NSURANCE		THIS CERT ONLY AND HOLDER. 1	IFICATE IS ISSU CONFERS NO THIS CERTIFICA	ED AS A MATTER OF I D RIGHTS UPON THE TE DOES NOT AMENI FFORDED BY THE PO	NFORMATION CERTIFICATE D, EXTEND OR
772-871-1975			INSURERS A	FFORDING COVI	ERAGE	NAIC#
INSURED JIM'S ROOFI	NG OF THE TREASURE	COAST INC	INSURER A: CA	ANAL INDEN	INITY	
8626 SW P	FDDV IANF		INSURER B:			
	UCIE, FL 34997		INSURER C:		· · · · · · · · · · · · · · · · · · ·	
	•		INSURER E:		·	
COVERAGES						
ANY REQUIREMENT, TERM OR MAY PERTAIN, THE INSURANCE POLICIES. AGGREGATE LIMITS	LISTED BELOW HAVE BEEN ISSU CONDITION OF ANY CONTRAC AFFORDED BY THE POLICIES D SHOWN MAY HAVE BEEN REDUC	T OR OTHER DOC DESCRIBED HEREIN ED BY PAID CLAIMS	UMENT WITH RE N IS SUBJECT TO S.	SPECT TO WHICH	THIS CERTIFICATE MAY B	E ISSUED OR
LTR INSRO TYPE OF INSURAN	ICE POLICY NU	IMBER [	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ЦМІТ	
					EACH OCCURRENCE	s 300,000
X COMMERCIAL GENER		ļ		:	PREMISES (Ea occurence)	F 000
	04-2143	8	8-9-04	8-9-05	MED EXP (Any one person) PERSONAL & ADV INJURY	s 5,000 s 300,000
					GENERAL AGGREGATE	s600,000
GEN'L AGGREGATE LIMIT A	PPLIES PER:			-	PRODUCTS - COMP/OP AGG	\$300,000
POLICY PRO- JECT	LOC					
					COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS					BODILY INJURY (Per person)	s
HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Peraccident)	\$
					PROPERTY DAMAGE (Peraccident)	\$
GARAGE LIABILITY					AUTO ONLY- EA ACCIDENT	5
ANYAUTO					OTHER THAN EA ACC	5
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DEDUCTIBLE					ļ	\$
RETENTION \$					WCSTATU- OTH-	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT	5
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	
If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	\$
OTHER						
DESCRIPTION OF OPERATIONS / LOCATIC ROOFING	NS / VEHICLES / EXCLUSIONS ADDED B	BY ENDORSEMENT / SPI	ECIAL PROVISIONS	-		
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CERTIFICATE HOLDER			CANCELLATI			
CITY OF ST	EWALLS POINT				D POLICIES BE CANCELLED BE	
	LS POINT RD					30 DAYS WRITTEN
	DINT FL 34996				VAMED TO THE LEFT, BUT FAILU OF ANY KIND UPON THE INSUR	
			REPRESENTATIVE	ES.		
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ACORD 25 (2001/08)			7 11	mary		RPORATION 1988
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FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

# <u>SELF INSURERS FUNI</u>

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.

1/01/2005	Workers' Compensation	Statutory - State of Florida
1/01/2006		\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit
		L/01/2005 Employers' Liability

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

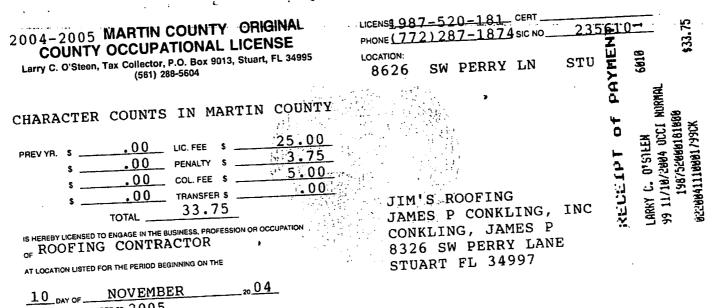
This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders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

By:

Brett Stiegel, Administrator

By: 🛕

Debbie Kemmerer - Underwriting Manager FRSA-SIF



AND ENDING SEPTEMBER 30. 2005

AC#150801			E OF FLORIDA SS AND PROFESSIONA INDUSTRY LICENSING	AL REGULATION 9 BOARD	SEQ#L04072701031
DATE	BATCH NUMBER	ICENSE NBR			
07/27/2004	040090385	CC041295			·
The ROOFIN Named belo Under the Expiration	NG CONTRACTOR DW IS CERTIF: provisions on date: AUG	R LED of Chapter 48 31, 2006	9 FS.		а
CONKLING, JIM'S ROO 1004 NW 1 STUART	CINT DI.	CK FL 34994-9620	,	ъ Э	
JEB BUS GOVERNO	H R	DISPLAY	AS REQUIRED BY LAW	DIAN SECR	E CARR ETARY

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	BSD-0006
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) BE COMPLETED WHEN CONSTRUCTION VA	LUE EXCEEDS \$2500.00
TAX	RPOLIO = ARCE 10#138410010250008010000
N	OTICE OF COMMENCEMENT
TATE OF FORDA	COUNTY OF MACTIN
	THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND DA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NO-
EGAL DESCRIPTION OF PROPERTY(INCLU	IDE STREET ADDRESS IF AVAILABLE:
ARBELA LOT 25	
ENERAL DESCRIPTION OF IMPROVEMENT	n_terorp
WNER _ Taul Smell	POINT RO SEMINI 'S POINT, FL 3499
DDRESS:S. SEWALLS	POINT RO SENAL'S POINT, FL 3499
HONE #	FAX #:
ONTRACTOR	M H + + +
DORESS: (1626 Sw fler	ug in smon F/
HONB #	0 FAX #:
URETY COMPANY (IF ANY)	STATE OF FLORIDA MARTIN COUNTY
DDRESS:	MARTIN COUNTY THIS IS TO CERTIFY THAT THE
HONE #	FAX & FOREGOING PAGES IS A TRUE (*
OND AMOUNT:	AND CORRECT COPY OF THE ORIGINAL
-	RY DOCENCE DC
	DATE 2-13-05
DDRESS:	PAX 4:
HONE	· · ·
PERSONS WITHIN THE STATE OF FLORIDA MAY BE SERVED AS PROVIDED BY SECTION 7	DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENT 713.13(1XA)7., FLORIDA STATUTES:
NAME:	
ADDRESS:	
PHONE #:	PAX #:
IN ADDITION TO HIMSELF, OWNER DESIGNA	TES ECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTIO
OF TO R 713.15(1)(B), FLORIDA STATUTES.	
PHONE *	FAX #:
EXPIRATION DATE OF NOTICE OF COMMENC THE EXPIRATION DATE IS ONE (1) YEAR FI	CEMENT: ROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIC
ABOVE.	
Taura D meet	
BIGNATURE OF OWNER	13th and Ani-1
SWORN TO AND SUBSCRIBED BEFORE ME TO 2005 BY AND ALEE SMITH	HIS - CDAY OF - FIFCH
	$i$ OR PRODUCED ID $F \sqcup U \sqcup 5.530 - 533 - 57$
A MILLAURAL	
	N # 00 2059 / 1. pril 28. 2007
Contract reactions	



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
	<b>REVIEWED FOR CODE COMPLIANCE</b>
E CON	DATE: 4/18/05
	In
EPTY	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 Building De	SEWALL partment - Insp		
ate of In	spection: Mon Wed	A		Page of
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ate of Ir	spection: Mon Wed	Fri May 9th	., 2008	Page of
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7187	Hannon	Siding	PAG	Close 1
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1	111 S. Sewill'SP+Rd	Metal		$\sim$
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ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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7375	COPEL	FINALGAS	PASS	CLOSE
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7390	Goldman	Fouters	DAS	Pour scheduled/
	4 Summerlane			for noon
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INSPECTION LOG vis

# <u>10387</u>

# **ASPHALT DRIVEWAY**

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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 NUMBE	R:	10387		DATE ISSUED:	March 19, 2013	
SCOPE OF WORK	ζ:	ASPHALT DI	RIVEWAY	*		
CONTRACTOR:		PAV-CO			<b></b>	
PARCEL CONTR	OLI	NUMBER:	013841001025-	000801	SUBDIVISION	ARBELA – LOT 25
CONSTRUCTION	AD	DRESS:	111 S SEWALLS	PT RD	· · · · · · · · · · · · · · · · · · ·	-
OWNER NAME:	NO	VINS				
QUALIFIER:	WI	LLIAM CARPI	INO	CONTACT PHO	NE NUMBER:	286-7385
WARNING TO OWN	IER:	YOUR FAIL	URE TO RECORI	A NOTICE OF CO	MMENCEMENT M	AY RESULT IN YOUR
PAYING TWICE FO	RIN	IPROVEMEN	TS TO YOUR PR	ROPERTY. IF YOU I	NTEND TO OBTA	IN FINANCING, CONSULT
WITH YOUR LEND						
CERTIFIED COPY	OF T	HE RECORD	ED NOTICE OF	COMMENCEMENT	MUST BE SUBMIT	TED TO THE BUILDING
DEPARTMENT PRI						
NOTICE: IN ADDITI	ONT	O THE REQU	<b>IREMENTS OF TH</b>	HIS PERMIT, THERE	MAY BE ADDITION	AL RESTRICTIONS
APPLICABLE TO TH	IS PR	<b>OPERTY THA</b>	T MAY BE FOUNI	<b>D IN PUBLIC RECORI</b>	DS OF THIS COUNT	Y, AND THERE MAY BE
ADDITIONAL PERM	ITSF	EQUIRED FR	OM OTHER GOVE	ERNMENTAL ENTIT	IES SUCH AS WATE	R MANAGEMENT
DISTRICTS, STATE A	GEN	CIES, OR FED	ERAL AGENCIES			
24 HOUR NOTICE R	EQU	IRED FOR INS				BE AVAILABLE ON SITE
CALL 287-2455 -	8:00	AM TO 4:00	PM INSPECTI	ONS: 9:00AM TO 3:0	0PM - MONDAY TH	ROUGH FRIDAY
			11			
UNDERGROUND PLUME	BING	<u> </u>		UNDERGRO	UND GAS	
UNDERGROUND MECHA	ANICA	L		UNDERGRO	UND ELECTRICAL	
STEM-WALL FOOTING			·	FOOTING		
SLAB				TIE BEAM/C	OLUMNS	
ROOF SHEATHING				WALL SHEA	THING	
TIE DOWN /TRUSS ENG				INSULATIO	N .	
WINDOW/DOOR BUCKS				LATH		
ROOF DRY-IN/METAL					N-PROGRESS	
PLUMBING ROUGH-IN				ELECTRICAL		
MECHANICAL ROUGH-IN	4			GAS ROUGH		
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FINAL PLUMBING		•		FINAL ELECT	IRICAL .	
FINAL MECHANICAL				FINAL GAS		
FINAL ROOF				BUILDING F	INAL	

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.

<u>د</u> ۲	
	Date: $2/1/13$ Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 10389
	Date: 2/7/13 BUILDING PERMIT APPLICATION Permit Number: 10381 WNER/LESSEE NAME: DL. NLINO HOVINS Phone (Day) 418-3545 (Fax) DR NOVINS OHSU. COM Job Site Address: 111 S. SEWALLS Pt R.O. City: STUART State: FL Zip: 34994
6	Legel Description k Parcel Control Number; 01-39-41-001-025.00080-1
	Fee Simple Holder Name: Address:
	City: Siate: Telephone:
	*SCOPE OF WORK (PLEASE BE SPECIFIC): ASpruit OVESTAY EXIST. DRIVEWAY
	WILL OWNER BE THE CONTRACTOR?         (If yes, Owner Builder questionnaire must accompany application)         YES         NO         (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
	Has a Zoning Variance ever been granted on this property? Is subject property located in flood hazard area? VE10 AE9 AE8 X
	YES (YEAR) NO (Must include a copy of all variance approvals with application) (Fair Market Value of the Primary Structure only, Minus the land value)
	Construction Company: PAV-Lo Conficting, INC Phone: 286-7385 Fax: 286-7859
	State License Number: OR: Municipality: License Number: MCP - 02487
	LOCAL CONTACT: Bill CARPINO Phone Number:772-286-7385
	DESIGN PROFESSIONAL:Fla. License#Fla. License#
	Street:City:Dsume:
	AREAS SQUARE FOOTAGE: Living: Construction of the storage: Patios/ Porches: Entitled Storage:
	Carport: Total under Rool Elevated Deck: MAD_ Engineeri area below BFE: Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sd. Milleguire and 20 storeston Covenent 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, 15.
	*****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 TH <u>E BUILDING P</u> ROCESS.
*	OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
	State of Florida, County of:MILETIN
	On This the day of Februar ( CHELLS 4. On This the day of 20_13
	by Allison Novins who is personally who is personally
	known to me or produced - Known to hat NOTAR BOWN to me or produced
	As identification.
	My Commission Expires: Anci 25. 2013 2013 Wy Commission Expires: Donna K. Matizia
	SINGLE FAMILY PERMIT APPLICATIONS MUST PERMIT AND DAYS OF APPROVAL NOTIFICATION TRAILES 3: TALL OF HER 3 APPLICATIONS WILL BE CONSIDERED ABANDONED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AND FAMILY PROVIDED AT THE TO DAYS (FBC 105.3.2) - PLEASE PICKATE AT TH

ARBELA, BEG C/LN S POINT Rd 5/LN. Lot 25, W ALG S/IN 175', N PERP 106; E TO ED C/LN & S TO POB (LESS E/W) OR 341/2093

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THIS IS TO CERTIFY THAT THE	INSTR	54 j
	OR BK 2629 FG	785
AND CORRECT COPY OF THE ORIGINAL	MMENCEMENT <sup>(1 Pss)</sup> MMENCEMENT <sub>RECORDED</sub> 02/07/2013 11:00:0	8 AM
CAROLY MIMMANN CLERKID BE COMPLETED WHEN CONSTRUCTION VA	LUE EXCEEDS \$2,500COFTOP, 940 MERINANIAI)	
BY: HERMAT HALLO C.C. TAX FOLIO #:	MARTIN COUNTY CLERK	ł
DATE STATE OF SUCH DA	'IN	ļ
THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE T FLORIDA STATUTES. THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE		i3,
FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE		A SWAL 175'
	BEGUINSPTED & SILN WT25, WAL	ERPION'ETORO JASTOPOB
		5 12/20)02
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FO NAME: ALLISCH KICKIHS		1/2043
ADDRESS: 11 5 Schalls Point K.		1
PHONE NUMBER:	FAX NUMBER: DR NONINS CHST. COM	ĺ
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN O	WNER):	
CONTRACTOR: TAV-LO CONTRACTING INC ADDRESS: 3371 32 SLATES ST.		
ADDRESS: <u>339132</u> SLAKCY ST PHONE NUMBER: <u>772-296-7385</u>	570414 12 34997 FAX NUMBER: 772 - 286 - 7859	
SURETY COMPANY (IF APPLICABLE, A COPY OF THE AYMENT BOND IS	ATTACHED)	;
ADDRESS:	FAX NUMBER:	
BOND AMOUNT:	-	
LENDER/MORTGAGE COMPANY: /)//		
PHONE NUMBER:	FAX NUMBER	
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UP DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b) NAME:		
ADDRESS:/	FAX NUMBER:	
in addition to himself or herself, owner designates $\mu/A$	OFTC	RECEIVE
A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA		
	EXPIRATION DATE OF NOTICE OF COMMENCEMENT:	•
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF C		<u>R BUT</u>
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		
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA	STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEN	MENTS TO
	STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEN STED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEN	MENTS TO ID TO
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IOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG Date of Inspection Mon PERMIT ## OWNER/ADDRESS/CONTRACTOR := INSPECTION TYPE 10156 hertson Skiner rtools INSPECTOR RERMIT #/ OWNER/ADDRESS/CONTRACTOR # INSPECTION TYPE: State RESULTS COMMENTS 10246 Lengel CLOSE High Pt 80, to INSPECTOR OWNER/ADDRESS/CONTRACTOR \_\_ INSPECTION TYPE PERMIT:4 COMMENTS-438 anto/ CLOTE ~ Kutchan INSPECTOR PERMIT #1 OWNER/ADDRESS/CONTRACTOR: INSPECTIONATYPE 10367 NOVINS = MIS Sames P. Ro ENPL DAWEWAY MAN.CO INSPECTOR PERMIT#: OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE: Second RESULTS - COMMENTS INSPECTOR PERMIT:#//OWNER/ADDRESS/CONTRACTOR /: INSPECTION TYPE: RESULTS COMMENTS All WILKINSON M TREE DARWOOD INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE COMMENTS 100 102 M INSPECTOR

# <u>10456</u> 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 NUMBE	R:	10456		DATE	ISSUED:	MAY 23, 2013	······································	
SCOPE OF WORK	ζ:	POOL & D	DECK			I	· · · · · · · · · · · · · · · · · · ·	
CONTRACTOR: FLAMINGO POOLS								
PARCEL CONTRO			01384100102	5-000801		SUBDIVISION	ARBELA – LOT25	
CONSTRUCTION	_,	•	111 S SEWAL	LS PT RD				
OWNER NAME:	NO							
QUALIFIER:		BERT GRAE			_	NE NUMBER:	220-0627	
WARNING TO OWN	IER:	YOUR FAI	LURE TO RECO	RD A NOT	CE OF CO	MMENCEMENT M	AY RESULT IN YOUR	
PAYING TWICE FO	RIN	PROVEME	ENTS TO YOUR	PROPERT	Y. IF YOU I	NTEND TO OBTA	IN FINANCING, CONS	ULT
WITH YOUR LENDE								
	)F T 0	HE RECOR	RDED NOTICE O		ICEMENT	MUST BE SUBMIT	TED TO THE BUILDIN	NG
DEPARTMENT PRICE NOTICE: IN ADDITIC	<b>טא</b> דיזאר	OTUE DEC	ST REQUESTE		FION.	MANDELDE		
APPLICABLE TO THI	IS PR	OPERTY TI	TAT MAY BE FOU	ND IN PHRI	III, IHERE	MAY BE ADDITION	IAL RESTRICTIONS Y, AND THERE MAY BE	
ADDITIONAL PERMI	TS F	EOUIREDI	FROM OTHER GO	VERNMEN	TAL ENTIT	TESSUCH AS WATE	Y, AND THERE MAY BE	
DISTRICTS, STATE A	GEN	CIES, OR FE	EDERAL AGENCI	ES.			R MM MODNISH I	
24 HOUR NOTICE RI	EQU						BE AVAILABLE ON SITI	c
CALL 287-2455 - 8	B:00	AM TO 4:				OPM - MONDAY THI		<u>-</u>
				INSPECTI	ONS			
UNDERGROUND PLUMB					UNDERGRO	UND GAS		
UNDERGROUND MECHA	NICA	L				UND ELECTRICAL		
STEM-WALL FOOTING					FOOTING			
SLAB		. <u> </u>	<u></u>		TIE BEAM/C	OLUMNS	<del>-</del>	-
ROOF SHEATHING					WALL SHEA		······································	
TIE DOWN /TRUSS ENG					INSULATIO	N		
WINDOW/DOOR BUCKS ROOF DRY-IN/METAL					LATH			
PLUMBING ROUGH-IN						N-PROGRESS	·	
MECHANICAL ROUGH-IN	1				ELECTRICAL GAS ROUGH			
FRAMING					METER FINA			
FINAL PLUMBING			<u> </u>		FINAL ELECT			
FINAL MECHANICAL					FINAL GAS			
FINAL ROOF					BUILDING FI	INAL		

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.

Date:	Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 1045	6
OWNER/LESSEE NAME: ALLISON	10001105 Phone (Day) (Fax)	
Job Site Address: 111 5. SEWALL	<u>SPTRD</u> City: <u>STVART</u> State: <u>FL</u> Zip:	
Legal Description	Parcel Control Number: <u>01-38-41-001-025-0008</u>	701
Fee Simple Holder Name:	Address:	
City: State:	Zip: Telephone:	
	SPECIFIC): CONSTRUCT GUNITE POOLT	NSC
WILL OWNER BE THE CONTRACTOR		<u>J</u>
(If yes, Owner Builder questionnaire must accompar	ny application) Estimated Value of Improvements: \$ 35,006.00	_
YESNO Has a Zoning Variance ever been granted on t	(Notice of Commencement required when over \$2500 prior to first inspection, \$2,500 on HVAC change	
	FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:	`
YES (YEAR) NO_ (Must include a copy of all variance approvals with a	Estimated Fair Market Value prior to improvement: \$	
Construction Comment TIANA INV	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION PCDLS + PAHOS Phone: 220 D62 Fax: 220-408	20
	DARKIN	
Qualifiers name: <u>ROBERT</u> W. GRA		
State License Number: <u>RPD067264</u>	OR: Municipality: License Number:	
LOCAL CONTACT: KAROL GRA	HBDWSKI Phone Number: 220-0627	
DESIGN PROFESSIONAL:	Fla. License#	
OLIVIER COLUMNAL		
		<u> </u>
AREAS SQUARE FOOTAGE: Living:	Garage: Covered Palios/ Porches: /769 Enclosed Storage:	
Carport: Total under Roof	Elevated Deck	
CODE EDITIONS IN EFFECT THIS APPLICATE National Electrical Code: 2008, Florida Energy	ON: <del>Florida Building Code (Structu</del> ral, Mechanical, Plumbing, Existing, Gas): 2010 / ୦୦୦୧୫୦୬୫୦୧୫/ନ୍ତି ଜନସାୟ ୧୧୫୫୪୫୫୪୪ (ଜନସାର ସେଥିବା କୁମ୍ବର ସେଥିବା କୁମ୍ବର କୁମ୍ବର କୁମ୍ବର କୁମ୍ବର କୁମ୍ବର କୁମ୍ବର କୁମ୍ବର	
PROPERTY. WHEN FINANCING, CONSULT WITH NOTICE OF COMMENCEMENT MUST BE RECOR 2. IT IS YOUR RESPONSIBILITY TO DETERMIN APPLICABLE TO THIS PROPERTY MAY BE FOU MAY BE ADDITIONAL PERMITS REQUIRED FRO AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RI A PERIOD OF 24 MONTHS. RENEWAL FEES WIL 4. THIS PERMIT WILL BECOME NULL AND VOI WORK IS SUSPENDED OR ABANDONED FOR A	CONTRACTORS: COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR HYOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS IND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THER OM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE ESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID LL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. I/D IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WI IS NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.15.	E FOR
*****A FINAL INSPEC	TION IS REQUIRED ON ALL BUILDING PERMITS*****	
THAT NO WORK OR INSTALLATION HAS CON FURNISHED ON THIS APPLICATION IS TRUE	TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIF MMENCED PRIOR TO THE ISSUANCE OF A RERMIT AND THAT THE INFORMATION I HAVE AND CORRECT TO THE BEST OF MY KNOWLEDGE/I AGREE TO COMPLY WITH ALL CES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.	
OWNER AGENT/LESSEE - NOTARIZED SIGN	IATURE: CONTRACTOR/LIGENSEEN@TABLZED HGNATURE:	
State of Florida, County of: MAPTIN	State of Florida, County of: MARTIN	-
On This the 2 day of MAPCT		3
	who is cersonally by POBCET W. GRABOWSKickspersonal	
known to me or produced	known to me or produced	
	As identification	
KAROL GRABDWSK MY COMMISSION LEE 19530 AND COMMISSION LEE 19530 ADDITION AND A COMMISSION A	AMY BARNES Notary Public Notary Pu	



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

LICENSE #

#### THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

#### SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name <u>FLAMINGO POOLS</u> Permit #\_\_\_\_\_ Mailing Address <u>3400 SE DIXIE HWY</u> City<u>StUAR</u> State FL Zip <u>34997</u>

COMPANY NAME

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.

#### CONTRACTOR/TRADE

CONCRETE POOL DECK	
NBECKFINISH PAVERS FLAMINGO POOLS+PATIOS	MCSP02715
MATASTER ELECTRICIAN PAYLIK ELECTRIC	ME 00454
POOL GUNITE FLAMINGO POOLS + PATIOS	MCSP02715
INTERIOR POOL FINISH FLAMINGO POOLS + PATIOS	MCSP02715
POOLSTEEL FLAMINGO POOLS + PATIOS	MC3P02715
BARRIER/ALARM FLAMINGO POOLS + PATIOS	MCSP02715.
I certify that the above information is accurate and that all work will be performed by holders or State Certified contractors. I understand that a complete notarized subcontractors list is required prior to final i	

GRABOWS Signature of applicant REBERT W. Sworn to and subscribed before me this \_\_\_\_  $\mathcal{Z}$ by AMY BARNES Notary Public, State of Florida, County of Martin Personally Known Produced Identification Notary Public - State of Florida My Comm. Expires Oct 17, 2016 Commission # EE 844609 Bonded Through National Notary Assn. Type of ID Produced:

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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)  $\parallel 1 3$ . SEWAUS  $P_{+}$  RD, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

#### Residential swimming pool safety feature options:

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

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

(a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).

(b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)

(c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)

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

#### **Exceptions**:

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

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



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

> TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

#### AFFIDAVIT OF REQUIREMENT COMPLIANCE

Lunderstand 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.

CONTRACTOR'S SIGNATURE & DATE POBERT W. GRABOWSKI

NOTARY AS TO CONTRACTOR:

STATE OF FLORIDA

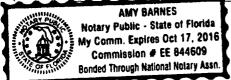
COUNTY OF MARTIN

ON THIS 12 DAY OF MARCH 2013

BEFORE ME PERSONALLY APPEARED:

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)



-Owner's Signature & Dat

NOTARY AS TO OWNER:

STATE OF FLORIDA

COUNTY OF MARTIN ON THIS 26 DAY OF FEB 2013

BEFORE ME PERSONALLY APPEARED:

### 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 SEAL (SIGNED KAROL GRABOWSK/ MY COMMISSION # EE 1/8530 EXPIRES: December 7, 2015 Bonded Thus Notary Public Underwritan

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)

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

PERMIT #:

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 AV 111 SOUTH SEWALLS PT RD STUA	(AILABLE): ET FL 34996	ARBELA - PART LOT 25 OR	10007
	GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRU	LET POOL + Z	DECK.	12013
	OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTE NAME: AUISON NOUNS	ED FOR THE IMPROVEMEN	п	7
	ADDRESS: 111 JOUTH SEWALLS	OF PAAD	SM ADT TO JIGOI	
	PHONE NUMBER: 425-418-3542		UTIEL FC 34776	
	INTEREST IN PROPERTY:	FAX NUMBER:		
	NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER TH)			
	CONTRACTOR: FLAMINGO DODLS+ PATTA	S JAIC		
	ADDRESS: 3400 SE DIXIE HWY	STUART F	1 34997	
	PHONE NUMBER: _220-0627	FAX NUMBER:	20-4080	
			•	
	SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BON	ND IS ATTACHED)	STATE OF FLORIDA	
	ADDRESS:		MARTIN COUNTY	ACUNT COLLO
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	ADDRESS:PHONE NUMBER:		DOCUMENTAS FILED IN THIS OFFICE.	- Cant -
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	PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1	R UPON WHOM NOTICES C 1) (b) , FLORIDA STATUTES:	DR OTH BY ( URUS D.C DATE S ( 3/1 3 )	
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IN ADDITI	ON TO HIMSELF OR HERSELF, OWNER DESIGNATES	05	70.57	<b></b>
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MPROPER	G TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER 1	THE EXPIRATION OF THE N	IOTICE OF COMMENCEMENT ARE CONSIDERED	
VOUR DDO	PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORI	IDA STATUTES AND CAN R	ESULT IN YOUR PAYING TWICE FOR IMPROVEMEN	ମ୍ବର 🏹 🛄
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996

Tel 772-287-2455 Fax 772-220-4765



V-ZONE DESIG	N CERTIFICATE FOR IN-GROUND POOLS	
Name of Property Owner	ALLIGON NOVINS	
Building Address/ []	South SEWALLS PT. ROAD	_
Legal Description 401	25 PLAT BOOK 3 PAGE 29	
City STUART	State FLORIDA Zip Code 34996	-

<u>FLOOD INSURANCE RATE MAP INFORMATION</u>	
Community # 120164 Panel #, 0154 Suffix F	<u> </u>
Date of FIRM 10/4 02 Zone VE Base Flood Elevation	0.0
MAP#12085 CO 154F	
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 $\underline{A}$ . $\underline{OO}$ Elevation of deck around pool $\underline{A}$	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 B	BY - I I
Certifiers Name Stephen M. Sinclair	Title President
Company Name Sinclair Engineering	License # 356 3/
Address 8259 N. M: 1: +ary Trail	City Palm Beach Gardens
State FL Zip Code <u>33418</u>	Phone # 561:630:9570
Signature Stephen In Alar JE Date: Page 1 of 1	SEAL: SE

03/12/2013 22:38 7722204080 FLAMINGO POOLS & PH
TOWN OF SEWALL'S POINT BUILDING DEPART SEWALL'S POINT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fux 772-2204765
Electrical Load Calculations
DAULIC Scotin Urange No EC 300 1275
Floctrical Constation
Phonett: 16 Dollar ALID PT MID.
Project: NOVINS Location: 11 0. Secondary
Project: NOVINS Existing Panel Size: 200 AMP
Fristing Service Febrer Just
Main Breaker Size: 200 AMP Number of Breakers: 55
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C Range @ 5 km
Microwave @ 2000 watts
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Pool pump
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$A/C$ nest [2] 100 x and the first of the 240 units = $158 \cdot 2$ Amps $200$ Amp service provided
$\frac{A/C \text{ heat } @ 100\%}{\text{Total watts } 37,971} \text{ Divided by 240 volts} = \frac{153.2}{200} \text{ Amps } \frac{200}{3} \text{ Amp service provided}$
Prepared by: Boh Payuk Date: 3/12/13

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Ernesto Velasco, P.E.

Respectfully Submitted,

MOJ20000000	Maximum Dry Density	VILLO DA DENSILY	
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SOIL CLASSIFICATION & REMARKS: A3 FUM Drown sandy soil

Sewally Point, FL 111 So. Sewally Point Road SSIJAGAA BOL ₩/N :7¥937 80ſ good oprimunt CONTRACTOR: flaming pools :INAIJO a and a contract of the second FERMIT NUMBER: ZE90-ET JOB NAMBER: [mre 26, 2013 :3TAG

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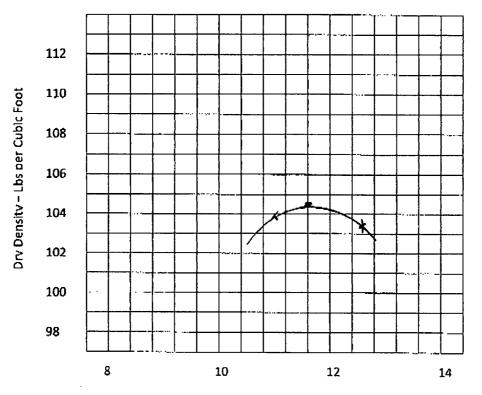


COASTAL TESTING LABORATORY, LLC Post Office Box 2023 Palm City, FL 34991-2023 772.220.6688

### MOISTURE DENSITY RELATIONSHIP

ASTM D 1557-09

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



Moisture - Percent of Dry Weight

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

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#### FAX COVER SHEET

SEND TO	
CITY OF SEWALLS POINT	From
	Date
Attention	Date
BUILDING DEPT.	Office Investor
Olice locaton	Office location
Fax number	Phone number
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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: \_/// 55PN

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.

BONDING WIRE DOES NOT CONTINUE TO POOL EQUIP.

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:

INSPECTOR DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG Date of Inspection Mon Wed Tue Fri 1-17-13 Page 2 of 3 Thur PERMIT# OWNER/ADDRESS/CONTRACTOR INSPECTION YPE RESULTS COMMENTS RECEIVER 1049D Botwinch -in metal EATE EEI AQUIT Emarita PASS B ing INSPECTO PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS 1049 turnich NELEIVED AFFIDAVH. 1990 LI INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR COMMENTS RESULTS 10448 FAIL ontana lOm INSPECTO PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE 16515 nal aunerely CLOSE Shutters stream INSPECTO PERMIT# OWNER/ADDRESS CONTRACTOR INSPECTION TYPE COMMENTS 10486 Merendeni UG Electric *0*055 astle Hel oward Fler INSPECTO PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS · · · · WHI an. 1 moto ewalls INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS MURÎ mingi INSPEC

TOWN OF SEWALLS POINT Building Department - Inspection Log Ter: 9-25-13 Page 1 of 1 Tue 🛛 🕅 Wed Thur Date of Inspection Mon INGQI 1111-10  $\sqrt{1}$ hiners 2LAD XURION berty Home INSPECTOR ER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS RERMIT # 10386 YASS mons CLOSE tools ninda INSPECTOR RESULTS COMMENTS PERMIT #. OWNER/ADDRESS/CONTRACTOR DUNSPECTION TYPE A State The States laning toolo INSPECTOR, PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION/TYPE RESULT COMMENTS 10027 600013 EUT. FINM 25 Slever Kd rtark INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS 10518 Willims PARO ROOF DECK v88 astettel 2M R. Caround DRIFTWOOD INSPECTO PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS Um, in Bolnes 10248 FINKE BLOG ISSUE C. OFC. NSewall K) ma INSPECT OR A PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION/TYPE COMMENTS 總統 计标识 INSPECTOR

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## 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 NUMBE	R:	10551			DATE ISSUED:	AUGUST 6, 2013		
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CONTRACTOR:		RAINTR	ONIC	CS				
PARCEL CONTR	OL	NUMBE	R:	0138410010250	00801	SUBDIVISION	ARBELA – LOT 25	
				· · ·			,	
CONSTRUCTION	[ AD	DRESS:		111 S SEWALLS	PT RD			
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<b>OWNER NAME:</b>	NO	VINS				· · · · · · · · · · · · · · · · · · ·		
QUALIFIER:	RA	NYD DUR	HAM	ſ	CONTACT PHO	NE NUMBER:	361-7246	
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PLUMBING ROUGH-IN		-			ELECTRICAL	ROUGH-IN	<u></u>	
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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 ///sc/
	G PERMIT APPLICATION Permit Number: 1000
INER/LESSEE NAME: Allison Novins	Phone (Day) (Fax)
Site Address: 111 Sewalts Point Ad	City: Sewalls Formt state: FC Zip:3:496 City: Sewalls Formt state: FC Zip:3:496 Parcel Control Number:01384 1000 10250008010000
al Description	Parcel Control Number 01384 1000 10250008010000
e Simple Holder Name:	
/: State: Zip:	Telephone:
COPE OF WORK (PLEASE BE SPECIFIC):	TICNIDA FION
WILL OWNER BE THE CONTRACTOR?	COST AND VALUES: (Required on ALL permit applications)
es, Owner Builder questionnaire must accompany application) YES NO X	Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
s a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10 AE9 AE8 X
	FOR ADDITIONS, REMODEL'S AND RE-ROOF APPLICATIONS ONLY:
ist include a copy of all variance approvals with application)	(Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
nstruction Company: Raintronics Inc.	
	027 SW 33rd St citalm Lity state FC Zip 34990
	ipality: Martin Contraction License Number: MOIS02905
CAL CONTACT: Kandy Durham	Phone Number: <u>172</u> - 626 - 5571
SIGN PROFESSIONAL:	EPELMEL MAN
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port: Total under Roof Elevi	rated Deck Enclosed area below BFE*
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tional Electrical Code: 2008, Florida Energy Code: 2010 Florida	orida/Asdessibility Obde 2010 Elonde Fire Prevention Code: 2010
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A State of Morida	by Kandy D Dur ham who is perspanding
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identification	_ As identification. Durly M. Harts
Commission Expires:	My Commission Expires: <u>1-14-2017</u>
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INSTR ₩ 2411008 NOTICE OF COMMENCEMENTOR BK 2670 FG 129	
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2 500(40 57500 Mechanical)	
PERMIT #:	
STATE OF FLORIDA COUNTY OF MARTIN COUNTY CLERK	
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.7 01384100102500801 1115 Sewalls Point Rd. Sewalls Point FL 3499	6
GENERAL DESCRIPTION OF IMPROVEMENT: <u>Irrigation</u>	
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT NAME: <u>Allison NOVINS</u> ADDRESS: <u>1115 Sourcells Pt. Rd., Sourcells Pt, FL, 34996</u> PHONE NUMBER: <u>FAX NUMBER</u>	۸.
INTEREST IN PROPERTY: <u>G WN なこ</u> NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):	
CONTRACTOR: Randy Ducham ADDRESS: 8027 SW 33 0 St. Palm City FC 34990 PHONE NUMBER: 772-361-7246 FAXTUMBER: 772-288-5273	•
SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)	
ADDRESS:	,
THIS IS TO CERTIFY THAT THE	-
ADDRESS:	2
PHONE NUMBER: FAX AN MARTINE FILED IN THIS OFFICE.	
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM WORCES OR OTHER TO D.C.	2
ADDRESS:	_
	•
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATESOFOFOFTO RECEIVEOOT A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:	
PHONE NUMBER: FAX NUMBER: EXPIRATION DATE OF NOTICE OF COMMENCEMENT:	
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).	
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN <u>-FACT</u>	
SIGNATORY'S TITLE/OFFICE	
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF AVA 2013	
BY: <u>ATTIND NOVINS</u> AS DWWV FOR FOR FOR TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED	
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Muijer Juritz	
NOTARY SIGNATURE SEAL	



## Rotary Nozzles 17 - 24' Radius

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**Operating Range** 

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





## **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

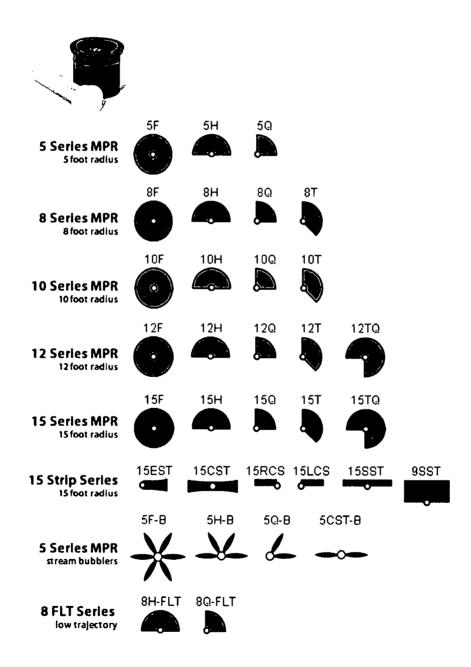
- Application: suitable for low voltage 24VAC control circuits and 24 VAC pump start relay circuits (not recommended for use with high voltage pump start, pump start relay circuits or devices).
- Switch electrical rating: 3A @ 125/250 VAC.
- Capacity: Electrical rating suitable for use with up to ten 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 ± 10%, 60Hz (International models; 230/240 VAC ± 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 m<sup>3</sup>/h; 0.006 l/s) otherwise.
- Installation: side or bottom inlet.
- Side inlet installation not recommended in freezing climates.



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 additional to optional flow control.
- Captured Plunger Solenoid

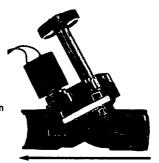
The valve body is constructed of UV and corrosion resistant PVC material. The valve is available in NPT, welded slip and BSP configurations. The valve is manufactured for 3 different applications:

1. To accept 1" Female slip or 1 ¼" slip installation within the same unit.

2. To accept 1" Female thread or 1 ¼" slip installation within the same unit.

3. To accept 1" Female BSP thread or 1 ¼" 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.



## Apollo

#### Model PVB4A PRESSURE VACUUM BREAKER

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

#### DESCRIPTION

The Apollo<sup>®</sup> 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<sup>®</sup> ball valves with stainless steel handles and nuts as standard and carries the five-year Apollo<sup>®</sup> factory warranty.

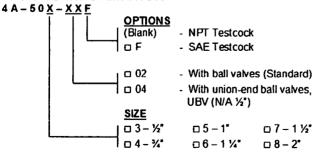
#### FEATURES

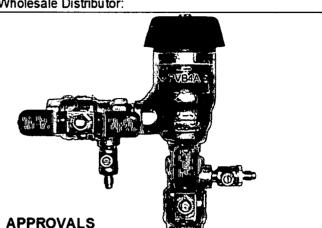
- Low pressure loss documented by independent approval agencies
- Built-in freeze resistance feature standard
- Easily removable modular check valve cartridge
- · Captured stainless steel springs
- Apollo® ball valves w/ SS handles & nuts standard
- Test cocks located for easy draining
- Corrosion resistant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

#### **MATERIAL SPECIFICATIONS**

Part Name	Material
Body, Ball Valves,	Bronze C84400
Test cocks	
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

#### **ORDERING INFORMATION**



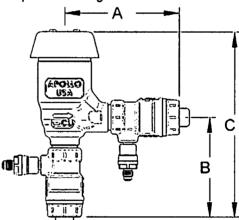


ASSE 1020 - (½" - 2") CSA B.64.1.2 - (½" - 2") USC FCCC&HR Listed -(½"-2") except 1 ¼"-2" w/SAE T/C



#### PERFORMANCE RATING

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

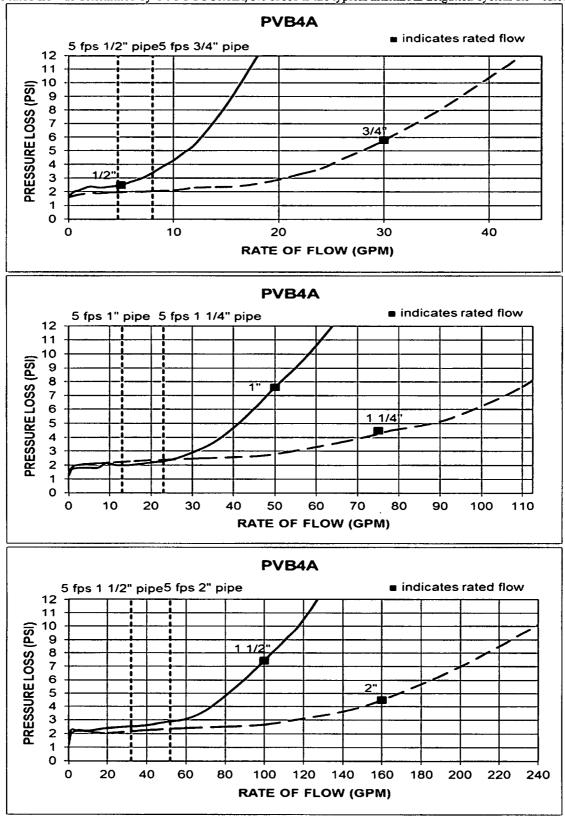


#### **DIMENSIONS (in.)**

Ordering No.	Size	Α	В	С	Wt. (lb.)
4A50302	1/2"	4 1/2	3¾	7 1/4	3.2
4A50402	3⁄4"	4 3/4	4 1/8	7 %	3.8
4A50404	3⁄4"	6 1⁄8	5 1/2	9	4.1
4A50502	1"	5 3/8	4 %	8 3/8	5.2
4A50504	1"	7	61/4	10	5.6
4A50602	1 ¼"	7 3⁄8	5¾	10 ¼	9.1
4A50604	1 ¼"	9	7 1/2	12	12.4
4A50702	1 1/2"	7 1/2	5 1/8	10 ¾	12.5
4A50704	1 1⁄2"	9 ¾	8	12 3⁄8	16.7
4A50802	2"	8 1/8	6 3/4	11 7/8	21.0
4A50804	2"	10 1⁄8	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. SS1035 ©6/12 Page 1 of 2 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.apoliovalves.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. SS1035 ©6/12 Page 2 of 2

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## <u>10638</u> <u>DECK</u>



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, 20	13	
SCOPE OF WORK:	ELEVATED	ED DECK				
CONTRACTOR:		RJ MADDOX AND ASSOC				
CONTRACTOR:	KJ MADDOX	AND ASSUC				
PARCEL CONTRO	L NUMBER:	013841001-025	-000801	SUBDIVISION	ARBELA – L 25	
CONSTRUCTION A	DDRESS:	111 SSEWALLS	PT RD	на свята у ули 1. свята у ули 1. свята у ули	L	
OWNER NAME:	NOVINS	I	<u></u>	· · ·		
QUALIFIER:	ROBERT MADDO	ox ]	CONTACT PHO	NE NUMBER:	834-5454	
PAYING TWICE FOR WITH YOUR LENDER	IMPROVEMEN R OR AN ATTO	ITS TO YOUR PR RNEY BEFORE R	ROPERTY. IF YOU I RECORDING YOUR	NTEND TO OBTA		
<b>DEPARTMENT PRIO</b> NOTICE: IN ADDITION APPLICABLE TO THIS ADDITIONAL PERMIT	<b>CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING</b> <b>DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.</b> 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 REC CALL 287-2455 - 8:			CONSTRUCTION D		BE AVAILABLE ON SITE ROUGH FRIDAY	
		11	NSPECTIONS			
UNDERGROUND PLUMBIN	IG		UNDERGRO	OUND GAS		
UNDERGROUND MECHAN	ICAL			UND ELECTRICAL		
STEM-WALL FOOTING	<del></del>		FOOTING			
SLAB ROOF SHEATHING			TIE BEAM/( WALL SHEA			
TIE DOWN /TRUSS ENG			INSULATIO			
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 ELECTRICAL					
FINAL MECHANICAL FINAL GAS						
FINAL ROOFBUILDING 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 AD	DITION /REMODEL   Declared Value   \$			
Plan Submittal Fee (\$350.0	00 SFR, \$175.00 Remodel < \$200K) \$			
(No plan submittal fee whe	en value is less than \$100,000)			
Total square feet air-condit	tioned space: (@ \$121.75 per sq. ft.) s.f.			
Total square feet non-co	inditioned space, or interior remodel: (@ s.f			
•	\$59.81 per sq. ft.)			
Total square feet remodel	with new trusses: @ \$90.78 per sq. ft. \$			
Total Construction Value:	\$			
Building fee: (2% of const	ruction value SFR or >\$200K) \$			
	ruction value < \$200K + \$100 per insp.)			
	ns (Value < \$200K)@\$100ea     \$			
· · · · ·				
Dept. of Comm. Affairs Fe	ee: (1.5% of permit fee - \$2.00 min \$			
DBPR Licensing Fee: (1.5)	% of permit fee - \$2.00 min.) \$			
	(.04% of construction value - \$5.00 min.)			
Martin County Impact Fee				
Intertain County Impact Fee				
TOTAL BUILDING PEI	RMIT FEE:			
ACCESSORY PERMIT	Declared Value: \$ 2300			
Total number of inspectior	ns @ \$100.00 each 200			
	ee: (1.5% of permit fee - \$2.00 min \$ 3			
	1% of permit fee - \$2.00 min.) . \$ 3			
Road impact assessment: (	(.04% of construction value - \$5.00 min.) \$ 5 /			
TOTAL ACCESSORY P	PERMIT FEE:			
	date			
	(Ve)			

Town	of Sewall's Point 10/70
	G PERMIT APPLICATION Permit Number:
OWNER/LESSEE NAME: ALLISON NOVIN	<u> </u>
Job Site Address: 111.5. Sewalls point road	City: Stuart State: Fl Zip: 34996
Legal Description	Parcel Control Number: 013 g u 100 1025.000 801
	Address:
City: State: Zip:	Telephone:
*SCOPE OF WORK (PLEASE BE SPECIFIC)	
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application)	COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements:
YES NO	(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
YES (YEAR) NO (Must include a copy of all variance approvals with application)	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	<u>ASSOCIATES Intone: 110 834-5454</u> Fax:
	24 N.W Palmst. city: Stuart state: FL zip: 34994
	ipality: CITY of Stuart License Number 2346144
OCAL CONTACT: KJ. Madddx	Phone Number: <u>172-834-5454</u>
DESIGN PROFESSIONAL:	E D Fla. License#
Street:City:	State:Zip: Phone Number:
AREAS SQUARE FOOTAGE: Living	Covered Patios/Porches: Enclosed Storage
Carport: Total under Roof OCT 15 ZUIS	ated Dack: 254 SALT Enclosed area below BFE*
20DE EDITIONS IN EFFECT THIS APP <del>LICATION</del> Florida Bui Vational Electrical Code: 2008, Florព្រៃខ្លួចពីខាថ្ងៃប្រសិស្ស 2010, Fi	Iding Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 Orida Accessibility Code: 2010, Florida Fire Prevention Code: 2010
WARNINGS TO OWNERS AND CONTRAC	
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMEN PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTI 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROP APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBL MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVE AGENCIES, OR FEDERAL AGENCIES.	NT MAY, RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A ED ON THE JOB SITE BEFORE THE FIRST INSPECTION. PERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS LIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE
4. THIS PERMIT WILL BECOME NULL AND VOID IF. THE WORK A	AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF
WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND	DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL
Miller Hereiter	BOURED ON ALL BUILDING PERMITS*****
	20,720
THAT NO WORK OR INSTALLATION HAS COM TO PROCE TURNISHED ON THIS APPLICATION IS TRUE AND CORRECT.	ROTO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
OWNER/AGENT/LESSEE NOTARIZED SIGNATURE JUBLIC	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
State of Florida, County of:Marin	State of Florida, County of Studie
On This the 15 day of Oct 20	On This the 14th day of OCtober 2013
y Ulin Nouns who is personally	y by KODER Maddal who is personally
	known to me or produced
nown to me or produced	
identification. Value and	As identification.
As identification. Value amber Notary Public	As identification.
As identification	As identification.

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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.

RACTOR'S SIGNATURE &

NOTARY AS TO CONTRACTOR:
STATE OF FORCE
COUNTY OF Stucie
ON THIS HAY OF October 2013

BEFORE ME PE	ERSONALLY	(APPEARED:
Robert	Alad	tor
Mert	naa	

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)

· • •

10/14/13 AMY R. MCPHETRES Commission # DD 994927 Expires August 16, 2014 Bonded Thru Troy Fain Insurance 800-365-7019

**OWNER'S SIGNATURE & DATE** 

NOTARY AS TO OWNER:

STATE OF

COUNTY OF

ON THIS DAY OF

BEFORE ME PERSONALLY APPEARED:

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)\_\_\_\_\_

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

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Date of In		DEPARTMENT - INSPE	CTION LOG Fri 10-2	<b>└-/3</b> Page of
	OWNER/ADDRESS/CONTRACTOR		RESULTS	
10552	Smith	pool barrier		n <u>a seneraten sen zanzan anter an</u> ter anter an
	11 falmetto AR	electric	(NASS	·······
	aluander Pool	· · · · · · · · · · · · · · · · · · ·		
PERMIT.#	na ha metanetran analakat di metanen ina inakar manan da pitekan karradia na manan 1 da kanfantan bereken da in	INSPECTIONITYPE	RESULTS	COMMENTS
10623	DE STEPHAN	FINAL		
	18 PARM RO	FENCE	() ASS	CLORE
	CHAPMAN FENCE			INSPECTOR
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSRECTION TYPE	RESULTS	COMMENTS
100 20	A aving	- JECK-	A. 10-1	
	M.S. Sewpres UT-Po	-OOTEN-S		A
PERMIT#	OWNER/ADDRESS/CONTRACTOR ST	INSPECTION TYPE	RESULTS	INSPECTOR
10536	FITSGERMO	FINAL		
	22 W. HIGH (AT RD)	GADASE	LESEV	for gue
	ACCENT GARAGE BOON	Door		INSPECTOR
	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTIS	COMMENTS
10472	Mr Bride			
	19 N. VIA LUCINDA	FINAL	NNOS	CLOTE
DEDMALT	0/13	Force	0.	
Co. 2	OWNER/ADDRESS/CONTRACTOR		RESULTS	COMMENTS
9005	18 PARM	FLA. Room FINA	PASS	01 -
•	GOV ACTI	FINAL	0.	CLORE
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSPECTIONITYPE	RESULTS	INSPECTOR G
	1 10			
	CLOCK ON			INSPECTOR

		an an tao ang		
	5 2 1	N OF SEWALLS I		
		DEPARTMENT - INSPE	CTION LOG	
Date of In	spection Mon Tue	Wed - Thur	Eri <u>10-23</u>	Pageof
RERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION/TYPE	RESULTS	COMMENTS
10527	Pante Westen	Jooter	+ <u>0</u>	taolo Wester
	30 S. Sewalls		(YVZX	561-676-4100
			PINDING CO	MPACTION 10/39
PERMIT.#	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		1, $0$		
10635	ZSUL	Vinal		Bratistie Q
	2 Banyon Rd	wednesday	Wil	GONDOUSER
	SBALL and Elec.	10/23/2013		INSPECTOR OVER MOED
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTIS	COMMENTS
10633	H. B. Associates	Kenal		Mary SE Lobean
	3756 SE Dean	SIGN	() val	321-727-7324
	STSG SC Quean	JIGN	1 pzo	521 121-024
	Signart			INSPECTOR CLOSE
	OWNER/ADDRESS/CONTRACTOR	INSPECTIONITYPE	RESULTS	COMMENTS
10595	RIVENVIEW Com CAST	UNDER GROWN		
	R = 1 = 0.00 =		Nics	
	Com CAST		-0103	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTIONITYPE	RESULTS	COMMENTS
0638	TAVOVINS AREAD	(MAMAN)	A CONTRACTOR	
	111 S. SPA PD		N~ < 8-	
		VECK	K Y	
an a				INSPECTOR A
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10597	SIAMFI	SOFFIT		
	8 QUALL PUN	SOPTIT FRAME	P.488	
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1057			nen og konstanden og som ander som ander som at	หมายขณะเขาสามารถสาวารถูกการที่ และได้ได้ได้ (1) ของสาวารถูก (1) การการสี่ได้ได้ได้ได้ได้ได้ได้ได้ได้ได้ได้ได้ได 
1000	2 SHANFI 73 N. RIVEN	ROOF SWENDK CAN BOOT	Nick	
ľ	/ / //////	CAN YOUR	(YNSS	

TOWN OF SEWALLS POINT Building Department - Inspection Log				
Date of In		Wed Thur		-/3 Page of
	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE:	RESULTS	COMMENTS
10645	Dellassandro	AIC		CLORE
10128	4 Emerita	Change ont	(XASS	398-9725
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSRECTION TYPE	RESULTS	INSPECTOR AD
10641	Hanemock	Alc		CLOR
10128	25 Rio Vista	Changeout	(1858	398-9725
PERMIT.#	Museriers			INSPECTOR
10580		INSPECTION TYPE	RESULTS	COMMENTS
	26 M. Rines Rd	Final	NA38	JEng 215- Jeith 0642
dæ	Keith Hol Bergen		Aug	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10488	Martin hehman	Nech.		CLARE - 479-1100
obein	le Pigeland	Feral	Gass	Sherry × 567
0128	Service America			
	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE A AND A	RESULTS	COMMENTS
[063]	(RM) Nockscapes	tel hack &	AN58	
	Def SSPRA			NICOLOGICA A
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	
10598	Ellis	Final	0	OLOSE
Am	106 Henry Sewalls	Screen m	2. (YAS8	A
	Porch Factory			INSPECTOR
PERMIT#		INSPECTION:TYPE	RESULTS	COMMENTS
	E F F CALD	FCMAL	<u> </u>	
	11-1-5-5050ERBS-		- JARO	lione
	RJ Maddoy			INSPECTOR A

# <u>10683</u> 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 NUMBE	R: 10683		DATE ISSUED:	NOVEMBER 25, 2	2013			
SCOPE OF WORK	SCREEN	ENCLOSURE & STA			· · · · · · · · · · · · · · · · · · ·			
	poneen							
CONTRACTOR:	RJ MAD	DOX & ASSOC						
PARCEL CONTRO	OL NUMBE	R: 013841001-02	5-000801	SUBDIVISION	ARBELA – L 25			
CONSTRUCTION	ADDRESS:	111 S SEWALL	S PT RD		I			
OWNER NAME:	NOVINS	. ł						
QUALIFIER:	UALIFIER: OB			CONTACT PHONE NUMBER: 425-418-3542				
	IMPROVEM	ENTS TO YOUR PI	ROPERTY. IF YOU	INTEND TO OBTA	IAY RESULT IN YOUR IN FINANCING, CONSULT MENCEMENT. A			
CERTIFIED COPY OF	F THE RECO	RDED NOTICE OF	COMMENCEMENT		TTED TO THE BUILDING			
DEPARTMENT PRIO								
NOTICE: IN ADDITIO	N TO THE RE PROPERTY T	QUIREMENTS OF T	HIS PERMIT, THERE	E MAY BE ADDITION	NAL RESTRICTIONS I'Y, AND THERE MAY BE			
ADDITIONAL PERMIT	'S REQUIRED	FROM OTHER GOV	ERNMENTAL ENTI	TIES SUCH AS WATE	ER MANAGEMENT			
DISTRICTS, STATE AG								
24 HOUR NOTICE RE	QUIRED FOR	INSPECTIONS - ALI	CONSTRUCTION I	DOCUMENTS_MUST	BE AVAILABLE ON SITE			
CALL 287-2455 - 8	:00AM TO 4	OOPM INSPECT	IONS: 9:00AM TO 3:	00PM – MONDAY TH	ROUGH FRIDAY			
		[]	NSPECTIONS					
UNDERGROUND PLUMBI	NG	<u> </u>		OUND GAS				
			UNDERGROUND ELECTRICAL					
STEM-WALL FOOTING			FOOTING					
SLAB			•	COLUMNS	·			
ROOF SHEATHING	·		WALL SHE	-				
TIE DOWN /TRUSS ENG			INSULATIO	DN .				
WINDOW/DOOR BUCKS ROOF DRY-IN/METAL			LATH					
PLUMBING ROUGH-IN				IN-PROGRESS				
MECHANICAL ROUGH-IN			ELECTRICAL ROUGH-IN GAS ROUGH-IN					
FRAMING			METER FIN					
FINAL PLUMBING	·		FINAL ELEC					
FINAL MECHANICAL			FINAL GAS					
FINAL ROOF				BUILDING FINAL				
			00120110	· · · · · ·				
ALL RE-INSPECTION					THE PERMIT HOLDER.			

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.

Date: 01 18 2013 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 10693
OWNER/LESSEE NAME: ALLISON NOVINS Phone (Day) 425. 418 5542 Fax)
Job Site Address: 111 5. Sewalls pt. road City: Stuart State: fla Zip: 84996
Legal Description ARBELA L.25 Parcel Control Number: 013841001-025-000801
Fee Simple Holder Name:
City: State: Zin: Telephone:
City City receptions
*SCOPE OF WORK (PLEASE BE SPECIFIC): Screen enclousure and garage vertices
WILL OWNER BE THE CONTRACTOR? COST AND VALUES: (Required on ALL permit applications)
(If yes, Owner Builder questionnaire must accompany application) YESNO(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this property?       Is subject property located in flood hazard area?       VE10AE9AE8X         FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:       Is subject property located in flood hazard area?
YES (YEAR) NO Estimated Fair Market Value prior to improvement: \$
Construction Company: <u>RJ maddox and assoc</u> Phone: <u>B34 5454</u> Fax:
Qualifiers name: ROBERT maddox Street: 624 NW Prom ST City: STERET 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: Phone Number:
AREAS SQUARE FOOTAGE: Living: Garage:Covered Paties/Morches: Enclosed Storage:
Carport: Total under Roof Elevated Deck: Enclosed area below BFE*: * Enclosed non-habitable areas below the Base Fleod Elevation greater than 300 sq. fl-requirela Non-Conversion Covenant Agreement. CODE EDITIONS IN EFFECT THIS APPLICATION: Florida-Building Code (Structural: Mechanical, Flumbing, Existing, Gas): 2010
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida-Building Code (Structural, Mechanical, Flumbing, Existing, Gas): 2010 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010
<ul> <li>WARNINGS TO OWNERS AND CONTRACTORS:</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>4. THIS PERMIT WILL BECOME <i>NULL AND VOID</i> 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, 105.4.1.15.</li> </ul>
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAININGERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENDED HEROR 10, THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF STRUCT OF SEWALL'S POINT DURING THE BUILDING PROCESS.
OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:         x       CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:         x       Addition         State of Florida, County of:       Contractor/Licensee Notarized Signature:         x
My Commission Expires: My Commission Expires: Commission # DD 994927 SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NO FOR THE SUBJECT OF THE

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	THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFF BELOW. THIS CERTIFICATE ( REPRESENTATIVE OR PRODU	AS A MAT		DF INFORMATION ONLY NEGATIVELY AMEND, E	AND CONFERS NO	RIGHTS UP	ON THE CERTIFICATE	HOLDER	0/16/13 . THIS
	IMPORTANT: If the certificate hold the terms and conditions of the po certificate holder in lieu of such en	ler Is an ADE licy, certain	DITION	AL INSURED the policy/lock	must be endorsed. ent. A statement on	f SUBROGATI	ON IS WAIVED, subject to does not confer rights to	o the	
	ODUCER	in or section of the	<u>.</u>	<u> </u>	CONTACT	THY HALE			
	aton Insurance, Inc.				DHONE	1) 966-1848	PAX	Nov (561	1) 968-4
	05 Lake Worth Road ke Worth, FL 33467					HY@EATONIN	SURANCE.NET	1	7000
	<u>ione_ (561) 966-1848</u>	Fax (	561) \$	366-4312	1	NSURER(S) AFF			NA
INS	SURED				INSURER A: WES	IERN RERITA	GE INSURANCE CO		
1.	MADDOX & ASSOC INC				INSURER C :				
	4 N.W. Palm St				INSURER D ;				
ST	UART, FL 34994-			(772) 834-5454	INSURER E ;			i	
	VERAGES	CERTIF	ICATI	E NUMBER:	INSURER F :		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE PO NDICATED. NOTWITHSTANDING / CERTIFICATE MAY BE ISSUED OR I XCLUSIONS AND CONDITIONS OF	VAY PERTAI		INSURANCE AFFORDED BY	Y THE POLICIES DES BEEN REDUCED BY P	Cribed Herei Aid Claims.	UMENT WITH RESPECT " IN IS SUBJECT TO ALL TI	OLICY PERI TO WHICH HE TERMS,	OD THIS
LTR	TYPE OF INSURANCE	INSI		POLICY NUMBER	POLICY EFF	POLICY EXP	L	MITS	
	COMMERCIAL GENERAL LIABILI	TY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence	3 1,00	00,000.0
A	CLAIMS-MADE 🗹 OCC	UR		SCP0897113			PREMISES (Ea occurrence MED EXP (Any one person)		,000.00
	[H				05/29/2013	05/29/2014	PERSONAL & ADV INJURY		0,000.0
	GEN'L AGGREGATE LIMIT APPLIES P						GENERAL AGGREGATE	s 2.00	10.000.0
	POLICY PRO-				·		PRODUCTS - COMP/OP AC		0,000.0
	AUTOMOBILE LIABILITY		1-				COMBINED SINGLE LIMIT (Ea accident)	3	·
							BODILY INJURY (Per person	) S	
1							BODILY INJURY (Per accide	nt) 3	
							PROPERTY DAMAGE (Per accident)	3	
		2	1						<u> </u>
		S-MADE					AGGREGATE	3	
	WORKERS COMPENSATION							5	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED?	V/N						4-	
	(Mangelory In NH)	1 14					E.L. EACH ACCIDENT	18	
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOY		
								:	
DESC	CRIPTION OF OPERATIONS / LOCATION	S / VEHICLES	(Attact	ACORD 101, Additional Remark	8 Schedule, if more ener	e is required			
GEN	IERAL CONTRACTOR								
CER					CANCELLATION	<u> </u>			
	TOWN OF SEWALLS	POINT			THE EXPIRATION	JATE THEREO	ESCRIBED POLICIES BE IF, NOTICE WILL BE DEL		) BEFO
1	1 SOUTH SEWALLS F		D		ACCORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	SEWALLS POINT, FL	34996		ŀ	AUTHORIZED REPRESE	NTATIVE			
						-		1	
	FAX 772 220 4765				KATHY HALE	ville th	ll		



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:11/02/2012EXPIRATION DATE:11/02/2014PERSON:MADDOXROBERTJFEIN:592413111BUSINESS NAME AND ADDRESS:R.J. MADDOX AND ASSOCIATES INC624 NW PALM STREETSTUARTFL 34994

SCOPES OF BUSINESS OR TRADE: 1- LICENSED GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440. 0.5(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 benafits 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 certificate no longer moets 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 person

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

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THIS DOCUMENT HAS A COLORED BACKGROUND MICROPRINTING LINEMARK PATENTED PAPER	
# 626 / 966 STATE OF FLORIDA	
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATIO CONSTRUCTION INDUSTRY LICENSING BOARD	N SEQ#L12081402009
NDAIL BATCH NUMBER LICENSE NBR	
8/14/2012 126003431 CGC047336	
ie GENERAL CONTRACTOR imed below IS CERTIFIED ider the provisions of Chapter 489 FS.	
priación date: Aug 31, 2014	
MADDOX, ROBERT JAMES R J MADDOX AND ASSOCIATES INC 624 NW PALM STREET STUART FL 34994	
RICK SCOTT GOVERNOR	LAWSON
DISPLAY AS REQUIRED BY LAW SECR	ETARY

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		13-2014	• ·				
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Jgines9 Type	CONTRACTOR - GEN	ERAL	OF CITY	CODE OF OR	DINANCES		
	ROBERT MADDOX		This local busin	ness tax receipt does	not permit the holder to c	perate in violation of any	City
AND	STUART ST		by the City Lic	, or regulation. Any c ense Section, subject	thanges in location or ow to zoning restrictions. The	nership must be approved	
<b>1 27 1 27 000</b> 1	CCC047000/004044		compliance or	non-compliance of the	roval of the holder's skill holder with other laws,	or competence or of the regulations, or standards.	
ICENSE	CGC047336/QB4614	4	Local	Business Ta	xing Questions	772-288-531	٩
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SINESS	R.J. MADDOX & ASS ROBERT MADDOX	DC. INC.				DATE 03/2013	
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	STUART	FL 34994			CHER	YL WHITE	
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#### NOTICE OF COMMENCEMENT

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

	TO BE CONFEETED WHEN	V CONSTRUCTION VALUE E.	XCEEDS \$2,500.00 (\$7,500 .	iviecnanical)	
PERMIT #:	TAX FC	01384	1 - 001 - 07	25-00801	
STATE OF FLORIDA		COUNTY OF MARTIN			•
THE UNDERSIGNED HEREE FLORIDA STATUTES, THE F	Y GIVES NOTICE THAT IMPROVED OLLOWING INFORMATION IS PRO	MENT WILL BE MADE TO CER DVIDED IN THIS NOTICE OF CO	TAIN REAL PROPERTY, AND IN DMMENCEMENT.	ACCORDANCE WITH CHAP?	/ER 713,
F	TION OF PROPERTY (AND STREE	5			
GENERAL DESC	RIPTION OF IMPROVEMENT:	kiren enclosu	ore, garage	vernodel, f	ence and
NAN	ALLISON N	OVINS		•	steps
РНО	NE NUMBER: 425	118 3542 FAX 2020			
		DER (IF OTHER THAN OWNER)	:	•	
		- Page Street 37 5454 FAX	<u>shjart flo</u> NUMBER:	2 34994	
SURETY COMPA	NY (IF APPLICABLE, A COPY OF T	HE PAYMENT BOND IS ATTAC	HED)		
РНО	NE NUMBER: D AMOUNT:	FAX :	NUMBER:		
ADD	GAGE COMPANY:	MARTIN COUNTY	1		
РНО	NE NUMBER:	THIS IS TO CERT	HYABER' THE	CHCOIL COLD	
PERSONS WITH DOCUMENTS M NAME:	IN THE STATE OF FLORIDA DESIGI AY BE SERVED AS PROVIDED BY S	ECTION 71313 (11 (b) FLOR DOCUMENTAS FL	ORANEHELSORTBHAER PREATINESORIGINAL	A COUNTY T	
	RESS:	BY:	A CIERK		
PHO	NE NUMBER:		VUMBPR. D.C.		
	DR HERSELF, OWNER DESIGNATE: OTICE AS PROVIDED IN SECTION		OF		
PHONE NUMBER:	FAX NUMBER:	EXPI	RATION DATE OF NOTICE OF		2424 90.
EXPIRATION DATE M	AY NOT BE BEFORE THE C	OMPLETION OF CONST	RUCTION AND FINAL P	AYMENT TO CONTRAC	
	R FROM THE DATE OF REC				
IMPROPER PAYMENTS UN YOUR PROPERTY. A NOTIC	<u>R:</u> ANY PAYMENTS MADE BY TH DER CHAPTER 713, PART I, SECTI E OF COMMENCEMENT MUST BI	ON 713.13, FLORIDA STATUT E RECORDED AND POSTED O	'ES AND CAN RESULT IN YOU N THE JOB SITE BEFORE THE	IR PAYING TWICE FOR IMPR FIRST INSPECTION. IF YOU I	
UNDER PENALTIES OF PERJ	ULT WITH YOUR LENDER OR AN				
BELIEF (SECTION 92.525, FL	whoris				370 RE LERK INTANG
SIGNATURE OF OWNER OR	LESSEE OR OWNER'S AUTHORIZ	ED OFFICER/DIRECTOR/PAR	TNER/MANAGER/ATTORNE	Y-IN-FACT	RECD NGIĐ
SIGNATORY'S TITLE/OFFICE			at 12	ALERIE CAMLA	
BY: AUISON	NOVI 655	Juoner		Charles 14, 207, 20	11/01/2013 E \$0.000000
NAME OF PERSO	יא דעףב ס OR PRODUCED IDE איזדקוכאדוסה.	F AUTHORITY	PARTY ON BEHALF OF W	HONE INS RUMENT WASEX	
NOTARY SIGNATURE/ SEAL	hie lar	ner		BLIC, STATE	04:09:47
START SIGNATORY SEAL					Ph

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

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Parcel ID Account #		Unit Address	Market Total Value	Website Updated			
01-38-41-001-025 00080-1	17595	111 S SEWALL'S POIN	T RD, STUART	\$207,680	10/29/2013		
		Owner Informa	tion				
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			•		
	<u>.,,,,_</u>	Location/Descri	ption				
Account #	17595		Map Page No.	SP-05			
Tax District	2200		Legal Description				
Parcel Address	111 S SEW/	ALL'S POINT RD, STUART		PT RD & S/LN LOT W ALG S/LN 175', I			
Acres	.3610			VV ALG S/L PERP 106 C/LN & S 1 (LESS R/V 341/2093	, E TO RD O POB		
	Parcel	Туре					
Use Code	0100 Single F	amily					

Use Code0100 Single FamilyNeighborhood120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

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

		VN OF SEWALLS		
Date of	Inspection Mon	G DEPARTMENT - INSP		<b>2-13</b> Page / of /
PERMIT	# OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE STAT	RESULTS	COMMENTS
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Date of In		DEPARTMENT - INSP		<b>9</b> of
	OWNER/ADDRESS/CONTRACTOR			ALCOMMENTS -
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	Concrete Plus	Walking (Expiredpermi	F)	
C 2 I		NSBECTION TYPE TOP	REDES	COMMENTS ASSAULT A
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	31 Lofting Way	Fince	NN88	CLOE
	Lowe's	LExpired permit		INSPECTOR
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	NS S RR			halas
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the second s	DWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE U.C.	RESOLTS	INSPECTOR F
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	DB	(Expired)	- 1	

# <u>10722</u> <u>GARAGE</u> <u>RENOVATION</u>

& 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

	2 <b>R:</b>   10722		DATE ISSUED:	DECEMBER 19, 2	013
SCOPE OF WOR	K: GARAGE RI	ENOVATION & AC	CPAD	1	
CONTRACTOR:	RJ MADDO	X AND ASSOC.			· · · · · · · · · · · · · · · · · · ·
PARCEL CONTR	ROL NUMBER:	013841001-025	-000801	SUBDIVISION	ARBELA – L 25
CONSTRUCTION	NADDRESS:	111 S SEWALLS	PT RD	·	·
OWNER NAME:	NOVINS	I	- ····· ···		·
QUALIFIER:	ROBERT MADD	OX	CONTACT PHC	ONE NUMBER:	843-5454
	R IMPROVEMEN	TS TO YOUR PR	OPERTY. IF YOU	INTEND TO OBTA	IAY RESULT IN YOUR IN FINANCING, CONSULT MENCEMENT, A
DEPARTMENT PRIC NOTICE: IN ADDITIC APPLICABLE TO THI ADDITIONAL PERMI DISTRICTS, STATE A	OF THE RECORD OR TO THE FIRS ON TO THE REQU S PROPERTY THA ITS REQUIRED FR GENCIES, OR FED EQUIRED FOR INS	ED NOTICE OF C T REQUESTED II IREMENTS OF TH T MAY BE FOUND OM OTHER GOVE ERAL AGENCIES.	OMMENCEMENT NSPECTION. IIS PERMIT, THERI IN PUBLIC RECOR RNMENTAL ENTI CONSTRUCTION I	MUST BE SUBMITE E MAY BE ADDITION DS OF THIS COUNT TIES SUCH AS WATE	TTED TO THE BUILDING NAL RESTRICTIONS (Y, AND THERE MAY BE ER MANAGEMENT BE AVAILABLE ON SITE

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 o	f Sewall's Point
	PERMIT APPLICATION Permit Number: 101120
OWNER/LESSEE NAME: ALLISON NOVINS	Phone (Day) <u>425 418 3542</u> (Fax)
Job Site Address: 111 5, sew alls pt road	City: Stvart State: Fla Zip: 34996
Legal Description     DR 13ELA     V: 25       Fee Simple Holder Name:	_ Parcel Control Number: 013841001-025 006 801_
City: State: Zip: 7	
	SHRHOE move wall in AC BOOL
WILL OWNER BE THE CONTRACTOR?           (If yes, Owner Builder questionnaire must accompany application)           YES	COSTT AND WALUES: (Required on Attached the permit applications) Estimated Value of Improvements: S
Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
YES (YEAR) NO (Must include a copy of all variance approvals with application)	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: <u>RJ Maildox and</u>	
Qualifiers name: <u>Robert</u> Maddox Street: 62	+ NW palm st city: strart state: f[ zip: 34994
State License Number: <u>CGC 047336</u> OR: Municipali	
LOCAL CONTACT: R) Maddox	CE Pront Nutier: 1712 834 5454
DESIGN PROFESSIONAL:	Fighterense#
Street:City:	
AREAS SQUARE FOOTAGE: Living: Garage:	Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof Elevated * Enclosed non-habitable areas below the Base Flood Elevation	Deck: on greater (Tan) \$00 sol 11. Yedure a Non-Conversion Covenant Agreement.
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Buildin National Electrical Code: 2008, Florida Energy Code: 2010, Florid	e <sup>-</sup> Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPER APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC F MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNM AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SU A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AF 4. THIS PERMIT WILL BECOME <i>NULL AND VOID</i> IF THE WORK AUT WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAY BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID.	AY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A ON THE JOB SITE BEFORE THE FIRST INSPECTION. IY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE BESTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR TER 24 MONTHS PER TOWN ORDINANCE 50-95. THORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF (S AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL REF. FBC 2007 SECT. 105.4.1, 105.4.1.15.
*****A FINAL INSPECTION SIREC	UIRED ON ALL BUILDING PERMITS*****
AFFIDAVIT: APPLICATION IS HEREBY MADE TO CHINASDA FER THAT NO WORK OR INSTALLATION HAS COMMENSED, PER FURNISHED ON THIS APPLICATION IS TELE AND CORRECTED APPLICABLE CODES, LAWS, AND ORDER CES OF THE TOWN	AT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL OESEWALL'S POINT DURING THE BUILDING PROCESS.
OWNER AGENT/LESSEE - NOTARIZED SCHATCHE	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X ULLA DA MAN WETT OF MAIN	State of Florida, County of:
State of Florida, County of: <u>A A A A A A A A A A A A A A A A A A A</u>	On This the 21 day of A Olen Der 20_13 by KODEA Macon K who is personally
known to me or produced	known to me or produced
As identification. Value Werley Notary Public	As identification.
Ny Commission Expires:	My Commission Expires 3. We fit Expires August 16, 2014
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED W APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER	ITHIN 30 DAYS OF APPROVAL NOTIFIC ATION (EBC 105.2.4) ALL OTHER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY

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

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

Parcel ID	Account #	Unit Address		Mark Value		Website Updated		
01-38-41-001-025- 00080-1	17595	111 S SEWALL'S POINT R	D, STUART	\$207,	.680	11/30/2013		
		Owner Information	ı					
Owner(Current)		NOVINS ALLISO	N					
Owner/Mail Addr	ess	6114 139TH AVE SNOHOMISH W						
Sale Date		5/31/2012						
Document Book/	Page	2580 1231						
Document No.		2334027						
Sale Price		240000						
<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		Location/Description	on					
Account #	17595		Map Page N	lo.	SP-05			
Tax District	2200		Legal Desc	ription				
Parcel Address	111 S SEWA	LL'S POINT RD, STUART				S PT RD & S/LN LOT 25, W ALG		
Acres	.3610				S/LN 17 106', E & S TO	75', N PERP TO RD C/LN POB (LESS R 341/2093		
	Parcel	Туре						
Use Code	0100 Single	Family						
Neighborhood	120400 Hmw	d,Palm Ro,Kngstn,Okwd, Pine	e					
		Assessment Informa	tion					
Market Land Val	ue	\$133,880	)					
Market Improver	nent Value	\$73,800	ט					
Market Total Val	lie	\$207,680	า					

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FAA NO. 501 900 4312

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$\Gamma$	THIS CERTIFICATE IS ISSUED AS A	MAT		ICATE OF L	( 1) = 0					(MM/DD/Y 10/16/13
	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER,	URAI	NCE I	COES NOT CONSTITUT	EACON	TRACT BET	THE COVER WEEN THE IS	AGE AFFORDED BY TH SSUING INSURER(S), A	IOLDEI IE POL UTHOR	r. This Icies Ized
	MPORTANT: If the certificate holder is a the terms and conditions of the policy, ce certificate holder in fleu of such endorser ODUCER	n ADD ertain nent(s	ITION policie ;).	AL INSURED, the policy(less may require on endorse	ment. A:	statement on t	SUBROGATIC	DN IS WAIVED, subject to does not confer rights to t	ne ¦	
1 -	ton insurance, inc.				I NAM		HY HALE			
1	05 Lake Worth Road				IAC E-MA		) 956-1848	ISURANCE.NET	) <u>; (5</u> 6	31) 986-
	ke Worth, FL 33467							DRDING COVERAGE		
	one (561) 966-1848	ax (	561) §	966-4312	INSU	RERA: WEST	ERN HERITA	GE INSURANCE CO	<del></del>	NA
1	MADDOX & ASSOC INC					RER 8 :				
Ι.	N.W. Palm St					RER D :				
	UART, FL 34994-			(772) 834-5454		RERE:			: 	<u>├</u>
L		BTIC		E NUMBER:	INSU	RER F :				
T	HIS IS TO CERTIFY THAT THE POLICIES	OF IM	CLIDA	NCELISTED DEL OMALINA	BEEN	SUED TO THE		REVISION NUMBER:		
	ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	RTAI	N, THE CIES.	INSURANCE AFFORDED		UNIRACI UR	OTHER DOCU	MENT WITH RESPECT TO N IS SUBJECT TO ALL THE	WHICH	aob THIS 5,
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY		Laner Laner	4		POLICY EFF	POLICY EXP	LIMF	 rs ·	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		000,000.
	CLAIMS-MADE OCCUR			000007440				DAMAGE TO RENTED PREMISES (Es occurrence)	<u>†                                    </u>	0,000.00
<b>A</b>	<u></u>			SCP0897113		05/29/2013	05/29/2014	MED EXP (Any one person) PERSONAL & ADV INJURY		00.00
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00.000.
			1					PRODUCTS - COMPIOP AGG		00.000.
		1	†					COMBINED SINGLE LIMIT (Ea acciden!)	3	
ĺ								(Ea accident) BODILY INJURY (Per person)	5	
1							ļ	BODILY INJURY (Per accident)	3	
		1						PROPERTY DAMAGE (Per accident)	3	
		1			<u> </u>			EACH OCCURRENCE	\$	
		-	1					AGGREGATE	\$	
	WORKERS COMPENSATION		-						\$	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						ŀ		<u> </u>	
	(mancatory in NH)	N/A					L L	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	<u>s</u>	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES	(Attact	ACORD 101, Additional Rema	rika Sched	de, if more space	is required)		<u>.</u>	<u> </u>
GEN	ERAL CONTRACTOR									
GER	TIFICATE HOLDER				CANC	ELLATION				
	TOWN OF SEWALLS POINT				I INE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CA F. NOTICE WILL BE DELIVE		D BEFO
	1 SOUTH SEWALLS POINT	ROAL	þ					PROVISIONS.		
	SEWALLS POINT, FL 34996 FAX 772 220 4765				AUTHO	RIZED REPRESE	ITATIVE		•	
·····					KATH		Unith	le		
	RD 25 (2010/05) QF					Ø	1988-2010 A	CORD CORPORATION., ne and logo are register	All rig	its rese



10-05-2012

JEFF ATWATER CHIEF FINANCIAL OFFICER

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

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

ROBERT

#### 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

J

PERSON:MADDOXFEIN:592413111BUSINESS NAME AND ADDRESS:

R.J. MADDOX AND ASSOCIATES INC 624 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 to be exempt shall be subject to revocation II, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or a certificate to meet the requirements of this section.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

#### THIS DOCUMENTHAS A COLORED BACKGROUND, MICROPRINTING LINEMARK PATENTED PAPER 6267966 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L12081402009 ADAILS ABAICH NUMBER A LICENSE NBR 1.5 8/14/2012 126003431 CGC047336 ne GENERAL CONTRACTOR med below IS CERTIFIED ider the provisions of Chapter 489 FS. miration date: AUG 31, 2014 · · · · · · MADDOX, ROBERT JAMES R J MADDOX AND ASSOCIATES 624 NW PALM STREET STUART 9. S. 10 A 5 INC FL 34994 ÷. RICK SCOTT GOVERNOR KEN LAWSON 1.20 37 SECRETARY DISPLAY AS REQUIRED BY LAW

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#### NOTICE OF COMMENCEMENT

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

PERMIT #:	TAX FOLIO #: 013841-001-025-0080	21	
STATE OF FLORID	COUNTY OF MARTIN	•	-
THE UNDERSIGN FLORIDA STATUT	ED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH ES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.	CHAPTER 713,	
	DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): ARBELA L-25		ţ
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OWN	NAME: ALLISON NOVINS	. ste	-03
	ADDRESS:		
NAME	AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):		
CONT	RACTOR: RJ Madduck		
	ADDRESS: 624 NW PAGE STOCET STUART ELA 34994 PHONE NUMBER: 272 834 5454 FAX NUMBER:		
SURET	Y COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)		
	PHONE NUMBER:		
LENDE	R/MORTGAGE COMPANY: STATE OF FLORIDA ADDRESS: MARTIN COUNTY		
PERSO DOCUI	PHONE NUMBER:		
NAME			
	ADDRESS:	DEEL	
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PHONE NUMBER:			24244
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UNDER PENALTIES	5 OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY 2.525, FLORIDA STATUTES).	23	PG
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#### DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER) BOARD AND CODE ADMINISTRATION DIVISION NOTICE OF ACCEPTANCE (NOA)

Clopay Building Products Company 8585 Duke Boulevard Mason, OH 45040

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

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

#### 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.

MIAMI DADE COUNTY

1 17/11/2013

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 Clopay Building Products Company, signed and sealed by Scott Hamilton, P.E.

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#### 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 Clopay 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



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#### 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** 

## FORMULA FOR DESIGN PRESSURES

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

Pressure Exposure C multiplier Reg. Design Pressure

29.7	Х	1.35	=	+40.095
-33.1	Х	1.35	=	-44.685

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

Pressure	<u> </u>	posure C multi	plier	Reg. Design Pressure
<u> 34.1</u>	Х	1.29	и	43,989(+)
38,0	Х	1.29	=	<u>49.02(-)</u>

#### TABLE 1609.3.1

EQUIVALENT	BASIC WIND	SPEEDSa,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 p	er 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	С	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	I.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			***	Ba		d Speed '			d gust)				****			
Width (ft)	Height (ft)		35	5	20		00		10	· · · · · · · · · · · · · · · · · · ·	20	13	30	1	40	1	50
	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
						) - Section a constant of the sec	Roof A	ngle >	10	\$10,00,000 N. 10 Corp.e	1 <sup>9</sup> 2 MAY 1091 02 1201005	***********		L		4	
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(	1 34.1	-38.0

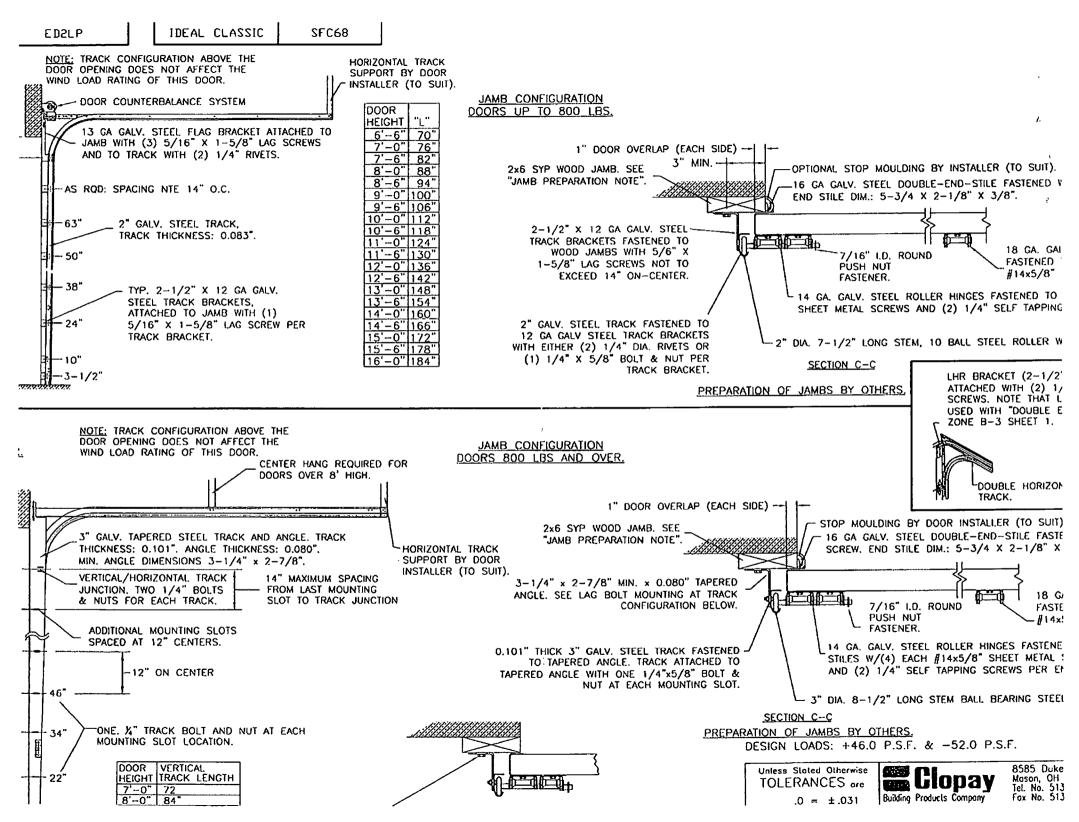
For SI: 1 Square foot = 0.929 mz, 1 mph = 0.447 m/s, 1 psf = 47.88 N/mz

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 1609.6 (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



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## **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

Tessier Consulting, LLC is a Florida licensed Geology Business (GB 625)

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 southwest 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.



Beech

## TOWN & SEWALL'S POINT

## No. 1 Sewall's Point Road, Jensen Beach, Florida 33457

## Telephone 287-2455

MARY G. SMITH

Telephone 287-2455

Town Clerk

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

#### May 12, 1973

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

Gentlemen:

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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

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

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

A a purper and . I queged ed that Enved. Sound igg in Custad to may and in weather anne mander in Jud Heil Line men my he winne my A the extending to reveal the recent proved a know thousand explasmed 7 to he are to providerer hat X and to leave what he would have to do Mr. Kinder (?) called me gest endag Turger smal with at The Self with thomas been willised of the read with - sulpastands hul min your there to bugue mere here to anne to the most of the most of the an alleged autodiver, also, that all my wyw in the man hour is already telling the dayll, Pornt Brief and the 41 have also been told that the land ELBI PT. - : nound ment Town of Scurdel Parat 82-71-8

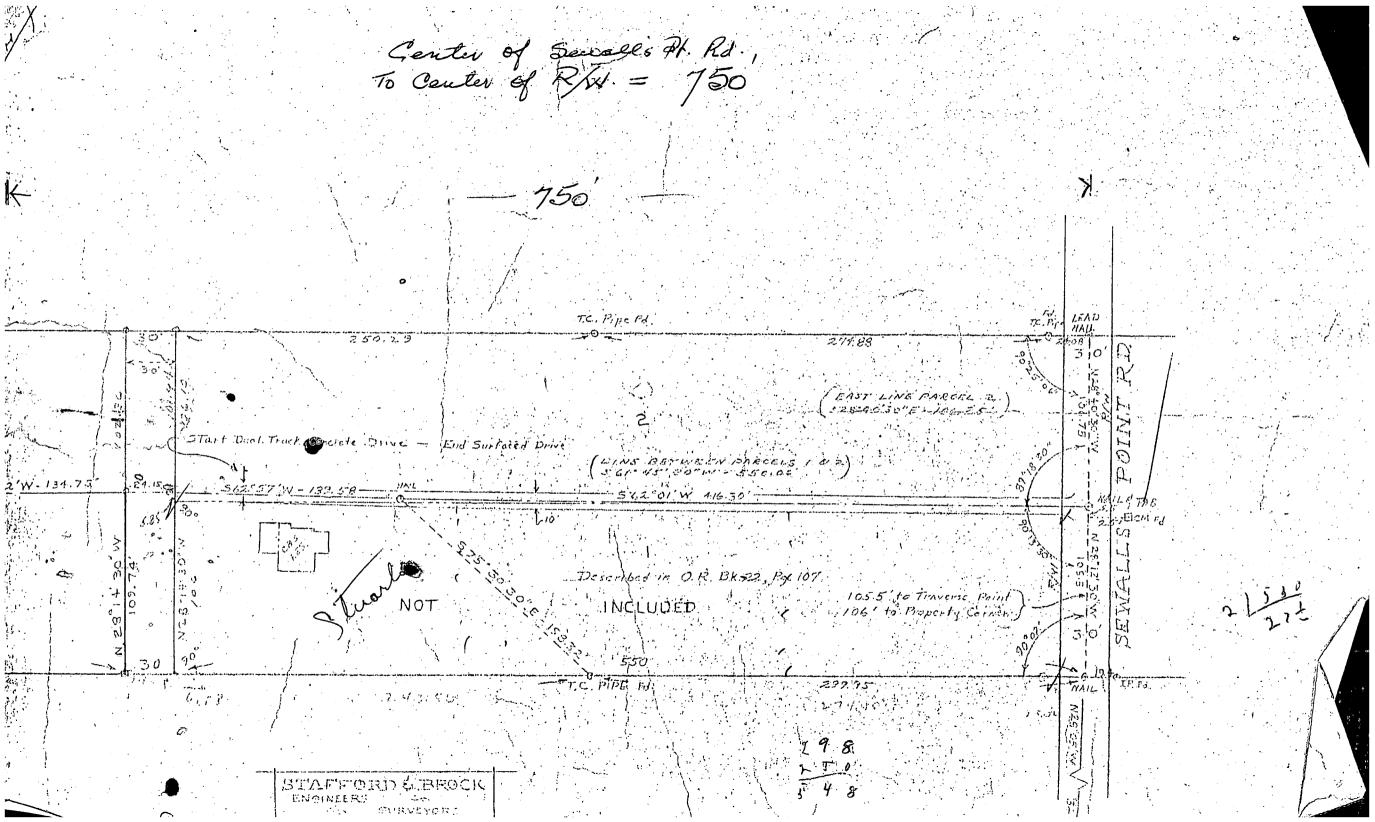
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he descenses the matter with the Town Commission whill the gaid the would do:

of the property which had been made to describe the contraction with the Town Commission. It may help to in mating the retiration clean.

Mr. Stuart Ras been adoised that the matter is now in the heads of the troom long moscia.

Despatfully. Chairman, BAA



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TOWN OF SEWALL'S POINT E GPEIGATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT **DEC** | 6 1998 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. Ivner Paul Smith Address III So Sewall Prone 287-7057 Contractor Address Phone Jumber of trees to be removed (list kinds of trees) 2 MALIAUCIA (1.) Poota Caepus (total amber of trees to be relocated within 30 days (no fee) (list kinds of trees): , MC umber of trees to be replaced (list kinds of trees): ermit Fee S 90,- (\$25.00 - first tree plus \$10.00 - each additional tree - not 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 s dead. diseased, .njured Ar hazardous to life or property.) 'lans approved as submitted\_\_\_\_\_\_ Plans approved as marked\_ ermit good for one year. Fee for renewal of expired permit is \$5.00 ignature of applicant\_\_\_\_\_ Date submitted 12 pproved by Building Inspector \_\_\_\_\_ Date 12-15-98 pproved by Building Commissioner\_ \_\_\_\_ Date ompleted Date Checked by HE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN

EPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS ERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH AS A MINIMUM HEIGHT OF TWELVE (12) FEET.

HE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, LORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA? Fre tree permit Needs then survey Subject to Civil Penalty por slash Piner Bob Both These Replaced inch per ince 25", 19 "a13" Bob Both

## TOWN OF SEWALL'S POINT

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APPLICATION	FOR TREE REMOVAL, RELOCATION, REPLACEMENT
· ·	Permit # 219
• •	Date Issued
existing or proposed structure identified with an estimated s	a written statement giving reasons for removal, relocation which shall include the dimensional location on a survey, graph, superimposed with lot lines to scale, of all s, improvements and site uses, location of affected trees ize and number, etc.
Juner taul Sunit	Address_111 S. Sewell, All Phone 287 - 7057
iumber of trees to be removed()	list kinds of trees) 2 Mallucia (invasive free)
1 Porta Carpus (	denne
iumber of trees to be relocated	<u>damaging</u> <u>Structure</u> d within 30 days(no fee)(list kinds of trees):
umber of trees to be replaced	(list kinds of trees):
Permit Fee S No Fee, S25.0	0 - first tree plus \$10.00 - each additional tree - not
to permit fee for trees which are required to be removed in s dead. diseased, .njured or h	are relocated on property or lie within a utility easement In order to provide utility service, nor for a tree which
lans approved as submitted	Plans approved as marked <u>Fer</u>
'ermit good for one year. Fee	for repewal of expired permit is \$5.00
ignature of applicant	Date submitted
pproved by Building Inspector_	Tolent A Both Date 12-30-99
pproved by Building Commission	
ompleted	
Date	Checked by

HE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN EPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS ERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH AS A MINIMUM HEIGHT OF TWELVE (12) FEET. HE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, LORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

#### TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL,	RELOCATION.	REPLACEMENT
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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. Moner Paul Smith Address\_III S. Sewall's At Phone 38.7-705.7 Vumber of trees to fremoved(list kinds of trees) 2 Slash Rices 25"+19" iumber of trees to be relocated within 30 days(no fee)(list kinds of trees): (list kinds of trees): umber of trees to be replaced Aplan the Fact Permit 2×35° 70°= Permit Fee S 70° (\$25.00 - first tree plus \$10.00 - each additional tree - not 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 s dead. diseased, .njured or hazardous to life or property.) 'lans approved as submitted \_\_\_\_\_\_ Plans approved as marked \_\_\_\_\_\_ 'ermit good for one year. Fee for renewal of expired permit is \$5.00 ignature of applicant ( Date submitted pproved by Building Inspector A Bott Date 12-30-98 pproved by Building Commissioner\_\_\_\_\_ \_\_\_\_\_ Date Ompleted 12-30-98 Bos Bott Date Checked by Replacement tree's HE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN EPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS

ERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH AS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

TOWN OF SEWALL'S POINT E GPREICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT **DEC | 6** 1998 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. Paul\_Snith Address\_111 So Sewall Prophone 287705 )mer Contractor Address Phone Jumber of trees to be removed(list kinds of trees)  $\frac{1}{2}$ 0,250-1130 beta CAEpus iumber of trees to be relocated within 30 days(no fee)(list kinds of trees): umber of trees to be replaced (list kinds of trees): 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 s dead. diseased, .njured or hazardous to life or property.) lans approved as submitted\_\_\_\_\_\_Plans approved as marked\_ ermit good for one year. Fee for renewal of expired permit is \$5.00 ignature of applicant\_ Date submitted 12 pproved by Building Inspector\_\_\_\_ \_\_\_\_\_ Date\_\_\_\_ pproved by Building Commissioner\_\_\_\_\_ Date\_\_\_\_\_ Date\_\_\_\_\_ ompleted Date Checked by HE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN EPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS ERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH AS A MINIMUM HEIGHT OF TWELVE (12) FEET. HE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, LORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA? Needs there survey Subject to Civil Penalty For slash Piner Bob Bot These Replaced inch pen inch 25", 19 "a13" Bob Bot

	TOWN OF SEW	WALL'S POINT, FLORIDA
	7/22 (	99 10 254
Date		19 TREE REMOVAL PERMIT Nº 254
APPLIED FOR BY	- PAUL SMIII	(] (Contractor or Owner)
Owner		S. SEWALL'S POWT ROAD
Sub-division		, Lot, Block
Kind of Trees		INS RIKED IN RIFICATION
No. Of Trees: 1	REMOVE	FUELD VERIFICITION 7/28/99 G
No. Of Trees: RE	LOCATE W	VITHIN 30 DAYS (NO FEE)
No. Of Trees: F	REPLACE W	VITHIN 30 DAYS
REMARKS (PE	R APPLICENT) TREE #1	1 THEEATENING STRUCTURE; TREE # 2
BLOCKS ON	X ACCESS FOR 1 LOPOSI	ED POOL CONSTRUCTION, FEE \$ 35.00
Signed,	115	Signed, Town Clerk
	Applicant	
		C-11 207 2455 - 0.00 A M 12.00 Mars (ar Inc
OWN OF	SEWALL'S PO	Call 287-2455 - 8:00 A.M12:00 Noon for Ins WORK HOURS 8:00 A.M 5:00 P.M.—NO SUNDAY W
		WORK HOURS 8:00 A.M 5:00 P.M.—NO SUNDAY W
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	TOWN OF SEWALL'S POINT
	APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT Dermit # 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.
	mer PAU Smith Address III So South Address III So South Address Address III So South Address Phone 2877057
	contractor_JIMS thee source Address Phone 561 871 9779
	Number of trees to be removed (list kinds of trees) 2 SLASL Prices
•	iumber of trees to be relocated within 30 days(no fee)(list kinds of trees):
	umber of trees to be replaced (list kinds of trees):
··· .	Permit Fee S(\$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 to are required to be removed in order to provide utility service, nor for a tree which is dead. diseased, .njured & hazardous to life or property.)
	'lans approved as submitted Plans approved as marked
•-	Permit good for one year. Fee for renewal of expired permit is \$5.00 ignature of applicant Date submitted <u>TPLy 28 969</u>
	pproved by Building Commissioner Date Date
	ompleted
	Date Checked by
	HE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN EPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS ERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH AS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

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a famore PR-RA told I of Malere trees on Sile upper 5. the #1 is thrething Studene The HZ impeding sight access for proposes pool emotivating. ( perment application clourity in prospess) July 28, 1994

Date	7[21]	00 -19-	TREE RE	MOVAL PERMIT	• <b>№</b> 0347
APPLIED	FOR BY PAL	IL SMITT	<u>†                                    </u>		(Contractor of Owner
Owner	A [ ]	S. SEUT	US POILT	PD.	
	on	ARH PINE	, Lot	, Block	<b></b>
	rees	N-20-LIVE			A LEDLARIP
No. Of T	rees: REMOVE	2 ()	(UD)	FIEL	DINSP/VERIF.
No. Of Tr	ees: RELOCATE	<u>-0</u> wr	THIN 30 DAYS (N		100 '
No. Of T	rees: REPLACE	<u>-0-</u> wr	THIN 30 DAYS		t
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	F SEWALL'S POINT	.1
APPLICATION FOR TREE	RECEIVED	REPLACEMENT D34
FIL- 1/19/00	JUL 1 1 2000	Permit /
	BY:	Date Issued
This application shall include a written or replacement and a site plan which sha scale drawing, or aerial photograph, sup existing or proposed structures, improve identified with an estimated size and nu Owner AUL Mith Address	erimposed with lot ments and site uses	lines to scale, of all , location of affected trees
		Phone
Address		Phone
Number of trees to be removed(list kinds	of trees) 2	SLACK PINES
Number of treas to b	(	
Number of trees to be relocated within 3	0 days(no fee)(list	kinds of trees):
Number of trees to be replaced		
- and or trees to be replaced	(list kinds of	trees):
Permit Fee S (37.5.00 first to exceed \$200:06.8 (5.00	tree plus \$10.00 =	each additional tree - not
(No permit fee for trees which are reloc & are required to be removed in order t is dead, diseased, injured or hazardous	ated on property or o provide utility s to life or property	lie within a utility easement ervice, nor for a tree which .)
Plans approved in D/GA	Plans approved∉as m	
Permit good for one year. Fee for renew	, a∲ of expired permi	t is \$5.00
Signature of applicant	//	submitted JULY 11, 200
Approved by Building Inspector	AN A	Date 7/17/00
Approved by Building Commissioner		Date
Completed		
Date Ch	ecked by	· ·
THE FOLLOWING TREES MAY BE REMOVED OR DE PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN P PERMIT, A TREE IS DEFINED AS ANY SELF-SU HAS A MINIMUM HEIGHT OF TWELVE (12) FEET	INE AND STRANGLER F	AGENTIC A BERNIES. BRAZILIAN IG. FOR THE PURPOSE OF THIS IBROUS PERENNIAL PLANT WHICH

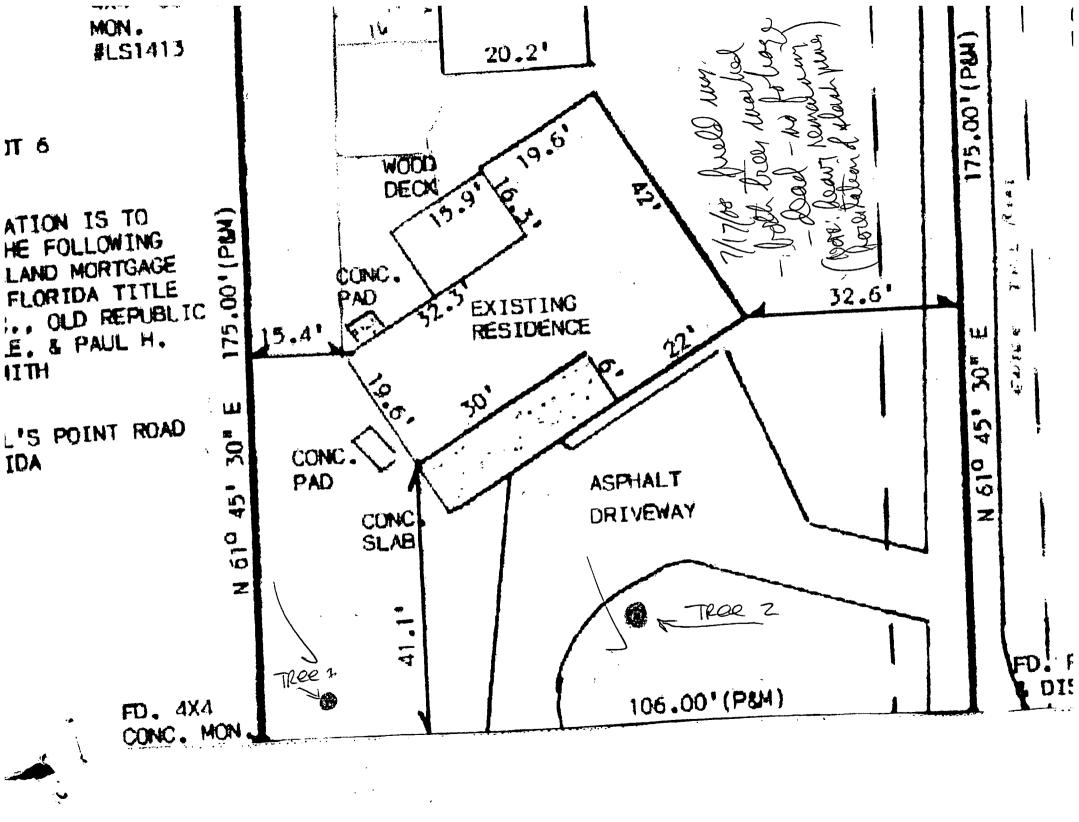
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

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APPLIED FOR BY	<u>FPL</u> Courtell	1. Of D	1	(Contracto	r or Owner)
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	emove				
	OCATE	WITHIN 30 D	AYS (NO FEE)		
No. Of Trees: RE	PLACE	WITHIN 30 D	AYS		
	Applicant			FEE \$	$\frac{\gamma}{1}$
Signed,	Applicant	Signe	ed, Ane	emmon (	Nou)
	, ppca.r.			Town Clerk	
		01NT	Call 287-245	5 - 8:00 A.M12:0	0 Noon for
	EWALL'S P	OINT		5 – 8:00 A.M12:0 RS 8:00 A.M 5:00 P.M.	
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WN OF S		RE: ORDINANCE	WORK HOU AL P 103	<b>ERM</b>	
WN OF S		RE: ORDINANCE	WORK HOU AL P 103	RS 8:00 A.M 5:00 P.M.	
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		FPL
TREE	WORK	<b>AUTHORIZATION</b>

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TO		DATE	20
<b></b>	Do NOT Write above this line - for Veg	etation Management	20
OWNER'S NAME	ADDRESS (Work Location)	PHRY Squart	DAYTIME TELEPHONE
	ADDRESS OF OWNER (if different)		TELEPHONE
FACILITIES INVOLVED:       PRIMARY         STREETLIGHT       TRANSMISSION		SERVICE ACCESSIBLE TO TRUCK	
INSTRUCTIONS REMOVE Labore	Dalm		CUSTOMER CONTACTED:
□			
CHARGE TO: (Vegetation Management Only)	APPROVED BY:		· · · · · · · · · · · · · · · · · · ·
<b>.</b>			20
RWO/SIO/TWO NO.	LCSD STAKING DA	FPL Utility Arborist	Date
ORIGINATED BY:	STARING DA	E *MARKED PRIMARY MAP SKETCH REQUIRED FOR	AND/OR JOB ALL REQUESTS
Skur Stly VII	Phone No. Date	20 UL TROUBLE	*Wire Ves 20 Down No
FOR REMOVAL'S ONLY Signature of Owner/Agent (Gircte One	20	EMARKS	
	IPLETED BY DATE	IIS WORK IS TO BE DONE AT NO COS	

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APPLIED FOR BY	02 Jaul Smith 5. Sewall's		(Contractor	or Owner)
Owner// /	5. Sewalls	Pt. Rd.	287-7057	
Sub-division		, Lot	, Block	
Kind of Trees	2 Shash 1	INES		
No. Of Trees: REMO	DVE			
	TE WITHI	N 30 DAYS (NO FE	E)	
No. Of Trees: REPLA	CE WITHI	N 30 DAYS		
REMARKS	2 ARDOUS TO PI	ROPERTY		····
	-	<u> </u>	FEE \$	
Signed,	Applicant	Signed,	e Sommons (	np)
	Applicant		Town Clerk	
OWN OF SE	WALL'S POIN	Call 287 WORK	-2455 - 8:00 A.M12:0 ( HOURS 8:00 A.M 5:00 P.M	
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#### TOWN OF SEWALL'S POINT

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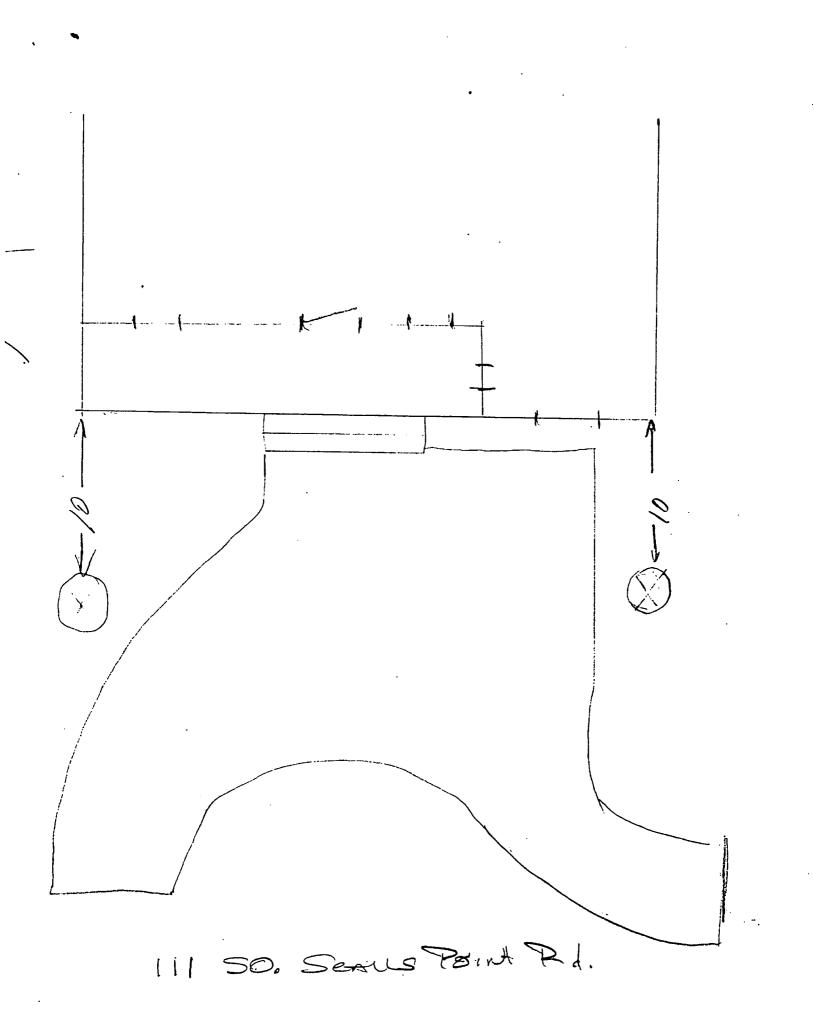
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# APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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	Permit #
	Date Issued:
photograph, superimposed with site uses, location of affected th	written statement giving reasons for removal, relocation, or replacement ude the dimensional location on a survey, scale drawing, or aerial 1 lot lines to scale, of all existing or proposed structures, improvements and rees identified with an estimated size and number, etc.
Owner AL SMITH	Address III, So Seuralle Pt Rd Phone 287 7057
	_ Address Phone
Number of trees to be removed	(list kinds of trees) Z SLASL 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 \$	HAZARDOUS TO PROPERTY = Correct
(No permit fee for trees which the removed in order to provide to life or property.)	are relocated on property or lie within a utility easement and are required to utility service, nor for a tree which is dead, diseased, injured or hazardous
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	r to 1 to 1 Date submitted: 9/25/2
Completed Date	Checked by
PURPOSE OF THIS PERMIT	AY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR T WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.
THE FOLLOWING TREES M BRAZILIAN PEPPER, FLORI	UST BE REMOVED BEFORE CONSTRUCTION BEGINS: DA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA
See attached Tree Species List	•



Date	<u> </u>	- 1 2004 TR	EE REMOVAL P	ermit Nº	2365
APPLIED FOR BY		- MITH		(Contracto	or Owner)
Owner	111 5,	SENALL'S	PP KD		
Sub-division		, Lot		_, Block	
Kind of Trees					
No. Of Trees: F	REMOVE	3 PINES	>		
No. Of Trees: RE	LOCATE	WITHIN 30 D	AYS (NO FEE)		
No. Of Trees: F	REPLACE _2	WITHIN 30 C	DAYS		
REMARKS		·			/
			1	FEE \$	1 Car
Signed,		Sigr	Bull	Town Clerk	
	Applicant	<b>t</b>	Buil	DINGOFF	CIAL
TOWN OF	SEWALL	S PAINT			2:00 Noon for Ins
TRF	FR	- MAC) V		PFRN	
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#### TOWN OF SEWALL'S POINT APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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

#### No permit required for:

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

#### Permit Fee:

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

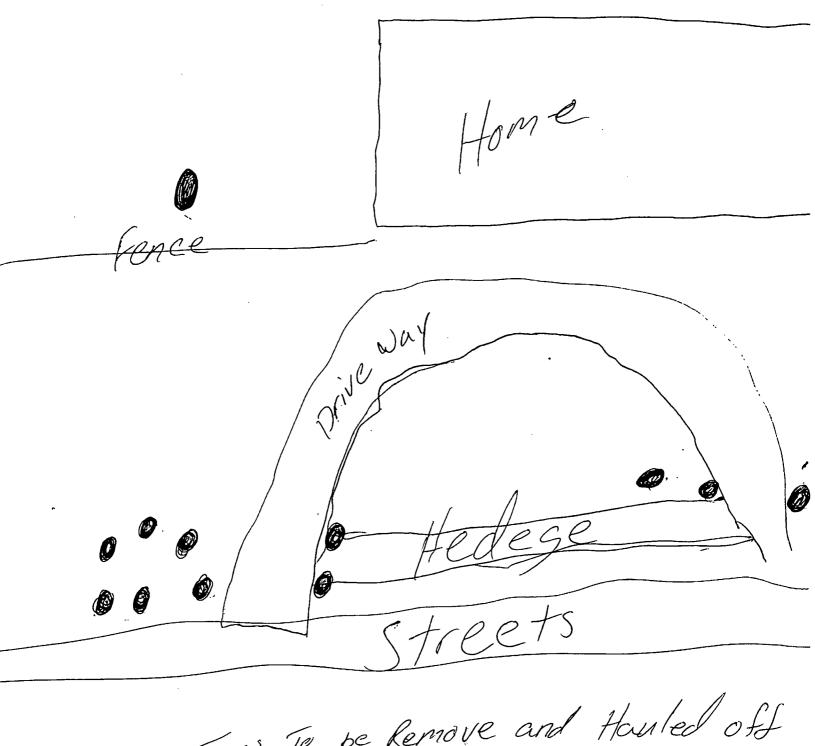
No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry,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

#### **Application procedures:**

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

5. Terminis expire in work does not organized and a second a second and a second a s
Owner LACKA Smith Address 111 5 Sewalls 124 Phone 287-7057 * 46
Contractor Thee boken Address 4626 WE Dulley Phone 334-2673
No. of Trees: REMOVE 13 Type: Dines
No. of Trees: RELOCATE WITHIN 30 DAYS Type:
No. of Trees: REPLACE WITHIN 30 DAYS Type:
Written statement giving reasons: DEAd And BRUKEL Pine DOAR
And Sturm DAMASE Signature of Property Owner Yaura Fmith_ Date 11:29.04
Approved by Building Inspector: Date Date Fee:
Plans approved as submitted Plans approved as revised/marked:
PLEASE SUBMIT PROPOSAL FOR NEW TREES TO
REPLACE THE 13 REMOUTED. & TACE 3"IN DIA. (2 REQUIRED)

Nor Folk Tree



13 Trees To be Remove and Hould off Stumps To be golnded By Tree Barber

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	TOWN OF	SEWALL	'S PC	DINT
· ·		partment - Insp		
Date of In		DFH DEC (		
PERMIT		INSPECTION TYPE		NOTES/COMMENTS:
(CEE)	Sm174	TREE	FATE	
	111 S. SEWALIS		DALS	
6			11-62	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7070	WINSLOW_ N	PRE DRYWAU	PASS	1823 CODE NORTH
	10 S. SEWALLS PT.	Rough Bumbina	1745	AND OF LATE AN
10	OB A AX	(TRUSS REPAIRS)	PAGS	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8948	WINSLOW	ROUGH FIEL	FAIL	
-	105 Stavaus Pp	FRAMING	FAIL	/
10	RRAUSS+ (RANE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6839	WADE		DASS	
	9 E. that POINT	260.0955		A 14
	PINE ORCHARD	/LAST PLEA		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
6391	WHITWELL	FINALBLA	FAIL	
	MARGUERITA			
- 1 <b>↓</b> − 1	HEMMINAWAY			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6772	EDER	FOOTER (BACK OF HOUSE)	FAIL	/
· n	4 MARANERITA-			AN
2	QB	223-9305 475-5069		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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				INSPECTOR:
OTHER:		•••••••••••••••••••••••••••••••••••••••		

INSPECTION LOG xis

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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 NILL G. SRINKALLES PT Phone 425 418 3542
Contractor DAVID MULHOLLAddress Phone 772 676 7588
No. of Trees: REMOVE Species: O'
No. of Trees: RELOCATE Species:
No. of Trees: REPLACE 2 Species: 11Ve 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_ Ulus on hoven Date_ 6/27/13
Approved by Building Inspector: Date Date Fee:
NOTES:NEDI ADDITIONAL OAR 4" CHIPH
TUES ARE MITIGATED BASED ON CALIPER NOT HEIGHT
SKETCH:
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is pruned & A D



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 NOVIN Address III 5. Sewalls Phone 425.418 3542
	Contractor rene marcinkes Address 100 florida Ave Phone 772 337 0302
	No. of Trees: REMOVE 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_ Ullischarthory Date 7.16-12
	Approved by Building Inspector: 6482
	NOTES:
	7.16.12 Dore
6114 139T SNOHOM	32-8005 H AVENUE SE HSH. WA 98290
F1	JOI AVENUE SE IISH. WA 98290 TO WA OF Somalls Pt Freen and X×/100 Freen and X×/100 Brokenhoving Blog B Scade Hol Avenue D. Blog B Scade
Ca	Bank snohomish, WA 98290
2	
Hatland Cla	queer color
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	Front X UN Known



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

### TIRE 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 NOVIN Address Miles Section And Phone 425.418 3542 Contractor rene marcinkes Address 100 florida Ave Phone 772 337 6302 No. of Trees: REMOVE 6 species:

No. of Trees: RELOCATE\_\_\_\_\_\_ Species: \_\_\_\_\_

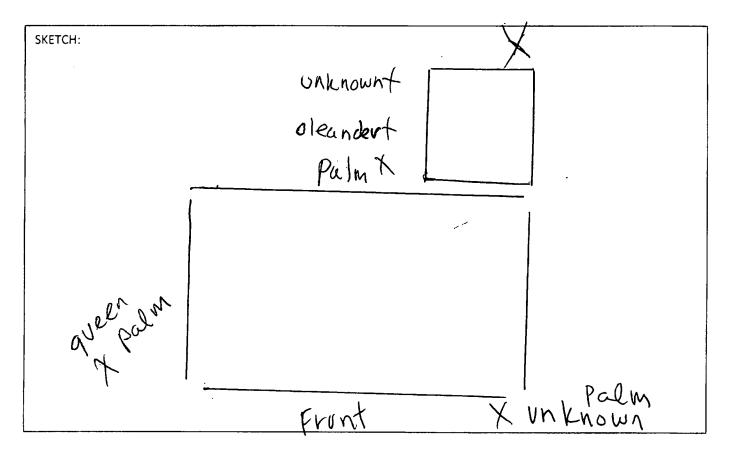
No. of Trees: REPLACE \_\_\_\_\_\_ Species: \_\_\_\_\_

\*\*\*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\_\_\_\_ horr Date 7.16.12 Cit+6482 Date 7-16-17 Fee: " Approved by Building Inspector: NOTES:



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       ALAGON       Algon       Algon <t< td=""></t<>
***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) <u>SVER-pruned</u> existing oak
Signature of Property OwnerDateDateDateDateDateDateDateDateDateFee:
SKETCH: THE STANDARD AND AND AND AND AND AND AND AND AND AN