

112 South Sewall's Point Road

297

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Cooke, John D. ^{DN 297} Present Address Sewalls Pt Rd ¹² Phone 283-0744

Architect _____ Address _____

General Contractor _____ Address _____ Phone _____

Where Licensed _____ License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location 12 Sewalls Pt Rd Subdivision Arbella Plan Lot No. Southern half Lot # 25

Lot Dimensions 106 x 360± Lot Area 36,500 Sq. Ft. ±

Purpose of Building Dwelling Type of Construction C.B.S.

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

Outside of Walls _____ Inside of Walls 1540 s.f.

Street or Road building will front on Sewalls Point Road

Clearances - Front 285 Back 10 Side 23 Side 23 River 50ft

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) 6 ft above high water

^{Est.} Contract Price (Include Plumbing, Electrical, Air Conditioning) 20,000=

PERMIT FEE	New Home	Additions	Others
General (^{5.00} \$3.00 per \$1000 or Fraction)	_____	_____	_____
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 John D. Cooke

Building Inspector Comments: Chad A. Dinger

FOR TOWN RECORDS: Date Drawings submitted 11/10/71
 Date Permit approved 11/17/71
 Date Permit Fee paid 11/12/71
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

~~44~~ 297
 20-
 10-
 \$120.00

PROPERTY CONTROL NO.: 01-38-41-001-025-00100-7

PREPARED BY AND RETURN TO:
U.S. TITLE SECURITY CO.
1111 S. FEDERAL HIGHWAY, SUITE 100
STUART, FL. 34994
FILE NO. S-3950

DOC-DEED \$ 2457.00 MARSHA STILLER
DOC-MTG \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY WT D.C.

WARRANTY DEED

THIS WARRANTY DEED made this 16th day of April, 1993 BETWEEN:

LINDA C. RUSSELL, SUCCESSOR TRUSTEE OF THE JOHN D. COOKE, TRUST DATED JULY 5, 1990, as GRANTOR*, of 716 GAYFEATHER LANE, VERO BEACH, FL 32462,

and

LEWIS A. BEAN and MARY Z. BEAN, HUSBAND AND WIFE, as GRANTEE*, of 112 SOUTH SEWALLS POINT ROAD, STUART, FL 34996

WITNESSETH, that said Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other good and valuable consideration to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the grantee and grantee's heirs forever the following described land located in the County of MARTIN, State of Florida, to-wit:

SEE ATTACHED EXHIBIT "A" AND MADE A PART HEREOF

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*Singular and plural are interchangeable as context requires.

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

WITNESSES

Dyonnia C. Beegle

DYONNIA C. BEEGLE
Print Name of Witness

Linda C. Russell, Tr.
LINDA C. RUSSELL, SUCCESSOR TRUSTEE OF THE JOHN D. COOKE, TRUST DATED JULY 5, 1990

Marilyn J. Rowe

MARILYN J. ROWE
Print Name of Witness

Print Name of Witness

Print Name of Witness

STATE OF FLORIDA
COUNTY OF MARTIN

I hereby certify that on this 16th day of April, 1993, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared LINDA C. RUSSELL, SUCCESSOR TRUSTEE OF THE JOHN D. COOKE, TRUST DATED JULY 5, 1990 and who produced a drivers license as identification and who did not take an oath.

Dyonnia C. Beegle
NOTARY PUBLIC - DYONNIA C. BEEGLE, #CC1085990 07 PGI 1.46
COMMISSION EXPIRATION DATE:

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: June 19, 1995
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

3665

ADDITION

TAX FOLIO NO. 3665

DATE 9/26/94

APPLICATION FOR PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, STORAGE 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 Lewis & Mary Bear Present address 112 So. Sewalls Point Rd
Stuart Fla

Contractor Dennis Proctor Address 776 E River Ter
Jensen Bch, Fla

Where licensed Martin County License number MC #00045

Electrical Contractor Halverson Electric License number MC # EC 1346

Plumbing Contractor White Plumbing License number MC # 00060

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 2nd floor to existing one story
CBS.

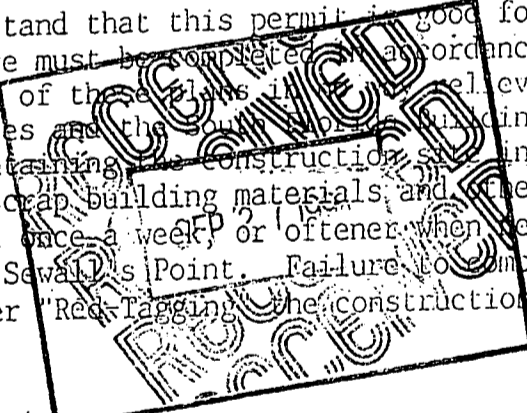
State the street address at which the proposed structure will be built:
112 So. Sewalls Point Rd

Subdivision River View Subdivision Lot Number 3 Block Number _____

Contract price \$ ~~29,700~~ 29,500 Cost of permit \$ ~~767.00~~ 767.00

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 _____ relieves me of complying with the Town of Sewall's Point Ordinances and the _____ Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "Red-Tagging" the construction project.



Contractor Dennis Proctor

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 Lewis A. Bear
Mary J. Bear

TOWN RECORD
Approved: Dale Brown 9/27/94
Building Inspector Date

Date submitted _____
Approved: W Van _____
Commissioner Date Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date PERMIT NO. _____

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

1600

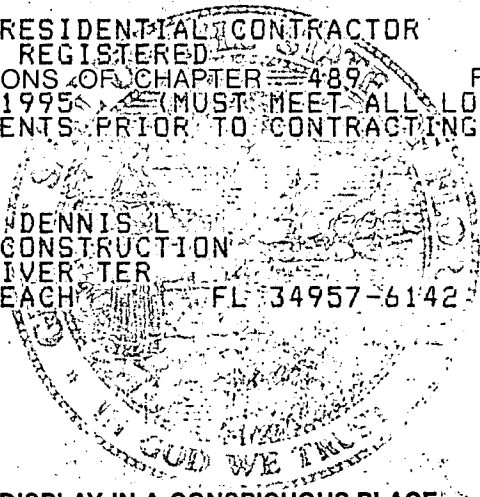
182481 STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

08/19/93
AUDIT CONTROL NO. 2482481
LICENSE NO. RR 0028688
BATCH NO. 93900228
AMOUNT PAID \$209.00
CONST INDUSTRY LICENSING BOARD
P.O. BOX 2
JACKSONVILLE FL 32202

DATE	LICENSE NO.	BATCH NO.
8/19/93	RR 0028688	93900228

REGISTERED RESIDENTIAL CONTRACTOR
BELOW HAS REGISTERED
THE PROVISIONS OF CHAPTER 489, F.S., FOR THE YEAR
3 AUG 31, 1995 (MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

PROCTOR, DENNIS L
PROCTOR CONSTRUCTION
776 NE RIVER TER
JENSEN BEACH, FL 34957-6142



DISPLAY IN A CONSPICUOUS PLACE

LICENSEE SIGNATURE
WALLET CARD — FOLD HERE

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

REGISTERED RESIDENTIAL CONTR
PROCTOR, DENNIS L
PROCTOR CONSTRUCTION

(INDIV MUST MEET LOCAL LICENSING
REQ PRIOR TO CONTR IN ANY AREA)
HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1995

LAWTON CHILES
GOVERNOR

GEORGE STUART, JR.
SECRETARY D.P.R.

CHILES
FOR

GEORGE STUART, JR.
SECRETARY D.P.R.

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

PROCTOR, DENNIS L
PROCTOR CONST INC
776 NE TOWN TER
JENSEN BEACH, FL 34957

EXPIRES SEPTEMBER 30, 1995

AUDIT CONTROL NUMBER: 25889
CERTIFICATE NUMBER: MC00045

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to _____.

For property at _____ built under Permit No. _____ Dated _____ (street address) when completed in conformance with the Approved Plans.

Signed *Herminia Proctor*

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	_____	_____
2. Termite protection	_____	_____
3. Footing - slab	_____	_____
4. Rough plumbing - slab	_____	_____
5. Rough electric - slab	_____	_____
6. Lintel	_____	_____
7. Dry in (final)	_____	_____
8. Roof	_____	_____
9. Framing	_____	_____
10. Rough electric	_____	_____
11. Rough plumbing	_____	_____
12. A/C Ducts	_____	_____
13. Insulation	_____	_____
14. Final electric	_____	_____
15. Final plumbing	_____	_____
16. Final construction	_____	_____
17. As-built survey	_____	_____
18. Affidavit of cost	_____	_____

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____ date
(owner)

(Keep carbon copy for Town files)

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5350

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: LEWIS & MARY BEAN
 AND ADDRESS:

BUILDER: PROCTOR CONST.
 PERMITTING

CLIMATE

STUART FL.

OFFICE:

ZONE: 71-1 81-1 91-1

OWNER:

PERMIT NO.

JURISDICTION NO. 531000

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 2362.00	_____
6. Predominant eave overhang (ft.)	6. 1.00	_____
7. Porch overhang length (ft.)	7. 9.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 464.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 208.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 4.20, 1664.00sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 1233.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 256.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=30.00 , 2430.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 10.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.94	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	_____
19. EPI (must not exceed 100 points)	19. 96.52	_____
a. Total As_Built points	19a. 40789.53	_____
b. Total Base points	19b. 42261.55	_____

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

PREPARED BY: Mike Pinner
 DATE: 9-10-94

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

OWNER/AGENT: _____
 DATE: _____

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

BUILDING OFFICIAL: _____
 DATE: _____

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

=====

GLASS-----

ORIENT AREA x BSPM = POINTS | TYPE SC ORIENT AREA x SPM x SOF = POINTS

N	97.00	109.7	10640.9	SGL TINT		N	12.0	65.2	.97	757.9
				SGL TINT		N	12.0	65.2	.97	757.9
				SGL TINT		N	30.0	65.2	.53	1036.7
				SGL TINT		N	28.0	65.2	.53	967.6
				SGL TINT		N	10.0	65.2	.70	456.4
				SGL TINT		N	5.0	65.2	.70	228.2
E	206.00	109.7	22598.2	SGL TINT		E	12.0	133.9	.34	546.3
				SGL TINT		E	12.0	133.9	.34	546.3
				SGL TINT		E	80.0	133.9	.59	6320.1
				SGL TINT		E	10.0	133.9	.97	1304.1
				SGL TINT		E	12.0	133.9	.97	1565.0
				SGL TINT		E	80.0	133.9	.59	6320.1
S	47.00	109.7	5155.9	SGL TINT		S	12.0	132.5	.97	1540.3
				SGL TINT		S	10.0	132.5	.48	636.0
				SGL TINT		S	10.0	132.5	.48	636.0
				SGL TINT		S	15.0	132.5	.48	954.0
W	114.00	109.7	12505.8	SGL TINT		W	26.0	133.9	.34	1183.7
				SGL TINT		W	20.0	133.9	.34	910.5
				SGL TINT		W	26.0	133.9	.34	1183.7
				SGL TINT		W	12.0	133.9	.59	948.0
				SGL TINT		W	30.0	133.9	.59	2370.0

.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS | GLASS
 AREA AREA FACTOR POINTS POINTS | POINTS

.15 2,362.00 464.00 .764 50,900.80 38,866.71 | 31,168.84

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

WALLS-----

Ext	2897.0	1.6	4635.2	Ext Wood Frame	19.0	1233.0	1.60	1972.8
				Ext NormWtBlock In	4.2	1664.0	2.28	3793.9
Adj	256.0	1.0	256.0	Adj Wood Frame	19.0	256.0	.60	153.6

DOORS-----

Ext	52.0	6.4	332.8	Ext Wood		52.0	9.40	488.8
Adj	18.0	2.6	46.8	Adj Wood		18.0	3.80	68.4

CEILINGS-----

UA	2362.0	.8	1889.6	Under Attic	30.0	2430.0	.80	1944.0
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FLOORS-----

Slb	208.0	-20.0	-4160.0	Slab-on-Grade	.0	208.0	-20.00	-4160.0
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INFILTRATION-----

	2362.0	14.7	34721.4	Practice #2		2362.0	14.70	34721.4
--	--------	------	---------	-------------	--	--------	-------	---------

TOTAL SUMMER POINTS | 76,588.51 | 70,151.76

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

 WINTER CALCULATIONS

=== BASE === | === AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BWPM	= POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WOF	= POINTS
N	97.00	-.4	-38.8	SGL TINT		N	12.0	3.7	1.02	45.1
				SGL TINT		N	12.0	3.7	1.02	45.1
				SGL TINT		N	30.0	3.7	1.26	139.9
				SGL TINT		N	28.0	3.7	1.26	130.5
				SGL TINT		N	10.0	3.7	1.14	42.2
				SGL TINT		N	5.0	3.7	1.14	21.1
E	206.00	-.4	-82.4	SGL TINT		E	12.0	.2	22.04	52.9
				SGL TINT		E	12.0	.2	22.04	52.9
				SGL TINT		E	80.0	.2	11.04	176.6
				SGL TINT		E	10.0	.2	1.54	3.1
				SGL TINT		E	12.0	.2	1.54	3.7
				SGL TINT		E	80.0	.2	11.04	176.6
S	47.00	-.4	-18.8	SGL TINT		S	12.0	-1.8	.97	-20.9
				SGL TINT		S	10.0	-1.8	-.34	6.1
				SGL TINT		S	10.0	-1.8	-.34	6.1
				SGL TINT		S	15.0	-1.8	-.34	9.2
W	114.00	-.4	-45.6	SGL TINT		W	26.0	.2	22.04	114.6
				SGL TINT		W	20.0	.2	22.04	88.2
				SGL TINT		W	26.0	.2	22.04	114.6
				SGL TINT		W	12.0	.2	11.04	26.5
				SGL TINT		W	30.0	.2	11.04	66.2

.15 x COND.	FLOOR / TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,362.00	464.00	.764	-185.60	-141.72 1,300.32

NON GLASS-----										
AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS			
WALLS-----										
Ext	2897.0	.3	869.1	Ext Wood Frame	19.0	1233.0	.30	369.9		
				Ext NormWtBlock In	4.2	1664.0	1.02	1697.3		
Adj	256.0	.5	128.0	Adj Wood Frame	19.0	256.0	.30	76.8		
DOORS-----										
Ext	52.0	1.8	93.6	Ext Wood		52.0	2.80	145.6		
Adj	18.0	1.3	23.4	Adj Wood		18.0	1.90	34.2		
CEILINGS-----										
UA	2362.0	.1	236.2	Under Attic	30.0	2430.0	.10	243.0		
FLOORS-----										
Slb	208.0	-2.1	-436.8	Slab-on-Grade	.0	208.0	-2.10	-436.8		
INFILTRATION-----										
	2362.0	1.2	2834.4	Practice #2		2362.0	1.20	2834.4		

TOTAL WINTER POINTS | 3,606.18 | 6,264.70

TOTAL x SYSTEM	= HEATING	TOTAL x CAP x DUCT x SYSTEM x CREDIT	= HEATING
WIN PTS	MULT	COMPON RATIO MULT	MULT

WATER HEATING

=== BASE ===

=== AS-BUILT ===

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

3 3319.0 9,957.00 | 50 .94 1.000 3106.0 1.00 9,318.00

SUMMARY

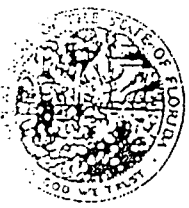
=== BASE ===

=== AS-BUILT ===

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

28337.7 3966.8 9957.0 42,261.55 | 24924.9 6546.6 9318.0 40,789.53

* EPI = 96.52 *



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM ^{HRS-Martin County} Public Health Unit
 APPLICATION FOR CONSTRUCTION PERMIT
 Authority: Chapter 381, FS & Chapter 10D-6, FAC

SEP 22 1994

PERMIT # 94-310R
 DATE PAID 9/14/94
 FEE PAID \$ 40.00
 RECEIPT # 13148

94-310R / DENNIS PROCTOR CONST
 PERMIT NO. / APPLICANT

10-20-94

APPLICATION FOR:
 Repair
 Existing System
 Abandonment

APPLICANT: Dennis Proctor Const / Bean TELEPHONE: 334-6007

AGENT: Ray Cooke

MAILING ADDRESS: 1776 NE River Lane - Jensen Beach Fl.

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION (IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED)

LOT: 3 BLOCK: _____ SUBDIVISION: Riverwood DATE OF SUBDIVISION: _____
 (Section/Township/Range/Parcel No.) ZONING: _____

PROPERTY SIZE: _____ ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBL

PROPERTY STREET ADDRESS: 112 So Sewalls Pt Rd

ADDITIONS TO PROPERTY: _____

History of Failure: adding onto the house

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
<u>Residence</u>	<u>3BR</u>		<u>4</u>	

Loads of Laundry: 1 / Day 1 / Every Other Day 1 / Weekends

Age of Septic System: 20+ Years Old Number of Times Septic Tank Pumped: _____

Faulty/Leaking Plumbing: Y N Powdered Detergents Used: Y N

Other Comments: _____

Garbage Grinders/Disposals Spas/Hot Tubs Floor/Equipment Drains: _____
 Ultra-low Volume Flush Toilets Other (Specify) _____

APPLICANT'S SIGNATURE: Ray Cooke DATE: 9/21/94



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM
 SITE EVALUATION AND SYSTEM SPECIFICATIONS

REPAIR PERMIT # _____

CLIENT: _____

AGENT: _____

BLOCK: _____

SUBDIVISION: _____

PROPERTY ID #: _____

(Section/Township/Range/Parcel No. or Tax ID Number)

COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST
 AND REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: _____ ACRES
 ESTIMATED SEWAGE FLOW: 350 GALLONS PER DAY (RESIDENCES-TABLE 1 / OTHER-TABLE 2)
 PERMITTED SEWAGE FLOW: 450 GALLONS PER DAY (1500 GPD/ACRE OR 2500 GPD/ACRE)
 UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

MARK/REFERENCE POINT LOCATION: _____
 LOCATION OF PROPOSED SYSTEM SITE IS _____ (INCHES/FT) (ABOVE/BELOW) BENCHMARK/REFERENCE POINT

MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
 PUBLIC WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? YES NO
 PUBLIC: 200 FT LIMITED USE: 100 FT PRIVATE: 75 FT NON-POTABLE: 50 FT
 FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
 FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

PROFILE INFORMATION

Soil #/Color	Texture	Depth
<u>White</u>	<u>Sand</u>	<u>0 to 6</u>
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____

SOIL SERIES: _____

- IS DRAINFIELD SUBJECT TO VEHICULAR TRAFFIC: Y N
- IS EXISTING DRAINFIELD COVERED BY IMPERVIOUS MATERIAL: Y N
- IS SYSTEM SUBJECT TO ROOT CLOGGING Y N
- DOES SEPTIC TANK NEED PUMPING Y N
- IS SEPTIC TANK PROPERLY SEALED Y N
- ROOF DRAINS INSTALLED Y N
- SPRINKLER SYSTEM OVER SYSTEM Y N
- DOES EXISTING SYSTEM USE BOSING SYSTEM Y N

EXISTING SEPTIC TANK SIZE 20 GALS. -DOES TANK NEED REPLACING Y N ENLARGED Y N
 PERCHED WATER TABLE: 5 1/2 INCHES (ABOVE / BELOW) EXISTING GRADE. TYPE: (PERCHED / APPARENT)
 SATURATED WET SEASON WATER TABLE ELEVATION: _____ INCHES (ABOVE / BELOW) EXISTING GRADE
 WATER TABLE VEGETATION: YES NO MOTTILING: YES NO DEPTH: _____ INCHES

TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
 DRAINFIELD CONFIGURATION: TRENCH BED OTHER (SPECIFY)

PROPOSED CORRECTIONS TO FAILING SYSTEM/ COMMENTS: add 150 sq ft to existing drain

EVALUATED BY: Ray Cooke

DATE: 9/21/94

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 94-0310-R
DATE PAID 09/14/94
FEE PAID \$ 40.00
RECEIPT # 13148

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Temporary/Experimental System
 Repair Abandonment Other (Specify) MODIFICATION

APPLICANT: DENNIS PROCTOR BEAN AGENT: WILLIAM BANKS

PROPERTY STREET ADDRESS: 112 SO SEWALLS POINT ROD STUART

LOT: 3 BLOCK: _____ SUBDIVISION: RIVERVIEW

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

=====

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE ONE YEAR FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

=====

SYSTEM DESIGN AND SPECIFICATIONS

T [0] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES: []
A [0] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [150] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: STANDARD FILLED MOUND _____
I CONFIGURATION: TRENCH BED _____
N

F LOCATION OF BENCHMARK: _____
I ELEVATION OF PROPOSED SYSTEM SITE IS [0.0] INCHES BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [0.0] INCHES BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O ADD 150 SQ FOOT TO EXISTING SYSTEM
T _____
H _____
E _____
R _____

SPECIFICATIONS BY: NA TITLE: NA

APPROVED BY: CINDY STOR TITLE: SAFETY & SANITAT MARTIN CPHU

DATE ISSUED: 09/22/94 EXPIRATION DATE: 12/22/94



SEPTIC TANK REPAIR SPECIAL CONDITIONS LIST

APPLICATION NAME: Bean/Dennis Proctor Const. PERMIT NO. (R) 310-94
SUBDIVISION: Citrus

N O T E Special Condition(s) marked "X" are in effect.

- 1. The bottom of the drainfield rock must be one foot above wet season water table. If proper elevation cannot be met, a dosing system must be installed that meets all requirements of 10D-6.
- 2. Outlet tee of septic tank must be visible for inspection.
- 3. All tree roots must be removed from drainfield area if present.
- 4. Recommend maximum of one load of laundry every other day.
- 5. Recommend roof drains that are directed away from drainfield.
- 6. Recommend using water saving devices.
- 7. Drainfield must be maintained under grass ___ and protected from vehicular traffic (traffic barriers).
- 8. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- 9. Septic system must be 7' from surface water / wetlands / mean high water line.
- 10. Excavate one / three feet beyond drainfield area to a depth of 4.5' below drainfield rock.
- 11. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- 12. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- 13. Septic tank abandonment notice must be received by this office prior to final construction approval.
- SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS

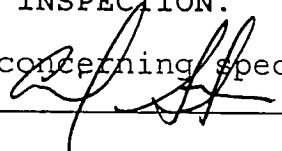
MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

REPAIR SPECIAL CONDITIONS REQUIREMENTS

Page 2

- 14. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection.
- 15. Available area for septic installation must be evenly filled and leveled.
- 16. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
- 17. Septic tank/ dosing chamber/ grease trap must have traffic lids with two manhole covers extending to the surface.
- 18. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump.
- 19. Two pumps are required to alternately dose into at least two separate fields.
- 20. No sprinklers, roof drainage or gutter drains allowed to drain into drainfield rock area.
- 21. Water line must be ten feet from drainfield or; A. Double sleeved. B. Encased in concrete.
- 22. Septic tank must be pumped and cleaned prior to inspection.
- 23. New wells placed on the site must be 25' or greater from foundation.
- 24. Electric must be provided to dosing system pumps and alarms at time of inspection unless prior arrangements are made.
- 25. Other: _____

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling  at (407) 221-4090.

02/94

Job# 501-32-01

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>GERAULD & PATRICIA BEAN</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>112 SOUTH GERAULD'S POINT ROAD</u>		Company NAIC Number
CITY <u>STUART</u>	STATE <u>FL</u>	ZIP CODE <u>34994</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>SOUTH 100' OF LOT 25 ARBELA</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>TOWN OF GERAULD'S POINT 120104</u>	B2. COUNTY NAME <u>MARTIN INCORPORATED AREAS</u>	B3. STATE <u>FL</u>
B4. MAP AND PANEL NUMBER <u>12085C015A</u>	B5. SUFFIX <u>F</u>	B6. FIRM INDEX DATE <u>10/4/02</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>10/4/02</u>	B8. FLOOD ZONE(S) <u>VE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10.0</u>

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

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD 1929 Conversion/Comments NONE

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7</u> <u>31</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>17</u> <u>32</u> ft.(m)
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>SEE COMMENTS</u> ft.(m)
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>6</u> <u>82</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>6</u> <u>5</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6</u> <u>0</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>6</u> <u>0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

P2M 4049
1/27/04

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

CERTIFIER'S NAME <u>Stephen J. Brown</u>	LICENSE NUMBER <u>#4049</u>
TITLE <u>Surveyor & Mapper</u>	COMPANY NAME <u>Stephen J. Brown, Inc.</u>
ADDRESS <u>619 E. 5th Street</u>	CITY <u>Stuart</u>
SIGNATURE	STATE <u>FL</u>
	ZIP CODE <u>34994</u>
	DATE <u>1/27/04</u>
	TELEPHONE <u>(772) 288-7176</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 112 SOUTH SEWALLS POINT ROAD		Policy Number
CITY STUART	STATE FL	ZIP CODE 34996
		Company NAIC Number

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

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

COMMENTS THE LOWEST REFERENCE LEVEL FOR V-ZONES CAN NOT BE DETERMINED ON THIS STRUCTURE BECAUSE IT WAS NOT CONSTRUCTED AT RUSH (DIAGRAM No. * 1) LOWEST FINISHED FLOOR ELEVATION 7.31

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft. (m) ____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 252,400.00.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

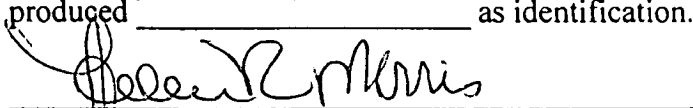
Affidavit's Signature:



Property Address:

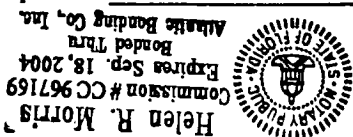
112 S. Sewalls Pt RD
SEWALLS Pt, FL

SWORN TO and subscribed before me this 27th day of July, 2004, by Thomas Bean, who is personally known to me or produced _____ as identification.



Notary Public HELEN R. MORRIS
My commission expires: _____

(Notary Seal)



3745

POOL

TAX FOLIO NO. 1-38-41-001-025-00100-7

DATE 2/17/95

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

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 Lewis A. & Mary Z. Bean Present address 112 S. Sewall's Point Road
Phone 407-225-4152 Sewall's Point, Florida 34996

Contractor Challenge Pools Address 945 N. Military Trail
Phone 407-692-9461 West Palm Beach, Florida 3

Where licensed West Palm Beach, Fl. License number CPC 050527

Electrical Contractor Quinn Elect. License number STATE # ER0010708 # U-14375

Plumbing Contractor _____ License number _____

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

State the street address at which the proposed structure will be built:
112 S. Sewall's Point Road, Sewall's Point, Florida 34996

Subdivision ARBELA Lot Number 25 Block Number _____

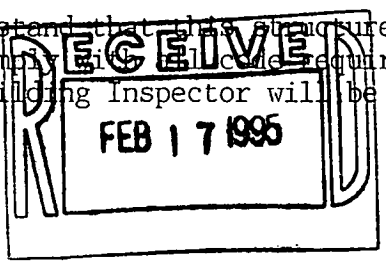
Contract price \$ 9600.⁰⁰/₁₀₀ Cost of permit \$ 200.⁰⁰/₁₀₀

Plans approved as submitted Plans approved as marked _____

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

Contractor Bruce E. Esquivado Jr.

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 Lewis A. Bean

Date submitted _____ Approved: Dale Brown 2/17/95
Building Inspector Date

Approved: [Signature] Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____ PERMIT NO. _____

NOTICE OF COMMENCEMENT

Town of Sewall's Point

DN 3745

11253PR

STATE OF Florida
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: Pool, 155,000 BTU. Propane Gas Heater.

Owner: LEWIS A. & MARY Z. BEAN

Address: 112 S. SEWALL'S POINT ROAD, SEWALL'S POINT, FLORIDA

Owner's interest in site of the improvement: _____

RETURN to: Contractor: Challenger Pools
Address: 945 N. MILITARY TRAIL, WEST Palm Beach, Florida # 33415

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

Lender: CASH DEAL.
Address: _____

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

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

Lewis A. Bean
LEWIS A. BEAN

Sworn to and subscribed before me this 7th day of NOVEMBER, 1994.

Jan L. Poirrier
JAN L. POIRRIER

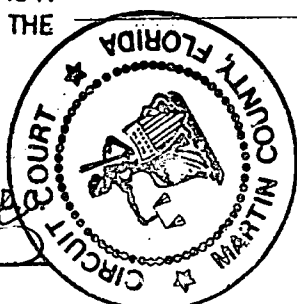
STATE OF FLORIDA
COUNTY OF MARTIN
(NOTARY SEAL)

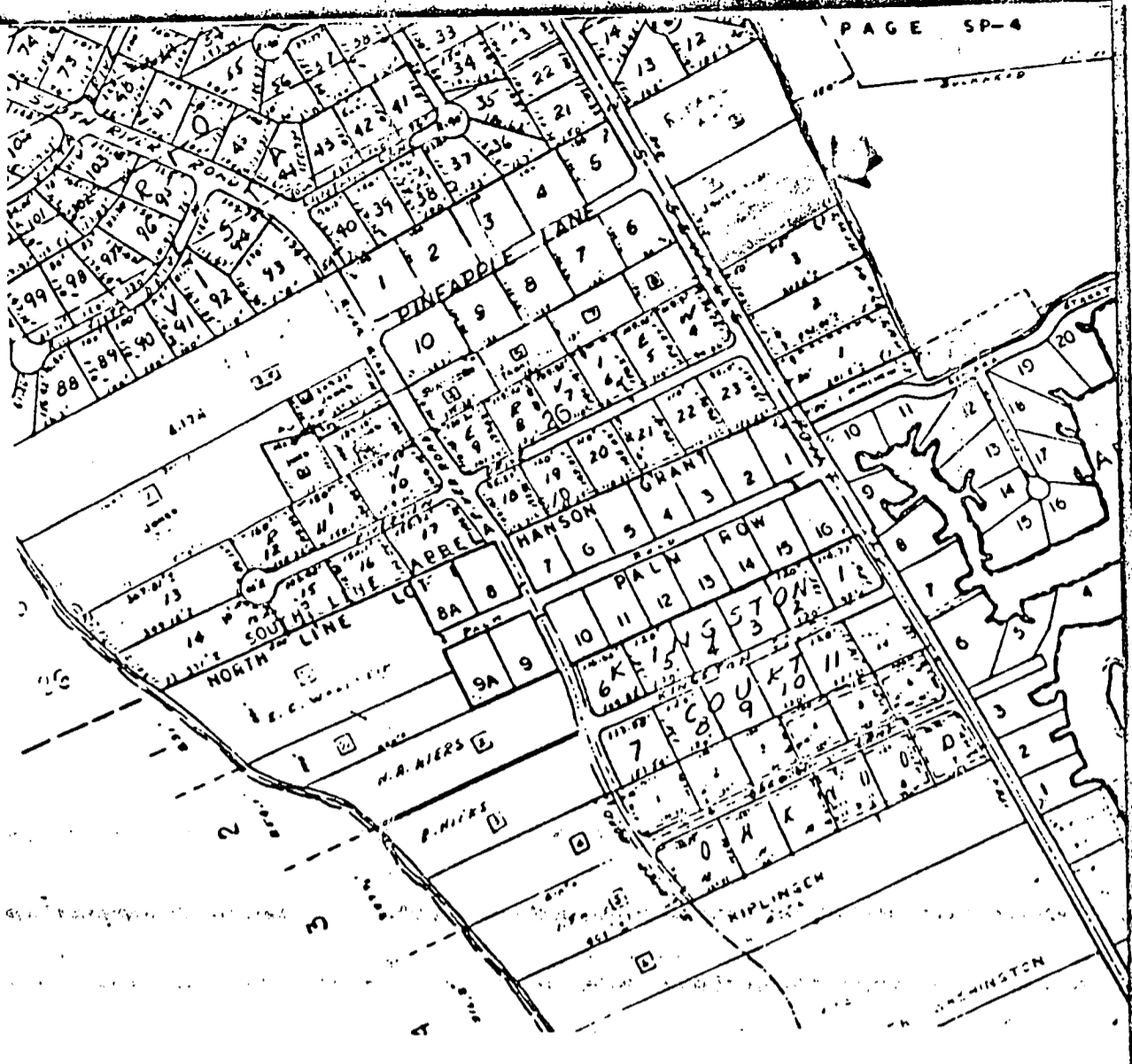
I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires:

Notary Public, State of Florida
My Comm. Exp. Apr. 24, 1995
Bonded thru PICHARD Ins. Agency

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

MARSHA STILLER, CLERK
BY [Signature]
DATE 2-17-94





LOCATION MAP LEGAL DESCRIPTION

The South 106 feet lying East for the road right of way known as Sewall's Point Road of Lot 25, Arbela, according to plat thereof filed November 19, 1891 and recorded in Plat Book "E", Page 283, Dade County, Florida, Public Records, and in Plat Book 3, Page 29, Palm Beach (now Martin) County Florida, Public Records.

SURVEYOR'S CERTIFICATE

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

STEPHEN J. BROWN INC.

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

REVISIONS	BY

TITLE SURVEY

PREPARED FOR: LEWIS & MARY BEAN

STEPHEN J. BROWN INC.
SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
290 FLORIDA STREET, SUITE "C", STUART, FLORIDA: 34974
(407) 288 - 7176

DRAWN	S. J. B.
CHECKED	S. J. B.
DATE	03/02/93
SCALE	1" = 40'
JOB NO	507-32-01
SHEET	ONE

INDIAN RIVER

for easements
n as furnished.
nt of record
ational Geodetic
n bench mark.
otherwise shown.

ERHEAD WIRE
DRAINAGE FLOW
MANHOLE

GENERAL NOTES

- ALL POOL CONSTRUCTION SHALL COMPLY WITH THE PALM BEACH COUNTY SWIMMING POOL AND SPA CODE 1992 EDITION.
- POOL FLOOR AND WALLS TO BE POURED GUNITE CONCRETE WITH 28 DAYS MINIMUM COMPRESSIVE STRENGTH OF 2500 PSI. POOL WALLS SHALL HAVE A MAXIMUM SLOPE OF 11 DEGREES (1 HORIZONTAL TO FIVE VERTICAL).
- REINFORCING STEEL SHALL BE NEW DEFORMED BARS OF BILLET STEEL TO CONFORM TO ASTM A615, GRADE 40 (MINIMUM). ALL BARS SHALL BE FREE FROM DUST, SCALES, OIL, AND SHALL BE BENT, LAPPED AND PLACED ACCORDING TO CURRENT ACI 318 STANDARDS AND SPECIFICATIONS. REINFORCING STEEL TO BE CENTERED (2" MINIMUM COVER) AS SHOWN IN DRAWINGS.
- PLUMBING INSTALLATIONS TO CONFORM TO PLUMBING CODE & TO COMPLY WITH ALL PERTINENT CODES. ALL POOL PIPING TO SCHED 40 (MAIN DRAIN SCHED 60) BEARING THE NSP SEAL.
- WHERE PATIOS ARE INDICATED, PATIO DESIGN SHALL BE BY OTHERS THE DESIGN ENGINEER ASSUMES NO RESPONSIBILITY FOR POOL CONSTRUCTION IN BASEMENTS OR REQUIRED SETBACKS. PLOT PLANS NOT PREPARED FROM LEGAL SURVEYS OF THE EXISTING LOT AND RESIDENCE ARE SO INDICATED. POOL CONTRACTOR SHALL VERIFY ALL DIMENSIONS IN THE FIELD AND ESTABLISH LOT LINES IF NECESSARY. POOL CONTRACTOR AND/OR OWNER SHALL VERIFY LAYOUT PRIOR TO CONSTRUCTION AND POOL CONTRACTOR LOCATIONS OF UTILITIES AT THE SITE. MINIMUM CLEARANCES SHALL BE HELD AND SHALL BE REQUIRED BY LOCAL REGULATORY AGENCY IN GENERAL.
- IN ALL CASES THE POOL CONTRACTOR SHALL TAKE ALL PRECAUTIONS TO PROTECT EXISTING STRUCTURES FROM FAILURE BY SHORING, UNDERPINNING, OR ANY OTHER METHOD REQUIRED THE DESIGN ENGINEER ACCEPTS NO RESPONSIBILITY FOR THE SAFETY OF EXISTING STRUCTURES.
- NO POOL SHALL BEAR ON ANY TYPE OF SOILS EXCEPT CLEAN SAND OR ROCK WHICH SHALL BE COMPACTED TO PROVIDE A SAFE BEARING CAPACITY OF 2000 PSI. ANY ORGANICS, MARL, OR ANY TYPES OF DELETERIOUS MARLS

ENCOUNTERED ON EXCAVATION SHALL BE REMOVED (DEMUCKED) IN THEIR ENTIRETY AND THE AREA SHALL BE BACKFILLED WITH ACCEPTABLE SOILS AND COMPACTED IN 12" THICK LAYERS. WHERE THE POOL CONTRACTOR CANNOT REMOVE THE ORGANICS OR DELETERIOUS MATERIALS (DUE TO WHATEVER CAUSES) AND ADEQUATE SUPPORT PROVIDED, THE POOL WILL BE REDESIGNED FOR PILING.

WHERE POOL ABUT OR ARE PLACED NEARBY SEAWALLS OR BULKHEADS SPECIAL CARE SHALL BE EMPLOYED THE WALLS SHALL BE IN GOOD CONDITION NOT PERMITTING SHIFTING OR LOOSENING OF THE SUPPORTING SOIL AWAY FROM THE POOL IF THE WALLS DO NOT FULLY CONTAIN THE SOILS BEHIND THEM THEY SHALL BE REPLACED OR REPAIRED. CONTINUAL MAINTENANCE OF THE WALLS IS REQUIRED BY THE PROPERTY OWNER. WHEN EXCAVATING FOR POOL, THE SEAWALL TIEBACKS SHALL NOT BE CUT WHERE CONCRETE DEADMEN FALLS WITHIN THE EXCAVATIONS OR WHERE DANGER OF DAMAGE IS IMMINENT, NOTIFY THE ENGINEER FOR WRITTEN INSTRUCTIONS.

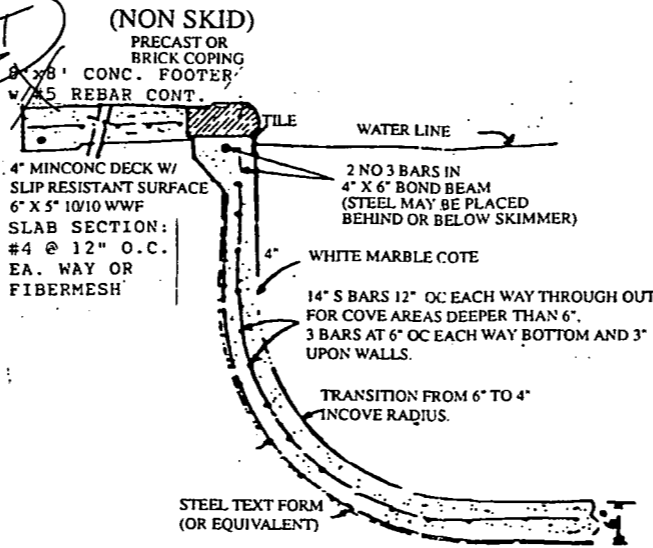
A REGULAR SWIMMING POOL HYDROSTATIC RELIEF VALVE SHALL BE CREDITED FOR DIFFERENCE OF HEAD BETWEEN POOL BOTTOM AND FLOOD CRITERIA. A GOOD INSTALLATION IS TO BE PROVIDED TO PREVENT THAT THE VALVE GETS FILLED WITH DIRT AND STOPS WORKING. POSITION THE HYDROSTATIC RELIEF VALVE TO BALANCE THE POOL AS THE UPLIFT FORCES ARE ACTING ON THE POOL SO THAT THE POOL WILL NOT TIP OVER TO ONE SIDE.

THE POOL CONTRACTOR SHALL BACKFILL THE POOL SHELL AND PATIO WITH CAUTION. BACKFILL SHALL BE ACCOMPLISHED WITH CLEAN SAND FREE OF ORGANIC MATERIALS AND SHALL BE PLACED IN 12" THICK LAYERS. EACH LAYER SHALL BE COMPACTED TO A MINIMUM 90% OF THE SOILS MAXIMUM DENSITY.

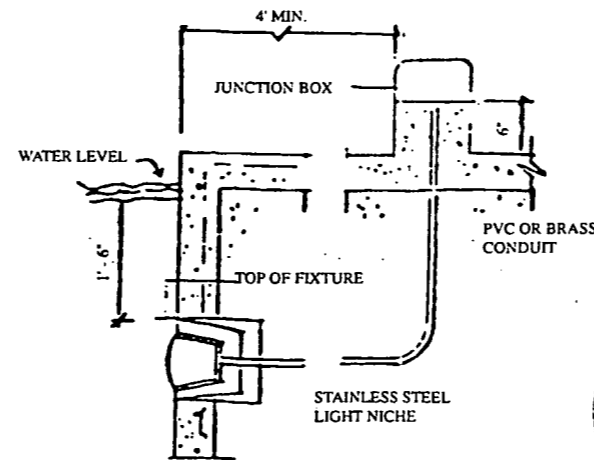
AREAS OF POOL SHALL BE PROVIDED WITH NON-SLIP FINISH TO INCLUDE FLOOR WALLS, COPING AND STEPS. DESIGN ENGINEER IS NOT RESPONSIBLE FOR VARIATIONS IN SAFETY REQUIREMENTS.

NO DIVING BOARD AND DIVING IS ALLOWED ON ANY POOLS NOT SPECIALLY DESIGNED FOR DIVING. THESE POOLS ARE NOT DESIGNED FOR DIVING.

VACUUM FITTING (IF REQUIRED) TO BE MOUNTED ABOUT 12" BELOW THE LIP OF THE GUTTER, TO BE PROVIDED W/ PLUGS OR COVERED AT ALL TIMES

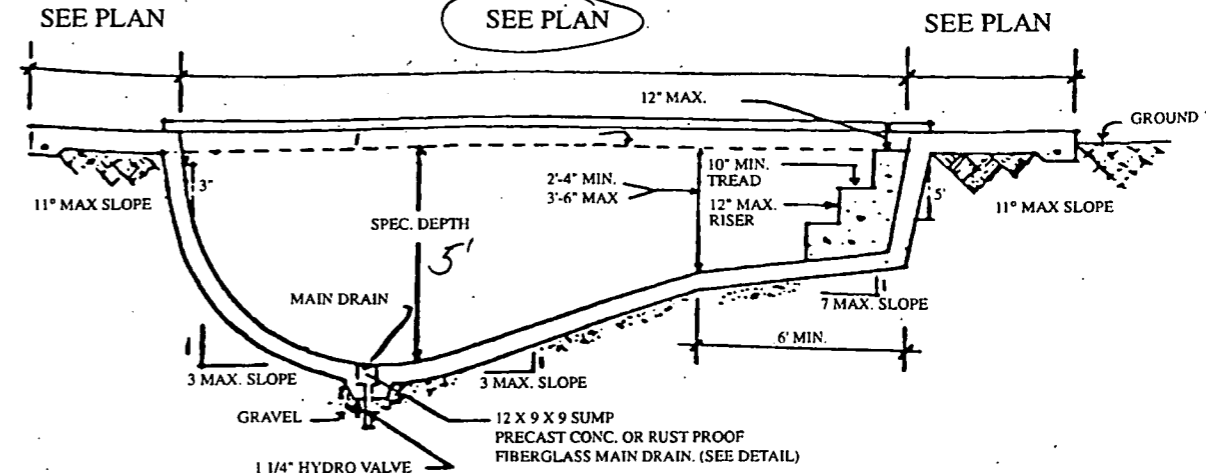


TYPICAL WALL SECTION

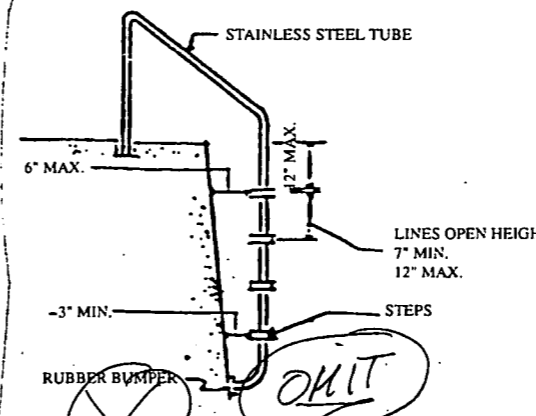


SECTION - UNDER WATER LIGHT

ALL ELECTRICAL WORK SHALL CONFORM TO THE NATIONAL ELECTRICAL CODE WITH SPECIFIC ATTENTION TO ARTICLE 630. NO OVERHEAD OR GROUND WIRES WITHIN A MINIMUM OF 10 FT OF POOL OR AS TO COMPLY W PERTINENT CODES.



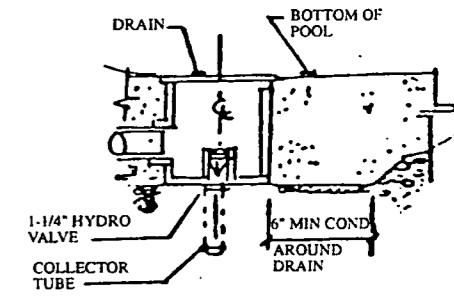
TYPICAL POOL SECTION



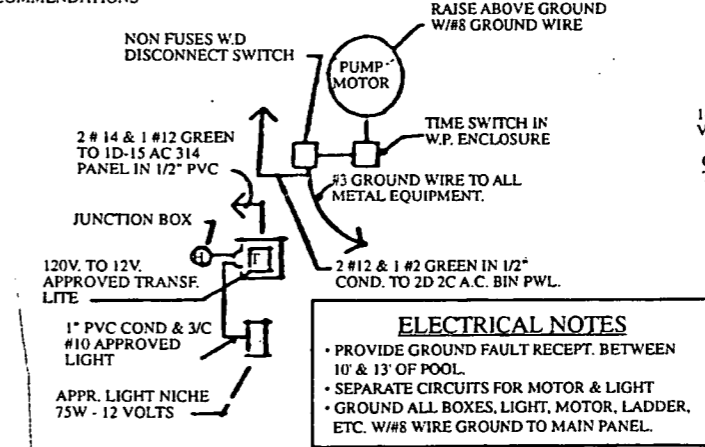
HANDRAILS, LADDERS, ESCUTCHEONS, POOL LIGHTS AND OTHER EQUIPMENT TO BE INSTALLED AND ANCHORED AS PER MANUFACTURER'S RECOMMENDATIONS

SOIL STATEMENT
SOIL CONDITIONS AT THIS SITE ARE ADEQUATE TO SUPPORT THE DESIGN LOAD OF 2000 PSF IF OTHER CONDITIONS ARE ENCOUNTERED DURING CONSTRUCTION STOP THE WORK AND NOTIFY THE ENGINEER.

WARNING: TO EMPTY POOL AFTER CONSTRUCTION FOR REPAIRS OR ANY OTHER REASON THE HYDROSTATIC UPLIFT PRESSURE BENEATH THE POOL MUST BE ELIMINATED TO PREVENT THE POOL FROM FLOATING UPWARD. THE OWNER MUST CONSULT A POOL CONTRACTOR EXPERIENCED IN ELIMINATING UPLIFT PRESSURES.

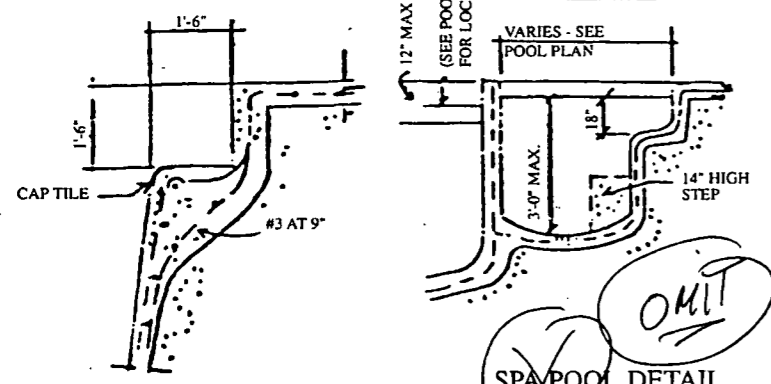


MAIN DRAIN DETAIL

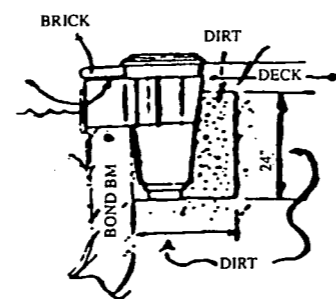


ELECTRICAL NOTES
• PROVIDE GROUND FAULT RECEPT. BETWEEN 10' & 13' OF POOL.
• SEPARATE CIRCUITS FOR MOTOR & LIGHT
• GROUND ALL BOXES, LIGHT, MOTOR, LADDER, ETC. W/ #8 WIRE GROUND TO MAIN PANEL.

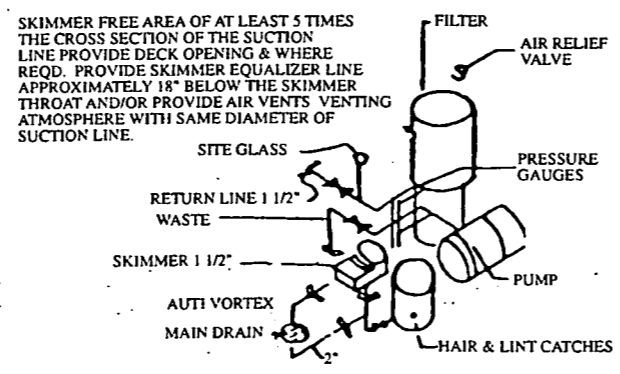
ELECTRICAL DIAGRAM



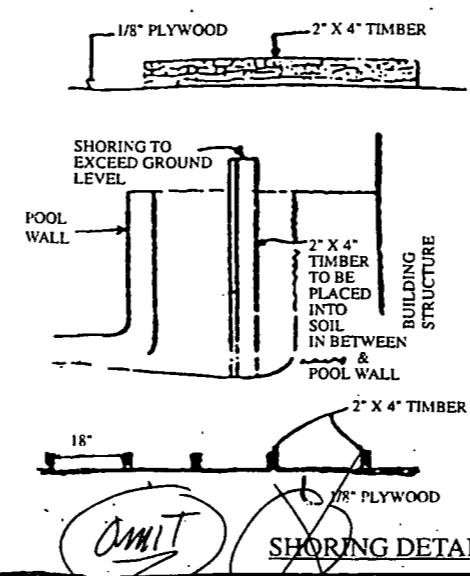
SWIM-OUT DETAIL



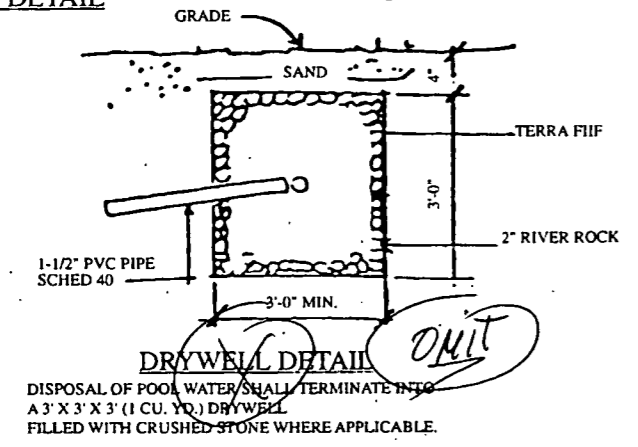
SKIMMER DETAIL



PIPING ISOMETRIC



SHORING DETAIL



DRYWELL DETAIL

DISPOSAL OF POOL WATER SHALL TERMINATE INTO A 3' X 3' X 3' (1 CU. YD.) DRYWELL FILLED WITH CRUSHED STONE WHERE APPLICABLE.

Walter Karpinia, P.E.
500 Douglas Drive Jupiter, Florida 33458
#46635 (407) 743-8114 MECH/STRUCT.

CHALLENGER POOLS
945 N. Military Trail
West Palm Bch., FL 33415
(407) 471-3033

For:-
Lewis & Mary Bean
112 S. Sewall's Point
Road,
Sewall's Point,
Florida

3795

REROOF

TAX FOLIO NO.

3795

Roof

DATE 5/1/95

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

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 Lewis BEAN Present address 112 South Sewalls

Phone Point Ponds

Contractor Parache Construction Address 2970 S.E. Dominica Terrace

Phone Stuart, Fl. 34997

Where licensed State of FL License number CGCA07037

Electrical Contractor License number

Plumbing Contractor License number

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

RE-Roof

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

Subdivision Arabela Point Lot Number 35 Block Number

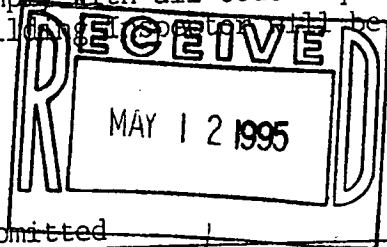
Contract price \$ 7,895.00 Cost of permit \$ 100.00

Plans approved as submitted Plans approved as marked

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

Contractor [Signature]

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



Owner [Signature]

TOWN RECORD

Date submitted Approved: Dale Brown 5/12/95 Building Inspector Date

Approved: [Signature] Commissioner Date Final approval given: Date

CERTIFICATE OF OCCUPANCY issued (if applicable) Date PERMIT NO.

3820

SHED

TAX FOLIO NO. _____

DATE July 6 1995

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

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

Owner Lewis Bean Present address 112 South Sewall Point

Phone _____

Contractor Dennis Proctor Address 776 NE River Ter

Phone _____ Jensen Bch

Where licensed Martin County License number MC #00045

Electrical Contractor Naldave License number _____

Plumbing Contractor None License number _____

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

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

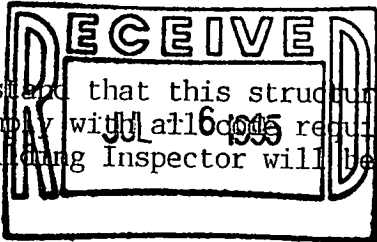
112 South Sewall Point Rd

Subdivision River View Lot Number 3 Block Number _____

Contract price \$ 1800 Cost of permit \$ 24.00

Plans approved as submitted Plans approved as marked _____

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



Contractor Dennis Proctor

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

Owner Lewis Bean

TOWN RECORD

Date submitted _____

Approved: Dale Brown 7/6/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

6501

ADDITION

RENOVATION

MASTER PERMIT NO. 6501

TOWN OF SEWALL'S POINT

Date 11/21/03

BUILDING PERMIT NO. 6501

Building to be erected for BEAN

Type of Permit REMODEL/ADDITION

Applied for by DRIEWOOD HOMES

$\$189K \times \$9.60/K =$
(Contractor) Building Fee 1814.40

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

AC Fee 120.00

PRINT QUAL. NAME: ALAN B. MOORE

Electrical Fee 120.00

Parcel Control Number: LIC# KR0056789

Plumbing Fee 120.00

138410010250010070000

Roofing Fee 120.00

Amount Paid _____ Check # _____ Cash _____ Other Fees 10% PLAN REVIEW 181.40

TOTAL Fees 2,475.80

Total Construction Cost \$ 189,000

Signed [Signature]
Applicant

Signed Gene Summers
Town Building Official

PERMIT

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

INSPECTIONS

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

MASTER PERMIT NO. 6501

TOWN OF SEWALL'S POINT

Date 12/10/03

BUILDING PERMIT NO. 6502

Building to be erected for BEAN

Type of Permit SUB-ELECTRICAL

Applied for by DREYWOOD/HERITAGE ELEC (Contractor)

Building Fee _____

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. Sewall's Pt Road

Impact Fee _____

Type of structure SFR

A/C Fee 200

PRINT QUAL NAME: WAYNE E GARBER

Electrical Fee PN 6501

LIC#: ER 0011355

Parcel Control Number: _____

Plumbing Fee _____

138410010250010070000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Wayne E Garber
Applicant

Signed Gene Summers (GJS)
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

TOWN OF SEWALL'S POINT

Date 11/19/03

BUILDING PERMIT NO. 6503

Building to be erected for BEAN

Type of Permit SUB-A/C

Applied for by DRIFWOOD/ASSOCIATED AIR (Contractor)

Building Fee /

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL NAME: Jerry A. Keenick

Electrical Fee PN#6501

Parcel Control Number: Lic#: CACO 26432

Plumbing Fee /

138410010250010070000

Roofing Fee _____

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

TOTAL Fees /

Total Construction Cost \$ _____

Signed Jerry A. Keenick
Applicant

Signed Gene Simmons (POD)
Town Building Official

PERMIT

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

INSPECTIONS

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

MASTER PERMIT NO. 6501

TOWN OF SEWALL'S POINT

Date 11/19/03

BUILDING PERMIT NO. 6504

Building to be erected for BEAN

Type of Permit SUB-PLUMBING

Applied for by DEERWOOD/SOUTH PARK PLUMBING (Contractor)

Building Fee /

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee SES

PRINT QUAL NAME: DELBERT W KEITER JR
LIC #: _____

Electrical Fee PN 6501

Parcel Control Number: CFC029690

Plumbing Fee _____

138410010250010070000

Roofing Fee _____

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

TOTAL Fees /

Total Construction Cost \$ _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

MASTER PERMIT NO. 6501

TOWN OF SEWALL'S POINT

Date 11/19/03

BUILDING PERMIT NO. 6505

Building to be erected for PACIFIC ROOFING Type of Permit SUB-ROOF

Applied for by BEAN (Contractor) Building Fee _____

Subdivision ARBEA Lot 25 Block _____ Radon Fee _____

Address 112 Impact Fee _____

Type of structure SFR A/C Fee 835

PRINT QUAL NAME: RICHARD GOMEZ Electrical Fee PN 6500

Parcel Control Number: LIC #: CCC056793 Plumbing Fee _____

X 38410010250010070000 Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature] Applicant Signed Gene [Signature] Town Building Official

PERMIT

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

INSPECTIONS

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

01382296

99 JUL 29 PM 1:21

This instrument prepared by or under the supervision of
(and after recording should be returned to):

Name: Michael Rudewicz, Esq.
Address: Greenberg Traurig, P.A.
1221 Brickell Avenue
Miami, Florida 33131-3261

Property Tax Folio No.: 01-38-41-001-025-0010.0-70000

DOC DEED # 4/165.00 MARSHA STILLER
DOC MTS # _____ MARTIN COUNTY
DOC ADM # _____ CLERK OF CIRCUIT COURT
INT TAX # _____ BY SB _____ D.C.

(Space reserved for Clerk of Court)

WARRANTY DEED

THIS INDENTURE, made this 19th day of July A.D. 1999, between Mary Z. Bean, an unmarried widow (the "Grantor"), and Gerald F. Bean and Patricia W. Bean, Husband and Wife (collectively, the "Grantee"), Social Security Number(s) _____
whose mailing address is 106 Feet South Dixie Highway, Miami, Florida 33156,

WITNESSETH, that the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00), to the Grantor in hand paid by the Grantee and other good and valuable consideration, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the Grantee and the Grantee's heirs and assigns forever, the following described land situate, lying and being in Martin County, Florida, to-wit:

The South 106 Feet lying East for the road right of way known as Sewall's Point Road of Plat 29, Volume _____, according to the Plat thereof filed November 17, 1971 and recorded in Plat Book "E", Page 283, Dade County, Florida, Public Records and in Plat Book 3, Page 29, Palm Beach (Now Martin) County, Florida Public Records

SUBJECT TO zoning and other governmental regulations; any recorded easements, covenants, restrictions and limitations; and real property taxes for the year 1999 and subsequent years.

AND THE GRANTOR DOES HEREBY FULLY WARRANT the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of these witnesses:

Witness: Mary Z. Bean (J.S.)
Print Name: MARY GRAY BEAN Mary Z. Bean, an unmarried widow

Witness: Marcia L. Galford
Print Name: MARCIA L. GALFORD Address: 112 S. Sewall's Point Road
Stuart, Florida 34996

RECEIVED
OCT 28 2003
BY:

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Mrs. Tom Bean Phone (Home) 223-7752 (Work) _____

Job Site Address: 112 S. SEWALLS DR RD City: SEWALLS DR State: FL Zip: _____

Legal Description of Property: LOT 25 ARBEE SUB Parcel Number 101 01-32-41-001-025-00100-7

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

Description of Work To Be Done: 2nd floor Remod/ADDITION

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

CONTRACTOR/Company Name: ALAN MORRIS / DUNWOOD HOMES Phone Number: 334-2577

Street: 2163 PINE RIDGE ST City: JENSEN BEACH State: FL Zip: 34957

State Registration Number: 220056789 State Certification Number: _____ Martin County License Number: 4C0089

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 189,000.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: HERITAGE ELECTRIC State: _____ License Number: _____

Mechanical: ASSOCIATED AIR State: _____ License Number: _____

Plumbing: SOUTH PAK PLUMBING State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: _____ License Number: _____

ARCHITECT BRADEN & BRADEN Phone Number: 287-8258

Street: 417 COCONUT LN City: SEWALLS State: FL Zip: 34954

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 1153 Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof 1153 Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

Thomas G. Bean
State of Florida, County of: Martin
This the 28th day of Oct, 2003
by Thomas G. Bean who is personally

known to me or produced as identification. Alan Morris

My Commission Expires: 9/17/04
Alan P. Morris
Commission # CC 967169
Expires Sep. 18, 2004
Bonded Thru Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)

Alan Bruce Morris
On State of Florida, County of: Martin
This the 28th day of OCTOBER, 2003
by Alan Bruce Morris who is personally

known to me or produced as identification. Alan Morris

My Commission Expires: _____
Alan Morris
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007
Bonded Thru Notary Public Seal scribes

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/11/2003
PRODUCER (772)567-1188 FAX (772)778-1416 SCHLITT INSURANCE SERVICES INC 1717 INDIAN RIVER BLVD SUITE 300 VERO BEACH, FL 32960	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Driftwood Homes & Improvements DBA: Alan B Morris d/b/a 2163 Pine Ridge St Jensen Beach, FL 34957	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Mid-Continent Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	04GL00052394	06/30/2003	06/30/2004	EACH OCCURRENCE \$ 1,000,000								
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000								
					MED EXP (Any one person) \$ Excluded								
					PERSONAL & ADV INJURY \$ 1,000,000								
					GENERAL AGGREGATE \$ 2,000,000								
					PRODUCTS - COMP/PROP AGG \$ 2,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

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

CERTIFICATE HOLDER

CANCELLATION

Town of Sewell's Point
 1 South Sewell's Point Road.
 Sewell's Point, FL 34996

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

AUTHORIZED REPRESENTATIVE
Robert Schlitt Jr./LAR *Robert Schlitt Jr.*

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
07-23-03

PRODUCER
RICK CARROLL INS AGCY
2160 NE DIXIE HWY

JENSEN BEACH FL 349570877
2948J

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

COMPANIES AFFORDING COVERAGE

- COMPANY
A FLORIDA W.C. JUA
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED
MORRIS ALAN B DBA DRIFTWOOD
HOMES & IMPROVEMENTS
2163 PINE RIDGE STREET
JENSEN BEACH FL 34957

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	(UB-780K836-3-03)	04-22-03	04-22-04	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Charles J. Clarke

TOWN OF SEWALLS POINT
1 SEAWALLS PT RD
STUART FL 34996



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENTS
2163 NE PINE RIDGE STREET
JENSEN BEACH FL 34957

STATE OF FLORIDA AC# 1001407
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
RR0056789 08/07/03 030083054
REGISTERED RESIDENTIAL CONTR
MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENTS
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)
HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2005 L03080701826

DETACH HERE

AC# 1001407 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L03080701826

DATE	BATCH NUMBER	LICENSE NBR
08/07/2003	030083054	RR0056789

The RESIDENTIAL CONTRACTOR Named below HAS REGISTERED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2005. (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENTS
2163 NE PINE RIDGE STREET
JENSEN BEACH FL 34957

JEB BUSH GOVERNOR
DIANE CARR SECRETARY

DISPLAY AS REQUIRED BY LAW



Martin County Building Department

2401 SE Monterey Road
Stuart, Fl 34996
(772) 288-5916

MORRIS, ALAN B
DRIFTWOOD HOMES
2163 NE PINE RIDGE ST
JENSEN BEACH, FL 34957

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

RESIDENTIAL CONTRACTOR MARTIN COUNTY

License Number MC00089 Expires: 30-SEP-05

MORRIS, ALAN B
DRIFTWOOD HOMES
2163 NE PINE RIDGE ST
JENSEN BEACH, FL 34957


ACORD	CERTIFICATE OF LIABILITY INSURANCE	OP ID LP HERIT-4	DATE (MM/DD/YY) 03/17/03
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Heritage Electric Inc PO Box 1003 Jensen Beach FL 34958-1003		INSURERS AFFORDING COVERAGE	
		INSURER A: Auto-Owners Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BINDER/2050838102	02/01/03	02/01/04	EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 300,000
					PRODUCTS - COM/PROP AGG \$ 300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9543470400	02/01/03	02/01/04	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	NOT COVERED			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT COVERED			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER N ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Town of Sewalls Point 100 Sewalls Point Road Stuart FL 34996	AUTHORIZED REPRESENTATIVE 

ACORD CERTIFICATE OF LIABILITY INSURANCE

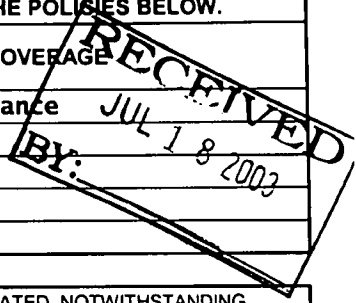
DATE (MM/DD/YY)
07/17/2003

PRODUCER (772)334-3181 FAX (772)334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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

INSURED Heritage Electric, Inc.
 PO Box 1003
 Jensen Beach, FL 34958

INSURERS AFFORDING COVERAGE
 INSURER A: Harbor Specialty Insurance
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:



COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				AGGREGATE	\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	099000004361203	07/10/2003	07/10/2004	WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point 1 Sewalls Pt Road Stuart, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Keith Carroll/LAG <i>Keith Carroll</i>

NOV 1993
JEN BEACH

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

AC# 0453984

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L02061101402

DATE	BATCH NUMBER	LICENSE NBR
06/11/2002	011131171	ER0011355

The ELECTRICAL CONTRACTOR
 Named below HAS REGISTERED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2004
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING
 REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

GARBER, WAYNE E
 HERITAGE ELECTRIC INC
 P O BOX 1003
 JENSEN BEACH FL 34958

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY



MARTIN COUNTY, FLORIDA
 Construction Industry Licensing Board
 Certificate of Competency

MASTER ELECTRICIAN

License Number ME00094 Expires: 30-SEP-05

GARBER, WAYNE E
 HERITAGE ELECTRIC
 BOX 1003
 JENSEN BEACH, FL 34958

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/23/2003

PRODUCER (772)231-2828 FAX (772)231-4413
Felten & Associates
 2911 Cardinal Drive (32963)
 P.O. Box 3488
 Vero Beach, FL 32964-3488

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

INSURED
Associated Air of Port St. Lucie, Inc.
 1538 SE Niemeyer Circle
 Port St. Lucie, FL 34952

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Maryland Casualty Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

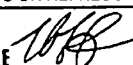
COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SCP38417698	07/10/2003	07/10/2004	EACH OCCURRENCE \$ 500,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000					
	MED EXP (Any one person) \$ 10,000					
	PERSONAL & ADV INJURY \$ 500,000					
	GENERAL AGGREGATE \$ 1,000,000					
	PRODUCTS - COMP/OP AGG \$ 1,000,000					
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

CERTIFICATE HOLDER
 CITY OF SEWALL'S POINT
 1 SEAWALL'S POINT ROAD
 SEWALL'S POINT, FL

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Kenneth D. Felten, LUTCF/SEE 

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Gevity HR, Inc and its wholly owned subsidiaries including Gevity HR, LP; Gevity HR IV, LP; Gevity HR IX, LP; Gevity HR X, LP

600 301 Boulevard West
Bradenton, Florida 34205

MARSH

Insurer Affording Coverage

American Home Assurance Co.,
Member of American International Group, Inc. (AIG)

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Workers' Compensation	
	1-1-2004	RMWC0977182 RMWC0977183 RMWC0977184 RMWC0977185 RMWC0977186	Bodily Injury By Accident \$ 1,000,000	Each Accident
			Bodily Injury By Disease \$ 1,000,000	Policy Limit
			Bodily Injury By Disease \$ 1,000,000	Each Person

Other:

Employees Leased To:

15279 Associated Air of Port St. Lucie Inc.

Effective Date: 1/1/03

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail **30** days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Certificate Holder:

City of Sewalls Point
1 Sewalls Point Road
Stuart, FL 34996



Michael C. Weiss
Authorized Representative of Marsh USA Inc.

(866) 443-8489
Phone

12/9/2002
Date Issued

AC# 0509570

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0207300051

DATE	BATCH NUMBER	LICENSE NBR
07/30/2002	621422634	CAC026432

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

KRENCIK, JERRY ANTHONY
ASSOCIATED AIR OF PT ST LUC IN
3002 SE ROUNDTABLE DR
PORT ST LUCIE FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

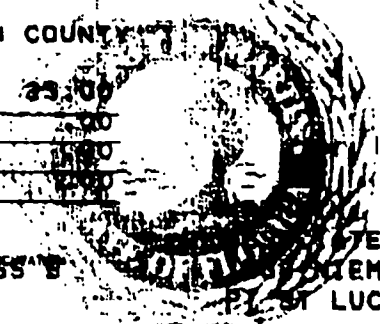
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5804

LICENSE 1988-520-205 CERT _____
PHONE (561)335-7089 SIC NO 001711

LOCATION: 1538 SE NIEMEYER CIR PSL

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	OOL FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



IS HEREBY LICENSED TO OPERATE AS BUSINESS PROFESSIONAL OR OCCUPATION
OF CERT AIR COND CONTR/CLASS B

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

20 DAY OF AUGUST 03

AND ENDING SEPTEMBER 30, 2004

12 03081901 000140

JERRY ANTHONY (OWN/QUAL)
ATED AIR OF PT ST LUCIE INC
NIEMEYER CIRCLE
PT ST LUCIE FL 34952

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
SOUTP-1

DATE (MM/DD/YYYY)
08/18/03

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED South Park Plumbing, Inc. of Martin County P. O. Box 768 Port Salerno FL 34992	INSURER A: Assurance Company of America	
	INSURER B: Bridgefield Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	

RECEIVED
 AUG 20 2003

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	SCP32908593	03/20/03	03/20/04	EACH OCCURRENCE \$ 1,000,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
					MED EXP (Any one person) \$ 10,000	
					PERSONAL & ADV INJURY \$ 1,000,000	
					GENERAL AGGREGATE \$ 2,000,000	
					PRODUCTS - COMP/OP AGG \$ 2,000,000	
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	830-22064	08/17/03	08/17/04	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100,000
E.L. DISEASE - EA EMPLOYEE \$ 100,000						
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

Plumbing / State of Florida

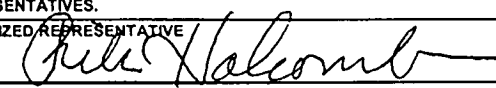
CERTIFICATE HOLDER

TOWNS-1

Town of Sewalls Point
 220-4765
 1 S Sewalls Point Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE


ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/06/03

PRODUCER

FEDERATED MUTUAL INSURANCE COMPANY
 Home Office: P.O. Box 328
 Owatonna, MN 55060
 Phone: 507-455-5200

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

INSURED 234-095-8

SOUTH PARK PLUMBING
 6941 HERITAGE DR
 PORT ST LUCIE FL 34952

COMPANIES AFFORDING COVERAGE	
COMPANY A	FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	


COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> BUSINESSOWNER'S POLICY	9157210	06/01/03	06/01/04	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER \$
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 2340958
TOWN OF SEWALLS POINT
 BUILDINGS DEPT
 1 S SEWALLS POINT RD
 STUART FL 34996

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

RECEIVED
SEP 12 2002
BY: _____

STATE OF FLORIDA AC#0455881
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CFC029690 06/13/02 011133219
CERTIFIED PLUMBING CONTRACTOR
KEITER, DELBERT W JR
SOUTH PARK PLEB/STANFORD CNY I
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2004 SEQ # L02061300710

AC# 450048

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02061001051

DATE	BATCH NUMBER	LICENSE NBR	TH
06/10/2002	011128189	CFC057458	

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

WINTERCORN, THOMAS ROBERT
SOUTH PARK PLUMBING INC OF MARTIN CO
P O BOX 768
PORT SALERNO FL 34992

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 973-524-045 CERT _____
PHONE 15611287-2548 SIC NO 000000
LOCATION:
4505 SE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

WINTERCORN, THOMAS R
SOUTH PARK PLUMBING
PO BOX 768
PT SALERNO FL 34992

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF AUGUST 2002
AND ENDING SEPTEMBER 30 2003

12 02082601 000412

**CITY OF PORT ST LUCIE
BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRES SEPTEMBER 30, 2004**

**KEITER JR, DELBERT W
SOUTH PARK PLUMBING/ST LUCIE CNY INC
6941 HERITAGE DRIVE
PORT ST LUCIE, FL 34952**

Signature *[Handwritten Signature]*
PLUMBING CONTRACTOR

FEE \$25.00

PSL04 1607

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/28/2003

PRODUCER (561)746-4546 FAX (561)746-9599
 Tequesta Agency, Inc.
 218 S. US Highway One, Ste 300
 Tequesta, FL 33469
 Debra Hicks

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

INSURERS AFFORDING COVERAGE

INSURED Pacific Roofing Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

INSURER A: American Casualty Company
 INSURER B: Transportation Insurance Co.
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED
 OCT 30 2003
 BY: [Signature]

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C2020206931	10/28/2003	10/28/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	C2020206945	10/28/2003	10/28/2004	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER: TOWN OF SEWALLS POINT
 ADDITIONAL INSURED; INSURER LETTER: [Blank]
 CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

TOWN OF SEWALLS POINT
 ATTN: ED ARNOLD
 1 SOUTH SEWALLS POINT ROAD
 STUART, FL 34996

AUTHORIZED REPRESENTATIVE
 Mark Kasten/DEBBIE [Signature]

ACORD CERTIFICATE OF LIABILITY INSURANCE

P. 01/01
 ACORD-1000 01-2772C
 1/24/2003 2:02:10 PM

PRODUCER
 Monument Agency
 1310 Utica Street
 Oriskany, NY 13424
 Fax:

INSURED
 PACIFIC ROOFING CORPORATION
 808 SE DIXIE HWY
 STUART, FL 34994
 (772) 283-7663 Fax: (772) 283-9503

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

INSURERS AFFORDING COVERAGE

INSURER A: Insurance Company of the Americas
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
	GENL AGGREGATE LIMIT APPLIED FOR:				GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- DUCT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				ILIQUIDITY - BODILY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC: \$ AGG \$	\$
	GARAGE LIABILITY					\$
	<input type="checkbox"/> ANY AUTO					\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC021201C3	6/1/2003	12/1/2003	E.L. EACH ACCIDENT	\$ 1000000
					E.L. DISEASE - EA EMPLOYEE	\$ 1000000
					E.L. DISEASE - POLICY LIMIT	\$ 1000000
	OTHER				LIMITS	\$
					LIMITS	\$

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD 25-5 (7/97)

© ACORD CORPORATION 1998

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206100081

DATE	BATCH NUMBER	LICENSE NUMBER
06/10/2002	011129085	CCC056793

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

RECEIVED
NOV 05 2002
BY:

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BIRLEY-BRYER
SECRETARY

2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 289-5604

LICENSE 1993-520-076 CERT _____
PHONE (561) 283-7663 SIC NO 001761

LOCATION:
808 DIXIE HWY CTY

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF SEPTEMBER 03
AND ENDING SEPTEMBER 30 2004

GOMES, RICHARD J
PACIFIC ROOFING CORP
RICHARD J GOMES
808 SE DIXIE HWY
STUART FL 34994

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6818 1
99 89/19/2883 UCCI MORNING
1993-520-076
82288-8991 9088 ABELX \$25.00

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF MARTIN

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

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

112 S. Sewalls Dr RD Sewalls Pt, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: ADDITION/REMODEL

OWNER: MR & MRS. TOM BEAN

ADDRESS: same

PHONE #: 223-7752

FAX #: _____

CONTRACTOR: DRIFTWOOD HOMES

ADDRESS: 2163 PINE RIDGE ST Jensen Beach, FL 34957

PHONE #: 334-2577

FAX #: _____

SURETY COMPANY (IF ANY) n/a

ADDRESS: _____

STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____

FAX #: _____ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL

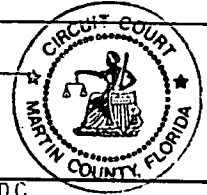
BOND AMOUNT: _____

LENDER: n/a

MARSHA EWING, CLERK

ADDRESS: _____

BY [Signature] DATE 11/13/03 D.C.



PHONE #: _____

FAX #: _____

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

NAME: n/a

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF October 2003 BY Thomas B. Bean

[Signature]
NOTARY SIGNATURE



OR
Helen R. Morris
Commission # CC 967169
Expires Sep. 18, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

PERSONALLY KNOWN
OR
PRODUCED ID
TYPE OF ID _____

APPLICANT'S NAME: THOMAS BEAL

LEGAL DESCRIPTION: SOUTH 106' LOT 25 ARBELA

PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY: STEPHEN J. Brown
FLORIDA PROFESSIONAL NO.: 4049
DATE: 9/18/03 JOB NO.: 507-32-01

RECEIVED

SEP - 8 2003



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

PERMIT NO. 43-SS-5894
DATE PAID: 9/8/03
FEE PAID: 2100
RECEIPT #: 67191

03-0921-N

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: GERALD BEAN

AGENT: SJB, Inc. TELEPHONE: 238-7176

MAILING ADDRESS: 619 E. 5th St., Stuart, Fla.

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

PROPERTY INFORMATION

S. 106 Lot 25, ARBELA
LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: 1891

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 0.72 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: 5000 FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: SOUTH SEWALLS POINT ROAD
TO # 112 SOUTH SEWALLS POINT ROAD

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE FAMILY</u>	<u>5</u>	<u>4384</u>	<u>SJB 9/8/03</u>
2			4830	<u>TOTAL</u>
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: MICHAEL J. BROWN DATE: 9/8/03



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

CENTRAX #: 43-SS-05894
OSTDSNBR : 03-0921-N

APPLICANT: BEAN, GERALD

AGENT: 96-1256 STEPHEN BROWN, SJB

LOT: 25 BLOCK: _____ SUBDIVISION: ARBELA ID#: ---

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [YES [] NO NET USABLE AREA AVAILABLE: 72 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 600 GALLONS PER DAY [64E-6, TABLE 1]
AUTHORIZED SEWAGE FLOW: 1700 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1846 SQFT UNOBSTRUCTED AREA REQUIRED: 1500/1846 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Nail in Driveway 3.25' NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 2 (Inches) [above] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: 30 FT DITCHES/SWALES: None FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: None FT LIMITED USE: None FT PRIVATE: None FT NON-POTABLE: 63 FT
BUILDING FOUNDATIONS: 30 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 65 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: NA FT NGVD SITE ELEVATION: 3, 4 FT NGVD

existing house

East AA

SOIL PROFILE INFORMATION SITE 1			
Munsell #/Color	Texture	Depth	
<u>10YR 4/1 Gray Sand (Fill)</u>	<u>loamy Sand</u>	<u>0 to 8</u>	
<u>10YR 7/1 Lt. Gray Sand</u>		<u>8 to 24</u>	
<u>10YR 3/1 DK Gray loamy Sand</u>		<u>24 to 30</u>	
<u>10YR 5/1 Gray Sand</u>		<u>30 to 40</u>	
<u>10YR 6/1 Lt. Gray Sand</u>		<u>40 to 60</u>	
		<u>Collapsing @ 60"</u>	
		<u>to</u>	
		<u>to</u>	
		<u>Saturated @ 48"</u>	
USDA SOIL SERIES: <u>Jonathan/Salerno</u>			

West AA

SOIL PROFILE INFORMATION SITE 2			
Munsell #/Color	Texture	Depth	
<u>10YR 4/1 DK Gray SCL (Fill)</u>		<u>0 to 4</u>	
<u>10YR 5/1 Gray Sand</u>		<u>4 to 18</u>	
<u>10YR 6/1 Lt. Gray Sand</u>		<u>18 to 38</u>	
		<u>Collapsing @ 38"</u>	
		<u>to</u>	
		<u>to</u>	
		<u>Saturated @ 28"</u>	
		<u>to</u>	
		<u>to</u>	
USDA SOIL SERIES: <u>Jonathan/Salerno</u>			

OBSERVED WATER TABLE: 48 INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 12/6 INCHES [below] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: NA INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: M. Kreditt 01-0793 DATE: 9/9/03

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS-0 5894

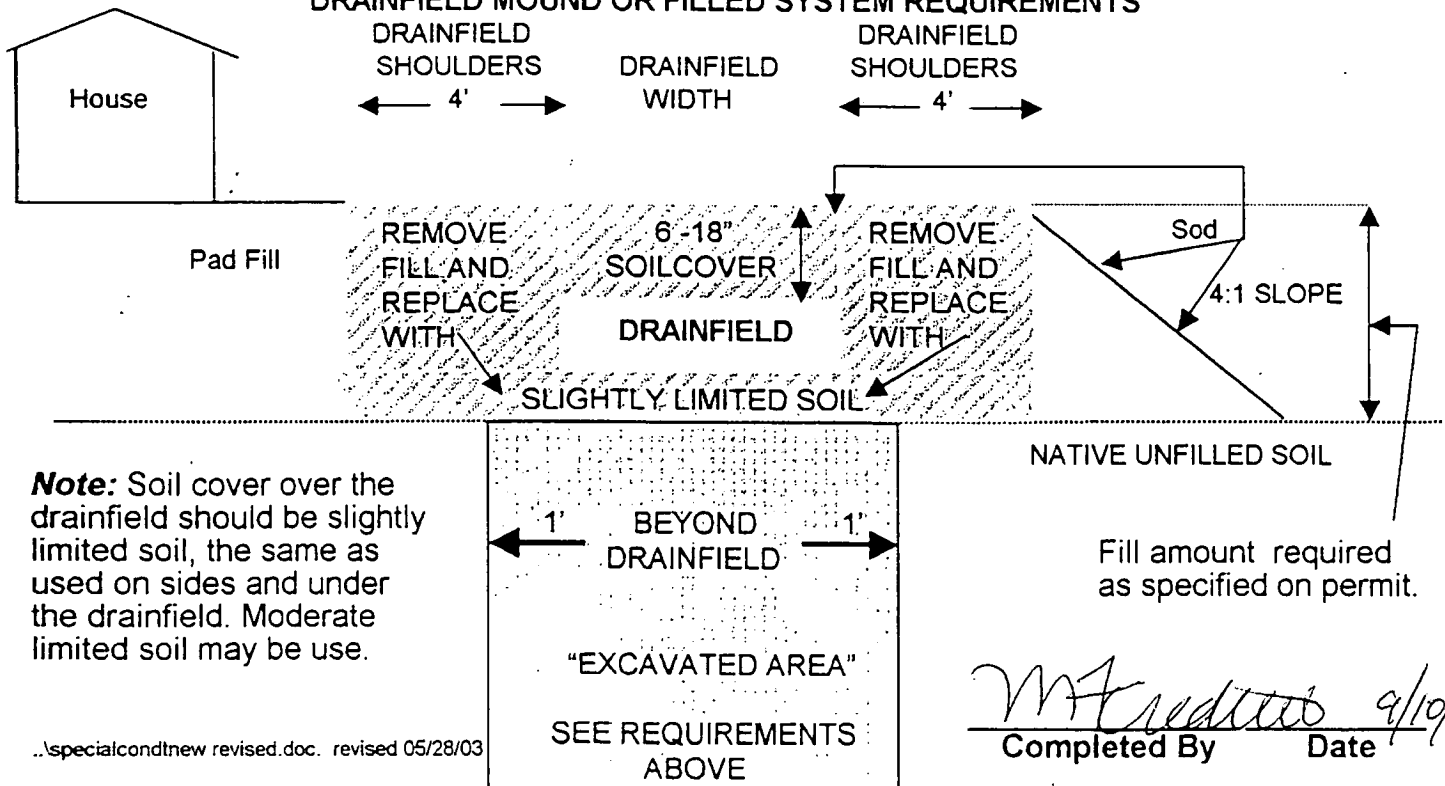
Special conditions marked "X" are in effect

- 1 If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of _____ inches (above original grade _____), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. **Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.**
- 2 ^{Existing} Driveway and sidewalk elevation must be at least 0" higher than the top of the drainfield elevation. ~~The driveway cannot be constructed within 4 feet of the system's available area.~~ **must be at least 13' from drainfield (east system) / 15' from drainfield (west system).**
3. Drainfield must be protected from vehicular traffic with permanent barriers.
4. A certified well driller, prior to the initial building construction or system inspection, must abandon existing well.
5. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

1. Excavate one foot beyond drainfield area to a depth of _____ inches below natural/ existing grade elevation of _____ feet N.G.V.D. / Assumed.
2. In addition to item #1, 33% of unsuitable soils at depths greater than _____ inches below #1 elevation above must be removed to a depth of slightly limited soils.
3. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction.
4. If a mound or filled drainfield is proposed, see following sketch. An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

DRAINFIELD MOUND OR FILLED SYSTEM REQUIREMENTS





STATE OF FLORIDA
DEPARTMENT OF HEALTH
MARTIN COUNTY HEALTH DEPARTMENT
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX #: 43-SS-05894
OSTDSNBR: 03-0927-4

Abandonment

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [X] Abandonment [] Temporary [] _____

APPLICANT: BEAN, GERALD AGENT: 96-1256, BROWN STEPHEN

PROPERTY STREET ADDRESS: 112 S SEWALLS POINT Rd STUART FL 34996

LOT: 25 BLOCK: _____ SUBDIVISION: ARBELA

{Section/Township/Range/Parcel No.}
{OR TAX ID NUMBER}

PROPERTY ID #: ---

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

(EXISTING TANK)

T [0] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [0] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [N] STANDARD [N] FILLED [N] MOUND [N] _____
I CONFIGURATION: [N] TRENCH [N] BED [N] _____

N F LOCATION TO BENCHMARK: _____
E ELEVATION OF PROPOSED SYSTEM SITE [0.0] [FEET] [BELOW] BENCHMARK/REFERENCE POINT
L BOTTOM OF DRAINFIELD TO BE [0.0] [FEET] [] BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [0.0] INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: [0.0] INCHES
OTHER REMARKS:

~~The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with B. 64E-6.013(3)(f), F.A.C. (MF)~~
Pump tanks, crush/rupture bottoms, fill with suitable soil, provide pump out receipts and abandonment certifications.

MF 01-0793

SPECIFICATIONS BY: Fredette, Michelle TITLE: EH Specialist II

APPROVED BY: Washam, Bob TITLE: Env. Manager Martin CHD

DATE ISSUED: 9/10/2003 EXPIRATION DATE: 12/9/2003

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4016-0) [ostds_cons_4016-1] Page 1

** NOTE: See attached Applicant's notice of permitting rights. **

Owner's Copy



STATE OF FLORIDA
DEPARTMENT OF HEALTH
MARTIN COUNTY HEALTH DEPARTMENT
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX #: 43-SS-05894
OSTDSNBR: 03-0921-N

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [] Abandonment [] Temporary []

APPLICANT: BEAN, GERALD AGENT: 96-1256, BROWN STEPHEN

PROPERTY STREET ADDRESS: 112 S SEWALLS POINT Rd STUART FL 34996

LOT: 25 BLOCK: _____ SUBDIVISION: ARBELA
[Section/Township/Range/Parcel No.]

PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

(EXISTING TANK)
T [1350] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [450] GALLONS DOSING TANK CAPACITY [100] GALLONS @ [6] DOSES PER 24 HRS # PUMPS [1]
D [750] SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trench or Alternating
R [923] SQUARE FEET Bed SYSTEM
A TYPE SYSTEM: [N] STANDARD [N] FILLED [Y] MOUND [N]
I CONFIGURATION: [Y] TRENCH or [Y] BED [N]
N
F LOCATION TO BENCHMARK: Nail In Existing Driveway 3.25' NGVD
I ELEVATION OF PROPOSED SYSTEM SITE [2.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
E * BOTTOM OF DRAINFIELD TO BE: East -> 14.0 [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
L * Bottom of DF to be: West -> 20.0 inches above BM
D * FILL REQUIRED: [30.0] INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: [0.0] INCHES
OTHER REMARKS: East Fill required: 36" -> West

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), F.A.C.
* Two drainfields (same size) proposed to meet total size requirement. Pump system must alternately dose a min. of 100 gallons. Pump must be certified for sewage/effluent. System installation must meet all requirements of Chapter 64E-6, F.A.C. * Fill must be slightly limited quality in the drainfield and 4' shoulder (any unsuitable material in the shoulder and under the drainfield must be replaced with suitable soil). A test of the pump and alarm is required prior to final approval. Potable water lines within 10' of system must be sleeved, sealed and cannot be within 2'. Drainfield must be at least: 13' (east system)/15' (west system) from driveway and property lines (maintain min. 3:1 slope and 4' shoulder). All attached conditions must be completed prior to Final Inspection and Approval.

SPECIFICATIONS BY: Fredette, Michelle MF 01-0793 TITLE: EH Specialist II

APPROVED BY: Washam, Bob TITLE: Env. Manager Martin CHD

DATE ISSUED: 9/10/2003 EXPIRATION DATE: 3/10/2005

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4016-0) [ostds_cons_4016-1] Page 1

** NOTE: See attached Applicant's notice of permitting rights. **

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.3

The higher the score, the more efficient the home.

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 4351 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 15%; text-align: center;">Single Pane</td> <td style="width: 15%; text-align: center;">Double Pane</td> <td style="width: 50%;"></td> </tr> <tr> <td>a. Clear - single pane</td> <td style="text-align: center;">645.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Clear - double pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Tint/other SHGC - single pane</td> <td style="text-align: center;">80.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Tint/other SHGC - double pane</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>8. Floor types</p> <p>a. Slab-On-Grade Edge Insulation R=0.0, 182.8(p) ft <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p>a. Face Brick, Block, Exterior R=5.0, 1929.0 ft² <input type="checkbox"/></p> <p>b. Frame, Wood, Exterior R=4.0, 196.0 ft² <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>d. N/A <input type="checkbox"/></p> <p>e. N/A <input type="checkbox"/></p> <p>10. Ceiling types (white roof)</p> <p>a. Under Attic R=30.0, 3472.5 ft² <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>11. Ducts(white roof)</p> <p>a. Sup: Unc. Ret: Con. AH: Attic Sup. R=6.0, 100.0 ft² <input type="checkbox"/></p> <p>b. 2 Others 200.0 ft <input type="checkbox"/></p>		Single Pane	Double Pane		a. Clear - single pane	645.0 ft ²	0.0 ft ²	<input type="checkbox"/>	b. Clear - double pane	0.0 ft ²	0.0 ft ²	<input type="checkbox"/>	c. Tint/other SHGC - single pane	80.0 ft ²	0.0 ft ²	<input type="checkbox"/>	d. Tint/other SHGC - double pane			<input type="checkbox"/>	<p>12. Cooling systems</p> <p>a. Central Unit Cap: 49.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p>b. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p>c. Central Unit Cap: 22.4 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p>13. Heating systems</p> <p>a. Electric Strip Cap: 24.4 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p>b. Electric Strip Cap: 18.7 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p>c. Electric Strip Cap: 9.3 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p>14. Hot water systems</p> <p>a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/> EF: 0.86 <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits MZ-C, PT, CF, MZ- <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
	Single Pane	Double Pane																			
a. Clear - single pane	645.0 ft ²	0.0 ft ²	<input type="checkbox"/>																		
b. Clear - double pane	0.0 ft ²	0.0 ft ²	<input type="checkbox"/>																		
c. Tint/other SHGC - single pane	80.0 ft ²	0.0 ft ²	<input type="checkbox"/>																		
d. Tint/other SHGC - double pane			<input type="checkbox"/>																		

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

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



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*



Project Summary
Entire House
Coastal Heating & Air Cond., Inc.

Job:
 Date: Sep 05, 2003
 By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

Project Information

For: Bean Residence
 Martin County,

Notes:

Design Information

Weather: Martin County, FL

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 60 gr/lb

Heating Summary

Building heat loss 50072 Btuh
 Ventilation air 74 cfm
 Ventilation air loss 0 Btuh
 Design heat load 50072 Btuh

Sensible Cooling Equipment Load Sizing

Structure 75119 Btuh
 Ventilation 0 Btuh
 Design temperature swing 3.0 °F
 Use mfg. data y
 Rate/swing multiplier 1.00
 Total sens. equip. load 75119 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Internal gains 1200 Btuh
 Ventilation 0 Btuh
 Infiltration 4826 Btuh
 Total latent equip. load 9363 Btuh

	Heating	Cooling
Area (ft ²)	4351	4351
Volume (ft ³)	35608	35608
Air changes/hour	0.45	0.20
Equiv. AVF (cfm)	267	119

Total equipment load 84482 Btuh
 Req. total capacity at 0.70 SHR 8.9 ton

Heating Equipment Summary

Make n/a
 Trade n/a
 Model n/a

Efficiency n/a

Heating input
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 0 cfm
 Air flow factor 0.000 cfm/Btuh
 Static pressure 0.00 in H2O
 Space thermostat n/a

Cooling Equipment Summary

Make n/a
 Trade n/a
 Cond n/a
 Coil n/a

Efficiency n/a

Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 0 cfm
 Air flow factor 0.000 cfm/Btuh
 Static pressure 0.00 in H2O
 Load sensible heat ratio 0 %

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



Project Summary
Zone 1
Coastal Heating & Air Cond., Inc.

Job:
 Date: Sep 05, 2003
 By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

Project Information

For: Bean Residence
 Martin County,

Notes:

Design Information

Weather: Martin County, FL

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 60 gr/lb

Heating Summary

Building heat loss 23137 Btuh
 Ventilation air 49 cfm
 Ventilation air loss 1351 Btuh
 Design heat load 24488 Btuh

Sensible Cooling Equipment Load Sizing

Structure 32983 Btuh
 Ventilation 865 Btuh
 Design temperature swing 3.0 °F
 Use mfg. data y
 Rate/swing multiplier 1.00
 Total sens. equip. load 33848 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Internal gains 0 Btuh
 Ventilation 1999 Btuh
 Infiltration 1593 Btuh
 Total latent equip. load 4864 Btuh

	Heating	Cooling
Area (ft ²)	1899	1899
Volume (ft ³)	15987	15987
Air changes/hour	0.33	0.15
Equiv. AVF (cfm)	88	39

Total equipment load 38712 Btuh
 Req. total capacity at 0.70 SHR 4.0 ton

Heating Equipment Summary

Make n/a
 Trade
 Model n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 24488 Btuh
 Temperature rise 13 °F
 Actual air flow 1765 cfm
 Air flow factor 0.076 cfm/Btuh
 Static pressure 0.00 in H2O
 Space thermostat

Cooling Equipment Summary

Make Trane
 Trade XR12
 Cond 2TTR2048A1
 Coil TWE042P13

Efficiency 12 SEER
 Sensible cooling 34300 Btuh
 Latent cooling 14700 Btuh
 Total cooling 49000 Btuh
 Actual air flow 1765 cfm
 Air flow factor 0.054 cfm/Btuh
 Static pressure 0.00 in H2O
 Load sensible heat ratio 87 %

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Project Summary
Zone 2
Coastal Heating & Air Cond., Inc.

Job:
 Date: Sep 05, 2003
 By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

Project Information

For: Bean Residence
 Martin County,

Notes:

Design Information

Weather: Martin County, FL

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 60 gr/lb

Heating Summary

Building heat loss 18058 Btuh
 Ventilation air 24 cfm
 Ventilation air loss 650 Btuh
 Design heat load 18708 Btuh

Sensible Cooling Equipment Load Sizing

Structure 29889 Btuh
 Ventilation 416 Btuh
 Design temperature swing 3.0 °F
 Use mfg. data y
 Rate/swing multiplier 1.00
 Total sens. equip. load 30305 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft²)	1899	1899
Volume (ft³)	15193	15193
Air changes/hour	0.51	0.23
Equiv. AVF (cfm)	130	58

Latent Cooling Equipment Load Sizing

Internal gains 1000 Btuh
 Ventilation 961 Btuh
 Infiltration 2348 Btuh
 Total latent equip. load 5582 Btuh

Total equipment load 35887 Btuh
 Req. total capacity at 0.70 SHR 3.6 ton

Heating Equipment Summary

Make n/a
 Trade
 Model n/a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	18708 Btuh
Temperature rise	12 °F
Actual air flow	1400 cfm
Air flow factor	0.078 cfm/Btuh
Static pressure	0.00 in H2O
Space thermostat	

Cooling Equipment Summary

Make Trane
 Trade XR12
 Cond 2TTR2042A1
 Coil TXC043C4+BAY24X045

Efficiency	12 SEER
Sensible cooling	29400 Btuh
Latent cooling	12600 Btuh
Total cooling	42000 Btuh
Actual air flow	1400 cfm
Air flow factor	0.047 cfm/Btuh
Static pressure	0.00 in H2O
Load sensible heat ratio	84 %

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Project Summary
Zone 3
Coastal Heating & Air Cond., Inc.

Job:
 Date: Sep 05, 2003
 By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

Project Information

For: Bean Residence
 Martin County,

Notes:

Design Information

Weather: Martin County, FL

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 60 gr/lb

Heating Summary

Building heat loss 8878 Btuh
 Ventilation air 1 cfm
 Ventilation air loss 37 Btuh
 Design heat load 8915 Btuh

Sensible Cooling Equipment Load Sizing

Structure 12247 Btuh
 Ventilation 24 Btuh
 Design temperature swing 3.0 °F
 Use mfg. data y
 Rate/swing multiplier 1.00
 Total sens. equip. load 12271 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft²)	553	553
Volume (ft³)	4428	4428
Air changes/hour	0.66	0.29
Equiv. AVF (cfm)	49	22

Latent Cooling Equipment Load Sizing

Internal gains 200 Btuh
 Ventilation 55 Btuh
 Infiltration 884 Btuh
 Total latent equip. load 1933 Btuh

Heating Equipment Summary

Make n/a
 Trade
 Model n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 9301 Btuh
 Temperature rise 13 °F
 Actual air flow 656 cfm
 Air flow factor 0.074 cfm/Btuh
 Static pressure 0.00 in H2O
 Space thermostat

Cooling Equipment Summary

Make Trane
 Trade XR12
 Cond 2TTR2024A1
 Coil TWE018C14+TAYTXV-3

Efficiency 12 SEER
 Sensible cooling 15680 Btuh
 Latent cooling 6720 Btuh
 Total cooling 22400 Btuh
 Actual air flow 656 cfm
 Air flow factor 0.054 cfm/Btuh
 Static pressure 0.00 in H2O
 Load sensible heat ratio 86 %

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

Project Name: BEAN Address: City, State: Owner: Climate Zone: South	Builder: FFCI Permitting Office: Martin County Permit Number: Jurisdiction Number:
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<ol style="list-style-type: none"> 1. New construction or existing New <input type="checkbox"/> 2. Single family or multi-family Single family <input type="checkbox"/> 3. Number of units, if multi-family 1 <input type="checkbox"/> 4. Number of Bedrooms 4 <input type="checkbox"/> 5. Is this a worst case? No <input type="checkbox"/> 6. Conditioned floor area (ft²) 4351 ft² 7. Glass area & type Single Pane Double Pane <input type="checkbox"/> <ol style="list-style-type: none"> a. Clear glass, default U-factor 645.0 ft² 0.0 ft² <input type="checkbox"/> b. Default tint 0.0 ft² 0.0 ft² <input type="checkbox"/> c. Labeled U or SHGC 80.0 ft² 0.0 ft² <input type="checkbox"/> 8. Floor types <input type="checkbox"/> <ol style="list-style-type: none"> a. Slab-On-Grade Edge Insulation R=0.0, 182.8(p) ft <input type="checkbox"/> b. N/A <input type="checkbox"/> c. N/A <input type="checkbox"/> 9. Wall types <input type="checkbox"/> <ol style="list-style-type: none"> a. Face Brick, Block, Exterior R=5.0, 1929.0 ft² <input type="checkbox"/> b. Frame, Wood, Exterior R=4.0, 196.0 ft² <input type="checkbox"/> c. N/A <input type="checkbox"/> d. N/A <input type="checkbox"/> e. N/A <input type="checkbox"/> 10. Ceiling types (white roof) <input type="checkbox"/> <ol style="list-style-type: none"> a. Under Attic R=30.0, 3472.5 ft² <input type="checkbox"/> b. N/A <input type="checkbox"/> c. N/A <input type="checkbox"/> 11. Ducts(white roof) <input type="checkbox"/> <ol style="list-style-type: none"> a. Sup: Unc. Ret: Con. AH: Attic Sup. R=6.0, 100.0 ft² <input type="checkbox"/> b. 2 Others 200.0 ft <input type="checkbox"/> 	<ol style="list-style-type: none"> 12. Cooling systems <input type="checkbox"/> <ol style="list-style-type: none"> a. Central Unit Cap: 49.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/> b. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/> c. Central Unit Cap: 22.4 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/> 13. Heating systems <input type="checkbox"/> <ol style="list-style-type: none"> a. Electric Strip Cap: 24.4 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/> b. Electric Strip Cap: 18.7 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/> c. Electric Strip Cap: 9.3 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/> 14. Hot water systems <input type="checkbox"/> <ol style="list-style-type: none"> a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/> EF: 0.86 <input type="checkbox"/> b. N/A <input type="checkbox"/> c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump) 15. HVAC credits MZ-C, PT, CF, MZ- <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)
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Glass/Floor Area: 0.17	Total as-built points: 56061 Total base points: 62159	PASS
------------------------	--	------

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

PREPARED BY: W. Allen


DATE: 9-16-03

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES				Type/SC	Overhang			Area X SPM X SOF = Points			
.18	Conditioned Floor Area	X BSPM = Points			Omt	Len	Hgt				
.18	4351.0	32.50	25453.4	Single, Clear	W	1.0	5.3	16.0	70.53	0.96	1080.7
				Single, Clear	W	1.0	5.3	28.0	70.53	0.96	1891.2
				Single, Clear	W	1.0	5.3	28.0	70.53	0.96	1891.2
				Single, Clear	W	1.0	5.3	16.0	70.53	0.96	1080.7
				Single, Clear	S	0.0	0.0	48.0	66.93	1.00	3212.5
				Single, SC=0.52	S	0.0	0.0	40.0	30.32	1.00	1212.9
				Single, Clear	E	3.0	4.1	36.0	78.71	0.62	1747.7
				Single, Clear	E	3.0	4.1	49.0	78.71	0.62	2378.9
				Single, Clear	E	3.0	4.1	49.0	78.71	0.62	2378.9
				Single, Clear	N	0.0	0.0	10.0	36.46	1.00	364.6
				Single, Clear	N	0.0	0.0	10.0	36.46	1.00	364.6
				Single, Clear	N	0.0	0.0	16.0	36.46	1.00	583.4
				Single, Clear	W	1.0	4.1	26.0	70.53	0.92	1690.8
				Single, Clear	W	1.0	4.1	26.0	70.53	0.92	1690.8
				Single, SC=0.61	W	1.0	6.7	40.0	38.64	0.98	1514.0
				Single, Clear	E	3.0	4.1	17.0	78.71	0.62	825.3
				Single, Clear	E	3.0	4.1	17.0	78.71	0.62	825.3
				Single, Clear	E	3.0	3.2	14.0	78.71	0.55	604.9
				Single, Clear	E	3.0	1.8	5.0	78.71	0.42	166.4
				Single, Clear	N	0.0	0.0	18.0	36.46	1.00	656.3
				Single, Clear	N	0.0	0.0	16.0	36.46	1.00	583.4
				Single, Clear	N	0.0	0.0	16.0	36.46	1.00	583.4
				Single, Clear	W	1.0	3.1	10.0	70.53	0.87	611.3
				Single, Clear	W	1.0	3.1	10.0	70.53	0.87	611.3
				Single, Clear	W	1.0	1.8	5.0	70.53	0.72	253.2
				Single, Clear	W	1.0	1.8	5.0	70.53	0.72	253.2
				Single, Clear	S	0.0	0.0	48.0	66.93	1.00	3212.5
				Single, Clear	E	1.0	5.3	32.0	78.71	0.96	2410.8
				Single, Clear	E	3.0	5.3	16.0	78.71	0.70	876.5
				Single, Clear	E	3.0	5.3	16.0	78.71	0.70	876.5
				Single, Clear	E	3.0	5.3	16.0	78.71	0.70	876.5
				Single, Clear	W	1.0	5.1	17.0	70.53	0.95	1143.7
				Single, Clear	S	1.0	4.1	9.0	66.93	0.88	530.2
				As-Built Total:				725.0	38983.8		
WALL TYPES				Type	R-Value	Area X SPM = Points					
Adjacent	0.0	0.00	0.0	Face Brick, Block, Exterior	5.0	1929.0	1.25	2411.3			
Exterior	2125.0	2.70	5737.5	Frame, Wood, Exterior	4.0	196.0	5.47	1072.4			
Base Total:	2125.0		5737.5	As-Built Total:		2125.0		3483.6			

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT						
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points					
Adjacent	0.0	0.00	0.0	Exterior Insulated	20.0	6.40	128.0			
Exterior	36.0	6.40	230.4	Exterior Wood	16.0	9.40	150.4			
Base Total:	36.0		230.4	As-Built Total:	36.0		278.4			
CEILING TYPES Area X BSPM = Points				Type (White Roof)	R-Value	Area X SPM X SCM = Points				
Under Attic	3472.5	2.80	9723.0	Under Attic	30.0	3472.5	2.77 X 0.55 5290.4			
Base Total:	3472.5		9723.0	As-Built Total:		3472.5	5290.4			
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM = Points				
Slab	182.8(p)	-20.0	-3656.0	Slab-On-Grade Edge Insulation	0.0	182.8(p)	-20.00 -3656.0			
Raised	0.0	0.00	0.0							
Base Total:			-3656.0	As-Built Total:		182.8	-3656.0			
INFILTRATION Area X BSPM = Points				Area X SPM = Points						
	4351.0	18.79	81755.3		4351.0	18.79	81755.3			
Summer Base Points: 119243.5				Summer As-Built Points: 126135.5						
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Cooling Points
119243.5		0.4266	50869.3	126135.5	1.00	1.306	0.284	0.857	0.857	40135.4
				126135.5	0.432	(1.038 x 1.165 x 1.08)	0.284		0.857	17342.5
				126135.5	0.370	(1.038 x 1.165 x 1.08)	0.284		0.857	14865.0
				126135.5	0.198	(1.038 x 1.165 x 1.08)	0.284		0.857	7928.0

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Omt Len Hgt			Area X WPM X WOF = Points			
.18	4351.0	2.36	1848.3	Single, Clear	W	1.0	5.3	16.0	5.49	1.00	87.7
				Single, Clear	W	1.0	5.3	28.0	5.49	1.00	153.5
				Single, Clear	W	1.0	5.3	28.0	5.49	1.00	153.5
				Single, Clear	W	1.0	5.3	16.0	5.49	1.00	87.7
				Single, Clear	S	0.0	0.0	48.0	4.49	1.00	215.7
				Single, SC=0.52	S	0.0	0.0	40.0	5.44	1.00	217.5
				Single, Clear	E	3.0	4.1	36.0	4.77	1.08	184.8
				Single, Clear	E	3.0	4.1	49.0	4.77	1.08	251.5
				Single, Clear	E	3.0	4.1	49.0	4.77	1.08	251.5
				Single, Clear	N	0.0	0.0	10.0	6.03	1.00	60.3
				Single, Clear	N	0.0	0.0	10.0	6.03	1.00	60.3
				Single, Clear	N	0.0	0.0	16.0	6.03	1.00	96.5
				Single, Clear	W	1.0	4.1	26.0	5.49	1.00	142.6
				Single, Clear	W	1.0	4.1	26.0	5.49	1.00	142.6
				Single, SC=0.61	W	1.0	6.7	40.0	5.90	1.00	235.4
				Single, Clear	E	3.0	4.1	17.0	4.77	1.08	87.3
				Single, Clear	E	3.0	4.1	17.0	4.77	1.08	87.3
				Single, Clear	E	3.0	3.2	14.0	4.77	1.10	73.7
				Single, Clear	E	3.0	1.8	5.0	4.77	1.19	28.5
				Single, Clear	N	0.0	0.0	18.0	6.03	1.00	108.6
				Single, Clear	N	0.0	0.0	16.0	6.03	1.00	96.5
				Single, Clear	N	0.0	0.0	16.0	6.03	1.00	96.5
				Single, Clear	W	1.0	3.1	10.0	5.49	1.00	54.9
				Single, Clear	W	1.0	3.1	10.0	5.49	1.00	54.9
				Single, Clear	W	1.0	1.8	5.0	5.49	1.01	27.7
				Single, Clear	W	1.0	1.8	5.0	5.49	1.01	27.7
				Single, Clear	S	0.0	0.0	48.0	4.49	1.00	215.7
				Single, Clear	E	1.0	5.3	32.0	4.77	1.02	155.1
				Single, Clear	E	3.0	5.3	16.0	4.77	1.06	80.6
				Single, Clear	E	3.0	5.3	16.0	4.77	1.06	80.6
				Single, Clear	E	3.0	5.3	16.0	4.77	1.06	80.6
				Single, Clear	W	1.0	5.1	17.0	5.49	1.00	93.2
				Single, Clear	S	1.0	4.1	9.0	4.49	1.02	41.2
				As-Built Total:		725.0			3831.8		
WALL TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points					
Adjacent	0.0	0.00	0.0	Face Brick, Block, Exterior	5.0	1929.0	0.50		964.5		
Exterior	2125.0	0.60	1275.0	Frame, Wood, Exterior	4.0	196.0	1.53		299.6		
Base Total:	2125.0	1275.0		As-Built Total:	2125.0			1264.1			

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT					
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Exterior Insulated	20.0	1.80	36.0		
Exterior	36.0	1.80	64.8	Exterior Wood	16.0	2.80	44.8		
Base Total:	36.0		64.8	As-Built Total:	36.0		80.8		
CEILING TYPES Area X BWPM = Points				Type (White Roof)	R-Value	Area X WPM X WCM = Points			
Under Attic	3472.5	0.10	347.3	Under Attic	30.0	3472.5	0.10 X 1.04	362.5	
Base Total:	3472.5		347.3	As-Built Total:		3472.5		362.5	
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points			
Slab	182.8(p)	-2.1	-383.9	Slab-On-Grade Edge Insulation	0.0	182.8(p)	-2.10	-383.9	
Raised	0.0	0.00	0.0						
Base Total:			-383.9	As-Built Total:		182.8		-383.9	
INFILTRATION Area X BWPM = Points				Area X WPM = Points					
	4351.0	-0.06	-261.1		4351.0	-0.06	-261.1		
Winter Base Points: 2890.4				Winter As-Built Points: 4894.3					
Total Winter Points	X System Multiplier	= Heating Points		Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points
					(DM x DSM x AHU)				
2890.4	0.6274	1813.4		4894.3	1.00	1.410	1.000	0.902	6229.2
				4894.3	0.466	(1.088 x 1.137 x 1.14)	1.000	0.902	2900.6
				4894.3	0.357	(1.088 x 1.137 x 1.14)	1.000	0.902	2223.0
				4894.3	0.177	(1.088 x 1.137 x 1.14)	1.000	0.902	1105.6

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE				AS-BUILT						
WATER HEATING										
Number of Bedrooms	X	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	X Multiplier X Credit = Total Multiplier
4		2369.00		9476.0	50.0	0.86	4		1.00	2424.09 1.00 9696.4
As-Built Total:										9696.4

CODE COMPLIANCE STATUS

BASE					AS-BUILT				
Cooling Points	+	Heating Points	+	Hot Water Points = Total Points	Cooling Points	+	Heating Points	+	Hot Water Points = Total Points
50869		1813		9476 62159	40135		6229		9696 56061

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: . . .

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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



Right-J8 Worksheet Entire House Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4828

1 Room name				Entire House 360.9 ft ²				Zone 2 178.1 ft ²					
2 Exposed wall				8.2 ft				8.0 ft					
3 Ceiling height				d				d					
4 Room dimensions				4351.1 ft ²				1899.1 ft ²					
5 Room area													
Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-5ocs	0.125	n	3.13	2.35	611	505	1578	1187	307	257	809	604
	G 1A-clob	1.080	n	27.00	33.00	10	0	270	330	0	0	0	0
	G 1A-clob	1.080	n	27.00	33.00	10	0	270	330	0	0	0	0
	G 1A-clob	1.080	n	27.00	33.00	16	0	432	528	0	0	0	0
11	G 1A-clob	1.080	n	27.00	33.00	18	0	488	594	18	0	486	594
	G 1A-clob	1.080	n	27.00	33.00	16	0	432	528	16	0	432	528
	G 1A-clob	1.080	n	27.00	33.00	16	0	432	528	16	0	432	528
	D 11J0	0.600	n	15.00	18.00	20	20	300	360	0	0	0	0
	W 13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W 13A-5ocs	0.125	e	3.13	2.35	843	678	2113	1589	470	343	1072	808
	G 1A-clob	1.080	e	27.00	55.13	38	22	972	1885	0	0	0	0
	G 1A-clob	1.080	e	27.00	55.13	49	30	1323	2701	13	8	351	717
	G 1A-clob	1.080	e	27.00	55.13	49	30	1323	2701	13	8	351	717
	G 1A-clob	1.080	e	27.00	55.13	17	10	459	937	17	10	459	937
	G 1A-clob	1.080	e	27.00	55.13	17	10	459	937	17	10	459	937
	G 1A-clob	1.080	e	27.00	45.51	14	11	378	637	14	11	378	637
	G 1A-clob	1.080	e	27.00	33.00	5	5	135	165	5	5	135	165
	G 1A-clob	1.080	e	27.00	80.44	32	5	884	2574	0	0	0	0
	G 1A-clob	1.080	e	27.00	62.63	16	8	432	1002	16	8	432	1002
	G 1A-clob	1.080	e	27.00	62.63	16	8	432	1002	16	8	432	1002
	G 1A-clob	1.080	e	27.00	62.63	16	8	432	1002	16	8	432	1002
	W 13A-5ocs	0.125	s	3.13	2.35	478	353	1103	830	252	221	691	519
	G 1A-clob	1.080	s	27.00	36.11	48	0	1296	1733	0	0	0	0
	G 10A-c	0.820	s	20.50	17.09	20	0	410	342	0	0	0	0
	G 1A-clob	1.080	s	27.00	36.11	48	0	1296	1733	22	0	594	794
	G 1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-clob	1.080	s	27.00	33.00	9	9	243	297	9	9	243	297
	W 13A-5ocs	0.125	w	3.13	2.35	658	415	1297	975	280	208	650	489
	G 1A-clob	1.080	w	27.00	80.44	18	3	432	1287	0	0	0	0
	G 1A-clob	1.080	w	27.00	80.44	28	4	756	2252	0	0	0	0
	G 1A-clob	1.080	w	27.00	80.44	28	4	756	2252	0	0	0	0
	G 1A-clob	1.080	w	27.00	80.44	16	3	432	1287	0	0	0	0
	G 1A-clob	1.080	w	27.00	77.94	28	5	702	2027	13	3	351	1013
	G 1A-clob	1.080	w	27.00	77.94	28	5	702	2027	13	3	351	1013
	G 10A-m	1.670	w	41.75	50.89	40	5	1670	2035	0	0	0	0
	G 1A-clob	1.080	w	27.00	74.28	10	3	270	743	10	3	270	743
	G 1A-clob	1.080	w	27.00	74.28	10	3	270	743	10	3	270	743
	G 1A-clob	1.080	w	27.00	63.37	5	2	135	317	5	2	135	317
	G 1A-clob	1.080	w	27.00	63.37	5	2	135	317	5	2	135	317
	G 1A-clob	1.080	w	27.00	80.18	17	3	459	1383	0	0	0	0
	D 11A0	0.470	w	11.75	14.10	18	16	188	228	18	16	188	228
P	12A-0bw	0.253	-	6.32	3.16	198	188	1240	620	0	0	0	0
C	18A-30ml	0.032	-	0.80	2.35	3472	3472	2778	8187	1899	1899	1519	4467
F	22A-tph	1.358	-	33.95	0.00	2307	183	6206	0	0	0	0	0
Envelope loss/gain								36297	53190			12051	21113
12	a) Infiltration							7337	2087			3571	1016
	b) Ventilation							0	0			0	0
13	Internal gains:	Occupants @	230			6		1380	5			1150	0
		Appliances @	2400			1		2400	0			0	0
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							43635	59057			15821	23279
15	Duct loads					15%	27%	6437	16062	16%	28%	2436	6610
Total room load								50072	75119			18058	29889
Air required (cfm)								3821	3821			1400	1400

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Right-J8 Worksheet Zone 2 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-289-4829

1 Room name		Zone 2						Linen					
2 Exposed wall		178.1 ft						0.0 ft					
3 Ceiling height		8.0 ft						8.1 x 6.8 ft					
4 Room dimensions		1899.1 ft ²						55.1 ft ²					
5 Room area													
Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-5ocs	0.125	n	3.13	2.35	307	257	803	604	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
11	G 1A-c1ob	1.080	n	27.00	33.00	18	0	486	594	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	18	0	432	528	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	18	0	432	528	0	0	0	0
	D 11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0
	W 13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W 13A-5ocs	0.125	e	3.13	2.35	470	343	1072	806	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	13	8	351	717	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	13	8	351	717	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	17	10	459	937	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	17	10	459	937	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	14	11	378	637	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	5	5	135	165	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	16	8	432	1002	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	16	8	432	1002	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	16	8	432	1002	0	0	0	0
	W 13A-5ocs	0.125	s	3.13	2.35	252	221	691	519	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	22	0	594	794	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	s	27.00	36.11	9	9	243	297	0	0	0	0
	W 13A-5ocs	0.125	w	3.13	2.35	280	208	650	489	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0
	G 10A-m	1.670	w	41.75	54.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	10	3	270	743	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	10	3	270	743	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	5	2	135	317	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	5	2	135	317	0	0	0	0
	G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	D 11A0	0.470	w	11.75	14.10	16	16	188	228	0	0	0	0
	P 12A-0bw	0.253	-	6.32	3.18	0	0	0	0	0	0	0	0
	C 16A-30ml	0.032	-	0.80	2.35	1899	1899	1519	4487	55	55	44	130
	F 22A-tph	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0
Envelope loss/gain								12051	21113			44	130
12	a) Infiltration							3571	1016			0	0
	b) Ventilation							0	0			0	0
13	Internal gains:	Occupants @	230			5			1150	0		0	0
		Appliances @	2400			0			0	0		0	0
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							15621	23279			44	130
15	Duct loads					16%	28%	2436	6610	16%	28%	7	37
Total room load								18058	29889			51	166
Air required (cfm)								1400	1400			4	8

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Right-J8 Worksheet Zone 2

Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1	Room name				Master Bedroom 20.3 ft				Master Bath 30.3 ft							
	Exposed wall				8.0 ft				8.0 ft							
	Ceiling height				20.0 x 15.6 ft				19.3 x 11.0 ft							
3	Room dimensions				312.0 ft ²				212.3 ft ²							
5	Room area															
	Ty	Construction number	U-value (Btuh/ft ² ·F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)			
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	88	70	219	164		
11	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	18	0	486	594		
	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-clob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0		
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0		
	W	13A-5ocs	0.125	e	3.13	2.35	163	103	322	242	155	136	425	320		
	G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0		
	G	1A-clob	1.080	e	27.00	89.35	13	8	351	717	0	0	0	0		
G	1A-clob	1.080	e	27.00	89.35	13	8	351	717	0	0	0	0			
G	1A-clob	1.080	e	27.00	89.35	17	10	459	937	0	0	0	0			
G	1A-clob	1.080	e	27.00	89.35	17	10	459	937	0	0	0	0			
G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	14	11	378	637			
G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	5	5	135	165			
G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
W	13A-5ocs	0.125	s	3.13	2.35	0	0	0	0	0	-18	-56	-42			
G	1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0			
G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	s	27.00	36.11	0	0	0	0	9	0	243	325			
G	1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	s	27.00	36.11	0	0	0	0	9	9	243	297			
W	13A-5ocs	0.125	w	3.13	2.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-clob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0			
P	12A-0bw	0.253	-	6.32	3.16	0	0	0	0	0	0	0	0			
C	16A-30ms	0.032	-	0.80	2.35	312	312	250	734	212	212	170	489			
F	22A-tp	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0			
Envelope loss/gain									2191	4284			2242	2959		
12	a) Infiltration								445	128			663	189		
	b) Ventilation								0	0			0	0		
13	Internal gains:		Occupants @	230			2			460	0		0			
			Appliances @	2400			0			0	0		0			
	Less external load								0	0			0	0		
	Less transfer								0	0			0	0		
	Redistribution								0	0			0	0		
14	Subtotal								2636	4870			2905	3148		
15	Duct loads								16%	28%	411	1383	16%	28%	453	894
Total room load									3047	6253			3358	4042		
Air required (cfm)									236	293			260	189		

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Right-J8 Worksheet Zone 2 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1	Room name				Closet-BR 2				Bedroom 2							
	Exposed wall				6.0 ft				29.9 ft							
	Ceiling height				8.0 ft				8.0 ft							
2	Room dimensions				10.6 x 6.0 ft				16.8 x 19.2 ft							
3	Room area				63.6 ft ²				322.6 ft ²							
4	Ty	Construction number	U-value (Btuh/ft ² -F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)			
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	13A-5ocx	0.125	n	3.13	2.35	6	6	19	14	134	102	319	240		
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0		
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0	0	
	W	13A-5ocx	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0	0	
	W	13A-5ocx	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	0		
W	13A-5ocx	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0		
G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0		
W	13A-5ocx	0.125	w	3.13	2.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0		
D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0	0		
P	12A-0bw	0.253	-	6.32	3.18	0	0	0	0	0	0	0	0	0		
C	18A-30ml	0.032	-	0.80	2.35	64	64	51	150	323	323	258	759			
F	22A-tph	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0			
Envelope loss/gain									70	164			2246	3740		
12	a) Infiltration								16	5			652	185		
	b) Ventilation								0	0			0	0		
13	Internal gains:				Occupants @ 230		0		0		1		230			
	Less external load				Appliances @ 2400		0		0		0		0			
	Less transfer						0		0		0		0			
	Redistribution						0		0		0		0			
14	Subtotal								88	168			2898	4155		
15	Duct loads						16%		28%	13	48	16%		28%	452	1180
Total room load									99	216			3350	5335		
Air required (cfm)									8	10			260	250		

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Right-J8 Worksheet
Zone 2
Coastal Heating & Air Cond., Inc.

Job:
 Date: Sep 05, 2003
 By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1	Room name				Bath 2				Bedroom 3					
	Exposed wall				6.2 ft				21.1 ft					
	Ceiling height				8.0 ft				8.0 ft					
Room dimensions				6.2 x 14.3 ft				14.8 x 20.3 ft						
Room area				88.7 ft²				300.4 ft²						
6	Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
11	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	79	79	247	188
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	s	3.13	2.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	w	3.13	2.35	49	49	153	115	15	-27	84	-63
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	13	3	351	1013
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	13	3	351	1013
	G	10A-m	1.670	w	41.75	54.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	D	11A0	0.470	w	11.75	14.10	0	0	0	0	16	16	188	226
	P	12A-0bw	0.253	-	6.32	3.18	0	0	0	0	0	0	0	0
	C	16A-30ml	0.032	-	0.80	2.35	89	89	71	209	300	300	240	707
	F	22A-tb	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0
	Envelope loss/gain								224	324			1293	3081
12	a) Infiltration								134	38			256	73
	b) Ventilation								0	0			0	0
13	Internal gains:													
	Occupants @ 230						0				1			230
	Appliances @ 2400						0				0			0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								358	362			1549	3384
15	Duct loads						16%	28%	56	103	16%	28%	242	961
	Total room load								414	464			1791	4345
	Air required (cfm)								32	22			139	204

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Right-J8 Worksheet Zone 2 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1	Room name				Closet 3/Hall				Bath 3					
	Exposed wall				8.0 ft 0.0 ft heat/cool				8.0 ft 21.0 ft heat/cool					
	Ceiling height				14.0 x 6.3 ft				18.0 x 6.2 ft					
2	Room dimensions				88.2 ft²				111.6 ft²					
3	Room area													
	Ty	Construction number	U-value (Btu/h/ft²-F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
W	13A-5ocs	0.125	s	3.13	2.35	0	0	0	0	0	144	144	450	338
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0
G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	0
W	13A-5ocs	0.125	w	3.13	2.35	0	0	0	0	0	24	24	75	58
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	10A-m	1.670	w	41.75	54.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	0
D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0	0
P	12A-0bw	0.253	-	6.32	3.16	0	0	0	0	0	0	0	0	0
C	18A-30ml	0.032	-	0.80	2.35	68	68	71	207	112	112	69	262	
F	22A-tp	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0	
Envelope loss/gain									71	207			614	657
12	a) Infiltration							0	0			458	130	
	b) Ventilation							0	0			0	0	
13	Internal gains:	Occupants @	230					0	0			0	0	
		Appliances @	2400					0	0			0	0	
	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
	Redistribution							0	0			0	0	
14	Subtotal							71	207			1073	788	
15	Duct loads					16%	28%	11	59	16%	28%	167	224	
Total room load									82	266			1240	1011
Air required (cfm)									6	12			96	47

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Right-J8 Worksheet Zone 2 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-289-4829

1	Room name				Bedroom 4				M. Closet/Hall					
	2	Exposed wall				43.3 ft				0.0 ft				
3	Ceiling height				8.0 ft				8.0 ft					
4	Room dimensions				19.0 x 13.5 ft				14.0 x 6.3 ft					
5	Room area				256.5 ft²				88.2 ft²					
6	Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	e	3.13	2.35	152	104	325	244	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
W	13A-5ocs	0.125	s	3.13	2.35	108	95	297	223	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	13	0	351	469	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
W	13A-5ocs	0.125	w	3.13	2.35	87	77	241	181	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0	
P	12A-0bw	0.253	-	6.32	3.16	0	0	0	0	0	0	0	0	
C	16A-30ml	0.032	-	0.80	2.35	257	257	205	603	68	68	71	207	
F	22A-tp	1.358	-	33.95	0.00	0	0	0	0	0	0	0	0	
Envelope loss/gain									2985	5361			71	207
12	a) Infiltration								947	269			0	0
b) Ventilation								0	0			0	0	
13	Internal gains:			Occupants @	230					230	0			0
				Appliances @	2400					0	0			0
Less external load										0	0			0
Less transfer										0	0			0
Redistribution										0	0			0
14	Subtotal								3931	5860			71	207
15	Duct loads						16%	28%	613	1664	16%	28%	11	59
Total room load									4544	7524			82	269
Air required (cfm)									352	352			6	12

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Right-J8 Worksheet Zone 1 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1 Room name				Zone 1 121.2 ft				Florida Room 31.8 ft						
2 Exposed wall				8.4 ft				8.0 ft						
3 Ceiling height				d				heat/cool						
4 Room dimensions				1898.5 ft²				18.0 x 15.5 ft						
5 Room area				279.0 ft²										
	Ty	Construction number	U-value (Btu/h/ft²-F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5ocs	0.125	n	3.13	2.35	304	248	775	583	104	84	283	197
	G	1A-c1ob	1.080	n	27.00	33.00	10	0	270	330	10	0	270	330
	G	1A-c1ob	1.080	n	27.00	33.00	10	0	270	330	10	0	270	330
	G	1A-c1ob	1.080	n	27.00	33.00	16	0	432	528	0	0	0	0
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	D	11J0	0.600	n	15.00	18.00	20	20	300	360	0	0	0	0
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	e	3.13	2.35	317	209	653	491	150	98	300	228
	G	1A-c1ob	1.080	e	27.00	89.35	36	22	972	1985	18	11	486	992
	G	1A-c1ob	1.080	e	27.00	89.35	36	22	972	1985	18	11	486	992
	G	1A-c1ob	1.080	e	27.00	89.35	36	22	972	1985	18	11	486	992
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	s	3.13	2.35	0	62	-194	-146	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	16	0	432	578	0	0	0	0
	G	10A-c	0.820	s	20.50	17.09	20	0	410	342	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	26	0	702	939	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0
	W	13A-5ocs	0.125	w	3.13	2.35	267	140	438	329	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	8	1	216	644	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	14	2	378	1128	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	14	2	378	1128	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	8	1	216	644	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0
	G	10A-m	1.670	w	41.75	54.35	40	5	1670	2035	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0
	G	1A-c1ob	1.080	w	27.00	89.35	17	3	459	1363	0	0	0	0
	D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0
	P	12A-0bw	0.253	-	6.32	3.16	198	196	1240	620	0	0	0	0
	C	16A-30ml	0.032	-	0.80	2.35	1020	1020	816	2389	279	279	223	656
	F	22A-toh	1.358	-	33.95	0.00	1791	121	4115	0	243	32	1080	0
Envelope loss/gain									17593	22601			3863	4716
12	a) Infiltration								2422	689			693	197
	b) Ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0			0	0
			Appliances @	2400			1		2400	0			0	0
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								20015	25690			4556	4913
15	Duct loads						16%	28%	3121	7294	16%	28%	710	1395
Total room load									23137	32983			5267	6308
Air required (cfm)									1785	1785			402	338

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Right-J8 Worksheet Zone 1 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1 Room name		Living Room						Laundry							
2 Exposed wall		8.0 ft 14.5 ft heat/cool						8.0 ft 10.5 ft heat/cool							
3 Ceiling height		21.4 x 14.5 ft						11.5 x 10.5 ft							
4 Room dimensions		310.3 ft ²						120.8 ft ²							
5 Room area															
6 Ty	Construction number	U-value (Btu/h/ft ² ·F)	Or	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area (ft ²) or perimeter (ft)		Load (Btu/h)			
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	13A-5ocs	0.125	n	3.13	2.35	116	100	313	235	84	64	200	150	
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	n	27.00	33.00	16	0	432	528	0	0	0	0	
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0	
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	20	20	300	360	
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0	
	W	13A-5ocs	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
	W	13A-5ocs	0.125	s	3.13	2.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
	G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
	W	13A-5ocs	0.125	w	3.13	2.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
	D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0	
	P	12A-0bw	0.253	-	6.32	3.16	0	0	0	0	0	0	0	0	
	C	16A-30ml	0.032	-	0.80	2.35	310	310	248	730	0	0	0	0	
	F	22A-tpn	1.358	-	33.95	0.00	281	15	492	0	121	11	356	0	
Envelope loss/gain									1485	1493			856	510	
12	a) Infiltration									316	90			229	65
	b) Ventilation									0	0			0	0
13	Internal gains:	Occupants @	230		0				0	0	0		0	0	
		Appliances @	2400		0				0	0	0		0	0	
	Less external load									0	0		0	0	
	Less transfer									0	0		0	0	
	Redistribution									0	0		0	0	
14	Subtotal									1801	1583			1086	576
15	Duct loads							16%	28%	281	449	16%	28%	169	163
Total room load									2082	2032					
Air required (cfm)									159	109					

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Right-J8 Worksheet Zone 1

Coastal Heating & Air Cond., Inc.

Job:
Date: **Sep 05, 2003**
By: **MW**

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1 Room name		2 Exposed wall		3 Ceiling height		4 Room dimensions		5 Room area		Playroom				Dining Room			
										21.2 ft		8.0 ft		14.5 ft		11.2 x 24.5 ft	
								274.4 ft ²				217.5 ft ²					
6	Ty	Construction number	U-value (Btuh/ft ² ·F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)				
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool			
6	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0			
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0			
	D	11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0			
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0			
	W	13A-5ocs	0.125	e	3.13	2.35	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
	G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0			
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0				
W	13A-5ocs	0.125	s	3.13	2.35	0	-13	-41	-31	0	0	0	0				
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0				
G	10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	s	27.00	36.11	13	0	351	469	0	0	0	0				
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0				
W	13A-5ocs	0.125	w	3.13	2.35	89	63	197	148	118	72	225	169				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	8	1	218	644				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	14	2	378	1126				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	14	2	378	1126				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	8	1	216	644				
G	1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	13	3	351	1013	0	0	0	0				
G	10A-m	1.670	w	41.75	54.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0				
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0				
D	11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0				
P	12A-0bw	0.253	-	6.32	3.18	196	196	1240	620	0	0	0	0				
C	16A-30ml	0.032	-	0.80	2.35	0	0	0	0	0	0	0	0				
F	22A-top	1.358	-	33.95	0.00	274	21	720	0	218	15	492	0				
Envelope loss/gain									3169	3233			1905	3709			
12	a) Infiltration								243	69			318	90			
	b) Ventilation								0	0			0	0			
13	Internal gains:	Occupants @	230			0	0	0	0	0	0	0	0				
	Less external load	Appliances @	2400			0	0	0	0	0	0	0	0				
	Less transfer								0	0			0	0			
	Redistribution								0	0			0	0			
14	Subtotal								3411	3302			2222	3789			
15	Duct loads								16%	28%	532	938	16%	28%			
Total room load									3943	4240			2568	4877			
Air required (cfm)									301	227			196	261			

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



Right-J8 Worksheet Zone 1 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1 Room name		Family Room												
2 Exposed wall		20.9 ft												
3 Ceiling height		8.0 ft heat/cool												
4 Room dimensions		21.2 x 15.6 ft												
5 Room area		330.7 ft ²												
	Ty	Construction number	U-value (Btu/h/ft ² -F)	Or	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area or perimeter		Load	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
8	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0				
11	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	G	1A-c1ob	1.080	n	27.00	33.00	0	0	0	0				
	D	11JD	0.600	n	15.00	18.00	0	0	0	0				
	W	13A-5ocs	0.125	n	3.13	2.35	0	0	0	0				
	W	13A-5ocs	0.125	e	3.13	2.35	167	113	353	268				
	G	1A-c1ob	1.080	e	27.00	89.35	18	11	488	992				
	G	1A-c1ob	1.080	e	27.00	89.35	18	11	488	992				
G	1A-c1ob	1.080	e	27.00	89.35	18	11	488	992					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	e	27.00	89.35	0	0	0	0					
W	13A-5ocs	0.125	s	3.13	2.35	0	-38	-113	-85					
G	1A-c1ob	1.080	s	27.00	36.11	16	0	432	578					
G	10A-c	0.820	s	20.50	17.09	20	0	410	342					
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0					
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0					
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0					
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0					
G	1A-c1ob	1.080	s	27.00	36.11	0	0	0	0					
W	13A-5ocs	0.125	w	3.13	2.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	10A-m	1.670	w	41.75	54.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
G	1A-c1ob	1.080	w	27.00	89.35	0	0	0	0					
D	11A0	0.470	w	11.75	14.10	0	0	0	0					
P	12A-0bw	0.253	-	6.32	3.16	0	0	0	0					
C	18A-30ml	0.032	-	0.80	2.35	331	331	285	778					
F	22A-tph	1.358	-	33.95	0.00	288	21	710	0					
Envelope loss/gain									3515	4855				
12	a) Infiltration								456	130				
	b) Ventilation								0	0				
13	Internal gains:		Occupants @	230			0			0				
			Appliances @	2400			0			0				
	Less external load									0				
	Less transfer									0				
	Redistribution									0				
14	Subtotal									3970				
15	Duct loads						16%	28%		619				
Total room load									4589	6400				
Air required (cfm)									350	343				

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



Right-J8 Worksheet Zone 3 Coastal Heating & Air Cond., Inc.

Job:
Date: Sep 05, 2003
By: MW

7897 SW Jack James Drive, Suite G, Stuart, FL 34997 Phone: 772-288-4829

1 Room name				Zone 3				TV Room					
2 Exposed wall				8.0 ft 61.6 ft				8.0 ft 26.7 ft					
3 Ceiling height				d				heat/cool					
4 Room dimensions				553.5 ft²				13.8 x 16.7 ft					
5 Room area				230.0 ft²				230.0 ft²					
Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
11	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	n	27.00	33.00	0	0	0	0	0	0	0	0
	D 11J0	0.600	n	15.00	18.00	0	0	0	0	0	0	0	0
	W 13A-5ocs	0.125	n	3.13	2.35	0	0	0	0	0	0	0	0
	W 13A-5ocs	0.125	e	3.13	2.35	156	124	368	291	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
	G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	e	27.00	89.35	0	0	0	0	0	0	0	0	
W 13A-5ocs	0.125	s	3.13	2.35	228	194	606	456	103	87	272	204	
G 1A-c1ob	1.080	s	27.00	36.11	32	0	864	1155	16	0	432	578	
G 10A-c	0.820	s	20.50	17.09	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	s	27.00	36.11	0	0	0	0	0	0	0	0	
W 13A-5ocs	0.125	w	3.13	2.35	111	67	209	157	111	67	209	157	
G 1A-c1ob	1.080	w	27.00	89.35	8	1	216	644	8	1	216	644	
G 1A-c1ob	1.080	w	27.00	89.35	14	2	378	1128	14	2	378	1128	
G 1A-c1ob	1.080	w	27.00	89.35	14	2	378	1128	14	2	378	1128	
G 1A-c1ob	1.080	w	27.00	89.35	8	1	216	644	8	1	216	644	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 10A-m	1.870	w	41.75	54.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
G 1A-c1ob	1.080	w	27.00	89.35	0	0	0	0	0	0	0	0	
D 11A0	0.470	w	11.75	14.10	0	0	0	0	0	0	0	0	
P 12A-0bw	0.253	-	6.32	3.16	0	0	0	0	0	0	0	0	
C 16A-30ml	0.032	-	0.80	2.35	553	553	443	1302	230	230	184	541	
F 22A-tph	1.358	-	33.95	0.00	516	62	2091	0	211	27	908	0	
Envelope loss/gain								6653	9476			3192	5020
12	a) Infiltration							1345	383			584	166
	b) Ventilation							0	0			0	0
13	Internal gains:	Occupants @	230			1		230	0			0	0
		Appliances @	2400			0		0	0			0	0
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							7998	10088			3775	5186
15	Duct loads							11%	21%			415	1110
Total room load								8878	12247			4191	6296
Air required (cfm)								656	656			309	337

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
Series SWD-101 Outswing Aluminum French Door-Impact
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0417.04
EXPIRES: 11/22/2006

Raul Rodriguez
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 09/06/2001



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

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

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

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

Your application for Notice of Acceptance (NOA) of:

SH-701 Aluminum Single Hung Window Impact Resistant

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0629.08
EXPIRES: 11/01/2006

Raul Rodriguez
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 11/01/2001



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
1" x Heavy Wall - Aluminum Tube Clipped Mullion
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0323.02
EXPIRES: 06/28/2006

Raul Rodriguez
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 06/28/2001

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1600
MIAMI, FLORIDA 33130-1560
(305) 375-2901 FAX (305) 375-2968

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2523

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2968

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

Your application for Notice of Acceptance (NOA) of:
JM "5V" Crimp Architectural Metal Roof System
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

PACIFIC ROOFING CORPORATION
Raul Rodriguez
808 SE DIXIE HIGHWAY
Stuart, Florida 34994-3803
Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana
Francisco J. Quintana, R.A.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS AND ITS AUTHORIZED DEALERS ONLY WHEN PROVIDED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2006

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)



**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)

**PGT Industries
1070 Technology Drive
Nokomis, FL 34274**

SCOPE:

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

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

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

DESCRIPTION: Series C-740 Aluminum Casement Window - Impact

APPROVAL DOCUMENT: Drawing No. 7045-8, titled "Aluminum Casement Window, Impact", sheets 1 through 12 of 12, dated 12/17/02 with revision C dated 7/10/03, prepared by manufacturer, signed and sealed by Lucas A. Turner, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 02-1224.02 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 Manuel Perez, P.E.



**NOA No 03-0611.02
Expiration Date: May 22, 2008
Approval Date: October 9, 2003
Page 1**



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 603
MIAMI, FLORIDA 33130-563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.

10901 Elm Avenue
Fontana, CA 92337

SCOPE:

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

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

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

DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardiplank, Hardiplank, & Hardisoffit Installation Details", sheets 1 through 3, prepared, signed and sealed by Ronald Oyanvn, P.E., dated 4/13/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

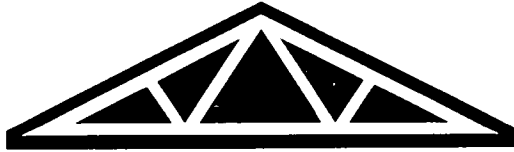
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA renews NOA # 99-0223.07 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.

NOA No 02-0318.08
Expiration Date: May 1, 2007
Approval Date: May 23, 2002
Page 1

ENGINEERING TRANSMITTAL



1978-2004 26 Years of Service

CHAMBERS TRUSS INC

3105 Oleander Avenue, Fort Pierce, Florida 34982-6423
Fort Pierce 772-465-2012 Stuart 772-286-3302
Vero Beach 772-569-2012 FAX 772-465-8711
www.chamberstruss.com / mail@chamberstruss.com
800-551-5932 In Florida

TO: : DRIFTWOOD HOMES
: 2163 PINE RIDGE ST
: JENSEN BEACH, FL 34957

PHONE : 772-334-2577

IMPORTANT!
ENGINEERING ENCLOSED
JOB # 57881
DATE 01/15/04
JOB BEAN RESIDENCE

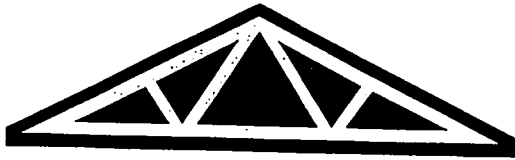
Attached you will find engineering for wood trusses. Retain for your records and for use by building inspector at framing inspection.

Fabrication of your trusses cannot proceed without a Notice of Commencement. Please be sure to send us a Notice of Commencement as soon as possible

It is your responsibility as erector of trusses to insure that all permanent bracing shown on engineering enclosed is installed.

If you have any questions please contact your SALESREP MARK DIETZEN or anyone at our office.

04.01.15.08.38



1978-2004 26 Years of Service

CHAMBERS TRUSS INC

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 Fort Pierce 772-465-2012 Stuart 772-286-3302
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 www.chamberstruss.com / mail@chamberstruss.com
 800-551-5932 In Florida

For 61G15-31.003 section 5 where a Truss Design Engineer seals the Truss Design Drawings.

JOB NUMBER 57881

PROJECT/ADDRESS BEAN RESIDENCE
 COUNTY MARTIN
 TRUSS COMPANY CHAMBERS TRUSS INC
 BUILDING CODE SOUTH FLORIDA
 OCCUPANCY II: Non Restrictive
 BUILDING DEPARTMENT SEWALLS POINT
 COMPUTER PROGRAM USED 4.2 November 16, 2000 MiTek

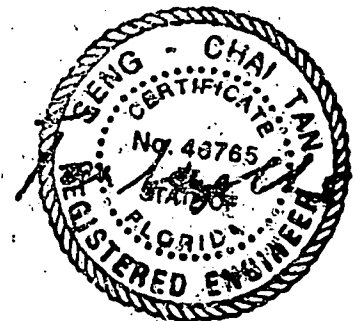
	T/C L/L	T/C D/L	B/C L/L	B/C D/L	TOTAL	DURATION
ROOF LOAD	20	15	0	10	45	1.25
FLOOR LOAD	40	10	0	5	55	1.00
WIND SPEED: 140 WIND DESIGN: ASCE 7-98						

This package includes this truss index sheet and 20 truss drawings.
 BCSI 1-03 replaces HIB-91 in truss drawing references as of 1/1/04.

As witness my seal, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003, of the Florida Board of Professional Engineers, where a Truss Design Engineer seals truss engineering drawings. The seal on these drawings indicate acceptance of professional engineering responsibility solely of the truss components shown. Sealing engineer is the Truss Design Engineer as defined by 61G15-31.003. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI 1-1995 Section 2.

NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE
1 A	01/10/04	2 A1	01/10/04	3 A2	01/10/04	4 B	01/10/04
5 B1	01/10/04	6 C	01/10/04	7 D	01/10/04	8 E	01/10/04
9 GEA	01/10/04	10 GEA2	01/10/04	11 GEB	01/10/04	12 GEC	01/10/04
13 GEE	01/10/04	14 GRF	01/10/04	15 V12	01/10/04	16 V16	01/10/04
17 V20	01/10/04	18 V23	01/10/04	19 V4	01/10/04	20 V8	01/10/04

SENG-CHAI TAN, P.E.
 Certificate No. 46765
 345 Alhambra PL
 West Palm Beach, FL 33405



JAN 14 2004

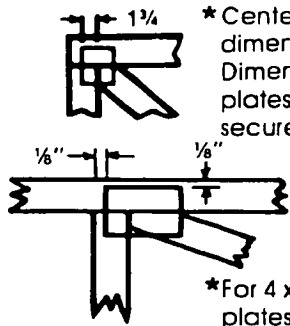
WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.

Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component to be installed and loaded vertically. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult QST-88 Quality Standard, D38-89 Bracing Specification, and HIB-91 Handling, Installing and Bracing Recommendation available from Truss Plate Institute, 583 D'Onofrio Drive, Madison, WI 53719.



Symbols

PLATE LOCATION AND ORIENTATION



* Center plate on joint unless dimensions indicate otherwise. Dimensions are in inches. Apply plates to both sides of truss and securely seat.

* For 4 x 2 orientation, locate plates 1/8" from outside edge of truss and vertical web.



* This symbol indicates the required direction of slots in connector plates.

* For tabular plating format refer to the MITek/Gang-Nail Joint/Plate Placement Chart.

PLATE SIZE

4 X 4

The first dimension is the width perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING



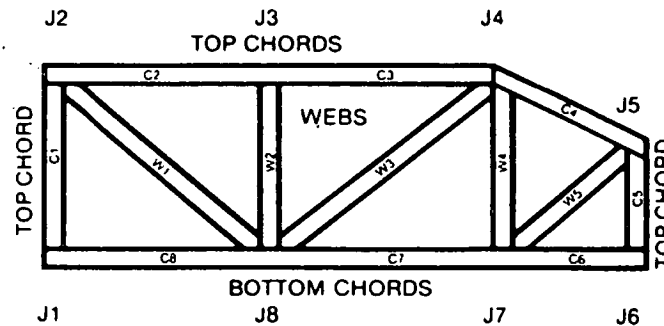
Indicates location of required continuous lateral bracing.

BEARING



Indicates location of joints at which bearings (supports) occur.

Numbering System



JOINTS AND CHORDS ARE NUMBERED CLOCKWISE AROUND THE TRUSS STARTING AT THE LOWEST JOINT FARTHEST TO THE LEFT.

WEBS ARE NUMBERED FROM LEFT TO RIGHT.

CONNECTOR PLATE CODE APPROVALS

BOCA	86-93, 85-75, 91-28
HUD/FHA	TCB 17.08
ICBO	1591, 1329, 4922
SBCCI	87206, 86217, 9190
WISC/DILHR	870040-N, 930013-N, 910080-N

MiTek[®]



General Safety Notes

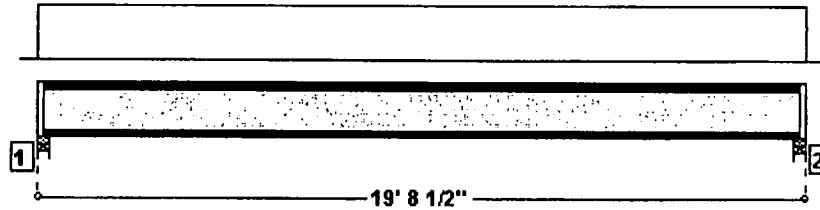
Failure to Follow Could Cause Property Damage or Personal Injury

1. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties..
2. Cut members to bear tightly against each other.
3. Place plates on each face of truss at each joint and embed fully. Avoid knots and wane at joint locations.
4. Unless otherwise noted, locate chord splices at 1/4 panel length (± 6" from adjacent joint.)
5. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
6. Unless expressly noted, this design is not applicable for use with fire retardant or preservative treated lumber.
7. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
8. Plate type, size and location dimensions shown indicate minimum plating requirements.
9. Lumber shall be of the species and size, and in all respects, equal to or better than the grade specified.
10. Top chords must be sheathed or purlins provided at spacing shown on design.
11. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
12. Anchorage and/or load transferring connections to trusses are the responsibility of others unless shown.
13. Do not overload roof or floor trusses with stacks of construction materials.
14. Do not cut or alter truss member or plate without prior approval of a professional engineer.
15. Care should be exercised in handling, erection and installation of trusses.

© 1993 Mitek Holdings, Inc.

11 7/8" TJI®/Pro(TM)-550 @ 24" o/c

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Joist Member.

Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead

SUPPORTS:

	Input	Bearing	Vertical Reactions (lbs)	Detail	Other
	Width	Length	Live/Dead/Uplift/Total		
1	Stud wall 3.50"	2.25"	788 / 296 / 0 / 1084	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®
2	Stud wall 3.50"	2.25"	788 / 296 / 0 / 1084	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	1061	-1052	1925	Passed (55%)	Rt. end Span 1 under Floor loading
Vertical Reaction (lbs)	1061	1061	1535	Passed (69%)	Bearing 2 under Floor loading
Moment (Ft-Lbs)	5117	5117	7982	Passed (64%)	MID Span 1 under Floor loading
Live Load Defl (in)		0.407	0.482	Passed (L/568)	MID Span 1 under Floor loading
Total Load Defl (in)		0.560	0.965	Passed (L/413)	MID Span 1 under Floor loading
TJPro		35	30	Passed	Span 1

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).

-Allowable moment was increased for repetitive member usage.

-Deflection analysis is based on composite action with single layer of 23/32", 3/4" Panels (24" Span Rating) GLUED & NAILED wood decking.

-Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

TJ-Pro RATING SYSTEM

-The TJ-Pro Rating System value provides additional floor performance information and is based on a GLUED & NAILED 23/32", 3/4" Panels (24" Span Rating) decking. The controlling span is supported by walls. Additional considerations for this rating include: Ceiling - None. A structural analysis of the deck has not been performed by the program. Comparison Value: 1.77

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.

-Not all products are readily available. Check with your supplier or TJ technical representative for product availability.

-THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.

-Allowable Stress Design methodology was used for Building Code SBCC analyzing the TJ Distribution product listed above.

PROJECT INFORMATION:

OPERATOR INFORMATION:

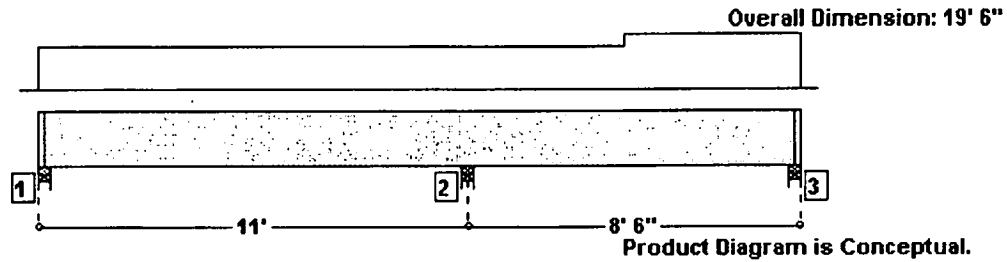
Heidi Baird
Chambers Truss Inc.
3105 Oleander Ave.
Ft. Pierce, Florida 34982
Phone : 800-551-5932
Fax : 772-465-8711
mail@chamberstruss.com

NB
12/12/03

BEAM C

2 Pcs of 1 3/4" x 11 7/8" 1.9E Microllam® LVL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



LOADS:

Analysis is for a Header (Flush Beam) Member. Tributary Load Width: 1'
Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead
Vertical Loads:

Type	Class	Live	Dead	Location	Application	Comment
Uniform(plf)	Floor(1.00)	738.0	277.0	0 To 19' 6"	Adds To	
Uniform(plf)	Floor(1.00)	138.0	173.0	15' To 19' 6"	Adds To	

SUPPORTS:

	Input Width	Bearing Length	Vertical Reactions (lbs) Live/Dead/Uplift/Total	Detail	Other
1	Stud wall 3.50"	3.50"	3748 / 1328 / 0 / 5077	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®
2	Stud wall 3.50"	9.14"	9656 / 3946 / 0 / 13602	B3	None
3	Stud wall 3.50"	3.50"	3455 / 1423 / 0 / 4878	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board,B3

-Bearing length requirement exceeds input at support(s) 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	-7113	-5885	7897	Passed (75%)	Rt. end Span 1 under Floor loading
Moment (Ft-Lbs)	-13598	-13598	17848	Passed (76%)	MID Span 2 under Floor loading
Live Load Defl (in)		0.197	0.271	Passed (L/660)	MID Span 1 under Floor ALTERNATE span loading
Total Load Defl (in)		0.253	0.542	Passed (L/514)	MID Span 1 under Floor ALTERNATE span loading

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).

-Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

-The load conditions considered in this design analysis include alternate member pattern loading.

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.

-Not all products are readily available. Check with your supplier or TJ technical representative for product availability.

-THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.

-Allowable Stress Design methodology was used for Building Code SBCC analyzing the TJ Distribution product listed above.

-Note: See TJ SPECIFIER'S / BUILDER'S GUIDES for multiple ply connection.

PROJECT INFORMATION:

DRIFTWOOD HOMES/BEAN

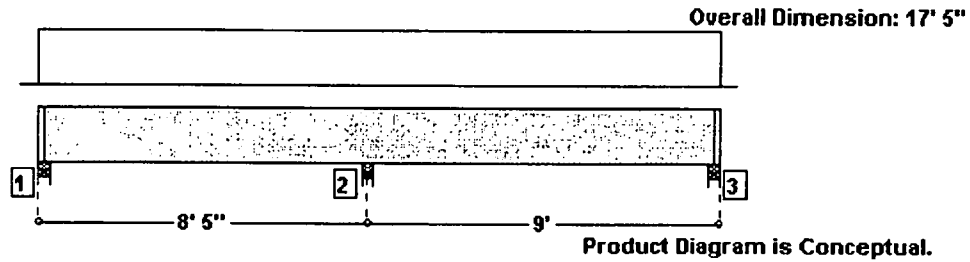
OPERATOR INFORMATION:

Heidi Baird
Chambers Truss Inc.
3105 Oleander Ave.
Ft. Pierce, Florida 34982
Phone : 800-551-5932
Fax : 772-465-8711
mail@chamberstruss.com

BEAM D

2 Pcs of 1 3/4" x 11 7/8" 1.9E Microllam® LVL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



LOADS:

Analysis is for a Header (Flush Beam) Member. Tributary Load Width: 1'
 Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead
 Vertical Loads:

Type	Class	Live	Dead	Location	Application	Comment
Uniform(plf)	Floor(1.00)	800.0	300.0	0 To 17' 5"	Adds To	

SUPPORTS:

	Input Width	Bearing Length	Vertical Reactions (lbs) Live/Dead/Uplift/Total	Detail	Other
1 Stud wall	3.50"	3.50"	3187 / 1039 / 0 / 4226	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®
2 Stud wall	3.50"	8.38"	8977 / 3489 / 0 / 12466	B3	None
3 Stud wall	3.50"	3.50"	3370 / 1158 / 0 / 4529	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board,B3
 -Bearing length requirement exceeds input at support(s) 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	6360	5036	7897	Passed (64%)	Lt. end Span 2 under Floor loading
Moment (Ft-Lbs)	-10676	-10676	17848	Passed (60%)	Bearing 2 under Floor loading
Live Load Defl (in)		0.104	0.221	Passed (L/999+)	MID Span 2 under Floor ALTERNATE span loading
Total Load Defl (in)		0.131	0.442	Passed (L/811)	MID Span 2 under Floor ALTERNATE span loading

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).
 -Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
 -The load conditions considered in this design analysis include alternate member pattern loading.

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
 -Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
 -THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
 -Allowable Stress Design methodology was used for Building Code SBCC analyzing the TJ Distribution product listed above.
 -Note: See TJ SPECIFIER'S / BUILDER'S GUIDES for multiple ply connection.

PROJECT INFORMATION:

DRIFTWOOD HOMES/BEAN

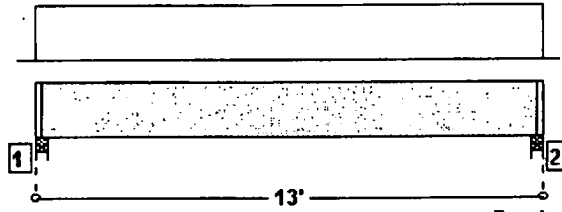
OPERATOR INFORMATION:

Heidi Baird
 Chambers Truss Inc.
 3105 Oleander Ave.
 Ft. Pierce, Florida 34982
 Phone : 800-551-5932
 Fax : 772-465-8711
 mail@chamberstruss.com

BEAM B

2 Pcs of 1 3/4" x 11 7/8" 1.9E Microllam® LVL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Header (Flush Beam) Member. Tributary Load Width: 1'
 Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead
 Vertical Loads:

Type	Class	Live	Dead	Location	Application	Comment
Uniform(plf)	Floor(1.00)	178.0	222.0	0 To 13'	Adds To	

SUPPORTS:

	Input	Bearing	Vertical Reactions (lbs)	Detail	Other
	Width	Length	Live/Dead/Uplift/Total		
1	Stud wall 3.50"	3.50"	1417 / 1615 / 0 / 3032	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®
2	Stud wall 3.50"	3.50"	1417 / 1615 / 0 / 3032	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	2954	-2434	7897	Passed (31%)	Rt. end Span 1 under Floor loading
Moment (Ft-Lbs)	9355	9355	17848	Passed (52%)	MID Span 1 under Floor loading
Live Load Defl (in)		0.149	0.317	Passed (L/999+)	MID Span 1 under Floor loading
Total Load Defl (in)		0.318	0.633	Passed (L/477)	MID Span 1 under Floor loading

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).

-Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

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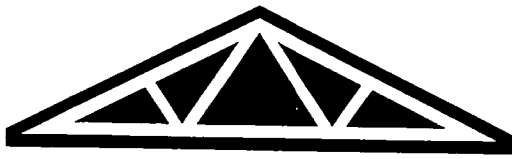
-Note: See TJ SPECIFIER'S / BUILDER'S GUIDES for multiple ply connection.

PROJECT INFORMATION:

DRIFTWOOD HOMES/BEAN

OPERATOR INFORMATION:

Heidi Baird
 Chambers Truss Inc.
 3105 Oleander Ave.
 Ft. Pierce, Florida 34982
 Phone : 800-551-5932
 Fax : 772-465-8711
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1978-2004 26 Years of Service

CHAMBERS TRUSS INC

3105 Oleander Avenue, Fort Pierce, Florida 34982-6423

Fort Pierce 772-465-2012 Stuart 772-286-3302

Vero Beach 772-569-2012 FAX 772-465-8711

www.chamberstruss.com / mail@chamberstruss.com

800-551-5932 In Florida

For 61G15-31.003 section 5 where a Truss Design Engineer seals the Truss Design Drawings.

JOB NUMBER 57881

PROJECT/ADDRESS BEAN RESIDENCE
 COUNTY MARTIN
 TRUSS COMPANY CHAMBERS TRUSS INC
 BUILDING CODE SOUTH FLORIDA
 OCCUPANCY II:Non Restrictive
 BUILDING DEPARTMENT SEWALLS POINT
 COMPUTER PROGRAM USED 4.2 November 16, 2000 MiTek

	T/C L/L	T/C D/L	B/C L/L	B/C D/L	TOTAL	DURATION
ROOF LOAD	20	15	0	10	45	1.25
FLOOR LOAD	40	10	0	5	55	1.00

WIND SPEED: 140 WIND DESIGN: ASCE 7-98

This package includes this truss index sheet and 20 truss drawings.

BCSI 1-03 replaces HIB-91 in truss drawing references as of 1/1/04.

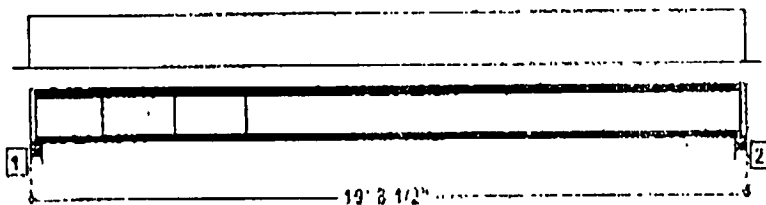
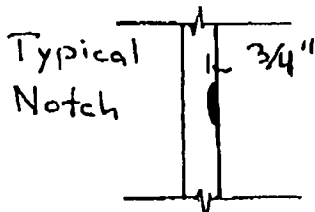
As witness my seal, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003, of the Florida Board of Professional Engineers, where a Truss Design Engineer seals truss engineering drawings. The seal on these drawings indicate acceptance of professional engineering responsibility solely of the truss components shown. Sealing engineer is the Truss Design Engineer as defined by 61G15-31.003. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI 1-1995 Section 2.

NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE	NO TRUSS ID	DATE
1 A	01/10/04	2 A1	01/10/04	3 A2	01/10/04	4 B	01/10/04
5 B1	01/10/04	6 C	01/10/04	7 D	01/10/04	8 E	01/10/04
9 GEA	01/10/04	10 GEA2	01/10/04	11 GEB	01/10/04	12 GEC	01/10/04
13 GEE	01/10/04	14 GRF	01/10/04	15 V12	01/10/04	16 V16	01/10/04
17 V20	01/10/04	18 V23	01/10/04	19 V4	01/10/04	20 V8	01/10/04

Trus Joist
 A Repetitive Member
 T.J. Dunn (1) No. 10 Serial Number: 70021151.01
 User: 4 4/29/2004 2:58:44 PM
 Page: 1 Engine Version: 1.10.3

11 7/8" TJI®/Pro(TM)-550 @ 16" o/c

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Joist Member.

Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead

SUPPORTS:

	Input	Bearing	Vertical Reactions (lbs)	Detail	Other	
	Width	Length	Live/Dead/Uplift/Total			
1	Stud wall	3.50"	2.25"	526 / 197 / 0 / 723	A3: Rim Board	1 Ply 1 1/4" x 11 7/8" 0.6E T.J.-Strand Rim Board®
2	Stud wall	3.50"	2.25"	526 / 197 / 0 / 723	A3: Rim Board	1 Ply 1 1/4" x 11 7/8" 0.6E T.J.-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board

LOCATION ANALYSIS:

User Location	"X" (Horiz.) Dimension	Comment
1	2'	3/4" DEEP SIDE NOTCH ON BOTTOM FLANGE
2	4'	3/4" DEEP SIDE NOTCH ON BOTTOM FLANGE
3	6'	3/4" DEEP SIDE NOTCH ON BOTTOM FLANGE

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	707	-701	1925	Passed (36%)	Rt. end Span 1 under Floor loading
Vertical Reaction (lbs)	707	707	1535	Passed (46%)	Bearing 2 under Floor loading
Moment (Ft-lbs)	3412	3412	7982	Passed (43%)	MID Span 1 under Floor loading
Live Load Defl (in)		0.283	0.482	Passed (L/817)	MID Span 1 under Floor loading
Total Load Defl (in)		0.390	0.965	Passed (L/514)	MID Span 1 under Floor loading
TJPro		43	30	Passed	Span 1

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).

-Allowable moment was increased for repetitive member usage.

-Deflection analysis is based on composite action with single layer of 19/32" Panels (20" Span Rating) GLUED & NAILED wood decking.

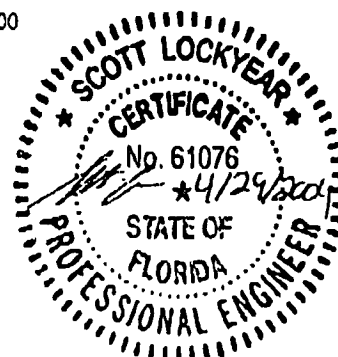
-Bracing(Lu): All compression edges (top and bottom) must be braced at 8' 3" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

PROJECT INFORMATION:

BEAN ADDITION
 112 SOUTH SEWALLS POINT ROAD
 STUART, FL

OPERATOR INFORMATION:

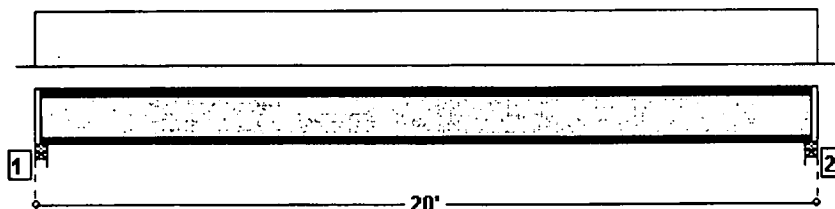
Scott Lockyear
 Trus Joist
 6001 Jackson Square, Suite 600
 La Vergne, TN 37036
 Phone: 615 793 7788
 Fax: 615 793 7721
 lockys@tj.usjoist.com



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11 7/8" TJI®/Pro(TM)-550 @ 24" o/c

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Joist Member.

Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100 % duration, 15.0 Dead

SUPPORTS:

	Input Width	Bearing Length	Vertical Reactions (lbs) Live/Dead/Uplift/Total	Detail	Other
1	Stud wall 3.50"	2.25"	800 / 300 / 0 / 1100	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®
2	Stud wall 3.50"	2.25"	800 / 300 / 0 / 1100	A3: Rim Board	1 Ply 1 1/4" 0.8E TJ-Strand Rim Board®

-See TJ SPECIFIER'S / BUILDERS GUIDE for detail(s): A3: Rim Board

DESIGN CONTROLS:

	Maximum	Design	Control	Control	Location
Shear (lbs)	1077	-1068	1925	Passed (55%)	Rt. end Span 1 under Floor loading
Vertical Reaction (lbs)	1077	1077	1535	Passed (70%)	Bearing 2 under Floor loading
Moment (Ft-Lbs)	5273	5273	7982	Passed (66%)	MID Span 1 under Floor loading
Live Load Defl (in)		0.431	0.490	Passed (L/546)	MID Span 1 under Floor loading
Total Load Defl (in)		0.592	0.979	Passed (L/397)	MID Span 1 under Floor loading
TJPro		33	30	Passed	Span 1

-Deflection Criteria: STANDARD(LL:L/480,TL:L/240).

-Allowable moment was increased for repetitive member usage.

-Deflection analysis is based on composite action with single layer of 23/32", 3/4" Panels (24" Span Rating) GLUED & NAILED wood decking.

-Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

TJ-Pro RATING SYSTEM

-The TJ-Pro Rating System value provides additional floor performance information and is based on a GLUED & NAILED 23/32", 3/4" Panels (24" Span Rating) decking. The controlling span is supported by walls. Additional considerations for this rating include: Ceiling - None. A structural analysis of the deck has not been performed by the program. Comparison Value: 1.77

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.

-Not all products are readily available. Check with your supplier or TJ technical representative for product availability.

-THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.

-Allowable Stress Design methodology was used for Building Code SBCC analyzing the TJ Distribution product listed above.

PROJECT INFORMATION:

OPERATOR INFORMATION:

Heidi Baird
Chambers Truss Inc.
3105 Oleander Ave.
Ft. Pierce, Florida 34982
Phone : 800-551-5932
Fax : 772-465-8711
mail@chamberstruss.com

HB
12/12/03

TOWN OF SEWALL'S POINT

Building Department - Inspection Log




Date of Inspection: Mon Wed Fri 3/3 2024 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6601	MELUSH	TINTAG & MEAL	PASS	
2	132 S. SEWALL'S Pt PACIFIC			INSPECTOR: <i>ON</i>
TREE	McMAHON	TREE	PASS	
7	5 MELODY HILL			INSPECTOR: <i>ON</i>
6598	PALMIERI	FINAL DEMO.	FAIL	
5	4 MORGAN CUSHING			INSPECTOR: <i>ON</i>
6288	FRANCIS	POOL-FINAL	FAIL	INSPECTOR: <i>ON</i>
8	5 S. RIVER RD OLYMPIC WILBERDING	POOL-FINAL	FAIL	INSPECTOR: <i>ON</i>
6543	DUNN	STEM WALL	PASS	NEEDS EVID LTR ON CHANGES ON WEST WALL.
1	31 N. RIVER RD FIRST FLA.	(REQ FIRST PLEASE)		INSPECTOR: <i>ON</i>
6501	BEAN	WALL SETTING	PASS	
4	112 S. SEWALLS Pt DRIFTWOOD			INSPECTOR: <i>ON</i>
TREE	SMITH	TREE	PASS	
3	24 MIDDLE ROAD			INSPECTOR: <i>ON</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/10, 2003 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
<u>TREE</u>	<u>O'CONNOR</u>	<u>TREE</u>	<u>Passed</u>	
<u>3</u>	<u>16 FIELDWAY</u>			INSPECTOR: 
<u>6501</u>	<u>BEAN</u>	<u>SLAB</u>	<u>Passed</u>	
<u>5</u>	<u>112 S. Sewall's Pt</u> <u>DRIFTWOOD</u>			INSPECTOR: 
<u>6232</u>	<u>MOORE</u>	<u>TRUSS</u>	<u>Passed</u>	
<u>4</u>	<u>5 OAK Hill Way</u> <u>AL MARTIN</u>			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
OTHER:				



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 112 S. SEWALL'S PT. RD.

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

TIE BEAM - PERMIT BOARD NOT POSTED
PLANS NOT AVAILABLE
NO LOADED

FEE 35⁰⁰/₂₁

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: 12/19/03

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

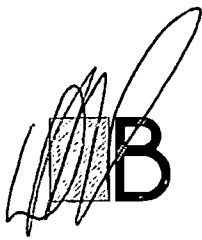
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/19, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6111	GREENE 26 ISLAND WAY O/B	LATH	FAILED	
			FE 35 ⁰⁰	INSPECTOR: <i>lm</i>
6480	WADE 9 E. HIGH POINT PINE ORCHARD	FOOTINGS	FAILED	
			FE 35 ⁰⁰	INSPECTOR: <i>lm</i>
		EARLY PLEASE		
Tree	ELDER 4 MARGUERITA	TREE		
				INSPECTOR: <i>lm</i>
6509	ABESADA TERR B MORGAN CIRCLE BLUE WATER MARINE	FINAL DOCK STAIRS	PASSED	NO USTA
				INSPECTOR: <i>lm</i>
6501	BEN 112 S. SEWALL'S Pt DRIFTWOOD	TIE BELT	FAILED	PASSED
			FE 35 ⁰⁰	INSPECTOR: <i>lm</i>
6037	FRANCIS 5 S. RIVER ROAD FERRELL GAS	FINAL GAS	PASSED	PAS
				CLOSE FOR HOUSE
				INSPECTOR: <i>lm</i>
		SILT SCREEN		NOTICE TO FIX
	1 MARGUERITA RD			INSPECTOR: <i>lm</i>

OTHER: _____



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

Architects & Planners

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

PERMIT #6501

BEAN RESIDENCE
112 S SEWALLS POINT ROAD

TO WHOM IT MAY CONCERN
PLEASE NOTE I HAVE INSPECTED THE JOIST CONNECTIONS
IN QUESTION AND APPROVED BOTH OF THEM.
THE BUCKET AND BOLTING DETAIL AT THE FIRST
FLOOR PLAYROOM IS A SIMPSON UMH358 WITH 2 5/8"
THRU BOLTS HANGING THE SEAT AND 16 16D NAILS ATTACHING
THE HANGER TO THE BEAM.
THE JOISTS ABOVE THE GARAGE ON THE WEST SIDE.
ARE ATTACHED W/ SIMPSON JOISTS HANGERS NER469 W/ 8D NAILS INTO EACH

SINCERELY


DANIEL R BRADEN AIA
BRADEN & BRADEN AIA PA

FILE



6501

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 S SEWALLS

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.

TIN TAIL/METAL

METAL DRIP EDGE MUST BE
PAILED AT 4" O.C.

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

DATE: 4/12


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/12, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6650	FENDER	POWER FINAL	FAIL	
11	3 OAKWOOD DR	OVER POOL DECK		\$40 FEE
	US BRICK & BLOCK			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6610	KING	FINAL ROOF	—	CANCEL
1	35 W. HIGH POINT			
	CARDINAL			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6632	SCHERLING	POWER-TEMP	PASS	
2	110 ABBIE COURT			
	SEIFFIN ELECTRIC			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6655	WHITWELL	ROUGH GAS	PASS	
3	1 MARGUERITA			
	FERRER GAS			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6232	MOORE	FRAMING	FAIL	
12	5 OAK HILL WAY			\$40
	AL MARTIN HOMES			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
66501	BEAN	TINTAG+MEM	FAIL	
4	112 S. SEWALL'S Pt B			
	PACIFIC ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6649	LUBINA	FINAL SCREEN	PASS	CLOSE
5	10 N. VIALUCINDIA			
	PIONEER SCREEN			INSPECTOR: <i>[Signature]</i>

OTHER: _____



6501

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 S. SEWALLS POINT

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.

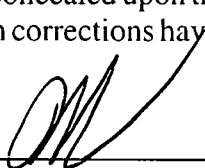
SHEATHING / TIN TAB / METAL

EXIST. ROOF ON 2ND LEVEL NEVER HAD FET UNDERLAYMENT REMOVED TO PROPERLY NAIL SHEATHING.

\$40 FEE

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

DATE: 4/14









INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

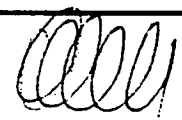
Date of Inspection: Mon Wed Fri 4/14, 2008 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6501	BEAN	SHEDDING+	FAIL	
1	112 S. SEWALLS PT PACIFIC	TINTAG+METAL		\$40 FEE INSPECTOR: 
6586	KING	SEWALL STEEL	PASS	
10	3 ISLAND ROAD TCBI MACHINE			INSPECTOR:
6385	GOVEL	FINAL RDR EXIST	PASS	CLOSE
12	5 RIVERVIEW DR RTAUGEN EXEC	LANDSC. LIGHTING		INSPECTOR: 
TREE	GOVEL	TREE	PASS	
12	5 RIVERVIEW 01			INSPECTOR: 
6591	DUPUIS	FINAL REPAIR	PASS	CLOSE
3	5 MANDALAY O/B	SOFFIT & PORCH CEILING		INSPECTOR: 
TREE	GOVEL	TREE	PASS	
12A	3 RIVERVIEW			INSPECTOR: 
6610	KING	FINAL ROOF	PASS	
4	35 W. HIGH POINT CARDINAL			INSPECTOR: 

OTHER:

~~STOP AT 112 S SEWALLS @ 11:45~~
~~CALL 1663-263-0065~~

MAYORS



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/21, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6656	HINES	POOL STEEL DEMO	PASS	
4	113 HENRY SEWALL WAY ALMA			INSPECTOR: <i>[Signature]</i>
6677	GOVEL	PRE POUR SLAB	PASS	
1	5 RIVERVIEW O/B	FIRST PLEASE		INSPECTOR: <i>[Signature]</i>
6661	PARKS	DEMEXIST DECK	FAIL	
2	3 MINDORO PARKS + CO.			INSPECTOR: <i>[Signature]</i>
6694	HINES	ROUGH GAS	PASS	
3	113 HENRY SEWALL FERRELL GAS			INSPECTOR: <i>[Signature]</i>
6501	BEAN	FRAMING	---	CANCELLED
9	112 S. SEWALL'S PT DRIFTWOOD HOMES	ROUGH ALC ROUGH PLUMBING	---	INSPECTOR:
6501	BEAN	ROUGH ELEC	---	CANCELLED
9	112 S. SEWALL'S PT DRIFTWOOD HOMES			INSPECTOR:
6687	SMITH	DOCK FINAL	FAIL	
5	7 SIMARA ST QUALITY AFFORDABLE			INSPECTOR: <i>[Signature]</i>

OTHER:

106 N. SEWALLS - CHECK BOUNDERS BY ROAD.



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 S SEWALL

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.

TRUSS ENBR.
NEED LTR FROM ENBR
TO APPROVE TRUSSES
SUPPORTING AHU IN ATTIC,
2X4 TRUSS SUPPORT IS CUT
AT A/C DUCT - EXTEND
TO AND ATTACH AT BABIE,
MISSING FLOOR JOIST ENBR,
PALLAGE.
PLAYROOM OVERHEAD JOISTS NEED
ENBR LTR AT CONNECTIONS -
\$40 FEE

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

DATE: 4/23 OK

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/23, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6501	BEAN	ELECTRIC RAN	FAIL	
9	112 S. SEWALL'S PT DRIFTWOOD HOMES	FRAMING	FAIL	INSPECTOR: <i>[Signature]</i>
— TREE	CARLSON	TREE	PASS	
3	7 KINGSTON CT			INSPECTOR: <i>[Signature]</i>
6391	WHITWELL	INSULATION	PASS	
2	1 MARQUERITA HEMINGWAY HOMES			INSPECTOR: <i>[Signature]</i>
6682	MILORD.	TEMP POWER	PASS	
7	10 N. SEWALL'S PT. RD. MILORD.	POLE		INSPECTOR: <i>[Signature]</i>
6648	FENDER	FENCE FINAL		
	3 OAKWOOD DR PIONEER SCREEN	SCREEN ENCL.	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: _____

112 S. SEWALL

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.

A/c.

MISSING DUCT IN MASTER W.I.C.

MASTER BATH SUPPLY IS NOT CENTERED
IN ROOM.

GUEST W.I.C PINCHED DUCT.

LAUNDRY ROOM SUPPLY IS CROOKED.

ELECTRICAL -

SHOW LOCATION OF SUB PANEL ON
CONST. DRAWINGS

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

DATE: _____

4/23

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/23, 2004 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6442	PAWEN BROKER	BLOG FINAL	PASS	CLOSE
8	3754 S.E. OCEAN BLVD	Call: 485-8684 *back door		INSPECTOR: <i>[Signature]</i>
6230	BURT	PAVERS		Already finished w/ Addition c/o
	21 RIVERVIEW			INSPECTOR:
6646	RONAN	TUN TAG + MEAL	PASS	
6	14 COPAIRE CARDINAL			INSPECTOR: <i>[Signature]</i>
TREE	SADLER	TREE	PASS	
4	9 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
6581	LASKY	TIE BEAM + COL	PASS	
1	27 W. HIGH POINT SEAGATE BLDDS			INSPECTOR: <i>[Signature]</i>
6681	SCHRAEDER	WINDOW BUCK	PASS	
5	4 EMARITA WAY O/B	DOOR BUCK		INSPECTOR: <i>[Signature]</i>
6501	BEAN	TRUSS	FAIL	\$40 FEE
9	112 S. SEWALL'S Pt DRIFTWOOD	PLUMBING RAIL A/C BUCK	PASS FAIL	INSPECTOR: <i>[Signature]</i>
OTHER:	RIDGEVIEW + S. SEWALL'S Pt Rd	Prop John in Road-Right-of-Way		
	SANYAN			



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 S. SEWALLS

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.

FLOOR TRUSS

ENGR LTR WHERE TUI 550
HALE CUT ON BOTTOM CHORD,

ENGR. LTR WHERE RAHU
IS SUPPORTED.

ENGR LTR INDICATING TYPE
CONNECTOR REQUIRED AT
FLOOR SYSTEM AT PLAYROOM.

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

DATE: 4/27


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/28, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6681	SCHRAEDER	Door Buck+	PASS	CLOSE
1	4 EMERALTA O/B	FINAL WINDOWS		INSPECTOR:
6113	POWERS	RACTAL CONC. COL.	 	Cancelled
	70 S. SEWALLS PT FLORIDA'S FINEST	 	 	INSPECTOR:
6501	BEAN	TRUSS TIE DOWN	FAIL	
7	112 S. SEWALLS PT DRIFTWOOD	FRAMING A/C ROUGH	FAIL PASS	AFTER TEN INSPECTOR:
6679	WHALEN	FINAL PAPER	FAIL	SITE PLAN MISSING
5	9 KNOWLES RD T COAST PAPERS	DRIVEWAY & WALKWAY		INSPECTOR:
6500	HINES	FRAMING	FAIL	
8	113 HENRY SEWALL WINCHIP CONSTR.	A/C ELEC	FAIL FAIL	INSPECTOR:
6520	HINES	PLUMBING	FAIL	
8	113 HENRY SEWALL'S WINCHIP			INSPECTOR:
6456	SHARFI	FINAL CARPET	FAIL	
4	73 N. SEWALLS PT O/B			INSPECTOR:
IF GATE CLOSED CODE = 7373				
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/16, 2008 4 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6789	BAUMGARTNER	SHEATHING	PASS	
9	20 BANYAN	DRY IN MEAL	—	INSPECTOR:
	ALL AMERICAN			
6501	BEAN	ELECTRICAL	PASS	CHECK BACK
1	112 S. SEWALL'S Pt			LATE MORN.
	HERITAGE ELEC			INSPECTOR:
6725	SEILER	STORM PANELS	FAIL	
6	5 KINGSTON Ct			\$40
	GULF STREAM			INSPECTOR:
6355	PARADISE	FINAL MECH	PASS	
7	11 RIDGELAND	FINAL PLUMBING	PASS	INSPECTOR:
	TODD CUSTOM HOMES			
	LANIER	PLUMBING U.S.		
	26 LOFTING WAY			
	F.F.A.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/28, 2002 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6784	SANGREANTKA	ROUGH PLUMBING	PASS	HAS EXPOSED
5	20 S. VIALUCINDIA SAMMONS			WIRING & JUNCTION INSPECTOR: <i>[Signature]</i>
6355	PARADISE	FINAL SFR	FAIL	
1	11 RIDGE ROAD TEDD CUSTOM HOMES			INSPECTOR: <i>[Signature]</i>
6544	LANCASTER	BEAM	FAIL	NO LADDER ON
4	8 PINEAPPLE MASTERPIECE			JOB FOR 2ND FL. INSPECTOR: <i>[Signature]</i>
6708	ANDERSON	PLUMBING	PASS	
7A	9 PALM TRO CATOET SONS	GR. ROUGH		INSPECTOR: <i>[Signature]</i>
6500	COBTECA	LATH	PASS	
11	8 N Sewall's Pt PIZZERIA			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 112 S SEWALL'S

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.

FINAL
T&P VALVE LEAKING @ WATER
HTR - REDIRECT LINE INTO
PAN,
AHU NEED FLOAT SWITCH FOR
CONDENSATE OUTFLOW -
MARK PANEL ELEC.
MARK MODEL # AHU,
SHOWER NEEDS TILE FINISHED.
TUB NEEDS ACCESS PANEL
NEEDS EROSION CONTROL / SOD
COMP/COND UNITS NEED SEVERING

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. CHECK AC UNIT CLEARANCE

DATE: 7/21

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE


ADDRESS: 112 S. SEWALL'S

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.

NEED HEALTH DEPT CERTIFICATE
FINAL SUTWELL
SECURE LOOSE WIRING/PIPING
ON OUTSIDE
OWNER'S FINAL COST CERT.
ELEVATION CERTIFICATE.

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

DATE: 7/21




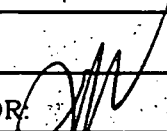
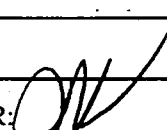
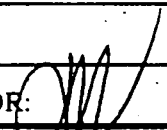
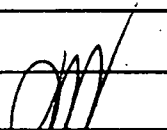
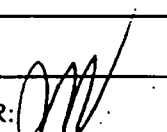
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 21, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6581	LASKY	TRUSS & ENG	FAIL	
10	27 W. HIGH POINT SEACATE			INSPECTOR: 
6501	BEAN	FINALE	FAIL	
10A	112 S. SEWALL'S PERO DRIFTWOOD HOMES			INSPECTOR: 
6663	SANDWA	WALL SHEATHING	PASS	
4	23 N. VIA LUCINDIA WHITE ALUMINUM	FRAMING REVISION	PASS	INSPECTOR: 
6526	HINES	DRIVEWAY	PASS	
3	113 HENRY SEWALL WINCHIP CONST.			INSPECTOR: 
6827	ANSPACH	DOYIN + SHEATHING	PASS	
9	146 N. SEWALL'S PERO ALL AMERICAN ROOFING			INSPECTOR: 
6551	LANGER	A/C SLAB	PASS	
8	3 LOFTING WAY FLORIDA'S FINEST	POOL EQUIP		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <u> </u>

OTHER: _____



Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT. STUART

FROM: Masha

DATE: 7/30/04

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

• 43-SS- 5894

6501 Bean - 112 S. Sewalls Pt. Rd.
- Driftwood Homes

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

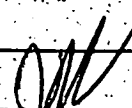
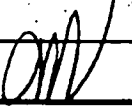
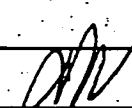
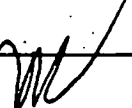
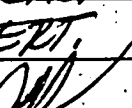
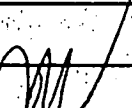
• 43-SS- _____

J:\...EH\DOCS\FORMS\I\STD\APPROVALS.DOC 03/01

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/30, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6632	SCHPELENG	TIE BEAM +	FAIL	
1	110 ABBIE COURT	Columns		
	O/B	(SAMPLE)		INSPECTOR: 
6694	HINES	TANK + LINE	 	
X	113 HENRY SEWALL	 	 	
 	FERRILL GAS	 	 	
				INSPECTOR:
6346	MOORE	POOL PLUMBING	PASS	
6	5 OAK HILL WAY			
	CRYSTAL LAGOON POOLS			INSPECTOR: 
6653	HB ASSOC	FINAL TENANT IMPROVEMENTS	PASS	
7	3760 SE OCEAN BLVD			
	ROY SANDREAU	221-7681 after 9:01s		INSPECTOR: 
6391	WHITWELL	SILT SCREEN	FAIL	CALL SUPER -
2	1 MARGUERITA			
	HENNINGWAY HOMES			INSPECTOR: 
6650	BEAN	FINAL ADDITION	PASS	AL WILL DROP OFF HEALTH DEPT. CERT.
3	112 S. SEWALLS PT			
	DELFWOOD HOMES			INSPECTOR: 
6513	DUNN	SCRAPPING	FAIL	
8	31 N. RIVER RD			
	FIRST FLORIDA			INSPECTOR: 
OTHER: <u> </u>				

7048

FOUNDATION &

FILL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/12/04

BUILDING PERMIT NO. 7.048

Building to be erected for BEAN

Type of Permit HOUSE FOUNDATION + FILL

Applied for by O/B (Contractor)

Building Fee _____

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. SEWALL'S PT RD

Impact Fee N/C

Type of structure SFR

A/C Fee HURRICANE

Electrical Fee DAMAGE

Parcel Control Number:
138410010250010070000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ 1500.

TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 10/25/04

Permit Number: _____

OWNER/TITLEHOLDER NAME: Bean Phone (Day) 223-7752 (Fax) _____

Job Site Address: 112 S Sewall's Pt Rd City: _____ State: _____ Zip: _____

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

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

Description of Work To Be Done: RESUPPORT HOUSE + ~~RETENTION WALL + FILL~~

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1500 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: _____

This the 25th day of OCTOBER, 2004

This the _____ day of _____, 2004

by THOMAS GERALD BEAN who is personally

by _____ who is personally

known to me or produced by _____

known to me or produced _____

as identification _____

As identification. _____

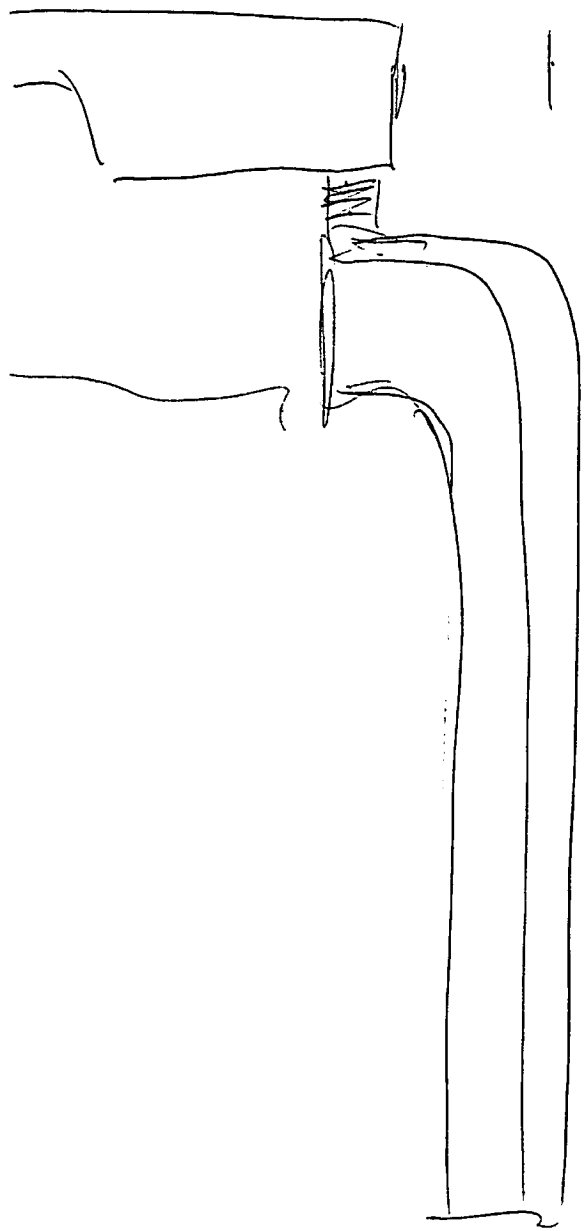


Notary Public

My Commission Expires: _____

My Commission Expires: _____

Seal



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/12, 2004 Page 4 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
- 6658	MOORE 5 Oak Hill Way	FINAL GAS	PASS	
10	Ferrell Gas			INSPECTOR: <i>[Signature]</i>
- 799	HANAN 84 N. RIVER RD	TIN TAG + METAL	---	WILL RESCHEDULE
	PACIFIC	(LATE IF POSS)		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Trees	AMOS 114 S. SEWALL'S PT	TREE	PASS	AS MODIFIED
4				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
- 6979	BYEGS 32 N. SEWALL'S PT	FINAL DOCK	FAIL	NO PERMIT \$40 FEE
9	BLUE WATER MARINE	(GATE 1007)	De.	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6989	CHRISTIE 103 S. SEWALL'S PT	GARAGE DOOR	FAIL	
5	CRABTREE O.H. DOOR			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	4 MANDALAY			QUEEN PALMS (NO ONE HOME)
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7048	BEIN 112 S. SEWALL'S PT	POOLING	PASS	
	O/B			INSPECTOR: <i>[Signature]</i>
OTHER:	LVL OH 20 E. HIGH PT	SQUATE ELECTRIC		

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/24, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7025	HARRIGAN	PRE DEYWALL	PASS	
4	2 PALMETTO O/B	@ BATH ONLY		INSPECTOR:
6391	WHITWELL	FINAL SPR	FAIL	
1	1 MARQUERITA DR HEMMINGWAY HOMES			INSPECTOR:
6941	JONAS	EYE ROUGH PRE DEYWALL	PASS	
7	12 N SEWALLS PT JANIERO			INSPECTOR:
7035	WALLENQUEST	FINAL FENCE	PASS	CLOSE
5	3 COPAIRE O/B			INSPECTOR:
6920	JONAS	IN PROGRESS	PASS	
7	12 N. SEWALLS PT STUART ROOFING			INSPECTOR:
TREE	CRENVI, CZ	TREE	PASS	CLOSE
2	LOT 8 MARQUERITA (ACCESS CIRCLED FROM ELDER)			INSPECTOR:
7048	BEAN	HOUSE FOUNDATION	PASS	CLOSE
3	112 S. SEWALLS O/B			INSPECTOR:

OTHER: _____

ADMIN VARIANCE

RESOLUTION NO.

650

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA GRANTING THE APPEAL OF GERALD BEAN A/KA/ TOM BEAN AND PATRICIA BEAN, OF THE TOWN BUILDING DEPARTMENT'S DENIAL OF A PERMIT FOR A PROPOSED 380 FOOT DOCK, TO BE LOCATED AT 112 S. SEWALL'S POINT ROAD, SEWALL'S POINT, MARTIN COUNTY, FLORIDA; AND GRANTING A VARIANCE FROM THE DOCK LENGTH REQUIREMENTS OF TOWN CODE SECTION 62-171 TO ALLOW A 380 FOOT DOCK; AND PROVIDING FOR AN EFFECTIVE DATE.

INSTR # 1891645
OR BK 02086 PG 1372
RECORDED 11/28/2005 03:18:06 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Burkey

WHEREAS, pursuant to Town Code Section 62-151, Gerald Bean a/k/a Tom Bean and Patricia Bean ("Applicants"), applied to the Town of Sewall's Point Building Department for a permit to construct a 1,520 square foot boat dock measuring 4 feet wide by 380 foot, with one associated mooring area, which can accommodate a boat lift, at 112 S. Sewall's Point Road, Sewall's Point, Florida, (Jensen Beach to Jupiter Inlet Aquatic preserve, Class III Waters), in the location as more particularly described on the survey and legal description ("subject property"), which is attached hereto and made part hereof as **Exhibit "A"**; and

WHEREAS, on March 24, 2004, the State of Florida Department of Environmental Protection ("DEP") issued a permit (Permit No. 43-02221511-011), to the Applicants to construct the proposed 380 foot long, single family boat dock; and

WHEREAS, Town Code Section 62-171(1)(a) prohibits docks from extending more than 250 feet water-ward of the mean high water line into the Indian River; and

WHEREAS, the Applicants' dock permit application was denied by the Town's Building Department, because the proposed dock extends water-ward of the mean high

water line more than 250 feet into the Indian River; and

WHEREAS, the Applicants appealed the decision of the Building Department pursuant to Town Code Section 62-154; and

WHEREAS, Town Code Section 62-154 requires that the Town Commission conduct a public hearing before considering the appeal; and

WHEREAS, in advance of the meeting, notice of the public hearing to be held on October 18, 2005, was posted at the Town Hall bulletin board, and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicants, to all record owners of property located adjacent to the property involved in the appeal, and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, at the public hearing held on October 18, 2005, the Town Commission heard evidence presented by the Applicants, Town staff, and other interested parties; and

WHEREAS, at the conclusion of the public hearing, the Town Commission made a finding of fact, that the Applicants demonstrated an extreme hardship, which justified a variance of the Town Code dock length requirements as set forth in Section 62-171.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The foregoing recitals are incorporated herein as true and correct findings of fact and conclusions of law of the Town Commission.
2. Based upon the application of the criteria set forth in Section 62-154 of the Town Code to the subject property, the Town Commission finds that the Applicants have satisfied at least one of the required criteria.

3. The decision of the Building Official denying the Dock Application is hereby **REVERSED.**

4. A variance is hereby GRANTED from the dock length requirements of Town Code Section 62-171 to allow a 380 feet long dock on the subject property in accordance with the plans and specifications provided to the Town with the Application.

5. Upon the payment of the required permit application fee, the Town Building Department shall issue a Dock Permit to the Applicants, for the construction of the boat dock in accordance with the plans and specifications reviewed by the Town Commission at the October 18, 2005 public hearing, and which are attached hereto as **Exhibit "B"**.

6. This Resolution does not constitute a license or permit, and shall not be deemed or construed to be a license or a permit, either now or in the future, to conduct any activity other than approving the issuance of a dock permit for a boat dock, as proposed by the Applicants in **Exhibit "B"**. Any material deviation in the construction of the boat dock, from the permit, survey, drawings, plans, specifications, or any other information supplied or provided to the Town by the Applicants, and/or their agents and representatives, specifically including, but not limited to, any error in the establishment of the riparian lines, shall result in the revocation of the approval granted by this Resolution, and shall be a violation of the Town of Sewall's Point Code of Ordinances.

7. The Permit to be granted pursuant to this Resolution is expressly conditioned upon the Applicants reimbursing the Town for all professional expenses of the Town incurred in connection with the Appeal, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances.

8. This Resolution shall become effective upon adoption.

9. This Resolution may be recorded by the Applicants in the Public Records of Martin County, Florida Public at the Applicants' expense.

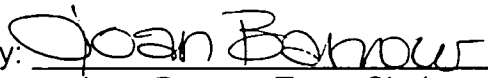
The vote was as follows:

	AYE	NAY
RICHARD L. BARON, Mayor	<u> x </u>	<u> </u>
JON E. CHICKY, Vice Mayor	<u> x </u>	<u> </u>
PAMELA M. BUSHA, Commissioner	<u> x </u>	<u> </u>
THOMAS B. BAUSCH, Commissioner	<u> x </u>	<u> </u>
E. DANIEL MORRIS, Commissioner	<u> x </u>	<u> </u>

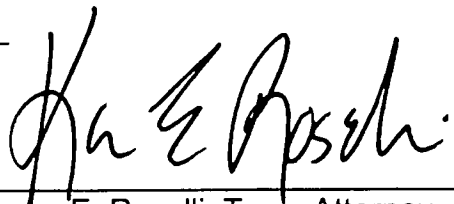
The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on the 18th day of October, 2005.

By: 
RICHARD L. BARON, Mayor

ATTEST:

By: 
Joan Barrow, Town Clerk

(TOWN SEAL)


Karen E. Roselli, Town Attorney
Approved as to form and legal sufficiency:

TOWN OF SEWALL'S POINT

RICHARD L. BARON
Mayor

JON E. CHICKY
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS BAUSCH
Commissioner

PAMELA M. BUSHA
Commissioner



HUGH WILLIAMS
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

To: Mayor and Commissioners

Fm: Gene Simmons
Building Official

Date: October 11, 2005

Re: Request from Gerald & Patrica Bean for a dock variance located at 112 S. Sewall's Point Road

Attached please find the following documents:

1. Notice of appeal from denial of dock permit
2. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
3. Florida Department of Environmental Protection Permit or Exemption Letter
4. Survey

The above dock permit application has been denied due to the fact the proposed dock does not meet the length requirement of 250 feet as outlined in the Town of Sewall's Point Ordinance 62-171. The proposed length as established by the Florida Department of Environmental Protection (DEP) for this dock is 350 feet. Mr. Bean is requesting a variance for the additional 100 feet as required by DEP.

The application and submitted documents for permit are complete and thereby only lacks Commission approval for the extension of the dock. Your assistance in this matter is highly appreciated. Upon approval I will issued the permit to Gerald & Patricia Bean.

If I can answer any question please feel free to contact me at 287-2455.



Sewall's Point Road, Sewall's Point, Florida 34996

Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us

Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: buildoff@sewallspoint.martin.fl.us



Department of Environmental Protection

Jeb Bush
Governor

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952
(772)398-2806 Fax # (772)398-2815

Colleen M. Castille
Secretary

CONSOLIDATED ENVIRONMENTAL RESOURCE PERMIT AND SOVEREIGN SUBMERGED LANDS AUTHORIZATION

PERMITTEE/AUTHORIZED ENTITY:

Thomas Bean
112 S. Sewall's Point Road
Stuart, FL 34996

Permit/Authorization No.: 43-0221511-001
Date of Issue: March 24, 2004
Expiration Date of: March 24, 2009
County: Martin County
Project: Private single family dock

This permit is issued under the authority of Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code (F.A.C.). The activity is not exempt from the requirement to obtain an Environmental Resource Permit. Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C., the Department is responsible for reviewing and taking final agency action on this activity.

ACTIVITY DESCRIPTION:

The purpose of the project is to construct a 1,520 square foot dock measuring 4' wide by 380' long (30' of which is located landward of mean high water) with one associated mooring area which can accommodate a boatlift. All portions of the docking structure waterward of mean high water shall be constructed at 5' above mean high water. The entire south side of the access shall have handrails and the north side shall have handrails with the exception of the location of the authorized mooring area.

ACTIVITY LOCATION:

The project is located at 112 S. Sewall's Point Road, in the Jensen Beach to Jupiter Inlet Aquatic Preserve, Class III Waters of the State (Section 12, Township 38 South, Range 41 East), Sewall's Point, Martin County, Latitude 27° 11' 20.59"N, Longitude 80° 11' 28.76"W.

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

PROPRIETARY REVIEW: GRANTED

This activity also requires a proprietary authorization, as the activity is located on sovereign submerged lands owned by the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, and Sections 253.002 and 253.77, F.S. The activity is not exempt from the need to obtain a proprietary authorization. The Department has the responsibility to review and take final action on this request for proprietary authorization in accordance with Section 18-21.0051, and the Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C. In addition to the above, this proprietary authorization has been reviewed in accordance with Chapter 253 and 258 F.S., Chapter 18-20, 18-21, and Section 62-343.075, F.A.C.

As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that the activity qualifies for a consent to use sovereign, submerged lands, as long as the work performed is located within the boundaries as described herein and is consistent with the terms and conditions herein. Therefore, consent is hereby granted, pursuant to Chapter 253.77, F.S., to perform the activity on the specified sovereign submerged lands.

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Postage	\$ 1.29	
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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.34	

Sent To Myra Ellen Amos
 Street, Apt. No., or PO Box No. P.O. Box 880005
 City, State, ZIP+4 Port St. Lucie FL 34988-0005

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0001 5522 0685

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For delivery information visit our website at www.usps.com

STUART FL 34996
OFFICIAL USE

Postage	\$ 1.29	
Certified Fee	\$2.30	
Return Receipt Fee (Endorsement Required)	\$1.75	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.34	

Sent To Stu Lamb
 Street, Apt. No., or PO Box No. 110 S. Sewalls Pt. Rd.
 City, State, ZIP+4 Stuart FL 34996

PS Form 3800, June 2002 See Reverse for Instructions

7910

DOCK & BOAT LIFT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11-28-05

BUILDING PERMIT NO. 7910

Building to be erected for BEAN

Type of Permit DOCK + BOATLIFT

Applied for by OIB (Contractor)

Building Fee 240.00

Subdivision ARBELA Lot 25 Block _____

Radon Fee _____

Address 112 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure DOCK + BOATLIFT

A/C Fee _____

Parcel Control Number:

0138410010250010070000

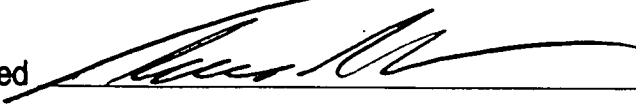
Amount Paid 330.00 Check # 1003 Cash _____

Roofing Fee 24.00
10% PLAN REV

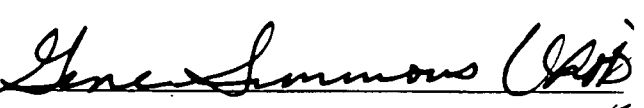
Other Fees 66.00
25% OB

Total Construction Cost \$ 35,000

TOTAL Fees 330.00

Signed 

Applicant

Signed 

Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Thomas Bean Phone (Day) 370-0866 (Fax) 283-2760

Job Site Address: 112 S. Sewall's Point Rd. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Arbela Lot 25 Parcel Number: 01-38-41-001-025-00100-7

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

Description of Work To Be Done: Deck & Boat Lift

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 35,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: Contractor Estimate

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Owner/Builder Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER John Weber Lic.# _____ Phone Number: 229-2722

Street: 1040 S. Ocean Dr. #605 Jensen Bch 34957 City: _____ State: _____ Zip: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin

On State of Florida, County of: _____

This the 16 day of September, 2005

This the _____ day of _____, 200

by Tom Bean who is personally

by _____ who is personally

known to me or produced _____

known to me or produced _____

as identification, _____

As identification, _____

My Commission Expires: 2/10/2008 Notary Public Kimberly Sue Krull

My Commission Expires: _____ Notary Public

**TOWN OF SEWALL'S POINT
APPLICATION FOR NOTICE OF APPEAL FROM DENIAL OF DOCK PERMIT**

NOTICE IS HEREBY GIVEN, pursuant to Section 62-154 Code of Ordinances of the Town of Sewall's Point, Florida, that the applicant identified below will appeal to the Town Commission of the Town of Sewall's Point, Florida, from the denial of a permit for the construction of a dock on the property located at the street address given below for the reasons indicated below at a meeting of the Sewall's Point Town Commission at the Sewall's Point Town Hall, One South Sewall's Point Road, Sewall's Point, Florida or as soon thereafter as is possible.

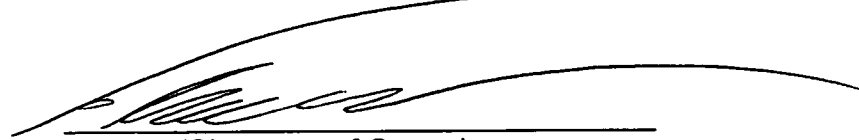
NAME OF APPLICANT: Tom Bean (Gerald Bean)

STREET ADDRESS OF PROPERTY: 112 S. Sewall's Point Road

REASON FOR DENIAL OF DOCK PERMIT:

- Building Official error
- Failure to obtain letters of no objection from adjacent upland riparian owners.
- Objection of neighbors unreasonable
- Failure to comply with the standards and criteria for docks in the following respects:
 - Length: Dock extends 350' +/- beyond MHW
 - Design: _____
 - Construction: _____
 - Sitting: _____
- Extreme Hardship _____

DATE AND TIME OF MEETING: 10-18-05 7: PM



(Signature of Owner)

(Signature of Owner)

The completed application for the permit to construct the dock may be inspected at the Town Hall during regular business hours. All interested parties may appear at the meeting and may be heard with respect to the appeal. If any person decides to appeal any decision made by the Town Commission with respect to any matter considered at the meeting or hearing, he will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

This notice shall be posted on the Town Hall bulletin board and shall be sent by certified mail, return receipt requested, by the applicant and at the applicants expense, to all record owners of upland riparian property located adjacent to the property involved in the appeal, with the date of mailing being at least fifteen (15) days before the date of the hearing. At or before the public hearing, the applicant shall present proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those persons.

Dated: 10-10-05


JOAN H. BARROW, Town Clerk

CRITIQUE

Owner: Thomas Bean

Date: September 23, 2005

Contractor: Owner/Builder

Contractor's Phone Number: 370-0866

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR BOAT DOCK AND BOATLIFT LOCATED AT 112 SOUTH SEWALL'S POINT ROAD

Submittals (2 copies)

1. Current mean high water survey (**within one year**) containing the following information:
 - a. Dimension from closest proposed northern boatlift piling to riparian line and to any upland riparian property owner's closest dock or mooring piling.
 - b. Dimension from the outside of the southern proposed dock piling to the riparian line and to any upland riparian property owner's closest dock or mooring piling.
2. Copy of what was sent to the upland riparian property owners.

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Section/Detail Drawings and Schedules showing the following information:
 - a. Original signed and sealed construction drawings of the proposed dock and cut sheets for the boatlift (two copies each of the above).

NOTE: SINCE THIS DOCK EXCEEDS THE 250 FEET LIMIT ESTABLISHED BY THE TOWN OF SEWALL'S POINT DOCK ORDINANCE THIS REQUEST MUST GO BEFORE THE TOWN COMMISSION FOR APPROVAL.

YOU MUST COME IN A PICK UP AN DOCK APPEAL APPLICATION WHICH MUST BE FILLED OUT, SIGNED AND THE APPROPRIATE DOCUMENTS SUBMITTED TO ME AT LEAST ONE WEEK PRIOR TO THE NEXT SCHEDULED COMMISSION MEETING WHICH WILL BE OCTOBER 17, 2005. THESE DOCUMENT MUST BE SUBMITTED BY OCTOBER 10, 2005.

ONCE THE REVISED SURVEY IS DONE YOU MUST SENT BOTH UPLAND RIPARIAN PROPERTY OWNERS COPIES OF THAT SURVEY ALONG WITH A COPY OF THE DEP PERMIT REQUESTING LETTERS OF NO OBJECTION. THESE MUST BE SENT AT LEAST 15 DAYS PRIOR TO THE COMMISSION MEETING. PROVIDE ME WITH THE CERTIFIED MAIL RECEIPTS ONCE THEY ARE SENT.

PERMIT # _____

TAX FOLIO # Parcel ID # 138410010250010070000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Area Lot 25

GENERAL DESCRIPTION OF IMPROVEMENT: Dock

OWNER: Gerald Bean

ADDRESS: 112 S Sawall's Pt Rd

PHONE #: 772 223 7752 FAX #: 772 221-2297

CONTRACTOR: J+B Bxnt LPA

ADDRESS: _____

PHONE #: 219-0315 FAX #: _____

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

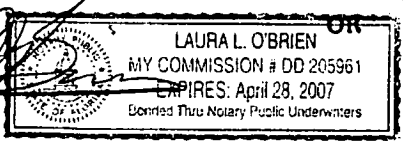
PHONE #: _____ FAX #: _____

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

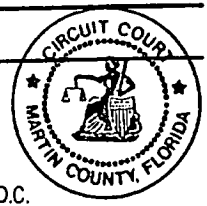
[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28th DAY OF November 2005 BY GERALD BEAN

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID _____



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: [Signature] D.C.
DATE: 11-28-05

INSTR # 1891323 OR BK 02085 PG 2978 RECD 11/28/2005 08:40:09 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK (0556 MFM)

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

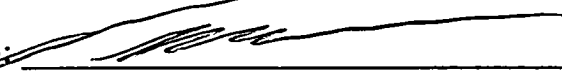
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: Thomas Bean Date: 9/16/05

Signature: 

Address: 112 S Sewall's Pt Rd

City & State: Stuart FL

Permit No. _____



Department of Environmental Protection

FILE COPY

Jeb Bush
Governor

MAR 24 2004

Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952
(772)398-2806 Fax # (772)398-2815

Colleen M. Castille
Secretary

FILE

CERTIFIED MAIL 7003 0500 0000 3154 5618
RETURN RECEIPT REQUESTED

Thomas Bean
112 S. Sewall's Point Road
Stuart, FL 34996

Dear Mr. Bean:

Enclosed is Standard General Permit Number 43-0221511-001 issued pursuant to Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code.

Appeal rights for you as the permittee and for any affected third party are described in the text of the permit along with conditions which must be met when permitted activities are undertaken. Please review this document carefully to ensure compliance with both the general and specific conditions contained herein. As the permittee, you are responsible for compliance with these conditions. **Please ensure that all construction personnel associated with your activity review and understand the approved drawings and conditions.** Failure to comply with this permit may result in liability for damages and restoration, and the imposition of civil penalties up to \$10,000 per violation per day, pursuant to Sections 403.141 and 403.161, F.S.

In addition, please ensure the construction commencement notice and all other reporting conditions are forwarded to the appropriate office as indicated in the specific conditions. A permit review checklist is enclosed to assist you in tracking the monitoring and reporting requirements outlined in the permit.

If you have any questions about this document, please contact me at the phone number listed above.

Sincerely,

Danna Small
Environmental Supervisor
Submerged Lands and Environmental Resources Program

Enclosure



Jeb Bush
Governor

Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952
(772)398-2806 Fax # (772)398-2815

Colleen M. Castille
Secretary

CONSOLIDATED ENVIRONMENTAL RESOURCE PERMIT AND SOVEREIGN SUBMERGED LANDS AUTHORIZATION

PERMITTEE/AUTHORIZED ENTITY:

Thomas Bean
112 S. Sewall's Point Road
Stuart, FL 34996

Permit/Authorization No.: 43-0221511-001
Date of Issue: March 24, 2004
Expiration Date of: March 24, 2009
County: Martin County
Project: Private single family dock

This permit is issued under the authority of Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code (F.A.C.). The activity is not exempt from the requirement to obtain an Environmental Resource Permit. Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C., the Department is responsible for reviewing and taking final agency action on this activity.

ACTIVITY DESCRIPTION:

The purpose of the project is to construct a 1,520 square foot dock measuring 4' wide by 380' long (30' of which is located landward of mean high water) with one associated mooring area which can accommodate a boatlift. All portions of the docking structure waterward of mean high water shall be constructed at 5' above mean high water. The entire south side of the access shall have handrails and the north side shall have handrails with the exception of the location of the authorized mooring area.

ACTIVITY LOCATION:

The project is located at 112 S. Sewall's Point Road, in the Jensen Beach to Jupiter Inlet Aquatic Preserve, Class III Waters of the State (Section 12, Township 38 South, Range 41 East), Sewall's Point, Martin County, Latitude 27° 11' 20.59"N, Longitude 80° 11' 28.76"W.

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

PROPRIETARY REVIEW: GRANTED

This activity also requires a proprietary authorization, as the activity is located on sovereign submerged lands owned by the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, and Sections 253.002 and 253.77, F.S. The activity is not exempt from the need to obtain a proprietary authorization. The Department has the responsibility to review and take final action on this request for proprietary authorization in accordance with Section 18-21.0051, and the Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C. In addition to the above, this proprietary authorization has been reviewed in accordance with Chapter 253 and 258 F.S., Chapter 18-20, 18-21, and Section 62-343.075, F.A.C.

As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that the activity qualifies for a consent to use sovereign, submerged lands, as long as the work performed is located within the boundaries as described herein and is consistent with the terms and conditions herein. Therefore, consent is hereby granted, pursuant to Chapter 253.77, P.S., to perform the activity on the specified sovereign submerged lands.

"More Protection, Less Process"

Printed on recycled paper

Permittee: Thomas Bean
File Number: 43-0221511-001
Page Two

This permit constitutes a determination, pursuant to Section 380.0651(3)(e), F.S., that the facility is located so that it will not adversely impact Outstanding Florida Waters or Class II Waters, and will not contribute to boat traffic in a manner that will adversely impact the manatee.

FEDERAL REVIEW: NOT GRANTED

Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the Department and the U.S. Army Corps of Engineers (Corps). The agreement is outlined in a document titled *Coordination Agreement Between the U.S. Army Corps of Engineers and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act*.

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown in the attached drawings, the proposed project is **not** consistent with the SPGP program. A copy of your application has been sent to the U.S. Army Corps of Engineers (the Corps) who may require a separate permit. Failure to obtain their authorization prior to construction could subject you to enforcement action. For further information, contact the Corps directly.

You are hereby advised that authorizations also may be required by other federal, state, and local entities. This authorization does not relieve you from the requirements to obtain all other required permits and authorizations.

The above named permittee is hereby authorized to construct the work shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof. **This permit and authorization to use sovereign submerged lands is subject to the limits, conditions, and locations of work shown in the attached drawings, and is also subject to the attached [19] General Conditions, [12] General Consent Conditions, and [12] Specific Conditions, which are a binding part of this permit and authorization.** You are advised to read and understand these drawings and conditions prior to commencing the authorized activities, and to ensure the work is conducted in conformance with all the terms, conditions, and drawings. If you are utilizing a contractor, the contractor also should read and understand these drawings and conditions prior to commencing the authorized activities. Failure to comply with all drawings and conditions shall constitute grounds for revocation of the permit and appropriate enforcement action.

Operation of the facility is not authorized except when determined to be in conformance with all applicable rules and with the general and specific conditions of this permit/certification/authorization, as specifically described below.

GENERAL CONDITIONS:

- (1) All activities authorized by this permit shall be implemented as set forth in the plans, specifications and performance criteria as approved by this permit. Any deviation from the permitted activity and the conditions for undertaking that activity shall constitute a violation of this permit and Part IV, Chapter 373, F.S.
- (2) This permit or a copy thereof, complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete permit shall be available for review at the work site upon request by the Department staff. The permittee shall require the contractor to review the complete permit prior to commencement of the activity authorized by this permit.
- (3) Activities approved by this permit shall be conducted in a manner which does not cause violations of state water quality standards. The permittee shall implement best management practices for erosion and pollution control to prevent violation of state water quality standards. Temporary erosion control shall be implemented prior to and during construction, and permanent control measures shall be completed within 7 days of any construction activity. Turbidity barriers shall be installed and maintained at all locations where the possibility of transferring suspended solids into the receiving waterbody exists due to the permitted work. Turbidity barriers shall remain in place at all locations until construction is completed and soils are stabilized and vegetation has been established.

Permittee: Thomas Bean

File Number: 43-0221511-001

Page Three

All practices shall be in accordance with the guidelines and specifications described in Chapter 6 of the Florida Land Development Manual; A Guide to Sound Land and Water Management (Department of Environmental Regulation, 1988), unless a project-specific erosion and sediment control plan is approved as part of the permit. Thereafter the permittee shall be responsible for the removal of the barriers. The permittee shall correct any erosion or shoaling that causes adverse impacts to the water resources.

- (4) The permittee shall notify the Department of the anticipated construction start date within 30 days of the date that this permit is issued. **At least 48 hours prior to commencement** of activity authorized by this permit, the permittee shall submit to the Department an "Environmental Resource Permit Construction Commencement" notice (Form No. 62-343.900(3), F.A.C.) indicating the actual start date and the expected completion date.
- (5) When the duration of construction will exceed one year, the permittee shall submit construction status reports to the Department on an annual basis utilizing an "Annual Status Report Form" (Form No. 62-343.900(4), F.A.C.). Status Report Forms shall be submitted the following June of each year.
- (6) **Within 30 days after completion of construction** of the permitted activity, the permittee shall submit a written statement of completion and certification by a registered professional engineer or other appropriate individual as authorized by law, utilizing the supplied "Environmental Resource Permit As-Built Certification by a Registered Professional" (Form No. 62-343.900(5), F.A.C.). The statement of completion and certification shall be based on on-site observation of construction or review of as-built drawings for the purpose of determining if the work was completed in compliance with permitted plans and specifications. This submittal shall serve to notify the Department that the system is ready for inspection. Additionally, if deviation from the approved drawings are discovered during the certification process, the certification must be accompanied by a copy of the approved permit drawings with deviations noted. Both the original and revised specifications must be clearly shown. The plans must be clearly labeled as "as-built" or "record" drawing. All surveyed dimensions and elevations shall be certified by a registered surveyor.
- (7) The operation phase of this permit shall not become effective: until the permittee has complied with the requirements of condition (6) above, has **submitted a "Request for Transfer of Environmental Resource Permit Construction Phase to Operation Phase"** (Form No. 62-343.900(7), F.A.C.); the Department determines the system to be in compliance with the permitted plans and specifications; and the entity approved by the Department in accordance with Sections 9.0 and 10.0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, accepts responsibility for operation and maintenance of the system. The permit shall not be transferred to such approved operation and maintenance entity until the operation phase of the permit becomes effective. Following inspection and approval of the permitted system by the Department, the permittee shall initiate transfer of the permit to the approved responsible operating entity if different from the permittee. Until the permit is transferred pursuant to Section 62-343.110(1)(d), F.A.C., the permittee shall be liable for compliance with the terms of the permit.
- (8) Each phase or independent portion of the permitted system must be completed in accordance with the permitted plans and permit conditions prior to the initiation of the permitted use of site infrastructure located within the area served by that portion or phase of the system. Each phase or independent portion of the system must be completed in accordance with the permitted plans and permit conditions prior to transfer of responsibility for operation and maintenance of the phase or portion of the system to a local government or other responsible entity.
- (9) For those systems that will be operated or maintained by an entity that will require an easement or deed restriction in order to enable that entity to operate or maintain the system in conformance with this permit, such easement or deed restriction must be recorded in the public records and submitted to the Department along with any other final operation and maintenance documents required by sections 9.0 and 10.0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, prior to lot or unit sales or prior to the completion of the system, whichever occurs first. Other documents concerning the establishment and authority of the operating entity must be filed with the Secretary of State where appropriate. For those systems which are proposed to be maintained by the county or municipal entities, final operation and maintenance documents must be received by the Department when maintenance and operation of the system is accepted by the local government entity. Failure to submit the appropriate final documents will result in the permittee remaining liable for carrying out maintenance and operation of the permitted system and any other permit conditions.

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- (10) Should any other regulatory agency require changes to the permitted system, the permittee shall notify the Department in writing of the changes prior to implementation so that a determination can be made whether a permit modification is required.
- (11) This permit does not eliminate the necessity to obtain any required federal, state, local and special district authorizations prior to the start of any activity approved by this permit. This permit does not convey to the permittee or create in the permittee any property right, or any interest in real property, nor does it authorize any entrance upon or activities on property which is not owned or controlled by the permittee, or convey any rights or privileges other than those specified in the permit and Chapter 40E-4 or Chapter 40E-40, F.A.C.
- (12) The permittee is hereby advised that Section 253.77, F.S. states that a person may not commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, the title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund without obtaining the required lease, license, easement, or other form of consent authorizing the proposed use. Therefore, the permittee is responsible for obtaining any necessary authorizations from the Board of Trustees prior to commencing activity on sovereignty lands or other state-owned lands.
- (13) The permittee is advised that the rules of the South Florida Water Management District require the permittee to obtain a water use permit from the South Florida Water Management District prior to construction dewatering, unless the work qualifies for a general permit pursuant to subsection 40E-20.302(4), F.A.C., also known as the "No Notice" rule.
- (14) The permittee shall hold and save the Department harmless from any and all damages, claims, or liabilities which may arise by reason of the construction, alteration, operation, maintenance, removal, abandonment or use of any system authorized by the permit.
- (15) Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered binding unless a specific condition of this permit or a formal determination under section 373.421(2), F.S., provides otherwise.
- (16) The permittee shall notify the Department in writing within 30 days of any sale, conveyance, or other transfer of ownership or control of a permitted system or the real property on which the permitted system is located. All transfers of ownership or transfers of a permit are subject to the requirements of section 62-343.130, F.A.C. The permittee transferring the permit shall remain liable for corrective actions that may be required as a result of any violations prior to the sale, conveyance or other transfer of the system.
- (17) Upon reasonable notice to the permittee, Department authorized staff with proper identification shall have permission to enter, inspect, sample and test the system to insure conformity with the plans and specifications approved by the permit.
- (18) If historical or archaeological artifacts are discovered at any time on the project site, the permittee shall immediately notify the appropriate Department office.
- (19) The permittee shall immediately notify the Department in writing of any previously submitted information that is later discovered to be inaccurate.

GENERAL CONSENT CONDITIONS:

- (1) No activities other than those set forth in this permit are authorized. Any additional activities on state-owned sovereignty submerged lands must receive further consent from the Governor and Cabinet, sitting as the Board of Trustees of the Internal Improvement Trust Fund (hereinafter the "Board") or their properly designated agent.
- (2) Grantee agrees that all title and interest to all lands lying below the historical mean high water line or ordinary high water line are vested in the Board, and shall make no claim of title or interest in said lands by reason of the occupancy or use thereof.

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- (3) Grantee agrees to use or occupy the subject premises for those purposes specified herein, and Grantee shall not permit the premises or any part thereof to be used or occupied for any other purpose or knowingly permit or suffer any nuisances or illegal operations of any kind on the premises.
- (4) Grantee agrees to maintain the premises in good condition in the interest of the public health, safety and welfare. The premises are subject to inspection by the Board or its designated agent at any reasonable time.
- (5) Grantee agrees to indemnify, defend and hold harmless the Board and the State of Florida from all claims, actions, lawsuits and demands arising out of this consent.
- (6) No failure, or successive failures, on the part of the Board to enforce any provision, waiver or successive waivers on the part of the Board of any provision herein, shall operate as a discharge thereof or render the same inoperative or impair the right of the Board to enforce the same in the event of subsequent breach.
- (7) Grantee binds itself and its successors and assigns to abide by the provisions and conditions set forth herein. In the event Grantee fails or refuses to comply with the provisions and conditions of this consent, the consent of use may be terminated by the Board after written notice to the Grantee. Upon receipt of such notice, the Grantee shall have thirty (30) days in which to correct the violation. Failure to correct the violations within this period shall result in the automatic revocation of this Letter of Consent.
- (8) All costs, including attorneys' fees, incurred by the Board in enforcing the terms and conditions of this consent shall be paid by the Grantee. Grantee agrees to accept service by certified mail of any notice required by Chapter 18-14, Florida Administrative Code, at the address shown on page one of this Agreement and further agrees to notify the Board in writing of any change of address at least ten days before the change becomes effective.
- (9) Grantee agrees to assume responsibility for all liabilities that accrue to the sovereignty submerged land or to the improvements thereon, including any and all drainage or special assessments or taxes of every kind and description which are now or may be hereafter lawfully assessed and levied against the property during the effective period of this consent.
- (10) Grantee agrees that any dispute arising from matters relating to this consent shall be governed by the laws of Florida and initiated only in Leon County, Florida.
- (11) The Letter of Consent associated with these General Consent Conditions as well as these conditions themselves are subject to modification after 5 years in order to reflect any applicable changes in statutes, rule or policies of the Board or its designated agent.
- (12) In the event that any part of the structure(s) consented to herein is determined by a final adjudication issued by a court of competent jurisdiction to encroach on or interfere with adjacent riparian rights, Grantee agrees to either obtain written consent for the offending structure from the affected riparian owner or to remove the interference or encroachment within 60 days from the date of the adjudication. Failure to comply shall constitute a material breach of this consent and shall be grounds for its immediate termination.

SPECIFIC CONDITIONS:

- (1) The project drawings, sheets 1 through 3; the 1-page Permit Review Checklist; the 4-page Manatee Exhibit; and DEP forms 62.343.900(3), (4), (5), and (7) are attached to and become part of this permit.
- (2) Prior to commencement of construction the permittee shall field stake the corners of the mooring area and contact the Southeast District Branch Office for a pre-construction meeting.
- (3) Best management practices for erosion control shall be implemented and maintained at all times during construction to prevent siltation and turbid discharges in excess of state water quality standards pursuant to Rule 62-302, F.A.C. Methods shall include, but are not limited to the use of staked hay bales, staked filter cloth, sodding, seeding, and mulching; staged construction; and the installation of turbidity screens around the immediate project site. The permittee shall be responsible for ensuring that erosion control devices/procedures are inspected and maintained daily during all phases of construction authorized by this permit until all areas that were disturbed during construction are sufficiently stabilized to prevent erosion, siltation, and turbid discharges.

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The following measures shall be taken immediately by the permittee whenever turbidity levels within waters of the state surrounding the project site, exceed 0 NTU's above background.

- a. Immediately cease all work contributing to the water quality violation.
 - b. Stabilize all exposed soils contributing to the violation. Modify the work procedures that were responsible for the violation and install more turbidity containment devices and repair any non-functioning turbidity containment devices.
 - c. Notify the Southeast District Branch Office within 24 hours of the time the violation is first detected. Construction shall cease until a response has been received from the Department regarding the water quality violation.
- (4) Vessels utilizing this structure shall moor only within the approved mooring area. The vessels shall maintain a minimum of one foot of clearance between the deepest draft of the vessel(s) and the top of submerged resources. **Vessels utilizing this structure shall have a maximum draft of 10' with the motor in the down position.**
 - (5) No liveboards are permitted at this facility.
 - (6) All storage or stockpiling of tools or materials (e.g., lumber, pilings, etc.) shall be limited to uplands or within the impact areas authorized by this project. Construction debris/scrap shall not be discarded into or adjacent to surface waters.
 - (7) All watercraft associated with the construction of the dock structure shall only operate within waters of sufficient depth so as to preclude bottom scouring or prop dredging.
 - (8) If historical or archaeological artifacts, such as, but not limited to, Indian canoes, arrow heads, pottery or physical remains, are discovered at any time within the project site the permittee shall immediately stop all activities which disturb the soil and contact the Bureau of Historic Preservation, Division of Historical Resources, R.A. Gray Building, 500 South Bronough, Tallahassee, FL 32399-0250.
 - (9) Within 10 days of completion of dock construction the permittee shall install and maintain nighttime reflective devices at the waterward terminus of the dock.
 - (10) There shall be no fish cleaning stations, boat repair facilities and fueling facilities on any structure that is over or discharges to the water. No overboard discharges of trash, human or animal waste, or fuel shall occur at the dock.
 - (11) Within 10 days of completion of dock construction, handrails shall be installed along both sides of the entire access pier and "No Mooring" signs shall be posted on both sides of the access pier. Handrails shall be constructed so that they eliminate access to the pier by boaters and shall be maintained for the life of the facility. No mooring is authorized along any portion of the access pier other than the areas specifically designated by this permit.
 - (12) No dock shall be constructed or maintained in any manner that would cause harm to wildlife.

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RIGHTS OF AFFECTED PARTIES

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

Mediation is not available.

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

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

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

In accordance with rules 28-106.111(2) and 62-110.106(3)(a)(4), petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 14 days of receipt of such notice, regardless of the date of publication.

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

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

- (a) The name and address of each agency affected and each agency's file or identification number, if known;

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

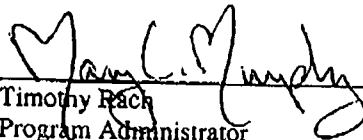
A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

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

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

Executed in Port St. Lucie, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


for Timothy Ruck Program Administrator
Date 3/24/04
Submerged Lands & Environmental Resources Program

TR/DS

Copies furnished to:
U. S. Army Corps of Engineers, Stuart
Hammerhead Marine, Inc. (Agent)
Gerald Bean, 10943 S. Dixie Highway, Miami, FL 33156

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CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this permit and authorization to use sovereign submerged lands, including all copies, were mailed before the close of business on MAR 24 2004, to the above listed persons.

FILING AND ACKNOWLEDGMENT

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

Dwight S. Taylor 3-24-04
Clerk Date

Prepared by Danna Small.

10 pages attached.



DEPARTMENT OF THE ARMY
JACKSONVILLE DISTRICT CORPS OF ENGINEERS
4400 PGA Boulevard, Suite 500
Palm Beach Gardens, FL 33410

REPLY TO
ATTENTION OF

SEP 13 2005

Palm Beach Gardens Regulatory Office
SAJ-2005-7808 (GP-MAM)

Thomas Bean
112 S. Sewall's Point Road
Stuart, FL 34996

Dear Mr. Bean:

Your application for a Department of the Army permit received on July 5, 2005, has been assigned number SAJ-2005-7808 (GP-MAM). A review of the information and drawings provided shows the proposed work is to construct a 1,520 square foot dock perpendicular to the shoreline centered on the property measuring 4-foot wide by 380-foot long (30-feet of which is located landward of mean high water), and install a 8,000 pound capacity boatlift located at the waterward end of the dock north side of the structure. From 0 feet to 275 feet waterward of the mean high water line wood deck boards will be spaced with a 1-inch gap. From 275 feet to 350 feet waterward of the mean high water line all decking will be grated. The entire dock will be elevated 5-feet above mean high water in accordance with the attached dock construction guidelines and Johnson's Seagrass Key. The proposed project is located in the Jensen beach to Jupiter Inlet Aquatic Preserve at 112 S. Sewall's Point Road, Stuart, in Section 12, Township 38 South, Range 41 East, Martin County, Florida.

Your project, as depicted on the enclosed drawings, is authorized by Regional General Permit (GP) SAJ-20. This authorization is valid until **May 1, 2007**. Please access the U.S. Army Corps of Engineers' Regulatory web address at http://www.saj.usace.army.mil/permit/permitting/general_permits.htm to view the special and general conditions for SAJ-20, which apply specifically to this authorization. To view the referenced conditions click on the permit number and the general condition column in the row corresponding to the SAJ number noted above. You must comply with all of the special and general conditions and any project specific condition of this authorization or you may be subject to enforcement action.

The following special conditions are included with this authorization:

1. Within 60 days of completion of the work authorized, the attached "Self-Certification Statement of Compliance" must be completed and submitted to the U.S. Army Corps of Engineers. Mail the completed form to the Regulatory Division, Enforcement Section, Post Office Box 4970, Jacksonville, Florida 32232-0019.

2. This permit acknowledges that portions of the dock between 0 feet and 275 feet waterward of the mean high water line shall be constructed over SAV, and the last 75 feet of dock (300 square feet) shall be constructed over Johnson's seagrass (*Halophila johnsonii*). Therefore, the permittee shall adhere to the attached "Dock Construction Guidelines in Florida for Docks or Other Minor Structures Constructed in or over Submerged Aquatic Vegetation, Marsh or Mangrove Habitat" - U.S. Army Corps of Engineers/National Marine Fisheries Service, dated August 2001, and construct all pedestrian surfaces over Johnson's seagrasses (300 square feet of dock) with light transmitting materials (LTMs) of at least 43% open space in accordance with the Johnson's seagrass key.

3. The height of the dock structure above SAV shall be a minimum of 5-feet above mean high water as measured from the top surface of the decking.

4. A floating turbidity curtain shall be installed around the waterward portion of the project site prior to construction and shall remain in place until construction is complete and turbidity within the work area has returned to background levels.

5. Turbidity curtains must be adequate in length to control turbidity, yet of such length to preclude scouring of resources whether weighted or staked in place. Curtains shall be monitored at low tide to ensure that no resource impacts occur as a result of use. Restoration of impacts may be required for damage due to construction activities.

6. The permittee shall adhere to the attached standard manatee construction conditions.

7. Handrails shall be installed along the entire south and north side of the dock with the exception of the area where mooring is authorized (north side, waterward end of the dock).

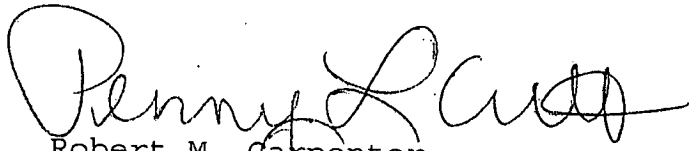
8. A minimum of two no mooring signs shall be posted along each side of the access walkway.

This letter of authorization does not obviate the necessity to obtain any other Federal, State, or local permits, which may be required. In Florida, projects qualifying for this GP must be authorized under Part IV of Chapter 373 by the Department of Environmental Protection, a water management district under §. 373.069, F.S., or a local government with delegated authority under §. 373.441, F.S. and receive Water Quality Certification (WQC) and Coastal Zone Consistency Concurrence (CZCC) or waiver thereof, as well as any authorizations required for the use of sovereignty submerged lands that must be obtained as part of the associated WQC or CZCC (WQC/CZM-FL). You should check State-permitting requirements with the Florida Department of Environmental Protection or the appropriate water management district.

If you are unable to access the internet or require a hardcopy of any of the conditions, limitations, or expiration date for the above referenced GP, please contact Miguel Mozdzen by telephone at 561-472-3530, by fax at 561-626-6971 or by email at Miguel.A.Mozdzen@saj02.usace.army.mil.

Thank you for your cooperation with our permit program.

Sincerely,


RM, Robert M. Carpenter
Colonel, U.S. Army
District Engineer

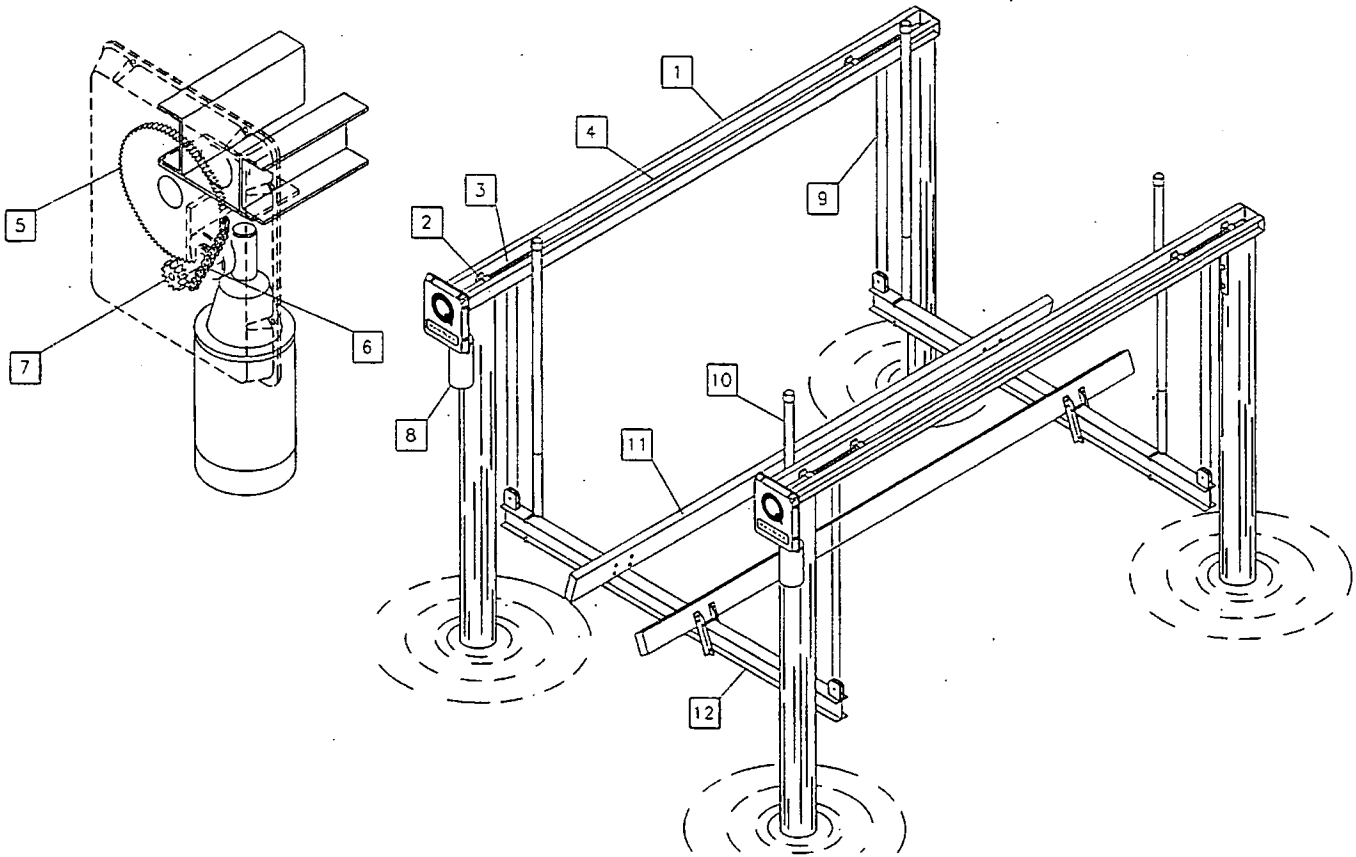
Enclosures
Copies Furnished:

Bruce Jerner, (Jerner & Associates, Inc.) 110 SW 5th Street,
Stuart, FL 34994.

CESAJ-RD-P

QUALITY BOAT LIFTS

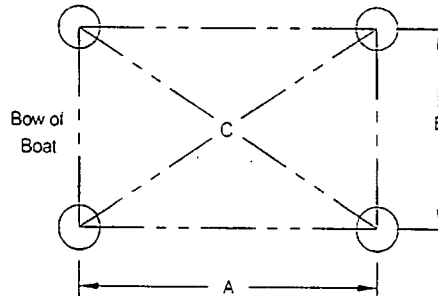
ALUM-A-HOIST BOAT LIFT SPECIFICATIONS 4 POST BOAT LIFTS WITH 2 CRADLE BEAMS AND 4 CABLES



	1	2	3	4	5	6	7	8	9	10	11	12			
LIFT CAPACITY LBS.	CABLE BEAM SIZE "C" CHANNEL INCHES	NO. OF BEARINGS	GROOVED CABLE WINDER SIZE INCHES	DRIVE SHAFT SIZE INCHES	DRIVE SHAFT SPROCKET	CHAIN SIZE	GEAR DRIVE SPROCKET	GEAR DRIVE RATIO	NO. OF MOTORS & H.P.	NO. OF CABLES AND SIZE INCHES	CABLE SPREAD INCHES	INCHES OF LIFT PER MINUTE	GUIDE POST HEIGHT	BOAT BUNKS INCHES	CRADLE BEAM SIZE "C" CHANNEL - INCHES
4,500	4 x .150 H 2 x .230 W	10	2.375 DIA. 16" LG LIFTS 14 FT.	1.937 TUBE	60 TOOTH	#50	11 TOOTH	54:1	(2) 3/4 H.P. - 120V/23A 240V/12A	(4) .25 DIA. 15' FT. 1 PART	102	45	7	2 x 8 x 144	6 x .190 H 4 x .290 W 120 L
7,000	5 x .150 H 2.25 x .260 W	10	2.375 DIA. 16" LG LIFTS 14 FT.	1.937 TUBE	60 TOOTH	#50	9 TOOTH	54:1	(2) 3/4 H.P. - 120V/23A 240V/12A	(4) .25 DIA. 15' FT. 1 PART	114	36	7	2 x 8 x 144	6 x .190 H 4 x .290 W 144 L
10,000	6 x .170 H 2.50 x .290 W	10	2.375 DIA. 19" LG LIFTS 14 FT.	1.937 TUBE	60 TOOTH	#50	11 TOOTH	54:1	(2) 3/4 H.P. - 120V/23A 240V/12A	(4) .25 DIA. 30' FT. 2 PART	114	22.5	7	2 x 8 x 144	8 x .230 H 5 x .350 W 150 L
13,000	7 x .170 H 2.75 x .290 W	10	2.375 DIA. 19" LG LIFTS 14 FT.	1.937 TUBE	60 TOOTH	#50	9 TOOTH	54:1	(2) 3/4 H.P. - 120V/23A 240V/12A	(4) .312 DIA. 30' FT. 2 PART	114	18	7	2 x 8 x 144	8 x .230 H 5 x .350 W 150 L
16,000	7 x .210 H 3.50 x .380 W	10	2.375 DIA. 19" LG LIFTS 14 FT.	1.937 TUBE	50 TOOTH	#60	-12 TOOTH	60:1	(2) 1 H.P. - 120V/28A 240V/14A	(4) .312 DIA. 30' FT. 2 PART	114	22	10	3 x 10 x 168	10 x .250 H 6 x .410 W 168 L

ALL SPACING TO CENTER OF PILING.

LIFT CAPACITY	A	B	C	RECOMMENDED PILING SIZES
4,500 LB	132"	120"	178.375"	8" DIA.
7,000 LB	144"	144"	203.625"	8" DIA.
10,000 LB	144"	150"	208"	8" DIA.
13,000 LB	144"	150"	208"	8" DIA.
16,000 LB	144"	168"	221.25"	10" DIA.



STANDARD PILING SPACING

Signature
8/13/02

Quality
BOAT LIFTS, INC.

DWG: 600065

17030 Alco Center Rd.

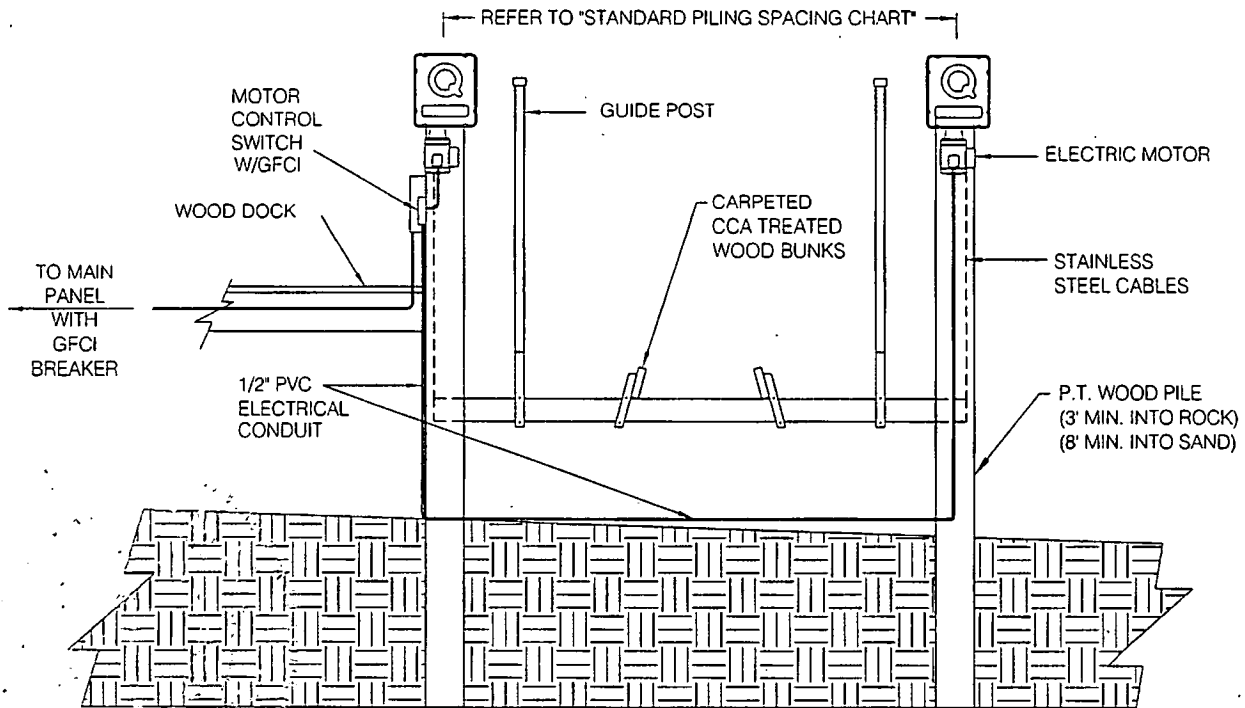
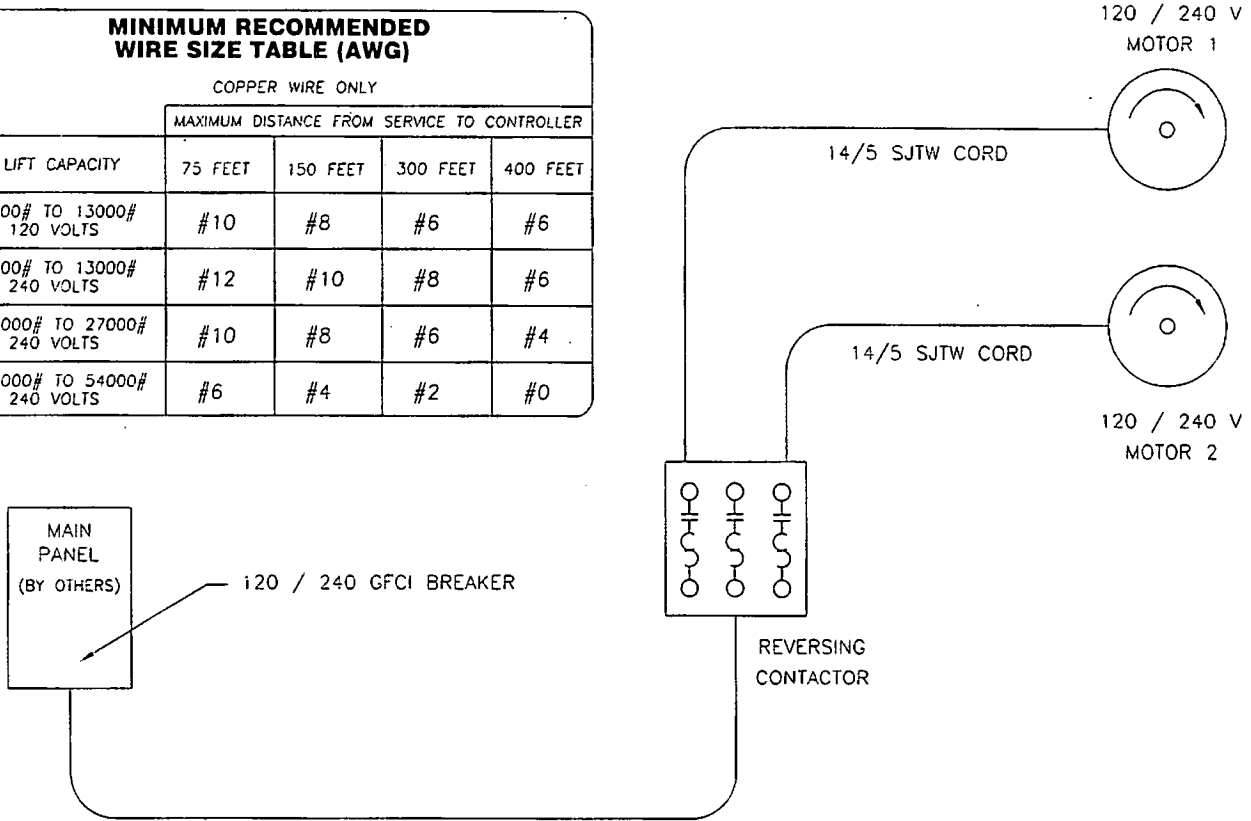
Ft. Myers, FL 33912

1/800-545-5603

Fax (941) 432-0019

ALUM-A-HOIST WIRING SCHEMATIC

MINIMUM RECOMMENDED WIRE SIZE TABLE (AWG)				
COPPER WIRE ONLY				
LIFT CAPACITY	MAXIMUM DISTANCE FROM SERVICE TO CONTROLLER			
	75 FEET	150 FEET	300 FEET	400 FEET
4500# TO 13000# AT 120 VOLTS	#10	#8	#6	#6
4500# TO 13000# AT 240 VOLTS	#12	#10	#8	#6
16000# TO 27000# AT 240 VOLTS	#10	#8	#6	#4
32000# TO 54000# AT 240 VOLTS	#6	#4	#2	#0



MAPQUEST

Home Help



Driving Directions

- to this location
- from this location

112 S Sewalls Point Rd
Stuart, FL
34996-6319, US

[Get a new map](#)

Stuart Offers:

Hotels

Address

City

State/Prov.:

[Get Directions](#)

Orbitz Travel Deals

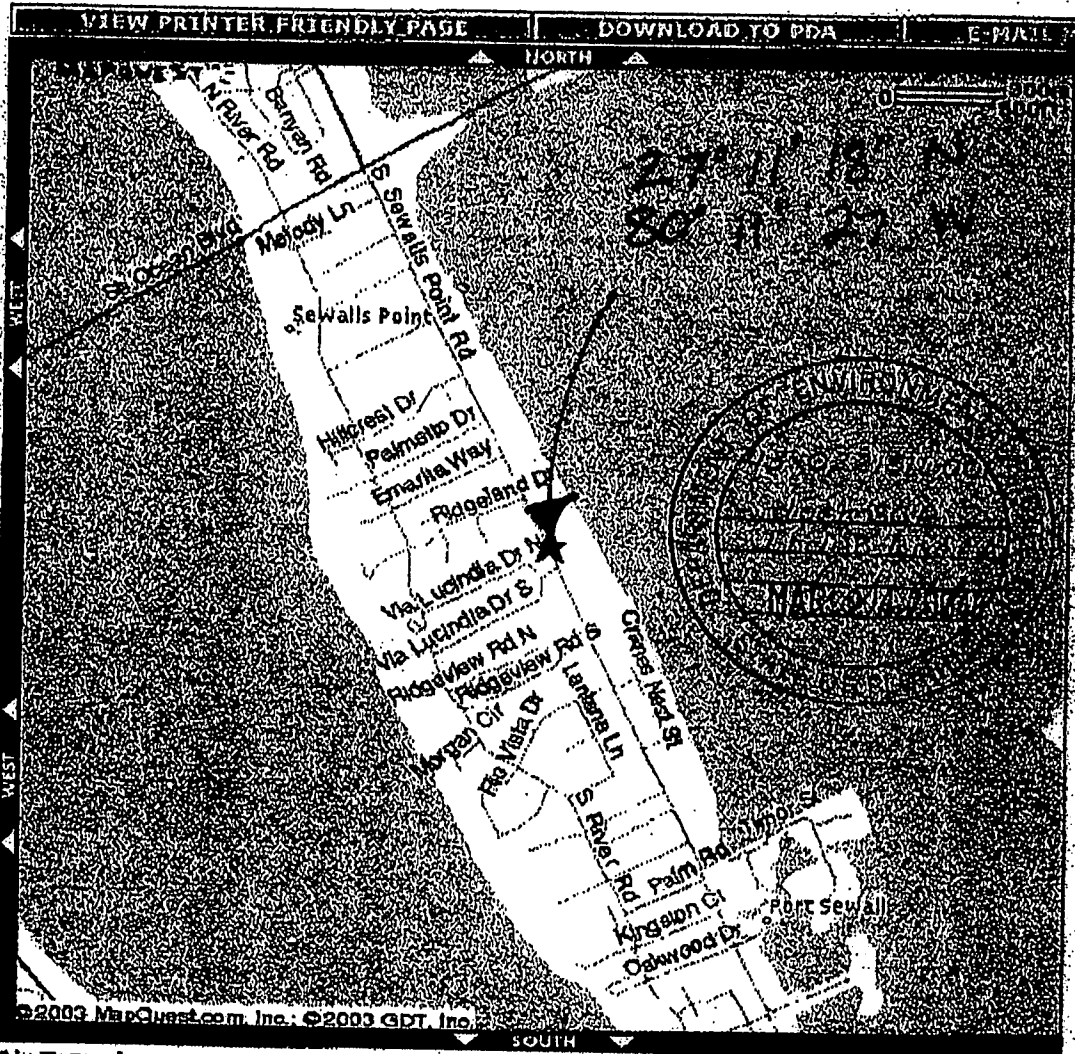
- Hotels:**
[Save up to 70% on Orbitz Savers nationwide. Search Stuart, FL!](#)
- Flights:**
[Find low fares to your destination!](#)
- Rental Cars:**
[Find special offers on rental prices in your destination!](#)



Yellow Pages

Search Stuart for:

Auto repair



Air Travel

- [Check for cheap flights](#)
- [Search last-minute fares](#)

Hotels & Lodging

- [Check for discounted hotels](#)
- [Find a bed & breakfast](#)

Click on a map will: Zoom In Re-center Move Location

Additional map features: [Customize Map](#) [Add A Location](#)

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RECEIVED

NOV 12 2003

Dept. of Transportation
Port of Lucia
Map Legend

Original FDP Survey
Dated 11/19/03
Re-verified by Terra
& Associates on
7/5/05

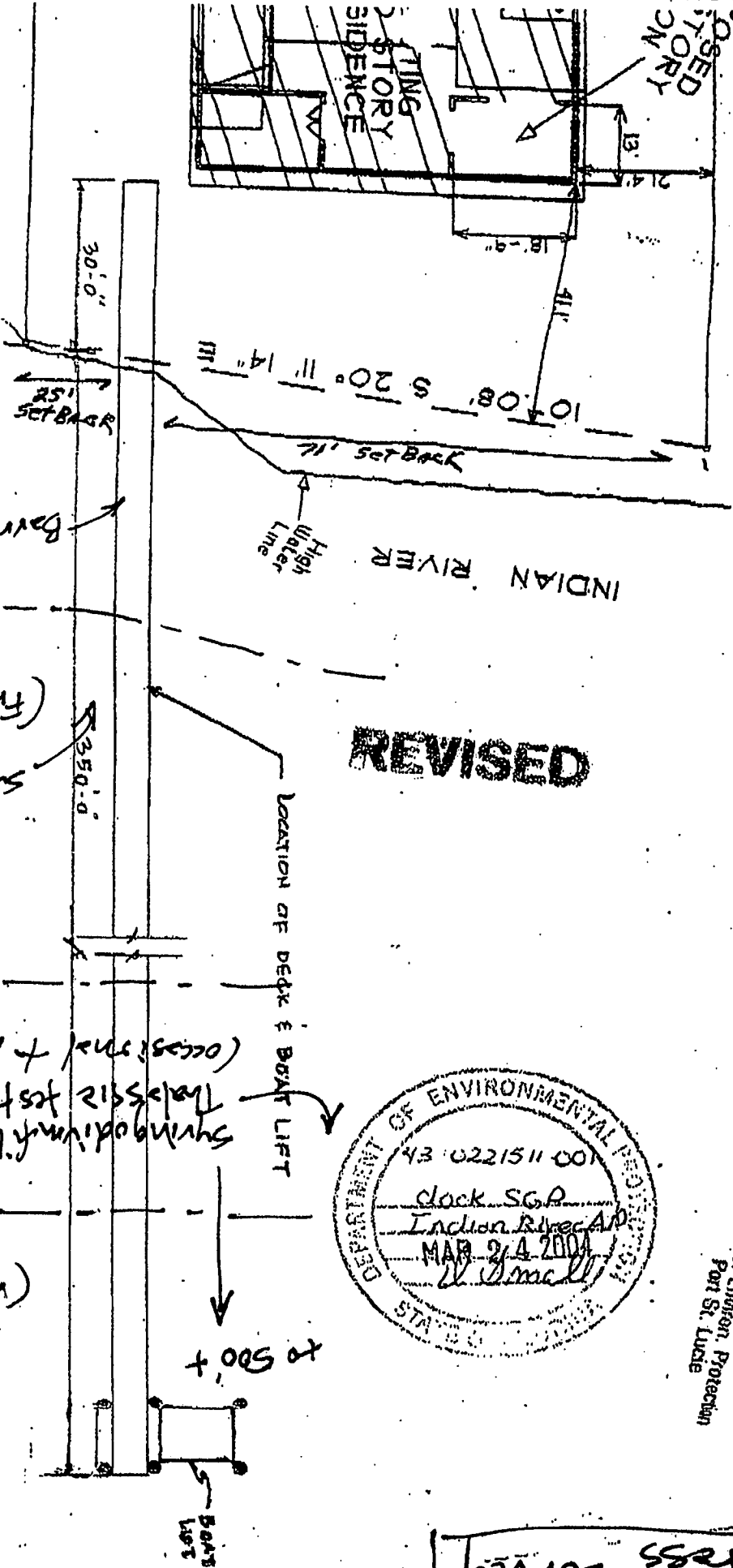
SITE PLAN
SCALE: 1"=20'-0"

Syringodinium
filiforme
(Frequent to Abundant)

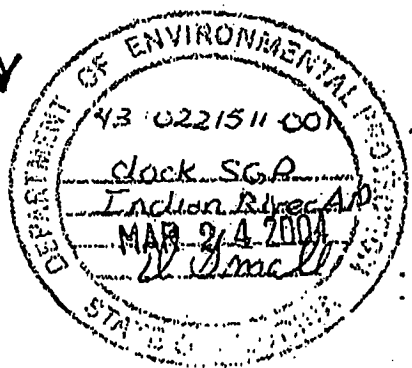
Syringodinium filiforme
(occasional to abundant)

PAUL WELSH INC.
MECH. ELECT. CIVIL ENG.
8984 BILTMORE STREET, #114
PORT ST. LUCIE, FL 34984
Halophila
johnsonii
(rare to occasional)

BEAN
Mark/11/05

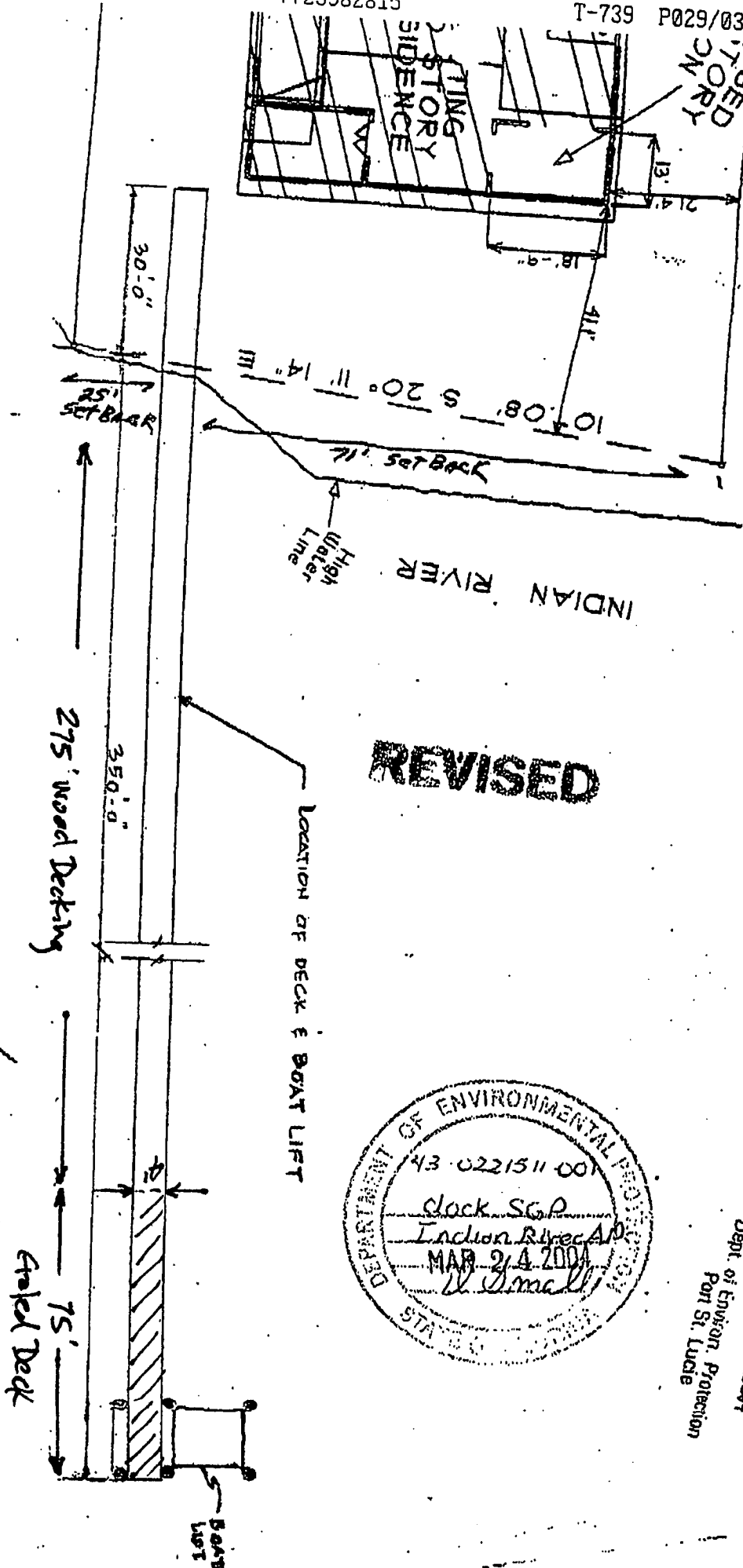
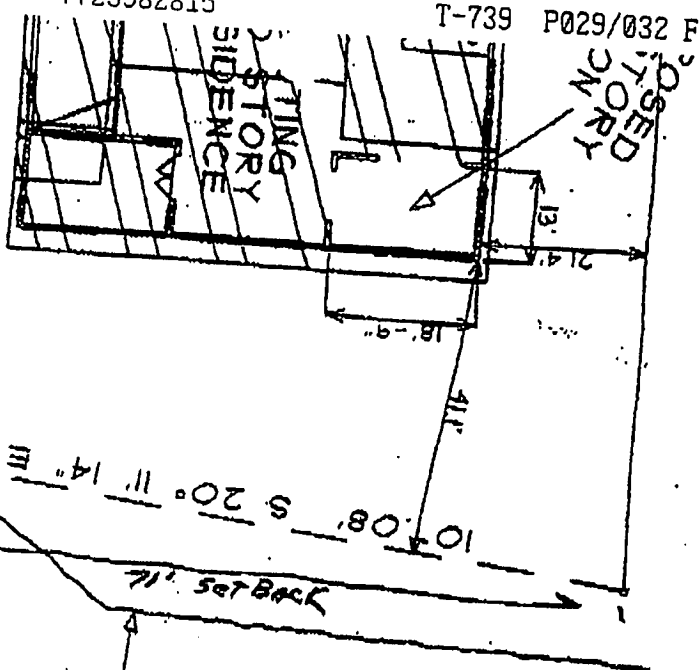


REVISED



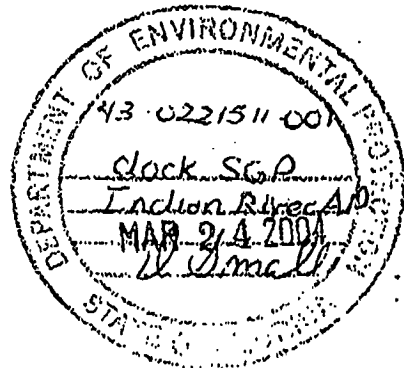
RECEIVED
MAR 01 2004
Dept. of Environ. Protection
Port St. Lucie

Address Survey



SITE PLAN
SCALE: 1" = 20'-0"

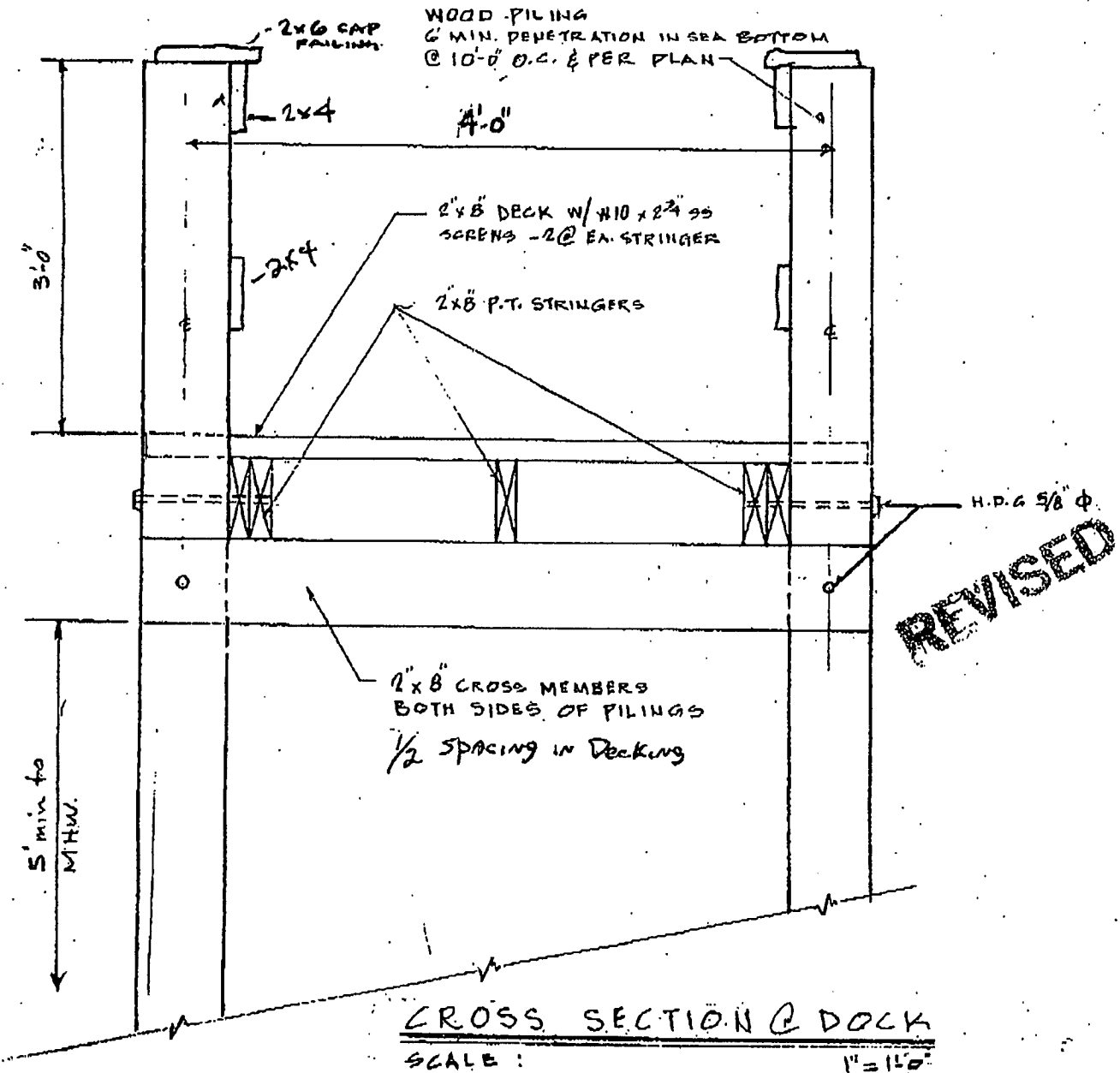
REVISED



RECEIVED
MAR 01 2004
Dept. of Environ. Protection
Port St. Lucie

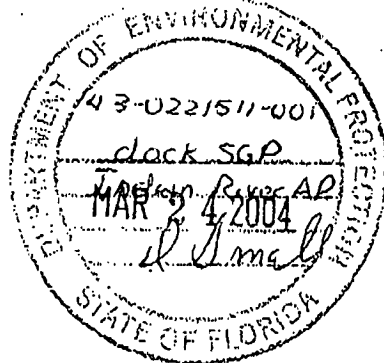
PAUL MELCH INC.
MECH. ELEC. CIVIL ENG.
1984 BALTIMORE STREET, #114
PORT ST. LUCIE, FL 34984

BEAN



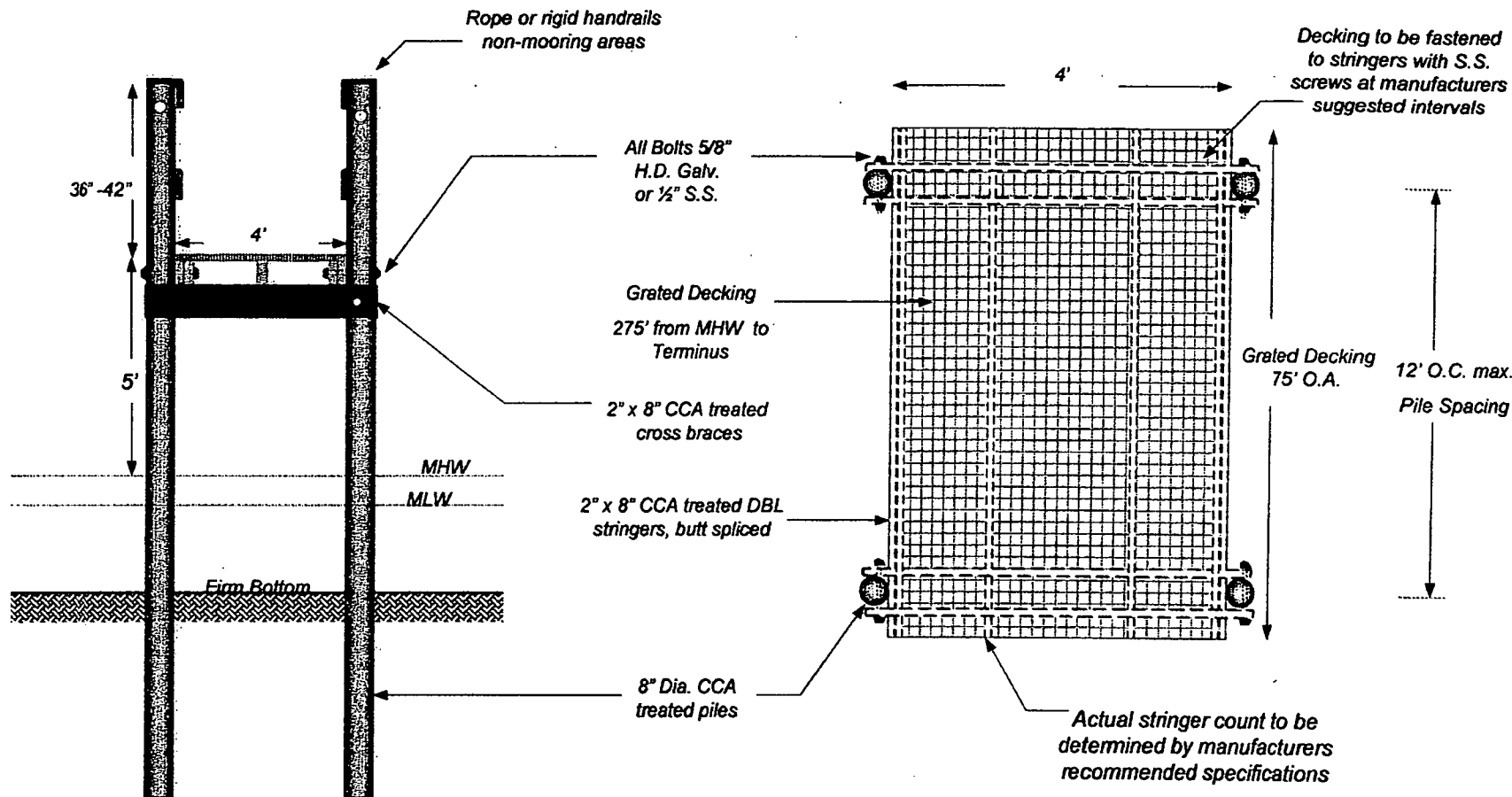
MAR 01 2004

PAUL WELCH INC.
MECH. ELECT. CIVIL ENG.
1984 BILTMORE STREET, #114
PORT ST. LUCIE, FL 34984



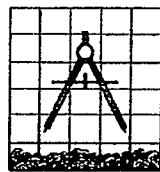
BEAN
DOCK/LIFT

Grated Decking Detail



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

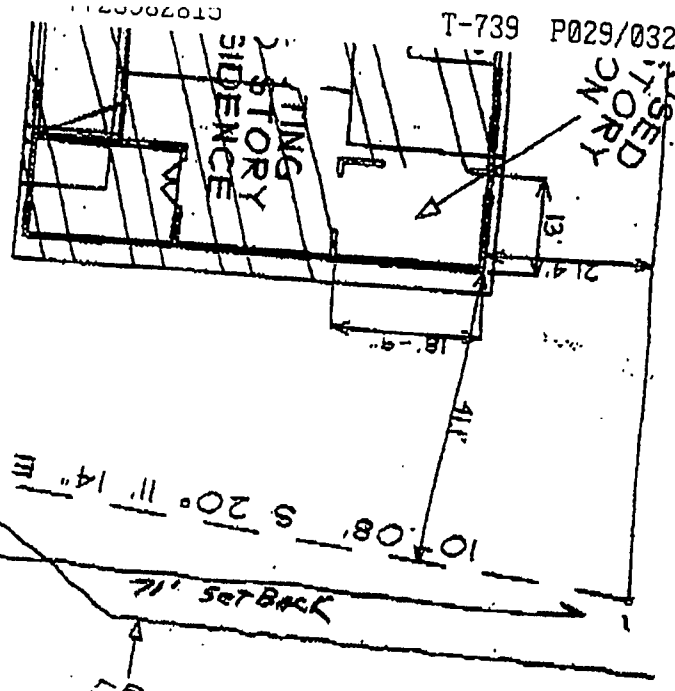
Tom Bean
112 S. Sewall's Point Road
Stuart



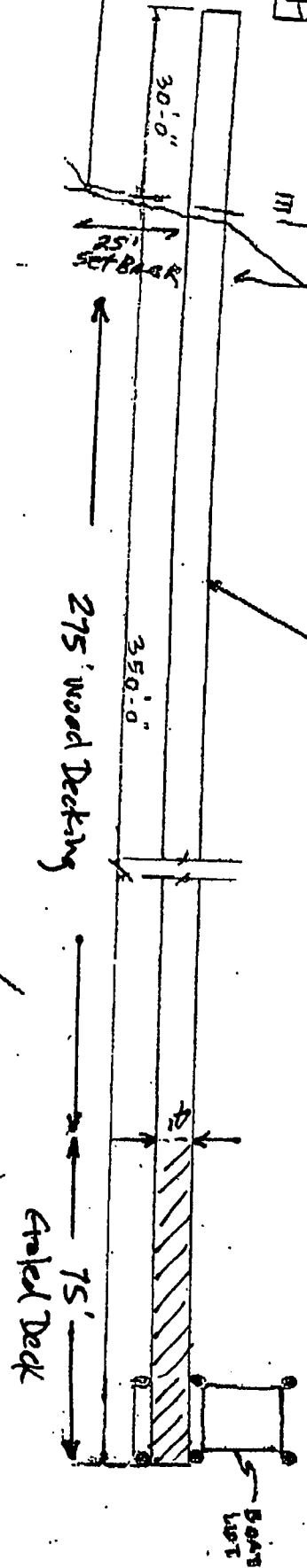
Design & Drawing by:
Jemer & Associates, Inc.
 Environmental Consulting
 110 W. 5th Street
 Stuart, FL 34994
 Ph. (772)283-2950 Fax (772)283-2760

Scale: 1" = 4'

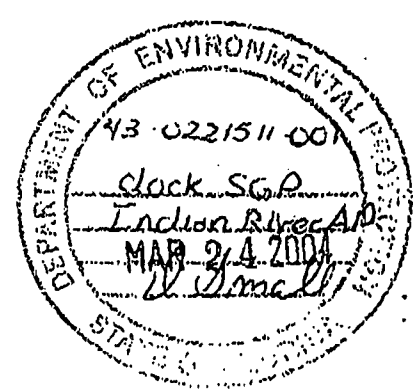
Date: 7/5/05



SITE PLAN
 SCALE: 1" = 20'-0"

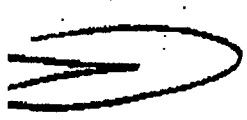


REVISED



RECEIVED
 MAR 01 2004
 Dept. of Environ. Protection
 Port St. Lucie

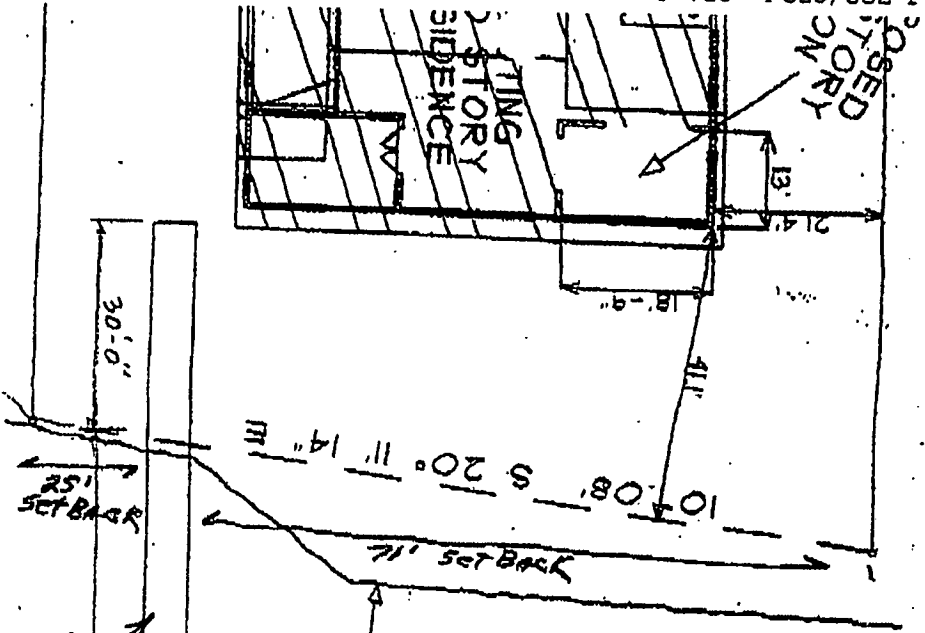
PAUL WELCH INC.
 MECH. ELEC. CIVIL ENG.
 1984 BALTIMORE STREET, #114
 PORT ST. LUCIE, FL 34984



BEAN

Original FDP Survey
dated 11/19/03
Re-Verified by Turner
& Associates on
7/5/05.

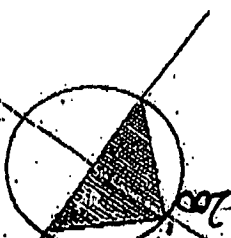
SITE PLAN
SCALE:
1" = 20'-0"



INDIAN RIVER
High Water Line

REVISED

Syringodinium
filiforme
(Frequent to Abundant)



Syringodinium filiforme
(occasional + abundant)

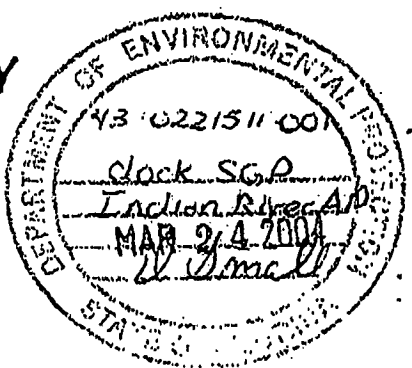
275'

PAUL WELCH, INC.
MECH. ELECT. CIVIL ENG.
984 BALTIMORE STREET, #114
PORT ST. LUCIE, FL 34984
(rare to occasional)
Johnson's
to 450'

Location of dock & boat lift

to 500'

Boat
LIFT

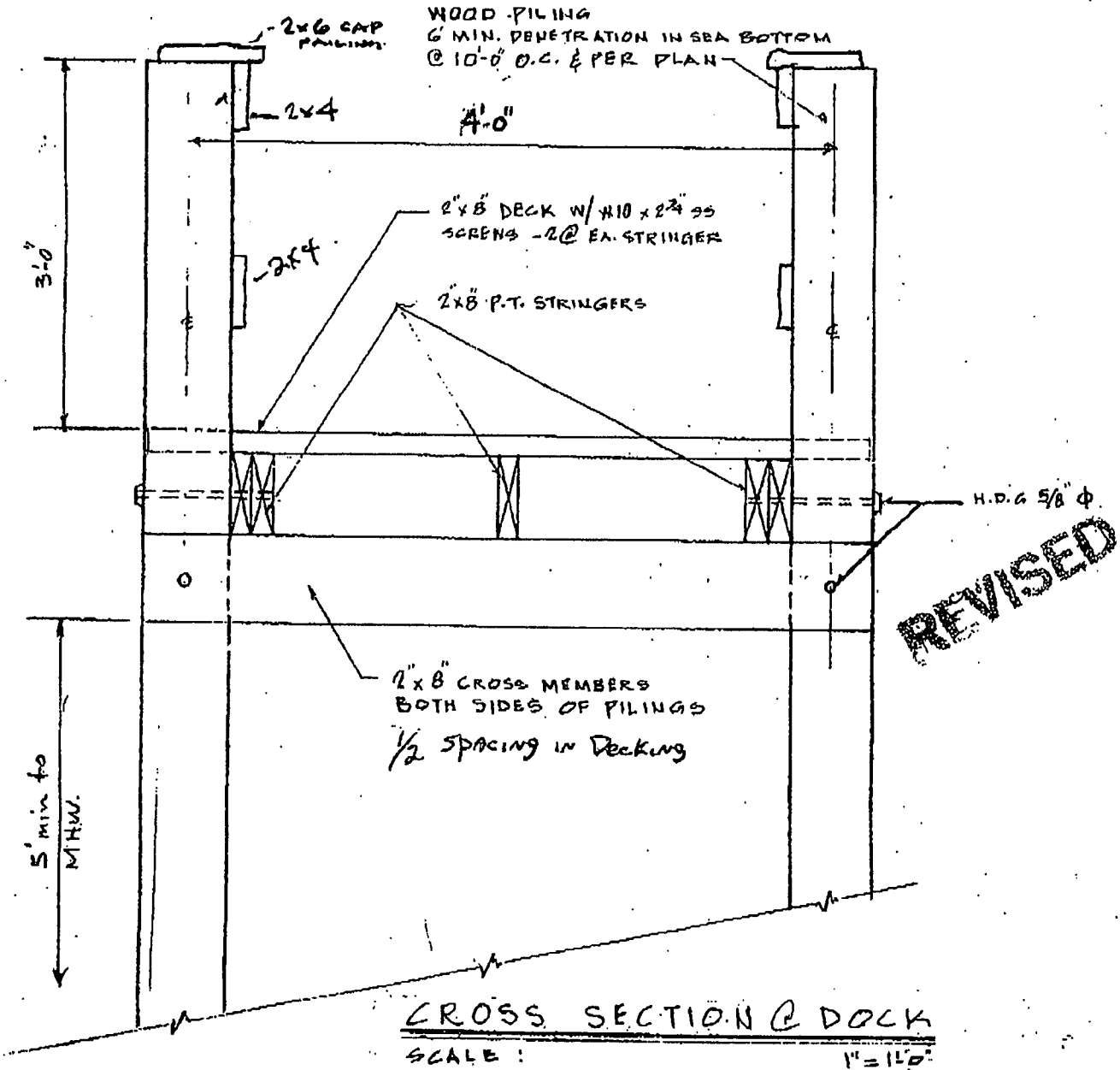


Dept. of Environ. Protection
Port St. Lucie

MAR 01 2004

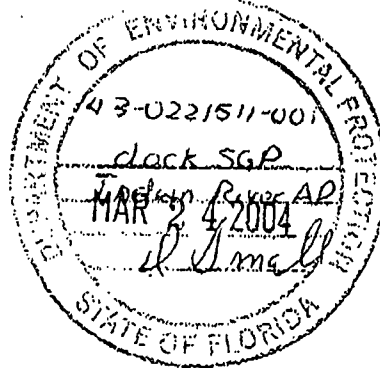
Express Survey

BEAN
DOCK/LIFT



MAR 01 2004

PAUL WELCH INC.
MECH. ELECT. CIVIL ENG.
1984 BILTMORE STREET, #114
PORT ST. LUCIE, FL 34984



BEAN
Dock/LIFT

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

**STATE OF FLORIDA
MARTIN COUNTY**

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$35,000.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature: _____

X [Handwritten Signature]

Property Address: _____

112 S Sewall's Pt Rd

Stuart FL 34996

SWORN TO and subscribed before me this 16 day of Sept, 2005, by Tom Bean, who is personally known to me or produced _____ as identification.

[Handwritten Signature]
Notary Public

My commission expires: 2/10/2008

(Notary Seal)



Kimberly Sue Krum
Commission #DD289794
Expires: Feb 10, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/18, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7584	SCHECODNIC	TIE BEAM	 	CANCEL
10	125 SEWALLS POINT	 	 	
	DEFTWOOD HOMES	(last please)		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7884	RIVERA	ROOF FINAL	FAIL	
5	3 EMARITA WAY			INSPECTOR: <i>[Signature]</i>
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7965	BURKHARD	FINAL FENCE	FAIL	\$40 FEE
9	7 PEEBWINNICE CRE			
	STUART FENCE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7809	D'ALESSANDRO	STEEL (HEADERS)		POSTPONER
	4 EMARITA	PRE POUR		TIL FUL
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7910	BEAN	FINAL DOCK + BERTUP	PASS	CLOSE
6	112 S. SEWALLS PT			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

8872

ADDITION



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:	8872	DATE ISSUED:	04/21/2008
SCOPE OF WORK:	RESIDENTIAL ADDITION		
CONDITIONS:			
CONTRACTOR:	W. B. CONSTRUCTION		
PARCEL CONTROL NUMBER:	013841001025001007	SUBDIVISION	ARBELLA
CONSTRUCTION ADDRESS:	112 S. SEWALL'S POINT RD.		
OWNER NAME:	GERALD & PATRICIA BEAN		
QUALIFIER:	TIM BURSIEK	CONTACT PHONE NUMBER:	772-528-4527

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 4-3-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 3/25/08 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Gerald & Patricia BEAN Phone (Day) 305-667-6581 (Fax) _____

Job Site Address: 112 S Sewall S Pt Rd City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) ARBEN, side of lot 25 E of Sp Rd Parcel Number: 01-38-41-001-025-00100-7

Owner Address (if different): 644 Leeward Dr. City: Stuart State: FL Zip: 34996

Scope of work: Addition 10943 S Dixie Hwy Miami FL 33156

WILL OWNER BE THE CONTRACTOR?

If yes, Owner Builder questionnaire must accompany application
YES _____ NO

Has a Zoning Variance ever been granted on this property?
Yes _____ (Year) _____ No
(Must include a copy of all variance approvals with application)

CONSTRUCTION VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 50,000
Notice of Commencement required when over \$2500 - prior to first inspection

Is subject property located in flood hazard area? V _____ A9 _____ A8

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:

Estimated Fair Market Value prior to improvement: _____

(Fair Market Value of the Primary Structure only, Minus the land value)

*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

CONTRACTOR/Company: WR Construction Man. LLC. Phone: (3772-873-2084) (3772-528-4527) Fax: 772 340 3648

Street: 113 W Donna Ter. City: PSL 528-4527 State: FL Zip: 34984

State Registration Number: 36730 State Certification Number: 1506097 Municipal License Number: _____

PROJECT SUPERINTENDANT: Tim Bursiek CONTACT NUMBER: 772-528-4527

ARCHITECT Braden & Braden Lic.#: AA000032 Phone Number: 772-287-8258

Street: 417 Coconut Ave. City: Stuart State: FL Zip: 34996

ENGINEER SAME Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2006 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND 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 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)

State of Florida, County of: MIAMI-DADE

This the 26th day of MARCH, 2008

by GERALD F. BEAN who is personally

known to me or produced

as identification: Notary Public, State of Florida
M. Desires P. Notary Public
My Commission Expires: My Commission DD495754
Expires 01/22/2010

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin

This the 27th day of March 2008

by Timothy W BURSIEK who is personally

known to me or produced PDL# B622-819-59-0450

As identification: Val...
My Commission Expires: VALERIE MEYER
My Commission Expires: _____
Expires 01/22/2010

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



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

BUILDING PERMIT RECEIPT

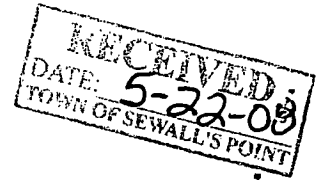
PERMIT NUMBER:	8872		
ADDRESS	112 S. SEWALLS POINT RD.		
DATE:	04/21/2008	SCOPE:	RESIDENTIAL ADDITION

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	50,000
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			500.00
Total number of inspections (Value < \$200K) @\$75 ea. 11		\$	825.00
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			20.00
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	1345.00

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



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



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

DATE: 5-22-08 PERMIT NUMBER: 8872

JOB ADDRESS: 112 S. SEWALLS PT. SEWALLS PT. FLA.

PLEASE CHECK ONE OF THE FOLLOWING:

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

REVISIONS (Changes to an issued permit)

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

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

DESCRIPTION OF REVISION(S): REVISED BATH LAYOUT, REVISED STRUCTURAL DRAWING

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

CONTACT NAME: TIM BURSIEK SIGNATURE: [Signature]
 PHONE NUMBER: 528-4527 FAX NUMBER: 340-3648

FOR OFFICE USE ONLY:

Reviewed by: [Signature] [Signature] Date: 5-29 Approve Deny

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

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

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: 1 Pages @ \$25.00/Page 25.00

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 25.00

Applicant notified by: Valerius 52908 Date: 5/29/08 Pd \$25 CLK#2655

OR REVISIONS TO BE HIGHLIGHTED OR CLOUDED done ON DRAWINGS 5-28-08



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME _____ BLDG. PERMIT # _____

MAILING ADDRESS _____

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION	Davidson Insulations	SP00375
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	Carreno Piment Painting	CPTG,5106
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING	J.A. Taylor	CCC1325895
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Benjamin Franklin	OFC 1426801
AC	* HARV	Custom Air	CAC 051810
EL	* ELECTRICAL	Strulker	ECB 000819

FROM
for all
from disburse
OK

OK



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

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

* REQUIRES SEPARATE VERIFICATION FORMS.

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

Christy W. Berset

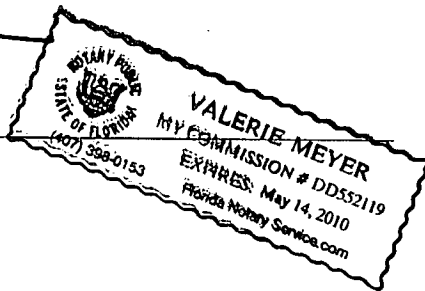
SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 27th day
 of Mar 2008

Valerie Meyer
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: BEAN

CONSTRUCTION ADDRESS: 112 S Sewalls Pt Rd

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

ELECTRIC
 PLUMBING
 HVAC
 IRRIGATION
 FUEL GAS
 ROOFING

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Install metal Roof on New Construction ADDITION.

VALUE OF CONSTRUCTION \$ 8000.00

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

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

* [Signature]
SIGNATURE OF LICENSED CONTRACTOR

JATaylor Roofing
302 Melton Dr. Ft. Pierce Fl. 34982
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: CHAD TAYLOR

TELEPHONE NO: 772-466-4040 PLEASE PRINT FAX NO: 772-468-8397

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CC-C1325720

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: GERALD E BEAN, PATRICIA W BEAN

PARCEL CONTROL #: 01-38-41-001-025-00100-7

SUBDIVISION: ARBELA, 5106' OF LOT: 25 BLK: _____ PHASE: _____

SITE ADDRESS: 112 S. SEWALL'S PT. RD. E OF S PT RD.

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



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: BEAN

CONSTRUCTION ADDRESS: 112 S Sewalls Pt Rd

PERMIT TYPE: [X] RESIDENTIAL _____ COMMERCIAL

- [X] ELECTRIC
_____ PLUMBING
_____ HVAC
_____ IRRIGATION
_____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE [X] OTHER

SCOPE OF WORK: Adding electrical to bathroom

VALUE OF CONSTRUCTION \$ 5,000

LOW VOLTAGE

TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER

SCOPE OF WORK: _____ VALUE _____

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

Signature of William C Bryan

4241 SW HIGH MEADOW AVE

SIGNATURE OF LICENSED CONTRACTOR

ADDRESS OF CONTRACTOR

PALM CITY, FL 34990

COMPANY OR QUALIFIER'S NAME:

STRYKER ELECTRICAL CONTRACTING, INC

TELEPHONE NO:

772-219-3389

PLEASE PRINT

FAX NO: 772-219-3242

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 0000819

NO WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

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

SITE ADDRESS: _____

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

Handwritten initials/signature



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: BEAN

CONSTRUCTION ADDRESS: 112 S Sewalls Pt Rd

PERMIT TYPE: _____ RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- _____ PLUMBING
- HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: _____

VALUE OF CONSTRUCTION \$ _____

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

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature]
ADDRESS OF CONTRACTOR: Custom Air Systems
1615 SE Village Green Dr Port St Lucie

COMPANY OR QUALIFIER'S NAME: CURTIS A SAMMONS
TELEPHONE NO: 772 335 3232 FAX NO: 772 335 1968

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC051810

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

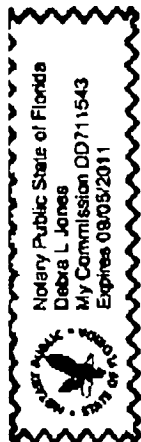
PARCEL CONTROL #: _____

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

SITE ADDRESS: _____

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

Curtis Sammons personally known Notary Debra L Jones



Handwritten signatures and initials: G. J. W., S. J., and others.



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8872

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

OWNERS NAME: BEAN

CONSTRUCTION ADDRESS: 112 S Sewalls Pt Rd

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: PLUMBING -

VALUE OF CONSTRUCTION \$ 10,000

LOW VOLTAGE

TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER

SCOPE OF WORK: _____ VALUE _____

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

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

1631 S.W.S MACEDO BLVD FL 34984
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: ROBERT LUDLOW / BENJAMIN FRANKLIN PLUMBING

TELEPHONE NO: 772-871-9494 FAX NO: 772-871-9069

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC1426801

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ B.L.K: _____ PHASE: _____

SITE ADDRESS: _____

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

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: _____ TAX FOLIO #: 01-38-41-001-025-00100-7

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Arbela, Site 6 of lot 25 E of Sec 10 112 S. Sewalls Pt Rd, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Addition of bedroom & bath

OWNER NAME: Gerald & Patricia Bean
ADDRESS: 12943 S Dixie Hwy Miami FL 33156
PHONE NUMBER: 305-667-6571 FAX NUMBER: _____

INTEREST IN PROPERTY: _____
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: W B Construction Management LLC
ADDRESS: 113 SW Donna Ter. PSI FL 34924
PHONE NUMBER: 372-328-4127 FAX NUMBER: 372-370-3648

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

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

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

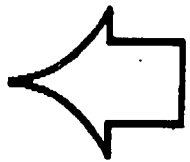
NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(EXPIRATION DATE IS 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.

[Signature]
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE: _____



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 26 DAY OF MARCH 2008

BY: GERALD F. BEAN AS OWNER FOR
NAME OF PERSON TYPE OF AUTHORITY

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

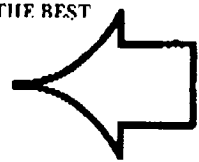
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____

[Signature]
NOTARY SIGNATURE/ SEAL OF FLORIDA
Notary Public State of Florida
M Desiree Presti
My Commission DD495754
Expires 01/22/2010

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

[Signature]
(Signature of Natural Person Signing Above)



BY: [Signature]
DATE: March 27, 2008
MARSHA EWING, CLERK

INSTR # 2074834 OR BK 02318 PG 0405 RECD 03/27/2008 11:17:32 AM
Pg 0405 (1pg)
MARSHA EWING, CLERK
COUNTY DEPUTY CLERK
WINTERGORN

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 3/25/08

Building Permit # _____

Site Address: 112 S Seawalls Pt Rd Stuart FL 34996

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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.

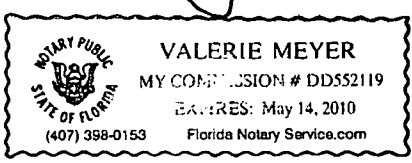
____ Contractor or ____ Owner/Builder Signature [Signature]

Subscribed and sworn to before me this 27th day of March, 2008, personally appeared

Timothy W BURSIEK who is personally known to me or produced FLDL# as B622-819-59-045-0 identification, and who did/did not take an oath.

Notary Public Signature [Signature]

Seal



ambr



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 43-SS-711870
APPLICATION #: AP664556
DATE PAID: _____
FEE PAID: \$85.00
RECEIPT #: _____
DOCUMENT #: PR538634

CONSTRUCTION PERMIT FOR: OSTDS Existing
APPLICANT: Gerald Bean
PROPERTY ADDRESS: 112 S Sewalls Point Rd STUART, FL 34996
LOT: 25 BLOCK: _____ SUBDIVISION: ARBELA
PROPERTY ID #: 21-38-41-001-025-00100-7 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD _____ CAPACITY
A [300] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [525] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [475] SQUARE FEET existing SYSTEM
R [450] SQUARE FEET existing SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK:
I ELEVATION OF PROPOSED SYSTEM SITE [1.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [2.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O This permit is for existing system approval only.
T All attached general and special conditions must be met prior to final approval.
H
E
R

SPECIFICATIONS BY: James Baker TITLE: _____
APPROVED BY: Jeffrey C Gorfido TITLE: ES 11 071518 Martin CHD
DATE ISSUED: 12/19/2007 EXPIRATION DATE: 12/19/2008



Martin County Health Department

SEPTIC SYSTEM SPECIAL CONDITIONS FOR PERMIT 43-SS- 711870

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

- CONDUCT SOIL BORINGS DURING INSPECTION TO VERIFY SOIL TYPE AND WATER TABLE FROM OTHERS.
- FILL REQUIRED NOTED ABOVE MUST BE OF SLIGHTLY LIMITED QUALITY IN THE INSTALLATION AREA WITH A MINIMUM OF 4 FOOT SHOULDER BEYOND THE DRAINFIELD SIDE WALL (ANY UNSUITABLE PAD FILL IN THE SHOULDER AND UNDER THE DRAINFIELD MUST BE REMOVED AND REPLACED WITH SUITABLE SOIL).
- DRAINFIELD MUST BE A MINIMUM OF TEN FEET FROM BUILDING FOUNDATION.
- MAINTENANCE SERVICE AGREEMENT REQUIRED.
- ANNUAL OPERATING PERMIT FROM MARTIN CO. HEALTH DEPARTMENT IS REQUIRED.
- MAINTAIN A MINIMUM OF ____ FEET FROM SURFACE WATER.
- THE DRAINFIELD MUST BE AT LEAST ____ FEET FROM __ PROPERTY LINES __ BUILDING FOUNDATION __ OTHER _____.
- INSTALL AN APPROVED OUTLET FILTER DEVICE IN THE SEPTIC TANK.
- A MINIMUM OF 6 INCHES AND MAXIMUM OF 18 INCHES OF MODERATELY OR SLIGHTLY LIMITED SOIL CAP IS ALLOWED OVER DRAINFIELD.
- STATE CODE REQUIRES A MINIMUM DRAINFIELD SIZE OF _____ SQUARE FEET.
- THE DRAINFIELD MUST BE PROPERLY GRADED AND STABILIZED PRIOR TO FINAL APPROVAL.
- THIS PERMIT IS ISSUED FOR AIR INJECTION REPAIR PROCESS ONLY.
- POTABLE WATER LINES WITHIN 10 FEET OF THE SYSTEM MUST BE SLEEVED AND SEALED AND CANNOT BE WITHIN 2 FEET OF THE SYSTEM.
- POTABLE WATER LINES WITHIN 5 FEET OF A DRAINFIELD SHALL NOT BE LOWER THAN THE DRAINFIELD ELEVATION.
- POTABLE WATER LINES MUST BE INSTALLED AND EXPOSED AT THE TIME OF THE INITIAL INSTALLATION INSPECTION.

- ___ REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM.CONSTRUCTION APPROVAL.
- ___ RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS.
- ___ P.E. SYSTEM DESIGN REQUIRED.
- ___ MAXIMUM DOSE CYCLE = 6 TIMES PER DAY. ___ PUMP(S) REQUIRED. DOSE ENTIRE DRAINFIELD EACH CYCLE. PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT.
- ___ AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL.
- ___ EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE.
- ✓ ___ EXISTING SYSTEM RE-APPROVAL. PROPOSED ADDITION/ REMODELING DOES NOT REPRESENT AN INCREASE IN SEWAGE FLOW - NO CHANGES TO OSTDS IS REQUIRED.
- ___ SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD.
- ___ AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER. CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 05-010).
- ___ SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT.
- ___ LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWEDON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS.
- ___ VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE HEALTH DEPARTMENT OR STATE HEALTH OFFICE.
- ___ PUMP SEPTIC TANK (DONE BY CERTIFIED COMPANY), CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION.
- ___ ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL.

___ OTHER: _____

NAME: *John H. Smith* DATE: 12/14/07 PAGE 2 OF 2



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

RECEIVED
 DEC 18 2007
 MARTIN COUNTY HEALTH DEPT

PERMIT NO. 43-SS-011870
 DATE PAID: 12-19-07
 FEE PAID: 85.00
 RECEIPT #: 43PD-25396
AP 664556

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Gerald Bean

AGENT: _____ TELEPHONE: 742-370-0866

MAILING ADDRESS: 112 S Sewalls Pt Rd Stuart FL 34996

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

PROPERTY INFORMATION

LOT: 25 BLOCK: _____ SUBDIVISION: ARDELA PLATTED: _____

PROPERTY ID #: 01-38-41-201-025-00100-7 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .838 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 112 S Sewalls Pt Rd Stuart FL 34996

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Existing</u>	<u>5</u>	<u>4266</u>	
2	<u>Proposed Addition</u>	<u>1</u>	<u>370</u>	
3		<u>6</u>		
4			<u>4636</u>	

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: 12/19/07



STATE OF FLORIDA
DEPARTMENT OF HEALTH
MARTIN COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX #: 41-SR-05894
OSTDSNBR: 03-0921-N

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [] Abandonment [] Temporary []

APPLICANT: BEAN, GERALD AGENT: 96-1256, BROWN STEPHEN

PROPERTY STREET ADDRESS: 112 S SEWALLS POINT Rd STUART FL 34996

LOT: 25 BLOCK: _____ SUBDIVISION: ARBELA
[Section/Township/Ranga/Parcel No.]
PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

(EXISTING TANK)
T [1350] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [450] GALLONS DOSING TANK CAPACITY [100] GALLONS @ [6] DOSES PER 24 HRS # PUMPS [1]
D [750] SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trench or Alternating
R [923] SQUARE FEET Bed SYSTEM
A TYPE SYSTEM: [N] STANDARD [N] FILLED [Y] MOUND [N]
I CONFIGURATION: [Y] TRENCH or [Y] BED [N]

N LOCATION TO BENCHMARK: Nail in Existing Driveway 3.25' NGVD
F ELEVATION OF PROPOSED SYSTEM SITE [2.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
B *BOTTOM OF DRAINFIELD TO BE: East -> 14.0 [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
L *Bottom of DF to be: West -> 20.0 inches above BM
D *FILL REQUIRED: [30.0] INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: [0.0] INCHES
East fill required 36" West

OTHER REMARKS:
The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), F.A.C.
* Two drainfields (same size) proposed to meet total size requirement. Pump system must alternately dose a min. of 100 gallons. Pump must be certified for sewage/effluent. System installation must meet all requirements of Chapter 64E-6, F.A.C. Fill must be slightly limited quality in the drainfield and 4' shoulder (any unsuitable material in the shoulder and under the drainfield must be replaced with suitable soil). A test of the pump and alarm is required prior to final approval. Potable water lines within 10' of system must be sleeved, sealed and cannot be within 2'. Drainfield must be at least: 13' (east system)/15' (west system) from driveway and property lines (maintain min. 3:1 slope and 4' shoulder). All attached conditions must be completed prior to Final Inspection and Approval.

SPECIFICATIONS BY: Fredette, Michelle MM 06-0793 TITLE: EH Specialist II
APPROVED BY: Washam, Bob R Washam TITLE: Env. Manager Martin CHD

DATE ISSUED: 9/10/2003 EXPIRATION DATE: 3/10/2005
DH 4016, 03/97 (Obsoletes previous editions which may not be used) Page 1
(Stock Number: 5744-001-4016-0) (ostds_cons_4016-1)

** NOTE: See attached Applicant's notice of permitting rights. **

cancel



COOKE'S ENVIRONMENTAL SERVICES

ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

Date ordered: _____
Date / Time of inspection: 12-17-07
Send copy to: _____

Requested by: Tom Bean
Phone No.: 370-0866
Fax No.: 866-211-7838

SITE ADDRESS:
112 South Sewalls
P.O. Rd. Stuart

BILLING ADDRESS:

A. GENERAL INFORMATION

1. Age of dwelling: _____ years (estimate)
2. Number of bedrooms: _____ bathrooms: _____
3. Garbage disposal? _____ yes _____ no _____ unknown

B. System Type

1. Components of on-site treatment system

Septic tank size 1250 concrete block fiberglass
Date of last septic tank pump out: _____ unknown

2. Absorption area

Drainfield size: 925 sq. ft. Trench Bed
Drainfield type: rock infiltrator waffle EEZZLAY

3. Lift station size: 500 fiberglass insert

- Concrete fiberglass
- Number of sump pumps 2 warning device: yes no
- Warning device: visual audio/visual
- Sump pump elevated off bottom of lift station? yes no
- Check valve: yes no
- Purge hole present: _____ yes no
- Do electrical connections appear satisfactory? yes no
- Was lift station pumped? _____ yes no
- Can surface water infiltrate into the tank? _____ yes no

4. Is any part of the system located below a deck, sidewalk, driveway or any portion of a building? _____ Yes no

5. Comments:

System is working at time of inspection

3100 SE WAALER STREET / STUART, FL 34997

phone: (772) 781-4300 / fax: (772) 287-1570

www.cookesenvironmental.com

C. OPERATION TEST: LOCATE TANK AND OPEN COVER

Approximate depth of top of tank 23 inches
Approximate depth of top of drainfield 11 inches

- YES NO If possible, flush all toilets and run fixtures to determine if they flow into the septic system
- YES NO Introduced water into the septic tank at a rate of 3-6 gpm for 20 to 30 minutes (a garden hose fully opened.) Observe the level of the water in the tank, did the water level rise?
- YES NO Is there any evidence of liquid level line fluctuation?
- YES NO Is there any evidence of leaking water appliances?
- YES NO Does the septic tank need pumping due to solids and sludge levels?
- YES NO Is there root intrusion in the septic tank?
- YES NO Is the septic tank lid sealed properly?
- YES NO Does the septic tank have an outlet filter?
- YES NO Is the tank multi-chambered?
- YES NO When probing the drainfield to determine it's location, was there excessive moisture, odor or effluent on the ground?
- YES NO When probing the drainfield area, were roots present?
- YES NO Is there lush vegetation present?
- YES NO Do any drainfield lines appear to be dry?
- YES NO Do the roof or rain gutters empty onto the drainfield area?

D. CHECK LIST SUMMARY

- 1. The condition of the septic tank is acceptable unacceptable N/A
- 2. The condition of the absorption is acceptable unacceptable N/A
- 3. The condition of the sump pump acceptable unacceptable N/A

E. COMPANY DISCLAIMER:

As a result of our observations and our experience with on-site waste water technology, this report is submitted based on the present condition of the on-site sewage treatment system. Cookes Environmental has not been retained to warrant, guarantee or certify the proper functioning of the system for any period of time in the future. Because of numerous factors (usage, soil characteristics, previous failures etc.) that may affect the proper operation of a septic system as well as the inability of Cookes to supervise or monitor the use and maintenance of the system. This report shall not be construed as a warranty by Cooke's Environmental that the system will function properly.

Cookes Environmental Services **DISCLAIMS ANY WARRANTY** either expressed or implied arising from the inspection of the system. This report does not address the impact the system may have on ground water.

I have studied the information obtained herein and certify that my assessment is honest, thorough and correct to the best of my ability.

NAME Frank Queen
Print

TITLE Septic Inspector

CONTRACTOR 

LICENSE #SA0041226

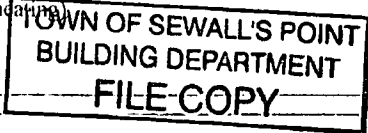
DATE _____

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: WB BEAN ADDITION 4-08 Address: City, State: , Owner: Climate Zone: South	Builder: Custom Air Systems Inc. Permitting Office: Permit Number: Jurisdiction Number:
--	---

1. New construction or existing Addition <input checked="" type="checkbox"/> 2. Single family or multi-family Single family <input checked="" type="checkbox"/> 3. Number of units, if multi-family 1 <input checked="" type="checkbox"/> 4. Number of Bedrooms 4 <input checked="" type="checkbox"/> 5. Is this a worst case? No <input checked="" type="checkbox"/> 6. Conditioned floor area (ft ²) 459 ft² <input checked="" type="checkbox"/> 7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default) a. U-factor: Description Area (or Single or Double DEFAULT) 7a. (Sngle, U=1.3) 31.8 ft ² <input checked="" type="checkbox"/> b. SHGC: (or Clear or Tint DEFAULT) 7b. (Clear) 97.3 ft ² <input checked="" type="checkbox"/> 8. Floor types a. N/A <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. N/A <input checked="" type="checkbox"/> 9. Wall types a. Frame, Wood, Exterior R=19.0, 247.3 ft² <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. N/A <input checked="" type="checkbox"/> d. N/A <input checked="" type="checkbox"/> e. N/A <input checked="" type="checkbox"/> 10. Ceiling types a. Under Attic R=30.0, 305.0 ft² <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. N/A <input checked="" type="checkbox"/> 11. Ducts a. Sup: Unc. Ret: Con. AH(Scaled):Attic Sup. R=6.0, 66.0 ft <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/>	12. Cooling systems a. Central Unit Cap: 17.2 kBtu/hr <input checked="" type="checkbox"/> SEER: 14.00 <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. N/A <input checked="" type="checkbox"/> 13. Heating systems a. Electric Heat Pump Cap: 6.6 kBtu/hr <input checked="" type="checkbox"/> HSPF: 8.00 <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. N/A <input checked="" type="checkbox"/> 14. Hot water systems a. Electric Resistance Cap: 40.0 gallons <input checked="" type="checkbox"/> EF: 0.97 <input checked="" type="checkbox"/> b. N/A <input checked="" type="checkbox"/> c. Conservation credits <input checked="" type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump) 15. HVAC credits MZ-C, PT, MZ-H <input checked="" type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)
--	--



Glass/Floor Area: 0.21 Total as-built points: 13236 **PASS**
Total base points: 13458


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

PREPARED BY: *JJ*
DATE: 4-11-08

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

OWNER/AGENT: _____
DATE: _____

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



BUILDING OFFICIAL: *AH*
DATE: 4-18-08

1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
 EnergyGauge® (Version: FLRCSB v4.5)

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points			
.18	459.0	30.53	2522.0	1.Single,U=1.27,Clear	SW	2.0	6.3	11.0	73.40	0.84	677.0
				2.Single,U=1.27,Clear	S	2.0	6.3	31.8	66.93	0.81	1718.0
				3.Single,U=1.27,Clear	SE	2.0	6.3	11.5	79.80	0.84	766.0
				4.Single,U=1.27,Clear	E	2.0	5.0	16.0	78.69	0.81	1017.0
				5.Single,U=1.27,Clear	E	2.0	3.2	27.0	78.69	0.67	1424.0
				As-Built Total:			97.3		5602.0		
WALL TYPES Area X BSPM = Points				Type	R-Value			Area X SPM = Points			
Adjacent	0.0	0.00	0.0	1. Frame, Wood, Exterior			19.0	247.3	1.60	395.7	
Exterior	247.3	2.70	667.7								
Base Total:				As-Built Total:			247.3		395.7		
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:				As-Built Total:			0.0		0.0		
CEILING TYPES Area X BSPM = Points				Type	R-Value			Area X SPM X SCM = Points			
Under Attic	305.0	2.80	854.0	1. Under Attic			30.0	305.0	2.77 X 1.00		844.8
Base Total:				As-Built Total:			305.0		844.8		
FLOOR TYPES Area X BSPM = Points				Type	R-Value			Area X SPM = Points			
Slab	0.0(p)	0.0	0.0								
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:			0.0		0.0		
INFILTRATION Area X BSPM = Points				Area X SPM = Points							
459.0 18.79 8624.6				459.0 18.79 8624.6							

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE				AS-BUILT						
Summer Base Points: 12668.3				Summer As-Built Points: 15467.1						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component (System - Points)	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	=	Cooling Points
12668.3	0.3250		4117.2	15467.1	1.00	1.275	0.244	0.902		4336.3

(sys 1: Central Unit 17200btuh , SEER/EFF(14.0) Ducts:Unc(S),Con(R),Att(AH),R6.0(INS)

WINTER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X	Conditioned	X BWPM =	Points	Type/SC	Overhang			Area X	WPM X	WOF =	Points
	Floor Area				Ornt	Len	Hgt				
.18	459.0	3.60	297.0	1.Single,U=1.27,Clear	SW	2.0	6.3	11.0	4.96	1.02	55.0
				2.Single,U=1.27,Clear	S	2.0	6.3	31.8	4.40	1.04	145.0
				3.Single,U=1.27,Clear	SE	2.0	6.3	11.5	4.12	1.06	50.0
				4.Single,U=1.27,Clear	E	2.0	5.0	16.0	4.67	1.04	77.0
				5.Single,U=1.27,Clear	E	2.0	3.2	27.0	4.67	1.06	133.0
				As-Built Total:				97.3			460.0
WALL TYPES Area X BWPM = Points				Type	R-Value			Area X	WPM =	Points	
Adjacent	0.0	0.00	0.0	1. Frame, Wood, Exterior	19.0			247.3	0.30	74.2	
Exterior	247.3	0.60	148.4								
Base Total:	247.3		148.4	As-Built Total:				247.3		74.2	
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:	0.0		0.0	As-Built Total:				0.0		0.0	
CEILING TYPES Area X BWPM = Points				Type	R-Value			Area X	WPM X	WCM =	Points
Under Attic	305.0	0.10	30.5	1. Under Attic	30.0			305.0	0.10 X 1.00	30.5	
Base Total:	305.0		30.5	As-Built Total:				305.0		30.5	
FLOOR TYPES Area X BWPM = Points				Type	R-Value			Area X	WPM =	Points	
Slab	0.0(p)	0.0	0.0								
Raised	0.0	0.00	0.0								
Base Total:			0.0	As-Built Total:				0.0		0.0	
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
	459.0	-0.06	-27.5								
								459.0	-0.06	-27.5	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE			AS-BUILT					
Winter Base Points: 448.3			Winter As-Built Points: 537.2					
Total Winter Points	X System Multiplier	= Heating Points	Total Component (System - Points)	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Heating Points
448.3	0.5540	248.4	<small>(sys 1: Electric Heat Pump 6600 btuh ,EFF(8.0) Ducts:Unc(S),Con(R),Att(AH),R6.0</small> 537.2 1.000 (1.085 x 1.137 x 1.08)0.426 0.902 276.1 537.2 1.00 1.336 0.426 0.902 276.1					

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Volume		Bedrooms		Ratio				Multiplier		
Bedrooms														
4		2273.00	=	40.0	0.97	4		1.00		2155.83		1.00		8623.3
													As-Built Total:	8623.3

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
4117		248		9092		13458	4336		276		8623		13236

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 84.5

The higher the score, the more efficient the home.

<p>1. New construction or existing Addition <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 459 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 20px;">(or Single or Double DEFAULT) 7a.(Sngle, U=1.3) 31.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (Clear) 97.3 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=19.0, 247.3 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 305.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Con. AH(Scaled):Attic Sup. R=6.0, 66.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 17.2 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 20px;">SEER: 14.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Heat Pump Cap: 6.6 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 20px;">HSPF: 8.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 40.0 gallons <input type="checkbox"/></p> <p style="margin-left: 20px;">EF: 0.97 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 20px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, PT, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	--

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

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



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.5)

Project Summary

Entire House

Custom Air Systems Inc.

Job: BEAN ADDITION
 Date: Apr 10, 2008
 By: Jim Jarvis

Project Information

For: WB CONST

Notes: Call 335-3232 for all your appliance and air conditioning needs. Sales, service and installation. One call does it all. Fast dependable service.

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
 Inside db 68 °F
 Design TD 23 °F

Summer Design Conditions

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

Heating Summary

Structure 4675 Btuh
 Ducts 760 Btuh
 Central vent (19 cfm) 490 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 5926 Btuh

Sensible Cooling Equipment Load Sizing

Structure 7223 Btuh
 Ducts 881 Btuh
 Central vent (19 cfm) 341 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 8107 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 1589 Btuh
 Ducts 181 Btuh
 Central vent (19 cfm) 754 Btuh
 Equipment latent load 2524 Btuh
 Equipment total load 10632 Btuh
 Req. total capacity at 0.70 SHR 1.0 ton

	Heating	Cooling
Area (ft ²)	459	459
Volume (ft ³)	3672	3672
Air changes/hour	0.79	0.50
Equiv. AVF (cfm)	48	31

Heating Equipment Summary

Make Trane
 Trade XR13 Weathertron
 Model 2TWR3018A1
 Efficiency 8 HSPF
 Heating input 14500 Btuh @ 47°F
 Heating output 22 °F
 Temperature rise 587 cfm
 Actual air flow 0.108 cfm/Btuh
 Air flow factor 0.30 in H2O
 Static pressure
 Space thermostat

Cooling Equipment Summary

Make Trane
 Trade XR13 Weathertron
 Cond 2TWR3018A1
 Coil 2TEH3F18B1
 Efficiency 14 EER
 Sensible cooling 12320 Btuh
 Latent cooling 5280 Btuh
 Total cooling 17600 Btuh
 Actual air flow 587 cfm
 Air flow factor 0.072 cfm/Btuh
 Static pressure 0.30 in H2O
 Load sensible heat

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

TOWN OF SEWALLS POINT
 BUILDING DEPARTMENT
 FILE COPY

Right-J Worksheet Entire House Custom Air Systems Inc.

Job: **BEAN ADDITION**
Date: **Apr 10, 2008**
By: **Jim Jarvis**

1 2 3 4 5	Room name		Exposed wall		Ceiling height		Room dimensions		Room area		Entire House				BATH 1			
			8.0 ft		43.0 ft		8.0 ft		7.0 ft		459.0 ft ²		1.0 x 46.0 ft		heat/cool		46.0 ft ²	
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)					
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool					
6	W	12E-0sw	0.068	e	1.56	1.49	224	181	283	269	56	47	74	70				
	G	1A-c10m	1.270	e	29.21	87.77	16	3	467	1263	0	0	0	0				
	G	1A-c10m	1.270	e	29.21	87.77	27	8	787	1933	9	3	262	644				
	W	12E-0sw	0.068	se	1.56	1.49	36	24	38	36	0	0	0	0				
11	G	1A-c10m	1.270	se	29.21	68.61	11	6	335	581	0	0	0	0				
	W	12E-0sw	0.068	s	1.56	1.49	56	24	38	36	0	0	0	0				
	G	1A-c10m	1.270	s	29.21	37.19	32	32	929	1089	0	0	0	0				
	W	12E-0sw	0.068	sw	1.56	1.49	29	18	28	26	0	0	0	0				
	G	1A-c10m	1.270	sw	29.21	68.61	11	6	323	558	0	0	0	0				
	C	16C-30al	0.032	-	0.74	1.42	305	305	224	434	0	0	0	0				
6	c) AED excursion								0				0					
	Envelope loss/gain								3453	6225			336	714				
12	a) Infiltration								1222	538			199	87				
	b) Room ventilation								0	0			0	0				
13	Internal gains:		Occupants @	230			2		460	0				0				
			Appliances @	1200			0		0	0				0				
	Subtotal (lines 6 to 13)								4675	7223			535	802				
	Less external load								0	0			0	0				
	Less transfer								0	0			0	0				
	Redistribution								0	0			5	10				
14	Subtotal								4675	7223			540	811				
15	Duct loads						16%	12%	760	881	16%	12%	88	99				
	Total room load								5435	8104			627	910				
	Air required (cfm)								587	587			68	66				

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J Worksheet Entire House Custom Air Systems Inc.

Job: BEAN ADDITION
Date: Apr 10, 2008
By: Jim Jarvis

1 2 3 4 5	Room name Exposed wall Ceiling height Room dimensions Room area				CLOSET 0.0 ft 8.0 ft 5.0 x 3.0 ft heat/cool 15.0 ft ²				WIC 6.0 ft 8.0 ft 7.0 x 6.0 ft heat/cool 42.0 ft ²					
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	e	1.56	1.49	0	0	0	0	48	48	75	71
	G	1A-c10m	1.270	e	29.21	87.77	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	e	29.21	87.77	0	0	0	0	0	0	0	0
11	W	12E-0sw	0.068	se	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	se	29.21	87.77	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	s	29.21	87.77	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	sw	29.21	87.77	0	0	0	0	0	0	0	0
	C	16C-30al	0.032	-	0.74	1.42	0	0	0	0	0	0	0	0
6	c) AED excursion								0	0			0	0
	Envelope loss/gain								0	0			75	71
12	a) Infiltration								0	0			170	75
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230	0				0	0	0			0
			Appliances @	1200	0				0	0	0			0
	Subtotal (lines 6 to 13)								0	0			245	146
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								9	17			8	15
14	Subtotal								9	17			253	161
15	Duct loads						16%	12%	1	2	16%	12%	41	20
	Total room load								10	19			294	181
	Air required (cfm)								1	1			32	13

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J Worksheet Entire House Custom Air Systems Inc.

Job: BEAN ADDITION

Date: Apr 10, 2008

By: Jim Jarvis

1 2 3 4 5	Room name				BED				CLOSET 2					
	Exposed wall				30.0 ft				0.0 ft					
	Ceiling height				8.0 ft				8.0 ft					
Room dimensions				1.0 x 202.0 ft				3.0 x 6.0 ft						
Room area				202.0 ft ²				18.0 ft ²						
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	e	1.56	1.49	120	86	135	128	0	0	0	0
	G	1A-c10m	1.270	e	29.21	87.77	16	3	467	1263	0	0	0	0
	G	1A-c10m	1.270	e	29.21	87.77	18	5	525	1288	0	0	0	0
	W	12E-0sw	0.068	se	1.56	1.49	36	24	38	36	0	0	0	0
11	G	1A-c10m	1.270	se	29.21	68.61	11	6	335	581	0	0	0	0
	W	12E-0sw	0.068	s	1.56	1.49	56	24	38	36	0	0	0	0
	G	1A-c10m	1.270	s	29.21	37.19	32	32	929	1089	0	0	0	0
	W	12E-0sw	0.068	sw	1.56	1.49	29	18	28	26	0	0	0	0
	G	1A-c10m	1.270	sw	29.21	68.61	11	6	323	558	0	0	0	0
	C	16C-30al	0.032	-	0.74	1.42	191	191	141	272	18	18	13	26
6	c) AED excursion									0				0
	Envelope loss/gain								2958	5278			13	26
12	a) Infiltration								853	376			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			2			460	0			0
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								3811	6113			13	26
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								5	10			0	0
14	Subtotal								3816	6123			13	26
15	Duct loads						16%	12%	621	746	16%	12%	2	3
	Total room load								4437	6870			15	29
	Air required (cfm)								479	498			2	2

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J Worksheet Entire House Custom Air Systems Inc.

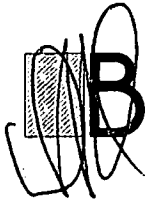
Job: BEAN ADDITION

Date: Apr 10, 2008

By: Jim Jarvis

1 Room name		BATH 2						HALL						
2 Exposed wall		0.0 ft						0.0 ft						
3 Ceiling height		8.0 ft						8.0 ft						
4 Room dimensions		6.0 x 7.0 ft						1.0 x 94.0 ft						
5 Room area		42.0 ft ²						94.0 ft ²						
	Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	e	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	29.21	87.77	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	29.21	87.77	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	se	1.56	1.49	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	se	29.21	68.61	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	29.21	37.19	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	sw	1.56	1.49	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	sw	29.21	68.61	0	0	0	0	0	0	0	0
	C	16C-30al	0.032	-	0.74	1.42	42	42	31	60	54	54	40	77
6	c) AED excursion									0				0
	Envelope loss/gain								31	60			40	77
12	a) Infiltration								0	0			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								31	60			40	77
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								13	25			-40	-77
14	Subtotal								44	85			0	0
15	Duct loads						16%	12%	7	10	16%	12%	0	0
	Total room load								51	95			0	0
	Air required (cfm)								5	7			0	0

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

Architects & Planners

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

Sewalls Point
Building Department
June 11, 2008
Re: Bean
112 S Sewalls Point Road
Sewalls Point Florida

#8872 FILE

To whom it may concern,

Please note the rim board has a min 3 16d nails at each bearing stud.

If you have any questions please feel free to call me at 287-8258.

Thank You

DANIEL R BRADEN AIA
Braden & Braden AIA PA

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-7, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8883	Church	Final	PASS	CLOSE
4	8 Island Rd Krauss & Crane			INSPECTOR: <i>[Signature]</i>
8882	Miser	Final	PASS	CLOSE
5	21 Island Rd Krauss & Crane			INSPECTOR: <i>[Signature]</i>
8822	Mariano	Final	PASS	CLOSE
2ND	23 Middle Rd East Coast Spec.	(Screen encl)		INSPECTOR: <i>[Signature]</i>
8745	Nelson	3 tunnels	PASS	
6	3 Marquenta Nelson Homes (call first 215-4571)			INSPECTOR: <i>[Signature]</i>
8804	Harte	pad-slab	PASS	
3	3 E High Pt Elec Conby Mike			INSPECTOR: <i>[Signature]</i>
8884	Mulcahy	Final-	PASS	COMMENTS
8885	138 S Sewalls	garage door	FAIL	
11AM	1 Palm Beach Garage			INSPECTOR: <i>[Signature]</i>
8872	Bean	ducting	PASS	COMMENTS
8	112 S Sewalls WB	ducting	PASS	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-16, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8589	Hardin	electric	PASS	
11AM	275 River Rd	(reinspect)		
	Station	LOVEY ROUTH	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8867	Geller	interior HG.	PASS	
2	10 Palmetto Dr	plumbing		
	Ken Wendell			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8888	Debenian	Final	PASS	CLOSE
John	3725 SE Owen			
	Hurley			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8872	BEAN	PLUMBING	PASS	
1	112 S.S. P.R.	(UNDERGROUND)		
	WB CONST.	WOOD FLOOR		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8755	Durante	rough gas	PASS	
3	485 Sewalls			
	OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 117 S.S.P.A.

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.

A/C ROUGH

12" ϕ FLEX DUCT EXCEEDS
MAX. RADII FOR BEND-
NEED RIGID TRANSITION
BOX @ SUPPLY & RETURN
DUCT.

4" ϕ EXHAUST DUCT IS
CRIMPED & NEEDS TO
BE CORRECTED.

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

DATE: 5/23

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-23, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8884	Harte	Final	FAIL	
1	3 E High Pt Elee Conn by Mike			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Hooker	Tree	PASS	
3	La Morgan Cr			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8872	Beam	Partial Shading	Fail	
2	112 Sewalls WB Const	rough		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	CUMMINGS 83 S. RIVER	SEWER LINE (11:00 A.M.)	—	WILL RE-HE DOUG INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8861	Dermarkarian 19 Castle Hill Steve Conway	Final doors	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-28, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8872	B...	AC Unit	Pass	...
2	112 S Sewalls WD Const	(A/C - rough) REINSPECT		INSPECTOR: <i>OM</i>
8840	PALTER 91 S. RIVER	FINAL	PASS	CLOSE
5	EVERGLADES			INSPECTOR: <i>OM</i>
8900	Mukahy 138 S Sewalls	nail & screw windows	PASS	
2A	Anchor windows			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 112 S.S.P.R.

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

ELEC. ROUGH

ADD SMOKE DETECTOR IN
HALL OUTSIDE B.N. DOOR -
SEAL HOLE @ TOP PLATE ~~AT~~ AT
ATTIC SPACE.

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: 6/6

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-6, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8916	Kimes	Final	FAIL	
1ST	2 Riverview	A/C CHANGEOUT		
	Adams A/C - 337-6579			INSPECTOR: <i>[Signature]</i>
8903	Alexander	Final		
JOHN	86 Sewalls		Fail	
230	N/S On			INSPECTOR: <i>[Signature]</i>
8589	Hardin	insulation	PASS	
2	275 River Station	main house		
				INSPECTOR: <i>[Signature]</i>
8893	Dwyer	Final	FAIL	
5	32 N River Rd			
	Stuart Lane			INSPECTOR: <i>[Signature]</i>
	McGovern	all trades	---	COURTESY
6	2 Tuscan Dr	framing	---	
last 11AM	Diptwood			INSPECTOR: <i>[Signature]</i>
8914	GILBERT	SHEATHING/DRY-IN	PASS	
3	170 S. RIVER	ROOF AFFIDAVIT		
	MARZO ROOFING			INSPECTOR: <i>[Signature]</i>
3872	Ben	rough electric	FAIL	
4	112 S Sewalls			
	WB Const.			INSPECTOR: <i>[Signature]</i>
OTHER:				

HEP WORTH RIVERVIEW - EROSION IN STREET



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 S.S.P.R.

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

FRAILING / PLG ROUGH / ELEC. ROUGH

2X6 LEDGER FOR LOFT JOISTS
IS MISSING 5/8" LAG BOLTS -

CORNER DAMS FOR SHOWER PAN
IS TO BE INSTALLED ON
TOP OF SHOWER PAN -

OK TO INSULATE

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: 6/11

A handwritten signature in black ink, appearing to be "M. J. ...", is written over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-11, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8895	Potter	Final	PASS	Close
7	4 Pennwinkle Cir Stuart Fence			INSPECTOR: <i>[Signature]</i>
8748	McGOVERN	PIPE ROUGH GAS ROUGH	PASS PASS	NOTES/COMMENTS:
6	2 TUSCAN LN. DRIFTWOOD	INSULATION ELEC. ROUGH PLB. ROUGH	PASS PASS PASS	INSPECTOR: <i>[Signature]</i>
8910	Cornell	Final-roll+	PASS	rec'd affidavit
8	1 Banyan Advanced Hurricane Shutters	accordion shutters		Close INSPECTOR: <i>[Signature]</i>
8828	Parrish	Final	PASS	Close
2	1 Island Rd Steve Conway			INSPECTOR: <i>[Signature]</i>
8848	Nabejl	insulation	PASS	
1	26 W High Pt Vincent Montalto	@ ENTRY		INSPECTOR: <i>[Signature]</i>
8872	Beau	Plumbing	FAIL	
4	112 S Sewall Pt WB Convt.	plumbing	PASS	INSPECTOR: <i>[Signature]</i>
8849	Hardin	Footings	PASS	
5	275 River Rd Advantage Pool			INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Geisinger	Meter final	FAIL	
6	8 Custer Hill OB			INSPECTOR: <i>QW</i>
8872	Beur	insulation	FAIL	
2	1125 Sewalls WB	NO WORK etc.	FAIL	INSPECTOR: <i>QW</i>
8551	Valko	Final	PASS	CLOSE
3	107 Hillcrest Ct Bunns			INSPECTOR: <i>QW</i>
8901	Richardson	plumbing	FAIL	
<i>LATE</i>	15 Ridgeland	electric	FAIL	
	Everglades	framing	FAIL	INSPECTOR: <i>QW</i>
8903	Alexander	Reinspect for final	FAIL	
5	86 S Sewall Pt Nishi 1 OB (Mo 772-708-4838 any?)	elec code violation		INSPECTOR: <i>QW</i>
Tree	Quick	Tree	FAIL	
1	9 Island Rd			INSPECTOR:
8482	Gensheimer	Final	PASS	CLOSE
7	63 N River Rd Masterpiece			INSPECTOR: <i>QW</i>
OTHER: 8911	Willis 3 NORTH CT. ERIC JOHNSON	STRAPPING	PASS	<i>QW</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-29, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8974	Hompson 179 S River TC Garage	Garage door Final	PASS	CLOSE INSPECTOR: <i>JW</i>
8968	Nelson 3 Marquitta Aaron Kline	rough plumbing	PASS	 INSPECTOR: <i>JW</i>
8394	Foster 7 Turner St Schiller Pool	Final	FAIL	 INSPECTOR: <i>JW</i>
8911	Willis 3 Worth Ct Eric Johnson	Final	FAIL	 INSPECTOR: <i>JW</i>
8989	Hart 14 Riv Vista Stuart Fence	Final	PASS	CLOSE INSPECTOR: <i>JW</i>
8812	Bean 112 S Sewalls WB Const	Final	PASS	CLOSE INSPECTOR: <i>JW</i>
				INSPECTOR: <i>JW</i>

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 19 ~~16~~ 2004 TREE REMOVAL PERMIT No 2224

APPLIED FOR BY BEAN (Contractor or Owner)

Owner 112 S. SEWALL'S PT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees ~~ANYTHING~~ 2 Palms + Bottlebrush

No. Of Trees: REMOVE 2 Palms

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

No. Of Trees: REPLACE 1 WITHIN 30 DAYS Bottlebrush

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (COTD) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/19, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6601	MELOSH 132 S. SEWALLS DR	FINAL ROOFING	PASS	CLOSE
1	PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	BEAN 112 S. SEWALLS DR	TREE	PASS	W/ CHANGES AS NOTED.
2				INSPECTOR: <i>[Signature]</i>
6261	SMITH 7 SIMARA ST	ROUGH PLUMBING	PASS	
6	WHITE PLUMBING			INSPECTOR: <i>[Signature]</i>
6520	WINES 113 NEWBY SEWALLS WY.	SHEATHING	FAIL	
7	WINSHIP			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 29 2003 TREE REMOVAL PERMIT No 2131

APPLIED FOR BY BEAN (Contractor or Owner)

Owner 112 S. SEWALL'S POINT ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 COCONUT

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0
Signed, _____ Applicant Signed Gene Summers (2003)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

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.

Owner Tom BEAN Address 112 S Sewalls Point Rd Phone _____

Contractor A-Vision TREE SOLV Address _____ Phone 475-3264

No. of Trees: REMOVE 1 Type: COCONUT

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

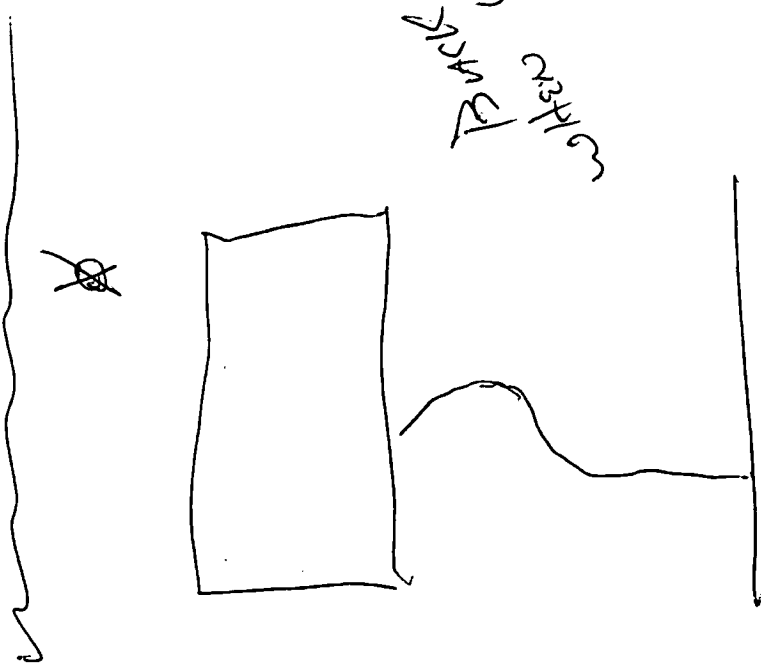
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DEAD SO IT DOES NOT INSECT
OTHER PALMS

Signature of Applicant [Signature] Date 10-28-03

Approved by Building Inspector: [Signature] Date 10/29/03 Fee: 4

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



35m of A

3A to 2A
CORP

RT
Geni

PC
F
C

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/29, 20023 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6410	HALL	DECK	Passal	
(3)	4 N VIA LUCINDIA TWIN POOLS			INSPECTOR: <i>[Signature]</i>
6438	BONING	FINAL ROOF	Passal	(*) Gate ?
(2)	5 ST. LUCIE COURT STUART ROOFING			4/16/6 INSPECTOR: <i>[Signature]</i>
TREE	HOCHSTETTER	TREE	Passal	
(4)	72 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
6330	BUSSEY	ELEC. MECH	Passal	Passal
(8)	1 PALMETTO WORRELL	PLUMBING WINDOWS	Passed	INSPECTOR: <i>[Signature]</i> Friday
TREE	BEAN	TREE	Passal	
(5)	112 S. SEWALLS PT			INSPECTOR: <i>[Signature]</i>
TREE	MCMANON	TREE	Passal	
(6)	5 MELODY AVE			INSPECTOR: <i>[Signature]</i>
6470	JAMES	ROUGH PLUMBING	Passed	
(1)	5 S. RIDGEVIEW MELRY CONSTR.	Electric		INSPECTOR: <i>[Signature]</i>
OTHER:	133 S. River 745 0394 Permit/CO/Bldg. \$/Occupancy			
(7)				