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

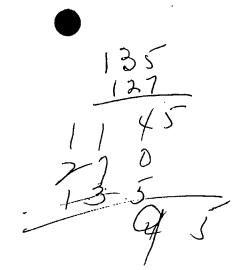
TOWN OF SEWALL'S POINT - FLORIDA'	# 157
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### Application For Building Permit

Owner NON & Florence Older Present Address 5 Marian Que Phone 287-1854
Architect Sendele Address Serven Beh
General Contractor A Deudel Address Jensen Deach Phone
Where Licensed Martie Co License No.
Plumbing Contractor Where Licensed No
Electrical Contractor Where Licensed No.
Property Location Sewall's of Road Subdivision Lot No.
Lot Dimensions 135 × 127 Lot Area Sq. Ft. 17345
Purpose of Building Residence Type of Construction CBS
Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)
Outside of Walls Inside of Walls_ 13.50 Se 74.
Street or Road building will front on Secure Point Road
Clearances - Front 35 Back 32 Side 35 Side 45 River
Well Location Septic Tank Location_West
Building elevation (By Ordinance Definition) 64. app. ?
Contract Price (Include Plumbing, Electrical, Air Conditioning 1/2 00
PERMIT FEE <u>New Home</u> Additions Others
General(\$3.00 per \$1000 or Fraction) <u>5 %.00</u>
Plumbing (Flat Fee) \$10.00 \$3.00
Electrical (Flat Fee) \$10.00 \$3.00
Total (To be paid by General $\$74,00$ Contractor or Owner)
SIGNED: - General Contractor or Owner Lina COlder
Building Inspector Comments: 016 Mark Columbo
★ ★★★ ★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★
FOR TOWN RECORDS: Date Drawings submitted 1869
Date Permit approved 11369
Date Permit Fee paid
Date First Inspection
Datc Final Inspection
Date Occupancy approved
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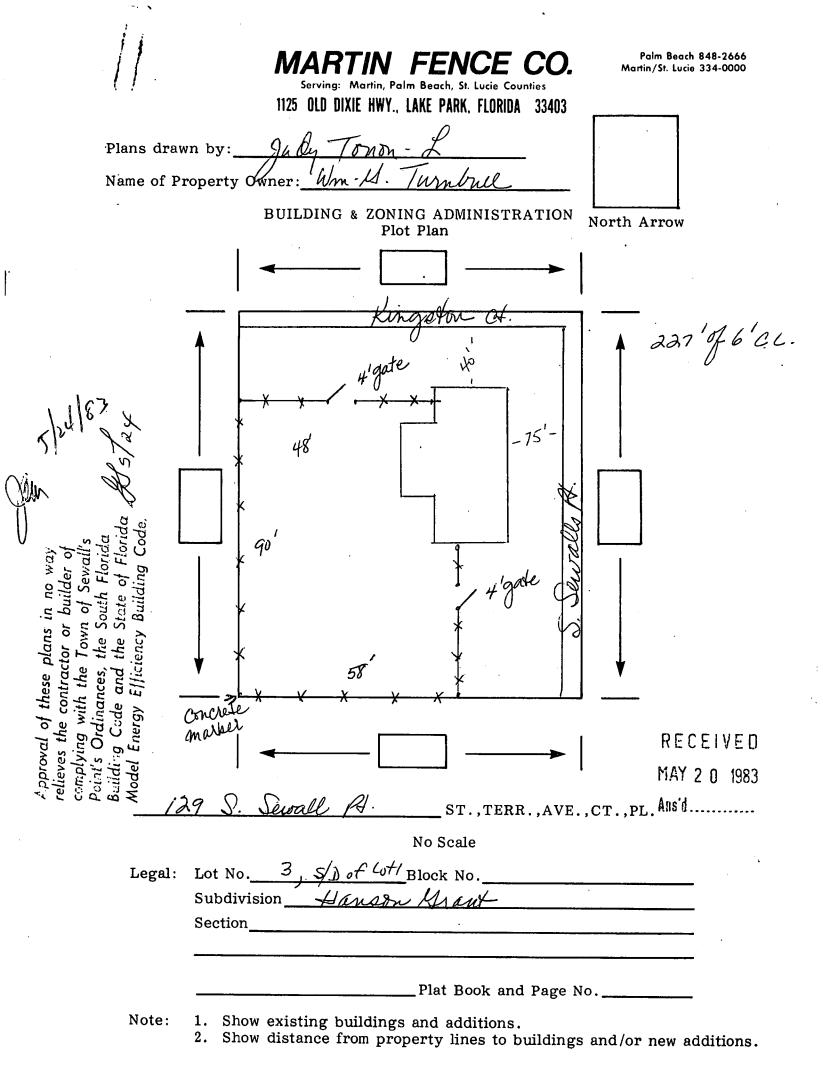


# <u>1575</u> FENCE

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RECEIVED TOWN OF SEWALL'S POINT FLORIDA MAY 2 0 1983 Date 5-18-83 Petm APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR-HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING. This application must be accompanied by three sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable. K. /irnbull 1295. Wm. Owner Present address Phone Contractor  $\mathcal{L}$ tence. Address 1125 Old 334-0000 Phone Where licensed nortin License number 10056 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: \_ 27'016' Chain Linke Fence sewall #A 129 State the street address at which the proposed structure will be built: Hanson Subdivision 3, 5/2 of 74.1 Lot No. Contract price\$ 100D Cost of Permit \$ Plans approved as submitted Plans approved as marked I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when neces-sary, removing same from the area and from the Town of Sewall's Points? Failure to com-ply may result in a Building Inspector or a Town Commissioner "Bed-tagging" the construction project. Contractor // I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be give William D'urnh Owner TOWN RECORD Date submitted Approved: uce Inspector Trubell Approved: Commissioner Date Final Approval given: Date Certificate of Occupancy issued Date SP/1-79 75 Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code

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# <u>2467</u> REMODEL

Permit No. Date APPLICATION FOL: BERMIT TO BOILD 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. south Owner/ resent Address Phone Contractor HAL SE Address Phone Where licensed And TOATY-BAD. License number Electrical contractor License number Plumbing contractor . License number Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: HOME Remode Aewa State the street address at which the proposed structure will be built: Subdivision . Lot number Block number\_\_\_\_ 2,00000 Contract price \$ \_Cost of permit \$ Plans approved as submitted Plans approved as marked I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tacking the construction project. Contractor I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given, Owner TOWN RECORD Date submitted Approved: d l Building Inspector uate Approved: Date Final Approval given: Commissioner Date Certificate of Occupancy issued (if applicable) Date SP1282 Permit No. Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida

Model Energy Efficiency Building Code.

# <u>2028</u> PORCH

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#### TOWN OF SEWALL'S POINT, FLORIDA

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Permit Number

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16 Date //

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

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

owner Bichard Melush	Present Address 132 S. Semali's PT. Rol
Phone 286-2962	Sew 2113 RT.
Contractor Stetsma Owner	Address
Phone	
Where licensed	License number
Electrical contractor	License number
Plumbing contractor	License number
Roofing contractor	License number
Air conditioning contractor	License number
Describe the structure, or addition or alteration permit is sought:	
State the street address at which the structure	will be built:
Subdivision	Lot numberBlock number
Contract prices 2000 XX Cost	of permit <sup>\$</sup> 10××
Plans approved as submitted	
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Date submitted ///3/16 Appro-	wed Dale Brow
· · · · · · · · · · · · · · · · · · ·	Building Inspector Date
Commissioner Date	Date
Certificate of Occupancy issued(if applicable)	ute
SP1184	Permit Number 2028

# <u>2179</u> ADDITION

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Owner_	i Char	d Mel	esh	rresent Addro	ess 132	S. Sewal	11's PT.K
Phone	286-	2962	· · · · · · · · · · · · · · · · · · ·		Sersi	13 PT.	Fld.
Contractor		OWNE	r Bldg.	Address	Same	·	
Phone	· .			<u> </u>		- · · ·	
Where licer	nsed			License numb	er		
Electrical	contracto	or		License numb	er		
Plumbing co	ontractor_			_License numb	er		
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			ton one prop				
Subdivision	arch	hip elige	<u>8</u>	Lot	number	Block nu	mber
Contract p	rice \$	5,500.	<u>Ly</u> _Cost	of permit \$			
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# <u>3740</u> PAVER DRIVEWAY

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This indication must	be accompanied by showing set-backs	three (3) sets of complete plans, to scale, , plumbing and electrical layouts, if applicable,
Owner M. Josephelas,	H	Present address 132 5. Send PT. Rd.
Phone 286-2962		
Contractor T. Coas		Address 2920 SE Kensington ST.
Phone 2204554		
Where licensed MA	gretin	License number 501511
Electrical Contractor		License number
Plumbing Contractor		License number
		alteration to an existing structure, for which this
concrete inter		
Subdivision Archip	; lag 0	Lot Number X Block Number
Contract price \$ 242		Cost of permit \$ 50.00
Plans approved as sub		Plans approved as marked
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Approved: Commission		Date Date

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# <u>4179</u>

## **SCREEN ENCLOSURE**

TOWN OF SEWALL POINT, FLORIDA	
Permit No. 4179	
Permit No Date 5/3/9	7
APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED	¥
This application must be accompanied by three (3) sets of complete plans, to scale, in- cluding a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.	L
Owner RICHARD MELOSH resent Address 132 5. SEWALLS PON	NTE el
Phone 286-2962 SEWALLS PT EL.	
Contractor GYKALUMINUM Address 3110 SE SLATER ST	
Phone 283-1297 STURKT FL 34997	
Where licensed MARTIN CTY License number SPA-0122	
Electrical contractorLicense number	
Plumbing contractorLicense number	
Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: ALUMINUM SCREEN POOL ENCLOSURE	
<u>732-5.</u> SEWALLS FT. Rd. State the street address at which the proposed structure will be built:	
132 S. SEWALLS PT. Rd. SEWALLS PT, FLORIDA.	
Subdivision THE ARCHIPELAGO Lot number & Block number	
Contract price \$ 6/00.00 Cost of permit \$	
Plans approved as submitted Plans approved as marked	
I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when neces- sary, removing same from the area and from the Town of Sewall's Point. Failure to com- ply may result in a Building Inspector or Town Commissioner "red-takeny" the construction project.	1
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Contractor	
I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.	
owner Richard Mehr	
TOWN RECORD	
Date submitted Approved:	
Approved: Building Inspector Date Date Final Approval given:	
Date Date	
Certificate of Occupancy issued (if applicable) Date	
SP1282 Permit No. 44179	
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.	•

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TO BE COMPLETE WHEN CONSTRUCTION VALUE IS \$2500.00 OR MORE

PERMIT # 417 9

TAX FOLIO # 38-41-13.001-000-00060-1

### NOTICE OF COMMENCEMENT

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS WILL BE MADE 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 KNOWN) Being Know as hot by Of the Subdivision The Flechipelago; as recorded in Plat Book H, Page 48, Public Records of Mostin Country

GENERAL DISCRETION OF IMPROVEMENTS Pool Enclosure

telost OWNER: Richard ADDRESS: 132 S. Sewalls Pt. Bd. Stoort, Horida OWNER'S INTEREST IN PROPERTY: Fee Simple FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER): 씨쉬 ADDRESS: CONTRACTOR: Cerk Filuminum, Inc. ADDRESS: 3110 SE Slater St., Stuart, FT. 34991 SURETY COMPANY (IF ANY) ADDRESS: LENDER'S NAME: ADDRESS: PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES: NAME: ADDRESS: IN ADDITION TO HIMSELF, OWNER DESIGNATES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1) (B), FLORIDA STATUTES. **EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS** ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED. STATE OF FLORIDA MARTIN COHNTY THIS IS TO CEPTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL SIGNATURE OF MAUSHASHOUND EPE STATE OF Florida COUNTY OF Martyr THE FORECOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY OF April 1997, BY Richard W. Malosh ME OR WHO PRODUCED WHO IS KNOWN TO AND WHO DID NOT TAKE AN OATH. C Mabale NOTARY SIGNATURE

# <u>6601</u> REROOF

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

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### TOWN OF SEWALL'S POINT

	-
Date	BUILDING PERMIT NO. 6601
Building to be erected for MELOSH	
Applied for by DACIEIC ROOFING	(Contractor) Building Fee 120 PP
Subdivision ACCHIPELAGO Lot Block	
Address 132 S. Standin's PT P	
	Impact Fee
Type of structure SFR	A/C Fee
	Electrical Fee
Parcel Control Number:	Plumbing Fee
13384/00/000000 (007000	Roofing Fee
Amount Paid <u>20.00</u> Check # <u>48</u> 10 Cash	
	17 >
Total Construction Cost \$ _27,000,	TOTAL Fees
SITT	OI I KAO
Signed Signed	Jene Summons (FOD)
Applicant	Town Building Official
	· · · · ·
PERMIT	
PLUMBING     PLUMBING     DOCK/BOAT LIFT     DEMOLITION	
SCREEN ENCLOSURE     TEMPORARY STRUCTURE	
FILL   HURRICANE SHUTTERS     TREE REMOVAL   STEMWALL	RENOVATION     ADDITION
INSPECTIONS	•
UNDERGROUND PLUMBING UNDERGR	ROUND GAS
	ROUND ELECTRICAL
STEMWALL FOOTING FOOTING	
TRUSS ENG/WINDOW/DOOR BUCKS LATH	EATHING
	PROGRESS
	CAL ROUGH-IN
MECHANICAL ROUGH-IN GAS ROU	
	OWER RELEASE
	ECTRICAL
FINAL MECHANICAL FINAL GA	s
FINAL ROOF BUILDING	
	FINAL

RECEIVED	ewall's Point				
BEARFINATION BUNDING PERMITAPPLICATION	,		<b>Building Permit</b>	Number:_	
Owner Erither Bider Wame: Dichard MELOSH	City	<u></u>	and a		2.1.0.0
Let L	F	Parcel Numb	Der. 13-38-1	+1-001-	Odas Backs
Basicon of Job Site: 132 S JEWAILS Pai A no.	Type of Work To	Be Done:	RE-ROOF	TRE	to métal
CONTRACTOR/Company Name: PALIFIC BOORING Street: P.O. BOX 26P7 JTurnt, FL State Registration Number:					
Street P.O. Box 26P7 Strent Th			Phone Nur	nber. <u>28</u>	2.7.13
State Registration Number:State Certification		797 Ma	Stat		Zip: <b></b> 7 <b>+99</b>
			Phone Num	ber	
	City:_		Stat	e:	Zip:
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Hechanical:         Plumbing:         Roofing:       PACIFIC RODEAL         Nunderstand that a separate permit from the Town may be required for         HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACC         REMOVAL AND RELOCATIONS.         CODE EDITIONS IN EFFECT AT TIME OF APPLICATION         Bonda Building Code (Structural, Mechanical, Plumoing, Gas)         Hational Electrical Code         Fionda Energy Code         HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED         KNOWLEDGE AND I AGREE TO COMPLY WITCHALL APPLICABLE         WINER OR AGENT SIGNATURE (Required)         Bitate of Florida, County of.         MARTIN         his the       Zoo f         Y       ASHIN         Who is personally         Remember me or produced         s identification	StateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateS	BING, SIGN S. SAND O Ing Code (SI ICN IS TRU ORDINAN TOR SIGN Florida Co Rickton De or produc	License Numbe License Numbe License Numbe License Numbe IS. WELLS, POOL R FILL ADDITION Intructural, Mechanic DE AND CORREC CES DURING THI ATURE (Required) unty of: day of ed	er er er Er CR REMO CR REMO CR REMO CR REMO E BUILDING E BUILDING	SCTQ) NCE, BOILERS. VAL, AND TREE Ig, Gas) BEST OF MY GEROCESS.
Hechanical:         Plumbing:         Roofing:       PACIFIC         Nunderstand that a separate permit from the Town may be required for         HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACC         REMOVAL AND RELOCATIONS.         CODE EDITIONS IN EFFECT AT TIME OF APPLICATION         Bonda Building Code (Structural, Mechanical, Plumoing, Gas)         Hational Electrical Code         Fionda Building Code (Structural, Mechanical, Plumoing, Gas)         Hational Electrical Code         Fionda Energy Code         HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED         NOWLEDGE AND I AGREE TO COMPLY WITHALL APPLICABLE         WNER OR AGENT SIGNATURE (Required)         Itate of Florida, County of:         Mathim         his the       200 f         Y       A Stime         Who is personally         Notary Fluolicy in	StateStateStateStateStateStateStateStateStateStateStateStateStateStateStateStateSouth Flonda Building CON THIS APPLICAT CODES. LAWS AND CONTRAC On State of This thebyNorm to m As identification of the state	BING, SIGN S. SAND O ng Code (SI TCN IS TRU ORDINAN TOR SIGN/ Florida Co Riction to produce ation.	License Numbe License Numbe License Numbe License Numbe R. WELLS, PCOL R. FILL ADDITION UNUTURE (Required) UNUTURE (REQ	er er er Er CR REMO CR REMO CR REMO CR REMO CR REMO CR REMO CR REMO	SCTQ) NCE, BOILERS. VAL, AND TREE Ig, Gas) BEST OF MY GEROCESS.
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Teques 218 S Teque Debra NSURED	R <sup>-</sup> (361)746-4546 sta Agency, Inc. 5. US Highway One,Ste esta, FL 33469 1 Hicks Pacific Roofing Corr PO Box 2697 Stuart, FL 34994		ONLY AND HOLDER. T ALTER THE INSURER A: INSURER B:	CONFERS NO RI HIS CERTIFICAT COVERAGE AFI INSURERS	ED AS A MATTER OF INI GHTS UPON THE CERT E DOES NOT AMEND, E FORDED BY THE POLIC AFFORDING COVERAG	IFICATE XTEND OR IES BELOW.	
Debra NSURED	Hicks Pacific Roofing Corp PO Box 2697	o., Inc.	INSURER B:	American Cas	ualty Company	E	
COVERA THE PC ANY RE MAY PE	PO Box 2697	o., Inc.	INSURER B:				
COVERA THE PC ANY RE MAY PE				Transportati	an Thermones Co		
COVERA THE PC ANY RE MAY PE	Stuart, FL 34994				on insucance co.		
THE PC ANY RE MAY PE			Stuart, FL 34994 INSURER C:				
THE PC ANY RE MAY PE			INSURER D:			VED	7
THE PC ANY RE MAY PE	AGES		INSURER E:			2003 -1	
	EQUIREMENT, TERM OR CONDI ERTAIN, THE INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO TI TION OF ANY CONTRACT OR OTHE RDED BY THE POLICIES DESCRIBE N MAY HAVE BEEN REDUCED BY P	R DOCUMENT WITH RES D HEREIN IS SUBJECT TO VAID CLAIMS.	PECT TO WHICH TH D ALL THE TERMS, 1	HIS CERTIFICATE MAY BE IS EXCLUSIONS AND CONDITI	SUED OR	G
ISR TR	TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	1	
		C2020206931	10/28/2003	10/28/2004	EACH OCCURRENCE		0,00
X					FIRE DAMAGE (Any one fire)		0,00
A H					MED EXP (Any one person)		5,00
^⊣					PERSONAL & ADV INJURY		0,00
	I ↓'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	·	0,00
					PRODUCTS*COMPTOP AGG	3 2,00	0,00
AUT		C2020206945	10/28/2003	10/28/2004	COMBINED SINGLE LIMIT (Ea accident)	s 1,00	0,00
BX	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	5	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	\$	
	ANY AUTO				AUTO ONLY - EA ACCIDENT	S	
					OTHER THAN EA ACC AUTO ONLY: AGG		
					EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	S	
					· · ·	\$	
	DEDUCTIBLE RETENTION \$					\$ \$	
	RKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	3	
	PLOYERS' LIABILITY				E.L. EACH ACCIDENT	S	
					E.L. DISEASE - EA EMPLOYEE		
					E.L. DISEASE - POLICY LIMIT	\$	
ОТН	IER						
		HICLES/EXCLUSIONS ADDED BY ENDO					

Mark Kasten/DEBBIE

	ACORD 25-S (7/97)	FAX:	(561)220-4765
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Can Huden GACORD CORPORATION 1988 .

A	CORD. CERTIFI	CATE OF LIA	BILITY INSI	JRANCE	i 1	CERTIFICATE ND. / DATE AC03-7900013-87038 2/4/2003 1:34:22 PH		
<b>RODU</b> Eiser 14160	CER Mmann Risk Placements, Ir ) Dallas Parkway, Suite S		THIS CERTI	FICATE IS ISSUE CONFERS NO	ED AS A MATTER OF RIGHTS UPON THE DOES NOT AMEN	D. EXTEND OR		
	13, TX 75254   404-0295 Fax: (972) (	104-4450		ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE				
SURE			INSURER A: PRO	VIDENCE PROPI	ERTY & CASUALTY I	NSURANCE COMPA		
	FIC ROOFING CORPORATION		INSURER B:					
	SE DIXIE HWY		INSURER C:					
STUA	RT, FL 34994 ) 283-7663 Fax: (772)	202-0505	INSURER D:					
(772	) 283-7663 Fax: (712)		INSURER E					
THE	ERAGES POLICIEB OF INSURANCE LISTED & REQUIREMENT, TERM OR CONDI Y PERTAIN, THE INSURANCE AFFOR LICIES. AGGREGATE LIGHTS SHOWN	HORDER AND CONTRACT ON C	ED NEREIN IS SUBJECT TO PAID CLAUME.	O ALL THE TERMS,	EXCLUSIONS AND COND	TICHS OF SUCH		
<b>W</b>	TYPE OF WEURANCE	FOLICY NUMBER	DATE TO STREET WE		Lin	178		
	GENERAL LIABLITY				EACH OCCURRENCE	13		
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H			1		MED EXP (Any one person)	1		
ŀ					PERSONAL & ADV MURY			
					GENERAL AGGREGATE			
ł	GENL AGGREGATE LINIT APPLIES PER				PRODUCTS - COMPIOP AGG	8		
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		r.		ļ	BODILY INRURY {Per penion}	\$		
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					PROPERTY GAMAGE (Per socidient)	3		
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	ANY AUTO							
				<u> </u>	EACH OCCURRENCE	1		
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	DEDUCTIBLE					\$		
	RETENTION \$				THE WE STATIL   IT	114		
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	OTHER							
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l. em ac re	EXPIDE OF OPERATIONSALOCATIONEM Insured is afforded Wor ployees leased from AMS count is in good standin porting wages to AMS. fective 12/01/2003.	kers Compensation & Es Staff Leasing, Inc.	mployers Liability 2. This certificat	y as a co-emp te remains in for any emplo	wee for which the	client is not		
~		DOTTIONAL INSURED; INSURER LETTER		ATION	<u> </u>	<u> </u>		
	EKINFICATE HOLDER 1.1"		SHOULD ANY	OF THE ABOVE DESCR	RER WILL ENDEAVOR TO M	ED BEFORE THE EXPIRATION		
1		r	NOTICE TO T	E CERTIFICATE HOLD	ER NAMED TO THE LEFT, BA	IT FALURE TO DO SO SHAL		
ļ	TOWN OF SENALL'S POINT 1 S SEMALL'S POINT RD STUART, FL 34996		IMPOSE NO	OBLICATION OR LIABI	Lity of any jond lipon th			
			NUTHORIZED	REPRESENTATIVE	alant	7.		
						D CORPORATION 1		

ACORD 25-S (7/97)

NU0-05-2002 10:05		201 203 700 F.U3/U3
DEPART	MENT OF BUSINESS AND PROFESSIONA CONSTRUCTION INDUSTRY LICENSING	L REGULATION SEQ#1020610008
. DATE BATCH NUMBER	LICENSE NER	
06/10/2002 011129085	and a summer and a start of	
The ROOFING CONTRACT Named below IS CERTI	OR FIRD	
Under the provisions Expiration date: AUG	31, 2004	RECEIVED
· .		NOV 0 5 2002
Gombs, Richard John Pacific Homerus Cond Rol Dox - 7697		BY:
BUART	PL 34995	
JEB BURH Governor	DISPLAY AS REQUIRED BY LAW	KIM BINALEY-BEYER SECRETARY
· · · · .	······	

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TOTAL P.03

### 2003-2004 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (772) 288-5604

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CHARACTER COUNTS IN MARTIN COUNTY

	.00	LIC. FEE S	25.00
PREV. YR. \$			.00
S		PENALTY S	.00
5		COL. FEE S	00
\$	.00	TRANSFER S	
	TOTAL	20.00	-

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS. PROFESSION OF OCCUPATION ROOFING CONTRACTOR OF

AT LOCATION LISTED FOR THE PERIOD REGINNING ON THE

19	SEPTEMBER	<u> </u>
DAY OF		
AND EXDING SEPTE	MBER 32004	

LICENS& 993-520-076_CERT PHONE (561)283-7663 SIC NO 001761_ LOCATION: 808 DIXIE HWY CTY	MENT	6818 1 \$25.88
	EIPT of PA	KKY (J. O'STEEM 1971:17/2403 UCCI MORKAL 1993:52406676880 2604871:98484882K
GOMES, RICHARD J PACIFIC ROOFING CORP RICHARD J GOMES 808 SE DIXIE HWY	ΥE΄Ľ	19/19/ 11 12

STUART FL 34994

NOV 1 9 2003 By

p.1

TO BE COMPLETED WHEN (	CONSTRUCTION VALUE EXCEE	DS \$2500.00	UN 11 0110 19 100 01 011 1 1001
PEF.MIT #	······································	TAX FOLIO # <u>13-38-41- 00</u>	1-000-00060
	NOTICE OF COM		
STATE OF FLON: PA		COUNTY OF MANTIN	
COMMENCEMENT.	THE I	ENT WILL BE MADE TO CERTAIN REAL FOLLOWING INFORMATION IS PROVIDED	PROPERTY, AND IN IN THIS NOTICE OF
ARCHIPELAGO	ROPERTY(INCLUDE STREET AD	DDRESS IF AVAILABLE):	
GENERAL DESCRIPTION	OF IMPROVEMENT:	2017	
OWNER: RICHAND	HELONH		
ADDRESS: <u>132</u> 5. Phone #	Sewans Point ND	56 MAt, FL · 3-1946 FAX #: NB-	
INTEREST IN PROPERTY			
		(IF OTHER THAN OWNER):	(
CONTRACTOR: PAJE	c fmg=		
ADDRESS: P.J. OS	× 2697 Junant, Fil	~ 34985	
PHONE #: 2 83-76	63	FAX #: 283-9555	
SURETY COMPANY(IF AN ADDRESS:	STATE OF FLORIDA <u>MARTIN COUNTY</u> THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINA	acuit cour	
	FOREGOING PAGES IS A TRUE	A ANT	
LENDER/MORTGAGE CO	AND CORRECT COPY OF THE ORIGINA	ALL AND SO	
ADDRESS:	BY	KOC COUNTLE	
PHONE #:	DATE 0-9-04	FAX_#:	
DOCUMENTS MAY BE SE	TATE OF FLORIDA DESIGNA RVED AS PROVIDED BY SEC	TED BY OWNER UPON WHOM NOT CTION 713.13(1)(A)7., FLORIDA STAT	ICES OR OTHER IUTES:
PHONE #:		FAX #:	
N ADDITION TO HIMSELF	OR HERSELF. OWNER DES		
OF NOTICE AS PROVIDED IN PHONE #:	SECTION 713.13(1)(B), FLOR	RIDA STATUTES.	IENOR'S
	TICE OF COMMENCEMENT:		
THE EXPIRATION DATE IS ONE	(1) YEAR FROM THE DATE OF RECO	DRDING UNLESS A DIFFERENT DATE IS SPE	CIFIED ABOVE.
SIGNATURE OF OWNER	<i>y</i>		
SWORN TO AND SUBSCR		7 DAY OF SOL	2004
SYCEAAO	BED BEFORE ME THIS		20 <u>01</u>
1 mar Milk M	P	ERSONALLY KNOWN	

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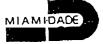
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BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

#### NOTICE OF ACCEPTANCE (NOA)

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

### PACIFIC ROOFING CORPORATION 808 SE DIXIE HIGHWAY

MIAMI-DADE COUNTY, FLORIDA

METRO-DADE FLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603

(305) 375-2901 FAX (305) 375-2908

MIAMI, FLORIDA 33130-1563

SCOPE:

This NOA is being issued under the applicable rules and regulations governing ineuse of a subscription and crials. 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 Zonc of the Florida Building Code.

DESCRIPTION: JM 1.5 Standing Seam Architectural Metal Roof System

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 # 00-0705.07 and consists of pages 1 through 4. The submitted documentation-was-reviewed by Frank Zuloaga\_RRC



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/10/04
la
BUILDING OFFICIAL
Gene Simmons

NOA No 03-0507.05 Expiration Date: 08/31/08 Approval Date: 09/11/03 Page 1 of 4

	TOWN OF Building De	SEWALL		
Date of In	spection: Mon KWed		<u>, 200</u> , 200	B Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
16601	MERCER	TINTAR	ON ANT	
1	132 S. SEWALL'S Pr			
	PACIFIC			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	MCMAHON	TREE	PASS	
7	SMEDDY HILL			
. /				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS .	NOTES/COMMENTS:
6598	PALMIER	FINAL DEMO.	FAIL	
5	4 MORGAN			
5	CUSHING,		: •	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6288	FRANCIS	POOL-FINAL	FAIL	
0	5.S. RIVER ED	Post He Artest	A	
0	WILBGEDING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6543	DUNN	STEN WALL	PA55	NEED ELEN LTR
	31 N. RIVER RD			WEST WALL.
	FIRST FLA.	(REQ FIRST	LEASE)	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
650	BEAN	WALL SUTTATT	na PHH	· 2
1	12S. Savaris Pr			m/
T	DEIFTWOOD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
IREE		TREE	V HSS	· <b> </b> <i> </i>
	24 MIDDLE ROAD	)		
13		1.		
				INSPECTOR:
<b>S</b> OTHER:				INSPECTOR:
				INSPECTOR:

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INSPECTION LOG.xls

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Date of In	TOWN OF Building De spection: Mon. Wed	panment - Insp	ection.L	Og #
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1.539 . 39 52	325 Sendus P.P. Pacific Boofing			INSPECTOR
TREE	BEAN	INSPECTION TYPE	· / · · · · · · · · · · · · · · · · · ·	NOTES/COMMENTS
2	UZ S. SEJALIS Dr.			NOTED. INSPECTOR:
6261	Smith 7 Si yara St	INSPECTION TYPE		NOTES/COMMENTS
Q PERMIT	WHITE PUMBING		RESULTS	INSPECTOR NOTES/COMMENTS
<u>6520</u>	INNES 113 HEURY SEVALLS W	SHEATHING V	ŧail	· · · · · · · · · · · · · · · · · · ·
PERMIT	WINSHIP OWNER/ADDRESS/CONTR:	INSPECTION TYPE	RESULTS	INSPECTOR:
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
OTHER:				INSPECTOR:
	<u></u>			

6.

# <u>10599</u> BATH REMODEL

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

### BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER	<b>{</b> :	10599		DATE ISSUED:	SEPTEMBER 23, 2	2013
SCOPE OF WORK	:	BATHROOM REMODEL		L		
CONTRACTOR:		RICHARD A	HAAGER INC			
PARCEL CONTRO	DL	NUMBER:	133841001-000	-000603	SUBDIVISION	ARCHIPELAGO – L 6
CONSTRUCTION	AD	DRESS:	132 S SEWALLS	PT RD	· · ·	
OWNER NAME:	ME	CLOSH	L		<u>, , , , , , , , , , , , , , , , , , , </u>	
QUALIFIER:	RIC	CHARD A HAA	GER	CONTACT PHO	NE NUMBER:	285-2849
WITH YOUR LENDE CERTIFIED COPY O DEPARTMENT PRIO NOTICE: IN ADDITIC APPLICABLE TO THIS ADDITIONAL PERMI DISTRICTS, STATE AO	ER C DF 1 DR D S PF TS J GEN	DR AN ATTO THE RECORD TO THE FIRS TO THE REQU ROPERTY THA REQUIRED FR VCIES, OR FEI	RNEY BEFORE F DED NOTICE OF ( TREQUESTED UREMENTS OF TH AT MAY BE FOUND COM OTHER GOV DERAL AGENCIES SPECTIONS – <u>ALL</u>	RECORDING YOUR COMMENCEMENT INSPECTION. HIS PERMIT, THERE D IN PUBLIC RECOR ERNMENTAL ENTIT	NOTICE OF COM MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT TIES SUCH AS WATE	TED TO THE BUILDING VAL RESTRICTIONS VY, AND THERE MAY BE OR MANAGEMENT BE AVAILABLE ON SITE
UNDERGROUND PLUMB UNDERGROUND MECHA 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	NIC	AL	<u>  </u>	FOOTING TIE BEAM/ WALL SHEA INSULATIO LATH ROOF TILE	DUND ELECTRICAL COLUMNS ATHING IN-PROGRESS L ROUGH-IN H-IN AL TRICAL	
FINAL ROOF	FE	ES AND ADDI	TIONAL INSPECT	BUILDING		THE PERMIT HOLDER.

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

,	Town	of Sewall's Point
		G PERMIT APPLICATION _ Permit Number: 10599
	OWNER/LESSEE NAME: Bichard W. M.e.	105 F Phone (Day) 101-391 (Fax)
	Job Site Address: 131 S. STW211'S PT- Je	
		Parcel Control Number: 13-38-41- 101-000-00000
		Address: <i>I O O O</i> Telephone:
	Gity State Zip	
	*SCOPE OF WORK (PLEASE BE SPECIFIC):	Remove tub, add shower in place
	WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application)	COST AND VALUES: (Required on ALL permit applications)
	YES NO	(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change put)
	Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
ļ	(Must include a copy of all variance approvals with application)	Estimated Fair Market Value prior to improvement: \$
-b		PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
XX		<u>Per /nc.</u> Phone: 772-785-2849 Fax: N/A
μ	$\mathbf{Q}$	395E Worsder Jew Hart & City: Hobe Sund State: E/ Zip: 3.3455
	State License Number: <u>CBC013511</u> OR: Munici	· · · · · · · · · · · · · · · · · · ·
	LOCAL CONTACT: Richard Haager	S 5 1 Machumper 122 285-2849
		G G U G Fill License#
	Street:	State: Zip: Phone Number:
	AREAS SQUARE FOOTAGE: Living: Garage	SEP_ Covered Patios/ Porches: Enclosed Storage:
	Carport: Total under Roof Eleva	ated Deck: Enclosed area below BFE*:
	Enclosed non-habitable areas below the Base Floot Electron	Areation greater than 200 sq. ft. repute a Non-Conversion Covenant Agreement.
	National Electrical Code: 2008, Florida Energy Code: 2010, Florida Editional Electrical Code: 2008, Florida Energy Code: 2010, Fl	Inng Lode (Structural, Mechanical, Plumbing, Existing, Gas): 2010 orida Accessibility Code: 2010, Florida Fire Prevention Code: 2010
	WARNINGS TO OWNERS AND CONTRAC	
	1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMEN PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER	IT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR
	NOTICE OF COMMENCEMENT MUST BE RECORDED AND POST	
[	APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBL	IC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE
	AGÈNCIES, OR FEDERAL AGENCIES.	SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR
	A PERIOD OF 24 MONTHS, RENEWAL FEES WILL BE ASSESSED	D AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
	WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180	AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL
ŀ	BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VO	
-		EQUIRED ON ALL BUILDING PERMITS*****
Ì		ERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY OR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
		TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL
f	OWNER AGENTICE	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
	X KURY PUBLIC OF VIEW SALE NO.	x Richard Waaroon
	State of N. J., County of ABERGEN	State of Florida, County of: <u>Marty</u>
	On This the 10th day of SEPTEMBER ,2013	
	by Richard Melosh who is personally	
	known to me or produced	known to me or produced 2-0-
	As identification	As identification
	My Commission Expires: Nou. 10, 2014	My Commission Exercised Average Averag
		D WITHIN 30 DAYS OF APPROVALSHOTIFICATIONS (FBE 1997) ALL OTHER
	AFFLICATIONS WILL BE CONSIDERED ABANDONED AFT	IER 180 DAYS (FBC 105.37) PEEASE PICK UR 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

#### SUBCONTRACTORS LIST RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME <u>Pichard Haager</u> BLDG. PERMIT #\_\_\_\_\_ MAILING ADDRESS <u>7839 SE Woodciew Terr #8 Hobe Sound, Fl. 33455</u>

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		
180	ØВ	COLUMS & BEAMS		
XAA	Ca-	CARPENTRY ROUGH	Richard A Hauger	CBC0/35/1
	GD	GARAGE DOOR		
	DH	DRYWALL - HANG	,	
	DF	- FINISH	Richard Allauger	CBC013511
	IN	INSULATION		
	LA	LATHING		
	FI	FIREPLACE		
	PAV	PAVERS		
	AL	ALUMINUM		
	LP	LP GAS		
	PAV	PAINTING	Richard A Hacga	CBC013511
	PL	PLASTER & STUCCO	1	•/
	ST	STAIRS & RAILS		
	RO	ROOFING		
	TM	TILE & MARBLE		
	/WD	WINDOWS & DOORS		
Lound	PLU	* PLUMBING	Daves Plumping	CFC OF/625
<b>0</b>	AC	* HARV		
L	EL	* ELECTRICAL		



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

#### **VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

ownersname: <u>Fichard W. Mclosh</u>
CONSTRUCTION ADDRESS: 132 S. Spucelles At- Rdy Sowalls PJ. Fl. 34996
PERMIT TYPE:RESIDENTIALCOMMERCIAL
ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS TYPE OF SERVICE:NEW SERVICE EXISTING SERVICEOTHER
SCOPE OF WORK: Remove existing slower / change tub to shower
VALUE OF CONSTRUCTION S
LOW VOLTAGE
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER
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.

Ridon Marken 783955112 Juin Tenter Holo Soul EL 23455
SIGNATURE OF LICENSED CONTRACTOR JA 395 E Wind VIEw Terr H& Hope Sound, Fl. 33455 ADDRESS OF CONTRACTOR
COMPANY OR QUALIFIER'S NAME: Pichard A. Haager Inc.
TELEPHONE NO: $772 - 2849$ FAX NO:
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: $\_CBC0/35//$
** 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: Richard W. Melosh
PARCEL CONTROL #: 13-38-4/-001-000-00060-0006
SUBDIVISION: Archipelago LOT: 6 BLK: PHASE:
SITE ADDRESS: 132 S. Sey alls Pt. Rd. Sewalls Pt. Fl. 34996

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 772-2204765

#### **VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER:

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

OWNERSNAME: Pichard W. Melosh
CONSTRUCTION ADDRESS: 132 5 Sewalls Pt. Rd. Sound's Pt. Fl. 34996
PERMIT TYPE: RESIDENTIAL COMMERCIAL
ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS
TYPE OF SERVICE:NEW SERVICE EXISTING SERVICEOTHER
SCOPE OF WORK: <u>Convertexisting tus into shower</u>
VALUE OF CONSTRUCTION \$
LOW VOLTAGE
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER
SCOPE OF WORK:
IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLAYS AND ALL APPLICABLE CODES.
409 SE Sinle ST Street FI 34994
SIGNATURE OF LICENSED CONTRACTOR
COMPANY OR QUALIFIER'S NAME: Daves Plum Lin David & Hus randor Tr PLEASE PRINT
TELEPHONE NO: FAX NO: FAX NO:
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 051675
** 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: <u>Pichard W. Melosh</u>
PARCEL CONTROL #:
SUBDIVISION: Archipelago LOT: 6 BLK: PHASE:
SITE ADDRESS: 1375 Sax all Pt. Ro. Savall's Pt. F1. 34946

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

#### NOTICE OF COMMENCEMENT

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TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)	
PERMIT #:TAX FOLIO #: <u>j.3 - 38 - 41 - 001 - 000 - 00060 - 0000</u>	
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): Lot 6 Archipelago Scholiciscon 132 5 Souralls P4 Rd	
GENERAL DESCRIPTION OF IMPROVEMENT: Remaring tub ladd shower	
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT	•
NAME: Michard Melosh ADDRESS: 1325 Sewalls Pt. Rd. Sewells P. F1 34996	
PHONE NUMBER: 7.2. 286-2962 FAX NUMBER:	
INTEREST IN PROPERTY:	
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):	
CONTRACTOR: Richard Harger	
ADDRESS: 2839 SE Wood iew Terr. #8 Hobe Sound, Fl. 33455 PHONE NUMBER: 772 285-8849 FAX NUMBER: N/A	
SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)	
ADDRESS:FAX NUMBER:	
BOND AMOUNT:	
LENDER/MORTGAGE COMPANY:	
ADDRESS:	
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b) , FLORIDA STATUTES:	
ADDRESS:	
PHONE NUMBER: FAX NUMBER:	<u></u>
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATESOFOFTO REGINATESOFTO REGINATESOFTO REGINATESOFTO REGINATESOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOFOF_	
	- 17
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT	417 1
WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED	) <b>(22009)</b> ) <b>(22009)</b> )
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED 크로 IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT	
YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND THE POSTAL OF COMMENCINE OF COMMENCEMENT.	2673
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).	
by conduction has the	نام ال
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PABINER/MANAGER/ATTORNEY-IN-FACT	
SIGNATORY'S TITLE/OFFICE // // / / Y Y Y Y Y Y Y Y Y Y Y Y Y Y	CD
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10th DAY OF 540+. 2013	09/18/2013
BY: RICHARD HELOSH AS OWNER FOR HIMSELF	/20
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED.	113
PERSONALLY KNOWN C OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED	6Ú
An T. WILLER	09:20:10
NOTARY SIGNATURE/ SEAL	
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Date of In			CARGE STATE OF THE PARTY OF THE REAL PARTY OF THE	-/3 Page / of 2
<u>PERMITH</u>	OWNER/ADDRESS/CONTRACTORNE	INSPECTIONSTYPE	RESULIS	COMMENTS
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inan	20 Palm Rd	HC	(YASO	CLORE
10	Breathe Hearthies			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR Q	INSPECTION LYPE	RESULTS	COMMENTS
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	1105 Sewalls	UGrcables	NASS	CLOSE
	Chobe			INSPECTOR OF
PERMIT.#	OWNER/ADDRESS/CONTRACTOR	INSPECTION/TYPE: 32 223	RESULTS	COMMENTS
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	99 NSavalls	. Ne	Chedu	Juday
	Florida goo Elo	, ( 	bor	INSPECTOR
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	CHECK SIDEWALL			exito
	DEPRESSION - Cop.	TINE NEAN POU	ver Pore	YICS CAPTER
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10518	Williams	2 rd fl roof shear	hire 1	
	24 Castle Hill	" Sub Sedine	Im lin Are	\$
	Driftewoord		<u> </u>	
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				INSPECTOR
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10599	Melsel	CIC plum ti uno	C. A. L.	
$D_{\Lambda}$	132 S Seconda		YN SO	Ø
TIM	RHagerin.			INSPECTOR

	N DI SEWALLS		
Building	DEPARTMENT - INSPE	CTION LOG	<b>7</b> - <b>1</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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R. Haager			
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PERMIT # OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
			INSPECTOR

Date of Inspection	TOWN OF S		ION LOG	- <b>/3</b> Page of
PERMITH OWNER/ADDRESS/CC	INTRACTOR A INSPECT	ION TYPE		COMMENTS
10518 William	s peur	mbing	$\cap$	10.40 
ggy 24 Castle	Hill AC	and	YAS8	
MAN DALBHUMPT	T) gas	lath		
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# <u>10622</u> <u>A/C CHANGEOUT</u>

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

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

SCOPE OF WORK:       AC CHANGEOUT         CONTRACTOR:       GROSSMANN A/C         PARCEL CONTROL NUMBER:       [133841001-000-000603]       SUBDIVISION       ARCHIPELAGO - LOT 6         CONSTRUCTION ADDRESS:       [132 S SEWALLS PT RD]	PERMIT NUMBER	k:  100	622		DATE ISSUED:	OCTOBER 9, 2013	3	
PARCEL CONTROL NUMBER:       [133841001-000-000603]       SUBDIVISION       ARCHIPELAGO - LOT 6         CONSTRUCTION ADDRESS:       [132 S SEWALLS PT RD]	SCOPE OF WORK: AC CHANGE		COUT	l	l			
CONSTRUCTION ADDRESS:       [132 S SEWALLS PT RD]         OWNER NAME:       MELOSH         QUALIFIER:       JEFFREY GROSSMANN       CONTACT PHONE NUMBER:       [398-9725]         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 FOR OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT         DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.         24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE         CALL 287-2455 - 8:00AM TO 4:00PM       INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY         UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND PLUMBING       UNDERGROUND ELECTRICAL         SLAB       TTE BEAM/COLUMNS         ROOF SHEATHING       WALL SHEATHING         ITE DOWN /TRUSS ENG       INSULATION	CONTRACTOR:	GR	ROSSMAN	N A/C				
OWNER NAME:       MELOSH         QUALIFIER:       JEFFREY GROSSMANN       CONTACT PHONE NUMBER:       398-9725         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 FIRST REQUESTED INSPECTION.         NOTICE: BOUND 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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM       INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY         UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND ELECTRICAL         SLAB       TE BEAM/COLUMNS         ROOF SHEATHING       WALL SHEATHING         TIE DOWN /TRUSS ENG       INSULATION	PARCEL CONTROL NUMBER: 133841001-000-000603 SUBDIVISION ARCHIPELAGO - LOT						AGO – LOT 6	
QUALIFIER:       JEFFREY GROSSMANN       CONTACT PHONE NUMBER:       398-9725         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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM       INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY         UNDERGROUND MECHANICAL       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND ELECTRICAL         SLAB       THE BEAM/COLUMNS         ROOT SHEATHING       WALL SHEATHING         TIE DOWN /TRUSS ENG       INSULATION	CONSTRUCTION ADDRESS: 132 S SEWALLS PT RD							
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 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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM       INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY         UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND GAS         SLAB       TIE BEAM/COLUMNS         ROOF SHEATHING       WALL SHEATHING         TIE DOWN /TRUSS ENG       INSULATION	OWNER NAME:	MELOS	SH	I				
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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY <u>INSPECTIONS</u> UNDERGROUND PLUMBING UNDERGROUND GAS UNDERGROUND MECHANICAL STEM-WALL FOOTING FOR INSPECTIONS OF THE BEAM/COLUMNS SLAB TIE BEAM/COLUMNS INSULATION WALL SHEATHING INSULATION	QUALIFIER:	JEFFRI	EY GROS	SMANN	CONTACT PHO	NE NUMBER:	398-9725	
UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND ELECTRICAL         STEM-WALL FOOTING       FOOTING         SLAB       TIE BEAM/COLUMNS         ROOF SHEATHING       WALL SHEATHING         TIE DOWN /TRUSS ENG       INSULATION	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.							
UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND ELECTRICAL         STEM-WALL FOOTING       FOOTING         SLAB       TIE BEAM/COLUMNS         ROOF SHEATHING       WALL SHEATHING         TIE DOWN /TRUSS ENG       INSULATION								
WINDOW/DOOR BUCKS       LATH         ROOF DRY-IN/METAL       ROOF TILE IN-PROGRESS         PLUMBING ROUGH-IN       ELECTRICAL ROUGH-IN         MECHANICAL ROUGH-IN       GAS ROUGH-IN         FRAMING       METER FINAL         FINAL PLUMBING       FINAL ELECTRICAL         FINAL MECHANICAL       FINAL GAS         FINAL ROOF       BUILDING FINAL								

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

	of Sewall's Point iのレンフ
Date: <u>10/2/13</u> BUILDING	PERMIT APPLICATION Permit Number: 1000
OWNER/LESSEE NAME: Richard W Melosh	Phone (Day) <u>201-391-(18-21</u> (Fax)
Job Site Address: 132 5 SPINALIS POINT Rd	
	Parcel Control Number: <u>13-38-41-001-000-00060-3</u>
	Address: Telephone:
*SCOPE OF WORK (PLEASE BE SPECIFIC):	AC Change out
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder guestionnaire must accompany application)	COST AND VALUES: (Required on ALL nermit applications)
(if yes, Owner Builder questionnaire must accompany application) YES NO	Estimated Value of Improvements: \$_\$7093 (Notice of Commencement regulaed when over \$2500 prior to first inspection(\$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10 AE9 AE8 X
YES(YEAR)NO (Must include a copy of all variance approvals with application)	Estimated Fair Market Value prior to improvement: \$
	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
Construction Company: <u>Grasmanh Air (onau</u>	FIONINGPhone: 722 398 9725 Fax: 722 398 9727
Qualifiers name Jeffrey IP grossmann_Street: 102	23 SE LEANArd Rd city: Port St LULIP state: FL zip: 34952
State License Number: <u>CAC 058 289</u> OR: Municip	ality: License Number:
LOCAL CONTACT: Jeffrey U Grossmann	
DESIGN PROFESSIONAL:	Fla. License#
Street: DECCEIV	State The Zip Phone Number
AREAS SOLIARE FOOTAGE WIDD 2217 Garage The	Covered Patips: Porches: Enclosed Storage
Carport: Total under Roof Elevat Enclosed non-habitable areas below the Baset Flood Elev	ed Deck: Enclosed area below BFE*: ration greater han 300 sq. t. require a Non-Conversion Coveriant Agreement
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Build	ding Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 rida Accessibility Code: 2010, Florida Fire Prevention Code, 2010
WARNINGS TO OWNERS AND CONTRAC	
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT	MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR
PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER ( NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTE	OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT, A D ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPE APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLI	ERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS
	RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE
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 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK A	UTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF
WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 D BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID	DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL
	EQUIRED ON ALL BUILDING PERMITS*****
	RMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY
THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOF	R TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOW	TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL VN OF SEWALL'S POINT DURING THE BUILDING PROCESS.
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:	CONTRACTORILICENSEE NOTARIZED SIGNATURE:
x	× May 11 Docum
State of Florida County of:	State griffonda County of: St LUCIE
On This theday of,20,20	On This the 2 day of OCTOROCY 2013
by who is personally	by Jet Frey U.Grassmann 12 who is personally
known to me or produced	known to me or produced
As identification	As identification.
My Commission Expires:	
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED	WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105 3 4) ALL OTHER
APPLICATIONS WILL BE CONSIDERED ABANDONED AFT	ER 180 DAYS (FBC 105.3.2) - PLEASE PICK OF TOOR PERMIT PROMPTLY!
	Notary Public - State of Florida My Comm. Expires Jul 9, 2016
	Commission # EE 215162
	Bonded Through National Notary Assn.

#### **GROSSMANN AIR CONDITIONING, INC.**

Air Conditioning • Heating

10223 SE Lennard Rd. Port St. Lucie, FL 34952 ph. (772) 398-9725, fax (772) 398-9727, e-mail grossmannac@comcast.net

Name	Richard Melosh	Phone	772-286-2962
Address	132 S Sewalls Point Road	Date	October 1, 2013
City	Stuart, FL 34996, Sewalls Point	Tech	Jeffrey V Grossmann

Proposal to: Install Complete 5 Ton RHEEM System with 10 KW Electric Heat

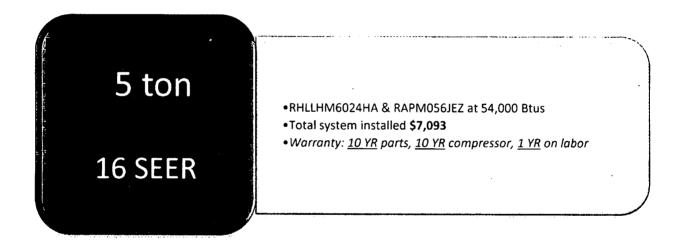
- 1. Recover Freon refrigerant from systems & remove existing equipment
- 2. Install new air handler in attic.

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- 3. Install new condensing unit on slab secured with hurricane tie-downs.
- 4. Flush and connect existing copper refrigerant lines.
- 5. Connect condensate lines, add new breaker, and connect high and low voltage wiring.
- 6. Evacuate system, charge system with environmentally friendly Freon R410A refrigerant
- 7. Start up and check out system.



Total to include all parts, labor, & taxes. Fifty percent due at acceptance of job, remaining 50% due at completion. This job does not include repairs/to any hidden or concealed damage

Proposal accepted by Quote good for 30 days

Licensed & Insured Residential • Commercial • Service

This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

# **Certificate of Product Ratings**

AHRI Certified Reference Number: 3799471

www.ahridirectory.org

CERTIFIED

Date: 10/1/2013

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower Outdoor Unit Model Number: 14AJM56 Indoor Unit Model Number: RHLL-HM6024+RCSL-H\*6024 Manufacturer: RHEEM MANUFACTURING COMPANY Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	54000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

#### DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

#### TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

**CERTIFICATE NO.:** 

130251162467355560

©2013 Air-Conditioning, Heating, and Refrigeration Institute

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Custome	er Inform	ation		•
Street Addre	255	132 s sewalls point rd, Stuart, FL 34996	· • •	
Latitude, Loi	ngitude	26.6726°, -80.0706°		
House Squa	re Footage:	2217 sq. ft.	· ·	
Name:	melosh			
Phone:	772-398	-9725		
Email:	grossma	annac@comcast.net	*****	

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House Information	
SHR	.75
Number of residents	2
Ceiling height	9
Wall U-value   R-value	0.3333   3
Floor U-value   R-value	0.2   5
Ceiling U-value   R-value	0.053   19
Window U-value	1
Window SHGF	0.85
Moisture grains	64
Duct loss %	. 10
Duct gain %	10
Cooling infiltraction (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

Design Conditions						
Outdoor	Неа	Cooling				
Dry bulb (°F)	47	90				
Daily range		М				
Relative humidity		50	%			
Moisture difference		64				
Indoor		Heating	Cooling			
Indoor temperature (°F)		70	75			
Design temperature difference(°F)		23	15			

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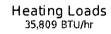
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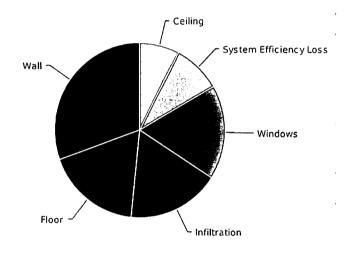
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# Heating Loads

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Area	Btuh	% of load
Wall	10909	30.5
Floor	6426	17.9
Ceiling	2703	
Windows	6256	17.5
Infiltration	6260	17.5
System Efficiency Loss	3255	9.1
Total:	35809	

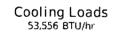


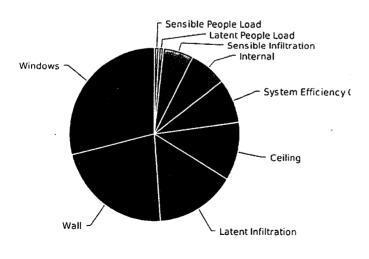


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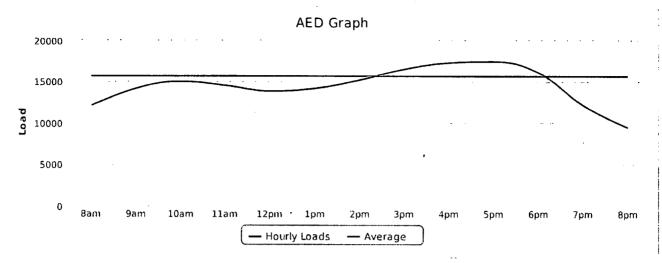
# **Cooling Loads**

Area	% of load		
Wall	11858	22.1	
Ceiling	5875	11	
Windows	15554	29	
Sensible Infiltration	3062	5.7	
Latent Infiltration	8076	15.1	
System Efficiency Gain	4442	8.3	
Internal	3769	7	
Sensible People Load	460	0.9	
Latent People Load	460	0.9	
Total:	53556		
Sensible load	45020		
Latent load	8536		
SHR	0.84	1	
Capacity at .75 SHR	5.00	) Tons	





# Adequate Exposure Diversity



#### Equipment sel 60 tion . .. .

System equipment selection will be made using the following derived values.					
Glass (E)	128 sq. ft.				
Glass (S)	23 sq. ft.				
Glass (N)	23 sq. ft.				
Glass (W)	98 sq. ft.				
Summer Outdoor	90°F				
Summer Wet Bulb	78°F				
Summer Indoor	75°F				
Summer Design Grains	50%				
Winter Outdoor	47°F				
Winter Indoor	70°F				
Sensible Cooling	45,020 Btuh				
Latent Cooling	8,536 Btuh				
Required Cooling Airflow	2,046 CFM				
Sensible Heating	35,809 Btuh				
Required Heating Airflow	465 CFM				

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204	
<u>Air Conditioning Cl</u>	nange out Affidavitewn OF SEWALL'S POINT BUILDING DEPARTMENT
Residential $\mathcal{V}$ Commercial	FILE COPY
Package Unit Yes 🖌 No (Use Condenser side	of form below for equipment listing)
Duct Replacement Yes 🖌 No - Refrigerant lir	e replacement Yes 💟 No
Flushing Existing Refrigerant lines 🗹 Yes No	Adding Refrigerant Drier Yes 🟒 No
Rooftop A/C Stand Installation Yes 🗸 No - C	urb Installation Yes 🖌 No
Smoke Detector in Supply (over 2000 CFM) Yes	<u>/</u> No
One form required for each A/C system installed	
REPLACEMENT SYS	
Air handler: Mfg:Kheen Model# RHUU24JA	Condenser: Mfg Kheen Model# 14AJM56ABI
Volts 230CFM's 1980 Heat Strip // Kw	
Min. Circuit Amps <u>49/50</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>35/50</u> Wire gauge <u>6</u>
Max. Breaker size $\underline{50}$ Min. Breaker size $\underline{33}$	Max. Breaker size $50$ Min. Breaker size $35$
Ref. line size: Liquid $\frac{3/8}{100}$ Suction $\frac{7/8}{100}$	Ref. line size: Liquid $\frac{3/8}{5}$ Suction $\frac{7/8}{5}$
Refrigerant type <u>4/0-A</u>	Refrigerant type <u>410-A</u>
Location: Existing New	Location: Existing New
Attic/Garage/Closet (specify) <u>att/c</u>	Left/Right/Rear/Front/Roof
Access: pull down stairs	Condensate Location <u>existing</u> 5/96
NOTE: <u>CONTRACTOR</u> MUST SUPPLY A PROPE	R LADDER IF REQUIRED FOR INSPECTION
EXISTING SYSTE	
	Condenser: Mfg/2010x Model# 2AC 13860P- 1A
Volts <sup>208</sup> /230 CFM's <u>1950</u> Heat Strip <u>10</u> Kw	
Min. Circuit Amps <u>50</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>5040</u> Wire gauge <u>6</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>50</u> Min. Breaker size <u>40</u>
Ref. line size: Liquid $\frac{7}{28}$ Suction $\frac{1}{25}$ $\frac{7}{8}$	Ref. line size: Liquid $\frac{7}{18}$ Suction $\frac{1}{18}$ $\frac{7/8}{18}$
Refrigerant type <u><math>R \partial j</math></u>	Refrigerant type <u>R</u>
Location: Ext. / New	Location: Ext. <u>/</u> New
Attic/Garage/Closet (specify)_ <u><math>aff_{1c}</math></u>	Left/Right/Rear/Front/Roof <u>LeFT</u> Condensate Location <u>existing 5/46</u>
Access: pull NOWIN Stairs	Condensate Location <u>existing slab</u>
Certification:	

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature

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10-04-2013 Date

# Overview:

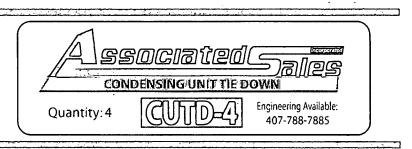
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The CUTD-4 Condensing Unit Tie Downs are used to anchor a condensing unit to the condenser pad. Made from Cold Rolled 1003/1010 Steel, our tie downs are rated at a transfile strength of 432 lbs (LRFD) and a sheer strength of 336 lbs (LRFD). This nominal strength can be used in conjuction with other engineering documents to verify conformance of an equipment the installation to the resistance of wind force requirements on the building code. For example, a popular 2-ton condensar was shown to be suitable for installation in the Risk Category 2 zone of Miami-Dade with windspeeds up to 175mph when tied down with CUTD-4 L-brackets.

# Product Specifications:

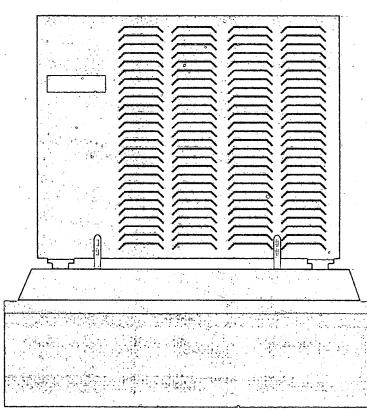
- · Secures AC Condensers firmly to the pad.
- Designed to fit between most condenser's louvers, specifically on Rheam and Rhuud units.
- · Perfect for high wind / hurricane zones.
- · Each kit contains four L-Brackets.
- Engineering located on reverse can be used to calculate Wind Load.
- Use in conjunction with standard or lightweight concrete condenser pads to meet local codes.
- Saves time and labor.

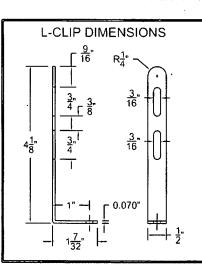
· Made in U.S.A. ssociated TEL: 800-852-3325 • FAX: 800-782-7184 FAX ORDERS TO: 800-782-7184



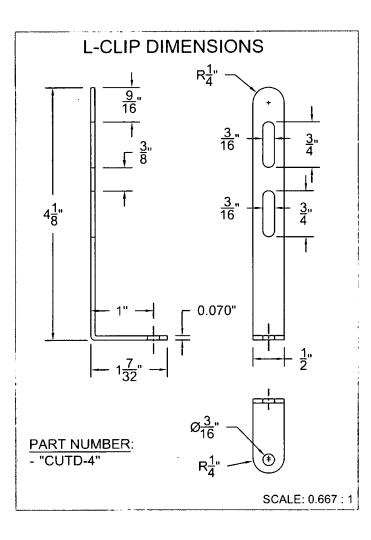
# Condensing Unit Tie Down

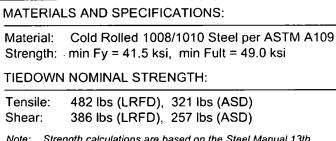
L-Bracket Anchors



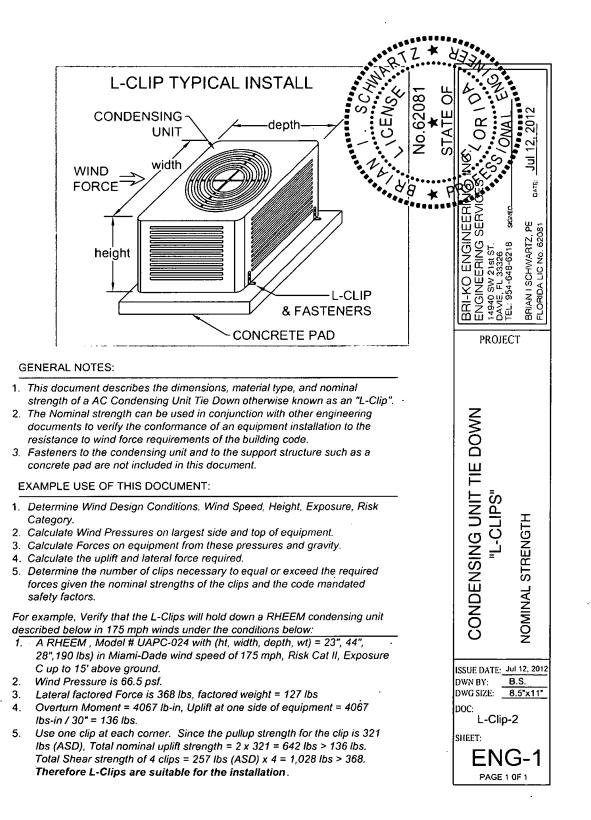








Note: Strength calculations are based on the Steel Manual 13th Edition Part 16 Specifications, Sections D2 - Tensile Strength, and Section J4.3 - Block Shear Strength





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

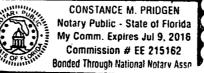
## FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Richard W Melosh	Contractor name: <u>Grossmann Air Condi Tioning</u>
Street address: 132 S Sputills POINT Rd	_ Jurisdiction:
$\mathbf{X}^{\mathbf{y}}$ .	_ Permit No.:
O I C C I	_ Final inspection date:
I certify that I have inspected the duct work asso listed above and found it complies with the requ	ciated with the HVAC unit referenced by the permit irements of Section 101.4.7.1.1 as indicated below:
Where needed, the existing ducts have be equivalent.	en sealed using reinforced mastic or code-approved
Ducts are located within conditioned space	e. (Section 101.4.7.1.1 exception 1)
The joints or seams are already sealed wit	h fabric and mastic (Section 101.4.7.1.1 exception 2)
	s were made as necessary – (Section 101.4.7.1.1
exception 3)	
Signature: Mun Martun	Date: <u>/0 2 /3</u>
	14pn
	· · · · · · · · · · · · · · · · · · ·
I certified I have tested the replaced air distributi	on system(s) referenced by the permit listed above at
a pressure differential of 25 Pascals (0.10 in. w.c.)	).
Signature:	Date:
Printed Name:	





			N OR SEWALLS		
Date of I	InspectionMon		DEPARTMENT - INSI		6/3 Page af 0
RERMIT	# OWNER/ADDRESS/C	DNTRACTOR	INSRECTION TYPE:	RESULTS	COMMENTS
1067	1 Ball		Final		
	gHerite	íge	revel	0488	CLIPE
DEDNALT	OB		7. 1	·	
PERIVING	ALOWNER/ADDRESS/CO		INSPECTION TYPE 16	RESULTS	
101515	2. AN EXECUTION				
	132-5-Sa	mas (7 Rg		E SANOS	a dence
	(grussmAr		N		INSPECTOR
PERMIT	OWNER/ADDRESS/CC	NTRÁCTOR	INSPECTION TYPE:	RESULTS AND	COMMENTIS
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<u>JENIVIII) H</u>	OWNER/ADDRESS/CO	NIRACIOR	NSPECTIONTYPENDES	RESULTS	COMMENTS
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PERMIT #	OWNER/ADDRESS/CO	NTRACTOR	NSPECTIONITYPE	RESULTS	COMMENTS
ED MAIT 4		and the set of the second second second			INSPECTOR
ERIVIII	OWNER/ADDRESS/CON		NSPECTION TYPE	RESULTS	COMMENTS
To 16 Byones or 1 and 1					INSPECTOR
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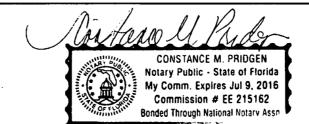
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765



#### FLORIDA ENERGY CONSERVATION CODE Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Richard W Melosh Contractor name: <u>Grossmann Air Conditioning</u>
Street address: <u>132 S. Sewalls Point Rol</u> Jurisdiction:
City: <u>Stuart</u> Permit No.:
Zip: <u>34996</u> Final inspection date:
I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit
listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:
Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1
exception 3)
Signature: Direction Date:
Printed Name: /// Deffrey V Grossmann
Contractor License #: <u>CAC058289</u>
······································
I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at
a pressure differential of 25 Pascals (0.10 in. w.c.).
Signature: Date: Date:
Printed Name:



# <u>10883</u> REMODEL PORCH

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

# **BUILDING PERMIT CARD**

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

#### A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

<b>PERMIT NUMBER:</b>	10883		DATE ISSUED:	5/28/2014	••••••••••••••••••••••••••••••••••••••	
SCOPE OF WORK:	CONCRI	TE OVER	POUR OF OLD	PORCH		
CONTRACTOR:	<b>RICHARD</b> A	HAAGER	R, INC.			
PARCEL CONTROL NU	MBER:	1338410	01000000600000	SUBDIVISION	<b>ARCHIPELAGO LOT 8</b>	
CONSTRUCTION ADDI	CONSTRUCTION ADDRESS: 132 S SEWALL'S POINT ROAD					
<b>OWNER NAME:</b>	MELOSH				· · · · · · · · · · · · · · · · · · ·	
QUALIFIER:	<b>RICHARD</b> A	HAAGER	CONTACT PHO	DNE NUMBER:	772 285-2849	
WARNING TO OWNER:	YOUR FAILUR	E TO REC	ORD A NOTICE O	F COMMENCEME	NT MAY RESULT IN YOUR	

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUF 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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

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

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



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

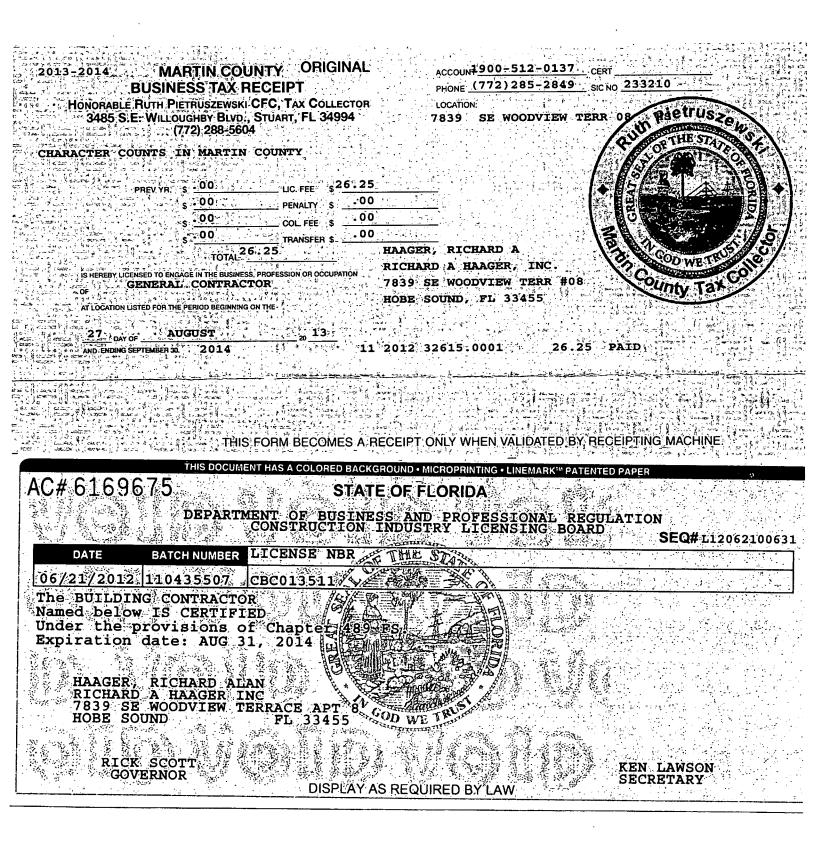
### **BUILDING PERMIT RECEIPT**

DEDMIT NUMBED.	108	002	1					
PERMIT NUMBER: ADDRESS:								
ADDRESS: DATE ISSUED:	132 S SEWA		-	CONCRETE OV	FD			
DATE ISSUED:	5/28/2014	SCOPE OF	WORK:	POUR OF OLD				
	·							
SINGLE FAMILY OR	ADDITION /	REMODEL		Declared Va	lue	\$		
			•					
Plan Submittal Fee (\$3	50.00 SFR, \$	175.00 Rem	odel < \$200	)K)		\$		
(No plan submittal fee	when value is	s less than \$1	00,000)					
Total square feet air-co	nditioned spa	ı <u>@</u>	\$ 121.75	per sq. ft.	<u>s.f.</u>		\$	
		•					<u> </u>	
Total square feet non-c	onditioned sp	•						
Tatal and Cast	1 1 1			per sq. ft.	<u>s.f.</u>		\$	
Total square feet remot	iel with new	trusses:	\$ 90.78	per sq. ft.	<u>s.f.</u>		\$	-
Total Construction Val						\$	\$	
Total Construction Val	<u>uc.</u>					3	Ъ	
Building fee: (2% of co	instruction va	lue SFR or >	>\$200K)			\$		n/a
Building fee: (1% of co				r insp.)		<u> </u>	\$	-
Total number of inspec					# insp		<b></b>	n/a
Dept. of Comm. Affairs	s Fee: (1.5%	of permit fee	e - \$2.00 mi	n)		\$		n/a
DBPR Licensing Fee: (	1.5% of perm	nit fee - \$2.0	0 min.)			\$		n/a
Road impact assessmen		onstruction v	/alue - \$5 n	nin.) <u> </u>				n/a
Martin County Impact I	Fee:	~				\$		
TOTAL BUILDING		<b>F</b> .				•		
I UIAL DUILDING		<b>Ľ</b> .				\$	\$	
ACCESSORY PERMIT			Declared V			\$	\$	3,500.00
Total number of inspec	tions:	(a)	\$ 100.00	per insp.	# insp	\$ 2.00	\$	200.00
Dept. of Comm. Affairs	Fee: (1 50/	of normit for	\$2.00	<u></u>		¢	¢	
DBPR Licensing Fee: (				n)		\$	\$ \$	3.00
DDI K Licensing ree. (		<u>int ice - \$2.00</u>	<u>5 mm.)</u>			\$	3	3.00
Road impact assessmen	nt: (04% of o	onstruction x	value - \$5 n	nin)			\$	5.00
Lieua mpuet assessmen			<u>uiue - 00 II</u>				<b>ب</b>	
TOTAL ACCESSOR	Y PERMIT	FEE:		, <u> </u>			\$	211.00
							Ψ	A.1.00

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la 5/29/14 CK 1556

	of Sewall's Point PERMIT APPLICATION Permit Number: 10883
OWNER/LESSEE NAME: Richard W. Melos	Sh Phone (Day) (Fax)
Job Site Address: 1325 Sewalls Pt. 150.	City: Srup//2 P4State: F/Zip: 34996
Legal Description <u>LOT &amp; Hrch per la GO</u> Jubdiuls	$\frac{1}{2} \text{ Parcel Control Number: } \frac{13-38-41-001-000-00060-00000}{12000}$
Fee Simple Holder Name: <u>Richard (1)</u> , <u>Melos</u>	
City: State: Zip: <u>.34996</u>	relephone:
	concrete aver pour of old purch
WILL OWNER BE THE CONTRACTOR?	<u>COST AND VALUES</u> : (Required on ALL permit applications)
(If yes, Owner Builder questionnaire must accompany application)	Estimated Value of Improvements: \$ 3500,00
YESNO/ Has a Zoning Variance ever been granted on this property?	(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X
	FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
YES(YEAR)NO (Must include a copy of all variance approvals with application)	Estimated Fair Market Value prior to improvement: \$
Construction Company: Richard A. Haager	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
	395EWoodwien Fart Bity: Hibe Sound State: Fl. zip33455
	ality: License Number:
LOCAL CONTACT: Richard Haager	
	Fla. License#
Street:City:	State:Zip:Phone Number
AREAS SQUARE FOOTAGE: Living: Garage:	Covered Patios/ Porches: 3/5 Enclosed Storage:
•	ed Deck: Enclosed area below BFE
	ation greater than 300 sq. ft. require a Non-Conversion Covenant Agreemen
National Electrical Code: 2008, Florida Energy Code: 2010, Flo	rida Accessibility Code: 2010, Florida Fire Prevention (Opde: 2040)
PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER ( NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTE 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPE APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLI MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVEF AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK A WORK IS SUSPENDED OR ABANDONED FOR A PÉRIOD OF 180 D	T MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO OUR OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. TA DON'THE JOB SITE BEFORE THE FIRST INSPECTION ERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS C RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALLS POINT. THERE RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. WITHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL
BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOII *****A FINAL INSPECTION IS RE	EQUIRED ON ALL BUILDING PERMITS*****
THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR	ERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY R TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL IN OF SEWALL'S POINT DURING THE BUILDING PROCESS.
OWNER AGENTILESSEE - NOTARIZED SIGNATURE	CONTRACTOR/LIGENSEE NOTARIZED SIGNATURE:
x Muchand W. Milow	x Kithand Allam
State of Florida, County of:	State of Florida, County of: 1 and in
On This the 20 day of May .2011	
by Richard tw. Melash who is personally	
known to me or produced Horida Orwers License	known to me or produced
As identification	As identification
Notary Public	Notary Public
My Con HISSON EADICS.	My Commission Expires: <u>3/7/3015</u> WITHIN 30 DAYS OF APPROVAL NOTIFICATION/FBC 1052 45 ALL OTHER
APTEROATIONS WILLORIES POMSIDE BOARAND NED AFT	ER 180 DAYS (FBC 10).3.2), TREEASE PICK UP YOUR PERMIT PROMPTLY!
Commission # FF 89298	THERESE SERRAVILLO
Within Commission & LL 03230	My Comm. Expires Feb 7, 2015 Commission # EE 61842



10-11-2012



JEFF ATWATER CHIEF FINANCIAL OFFICER

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

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

#### CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE:10/11/2012EXPIRATION DATE:10/11/2014PERSON:HAAGERRICHARDAFEIN:591924207BUSINESS NAME AND ADDRESS:RICHARD A HAAGER INC.DBA RICHARD A HAAGER INC.7839 S.E. WOODVIEW TERR. # 8HOBE SOUNDFL 33455

SCOPES OF BUSINESS OR TRADE: 1- LICENSED BUILDING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440...05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate at any time for failure of the person named on the notice of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section. QUESTIONS? (850) 413-1609

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

ACORD <sup>®</sup> CERTIFICATE OF LIA	ABIL	.ITY IN	ISURA			(MM/DD/YYYY) 7/2014
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the	), EXTE JTE A (	ND OR ALT	ER THE CO BETWEEN 1	VERAGE AFFORDED E THE ISSUING INSURER	TE HOI BY THE (S), AU	LDER. THIS E POLICIES JTHORIZED
the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	endorse	ement. A stat	tement on th	is certificate does not o	onfer r	ights to the
PRODUCER	CONTA NAME:	Commerc		s Department		
Campbell-Wilson Insurance Agency 8827 SE Bridge Road	PHONE (A/C. N E-MAIL ADDRE	o. Ext): \'' 2/	546-5600	FAX (A/C, No):	(772) 54	46-1008
Hobe Sound FL 33455-5310	INSUR			RDING COVERAGE		NAIC #
INSURED	INSUR	ER B :				
Richard A. Haager, Inc. 7839 SE Woodview Terrace #8	INSUR					
7059 SE WOOdview Terrace #0	INSUR				•,	
Hobe Sound FL 33455-4711	INSUR			· · · · · · · · · · · · · · · · · · ·		
COVERAGES CERTIFICATE NUMBER:2013				REVISION NUMBER:		L
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	n of an Ded by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	
INSR ADDL SUBR LTR TYPE OF INSURANCE INSR WYD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	300,000
A CLAIMS-MADE OCCUR 972382 72554924 13		11/18/2013	11/18/2014	MED EXP (Any one person)	\$	10,000
X Liability plus				PERSONAL & ADV INJURY	\$	300,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	300,000
				PRODUCTS - COMP/OP AGG	\$ \$	300,000
AUTOMOBILE LIABILITY		<u> </u>			<u> </u>	
				(Ea accident) BODILY INJURY (Per person)	\$\$	
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident)	\$	•
				PROPERTY DAMAGE (Per accident)	\$	
					\$	
				EACH OCCURRENCE	\$	
DED RETENTION \$				AGGREGATE	\$	- 11
WORKERS COMPENSATION	<u>-</u>			WC STATU- OTH- TORY LIMITS FR	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	-	·
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark	s Schedul	o, if more space is	s required)			
State of Florida - Carpentry						
						i
CERTIFICATE HOLDER	CAN	CELLATION		<u> </u>	<u>-</u>	
(772)220-4765	SHC	ULD ANY OF 1	THE ABOVE D			ED BEFORE
Town of Sewall's Point		EXPIRATION	I DATE THE	REOF, NOTICE WILL E	BE DEI	LIVERED IN
1 S Sewalls Point Road Sewalls Point, FL 34996	AUTHO	RIZED REPRESE	NTATIVE			
	Joan	ne Wilson,	/J0	Journe Ch	in the second	on Aus

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The ACORD name and logo are registered marks of ACORD

# **NOTICE OF COMMENCEMENT** *to be completed when construction value exceeds* \$2,500.00

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PERMIT #:	TAX FOLIO #: 13-38-41-001-0000-00060-0000	
STATE OF FLORIDA	COUNTY OF MARTIN	
	E THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN DA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF	
LEGAL DESCRIPTION OF PROPERTY (AND	D STREET ADDRESS IF AVAILABLE). 132 5. Sowalls Ft. Rd. Social's PHE	
GENERAL DESCRIPTION OF IMPROVEMENT	The and it pristing march all the	zv
OWNERNAME KICHArd W	Melosh	TATE
ADDRESS: <u>/ 32 5, 5907/</u> PHONE NUMBER: <u>7 72 287</u>	Melosh Melosh AND CORRECT AND CORRECT AN	TE OF FLORI
INTEREST IN PROPERTY:	Image: District Construction     Image: District Construction       Image: Distring Construction     Image:	STATE OF FLORIDA MARTIN COUNTY
	E HOLDER (IF OTHER THAN OWNER):	A
PHONE NUMBER: $7/2 = 35$	Alle Forr #8 Hole Swind Fl. 53455	
SURETY COMPANY (IF ANY): ADDRESS:	FAX NUMBER: PAX NUMBER: PAX NUMBER:	
PHONE NUMBER: BOND AMOUNT:		
LENDER/MORTGAGE COMPANY:		l
ADDRESS: PHONE NUMBER:	FAX NUMBER:	
	DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER ED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:	
NAME:	· · · · · · · · · · · · · · · · · · ·	
ADDRESS: PHONE NUMBER:	FAX NUMBER:	
IN ADDITION TO HIMSELF OR HERSELF, OW	WNER DESIGNATES OF	2
FLORIDA STATIFES	FAX NUMBER:	5 <b>1</b> 5
		* <b>*</b>
(EXPIRATION DATE IS ONE (1) YEAR FRO	DM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).	4581
THE JUB SITE BEFORE THE FIRST INSPEC	NCEMENT: DM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED). MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE SR CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR OUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON CTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OR RECORDING YOUR NOTICE OF COMMENCEMENT.	129 DR BK
Since Deluce		2720
SIGNATORY'S TITLE/OFFICE	THORIZED OFFICER/DIRECTOR/PARTNER/MANAGER	
		22
BY: Doniel Sui 90 AS AS		76 RECD
	DIDENTIFICATION X WHOM INSTRUMENT WAS EXECUTED	
TYPE OF IDENTIFICATION PRODUCED	rida Drivers Chamer Mario	5/2
,	Licence NOTAKY SIGNATURE SEAL	05/29/2014
	ARE THAT I HAVE READ THE FOREGOING AND THAT <sup>R</sup> THE FACTS IN IT ARE TRUE TO JEF (SECTION 92.525, FLORID <mark>A STATUTES)</mark>	; -\$~,
Prchard W.M		Ū9 <b>:</b>
(Signature of Natural Person Signing Above)	Notary Public - State of Florida My Comm. Expires Feb 3, 2018 Commission # FF 89298	09:20:49

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Date of In	BUILDING	N OF SEWALLS DEPARTMENT - INSPE	ection Log	
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	CMI			
	OWNER/ADDRESS/CONTRACTOR		RESULTS	COMMENTS
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	132 S Sewall b Ar. Rechard Haager Inc		1488	
	Rechard Haager Inc			
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	2 PARM RD	3	(YASS	FPL
	HACTOR PARANIE			
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PERMIT	ØWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENISCIC
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				INSPECTOR
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	a a faith a faith a faith a faith an an a straight an ann an			INSPECTOR
EKMITE#3	DWNER/ADDRESS/CONTRACTOR	NSPECTION TAPE	RESULTS	COMMENTS
.  -				
				NSPECTOR

Date of In		· · · · · · · · · · · · · · · · · · ·	N OF SEWALLS Department - Insp Wed:Thur	ection Log	- 14 Page 1 of 1
PERMIN	OWNER/ADDRESS	CONTRACTORIE	INSPECTION TYPE	RESOLIS	ROMMENTS AT ST
10883		<b>****</b> 77#*******************************	Final		
SAM	132 35 Richard H	PR	Concrete overpour		CL RE
PERMIT	OWNER/ADDRESS/		INSPECTION TYPE	RESURG	
10691	Koenke		LOOF		
	8 N. SPR	2	Final	NNS8	CLOTE
	Steve's Ro	ofing			INSPECTOR
RENMER	OWNER/ADDRESS/	CONTRACTORIES	INSRECTION IN SECTION	RESULUS CONTRACTOR	COMMENTS
10692	Koenke	·	Walk		
	8 N.SPI		through	- On-	
	OB		FINAL KIPENEN -	PKSS	
PERMIT	OWNER/ADDRESS/	CONFIRMETOR	INSPECTION - MPROVING	BRUISSE	COMMENTS
10875	1 Piltch		Final		
•	3 Timo		Generator + BBQ	APPS	elore.
	Seagate	Builders			INSPECTOR
<b>EERMUR</b>	OWNER/ADDRESS/A			RESOLUTION	COMMENSATI AND
10968	Puchalsk	-1	Final		
	6 Banyar	n ed	Solar Pool Heating	8,088	CLOVE
	Solar Ener	gy Systems	(Leak repaired)		
PERMIT	OWNER/ADDRESS/G	ONTRACTOR	INSPECTION TYPE VICE S	RESULTS	COMMENTS
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•	5 Miran	narld	Remodel	FAIL	
	Signature Pain remode l	ting a			
PERMIT		ONTRACTOR	INSPECTION TAPE	RESULTSPIC	COMMENTS
10895	Watkins		File the Dond M	EN	
	199 22	PR	North Wall	(YRG	·
	Treasure	Coast Burge			

# <u>11167</u> <u>PORCH OVER POUR,</u> <u>WINDOW & DOOR</u> <u>REPLACEMENT</u>



## TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996

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

## **BUILDING PERMIT CARD**

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11167	DATE ISSUED:	February 4, 2015				
SCOPE OF WORK:	Overpour on Existing Porch with Door Removal & Replacement						
CONTRACTOR:	Richard A. Haa	Richard A. Haager, Inc.					
PARCEL CONTROL NU	MBER: 1	3-38-41-001-000-00060-3	SUBDIVISION:	Archipelego Lot 6			
CONSTRUCTION ADDR	ESS: 13	32 S Sewall's Point Road	- <b>1</b> - <b>1</b>				
OWNER NAME:	Melosh						
QUALIFIER:	ALIFIER: Richard Haager		DNE NUMBER:	285-2849			

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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

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

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



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

### **BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	111	67	ן				
ADDRESS:	132 S Sewall'		l				
DATE ISSUED:	2/4/2015	SCOPE OF					
SINGLE FAMILY OR	ADDITION /	REMODEL		Declared Value	\$		
Plan Submittal Fee (\$3	50.00 SFR. \$	175.00 Rem	odel < \$20	)K)	\$		
(No plan submittal fee	······································			/			
Total square feet air-co				per sq. ft. s	.f.	\$	-
Total square feet non-c	onditioned sr	ace or inter	ior remode	·			
	onannonoa sh				.f.	\$	
Total square feet remo	del with new				.f.	\$	
Total Construction Val	ue:				\$	\$	
			( <b>#0001</b> 7)		¢		
Building fee: (2% of co					\$	\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.) Total number of inspections (Value < \$200K) \$100.00 per insp. # insp					nsp	<u>э</u>	- n/a
Dept. of Comm. Affair	s Fee: (1.5%	of permit fee	e - \$2.00 m	in)	\$		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)					\$		n/a
Dood impost according	$\frac{1}{10000000000000000000000000000000000$	onstruction	value \$5.	nin )			n/a
Road impact assessment: (.04% of construction value - \$5 min.) Martin County Impact Fee:							11/a
TOTAL BUILDING	PERMIT FE	E:			\$	\$	-
ACCESSORY PERMI			Declared		\$	\$	3,500.00
Total number of inspec	tions:	( <i>a</i> )	\$ 100.00	per insp. # i	nspillin .3	\$	300.00
Dept. of Comm. Affair	s Fee: (1.5%	of permit fee	e - \$2.00 m	in)	\$	\$	4.50
DBPR Licensing Fee:					\$	\$	4.50
Road impact assessment	nt: (.04% of c	onstruction	value - \$5 i	nin.)		\$	5.00
TOTAL ACCESSOR	Y PERMIT	FEE:	<u> </u>			\$	314.00

Date: 1-28-15       Town of Sewall's Point         BUILDING PERMIT APPLICATION       Permit Number: 11167						
OWNER/LESSEE NAME: Richard W. Melosh	Phone (Day) //2 286-2962 (Fax)/A City: <u>5e6all's Point</u> State: <u>Fl</u> Zip: <u>34996</u>					
Legal Description Lot 6 Archipe Jaco S/DE	City. <u>Dels Ars_Porn</u> _State: <u>P1</u> 21p: <u>D4996</u> Parcel Control Number: <u>19-38 - 41-001-000-00060 - 0000</u>					
Fee Simple Holder Name: <u>Richard Melast</u>	Address: 1325 Sewalk Pt RI					
City: Sawalk Abint State: F/ Zip: 34996 Tele						
*SCOPE OF WORK (PLEASE BE SPECIFIC): ()	icrpour on existing Durch					
WILL OWNER BE THE CONTRACTOR?           (If yes, Owner Builder questionnaire must accompany application)         E	<u>COST AND VALUES</u> : (Required on ALL permit applications) stimated Value of Improvements: \$ろちひのひの					
YES NO (N	lotice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)					
	subject property located in flood hazard area? VE10AE9AE8X					
	stimated Fair Market Value prior to improvement: \$					
/	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION					
Construction Company: <u>Richard A. Haagpr</u>	<u>MC</u> Phone: 772 785 7849 Fax: <u>N/A</u>					
Qualifiers name: <u>NICAArd HAAGPr</u> Street: <u>783-9</u> ; State License Number: <u>CBC (21,355//_</u> OR: Municipality:	5EWarder en Terr BCity: Alobe Source State: F. Zip: 33455					
V. The second	Phone Number: 7.72 785-2849					
DESIGN PROFESSIONAL:	Fla. License# State:Zip:Phone Number:					
Street:City:	1.					
AREAS SQUARE FOOTAGE: Living: Garage:	_ Covered Patios/ Porches: 238 Enclosed Storage:					
Carport: Total under Roof Elevated D * Enclosed non-habitable areas below the Base Flood Elevation	eck: Enclosed area below BFE*: greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.					
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building National Electrical Code: 2008, Florida Energy Code: 2010, Florida	Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 Accessibility Code: 2010, Florida Fire Prevention Code: 2010					
WARNINGS TO OWNERS AND CONTRACTO						
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MA	Y RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT STOADUR					
NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON						
APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RE	IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS CORDS OF MARTIN COUNTY OR THE TOWN OF SEW SUSPOINT. THERE INTAL ENTITIES SUCH AS WATER MANAGEMENT DIS NICTS, STAFE					
MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNME AGENCIES, OR FEDERAL AGENCIES.						
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR						
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.						
WORK IS SUSPENDED OR ABANDONED FOR AVERIOD OF 180 DAYS BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. RE	AT ANY TIME AFTER THE WORK IS COMMENCED. A DODNAL FES WILL S					
*****A FINAL INSPECTION IS REQU						
<u></u>	T TO DO THE WORK AS SPECIFICALLY INDICATE ADOVE I CERTIFY					
THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO	THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION HAVE					
FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO TI APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN O						
OWNER AGENT/LESSEE > NOTARIZED SIGNATURE:	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:					
* Kichind W. milm	x h Jahan Alltaan					
State of Florida, County of	State of Florida, County of: Martin					
On This the 28 day of January .2015	On This the 30th day of January 2015					
by Richard Melan who is personally	by Richard Haager who is personally					
known to me or produced <u>Hon day Drunces</u> License	known to me or process 51 0					
As identification.	As identification. As identification. As identification. As identification.					
NOTATI PUBLIC	. C My Comm. Expires Oct 23, 2018					
	My Commission Expletion Commission & FE 171238					
APPLIC TRONS AND BE CONSIDERED ABANDONED AFTER 11	30 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!					

.

ACORD <sup>®</sup> CERTIFICATE OF LIA		ISURA		DATE (M	M/DD/YYYY) 2015		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	, EXTEND OR ALT ITE A CONTRACT	ER THE CO BETWEEN T	VERAGE AFFORDED B THE ISSUING INSURER(	E HOLE Y THE S), AUT	DER. THIS POLICIES THORIZED		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER			s Department				
Campbell-Wilson Insurance Agency 8827 SE Bridge Road	PHONE (A/C, No, Ext):         (772) 546-5600         FAX (A/C, No):         (772) 546-1008           E-MAIL ADDRESS:         cwia@campbell-wilson.com         Complexity         Co						
	INSURER(S) AFFORDING COVERAGE NAIC #						
Hobe Sound FL 33455-5310	INSURER A OWNERS Insurance Company						
Richard A. Haager, Inc.	INSURER B : INSURER C :						
7839 SE Woodview Terrace #8	INSURER D :						
Hobe Sound FL 33455-4711	INSURER E :	<u> </u>					
COVERAGES CERTIFICATE NUMBER:2014			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSRI	I OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY	OR OTHER I	Document with respec D herein is subject to	T TO W	HICH THIS		
INSR TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		200 000		
X COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	<u>\$</u> \$	300,000 300,000		
A CLAIMS-MADE X OCCUR 972382 72554924 14	11/18/2014	11/18/2015	MED EXP (Any one person)	\$	10,000		
X Liability plus			PERSONAL & ADV INJURY	\$	300,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$	<u>300,000</u> 300,000		
X POLICY PRO- JECT LOC				\$	· · · · · · · · · · · · · · · · · · ·		
AUTOMOBILE LIABILITY NONE ANY AUTO			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$			
ALL OWNED SCHEDULED AUTOS				\$			
			PROPERTY DAMAGE (Per accident)	s			
UMBRELLA LIAB OCCUR None				\$			
EXCESS LIAB CLAIMS-MADE				<u>\$</u> \$			
DED RETENTION \$ NOTE				\$			
			WC STATU- TORY LIMITS ER E.L. EACH ACCIDENT	<u> </u>			
OFFICER/MEMBER EXCLUDED?			E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks State of Florida - Carpentry	s Schedule, if more space i	is required)					
CERTIFICATE HOLDER	CANCELLATION						
(772)220-4765 Town of Sewall's Point 1 S Sewalls Point Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Sewalls Point, FL 34996	AUTHORIZED REPRESE	NTATIVE		<u> </u>			
	Joanne Wilson	/ JO	Journe Ch	rels	mar		

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JEFF ATWATER CHIEF FINANCIAL OFFICER

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

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

#### CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	DATE:	10/11/2014	EXPIRATION DATE:	10/10/2016					
PERSON:	HAAGER		RICHARD	A					
FEIN:	591924207								
BUSINESS I	NAME AND A	ADDRESS:							
RICHARD A HAAGER INC									
7839 SE WO	DODVIEW TE	ERR. #{							
HOBE SOU	ND	FL	33455						
SCOPES OF BUSINESS OR TRADE:									
LICENSED I									

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

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

#### KEN LAWSON, SECRETARY

#### RICK SCOTT, GOVERNOR



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

#### generated on 2/4/2015 12:26:11 PM EST

Parcel ID	Account #	Unit Address		Market To Value	tal Website Updated	
13-38-41-001-000 00060-3	27658	132 S SEWALL'S POINT RD, S POINT	SEWALL'S	\$442,510	1/31/2015	
		Owner Information				
Owner(Current)		MELOSH RICH	IARD W			
Owner/Mail Addr	ress	132 S SEWALL STUART FL 34		D		
Sale Date		4/1/1986				
Document Book	/Page	<u>0669 1375</u>				
Document No.						
Sale Price		239000				
		Location/Description				
Account #	27658		Map Pa	ge No.	SP-05	
Tax District	2200		Legal D	escription	ARCHIPELAGO	
Parcel Address	132 S SEWALL	'S POINT RD, SEWALL'S POINT	Г		LOT 6	
Acres	.4140					
<u>981 - 111 - Ann Andrean Annon Annon</u>	Parce	I Туре				
Use Code	01	00 Single Family				
Neighborhood	19	3110 Archipelago, High Pt CANA	AL.			
		Assessment Information	]			
Market Land Val	ue	\$328,19	90			
			\$114,320			
Market Improver	nent Value	\$114,32	20			

NOTICE OF COMMENCEMENT

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

PERMIT #: STATE OF FLORIDA

## TAX FOLID #: 13 - 38-41-001-000-00060-0000

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.

Let 6 Archipelago 5/0 1325, Sawalls Pt. Rd. Sawdis Pt. Fl. 34996 GENERAL DESCRIPTION OF IMPROVEMENT: Replace windows @ East parch OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT NAME: NIChard W NC/054	~ >=
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT	
ADDRESS: 132 5 Sewall's Pt. Rd. Sewall's Pt. Fl. 34996 PHONE NUMBER: 772 286-2962 FAX NUMBER: N/A INTEREST IN PROPERTY: Quinter	08786
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):	
CONTRACTOR: <u>Pichard A. Hauger Inc.</u> ADDRESS: 7839 SE Wordwirew Terr #8. Hube Socied. FL 33455	
PHONE NUMBER: 772 285-2849 FAX NUMBER: N/A	3
SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)	1060
PHONE NUMBER:	) RECD
ADDRESS:	
PHONE NUMBER: AND FAIRING EROPY OF THE ORIGINAL	1601
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON CAROLINOTICES OF DUERK DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (4), FLORIDA STATUTES OF D.C.	04/09/2015
NAME: DATE DATE	00
ADDRESS:	
	08:46:17
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATESOFOFOFTO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:	n AFI
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED	
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO	
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IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND	
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INPROPER PATMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).	
1000000000000000000000000000000000000	
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	TOWN OF SEW	ALL'S POINT	
	Building Departmer	nt – Inspection Log	
Date of Inspection III M	on 🖾 Tue 🛄 Wed	□ Thur □ Fri <u>3</u>	<u>17/15</u> Page <u>/</u> of

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PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		· · · · · · · · · · · · · · · · · · ·		
1-11-0-7		Final Overpour		
Am	132 S Sewalls Pt Rd Richard A. Haager, Inc.	+ Door Replacement	- 1758P	LANG
	Richard A. Haager, Inc.			INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11165	Stabley	Master Bath	<u></u>	
Am	114 Hillcrest Terr	Remodel Final	(VN85	CLOTE
r r	Glenmark Homes			INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11210	Pare	Alc		
	6/ N River Load	Final	RESEARD	FOR NEAT WK
	Jensen Beach Air			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Zavatkay	Tree Removal		
	le Copaire Rd	Permit	on	
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INCEDECTION TYPE		INSPECTOR
		INSEPECTION TYPE	RESULTS	COMMENTS
11201	Vanseekamm	Final	0	
	IDE High Pt Rd	Paver	Arso .	CLOVE
	Apex Paver	Walkway	-	
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
			-	
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				and a state of the second s
F				
				INSPECTOR

# <u>11239</u> WINDOW



#### 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:	1	1239	DATE ISSUED: April 10, 2015					
SCOPE OF WORK:	Window R	leplacemei	ent					
CONTRACTOR:	Richard A	Richard A Haager, Inc						
PARCEL CONTROL NUMBER: 13-			41-001-000-00060-000 SUBDIVISION: Archipelago S/D Lot 6					
CONSTRUCTION ADI	DRESS:	132 S S	Sewall's Point Road					
OWNER NAME:	Melosh							
QUALIFIER:	Richard H	laager	CONTACT PHONE NUMBER: 285-2849					

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

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#### INSPECTIONS

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

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

Towin	of Sewall's Point
	G PERMIT APPLICATION Permit Number: <u>1/239</u>
OWNER/ ESSEE NAME: Pickow / W/ M/a/a	h Phone (Day) 722 286-2962 (Fax) N/A
Job Site Address: 132 5 Secold PL F	Phone (Day) <u>7/2 x86-x762</u> (Fax) <u>N/A</u> City: <u>Sewall's P4</u> State: <u>171.</u> Zip: <u>34996</u>
Legal Description Lot 6 Acchingland S	(1) Parcel Control Number: <u>13-38-4/-00/-000-00060-0000</u>
Fee Simple Holder Name: Rich and W. Melos	Address: $122.5$ Solve 1/2 RL PL
City: San all's Pt State: Fl Zip: 34996	_Telephone: 7) - 786 - 2962
*SCOPE OF WORK (PLEASE BE SPECIFIC):	Install 6 windows /re-Frame as needed
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application)	<u>COST AND VALUES</u> : (Required on ALL permit applications) Estimated Value of Improvements: \$4 200,00
YES NO/	(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
YES(YEAR)NO (Must include a copy of all variance approvals with application)	Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
Construction Company: <u>Richard A. Ha</u>	LAP Inc. Phone: 722 785-7849 Fax: N/A
Qualifiers name: Pick and Haging Street 28	395E Wooderew Tont & City: Hobe Sound State: F. Zip: 33455
State License Number: <u>CBC 0/.35//_</u> OR: Municip	
LOCAL CONTACT: Richard Harage	Phone Number: 772 285-2849
DESIGN PROFESSIONAL: Danie / L. Booth	
Street 137505.E. Rugsline Kate Scity 4.6.5	State: F/Zip: <u>37455</u> Phone Number: <u>722545-332</u>
	Covered Patios/ Porches: <u>244</u> Enclosed Storage:
Carport: Total under Roof Elevat	
Enclosed non-habitable areas below the Base Flood Elev	ation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Build National Electrical Code: 2008, Florida Energy Code: 2010, Flor	ling Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 ida Accessibility Code: 2010, Florida Fire Prevention Code: 2010
WARNINGS TO OWNERS AND CONTRAC	TORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT	MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR
NOTICE OF COMMENCEMENT MUSTIBE RECORDED AND POSTE	DR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPE	RTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS CRECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE
MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVER	NMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE
AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND S	UBSTANTIAL 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.
WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 D BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID	AYS AT ANY TIME AFTER THE WORK IS COMMENCED, ADDITIONAL FEES WILL
*****A FINAL INSPECTION IS RE	QUIRED ON ALL BUILDING PERMITS*****
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PEI	RMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY
THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN	TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION THAVE O THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITHALL 등 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이
OWNER AGENT/LESSEE - NOTARIZED SIGNATURE:	
WILL GEWILLISSEE WORANZED SIGNATURE:	
A fallo a rigo a o	X MUNAR Vullan Insea
State of Florida, County of <u>Martin</u> On This the 3-d day of Prove 1 20 KS	State of Florida, County or: VULET J
On This the <u>Sca</u> day of <u>April</u> , 20 <u>B</u> by <u>Richard Melosh</u> who is personally	Dichard A Hardhan
known to me or produced Honda Dayers Greeke	by <u>BichDl(LD)</u> ( <u>VAVA)</u> who is personal <b>b</b>
As identification	As identification.
Notary Public	Notary Public
Ay Commission Expires:	Changeongrinsion Expire: HOULOR X JULGA
SINGLE FAMILY PERMIT APPLICATIONS MUST BE (SUBD) APPLICATIONS WILL BE CONSIDERED ABANDY REAL	ATTAIN SO BAYS OF AN PROMA NOTIFICATION (FBC 105.3.4) ALL OTHER
Car et Char	Commission # FF 89298

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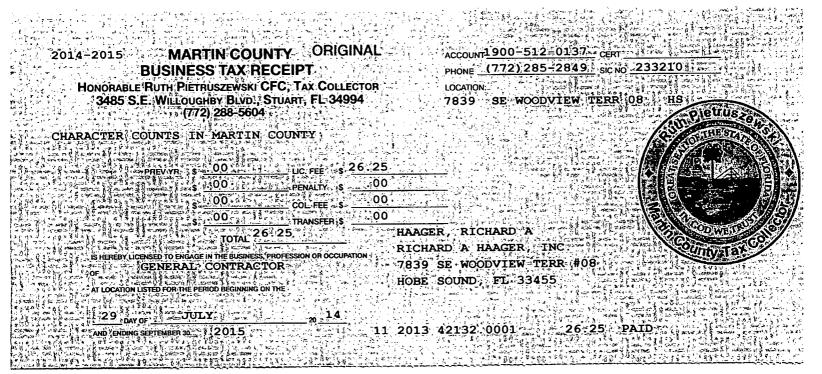
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

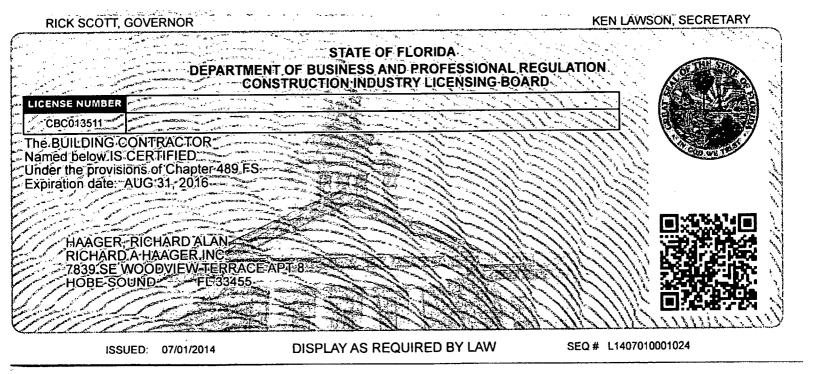
## **BUILDING PERMIT RECEIPT**

PERMIT NUMBER: 112.	39						
ADDRESS: 132 S Sewall's	Point Road						
DATE ISSUED: 4/10/2015	SCOPE OF	WORK:	Window Rej	placem	ent		
				_	-		
SINGLE FAMILY OR ADDITION /F	REMODEL		Declared Va	alue	\$		
Plan Submittal Fee (\$350.00 SFR, Re	emodel >\$2(				\$		
Plan Submittal Fee (175.00 Remodel			rovement		\$		بلایت ۲۰۱۹ و ایند ماه کی دارید ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰
Plan Submittal Fee (100.00 Remodel					\$		
Total square feet air-conditioned spa	<u>(a)</u>		per sq. ft.	s.f.		\$	-
							-
Total square feet non-conditioned spa	ace, or interi	or remodel	•				
	(a)		per sq. ft.	s.f.		\$	-
Total square feet remodel with new t	russes:	(a),	per sq. ft.	s.f.	y for a second s	\$	-
·····			· ·				
Total Construction Value:					\$	\$	-
				_			
Building fee: (2% of construction val	lue SFR or >	>\$200K)			\$		n/a
Total number of inspections (Value <	< \$200K)	\$ 150.00	per insp.	# insp		\$	-
Dept. of Comm. Affairs Fee: (1.5% c	of permit fee	e - \$2.00 mi	n)		\$		n/a
DBPR Licensing Fee: (1.5% of perm					\$		n/a
Technology Fee: (0.04% of Construct							n/a
Road impact assessment: (0.4% of co	onstruction v	value - \$20	min.)				n/a
Martin County Impact Fee:					\$		
TOTAL BUILDING PERMIT FE	E:				\$	\$	
ACCESSORY PERMIT		Declared '	Value:		\$	\$	4,200.00
Total number of inspections:	(a)			# insp		\$	450.00
Dept. of Comm. Affairs Fee: (1.5% of	of permit fee	e - \$2.00 m	in)		\$	\$	6.75
DBPR Licensing Fee: (1.5% of perm					\$	\$	6.75
Technology Fee (0.04% of Construct						\$	5.00
Road impact assessment: (0.4% of co	onstruction	value - \$20	min.)			\$	20.00
						T	
TOTAL ACCESSORY PERMIT	FEE:					\$	488.50

									-		
Ą	CORD	CERT	<b>IFI</b>	CATE	<b>OF LIA</b>	BIL	ITY IN	ISURA	NCE		(MM/DD/YYYY) /2015
	HIS CERTIFICATE IS IS										
	ERTIFICATE DOES NO	T AFFIRMATI	VELY (	DR NEGAT	IVELY AMEND,	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	E POLICIES
	ELOW. THIS CERTIFIC					IEAU	JUNIKACI	BEIWEEN I	HE ISSUING INSURER	(S), AU	JIHORIZED
	MPORTANT: If the certi	ficate holder i	s an Al	DITIONAL	INSURED, the	policy	(ies) must be	endorsed.	IF SUBROGATION IS V		. subject to
t	he terms and conditions	of the policy,	certain	policies m	nay require an e	ndorse	ement. A stat	tement on th	is certificate does not o	confer i	ights to the
	ertificate holder in lieu o	of such endors	sement(	s).							
1	mpbell-Wilson I	201222000	Ngong			NAME: PHONE	(772)	EAC ECOO	s Department		
	27 SE Bridge Ro		Agent	Ŷ		E-MAIL	o. Ext): (772)	540-3000	Ilson.com	(772)5	46-1008
										•••··	
Но	be Sound	FL 33	455-5	310					RDING COVERAGE		NAIC #
INS	URED	·····				INSURI		<u> </u>			
Ri	chard A. Haager	, Inc.				INSURI					
78	39 SE Woodview	Terrace #	8			INSUR	ER D :				
						INSUR	ERE:				
	be Sound	FL 33				INSURI	ER F :				
	VERAGES								REVISION NUMBER:		
	HIS IS TO CERTIFY THAT NDICATED. NOTWITHSTA	NDING ANY RE	QUIREM	ENT. TERM	OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISS XCLUSIONS AND CONDIT	UED OR MAY H	PERTAIN	. THE INSU	RANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T	O ALL	THE TERMS,
INSF			ADDLISU	3RI	POLICY NUMBER	DECN		POLICY EXP (MM/DD/YYYY)	LIME	TO	A
	GENERAL LIABILITY		INSR W		POLICY NUMBER		[(MM/DD/YYYY)]		EACH OCCURRENCE	s	300,000
		LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	CLAIMS-MADE			972382	72554924 14		11/18/2014	11/18/2015	MED EXP (Any one person)	s	10,000
	X Liability plus								PERSONAL & ADV INJURY	\$	300,000
									GENERAL AGGREGATE	\$	300,000
	GEN'L AGGREGATE LIMIT AP	PLIES PER:							PRODUCTS - COMP/OP AGG	\$	300,000
	X POLICY PRO- JECT	LOC								\$	
				None			}		COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO	SCHEDULED							BODILY INJURY (Per person)	S	
	AUTOS	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	<u> </u>
	HIRED AUTOS	AUTOS							(Per accident)	\$	
	UMBRELLA LIAB	OCCUR		None					EACH OCCURRENCE	\$	•
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION	1\$								s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			None					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/		NIA						E.L. EACH ACCIDENT	s	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYE	\$	
	DESCRIPTION OF OPERATIO	NS below					ļ	· · · · · · · · · · · · · · · · · · ·	E.L. DISEASE - POLICY LIMIT	\$	n
											'
	CRIPTION OF OPERATIONS / LC		ES (Atta	h ACORD 101	, Additional Remarks	Scheduk	e, If more space is	s required)			
St	ate of Florida -	Carpentry									
CE	RTIFICATE HOLDER						CELLATION				
(7	72)220-4765					SHC	ULD ANY OF		ESCRIBED POLICIES BE C		
						THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL	BE DE	LIVERED IN
	Town of Sewal		-				ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	1 S Sewalls H		-			AUTHO	RIZED REPRESE	NTATIVE			
	Sewalls Point	45 ملاع ر	990								
									Come Co	land a	a B.
1						Joan	ne Wilson	/J0	Jonne Ch	rel	omores

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JEFF ATWATER CHIEF FINANCIAL OFFICER

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

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

#### CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	DATE: 1	0/11/2014	EXPIRATION DATE:	10/10/2016						
PERSON:	HAAGER		RICHARD	А						
FEIN:	591924207									
BUSINESS NAME AND ADDRESS:										
RICHARD A	HAAGER INC									
			,							
7839 SE WO	ODVIEW TER	R.#{								
HOBE SOUN	D	FL	33455							
SCOPES OF	SCOPES OF BUSINESS OR TRADE:									
LICENSED B CONTRACTO	-									

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

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



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

#### NOTICE OF ACCEPTANCE (NOA)

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

**PGT** Industries

**1070 Technology Drive** North Venice, FL 34275

#### SCOPE:

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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FILE

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

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

#### DESCRIPTION: Series "SH-200" Aluminum Single Hung Window - N.I.

APPROVAL DOCUMENT: Drawing No. MD-SH200-01, titled "Single Hung Window Installation" sheets 1 through 8 of 8, dated 05/11/11 with revision A dated 10/10/11, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

#### MISSILE IMPACT RATING: None

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

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

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

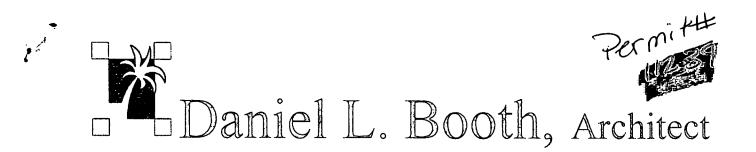
ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 11-0614.01 and consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Manuel Perez, P.E.

MIAMHDADE COUNTY

NOA No. 11-1013.12 Expiration Date: September 01, 2016 Approval Date: December 08, 2011 Page 1



April 13, 2015

Sewall's Point Building Division

Re: Window replacement for: The Melosh Residence 132 S. Sewall's Point Rd. Sewall's Point, Florida

Gentlemen:

Please be advised of the revised wall finish system for the above referenced project.

Attached is the revised section delineating the revised system.

The installation meets all conditions required by the 2010 Florida Residential Building Code.

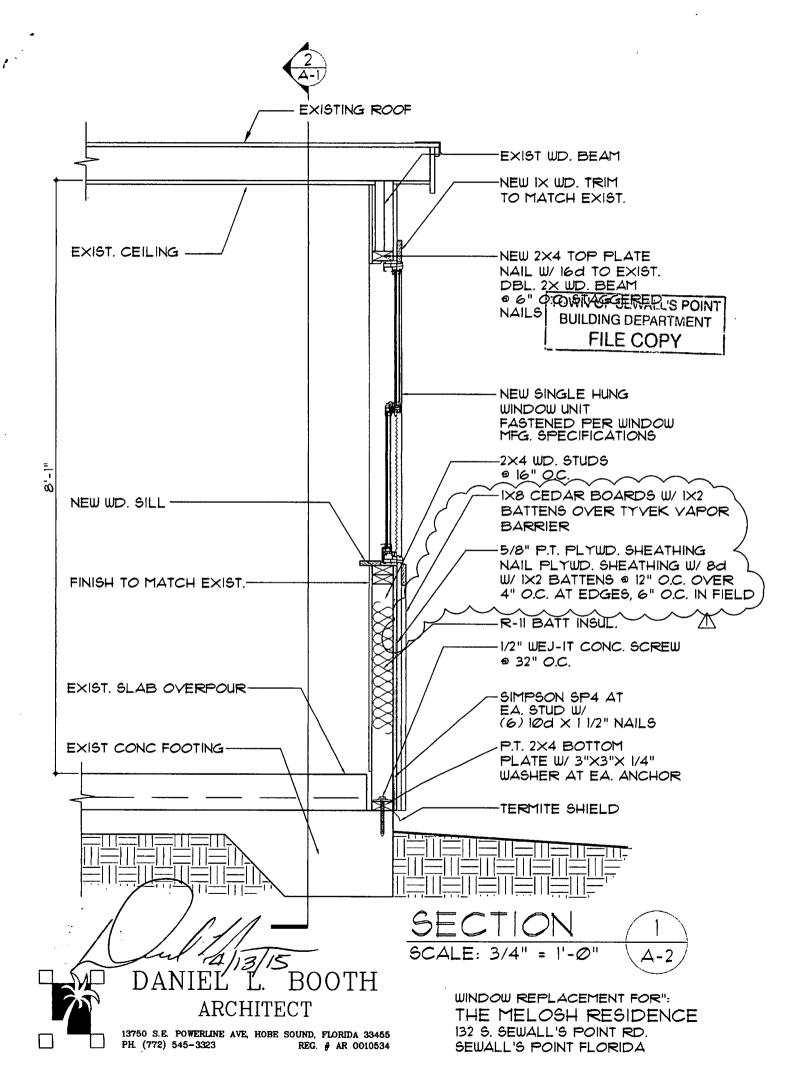
Very truly yours Daniet L. Booth,

Architect

R	E	C	E	0	V	E	D	
			A	,				
Se	nina)	l's F	Poin	it T	ow	n H	all	•

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

13750 S.E. Powerline Ave, Hobe Sound, Florida 33455 (Ph.) (772) 545-3323



T	D	WN	F SE	WALI	°S	PO	INT
			 	• •			

Building Department – Inspection Log Date of Inspection  $\Box$  Mon  $\not\!\!\!/ 1$  Tue  $\Box$  Wed  $\Box$  Thur  $\Box$  Fri  $\frac{4}{28/15}$  Page 2 of  $\frac{2}{2}$ 

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PERMIT	# OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
dt239	Melosh			
	132 SSeupts BrRC	Examina	Alescinen	
	and 14 (1)		These	
PERMIT	Richard A. Hager			INSPECTOR
			RESULTS	COMMENTS
11218	Kiplinger	Flat Roof		
	Kiplinger 143 S River Rol Heaton Roofing	Final	fisetter	
	Heaton Roofing			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11110	Gaydos	Final Electric		
	15 W High Pt Rd TC Ploors	Final Electric, Plumbing +	ALSCRED	
	TC Ploors	windows/Doors		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	DECLUZE	INSPECTOR
		INSEPECTION TYPE	RESULTS	COMMENTS
. <u> </u>				
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
				INSPECTOR

	SHAVICE CHANGE	( and )	51 N.R	exten An
	TOWN	<b>OF SEWALL'S</b>	S POINT	
Date o	f Inspection   Mon	Department – Inspe	ection Log	
PERMIT		INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici	Partial		
A m Requeste	JILE High Pt Rd		CASS	
	Scott Holmes Bldrs	JOEM WALL		
PERMIT	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Properties	s	,	
	19 Lantana Lanc	f	DASS	
	Insulation			and the second s
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	
11127	Armstrong	Dry-in		
	82 S Sewalls Pt Rd		PAS	
	Seagate			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RÉSULTS	COMMENTS
10672	Duke		FAIL	GAMAGE DODAD
	25 Island Road	Meter Final	NET READY	16'S - CLENTA UP
	CDR Builders			STALLEV INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	<sup>9</sup> Melosh			
	132 S Sewalls PtRe	Framing	CARE	
	Richard A. Hagger			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11110	Gaydos	BLDG. FINKS Final Electric	_Λ	
ļ	15 W High Point Rd	Plumbing +	ONEO	CLAE
	TC Floors	Windows /Doors		
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11218	Kiplinger	Flat Roof		
Ŷ	143 S River Load	Final	ATE	Close
	Kiplinger 143 S River Road Heaton Roofing			INSPECTOR

Date of	<b>TOWN</b> Building D Inspection. ⊡ Mon  ⊠ Tue	DF SEWALE S epartment – Inspe Wed D Thứr	ction. Lon	<u>5</u> . Page <u>/</u> of
PERMID	OWNER/ADDRESSS/CONTRACTOR	INSERECTIONAMPE	RESULTS	COMMENTS
11242	2 Lydon	Service	A mel	11-10
FPL 9:30	108 N Sewalls Pt Ra			Cablell
	Electrical Connection		(2	INSPECTOR
PERMIT	SOWNER/ADDRESSS/CONTRACTORS	INSERECTION TYPE	RESULTIS	GOMIMENTIS
11236	Chaplan	Dryin+		
	11 River Crest Ct	Meta/	RASS	
	IA Taylor Roofing		0	
PERMIT.#	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS A	COMMENTS
11237		Generator		
pm	20 Palm Rd	Final	(1158	CLOTE
	Blectrical Connections			INSPECTOR
PERMIT #		INSEPECTION TYPE	RESULTS	COMMENTS
1239	Melosh	Window +	Ace	
	1312-S-Scwallektele	Insulation		
	Richard A. Hoager			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INCORPORATION TRACT		INSPECTOR
<u></u>	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESSS/CONTRACTOR		Brain 22	INSPECTOR
	CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	nur al l	2 1/2. 000	15.	
	615-064	52 Hoc Bune 54	ser	INSPECTOR

## TOWN OF SEWALL'S POINT

Building Department – Inspection Log Date of Inspection □ Mon □ Tue □ Wed □ Thur ♀ Fri <u>5/∂∂//</u> Page / of

PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11050	Doke	Barrier		
	25 Island Rd	Electrical	Ares	
	Alexander Pools		() \$30	A
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	Niche INSEPECTION TYPE	RESULTS	
Tree	Moore		RESULTS	COMMENTS
IVEC	·····	Tree	0	
	5 Oak Hill Way	kemova/	2640 TV	LEE NOT VISABLE
				INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11242	Lydon	Service		FPL
	108 N Sewalts At Rol	Service Change	()NSS	Close
	Electrical Connections			INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11273	Wexler			
B15- 000024	19 N Ridgeview Rd	Alc Final	1158	CLOTE
	Jensen Beach A/C	•		
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
17-1239	Melosh	Final		
	1132 Sevalls Pt Roll	Window/Door	()	Iliozes
	Richard A Hagger			
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici			
	14 E High Point Road	Slab	() pss	
	Scott Holmes Blog			INSPECTOR
PERMIT.#	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	34 W, AIGR AT			
				INSPECTOR

## TOWN OF SEWALL'S POINT, FLORIDA

	01/26/00				
	TOM GLAT			Contracto	r or Owner)
Owner	K. MRLOS	<u>CH (32)</u>	S. SRIVALL	s pown ku	
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No. Of Trees:	REMOVE			STORM D	SIMAYER
No. Of Trees: RE	LOCATE	WITHIN 30	DAYS (NO FEE)		•
No. Of Trees:		WITHIN 30	DAYS	LOPAL SA)	lor
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Signed,	Applicant	Si	igned,	Town Clerk	fill CAP
	Applicant				
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	0 F W A I 1 7 (		Call 287-24	155 - 8:00 A.M12:	00 Noon for In
	SEWALL'S	> PUINI	WORK HO	JURS 8:00 A.M 5:00 P.J	A.—NO SUNDAY
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#### TOWN OF SEWALL'S POINT

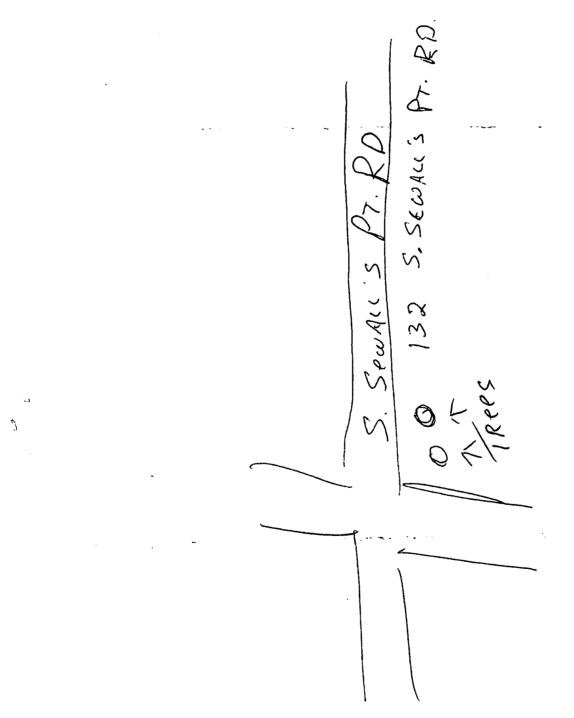
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APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 290
Date Issued 126 00
This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees
Owner R. M. P. 1956 Address 132 5- Sem 2/15 Phone 186-1962
Owner <u>R. M. R. 1956</u> Address <u>1315</u> Spin 2/15 Phone <u>JS6-J963</u> Contractor <u>TOM GLADDER</u> Address <u>1126 SW. 38 TER</u> , Phone <u>2D</u> 4993
Number of trees to be removed(list kinds of trees)
Number of trees to be relocated within 30 days(no fee)(list kinds of trees):
of trees to be relocated within 30 days(no fee)(ligt kinds of trees):
Number of trees to be replaced (list kinds of trees):
Permit Fee § (\$7.5.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.8(5.00
(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)
Plans approved as submitted Plans approved as marked
Permit good for one year. Fee for renewal of expired permit is \$5.00
Signature of applicant Date submitted Date submitted
Approved by Building Inspector Date 12600
Approved by Building Commissioner Date
Completed
Date Checked by
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OPENING A DEBMES. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

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	TOWN OF SEWALL		
Date 01	126/00 19-	TREE REMOVAL PERMIT Nº	290
APPLIED FOR BY		Contractor or O	wner)
)wner	R. MELOSCH 132	S. SREWALL'S POINT RD	
Sub-division	Internet Allac	., Lot, Block	<u> </u>
Kind of Trees	DORFOCK YINE	STORM PANAL	BP
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	LACE WITHIN 3		
REMARKS HAD	D INFIBERIOD 1/26	; LOCATTOP SKETCH ON ALC	
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Signed, The	Staleh	Signed, Town Clerk	
	Applicant		
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	, Frank (A	CAI	VCEL	
PERMIT	OWNER/ ADDRESS			
4753		INSPECTION TYPE	RESULTS	REMARKS
	IC Caletia HT	Pool deck	Passed_	
	15 Castle HII LOT 43	May.	RG	
PERMIT	OWNER/ ADDRESS	,		
7752	Sinton	INSPECTION TYPE	RESULTS	REMARKS
	32 N. RIVER Pic	pool deck	FAILED	
	Trainking Pic	<u>≯</u>		
PERMIT	OWNER/ ADDRESS	DISDECOTA		
1684	Earoway	INSPECTION TYPE	RESULTS	REMARKS
1	15 MiddleRd	pool final	ASSED	
	High Point)	/		
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	(Hentetion)	Kay-	BG	Fland, Concrete
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TOWN OF SEWALL'S POINT, FLORIDA

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	APPLIED FOR BY		Merc	SH	<u> </u>	(Con	tractor or Ow	ne
	Owner	132	5. Se	WAN	SPT R	0	<u>,</u>	
	Sub-division			, Lot	,	Block		
	Kind of Trees				<u></u>			
	No. Of Trees: 1		(A1	VARY	Alm			
	No. Of Trees: RE	LOCATE	WITHIN	1 30 DAYS (1	NO FEE)			
	No. Of Trees: F		WITHIN	1 30 DAYS				
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	Signed,	Applicant		_ Signed, 🧲	Sme	Sun	ma (	/
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#### TOWN OF SEWALL'S POINT APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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

#### No permit required for:

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

#### Permit Fee:

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- 1. Tree permits are \$15.00, payable in advance.
- 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.).

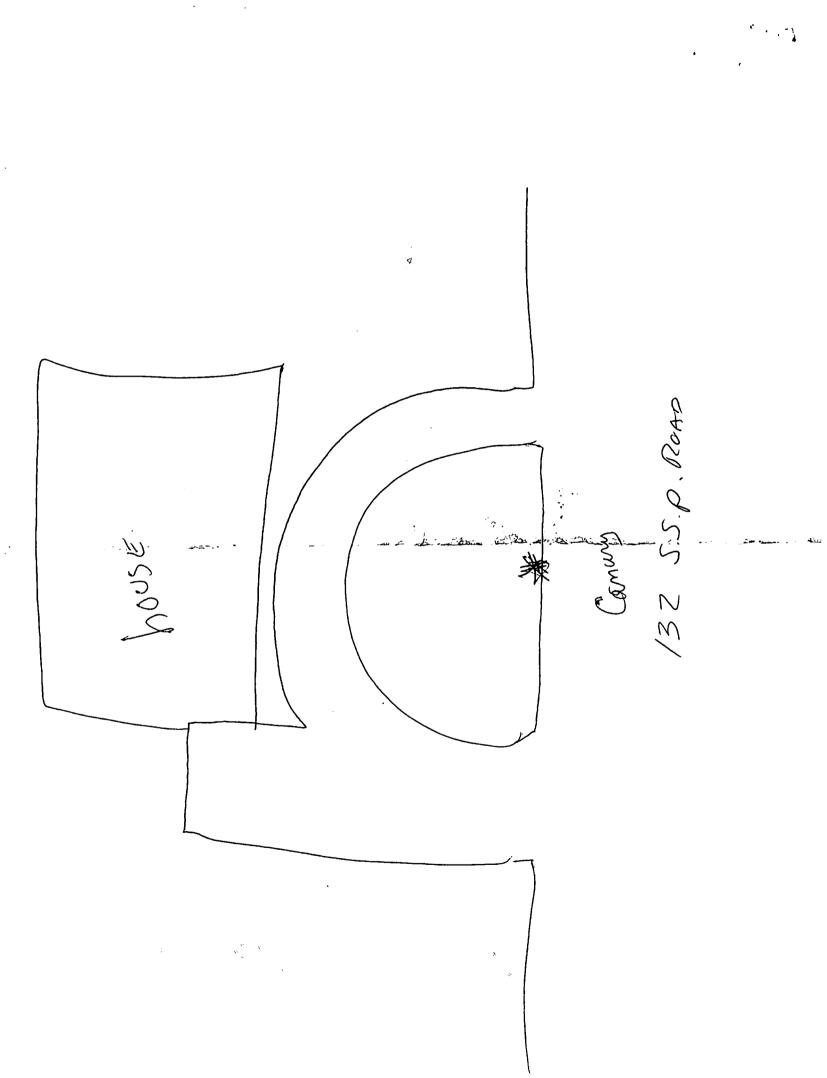
No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, 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_Dick Melos/4	Address <u>/3</u> 2	S.S.R. ROAD	Phone <u>286 - 296</u> 2
Contractor Acpha - Zeta	Address//_3	1 SW BZADST	Phone <u>283 - 412 3</u>
No. of Trees: REMOVE	<b></b>	Туре:	
No. of Trees: RELOCATE	WITHIN 30 DAYS	Туре:	
No. of Trees: REPLACE		Туре:	
Written statement giving reasons:	DANGENUUS	to Fall.	in Rand
Signature of Property Owner_	Richard,	melas_	Date_5/23/05
Approved by Building Inspector:	M	Ľ	<u>3</u> Fee:
Plans approved as submitted	Plans ap	proved as revised/ma	rked:

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		partment - Insp		
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	73 S. RIVERRO			
	SPECIALFORCES			INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7549	EARSELY	FINAL DOCKELEC	PASS	CLOSE/
	3LAGOON (SLG	Reane		
4	RIVERSIDE ELE			INSPECTOR
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TREE	DUNLAP	TREE	PASS	
N	115 HILLCEEST DE			$\sim$
				INSPECTOR
PERMIT.	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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2	7 MIDDLERD			-44
6				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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	23 ISLAND RD			$ \Delta N / $
	PACIFIC ROOFING			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	MELOSH	I REE	1499	
	132 S. SansisPr			<u></u>
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
( leas	ARMSTRONG	TREE	4490	
	41W. HIGHHDINT			$\Delta \Delta A$
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