

129 South Sewall's Point Road

Application For Building Permit

Owner Leon & Florence Older Present Address 56 Marian Ave Phone 287-1854

Architect Pandell Address Jensen Bch.

General Contractor A. Seudel Address Jensen Beach Phone _____

Where Licensed Mexico License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location Sewall's Pt Road Subdivision _____ Lot No. _____

Lot Dimensions 135' x 127' ^{across from Arch'dg.} 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 1350 sq ft.

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

Clearances - Front 35' Back 32' Side 35' Side 45' River _____

Well Location _____ Septic Tank Location West

Building elevation (By Ordinance Definition) 6 ft. app. ?

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$18,000

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	<u>54.00</u>	_____	_____
Plumbing (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner)	<u>\$74.00</u>	_____	_____

SIGNED: - General Contractor or Owner Leon C. Older

Building Inspector Comments: OK Charles C. Dwyer

FOR TOWN RECORDS: Date Drawings submitted 1/8/69

Date Permit approved 1/13/69

Date Permit Fee paid _____

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

$$\begin{array}{r}
 135 \\
 127 \\
 \hline
 1145 \\
 270 \\
 135 \\
 \hline
 95
 \end{array}$$

$$\begin{array}{r}
 1145 \\
 270 \\
 \hline
 17345
 \end{array}$$

1575

FENCE

1575
Permit No. _____

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED

MAY 20 1983 Date 5-18-83

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

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

Owner Wm. H. Turnbull Present address 129 S. Sewall Pt.

Phone 286-5251

Contractor Martin Fence Co. Address 1125 Old Dixie Hwy.

Phone 334-0000

Where licensed Martin Co. License number 00056

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: 227' of 6' Chain Link Fence

129 S. Sewall Pt.
State the street address at which the proposed structure will be built:

Subdivision Hanson Shout Lot No. 3, S/D of Pt. 1

Contract price \$ 1000 Cost of Permit \$ 5

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner William H. Turnbull

Approved: [Signature] Building Inspector Date 5/23/83

Approved: [Signature] Commissioner Date 5/24/83

Final Approval given: 6/8/83 Jan Date

Certificate of Occupancy issued _____ Date

SP/1-79

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.

1575

MARTIN FENCE CO.

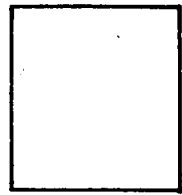
Serving: Martin, Palm Beach, St. Lucie Counties

1125 OLD DIXIE HWY., LAKE PARK, FLORIDA 33403

Palm Beach 848-2666
Martin/St. Lucie 334-0000

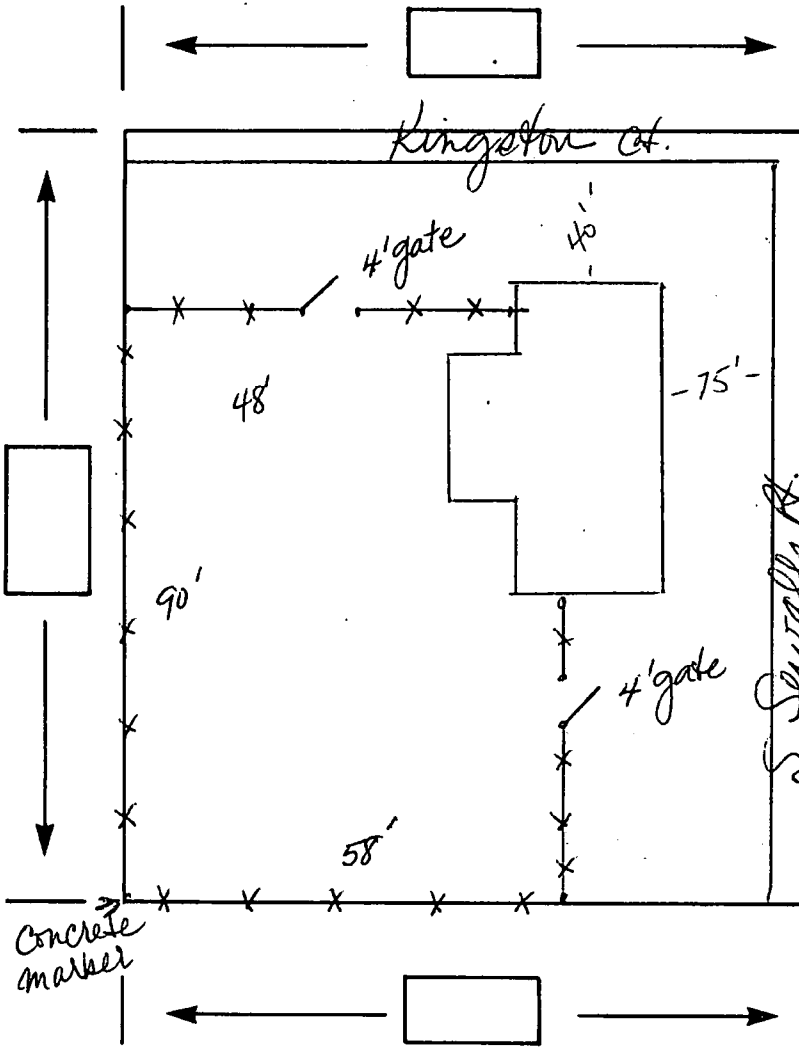
Plans drawn by: Judy Tonon - L

Name of Property Owner: Wm. H. Turnbull



BUILDING & ZONING ADMINISTRATION Plot Plan

North Arrow



227' of 6' C.L.

5/24/83
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewalls' Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

RECEIVED
MAY 20 1983

129 S. Sewall A. ST., TERR., AVE., CT., PL. Ans'd.....

No Scale

Legal: Lot No. 3, S/D of Lot 1 Block No. _____
Subdivision Hanson Grant
Section _____

Plat Book and Page No. _____

- Note:
1. Show existing buildings and additions.
 2. Show distance from property lines to buildings and/or new additions.

2467

REMODEL

Permit No. _____

Date _____

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

2467

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

Owner Mary T. Daley Present Address 129 Sewalls Pt Rd
^{South}

Phone 288 3290 Stuart, Fla

Contractor ~~Charles T. [unclear] St.~~ Address Pa. Bay [unclear]

Phone ~~(924) 287-2677~~

Where licensed ~~MANATEE COUNTY B/H~~ License number SP 00173

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: Res. HOME Remodel

129 Sewalls Pt Rd - Stuart Fla
State the street address at which the proposed structure will be built:

Subdivision Kingston Lot number _____ Block number _____

Contract price \$ 2,000.00 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 necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Charles Ligon

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 E. R. Daley

TOWN RECORD

Date submitted _____ Approved: Rob Bunn 1/3/89
Building Inspector _____ Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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

2028

PORCH

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 2028

Date 11/3/86

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

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

Owner Richard Melosh Present Address 137 S. Sewall's Pt. Rd

Phone 286-2962 Sewall's Pt.

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 to an existing structure, for which this permit is sought: _____

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

Subdivision _____ Lot number _____ Block number _____

Contract price\$ 2000xx Cost of permit\$ 10xx

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Richard Melosh

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 Melosh

TOWN RECORD

Date submitted 11/3/86 Approved Dale Brown
Building Inspector Date

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued(if applicable) _____
Date

2179

ADDITION

Permit No.

2199

Date

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

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

Owner Richard Melosh Present Address 132 S. Sewall's Pt. Rd.

Phone 286-2962 Sewall's Pt. Fld.

Contractor Owner Bldg. Address Same

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

132 S. Sewall's Pt. Rd. Sewall's Pt. Fld.
State the street address at which the proposed structure will be built: _____

Subdivision Archipelago Lot number 6 Block number _____

Contract price \$ 5,500.00 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 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 Richard W. Melosh

TOWN RECORD

Date submitted 2/25/87 Approved: Dale Brun 2/26/87
Building Inspector Date

Approved: _____ Final Approval given: _____
Commissioner Date 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.

3740

PAVER DRIVEWAY

TAX PLOT NO.

DATE

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

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

Owner Mr. Joseph Melash Present address 132 S. Sewall Pt. Rd.

Phone 286-2962

Contractor T. COAST PAVERS Address 2920 SE Kensington St.

Phone 2704554

Where licensed MARTIN License number SP01511

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: Remove old concrete driveway and install

concrete interlocking pavers.

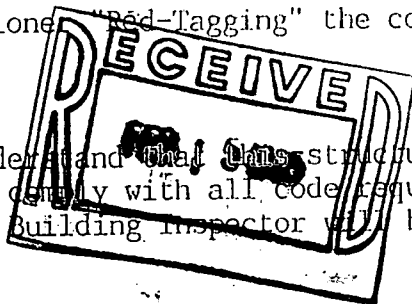
State the street address at which the proposed structure will be built:

Subdivision Archipelago Lot Number 6 Block Number

Contract price \$ 2400.00 Cost of permit \$ 50.00

Plans approved as submitted N/A Plans approved as marked

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



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.

Contractor [Signature] Owner Joseph Melash

TOWN RECORD

Date submitted Approved: [Signature] Building Inspector Date

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

CERTIFICATE OF OCCUPANCY issued (if applicable) Date

PERMIT NO.

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
MALACARNE, MAURICE
T-COAST PAVERS
7190 SE FEDERAL HWY
STUART, FL 34995

EXPIRES SEPTEMBER 30, 19⁹⁵

AUDIT CONTROL NUMBER	25511	CERTIFICATE NUMBER	SP01511
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CERTIFIED
CONTRACTOR

CONCRETE PLACING & FINISHING

SIGNATURE

Valerie A. Hennis

ATTEST:

LICENSING ADMINISTRATOR

2605

4179

SCREEN ENCLOSURE

Permit No. 4179

Date 5/13/97

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

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

Owner RICHARD MELOSH Present Address 132 S. SEWALLS POINT RD

Phone 286-2962 SEWALLS PT FL.

Contractor GJK ALUMINUM Address 3110 SE SLATER ST

Phone 283-1297 STUART FL 34997

Where licensed MARTIN CTY License number SPA-0122

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: ALUMINUM SCREEN POOL ENCLOSURE

132 S. SEWALLS PT. 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 6 Block number _____

Contract price \$ 6100.00 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 necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor [Signature]

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

Owner Richard Melosh

TOWN RECORD

Date submitted _____ Approved: [Signature] Building Inspector Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. 4179

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.

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

PERMIT # 4179

TAX FOLIO # 38-41-13-001-000-00060-1
LOT 6

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 lot 61 of the Subdivision The Archipelago, as recorded in Plat Book 4, Page 48, Public Records of Martin County

GENERAL DISCRETION OF IMPROVEMENTS Pool Enclosure

OWNER: Richard W. Melosh

ADDRESS: 132 S. Sewalls Pt. Rd., Stuart, Florida

OWNER'S INTEREST IN PROPERTY: Fee Simple

FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER): W/A

ADDRESS: _____

CONTRACTOR: C&K Aluminum, Inc.

ADDRESS: 3110 SE Slater St., Stuart, Fl. 34997

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.

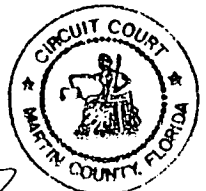
R. Melosh
SIGNATURE OF OWNER

STATE OF Florida
COUNTY OF Martin

STATE OF FLORIDA
MARTIN COUNTY

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

BY _____ OF _____
5/19/97



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY OF April, 1997, BY Richard W. Melosh WHO IS KNOWN TO ME OR WHO PRODUCED _____ AND WHO DID NOT TAKE AN OATH.

Q. E. Mabelson
NOTARY SIGNATURE



4179

6601

REROOF

TOWN OF SEWALL'S POINT

Date 2/10/04 BUILDING PERMIT NO. 6601
 Building to be erected for MELOSH Type of Permit RE ROOF
 Applied for by PACIFIC ROOFING (Contractor) Building Fee 120.00
 Subdivision ARCHIPELAGO Lot 6 Block _____ Radon Fee _____
 Address 132 S. SEWALL'S PT RD Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Parcel Control Number: _____
13384100100000010070000
 Amount Paid 120.00 Check # 4810 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 27,000. TOTAL Fees 120.00

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

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

RECEIVED

BUILDING PERMIT APPLICATION

Owner/Builder Name: RICHARD MELOSH

Building Permit Number: _____
City: STUART State: FL Zip: 34986

Legal Description of Property: ARCH. PELAGO LOT 6

Parcel Number: 13-38-41-001-000-00060-7

Location of Job Site: 132 S Sewall's Point no.

Type of Work To Be Done: RE-ROOF TILE to METAL

CONTRACTOR/Company Name: PACIFIC ROOFING

Phone Number: 287-7663

Street: P.O. BOX 2677 Stuart, FL

City: STUART State: FL Zip: 34985

State Registration Number: _____ State Certification Number: CC056797 Martin County License Number: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$127,000 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: PACIFIC ROOFING State: FL License Number: CC056797

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required) _____
State of Florida, County of: Martin
This the 7 day of FEB, 2007
by Rob Astin who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required) _____
On State of Florida, County of: Martin
This the 7 day of FEB, 2007
by Richard I. Jones who is personally known to me or produced as identification.

Notary Public _____
My Commission Expires: _____

Notary Public _____
My Commission Expires: _____

James Nickerson
My Commission DD271437
Expires December 13, 2007

James Nickerson
My Commission DD271437
Expires December 13, 2007

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER (361) 746-4546 FAX (561) 746-9599
Tequesta Agency, Inc.
218 S. US Highway One, Ste 300
Tequesta, FL 33469
Debra Hicks

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

INSURERS AFFORDING COVERAGE

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

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

RECEIVED
OCT 30 2003
By _____

COVERAGES

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

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

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE
Mark Kasten/DEBBIE

Debra Hicks

ACORD. CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE AC03-7900013-87039 12/4/2003 1:34:22 PM
PRODUCER Eisenmann Risk Placements, Inc. 14160 Dallas Parkway, Suite 500 Dallas, TX 75254 (972) 404-0295 Fax: (972) 404-4450	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED PACIFIC ROOFING CORPORATION 808 SE DIXIE HWY STUART, FL 34994 (772) 283-7663 Fax: (772) 283-9505	INSURERS AFFORDING COVERAGE	
	INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE COMPA	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0100062	12/1/2003	12/1/2004	<input checked="" type="checkbox"/> WC STATIL-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
OTHER				LIMITS \$ LIMITS \$

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc. 2. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to PACIFIC ROOFING CORPORATION, effective 12/01/2003.

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT 1 S SEWALL'S POINT RD STUART, FL 34996	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206100081

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

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

RECEIVED
NOV 05 2002
BY: _____

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-BEYER
SECRETARY

**2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

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

LOCATION:
808 DIXIE HWY CTY

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF SEPTEMBER 2003
AND ENDING SEPTEMBER 30 2004

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

RECEIPT OF PAYMENT

6818 1
LARRY C. O'STEEN
99 89/19/2883 UCCI NORMAL
1993520007666
K2288J0119884982X
\$25.00

RECEIVED
NOV 19 2003
BY: _____

PERMIT # _____

TAX FOLIO # 13-38-41-001-000-000603

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF Martin

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

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

ARCHIPELAGO LOT 6

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: RICHARD MELOSH

ADDRESS: 132 S. SEWAN'S POINT RD

SEVENTH FL. 34996

PHONE #: NR

FAX #: NR

INTEREST IN PROPERTY: _____

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

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. BOX 2697 STUART, FL 34995

PHONE #: 283-7663

FAX #: 283-9805

SURETY COMPANY (IF ANY) STATE OF FLORIDA

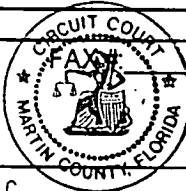
MARTIN COUNTY

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

THIS IS TO CERTIFY THAT THE FOREGOING 5 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.



LENDER/MORTGAGE COMPANY MARSHA EWING, CLERK

ADDRESS: _____ BY [Signature]

PHONE #: _____ DATE 2-9-04

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S

NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF FEB 2004

BY RICHARD MELOSH

PERSONALLY KNOWN ✓

OR PRODUCED ID _____

TYPE OF ID _____

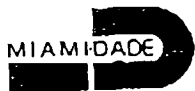
[Signature]

NOTARY SIGNATURE



James Nickerson
My Commission DD271437
Expires December 13, 2007

INSTR # 1727495 OR BK 01864 PG 2230 RECD 02/09/2004 10:44:20 AM
MARSHA EWING, MARTIN COUNTY DEPUTY CLERK S. Phoenix



MIAMI-DADE COUNTY
 BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

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

PACIFIC ROOFING CORPORATION
 808 SE DIXIE HIGHWAY
 STUART, FLORIDA 34984-5805

SCOPE:

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

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

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

DESCRIPTION: 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 Zuloga, RRC.



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/11/04

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 SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/3, 20024 Page 1 of

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/19, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
61601	MELOSH	FINAL ROOFING	PASS	CLOSE
1	132 S. SEWALLS DR PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	BEAN	TREE	PASS	W/ CHANGES AS NOTED.
2	112 S. SEWALLS DR			INSPECTOR: <i>[Signature]</i>
6261	SMITH	ROUGH PLUMBING	PASS	
6	7 SIMARA ST WHITE PLUMBING			INSPECTOR: <i>[Signature]</i>
6520	HINES	SHEATHING	FAIL	
7	113 HEURY SEWALLS W. WINSHIP			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
OTHER:				

10599

BATH REMODEL



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:	10599	DATE ISSUED:	SEPTEMBER 23, 2013
SCOPE OF WORK:	BATHROOM REMODEL		
CONTRACTOR:	RICHARD A HAAGER INC		
PARCEL CONTROL NUMBER:	133841001-000-000603	SUBDIVISION	ARCHIPELAGO - L 6
CONSTRUCTION ADDRESS:	132 S SEWALLS PT RD		
OWNER NAME:	MELOSH		
QUALIFIER:	RICHARD A HAAGER	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.

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10599

Date: 9-17-13

OWNER/LESSEE NAME: Richard W. Melosh

Phone (Day) 727-285-2962

(Fax)

Job Site Address: 132 S. Sewall's Pt. Rd

City: Sewall's Pt

State: N.J

Zip: 34996

Legal Description

Parcel Control Number: 13-38-41-001-000-00060

Fee Simple Holder Name: N/A

Address: 0000

City:

State:

Zip:

Telephone:

*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) YES NO

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO

(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 3500.00 + 6675.00

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Richard A Haager Inc

Phone: 727-285-2849

Fax: N/A

Qualifiers name: Richard Haager

Street: 7839 SE Woodview Tract #8

City: Hobe Sound

State: FL

Zip: 33455

State License Number: CBC013511

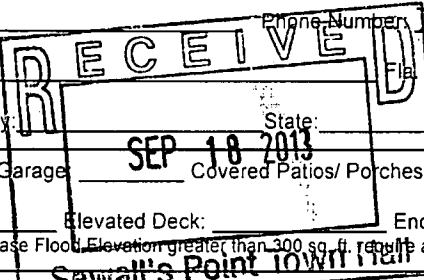
OR: Municipality:

License Number:

LOCAL CONTACT: Richard Haager

Phone Number: 727-285-2849

DESIGN PROFESSIONAL:



Street:

City:

State:

Zip:

Phone Number:

AREAS SQUARE FOOTAGE: Living:

Garage:

Covered Patios/ Porches:

Enclosed Storage:

Carport:

Total under Roof:

Elevated Deck:

Enclosed area below BFE:

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE NOTARIZED SIGNATURE:

X Richard W. Melosh

State of N.J., County of: BERGEN

On This the 10th day of SEPTEMBER, 2013

by RICHARD MELOSH who is personally

known to me or produced

As identification: Janet Whitney

Notary Public

My Commission Expires: Nov. 10, 2014

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X Richard Haager

State of Florida, County of: Martin

On This the 18 day of September, 2013

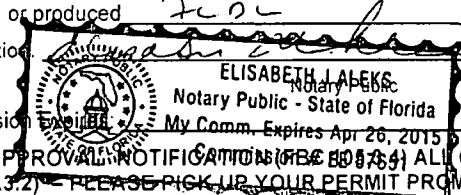
by Richard A Haager who is personally

known to me or produced

As identification: [Signature]

Notary Public - State of Florida

My Commission Expires Apr 26, 2015



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



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME: Richard Haager BLDG. PERMIT # _____

MAILING ADDRESS 7839 SE Woodview Terr #8 Hobe Sound, FL 33455

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)*

Handwritten initials/signature

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH	Richard A Haager	CBC013511
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH	Richard A Haager	CBC013511
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	Richard A Haager	CBC013511
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Dave's Plumbing	CFC 051625
AC	* HARV		
EL	* ELECTRICAL		

Handwritten word 'fourth'



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.

OWNERS NAME: Richard W. Melosh

CONSTRUCTION ADDRESS: 132 S. Sewalls Pt. Rd. Sewalls Pt., Fl. 34996

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Remove existing shower / change tub to shower

VALUE OF CONSTRUCTION \$ 3500.00

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER	
SCOPE OF WORK: _____	VALUE _____

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

Richard Haager
 SIGNATURE OF LICENSED CONTRACTOR

78395 E Woodcove Terr #8 Hobe Sound, Fl. 33455
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Richard A. Haager Inc.
PLEASE PRINT

TELEPHONE NO: 772-285-2849 FAX NO: _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CBC013511

** 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 #: 13-38-41-001-000-00060-0000

SUBDIVISION: Archipelago LOT: 6 BLK: _____ PHASE: _____

SITE ADDRESS: 132 S. Sewalls 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.

OWNERS NAME: Richard W. Melosh

CONSTRUCTION ADDRESS: 132 S. Sewalls Pt. Rd. Sewalls Pt. Fl. 34996

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Convert existing tub into shower

VALUE OF CONSTRUCTION \$ _____

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER	
SCOPE OF WORK: _____	VALUE <u>1000.00</u>

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

SIGNATURE OF LICENSED CONTRACTOR

499 SE Seville St Stuart FL 34994
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Daves Plumbing David E. Husbander Jr

TELEPHONE NO: 772-287-8128 FAX NO: 772-287-7127

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 051625

** 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 #: 13-38-41-001-000-00060-0000

SUBDIVISION: Archipelago LOT: 6 BLK: _____ PHASE: _____

SITE ADDRESS: 132 S. Sewalls Pt. Rd. Sewalls Pt. Fl. 34996

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

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-001-000-00060-0000

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 Subdivision 132 S Sewalls Pt Rd

GENERAL DESCRIPTION OF IMPROVEMENT: Remazing tub / add shower

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Richard Melosh
ADDRESS: 132 S Sewalls Pt Rd Sewalls P FL 34996
PHONE NUMBER: 772 286-2962 FAX NUMBER: N/A
INTEREST IN PROPERTY: Owner

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

CONTRACTOR: Richard Hauger
ADDRESS: 7839 SE Woodview Terr #8 Hobbe Sound, FL 33455
PHONE NUMBER: 772 285-2849 FAX NUMBER: N/A

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

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

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

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

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

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

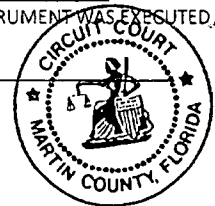
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT: Richard W. Melosh
SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10th DAY OF Sept., 2013

BY: Richard Melosh AS OWNER FOR HIMSELF

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

Notary Signature/ Seal: Gare T. Whitney



Vertical text on the right side: INSTR # 2417111 OR BK 2677 PG 52 RECD 09/18/2013 09:20:10 AM

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-3-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10600	Hoffmann 20 Palm Rd Breathe Healthier	Final AC	Pass	CLOSE INSPECTOR <i>AF</i>
10596	Comcast 110 S Sewalls Chobee	Final UG cables	Pass	CLOSE INSPECTOR <i>AF</i>
10588	Fitzsimmons 99 N Sewalls Florida Gas Exp	UG tank		reschedule for Friday INSPECTOR
	CHECK SIDEWALK DEPRESSION - COPAINE NEAR POWER POLE			CALLER DICK CARTER INSPECTOR <i>AF</i>
10518	Williams 24 Castle Hill Driftwood	2nd fl roof sheathing " sub siding/molding	Pass	INSPECTOR <i>AF</i>
	INDUCTION IR CLOCK			INSPECTOR
10599	Melish 132 S Sewalls R Haager Inc	UG plumbing	Pass	INSPECTOR <i>AF</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-9-13

Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10579	Melosh	Remodel		
	132 S Sewalls		Pass	
	R. Haager			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10588	Fitzsimmons	UG tank		
	99 N Sewalls		Pass	
	Florida Gas Exp			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10410	Page	Final		
	6 Admirals Walk	AC	Pass	CLOSE
	Cook & Reliable			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-26-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10518	Williams 24 Castle Hill Duftwood	Plumbing electric AC gas wire lath	PASS	INSPECTOR <i>[Signature]</i>
10640	Nearing 9 Mandalay Rd Pools by Greg	Final Pool SPA	PASS	close INSPECTOR <i>[Signature]</i>
10518	Williams 24 Castle Hill Duftwood	roof dry in/metal	PASS	INSPECTOR <i>[Signature]</i>
10664	Martin 3 Quail Run Concrete Plus	Form WALKWAY Pre pour driveway	PASS	INSPECTOR <i>[Signature]</i>
10662	Roos 116 Castle Hill Rubin	shower pan	Cancel	INSPECTOR
10599	Mandala RA S Sewalls RA Hager Inc.	Final batrooms	PASS	close INSPECTOR <i>[Signature]</i>
Tree	Serls 4 River Oak Rd	Tree	NG.	INSPECTOR

10622

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10622	DATE ISSUED:	OCTOBER 9, 2013
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		
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 FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10622

Date: 10/2/13

OWNER/LESSEE NAME: Richard W Melosh

Phone (Day) 772-286-2962 (Fax) 201-391-0821

Job Site Address: 132 S Sewalls Point Rd

City: Stuart

State: FL Zip: 34996

Legal Description: Single family residence

Parcel Control Number: 13-38-41-001-000-00060-3

Fee Simple Holder Name:

Address:

City:

State:

Zip:

Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC):

AC Change out

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application) YES NO X

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO X (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 57093

(Notice of Commencement required when over \$2500 prior to first inspection (\$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Grossmann Air Conditioning Phone: 772 398 9725 Fax: 772 398 9727

Qualifiers name: Jeffrey V grossmann Street: 10223 SE Lennard Rd City: Port St Lucie State: FL Zip: 34952

State License Number: CAC 058289 OR: Municipality: License Number:

LOCAL CONTACT: Jeffrey V grossmann Phone Number: 772 398 9725

DESIGN PROFESSIONAL: Fla. License#

Street: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living 2217 Garage: 762 Covered Patios Porches: Enclosed Storage:

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

X State of Florida, County of: On This the day of , 20 by who is personally known to me or produced As identification. Notary Public

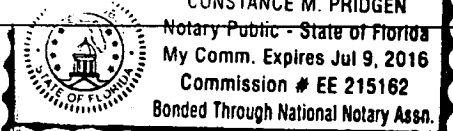
CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X State of Florida, County of: St Lucie On This the 2 day of October, 2013 by Jeffrey V. Grossmann who is personally known to me or produced As identification. Notary Public

My Commission Expires:

My Commission Expires:

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



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.
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.

5 ton

16 SEER

- RHLLHM6024HA & RAPM056JEZ at 54,000 Btus
- Total system installed **\$7,093**
- Warranty: 10 YR parts, 10 YR compressor, 1 YR on labor

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: Richard W. Melosh 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

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.

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

Customer Information

Street Address	132 s sewalls point rd, Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°
House Square Footage:	2217 sq. ft.
Name:	melosh
Phone:	772-398-9725
Email:	grossmannac@comcast.net

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 infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

Design Conditions

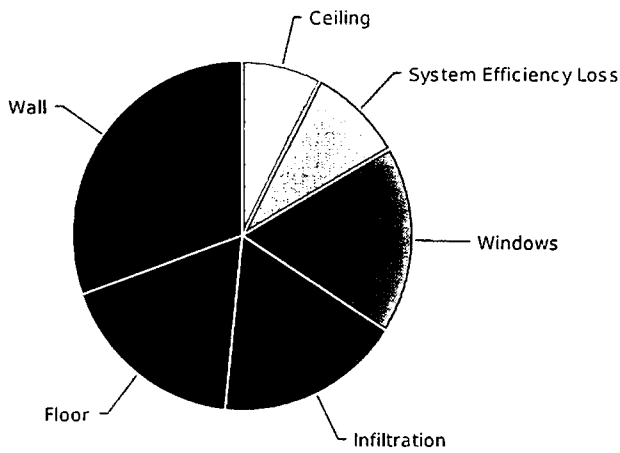
Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

Heating Loads

Area	Btuh	% of load
Wall	10909	30.5
Floor	6426	17.9
Ceiling	2703	7.5
Windows	6256	17.5
Infiltration	6260	17.5
System Efficiency Loss	3255	9.1
Total:	35809	

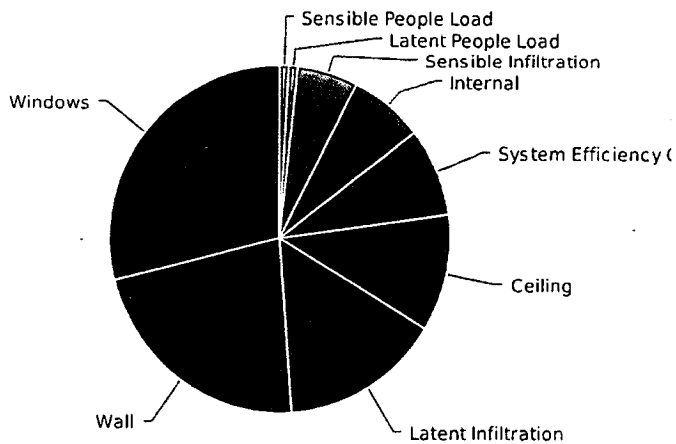
Heating Loads
35,809 BTU/hr



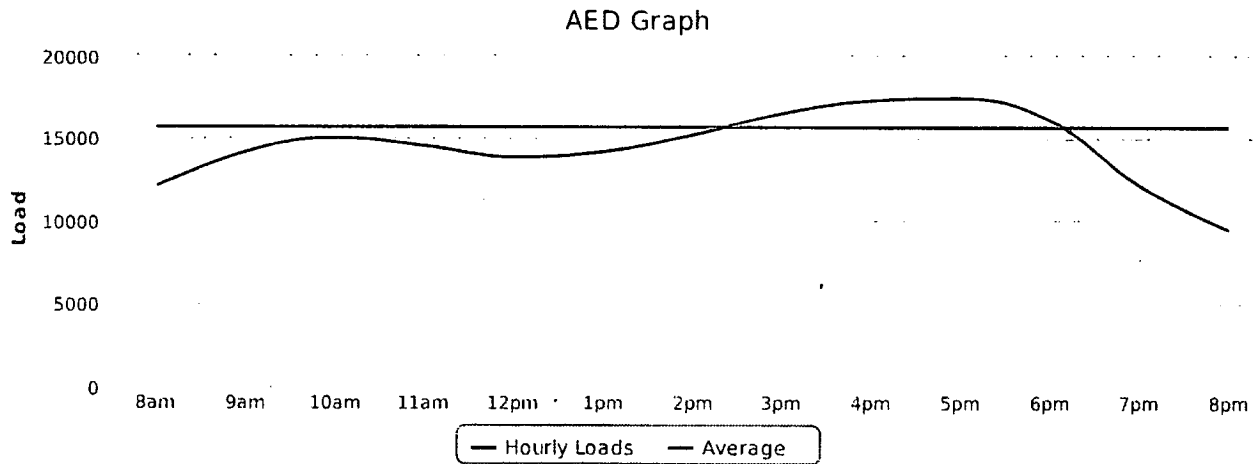
Cooling Loads

Area	Btuh	% 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	
Capacity at .75 SHR	5.00 Tons	

Cooling Loads
53,556 BTU/hr



Adequate Exposure Diversity



Equipment selection

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



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

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RHLLW4JA
 Volts ²⁰⁸/230 CFM's 1980 Heat Strip 10 Kw
 Min. Circuit Amps 49/50 Wire gauge 6
 Max. Breaker size 50 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410-A
 Location: Existing New _____
 Attic/Garage/Closet (specify) attic
 Access: pull down stairs

Condenser: Mfg Rheem Model# 14AJM56A01
 Volts ²⁰⁸/230 SEER/EER 16/13 BTU's 54,000
 Min. Circuit Amps 35/50 Wire gauge 6
 Max. Breaker size 50 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410-A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof left
 Condensate Location existing slab

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# ISM609CCSU
 Volts ²⁰⁸/230 CFM's 1950 Heat Strip 10 Kw
 Min. Circuit Amps 50 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 50
 Ref. line size: Liquid 7/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) attic
 Access: pull down stairs

Condenser: Mfg lennox Model# 2AC1306OP-1A
 Volts ²⁰⁸/230 SEER/EER 13/11 BTU's 57000
 Min. Circuit Amps 50/40 Wire gauge 6
 Max. Breaker size 50 Min. Breaker size 40
 Ref. line size: Liquid 7/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof left
 Condensate Location existing slab

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 [Signature]

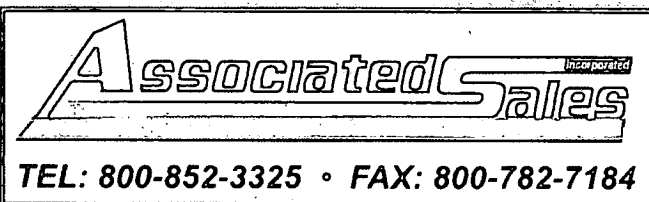
Date 10-04-2013

Overview:

The CUTD-4 Condensing Unit Tie Downs are used to anchor a condensing unit to the condenser pad. Made from Cold Rolled 1008/1010 Steel, our tie downs are rated at a tensile strength of 482 lbs (LRFD) and a shear strength of 386 lbs (LRFD). This nominal strength can be used in conjunction with other engineering documents to verify the conformance of an equipment installation to the resistance of wind force requirements on the building code. For example, a popular 2-ton condenser 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 Rheem 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.



FAX ORDERS TO: 800-782-7184



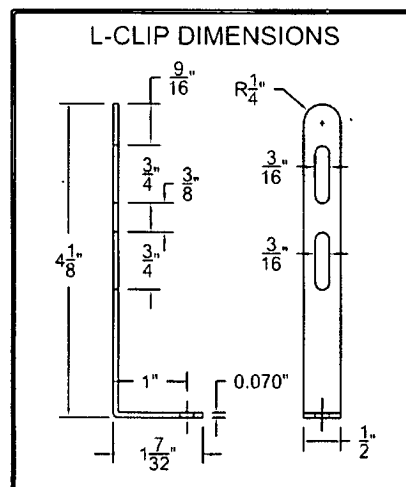
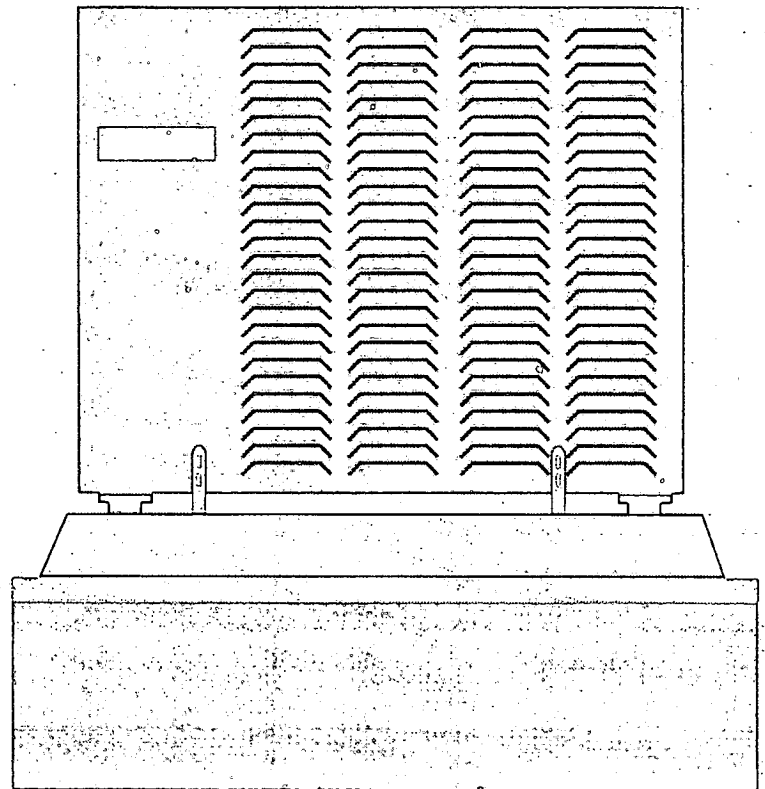
Quantity: 4

CUTD-4

Engineering Available:
407-788-7885

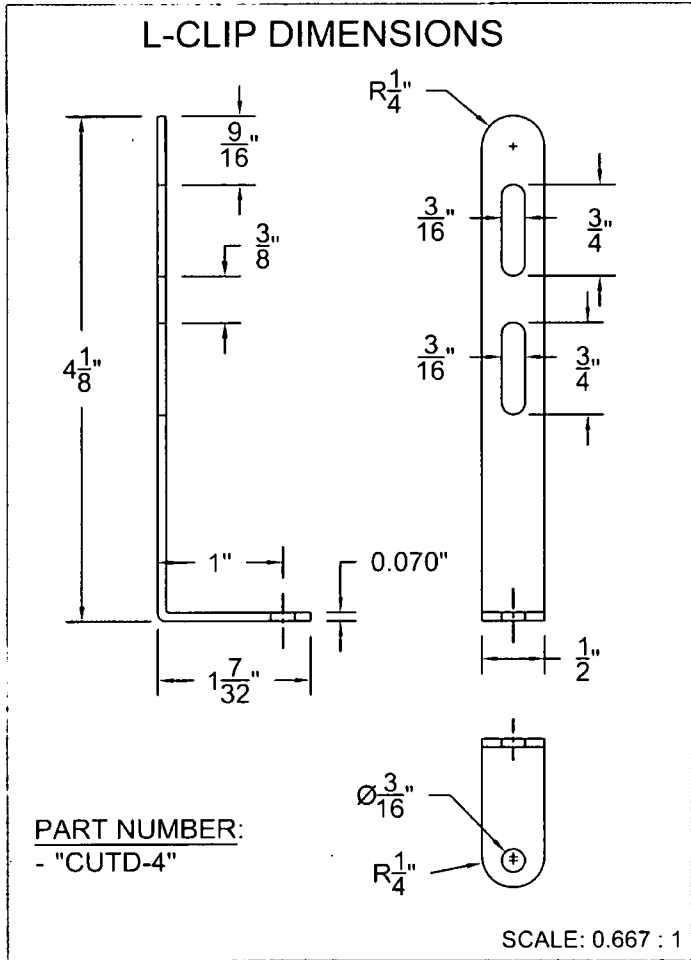
Condensing Unit Tie Down

L-Bracket Anchors



CUTD-4

Min Order Qty = 50 pc



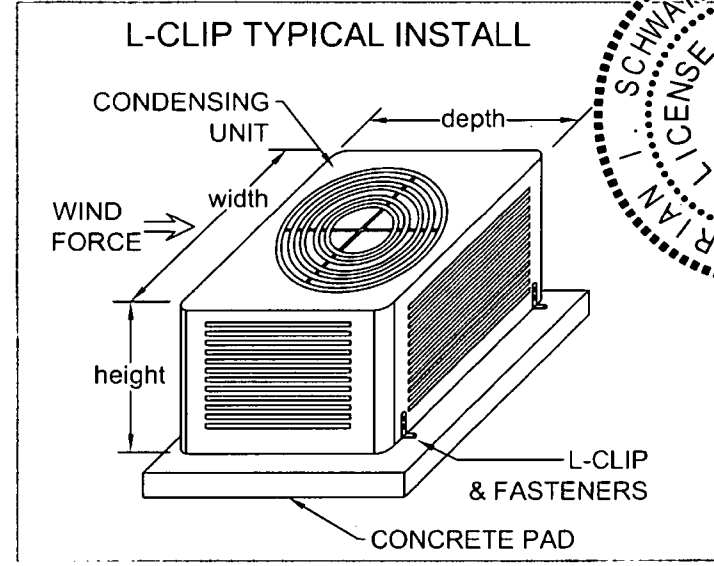
MATERIALS AND SPECIFICATIONS:

Material: Cold Rolled 1008/1010 Steel per ASTM A109
 Strength: min Fy = 41.5 ksi, min Fult = 49.0 ksi

TIEDOWN NOMINAL STRENGTH:

Tensile: 482 lbs (LRFD), 321 lbs (ASD)
 Shear: 386 lbs (LRFD), 257 lbs (ASD)

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



GENERAL NOTES:

1. This document describes the dimensions, material type, and nominal strength of a AC Condensing Unit Tie Down otherwise known as an "L-Clip".
2. The Nominal strength can be used in conjunction with other engineering documents to verify the conformance of an equipment installation to the resistance to wind force requirements of the building code.
3. Fasteners to the condensing unit and to the support structure such as a concrete pad are not included in this document.

EXAMPLE USE OF THIS DOCUMENT:

1. Determine Wind Design Conditions, Wind Speed, Height, Exposure, Risk Category.
2. Calculate Wind Pressures on largest side and top of equipment.
3. Calculate Forces on equipment from these pressures and gravity.
4. Calculate the uplift and lateral force required.
5. Determine the number of clips necessary to equal or exceed the required forces given the nominal strengths of the clips and the code mandated safety factors.

For example, Verify that the L-Clips will hold down a RHEEM condensing unit described below in 175 mph winds under the conditions below:

1. A RHEEM, Model # UAPC-024 with (ht, width, depth, wt) = 23", 44", 28", 190 lbs) in Miami-Dade wind speed of 175 mph, Risk Cat II, Exposure C up to 15' above ground.
2. Wind Pressure is 66.5 psf.
3. Lateral factored Force is 368 lbs, factored weight = 127 lbs
4. Overturn Moment = 4067 lb-in, Uplift at one side of equipment = 4067 lbs-in / 30" = 136 lbs.
5. Use one clip at each corner. Since the pullup strength for the clip is 321 lbs (ASD), Total nominal uplift strength = 2 x 321 = 642 lbs > 136 lbs. Total Shear strength of 4 clips = 257 lbs (ASD) x 4 = 1,028 lbs > 368. Therefore L-Clips are suitable for the installation.

BRIAN I. SCHWARTZ
 LICENSE NO. 62081
 STATE OF FLORIDA
 PROFESSIONAL ENGINEER

DATE: Jul 12, 2012

SIGNED: BRIAN I SCHWARTZ, PE
 FLORIDA LIC No. 62081

BRI-KO ENGINEERING INC.
 ENGINEERING SERVICES
 14940 SW 21st ST.
 DAVIE, FL 33326
 TEL: 954-648-0218

PROJECT

**CONDENSING UNIT TIE DOWN
 "L-CLIPS"
 NOMINAL STRENGTH**

ISSUE DATE: Jul 12, 2012
 DWN BY: B.S.
 DWG SIZE: 8.5"x11"

DOC: L-Clip-2
 SHEET: **ENG-1**
 PAGE 1 OF 1



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

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: GROSSMANN AIRCONDITIONING
 Street address: 132 S Sewalls Point Rd Jurisdiction: _____
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: *Jeffrey V Grossmann* Date: 10 2 13

Printed Name: Jeffrey V Grossmann

Contractor License #: CAC058289

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

Constance M. Pridgen

 CONSTANCE M. PRIDGEN
 Notary Public - State of Florida
 My Comm. Expires Jul 9, 2016
 Commission # EE 215162
 Bonded Through National Notary Assn

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

11-26-13

Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10679	Ball 9 Heritage OB	Final roof repairs	Pass	CLOSE INSPECTOR [Signature]
10672	McL... 132 S. Sewalls Pt. Rd GROSSMAN A/C	FINN Mc	Pass	CLOSE INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



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

OK AT SWP
10622

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: GRASSMANN AIRCONDITIONING
 Street address: 132 S Sewalls Point Rd Jurisdiction: _____
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: *Jeffrey V Grossmann* Date: 10 2 13
 Printed Name: Jeffrey V Grossmann
 Contractor License #: CAC058289

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____
 Printed Name: _____

Constance M. Pridgen

 CONSTANCE M. PRIDGEN
 Notary Public - State of Florida
 My Comm. Expires Jul 9, 2016
 Commission # EE 215162
 Bonded Through National Notary Assn

10883

REMODEL PORCH



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:	10883	DATE ISSUED:	5/28/2014
SCOPE OF WORK:	CONCRETE OVER POUR OF OLD PORCH		
CONTRACTOR:	RICHARD A HAAGER, INC.		
PARCEL CONTROL NUMBER:	133841001000000600000	SUBDIVISION	ARCHIPELAGO LOT 8
CONSTRUCTION ADDRESS:	132 S SEWALL'S POINT ROAD		
OWNER NAME:	MELOSH		
QUALIFIER:	RICHARD A HAAGER	CONTACT PHONE NUMBER:	772 285-2849

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 - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10883		
ADDRESS:	132 S SEWALL'S POINT ROAD		
DATE ISSUED:	5/28/2014	SCOPE OF WORK:	CONCRETE OVER POUR OF OLD PORCH

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
---	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp.			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 3,500.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	211.00

*Pa 5/29/14
 CK 1536*

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10883

Date: 5-16-14

OWNER/LESSEE NAME: Richard W. Melosh Phone (Day) (Fax)

Job Site Address: 1325 Sewalls Pt. Rd. City: Sewalls Pt. State: FL Zip: 34996

Legal Description: Lot 6 Archipelago Subdivision Parcel Control Number: 13-38-41-001-000-0000-0000

Fee Simple Holder Name: Richard W. Melosh Address: 132 S Sewalls Pt Rd

City: State: FL Zip: 34996 Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): concrete over pour of old porch

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO

Has a Zoning Variance ever been granted on this property? YES (YEAR) NO (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 3500.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Richard A. Haager Inc. Phone: 772 285-2849 Fax: N/A

Qualifiers name: Richard Haager Street: 78395E Woodview Terrace City: Hobe Sound State: FL Zip: 33455

State License Number: CBC013511 OR: Municipality: License Number:

LOCAL CONTACT: Richard Haager Phone Number: 772 285-2849

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: 315 Enclosed Storage: Carport: Total under Roof Elevated Deck: Enclosed area below BFE Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

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

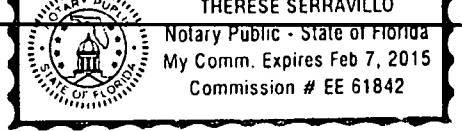
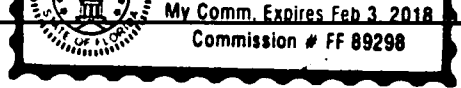
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: x Richard W. Melosh State of Florida, County of: Martin On This the 20 day of May, 2014 by Richard W. Melosh who is personally known to me or produced Florida Drivers License As identification: Notary Public My Commission Expires:

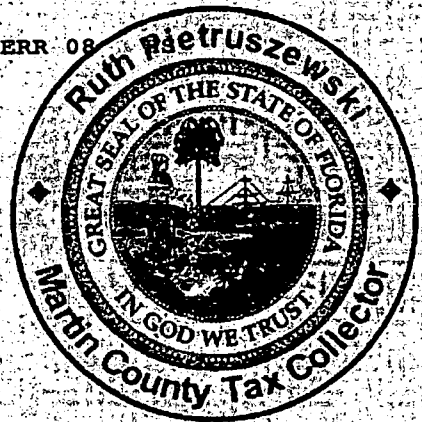
CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: x Richard Haager State of Florida, County of: Martin On This the 16 day of May, 2014 by Richard Haager who is personally known to me or produced As identification: Notary Public My Commission Expires: 2/7/2015

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



2013-2014 **MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT**
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
 (772) 288-5604

ACCOUNT 1900-512-0137 CERT _____
 PHONE (772) 285-2849 SIC NO 233210
 LOCATION:
 7839 SE WOODVIEW TERR 08



CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	00	LIC. FEE \$	26.25
\$	00	PENALTY \$	00
\$	00	COL. FEE \$	00
\$	00	TRANSFER \$	00
TOTAL			26.25

HAAGER, RICHARD A
RICHARD A HAAGER, INC.
 7839 SE WOODVIEW TERR #08
 HOBE SOUND, FL 33455

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

27 DAY OF AUGUST 20 13
 AND ENDING SEPTEMBER 30, 2014

11 2012 32615.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE

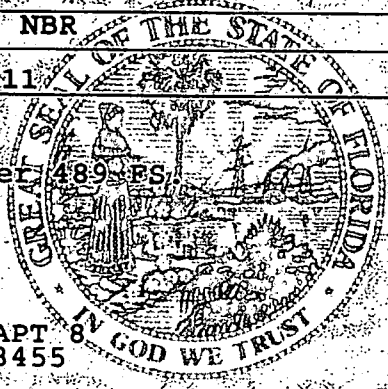
THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6169675

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

SEQ# L12062100631

DATE	BATCH NUMBER	LICENSE NBR
06/21/2012	110435507	CBC013511



The **BUILDING CONTRACTOR**
 Named below IS CERTIFIED
 Under the provisions of Chapter 489, FS.
 Expiration date: AUG 31, 2014

HAAGER, RICHARD ALAN
RICHARD A HAAGER INC
 7839 SE WOODVIEW TERRACE APT 8
 HOBE SOUND FL 33455

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY

DISPLAY AS REQUIRED BY LAW



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: 10/11/2012 **EXPIRATION DATE:** 10/11/2014

PERSON: HAAGER RICHARD A

FEIN: 591924207

BUSINESS NAME AND ADDRESS:

RICHARD A HAAGER INC
DBA RICHARD A HAAGER INC.
7839 S.E. WOODVIEW TERR. # 8
HOBE SOUND FL 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, 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.

QUESTIONS? (850) 413-1609

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/27/2014

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

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

PRODUCER Campbell-Wilson Insurance Agency 8827 SE Bridge Road Hobe Sound FL 33455-5310		CONTACT NAME: Commercial Lines Department PHONE (A/C No. Ext): (772) 546-5600 FAX (A/C No): (772) 546-1008 E-MAIL ADDRESS:	
INSURED Richard A. Haager, Inc. 7839 SE Woodview Terrace #8 Hobe Sound FL 33455-4711		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2013** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			972382 72554924 13	11/18/2013	11/18/2014	EACH OCCURRENCE	\$ 300,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Liability plus						PERSONAL & ADV INJURY	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 300,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$
							E.I. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
State of Florida - Carpentry

CERTIFICATE HOLDER (772) 220-4765 Town of Sewall's Point 1 S Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joanne Wilson/JO <i>Joanne Wilson</i>
--	---

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: _____ TAX FOLIO #: 13-38-41-001-060-00660-0000

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 S/O 132 S. Sawalls Pt. Rd. Sawalls Pt. Fl.

GENERAL DESCRIPTION OF IMPROVEMENT: over pour of existing porch slab

OWNER NAME: Richard W. Melosh
ADDRESS: 132 S. Sawalls Pt. Rd.
PHONE NUMBER: 772 286-2962 FAX NUMBER: N/A

INTEREST IN PROPERTY: N/A
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Richard A. Hauger Inc.
ADDRESS: 7839 SE Woodloch Ter #8 Hope Spring, FL 33455
PHONE NUMBER: 772 285-2849 FAX NUMBER: N/A

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

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

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

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

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

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

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

See below
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER _____
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 20 DAY OF May, 2014

BY: Daniel J. Smith AS Notary FOR Richard W. Melosh
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

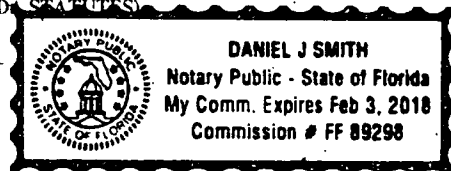
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED Florida Drivers License

[Signature]
NOTARY SIGNATURE/SEAL

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)

Richard W. Melosh
(Signature of Natural Person Signing Above)



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING (1) PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
BY: [Signature]
DATE: 5.29.2014 D.C.



INST # 2458129 DR BK 2720 PG 2176 RECD 05/29/2014 09:20:49 AM
(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

6-30 -14 Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10862	MOSP 74 N. Sewalls Hwy CMI	FINM A/C	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10883	MELOSA 132 S Sewall St. Richard Haager Inc	SLAB	Pass	285-2849 INSPECTOR <i>[Signature]</i>
10674	MORAN 2 Palm Rd MAETER BROWNIE	METER FINM	Pass	READY FOR FPL INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/22 - 14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10883	Melosh	Final		
9AM	132 S SPR Richard Heager	Concrete overpour	Pass	Close
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10691	Koenke	Roof		
	8 N. SPR	Final	Pass	Close
	Steve's Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10692	Koenke	Walk		
	8 N. SPR	through	OK	
	O/B	FINAL RIPPEREN -	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10875	Piltch	Final		
	3 Timor	Generator + BBQ	Pass	Close
	Seagate Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10968	Pochalski	Final		
	6 Banyan Rd	Solar Pool Heating	Pass	Close
	Solar Energy Systems	(Leak repaired)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10951	Byrne	Final		NOT READY
	S Miramar Rd	Remodel	Fail	
	Signature Painting + remodel			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10895	Watkins	Fire WAC Demol Men		
	127 S SPR	North Wall	Pass	
	Treasure Coast Barge			INSPECTOR <i>[Signature]</i>

11167

PORCH OVER POUR,

WINDOW & DOOR

REPLACEMENT



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. Haager, Inc.		
PARCEL CONTROL NUMBER:	13-38-41-001-000-00060-3	SUBDIVISION:	Archipelego Lot 6
CONSTRUCTION ADDRESS:	132 S Sewall's Point Road		
OWNER NAME:	Melosh		
QUALIFIER:	Richard Haager	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.

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM

INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11167		
ADDRESS:	132 S Sewall's Point Road		
DATE ISSUED:	2/4/2015	SCOPE OF WORK:	Overpour on Existing Porch with Door Removal & Replacement

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:			
		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 3,500.00
Total number of inspections: @ \$ 100.00 per insp. # insp	3	\$	300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	314.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 1-28-15 Permit Number: 11167
 OWNER/LESSEE NAME: Richard W. Melosh Phone (Day) 772 286-2962 (Fax) NA
 Job Site Address: 132 S Sewalls Pt Rd. City: Sewalls Point State: FL Zip: 34996
 Legal Description: Lot 6 Archipelago S/D Parcel Control Number: 13-38-41-001-000-00060-0000
 Fee Simple Holder Name: Richard Melosh Address: 132 S Sewalls Pt Rd.
 City: Sewalls Point State: FL Zip: 34996 Telephone: 772 286-2962

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Overpour on existing porch

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 3500.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

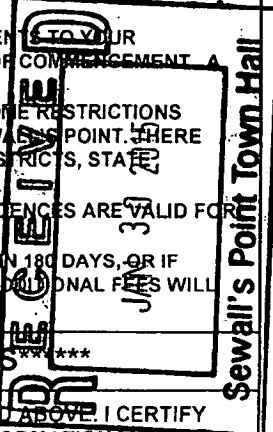
Construction Company: Richard A. Haager Inc. Phone: 772 385-2849 Fax: N/A
 Qualifiers name: Richard Haager Street: 7839 SE Wardenview Ter #8 City: Highway South State: FL Zip: 33455
 State License Number: CBC 013511 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Richard Haager Phone Number: 772 385-2849
 DESIGN PROFESSIONAL: N/A Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: 238 Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

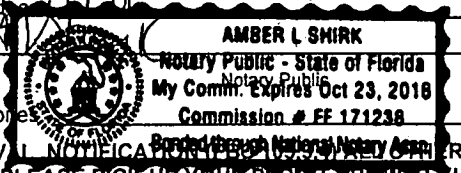
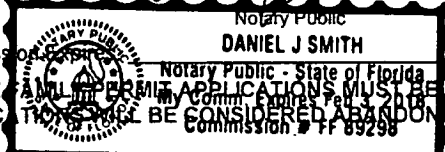


*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER/AGENT/LESSEE, NOTARIZED SIGNATURE:
Richard W. Melosh
 State of Florida, County of: Martin
 On This the 28 day of January, 2015
 by Richard Melosh who is personally
 known to me or produced Florida Drivers License
 As identification: Richard Melosh

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
Richard A. Haager
 State of Florida, County of: Martin
 On This the 30th day of January, 2015
 by Richard Haager who is personally
 known to me or produced FL DL
 As identification: Richard Haager



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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/30/2015

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

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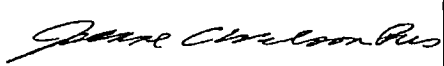
PRODUCER Campbell-Wilson Insurance Agency 8827 SE Bridge Road Hobe Sound FL 33455-5310		CONTACT NAME: Commercial Lines Department PHONE (A/C, No, Ext): (772) 546-5600 E-MAIL ADDRESS: cwia@campbell-wilson.com		FAX (A/C, No): (772) 546-1008
INSURED Richard A. Haager, Inc. 7839 SE Woodview Terrace #8 Hobe Sound FL 33455-4711		INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER: 2014** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			972382 72554924 14	11/18/2014	11/18/2015	EACH OCCURRENCE	\$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Liability plus						PERSONAL & ADV INJURY	\$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 300,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 300,000
	AUTOMOBILE LIABILITY			None			COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB			None			EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			None			WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 State of Florida - Carpentry

CERTIFICATE HOLDER (772) 220-4765 Town of Sewall's Point 1 S Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joanne Wilson/JO 
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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 NAME AND ADDRESS:

RICHARD A HAAGER INC

7839 SE WOODVIEW TERR. #1

HOBE SOUND FL 33455

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

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.

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

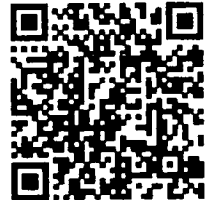


LICENSE NUMBER

CBC013511

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

HAAGER, RICHARD ALAN
RICHARD A HAAGER, INC
7839 SE WOODVIEW TERRACE APT 8
HOBE SOUND FL 33455



ISSUED: 07/01/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407010001024

2014-2015 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 1900-512-0137 CERT
PHONE (772) 285-2849 SIC NO 233210
LOCATION:
7839 SE WOODVIEW TERR #08 HS

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL		26.25	

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

HAAGER, RICHARD A
RICHARD A HAAGER, INC
7839 SE WOODVIEW TERR #08
HOBE SOUND, FL 33455



29 DAY OF JULY 2014
AND ENDING SEPTEMBER 30, 2015

11 2013 42132 0001 26.25 PAID

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 2/4/2015 12:26:11 PM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-001-000-00060-3	27658	132 S SEWALL'S POINT RD, SEWALL'S POINT	\$442,510	1/31/2015

Owner Information

Owner(Current)	MELOSH RICHARD W
Owner/Mail Address	132 S SEWALLS POINT RD STUART FL 34996
Sale Date	4/1/1986
Document Book/Page	<u>0669 1375</u>
Document No.	
Sale Price	239000

Location/Description

Account #	27658	Map Page No.	SP-05
Tax District	2200	Legal Description	ARCHIPELAGO LOT 6
Parcel Address	132 S SEWALL'S POINT RD, SEWALL'S POINT		
Acres	.4140		

Parcel Type

Use Code	0100 Single Family
Neighborhood	193110 Archipelago, High Pt CANAL

Assessment Information

Market Land Value	\$328,190
Market Improvement Value	\$114,320
Market Total Value	\$442,510

NOTICE OF COMMENCEMENT

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

PERMIT #: 11667 TAX FOLIO #: 13-38-41-001-000-00060-0000

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 S/D 132 S. Sewalls Pt. Rd. Sewalls Pt. Fl. 34996

GENERAL DESCRIPTION OF IMPROVEMENT:

Replace windows @ East porch

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

NAME: Richard W Melosh
ADDRESS: 132 S. Sewalls Pt. Rd. Sewalls Pt. Fl. 34996
PHONE NUMBER: 772 286-2962 FAX NUMBER: N/A
INTEREST IN PROPERTY: Owner

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

CONTRACTOR:

Richard A. Haager Inc.

ADDRESS: 7839 SE Woodview Terr #8 Hobe Sound, Fl 33455
PHONE NUMBER: 772 285-2849 FAX NUMBER: N/A

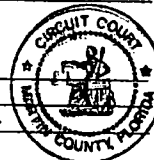
SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ STATE OF FLORIDA
BOND AMOUNT: _____ MARTIN COUNTY

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____

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



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON RECORDING OF THIS DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b), FLORIDA STATUTES

NAME: _____ DATE: 4/9/15
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

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

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

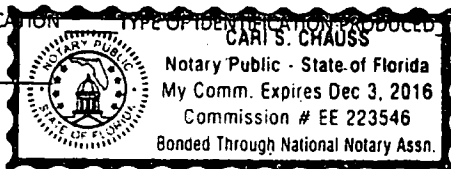
Richard W. Melosh
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6th DAY OF April, 2015
BY: Cari S. Chauss AS Notary FOR Richard Melosh
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

Cari S. Chauss
NOTARY SIGNATURE/ SEAL



INSTR # 2508286 OR BK 2776 PG 1060 RECD 04/09/2015 08:46:17 AM
(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00; HTG DOC \$0.00; INTANGIBLE \$0.00

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/17/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11109	Melosh	Final Overpour		
Am Requested	132 S Sewalls Pt Rd Richard A. Haager, Inc.	+ Door Replacemat	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11165	Stabley	Master Bath		
Am Requested	114 Hillcrest Terr Glenmark Homes	Remodel Final	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11210	Pare	A/c		
	61 N River Road Jensen Beach Air	Final	Rescheduled	FOR NEXT WK INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Zavat Kay	Tree Removal		
	6 Copaire Rd	Permit	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11201	Vanseekamm	Final		
	10 E High Pt Rd Apex Paver	Paver Walkway	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11239

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:	11239	DATE ISSUED:	April 10, 2015
SCOPE OF WORK:	Window Replacement		
CONTRACTOR:	Richard A Haager, Inc		
PARCEL CONTROL NUMBER:	13-38-41-001-000-00060-000	SUBDIVISION:	Archipelago S/D Lot 6
CONSTRUCTION ADDRESS:	132 S Sewall's Point Road		
OWNER NAME:	Melosh		
QUALIFIER:	Richard Haager	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.

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11239

Date: _____
 OWNER/LESSEE NAME: Richard W. Melosh Phone (Day) 772 286-2962 (Fax) N/A
 Job Site Address: 132 S Sewall's Pt. Rd. City: Sewall's Pt State: FL Zip: 34996
 Legal Description: Lot 6 Archipelago S/O Parcel Control Number: 13-38-41-001-000-00060-0000
 Fee Simple Holder Name: Richard W. Melosh Address: 132 S Sewall's Pt Rd.
 City: Sewall's Pt State: FL Zip: 34996 Telephone: 772-286-2962

*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)
 YES _____ NO
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4200.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AEB X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Richard A. Haager Inc. Phone: 772 285-2849 Fax: N/A
 Qualifiers name: Richard Haager Street: 7839 SE Woodnewton #8 City: Hobe Sound State: FL Zip: 33455
 State License Number: CBC013511 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Richard Haager Phone Number: 772 285-2849
 DESIGN PROFESSIONAL: Daniel L. Booth Fla. License# AR 0010534
 Street: 13750 S.E. Purdine Pkwy City: Hobe Sound State: FL Zip: 33455 Phone Number: 772 545-3323

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: 244 Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:

x Richard W. Melosh
 State of Florida, County of: Martin
 On This the 3rd day of April, 2015
 by Richard Melosh who is personally
 known to me or produced Florida Drivers License
 As identification. Blair J. Smith

Notary Public

My Commission Expires: Feb 3, 2018

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

x Richard Haager
 State of Florida, County of: Martin
 On This the 2nd day of April
 by Richard A. Haager who is personally
 known to me or produced _____
 As identification. _____

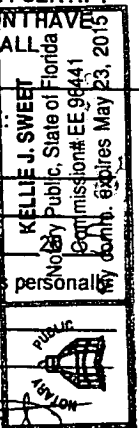
Notary Public

My Commission Expires: Feb 3, 2018

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF PROPOSAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED. PLEASE PICK UP YOUR PERMIT PROMPTLY!



Commission # FF 89298





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:	11239		
ADDRESS:	132 S Sewall's Point Road		
DATE ISSUED:	4/10/2015	SCOPE OF WORK:	Window Replacement

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)		\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)		\$	
Plan Submittal Fee (100.00 Remodel <\$100k)		\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Technology Fee: (0.04% of Construction Value - \$5 min)			n/a
Road impact assessment: (0.4% of construction value - \$20 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 150.00 per insp. # insp	3	\$	450.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 6.75
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 6.75
Technology Fee (0.04% of Construction Value - \$5 min.)		\$	5.00
Road impact assessment: (0.4% of construction value - \$20 min.)		\$	20.00
TOTAL ACCESSORY PERMIT FEE:		\$	488.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2015

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

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

PRODUCER Campbell-Wilson Insurance Agency 8827 SE Bridge Road Hobe Sound FL 33455-5310	CONTACT NAME: Commercial Lines Department PHONE (A/C. No. Ext.): (772) 546-5600 FAX (A/C. No.): (772) 546-1008 E-MAIL ADDRESS: cwia@campbell-wilson.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance Company	NAIC #
INSURED Richard A. Haager, Inc. 7839 SE Woodview Terrace #8 Hobe Sound FL 33455-4711	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES

CERTIFICATE NUMBER: 2014

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			972382 72554924 14	11/18/2014	11/18/2015	EACH OCCURRENCE \$ 300,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000		
	<input checked="" type="checkbox"/> Liability plus						PERSONAL & ADV INJURY \$ 300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 300,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 300,000		
							\$		
	AUTOMOBILE LIABILITY			None			COMBINED SINGLE LIMIT (Ea accident) \$		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$		
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$		
							\$		
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		None			EACH OCCURRENCE \$		
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$		
	DED	RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			None			WC STATUTORY LIMITS		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$		
							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 State of Florida - Carpentry

CERTIFICATE HOLDER

(772) 220-4765

Town of Sewall's Point
 1 S Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO

2014-2015

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 1900-512-0137 CERT

PHONE (772) 285-2849 SIC NO 233210

LOCATION:
7839 SE WOODVIEW TERR #08 HS



CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	\$ 00	LIC. FEE	\$ 26.25
	\$ 00	PENALTY	\$ 00
	\$ 00	COL. FEE	\$ 00
	\$ 00	TRANSFER	\$ 00
TOTAL			26.25

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

HAAGER, RICHARD A
RICHARD A HAAGER, INC
7839 SE WOODVIEW TERR #08
HOBE SOUND, FL 33455

29 DAY OF JULY 2014

AND ENDING SEPTEMBER 30

2015

11 2013 42132.0001

26.25 PAID

RICK SCOTT, GOVERNOR

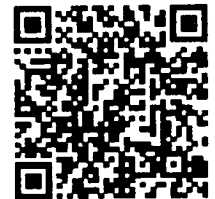
KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CBC013511

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2016



HAAGER, RICHARD ALAN
RICHARD A HAAGER, INC
7839 SE WOODVIEW TERRACE APT 8
HOBE SOUND FL 33455

ISSUED: 07/01/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407010001024



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 NAME AND ADDRESS:

RICHARD A HAAGER INC

7839 SE WOODVIEW TERR. #1

HOBE SOUND FL 33455

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

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

MIAMI-DADE COUNTY
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, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera/

PGT Industries
1070 Technology Drive
North Venice, FL 34275

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County 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.



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Daniel L. Booth, Architect

Permit #

April 13, 2015

Sewall's Point Building Division

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

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

Gentlemen:

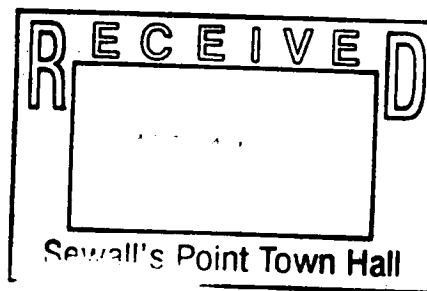
Please be advised of the revised wall finish system for the above referenced project.

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

Daniel L. Booth,
Architect



2
A-1

EXISTING ROOF

EXIST WD. BEAM

NEW 1X WD. TRIM
TO MATCH EXIST.

EXIST. CEILING

NEW 2X4 TOP PLATE
NAIL W/ 16d TO EXIST.
DBL. 2X WD. BEAM
@ 6" O.C. STAGGERED
NAILS

OWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

NEW SINGLE HUNG
WINDOW UNIT
FASTENED PER WINDOW
MFG. SPECIFICATIONS

2X4 WD. STUDS
@ 16" O.C.

1X8 CEDAR BOARDS W/ 1X2
BATTENS OVER TYVEK VAPOR
BARRIER

5/8" P.T. PLYWD. SHEATHING
NAIL PLYWD. SHEATHING W/ 8d
W/ 1X2 BATTENS @ 12" O.C. OVER
4" O.C. AT EDGES, 6" O.C. IN FIELD

R-11 BATT INSUL.

1/2" WEJ-IT CONC. SCREW
@ 32" O.C.

SIMPSON SP4 AT
EA. STUD W/
(6) 10d X 1 1/2" NAILS

P.T. 2X4 BOTTOM
PLATE W/ 3"X3"X 1/4"
WASHER AT EA. ANCHOR

TERMITE SHIELD

8'-1"

NEW WD. SILL

FINISH TO MATCH EXIST.

EXIST. SLAB OVERPOUR

EXIST CONC FOOTING

SECTION

SCALE: 3/4" = 1'-0"

1
A-2

DANIEL L. BOOTH
ARCHITECT

13750 S.E. POWERLINE AVE, HOBE SOUND, FLORIDA 33455
PH. (772) 545-3323 REG. # AR 0010534

WINDOW REPLACEMENT FOR:
THE MELOSH RESIDENCE
132 S. SEWALL'S POINT RD.
SEWALL'S POINT FLORIDA

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/28/15 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	Melosh			
	132 S Sewalls Pt Rd	Framing	RESERVED	
	Richard A. Haege			INSPECTOR <i>AH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11218	Kiplinger	Flat Roof		
	143 S River Rd	final	RESERVED	
	Heaton Roofing			INSPECTOR <i>Q</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11110	Gaydos	Final Electric,		
	15 W High Pt Rd	Plumbing +	RESERVED	
	TC Floors	Windows/Doors		INSPECTOR <i>Q</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

SERVICE CHANGE (S)

51 N. River Rd

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/29/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici	Partial		
AM Requested	14E High Pt Rd	Watt fitt	PASS	
	Scott Holmes Bldrs	STEM WALL		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10973	Conch Properties			
	19 Lantana Lane	Insulation	PASS	
	Insulation			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11127	Armstrong	Dry-in		
	82 S Sewalls Pt Rd	Metal	PASS	
	Seagate			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10672	Duke		FAIL	GARAGE DOOR
	25 Island Road	Meter Final	NET READY	#'s - CLEAN UP STREET
	CDR Builders			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11239	Melosh			
	132 S Sewalls Pt Rd	Framing	PASS	
	Richard A. Hagger			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11110	Gaydos	ISLPLG. FINAL Final Electric		
	15 W High Point Rd	Plumbing +	PASS	CLOSE
	TC Floors	Windows/Doors		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11218	Kiplinger	Flat roof		
	143 S River Road	Final	PASS	CLOSE
	Heaton Roofing			INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 5/12/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
11242	Lydon	Service Change	Cancel with res	call to check
FPL 9:30	108 N Sewalls Pt Rd Electrical Connection			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
11236	Chaplan	Dry in + Metal	PASS	
	11 River Crest Ct JA Taylor Roofing			
				INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
11237	Hoffman	Generator	PASS	CLOSE
PM Requested	20 Palm Rd Electrical Connections	Final		
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
11239	Melosh	Window + Insulation	PASS	
	132 S Sewall Pt Rd Richard A. Hoager			
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

215-0662 HOLBURN
334-2434

INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 5/22/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11050	Duke 25 Island Rd Alexander Pools	Barrier Electrical Niche	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Moore 5 Oak Hill Way	Tree Removal	Dead Tree NOT VISIBLE	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11242	Lydon 108 N Sewalls Pt Rd Electrical Connections	Service Change	Pass	FPL Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11273	Wexler 19 N Ridgeview Rd Jensen Beach A/C	A/C Final	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	Melosh 432 S Sewalls Pt Rd Richard A Hager	Final Window/Door	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici 14 E High Point Road Scott Holmes Bldg	Slab	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	34 W. HIGH PT			INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date 01/26/00 1900 TREE REMOVAL PERMIT No 290

APPLIED FOR BY TOM CLADDEN (Contractor or Owner)

Owner R. MELOSCH 132 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees NORFOLK PINE

No. Of Trees: REMOVE 2 STORM DAMAGED

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS FIELD INSPECTION 1/26; LOCATION SKETCH ON BACK OF APPLICATION

Signed, [Signature] Applicant

Signed, [Signature] Town Clerk FEE \$ WAIVED

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 290

Date Issued 1/26/00

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 identified with an estimated size and number, etc.

Owner R. McLoch Address 1375 Sewall's Pt. Rd. Phone 286-2962

Contractor Tom Gladden Address 1126 SW 38 Terr. Phone 287 4993

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

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 2 - Norfolk Pines damaged by Flood

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

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved, as marked _____

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

Signature of applicant R. McLoch Date submitted 1/26/00

Approved by Building Inspector [Signature] Date 1/26/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

S. Sewall's Pt. RD.

132 S. SEWALL'S PT. RD.

○

↑

TREES

TOWN OF SEWALL'S POINT, FLORIDA

Date 01/26/00 1900 TREE REMOVAL PERMIT No 290

APPLIED FOR BY TOM GLADDEN (Contractor or Owner)

Owner R. MELOSCH 132 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees NORFOLK PINE

No. Of Trees: REMOVE 2 STORM DAMAGED

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS FIELD INSPECTION 1/26; LOCATION SKETCH ON BACK OF APPLICATION

Signed, [Signature] Applicant

Signed, [Signature] FEE \$ WAVED Town Clerk

TOWN OF SEWALL'S POINT

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

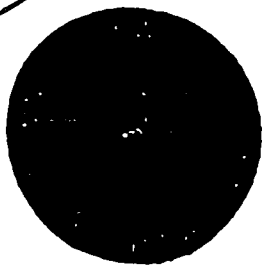
TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for project details]

PROJECT DESCRIPTION _____

REMARKS _____



2000 ~~1998~~

Town of Sewall's Point Building Department - Inspection Log

Wed. 1-26-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4795	Douglas	shooting		late AAA
	47 S. S. P. Rd.	CANCEL		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4753	Grimes 15 Castle Hill Way LOT 43	pool deck	Passed BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4752	Sinton 32 N. River Rd. (Indicluce)	pool deck	FAILED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4684	Laraway 15 Middle Rd. (High Point)	pool final	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4732	Hufnagel 19 Lofting Way (Plantation)	tie beam	Passed BG	Need Revised Plan, Concrete to wood beam section.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4556	Loyle 42 S. S. P. Rd.	final fence	PASSED	3' HIGH BLACK VINYL CONTR CHAIN LINK FENCE. ENCLOSING REAR YARD ADJ TO WATER
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4735	Coverdale 51 N. River Rd. (Knowles)	roof final	PASSED	

N
④

N

N
②

N

OTHER: ~~OWNER PERMIT APPLICATION - 1325 SEWALL'S POINT~~ ✓
 ② 20 CASTLE HILL WAY (LOT 23 CASTLE HILL - VARIANCE) SITE INSP. POOL VARIANCE (OSFORD) ✓

INSPECTOR: _____

DATE: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 23 ~~16~~ 2005 TREE REMOVAL PERMIT N^o 2490

APPLIED FOR BY MELOSH (Contractor or Owner)

Owner 132 S. Sewall's Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 CANARY PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0
Signed, _____ Applicant Signed, Jane Summers (AEO) Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, 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 Oxeve, 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 Melosik Address 132 S.S.R. ROAD Phone 286-2962

Contractor Alpha - Zeta Address 1131 SW 32nd ST Phone 283-4123

No. of Trees: REMOVE 1 Type: _____

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

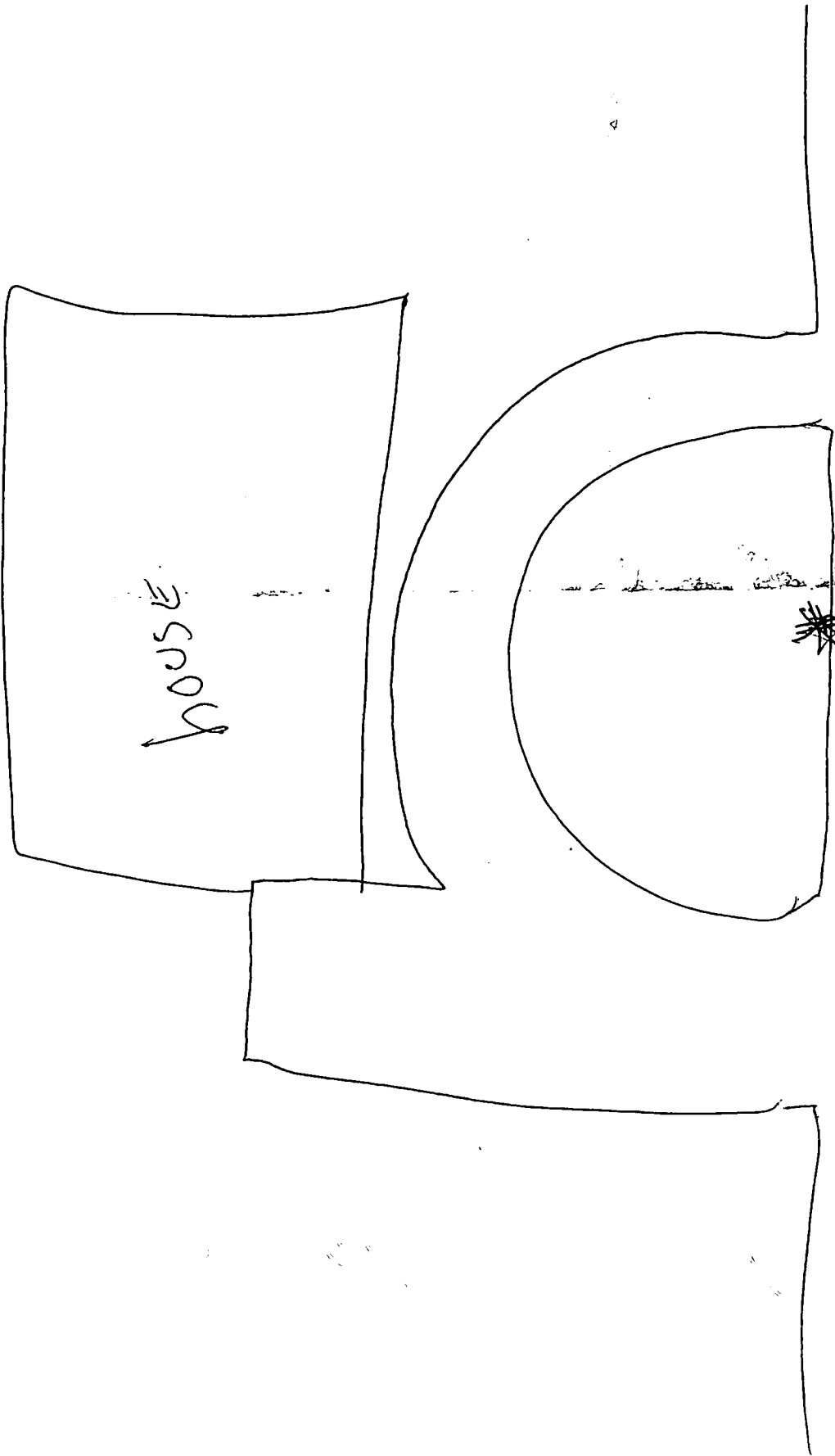
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DAINGEROUS TO Fall in ROAD

Signature of Property Owner X Richard Melosik Date 5/23/05

Approved by Building Inspector: [Signature] Date 5/23 Fee: 0

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





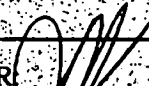

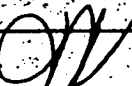


Camp

132 S.S.P. ROAD

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/23, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7539	DESANTIS	WINDOW	CKL	CLOSED FRIDAY
	73 S. RIVER RD			
	SPECIAL FORCES			INSPECTOR: 
7549	EARSELY	FINAL DOOR ELEC	PASS	CLOSE
4	3 LAGOON (SLG)	REAR		
	RIVERSIDE ELEC			INSPECTOR: 
TREE	DUNLAP	TREE	PASS	
3	115 HILLCREST DR			INSPECTOR: 
TREE	TOPPING	TREE	PASS	
2	7 MIDDLE RD			INSPECTOR: 
7297	MARTIN	TIN TAG	PASS	
1	23 ISLAND RD			
	PACIFIC ROOFING			INSPECTOR: 
TREE	MELOSH	TREE	PASS	
	132 S. SEWALL ST			INSPECTOR: 
TREE	ARMSTRONG	TREE	PASS	
	41 W. HIGH POINT			INSPECTOR: 

OTHER: _____