132 South Sewall's Point Road

236 SFR

Application For Building Permit

Owner BARBARA FOLBURN Prese	ent Address SEWALL'S PT. Phone	
Architect	Address	
General Contractor SykvESTER CONST.	Address Stude T Phone	287-548
Where Licensed STUART	License No.	
Plumbing Contractor_		
Electrical Contractor	Where Licensed No.	
Property Location_	Subdivision ARCHIPFIAGO Lot No.	6
-Lot Dimensions/68 x 100		
Purpose of Building PESIDENCE		
Building Area: Sq. Ft. (Exclusive		
Outside of Walls 1833	Inside of Walls 17/4	
Street or Road building will front	on SEWALL'S PT. RDI	
Clearances - Front 35 Back	25+ side 15+ side 15+ R	iver
Well Location	•	
Building elevation (By Ordinance D	Definition)	
Contract Price (Include Plumbing,	Electrical, Air Conditioning	19,0000
PERMIT FEE	New Home Additions Other	ers
General(\$3.00 per \$1000 or Fr	raction)/47.00	
Plumbing (Flat Fee)	\$10.00 \$3.00	
Electrical (Flat Fee)	<u>\$10.00</u> \$3.00	
Total (To be paid by General Contractor or Owner) -		
in the second of		, A
SIGNED: - General Contractor or Ow	mer Memos Z. Style	elle
Building Inspector Comments:		
	and the second s	
क्षत्र सम्बद्धाः स्थानस्थाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः स	eres er esteres er	
FOR TOWN RECORDS: Date Drawings su	ibmitted	
Date Permit appr	roved 9- 14-70	<u></u>
Date Permit Fee	paid 9-14-70	
Date First Inspe	ection	
Date First Inspe	ection	-
Date Occupancy a	approved	-

? SEAWALL

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner to buy N Present Address (VCh. Do lago Phone					
Architect bong Ford Munine Address					
General Contractor angina MarinAddress Palon 558 Phone 289-25					
Where Licensed Mutinco License No.					
Plumbing Contractor Where Licensed No					
Electrical Contractor Where Licensed No.					
Property Location Sph. Road Subdivision Whyles g. Lot No.					
Lot Dimensions Lot Area Sq. Ft.					
Purpose of Building Dawall Type of Construction Could					
Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)					
Outside of WallsInside of Walls					
Street or Road building will front on					
Clearances - Front Back Side Side River					
Well Location Septic Tank Location					
Building elevation (By Ordinance Definition)					
Contract Price (Include Plumbing, Electrical, Air Conditioning					
PERMIT FEE New Home Additions Others					
General(\$3.00 per \$1000 or Fraction)					
Plumbing (Flat Fee)					
Electrical (Flat Fee)					
Total (To be paid by General Contractor or Owner)					
Offrontuerely 162' Deaware - manghering					
SIGNED: - General Contractor or Owner					
Building Inspector Comments:					
V VV VV VV V V V V V V V V V V V V V V					
* *** *** *** *** *** *** *** *** ***					
FOR TOWN RECORDS: Date Drawings submitted 2/4/70					
Date Permit approved					
Date Permit Fee paid					
Date First Inspection					
Datc Final Inspection					
Date Occupancy approved					

Dale & Occupancy

1937 REPLACE DRIVEWAY

Date 6/

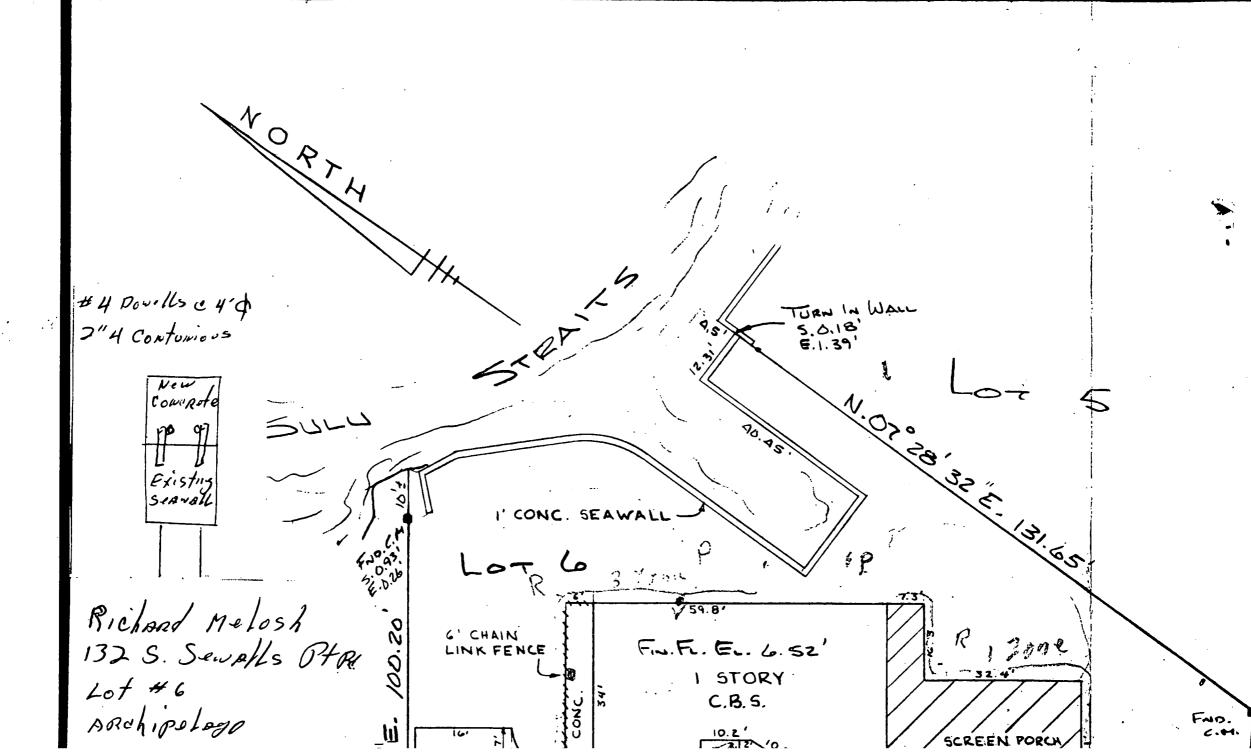
APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POO ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE	
This application must be accompanied by three (3) so cluding a plot plan showing set-backs; plumbing and and at least two (2) elevations, as applicable.	
Owner Richard Melosh	Present Address 32 S Souplls (7)
Phone	
Contractor Theodore Scatsma	Address RO Box 346
Phone 334 -1522	Jensun Bonal FLIS
1 5	License number <u>C600 1685 1</u>
Electrical contractor	License number
Plumbing contractor	License number
Roofing contractor	License number
Air conditioning contractor	
Describe the structure, or addition or alteration to	an existing strucutre, for which this
permit is sought: Weplace DRive wa	2 <u>y</u>
State the street address at which the structure will	
 Subdivision DRuh polago Lot	t number 6 Block number
Contract prices 2000. or Cost of	permit\$
Plans approved as submitted	Plans approved as marked
I understand that this permit is good for 12 months that the structure must be completed in accordance with understand that approval of these plans in no way recover of the Sewall's Point Ordinances, the State of Flow Code and the South Florida Building Code. Moreover, for maintaining the construction site in a neat and for trash, scrap building materials and other debris area and at least once a week, or oftener when necessand from the Town of Sewall's Point. Failure to comor Town Commissioner "red-tagging" the construction	with the approved plan. I further elieves me of complying with the rida Model Energy Efficiency Building, I understand that I am responsible orderly fashion, policing the areas, such debris being gathered in one ssary, removing same from the areamply may result in a Building Inspector project.
I understand that this structure must be in acceptate it must comply with all code requirements of the approval by a Building Inspector will be given.	
Owner	
TOWN RECORD	\bigcirc 1 \bigcirc
Date submitted 4/16 Approved	
Approved Schubell 6/24 Final Commissioner Date	Building Inspector Date Approval given #\$ 6/24 Date
Certificate of Occupancy issued(if applicable) Date	Date
SP1184 Per	cmit Number <u>1937</u>

2023 SEAWALL CAP

2023

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number			ate 10/29/86
APPLICATION FOR A PERMIT TO BUI ENCLOSURE, GARAGE OR ANY OTHER			
This application must be accomp cluding a plot plan showing set and at least two (2) elevations	-backs; plumbing , as applicable.	and electrical layouts,	if applicable,
Owner Richard Mul	losh	Present Address //	2 S. Saubl P.
Phone	· ·		
Phone Contractor Theodore Sie	Lang	Address Bo. Box	346
Phone			Bench FLis
Where licensed 5 fake		License number ()	CO 1685 1
•			100 /
Electrical contractor			
Plumbing contractor		License number	
Roofing contractor		License number	
Air conditioning contractor		License number	
Describe the structure, or addi permit is sought: ADD 13			
Seawall State the street address at whi		•	
Subdivision Back, polago Contract price\$ 2000, cue		Lot number 6 E	Block number
Contract price\$ 2000, and	Cost	of permit\$	
Plans approved as submitted		Plans approved as	marked
I understand that this per that the structure must be comp understand that approval of the Town of Sewall's Point Ordinance Code and the South Florida Buil for maintaining the construction for trash, scrap building mater area and at least once a week, and from the Town of Sewall's Por Town Commissioner "red-taggi	leted in accordances plans in no water the State of ding Code. Moreon site in a neaterals and other depond or oftener when recoint. Failure to	nce with the approved play relieves me of comply Florida Model Energy Efover, I understand that and orderly fashion, postoris, such debris being necessary, removing same comply may result in a stion project.	an. I further ring with the fficiency Building I am responsible plicing the area g gathered in one e from the area
I understand that this str that it must comply with all co approval by a Building Inspecto	de requirements d		_
	Owner_		
	TOWN RECORI		
Date submitted	Appro	oved Wale Word Building Inspector	Date
Approved		Final Approval given	
Commissioner	Date		Date
Certificate of Occupancy issued		ate	
SP1184	De	Permit Number	



6411 FACIA PERMIT EXPIRED

NO FINAL INSPECTION

	MASTI	ER PERMIT NO
, TO	OWN OF SEWALL'S POINT	
Date	BUILDING DALEY Type of Contractor PANT Lot PANT 23 Block ENAUS POINT ROAD DOODOO 3100000 Deck # 0165 Cash Other	Padon Fee
Total Construction Cost \$ 45	1	TOTAL Fees35.00_
Signed <u>Aft. Walk</u> Applicant	Signed Sine Tov	vn Building Official
BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	☐ ELECTRICAL ☐ ROOFING ☐ DEMOLITION ☐ TEMPORARY STRUCTURE ☐ HURRICANE SHUTTERS ☐ STEMWALL	□ MECHANICAL □ POOL/SPA/DECK □ FENCE □ GAS □ RENOVATION □ ADDITION □ FASCIA
	INSPECTIONS	
UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING	ROOF-IN-PROG ELECTRICAL RO GAS ROUGH-IN	JMNS NG RESS OUGH-IN
FINAL PLUMBING FINAL MECHANICAL FINAL ROOF	EARLY POWER FINAL ELECTR FINAL GAS	ICAL

BUILDING FINAL

ate:	Permit Number:
	Town of Sewall's Point ILDING PERMIT APPLICATION
WNER/TITLEHOLDER NAME: MARY	T. DALEY Phone (Day) 223-9486 (Fax) PT RD City: STUART State: FL Zip: 34996
bb Site Address: 129 S. SEWALL'S	PT RD City: STUART State: FL Zip: 34996
egal Description of Property:	Parcel Number:
wner Address (if different):	City: State: Zip:
escription of Work To Be Done: Namove for	offet & City: State: Zip:
ILL OWNER BE THE CONTRACTOR?:	Yes No (If no, fill out the Contractor & Subcontractor sections below)
ONTRACTOR/Company:	Phone: Fax:
reet: 129 Soundly At Red	cini Stuart some 7/4 zin 24091
	State Codification Number:
	State Certification Number: Martin County License Number:
OST AND VALUES: Estimated Cost of Construction	uction or Improvements: 1770,00 (Notice of Commencement needed over \$2500)
UBCONTRACTOR INFORMATION:	·
ectrical:	State:License Number:
echanical:	
umbing:	
pofing:	
	Phone Number:
reet:	City: State: Zip:
NGINEER	Phone Number:
reet:	City:State:Zip:
REA SQUARE FOOTAGE - SEWER - ELECTRIC	
	Wood Deck:Accessory Building:
I understand that a separate permit from the To FURNACE, BOILERS, HEATERS, TANKS DOCKS,	wn may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
ODE EDITIONS IN EFFECT AT TIME OF APPLICA National Electrical Code: 2002	
HEREBY CERTIFY THAT THE INFORMATION I HA (NOWLEDGE AND I AGREE TO COMPLY WITH A	AVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY ILL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
WNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)
tate of Florida, County of: Martin	On State of Florida, County of:
his the 5th day of September	
Mary T. Daly who	bywho is personally
nown to me or produced	known to me or produced
s Identification. Llubeth Dub	As identification.
Notary Public	Notary Public
Aly Commission Expires: EUZABETH C	CARTWRIGHT My Commission Expires: ON # DD 087531 Seal
PERMIT APPLICATIONS VALUE 30 DAYS	RUBY 29, 2006 B PROMAPPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statues 489.103(7).

This form is for all permits except electrical.

6790 REROOF WITHDRAWN

MASTER PERMIT NO						
TOWN OF SEWALL'S POINT						
Date $\frac{14/04}{}$	BUILDING PERMIT NO. 6790					
Building to be erected for DACEY	TO 17					
Applied for by A A Academy (D) ==	Type of Permit					
Applied for by An American Roof	N ← (Contractor) Building Fee					
Subdivision HarrSENGRANT Lot PARTOE 3	Block Radon Fee					
Address 1295, SENAUS POIN	T PO Impact Fee					
Type of structure TM	A/C Fee					
Parcel Control Number:	Electrical Fee					
	Plumbing Fee					
13384100000000003100	20.00 Roofing Fee					
Amount Paid /20.00 Check # 3301 Cash_	Other Fees ()					
Total Construction Cost \$ 75.79.60	TOTAL Fees 120.06					
Signed Sendra S. Brable Sig	ned H					
Applicant						
. A.F. soon	Town Building Official					
PERM	NIT					
☐ BUILDING ☐ ELECTRICAL	☐ MECHANICAL					
☐ PLUMBING	☐ POOL/SPA/DECK ☐ FENCE					
☐ SCREEN ENCLOSURE ☐ TEMPORARY ST						
☐ FILL ☐ HURRICANE SHI ☐ TREE REMOVAL ☐ STEMWALL	UTTERS					
INSPECT	IONS					
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 MECHANICAL ROUGH-IN	GAS ROUGH-IN					
FRAMING	EARLY POWER RELEASE					
FINAL PLUMBING	FINAL ELECTRICAL					
FINAL MECHANICAL	FINAL GAS					
FINAL ROOF	BUILDING FINAL					

.__ ___.

Date: 6/4/04	Town of S	ewell's Daint	Permit Number	:
	BUILDING PERI	ewall's Point MIT APPLICAT	ION	
OWNEDITH EUOLDED NAME MA				
OWNER/TITLEHOLDER NAME: MAN				
Job Site Address: 129 S. SEWALL'S	I C DAIAIT			
Legal Desc. Property (Subd/Lot/Block) 666 A.	7 5/LM OF N 145.	9 06 Parcel Nu	mber: 13-38-41-000-	00.00031.0
Owner Address (if different):		City:	State:	Zip:
Description of Work To Be Done: 15-Room	F TAR! GRAVE	CANDFLAT	TO SHINGLE A	ND FLAT
WILL OWNER BE THE CONTRACTO	, , ,		out the Contractor & Subc	•
CONTRACTOR/Company: TREASU	RICAN ROOFIN	C Phone:	163-8055 Fax:	463-8054
Street: 3006 SE WAALER 5				
State Registration Number:	State Certification No	ımber: <u>CCC058</u> 7	18 Martin County License	Number:
COST AND VALUES: Estimated Cost of C		nts: \$ 7,57 9.00		ement needed over \$2500)
SUBCONTRACTOR INFORMATION:				
Electrical:		State:	License Number:_	
Mechanical:				
Plumbing:		State:	License Number:	
Roofing:		State:	License Number:	
	***************	77322332222222222222222222222222222222	****************	
ARCHITECT			Phone Number:	
Street:		City:	State:_	Zip:
ENGINEER		######################################		2386648888888888898
Street:			Phone Number:State:	
=======================================		CRY	State:_	Zip:
AREA SQUARE FOOTAGE - SEWER - ELECT	TRIC Livina:	Garage:	Covered Patios: Sc	manad Pasah:
Carport: Total Under Roof	Wood E	 Deck:	Accessory Building:	reened Foldi
	132222222222222222222		777777777	
I understand that a separate permit from th FURNACE, BOILERS, HEATERS, TANKS DO	e Town may be required (CKS, SEA WALLS, ACC) REMOVAL AN	for ELECTRICAL, PLU ESSORY BUILDING, \$ ID RELOCATIONS.	MBING, MECHANICAL, SIG SAND OR FILL ADDITION O	NS, POOLS, WELLS, R REMOVAL, AND TREE
CODE EDITIONS IN EFFECT AT TIME OF APP National Electrical Code: 2002	PLICATION: F	Florida Building Code	Structural, Mechanical, P	lumbing, Gas): 2001
I HEREBY CERTIFY THAT THE INFORMATION KNOWLEDGE AND I AGREE TO COMPLY WI		======================================		
OWNER OR AGENT SIGNATURE (required)	·····		SIGNATURE (regulated)	UILDING PROCESS.
State of Florida, County of: MARTIN		On State of Fla	the same of the sa	
This the 3RD day of JUNE	.200 \$	This the	orida, County of Mark	
by	who is personally	by	day of	200 9
known to me or produced		known to me o	r produced.	who is personally
as identification Beadla S. DIL	ble	As identification		Sea-16
Notary, Publ	lic		-	ary Public
My Commission Expires: ///24/06		My Commissio	n Expires:	el
4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L NOTARY SEAL RAS BRAMBLE DAYS FROM APPROVAL		CIARYPU	Seal KENDRA'S BRAMBLE COMMISSION NUMBER
PERMIT APPLICATIONS VALID 30 C	SSION NUMBER APPROVAL 20167210	ROTIFICATION - PL	EASE PICK UP YOUR PER	ILT PROMETILY210
MY COM	MISSION EXPIRES		OFFLO	NOV. 24,2008



PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning One Owens Corning Parkway Tolcdo, OH 43659

BUILDING CODE COMPLIANCE OFFICE METRO-DADE FLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603 MIAMI, FLORIDA 33130-1563 (303) 375-2901 FAN (305) 375-2908

> CONTRACTOR LICENSING SECTION (303) 375-2527 FAX (305) 375-253x

CONTRACTOR ENFORCEMENT DIVISION (305) 375-2966 FAX (305) 375-2903

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

Your application for Notice of Acceptance (NOA) of:

Oakridge 30 AR

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

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

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

ACCEPTANCE NO.: 01-0522.03 EXPIRES: 07/19/2006

Raul Rodriguez Chief Product Control Division

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

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

APPROVED: 07/19/2001

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

DATE:

BUILDING OFFICIAL Gene Simmons

Francisco J. Quintana, R.A.

Farous / duntesa

Director

Miami-Dade County

Building Code Compliance Office

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 THE NOTICE OF COMMENCEMENT.

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF	<u> </u>
OWNER: MARY T. DALEY	
ADDRESS: 129 5 SEWALL'S POINT R	D. STURET FL 34996
	#:
	SURE COAST, INC,
	FAX#:(772)463-8054
SURETY COMPANY (IF ANY):	
ADDRESS:	
BOND AMOUNT:	TNOTO A ACC.
LENDER:	PECOPOED OC 104 1000
ADDRESS:	61.55
PHONE #:	
NAME:ADDRESS:	
	AX #:
N ADDITION TO HIMSELF, OWNER DESIGNATES	
	COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION
/13.13(1)(B), FLORIDA STATUTES.	OF THE EIGHOR'S NOTICE AS PROVIDED IN SECTION
	AX #:
PHONE #:FA	
EXPIRATION DAT OF NOTICE OF COMMENCEMENT:	
EXPIRATION DAT OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATA BOVE.	E OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED
EXPIRATION DAT OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE BOVE, Mary T Duly	E OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED OFFICIAL NOTARY SEAL KENDRA'S BRANCES OFFICIAL NOTARY SEAL KENDRA'S BRANCES
EXPIRATION DAT OF NOTICE OF COMMENCEMENT: HE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT BOVE, Mary T Wally IGNATURE OF OWNER	E OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED OFFICIAL NOTARY SEAL XENDRA'S BRANCHE COMMISSION NUMBER D0167210
EXPIRATION DAT OF NOTICE OF COMMENCEMENT: HE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT BOVE Mary T Duly IGNATURE OF OWNER	E OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED OFFICIAL NOTARY SEAL XENDRA'S BRANCHE COMMISSION NUMBER D0167210
XPIRATION DAT OF NOTICE OF COMMENCEMENT: HE EXPIRATION DATE IS ONE (I) YEAR FROM THE DAT BOVE Mary T Daly IGNATURE OF OWNER WORN TO AND SUBSCRIBED BEFORE ME THIS 320 DA 10150 MARY T. DALGY	TE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED OFFICIAL NOTARY SEAL MEMORIA'S BRIANCES COMMISSION NUMBER DD167210 MY COMMISSION EXPIRES NOV: 24,2006 PERSONALLY KNOWN
EXPIRATION DAT OF NOTICE OF COMMENCEMENT: HE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT BOVE, Mary T Duly	TE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED OFFICIAL NOTARY SEAL KENDRA'S BRANCHE COMMISSION NUMBER DO167210 MY COMMISSION EXPIRES NOV. 24, 2006 PERSONALLY KNOWN

014104

DATE -

All American Roofing of The Treasure Coast, Inc.

3006 SE Waaler Street, Stuart, FL 34997

Lic. #CC-C058118

December 13, 2004

Town of Sewell's Point Attn: Permitting

To Whom It May Concern:

Please allow this letter to confirm that All American Roofing of The Treasure Coast, Inc. would like to withdraw Permit # 6780, which was issued on 6/4/04. We will not be continuing work on the property of Gene Daley at 129 S Sewell's Point Rd., at the client's request. He had originally put things off due to his wife's liness. Now, since things have changed, he is requesting his deposit back from us. If at all possible, we would also like to request a refund for the permit that we pulled in good faith.

Please follow up with Kendra Bramble at 463-8055 at your earliest convenience.

Thank you,

Kendra 8. Bramble

la SBILILE

Off. Admin.

Office: (772) 463-8055

Fax: (772) 463-8054

6872 A/C CHANGEOUT

EXPIRED (NO FINAL INSPECTION)

TOWN OF SEWALL'S POINT							
Date 8/26/04_		BUILDING P	ERMIT NO.	6872			
Building to be erected for DA	HEY	Type of Permit	CHANG	sour Alc			
Applied for by NISAIR	LIR COND.	(Contractor)	Febolo 25 Suilding Fee	250.00			
Subdivision Hansen CRAN	1 IND 02 3BI	ock	Radon Fee _				
Address 1295, Sen							
· · · · ·			•	/			
Type of structure 5 FP			A/C Fee _	/			
	·	E	ectrical Fee_				
Parcel Control Number:		PI	umbing Fee _				
13384100000	20000 3K0000	00	Roofing Fee _				
Amount Paid \$250.00Check		Other Fees	()_				
Total Construction Cost \$ 4800			TOTAL Fees				
lotal Construction Cost \$ _7000			TOTAL TEES				
Signed Thomas 7	Signe	ed Lone	Sums	nous Ot			
Applicant Town Build							
, , , , , , , , , , , , , , , , , , , 	DEDIA	1 .	-				
	PERM	11					
BUILDING	ELECTRICAL	×	MECHANIC				
PLUMBING DOCK/BOAT LIFT	☐ ROOFING ☐ DEMOLITION		POOL/SPA/ FENCE	DECK			
SCREEN ENCLOSURE	☐ TEMPORARY STE	RUCTURE					
FILL	☐ HURRICANE SHU	TTERS		ON			
TREE REMOVAL	□ STEMWALL	<u> </u>	ADDITION				
	INSPECT	IONS					
UNDERGROUND PLUMBING		UNDERGROUND GAS					
UNDERGROUND MECHANICAL		UNDERGROUND ELEC	TRICAL				
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		FINAL ELECTRICAL					
FINAL PLUMBING FINAL MECHANICAL		FINAL GAS					

BUILDING FINAL

FINAL ROOF

/ 1	of Sewall's Point	
	PERMIT APPLICATION	
OWNER/TITLEHOLDER NAME Gene Dale	<i>f</i>	
		TState: FCZip: <u>34996</u>
Owner Address (if different): Same	City:	State: Zip:
Description of Work To Be Done: Change - OUT	OF AIC EQUIP	MENT
WILL OWNER BE THE CONTRACTOR?:	COST AND VALUES:	//
YES NO	Estimated Cost of Constructio (Notice of Commencement need Estimated Fair Market Value programme (Notice of Commencement)	
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or m	ore of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany application)	Method of Determining Fair Ma	arket Value:
CONTRACTOR/Company NISAIR AIR COM	LITUNING Phone: 283	-0904 Fax: 283-1229
Street: 1501 Decker Ave Dyou	STUARETY:	State EC Zip 4994
State Registration Number: <u>CACO 41199</u> State Certifical	ion Number: <u>(</u>	artin County License Northber: 578 - 989
SUBCONTRACTOR INFORMATION:		
Electrical:	State:	License Number:
Mechanical:		
Plumbing:		
Roofing:	State:	License Number:
architect $\lambda \mathcal{NQ}$,	Lic # Pho	ne Number:
Street:	City:	
ENGINEER_U(AI	ic#Phone	Number:
Street:	City:	State:Zip:
		Patios: Screened Porch:
	/ood Deck:Ac	
	=======================================	
I understand that a separate permit from the Town may be req BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILD	NNG, SAND OR FILL ADDITION OR REM	MOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florid	a Energy Code: 2001	tural, Mechanical, Plumbing, Gas): 2001 Florida Accessibility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISH KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICAB	ED ON THIS APPLICATION IS TR	UE AND CORRECT TO THE BEST OF MY ICES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (required)	CONTRACTORSIGN	drune (required)
State of Florida, County of: Mantin	On State of Fuorida, C	ounty of: Martin
This the 25 day of august	This they 32.5	day of allowest 200 4
by Hene Waley who is personally	by Flille C	Auga Manumuna is personally
known to me or produced the state of the sta	known to me of produ	CENTULAN STREET FOR THE STREET FOR T
as identification. White it is a sidentification.	As identification	Monday & Committee
My Commission Expires:	My Commission Expir	es: 9-19-08 80 / 1
Seal 32 #DD 201108	GYNE SOTIFICATION - PLEASE F	Se#DD 321108
PERMIT AT LICATIONS VALUE SO OF THE PROPERTY O	OF JULY	Able Crafe
MINICIO STATE	William.	William

12/01/99

/data/gmd/bzd/bldg_forms/Noc.aw

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD SEO#L04061100826

DATE BAICHNUMBER LICENSE NBR THE SEO#L04061100826

The CLASS B AIR CONDITIONING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter HESATE Expiration date: AUG 31, 2006

NISA, PHILIP ANTHONY OR NISAIR AIRCONDITIONING STUART FL 34994

DIED BUSH STUART FL 34994

JUEB BUSH GOVERNOR DISPLAYAS REQUIRED BY LAW SECRETARY

	ACCRD	CERTIFIC	ATE OF LIABILI	ITY INSU	RANCE	OPID SE NISAI-1	DATE (MM/DD/YYYY) 12/19/03
PRO	DUCER wart Insura			THIS CERT	IFICATE IS ISSUE CONFERS NO RIG	D AS A MATTER OF INFO SHTS UPON THE CERTIL E DOES NOT AMEND, EX	ORMATION FICATE
30	70 S W Mapp)		ALTER THE	COVERAGE AFF	ORDED BY THE POLICI	ES BELOW.
Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389			INSURERS A	FFORDING COVE	RAGE	NAIC#	
INSL	IRED				Southern Ow		10190
	Micai	r Air Conditi	oning	INSURER B:	Auto Owners	Insurance Co	18988
	Perso	nalized Servi	ces Inc dba	INSURER C:		1.	
	1501 Stuar	Decker Ave, S t FL 34994	uite D404	INSURER D:		TRECEIL	/ED
				INSURER E:			/i i : 1 2
	VERAGES						(1):13
At M.	NY REQUIREMENT, TE AY PERTAIN, THE INSI	RM OR CONDITION OF ANY JRANCE AFFORDED BY TH	/E BEEN ISSUED TO THE INSURED NAME(/ CONTRACT OR OTHER DOCUMENT WIT) E POLICIES DESCRIBED HEREIN IS SUBJE BEEN REDUCED BY PAID CLAIMS.	H RESPECT TO WHICH	H THIS CERTIFICATE M	AY BE ISSUED OR	
NSR	'ADD'C	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	<u> </u>
LIK	GENERAL LIA			DATE (MINESOTTY)	DATE (MINISOTTY)	EACH OCCURRENCE	s 1000000
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••	\ }	IMS MADE X OCCUR		,_,,,,	,_,	MED EXP (Any one person)	s 10000
		<u></u> 0000				PERSONAL & ADV INJURY	s 1000000
						GENERAL AGGREGATE	s 2000000
	GEN'I AGGRE	GATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
	POLICY	PRO- JECT LOC					
В	AUTOMOBILE X ANY AUT	LIABILITY	96-826-376	12/20/03	12/20/04	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	! 	IED AUTOS LED AUTOS				BODILY INJURY (Per person)	s
	X HIRED AL	JTOS NED AUTOS				BODILY INJURY (Per accident)	s
						PROPERTY DAMAGE (Per accident)	s
	GARAGE LIAE	BILITY				AUTO ONLY - EA ACCIDENT	S
	ANY AUT	0				OTHER THAN EA ACC	
						AUTO ONLY: AGG	<u> </u>
	EXCESS/UMB	RELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR	CLAIMS MADE				AGGREGATE	\$
	<u> </u>						\$
	DEDUCT	BLE					\$
	RETENTI	ON \$				I WC STATU- I OTH-	\$
	WORKERS COMPEN					TORY LIMITS ER	
	ANY PROPRIETOR/P	PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER E	EXCLUDED?		•		E.L. DISEASE - EA EMPLOYEE	
	SPECIAL PROVISION	1S below				E.L. DISEASE - POLICY LIMIT	\$
	OTHER						
DES	CRIPTION OF OPERAT	TIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	VISIONS	L	
			r - Florida Employees				
CE	RTIFICATE HOLD	ER		CANCELLAT			
	fax 2	of Sewalls Po		DATE THEREOF	; THE ISSUING INSURE CERTIFICATE HOLDE LIGATION OR LIABILITY	BED POLICIES BE CANCELLED FR WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT F. Y OF ANY KIND UPON THE INSL	10 DAYS WRITTEN AILURE TO DO SO SHALL
		ewalls Point t FL 34996	коаа	AUTHORIZED BE		. Coons	
AC.	DRD 25 /2001/08)					© ACORD	CORPORATION 1988

	<u> </u>								DATE (MM/DD/YYYY)
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The Plastridge Agency-SO H						HOLDER.	THIS CERTIFIC	ATE DOES NOT AME! AFFORDED BY THE P	ND. EXTEND OR
710) S.	E	. Ocean Blvd. L 34994-2427			ALIERIA	IE COVERAGE	AFFORDED BY THE P	OLICIES BELOW
			2-287-5532 Fax:77	12-287-5572		INSURERS	AFFORDING CO	OVERAGE	NAIC#
INSU							FCCI Insura		
						INSURER B:			
			Nisair Air Conditi Personalized Servi	ces Inc. dba		INSURER C:			
			1501 Decker Avenue Stuart FL 34994-39	#D404 64		INSURER D:			
						INSURER E:		· · · · · · · · · · · · · · · · · · ·	
	VER			W HAVE BEEN ISSUED TO THE IN	USI IDI	ED NAMED AROV	/E FOR THE POLICY	PERIOD INDICATED, NOTW	ITHSTANDING
AN M	Y RE	QUIF	REMENT, TERM OR CONDITION (N, THE INSURANCE AFFORDED	OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED HI HAVE BEEN REDUCED BY PAID	OCUI EREIN	MENT WITH RES I IS SUBJECT TO	PECT TO WHICH T	HIS CERTIFICATE MAY BE IS:	SUED OR
	ADD'L		TYPE OF INSURANCE	POLICY NUMBER	PC	DLICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
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			CLAIMS MADE OCCUR						\$
	ļ								\$
									\$
		GEN	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$
		AUT	POLICY JECT LOC OMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	s
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		\neg	SCHEDULED AUTOS					(Per person)	S
			HIRED AUTOS		!		1	BODILY INJURY (Per accident)	s
					! .		! !	PROPERTY DAMAGE (Per accident)	s
		GAR	AGE LIABILITY				,	AUTO ONLY - EA ACCIDENT	s
			ANY AUTO			:		OTHER THAN EA ACC	\$
				<u> </u>	;			AUTO ONLY. AGG	s
		EXC	ESS/UMBRELLA LIABILITY						S
			OCCUR CLAIMS MADE						S S
			OFFICIAL F						5
			DEDUCTIBLE RETENTION 5					<u> </u>	s
	wor	KERS	COMPENSATION AND		- -			WC STATU- OTH-	-
A	EMPL	OYE	RS' LIABILITY PRIETOR/PARTNER/EXECUTIVE	44571		01/01/04	01/01/05	· · · · · · · · · · · · · · · · · · ·	s 100000
	OFFIC	ER/N	MEMBER EXCLUDED?		•			EL DISEASE - EA EMPLOYEE	s 100000
	SPEC	IAL F	ribe under PROVISIONS below		<u>i</u>			EL DISEASE - POLICY LIMIT	s 500000
	OTHE	R			į				
					İ			! 	
DES	CRIPTI	о ис	F OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOR	RSEME	NT / SPECIAL PRO	VISIONS	<u>'</u>	
•									
CE	DTIE	C ^	TE HOLDER			CANCELLA	TION		
UE	KIIF	CA	IL HOLDEK	00000		r ————		BED POLICIES BE CANCELLED B	SEFORE THE EXPIRATION
				00000	.00			ER WILL ENDEAVOR TO MAIL	
						ı		 R NAMED TO THE LEFT, BUT FAIL	
			Sewalls Point			IMPOSE NO OBL	IGATION OR LIABILITY	OF ANY KIND UPON THE INSUR	ER, ITS AGENTS OR
1 S. Sewalls Point Road REPRES				REPRESENTATI					
Stuart FL 34996				AUTHORIZED REF	PRESENTATIVE	(//	26		

ACORD 25 (2001/08)

©ACORD CORPORATION 1



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NISA, PHILIP ANTHONY JR NISAIR AIRCONDITIONING 1501 DECKER AVE #D-404 STUART FL FL 34994

STATE OF FLORIDA

AC/0469768

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 41199 07727702 011150837

CERTIFIED ADRECON NIBA, PHI NIBAIR AT

IS CERTIFIED under the provisions of ch. 489 Fs. Expiration date: AUG 31, 2004 BEQ # L0206270066

DETACH HERE

AC# 0469768

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEQ#L0206270066

The CLASS B AIR CONDITIONING CONTRI Named belown IS CERTIFIED
Under the provisions of Chapter Expiration date: AUG 31, 2004

in the state of NISA, PHILIP ANTHONY JR NISAIR AIRCONDITIONING 1501 DECKER AVE #D-404

FL 34994

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JEB BUSH &

DISPLAY AS REQUIRED BY LAW

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KIM BINKLEY-SEYER SECRETARY

NO N

CHARACTER COUNTS IN MARTIN COUNTY PREV YR. \$	003-2004 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE COUNTY OCCUPATIONAL LICENSE Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (561) 288-5604	DOENS 986 = 518 = 989 CERT Z ST 110
	PREV YR. \$.00 LIC. FEE \$.25.00 \$.00 PENALTY \$.00 \$.00 COL. FEE \$.00 \$.00 TRANSFER \$.00 TOTAL 25.00	MISAIR AIR CONDITIONOD SERVICE TO C TO BOSTIEN 99 88/12/2883 0021 HURRE 1986518865896668

7280 INTERIOR RENOVATIONS ABANDONDED

TOWN OF SEWALL'S POINT

Type of Permit ALA, SOPTING PORTS STATE OF THE PORTS (Contractor) Building Fee 271.80 Block Radon Fee Impact Fee A/C Fee Electrical Fee
Plumbing Fee\ 000310000 Roofing Fee35.00
Cash Other Fees () TOTAL Fees
Signed Serve Surrows Ph. Town Building Official
PERMIT
CTRICAL MECHANICAL MECHANICAL MECHANICAL POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ADDITION
NSPECTIONS
UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS ELECTRICAL ROUGH-IN GAS ROUGH-IN EARLY POWER RELEASE FINAL ELECTRICAL

Date: 1/15/04 BUILDING P	f Sewall's Point PERMIT APPLICATION Permit Number:
OWNER/TITLEHOLDER NAME: OF THE PARTY OF THE	Phone (Day) 223-9486 (og) (Fax) 335-0517
Job Site Address: 129 5. SEWALLS POINT EDIS SEWALLS POINT, BEG @ 5/LN OF N. 145.9 OF L	City: SEWALL POINT State: TZ Zip: 34996. Parcel Number: 13.38-41-000-000-00031-0 City:
WLY 152' NLY	City:Zip:
Owner Address (if different):	KITCHOW & BATH CASINITY/FASCIA/SOFFIT
Description of Work To Be Done: KOOF LEVALS DRY WALL	12.7.76.460 0 19.711 (723.464 7-723.614 7 - 6.7 7 - 1
WILL OWNER BE THE CONTRACTOR?:	COST AND VALUES: 20212 83
YES (O	COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 28,313. 85 (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$ 96,380.
(-	Estimated Fair Market Value prior to improvement. \$
(If no, fill out the Contractor & Subcontractor sections below)	IS improvement cost so to or more or i an internet
(If yes, Owner Builder Affidavit must accompany application)	Method of Determining Fair Market Value: TA+ ROLL
CONTRACTOR/Company SPECIAL FORCES	Phone: 692-0302 Fax: 692-4112 City: 57427 State: 2 zip: 34984
Street: 623 BUCK HENDRY WAY	City: STUART State: Zip: 34994
State Registration Number: CCC 059083 State Certification	on Number: <u>CGC 65 908 3</u> Martin County License Number: <u>Z003 5/ 303</u> 2
SUBCONTRACTOR INFORMATION:	·
Electrical:	State:License Number:
Mechanical:	State: License Number:
Plumbing:	
Roofing:	State:License Number:
***************************************	Ohena Number
ARCHITECT	Lic.#:Phone Number:Zip:
Street:	
	#Phone Number:
CHOINES.	City:State:Zip:
Street:	
THE SOURCE CONTACT SERVER - ELECTRIC Living	Garage:Covered Patios: Screened Porch:
Compd: Total Under Roof Wo	ood Deck:Accessory Building:
	red for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, PURIAGE, NG, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida	Florida Building Code (Structural, Mechanical, Plumbing, Gas). 2001 Energy Code: 2001 Florida Accessibility Code: 2001
	D ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY E CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)
State of Florida, County of:	On State of Florida, County of: Martin
This theday of,200	This the 14 day of January 200 B
bywho is personally	by Michael Roberts who is personally
known to me or produced	known to me or produced
as identification.	As identification Purgason
Notary Public	Confinitission #DD 166486
My Commission Expires:	My Commission Expires: Expires: Dec 06, 2006
Seal	OVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY
PERMIT APPLICATIONS VALID 30 DAYS FROM APPRO	TVAL NUMPICATION - I CENSET TON OF TOOM FEMALES

ACORD. CERTIFICATE OF LIAB		12/30/04
R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFO ONLY AND CONFERS NO RIGHTS UPON THE CERTIF HOLDER. THIS CERTIFICATE DOES NOT AMEND, EX ALTER THE COVERAGE AFFORDED BY THE POLICE	TCATE TEND OR
Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	INSURERS AFFORDING COVERAGE	NAIC #
NSURED	INSURERA Southern Owners Insurance	10190
	INSURER B: Auto-Owners Insurance Co	18988
Special Forces Restoration	INSURER C:	
623 Buck Hendry Way Stuart FL 34994	INSURER O:	
Stuart FL 34994	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.

BOU	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
4370						:1,000,000
ŀ		20628155	01/15/04	01/15/05	PREMISES (Ea occurence)	\$100,000
ł		2002020		ĺ	MED EXP (Any one person)	:10,000
}	LA MARINE A COLOR			Ì	PERSONAL & ADV INJURY	\$1,000,000
	<u> </u>				GENERAL AGGREGATE	\$2,000,000
ĺ					PRODUCTS - COMP/OP AGG	\$1,000,000
			+		COMPUSED CINCI S LIMIT	
		4222222	11/27/04	11/27/05	(Es accident)	\$ 300,000
		4328287900	11/1/04	12,2.,00		
	ALL OWNED AUTOS				(Per person)	\$
	SCHEDULED AUTOS					
	HIRED AUTOS				(Per accident)	\$
	NON-OWNED AUTOS	İ				
					(Per accident)	\$
	CADACE LIMBS (TY				AUTO ONLY - EA ACCIDENT	\$
		THE CONTRACT BATTER SCREET	Ì		OTHER THAN EA ACC	\$
	~···	BOY COVERED BY ILLES INC.	İ		ALITO ONLY AGG	\$
	CACCAGA BADDELL A LINES LLA				EACH OCCURRENCE	\$
		and Comment of Post of Ballinery		ĺ	AGGREGATE	\$
		BOT COASTER ALIENT MEETS				8
	<u></u>					\$
		į				\$
					TORY LIMITS ER	
WORKERS COMPENSATION AND EMPLOYERS LIMBLITY ANY PROPRIETOR/PARTNEREXECUTIVE OFFICER/MEMBER EXCLUDED? Uses describe limits.					E L EACH ACCIDENT	\$
		BOT COVERED T/TELS AGENCY			E L DISEASE - EA EMPLOYEE	\$
				1	EL DISEASE - POLICY LIMIT	5
SPE	CIAL PROVISIONS below			 		
-		2222255	01/15/04	01/15/05	Equip	\$11,500
Equipment Floater		20628155	01/15/04	32,23,03	Rental	•
	ANY OF E	CARAGE LIABLITY ANY AUTO EXCESSAMBRELLA LIABRITY OCCUR CLAIMS MADE OCCUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABBITY ANY PROPRIETOR/PARTIMER/EXECUTIVE	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS NADE X OCCUR GENT, AGGREGATE LIMIT APPLIES PER POLICY PROPERTY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS CARAGE LIABILITY ANY AUTO EXCESSAMBRELLA LIABILITY OCCUR CLAIMS NADE WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUGED? If yes, disscribs under SPECUAL PROVISIONS below OTHER	GENERAL LIABLITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GENT. AGGRECATE LIMIT APPLIES PER POLICY PECT LOC AUTOMOBILE LIABLITY X ANY AUTO ALL OWNED AUTOS SCHEDLAED AUTOS HIPED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS CARAGE LIABLITY ANY AUTO ANY AUTO EXCESSAMBRELLA LIABLITY OCCUR CLAIMS MADE CECLUSTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABLITY OFFICERALENGER EXCLUSEO? If yes, describe undeilt WORKERS COMPENSATION AND EMPLOYERS LIABLITY FOR PICTOR TOWNSIONS below OTHER	CENERAL LUBBLITY X COMMERCIAL GENERAL LUBBLITY CALINS MADE X OCCUR CENT. ACCRECATE LIMIT APPLIES PER POLICY PRO POLICY RCT LOC AUTOMOBILE LUBBLITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS OCCUR CLAIMS MADE EXCESSAMBRELLA LUBBLITY OCCUR CLAIMS MADE OF COVERED VIYELS ACRECY WORKERS COMPENSATION AND EMPLOYER'S LABBLITY ANY PROPRIETOR PATTICE RECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RECUTIVE OFFICERAMENTE REPRESECUTIVE OFFICERAMENTE REPRESECUTIVE OFFICERAMENTE REPRESECUTIVE OFFICERAMENTE REPRESECUTIVE OFFICERAMENTE REPRESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ON OWNERS ON THE SAME ACRECT NOT COVERED VIYELS AGENCY OUT OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PROPRIETOR PATTICE RESECUTIVE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY ANY PATTICE OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENTE LABBLITY OFFICERAMENT	SERRAL LIABLITY COMMERCIAL GENERAL LIABLITY COMMERCIAL COMMERCIAL GENERAL LIABLITY COMMERCIAL GENERAL LIABLITY COMMERCIAL GENERAL LIABLITY COMMERCIAL COMMERCIAL GENERAL LIABLITY COMMERCIAL COMMERCIAL GENERAL LIABLITY COMMERCIAL COMMERC

CER	TIFIC	ATE	HOL	DER

CANCELLATION

TONNOTS

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $10 \, ^{\diamond}$ 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, IT'S AGENTS OR

REPRESENTATIVES.

Town of Sewalls Point 1 South sewalls Point road Stuart FL 34996

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ACORD 25 (2001/08)

AC# 1466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEC#104062900644 CONSTRUCTION INDUSTRY LICENSING BOARD SEC#104062900644

BAICHBURGER FIG ASE NER

06/29/2004 030755587 CaC059083

The GENERAL CONTRACTOR Named below is CERTIFIED Under the provisions of Chapter 4 Expiration date: AUG 31, 2006

ROBERTS, MICHAEL & SPECIAL FORCES RESTORATION & CONST. INC. 623 BUCK HENDRY WAY FL 34994 STUART

JEB BUSH GOVERNOR

ı

DISPLAY AS REQUIRED BY LAW

...5

DIANE CARR SECRETARY



CITY OF STUART OCCUPATIONAL LICENSE 2004-2005

BUSINESS	CONTRACTOR - GENERAL
TYPE	

OWNER AND OCATION

MICHAEL ROBERTS 652 BUCK HENDRY WAY

STATE LICENSE CGC0590B3

## 10 1 1 1 1 1 5 FE	ACCOUNT NO.	ES VEGOSYA! 198
4237	20487	061001

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

This conveniental ligance dees not permit the holder to operate in violation of any City law, erdinance, or regulation. Any changes in location or comprising must be suproved by the City License Section, subject to coning retrictions. The License does not constitute an endorsement, approved, or decoproved of the holder's still or componence or of the nedlands or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

/00		TRANSPER M	SCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

SPECIAL FORCES REST & CONST BUSINESS MICHAEL ROBERTS NAME AND 652 BUCK HENDRY WAY MARING STUART, FL 34994 ADDRESS

DATE 10/06/2004

CHERYL WHITE

CITY CLERK

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

CERTIFICATE OF EXEMPTION 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

10/10/2003

EXPIRATION DATE

10/09/2005

PERSON

ROBERTS

MICHAEL

Α

SSN

095-58-5823

FEIN

651138038

BUSINESS

SPECIAL FORCES RESTORATION & CONSTRUCTION I

652 BUCK HENDREY WAY

STUART

FL 34994

NOTE: Pursuant to Chapter 440.10(1),(g),2,F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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

CONSTRUCTION INDUSTRY

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FL 34994

NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 449.

CUT HERE

Carry bottom portion on the job, keep upper portion for your records.

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TIN COUNTY

25.00

5.00

800

ROBERTS, MICHAEL A. (QUALIFICATION:

SPECIAL FORCES RESTOR. AL CONSTRUCT.

AL CONTRACTOR 652 BUCK HENDRY WAY

STUART FL 34994
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UCENSE 003-513-032 CEAT CGCO 59083

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 8013, Sharri, FL 34986

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Steerl, FL'34985 (561) 288-5804

CHARACTER COUNTS IN MARTIN COUNTY

STATE CERTIFIED GENERAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD RECINISHED ON THE

29 DECEMBER 04

мо tions ветвыем за 2005

	OTICE OF COMMENCEMENT
Permit No.	Property Tax ID No. 13-38-41-000-00
State of Florida	County of wand
The Undersigned hereby gives not	ice that improvement will be made to certain real property, and
in accordance with Chapter 713. F	lorida Statutes, the following information is provided in this
Notice of Commencement.	provided in this
Legal Description of property and addres Sewalls Point, たっれり かんしゅのそん	sifavailable 129 S. SEWALLS POINT RD 145,91 of 10+3+ SeWALLS POINT RD
General description of improvements	145.91 of 10+3+ SEWALLS POINT FLA. DEYWALL WATER DAMAGE CADINETS
Owner EUGENE DALLY T	eus-
Address 129 S. SEWALL	POINT RP.
Owner's interest in site of improvement _	
Fee Simple Title holder (if other than own	
Address	
Contractor Special Forces	Restocation+Coist Inc Phone # 172-692-0302
Address 623 Buck Hendry	Way Start FIA STATE OF BENCHIDA 772-692-4112
Surety NA	MARTIN COUNTY Phone #
Address	THIS IS TO CERTIFY THAT THE FOREGUING # 1 PAGES IS A TRUE
Amount of Bond N/A	AND CORRECT COPY OF THE ORIGINAL.
Lender N/A	MARSHA EWING, CLERK
Address	BY DATE COUNTY.
Persons within the State of Florida designa	ted by Owner upon whom notices or other documents may be served as provided
by Section 713.13 (a) 7., Florida Statues:	•
Name	Phone #
Address	Fax#
In addition to himself, owner designates	of
	Phone # Fax #
to receive a copy of the Lienor's Notice as p	provided in Section 713.13 (1) (b), Florida Statutes. Expiration date of notice of
commencement is one year from the date o	f recording unless a different date is specified.
	Cugn Radaly
~^ \	Owner Signature
State of Florida, County of Control Acknowledged before me this 35 who is personally known to me or who has	day of
Signature of Notary	Type or Print Name of Notary (Seal)
Title: Notary Public Commiss	sion Number



Contractor Estimate

Claim#

Special Forces

3 COPIES FOR BLOG DEPT

Adjuster

Special Forces

Special Forces/ Michael Roberts

Phone Fax

(772) 692-0302 (772) 692-4112 623 Buck Hendry Way Stuart, FL 34994

Phone (772) 692-0302 Fax (772) 692-4112

January 11, 2005 Coverage - Building

Customer

Daley, Mary And Gene

Address

129 S Sewalls Point Rd., Stuart, FL 34996

Roof

Repair Roof & SORFIT : CASCIÁ

Repl. Cost OP 1 LS @ \$2,000.00 a* \$2,000.00

\$2,000.00

Exterior

Permits

Repl. Cost OP

1 LS @ \$275.00 W

\$275.00

\$275.00

Attached Garage (21' 2" x 17' 6" x 8')

410 sf Floor

683 sf Wall

410 sf Ceiling

85 If Floor

85 If Ceiling

3,283 cf Volume

Material

Offset(s) 10' x 4'

Clean, Seal & Paint Walls Clean Storm Door Remove Drywall, Wall

Replace Drywall, Wall

683 SF @ \$0.50 b* 1 EA @ \$21.36 b* 170.75 SF @ \$0.23 b

181 SF @ \$0.59 b* 170.75 SF @ \$1.35

440 SF @ \$0.23 b

466.4 SF @ \$0.58 b*

440 SF @ \$1.36

55 LF @ \$0.20 b

\$39.27 \$106.79 \$230.51

Repl. Cost OP

\$341.50

\$21.36

Labor

\$337.30 \$739.43

Hallway (10' x 3' 6" x 8')

60 sf Floor

440 sf Wall

60 sf Ceiling

55 lf Floor

55 If Ceiling

484 cf Volume

Closet(s) 2'4" x 5' Offset(s) 3'6" x 3'

1'8" x 2'

Remove Drywall, Wall Replace Drywall, Wall

Remove Base Molding, Colonial, 3 1/2",

-1-

\$101.20 Material \$270.51 \$598.40 Labor

\$868.91

\$11.00

Repl. Cost OP

Jan 11, 2005

Hardwood

		Repl. Cost	OP
Replace Base Molding, Colonial, 3 1/2", Hardwood	58.3 LF @ \$1.30 b*	\$ 75.79	Material
	55 LF @ \$0.45	\$24.75	Labor
		\$100.54	
Clean Base, Ceramic Tile	60 SF @ \$0.50 b*	\$30.00	
Paint Drywall, Wall	440 SF @ \$0.68 b*	\$299.20	
Rem & Replace Base Molding, Wood 3"	55 LF @ \$1.75 a*	\$96.25	
Paint Base Molding, Wood 3"	55 LF @ \$0.54 a	\$29.70	
		\$1,536.80	

Bathroom (11' x 5' x 8') 68 sf Floor 336 sf Wall 68 sf Ceiling 42 lf Floor 42 lf Ceiling 547 cf Volume

Offset(s) 2'8	3" x	Э.
---------------	------	----

<u> </u>		Repl. Cost	OP
Clean Base, Ceramic Tile	60 SF @ \$1.98 b*	\$118.80	
Replace Vanity, Average	5.6 LF @ \$127.78 b	\$715.57	
Rem/Reset Countertop, Formica	5.6 LF @ \$11.48 b	\$64.29	!
Rem/Reset Sink, Bathroom	1 EA @ \$63.94 b	\$63.94	:
Rem/Reset Faucet, Bath	1 EA @ \$72.33 b	\$72.33	!
Rem/Reset Toilet, Tank Type, Floor Mounted	1 EA @ \$86.02 b	\$86.02	
Repair Valve, Water Supply, Plumber Check	1 EA @ \$225.00 b*	\$225.00	
Rem/Reset Ceramic Soap Dish	2 EA @ \$14.22 b	\$28.44	
Rem/Reset Towel Bar	1 EA @ \$16.96 b	\$16.96	
Rem/Reset Ceramic Paper Holder	1 EA @ \$24.09 b	\$24.09	
Rem/Reset Accessory, Bathroom, Handicap Bar	1 EA @ \$16.25 b	\$ 16.25	
Rem/Reset Mirror Wall, 4x8x2	64 SF @ \$1.75 a*	\$112.00	
Remove Base, Ceramic Tile	42 LF @ \$0.89 b	\$37.38	
Replace Base, Ceramic Tile	44.52 LF @ \$2.63 b	\$117.09	Material
	42 LF @ \$6.11	\$256.62	Labor
	_	\$373.71	
Remove Drywall, Wall	336 SF @ \$0.23 b	\$77.28	
Replace Drywall, Wall	356.16 SF @ \$0.60 b*	\$213.70	Material
	336 SF @ \$1.34	\$ 450.24	Labor
	· ·	\$ 663.94	
Paint Drywall, Wall	168 SF @ \$0.68 b*	\$114.24	
Rem & Replace Base Molding, Wood 3"	42 LF @ \$1.75 a*	\$ 73.50	
Paint Base Molding, Wood 3"	42 LF @ \$0.54 a	\$22.68	
•		\$2,906.42	

Bedroom #1 (13' 6" x 11'	x 8')	<u> </u>		
164 sf Floor	573 sf Wall	164 sf Ceiling	72 lf Floor	72 If Ceiling	1,312 cf Volume
Clos	set(s) 4' x 2' 4"	2'4" x 2'	8"	·	· · · · · · · · · · · · · · · · · · ·

		Repl. Cost	OP
Remove Drywall, Wall	573 SF @ \$0.23 b	\$131.79	
Replace Drywall, Wall	607.38 SF @ \$0.59 b*	\$358.35	Material
	573 SF @ \$1.35	<u>\$773.55</u>	Labor
		\$1,131.90	
Paint Drywall, Wall	573 SF @ \$0.68 b*	\$389.64	
Rem & Replace Base Molding, Wood 3"	72 LF @ \$1.75 a*	\$126.00	

\$1,818.21

177 sf Floor	' x 9' 9'' x 8 447 sf Wall	177 sf Ceiling	56 lf Floor	56 lf Ceilii	ng	1,417 cf Volume
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Repl. Cost	OP
Domos	e Cabinet, Base		13.4 J	LF @ \$4.12 b	\$55.21	_
	e Cabinet, Base			@ \$130.87 b	\$1,753.66	
	e Cabinet, Tali			F@\$14.35 b	\$114.80	
	e Cabinet, Tall			@ \$222.13 b	\$1,777.04	
	eset Countertop, Forn	nica		F@\$11.48 b	\$199.75	
	eset Backsplash, Forn			SF @ \$3.03 b	\$66.36	
	Mirror Tile Wall, 12"x		48	SF @ \$0.34 b	\$16.32	
	e Drywall, Wall		223.5	SF @ \$0.23 b	\$51.41	
	e Drywall, Wall		236.91	SF @ \$0.59 b*	\$139.78	Material
F				SF @ \$1.35	\$301.73	Labor
					\$44 1.51	
Paint I	rywall, Wall			SF @ \$0.68 b*	\$303.96	i
	eset Faucet, Kitchen		1 É.	A @ \$63.26 b	\$63.26	
	eset Sink, Kitchen, S	tainless Steel	l E	A @ \$94.99 b	\$94.99	
	Replace Base Moldi		.56	LF @ \$1.75 a*	\$98.00	
	Base Molding, Wood		56	LF @ \$0.54 a	\$30.24	
				-	\$5,066.51	
Nook (11' x 1	360 sf Wall	126 sf Ceiling	45 lf Floor	45 if Ceil	ing Repl. Cost	1,012 of Volum
Remo	ve Drywall, Wall			SF @ \$0.23 b	\$82.80	
	e Drywall, Wall		190.8	SF @ \$0.59 b*	\$112.57	Material
•	•		180	SF @ \$1.35	\$243.00	Labor
					\$355.57	
Paint!	Drywall, Wall		360	SF @ \$0.68 b*	\$244.80	
	& Replace Base Mold	ing, Wood 3"		LF@\$1.75 a*	\$78.75	
	Base Molding, Wood		45	LF @ \$0.54 a	\$24.30	
					\$786.22	
Living Room/	Entry (17' 10	" x 19'3" x	8')			
444 sf Floor	871 sf Wall	444 sf Ceiling	109 lf Floor	109 lf Ce	eiling	3,553 cf Volum
Off	set(s) 7 10" x 11'4	" 2' x 6'			n. 1 a	OB
					Repl. Cost	<u> or</u>
	ve Drywall, Wall			5 SF @ \$0.23 b	\$100.17	
Repla	ce Drywall, Wall			3 SF @ \$0.59 b*	\$272.36	Material
			435.	5 SF @ \$1.35	\$587.93	Labor
					\$860.29	
Paint	Drywall, Wall		87	1 SF @ \$0.68 b*	\$592.28	
ı auıt			10	ለ የ 12 /2) ወ1 ግና 8 [‡]	\$190.75	
	& Replace Base Mold	ling, Wood 3"		9 LF @ \$1.75 a* 9 LF @ \$0.54 a	\$58.86	

Paint Base Molding, Wood 3"

\$1,802.35

276 sf Floor	545 sf Wall	276 sf Ceiling	68 lf Floor	68 If Ceil	ing	2,208 cf Volum
· , , ·					Repl. Cost	OP
Remov	e Drywall, Wall		272.5.5	SF @ \$0.23 b	\$62.68	
	e Drywail, Wall			SF @ \$0.59 b*	\$170.42	Material
2139	- 21,,			SF @ \$1.35	\$367.88-	Labor
•			212.3		\$538.30	54001
Paint D	rywall, Wall		545 8	SF @ \$0.68 b*	\$370.60	
	Replace Base Moldi	ng, Wood 3"		F@\$1.75 a*	\$119.00	
	Base Molding, Wood			.F.@ \$0.54 a	\$36.72	
	-			-	\$1,127.30	
Bedroom /Mas	ter (12' x 15	' 8" x 8')			 	
188 sf Floor	443 sf Wall	188 sf Ceiling	55 lf Floor	55 lf Ceili	ing	1,504 of Volum
					Repl. Cost	OP
Remov	e Drywall, Wall		443 9	SF @ \$0.23 b	\$101.89	!
	e Drywall, Wall			SF @ \$0.59 b*	\$138.53	Material
_	•			F @ \$1.35	\$299.03	Labor
					\$437.56	-
	rywall, Wall		443 S	SF @ \$0.68 b*	\$301.24	
Rem &	Replace Base Moldi	ng, Wood 3"		.F @ \$1.75 °*	\$96.25	
Paint B	lase Molding, Wood	3"	55 I	.F@\$0.54 a	\$2 9.70	
				-	\$966.64	
			· · · · · · · · · · · · · · · · · · ·		· · · -·· · · · · · · · · · · · · · · ·	-
BRACCINA A MAA	(6' x 6' 6" x	: X')				
_	•	•				
39 sf Floor	200 sf Wall	39 sf Ceiling	25 If Floor	25 lf Ceili	ing	312 cf Volum
_	200 sf Wall	•	25 If Floor		ing Repl. Cost	
39 sf Floor Replac	e Vanity, Average	•				
39 sf Floor Replac Rem/R	e Vanity, Average eset Faucet, Bath	•	6.6 LF 1 EA	@ \$127.78 b	Repl. Cost	
39 sf Floor Replac Rem/R Rem/R	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom	39 sf Ceiling	6.6 LF 1 EA 1 EA	@ \$127.78 b . @ \$72.33 b . @ \$63.94 b	\$843.35 \$72.33 \$63.94	
39 sf Floor Replace Rem/R Rem/R	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 EA	@ \$127.78 b a @ \$72.33 b a @ \$63.94 b a @ \$37.35 b	\$843.35 \$72.33 \$63.94 \$37.35	
39 sf Floor Replace Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 EA 100 S	@ \$127.78 b (@ \$127.78 b (@ \$72.33 b (@ \$63.94 b (@ \$37.35 b () \$ \$0.23 b	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00	OP
39 sf Floor Replace Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 106 S	@ \$127.78 b . @ \$72.33 b . @ \$63.94 b . @ \$37.35 b . @ \$0.23 b . F @ \$0.25 b*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54	OP Material
39 sf Floor Replace Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/Rem/	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 106 S	@ \$127.78 b (@ \$127.78 b (@ \$72.33 b (@ \$63.94 b (@ \$37.35 b () \$ \$0.23 b	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00	OP
39 sf Floor Replace Rem/R Rem/R Rem/R Remove Replace	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 106 S	@\$127.78 b a @\$72.33 b a @\$72.33 b a @\$63.94 b a @\$37.35 b b F @\$0.23 b b F @\$0.59 b* b F @\$1.35	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Replace Paint D	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 106 S 100 S	@ \$127.78 b a @ \$72.33 b a @ \$63.94 b a @ \$37.35 b b G F @ \$0.23 b G F @ \$0.59 b* G F @ \$1.35	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Paint D Rem &	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall rywall, Wall Replace Base Moldin	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 100 S 200 S 25 L	@ \$127.78 b . @ \$72.33 b . @ \$63.94 b . @ \$37.35 b . @ \$37.35 b . @ \$0.23 b . @ \$0.59 b* . F @ \$0.68 b* . F @ \$1.75 a*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Paint D Rem &	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 100 S 200 S 25 L	@\$127.78 b a @\$72.33 b a @\$72.33 b a @\$63.94 b a @\$37.35 b b G\$ @\$0.23 b b G\$ @\$0.59 b* b G\$ @\$1.35 F @\$0.68 b* a \$0.68 b* a \$0.59 b*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75 \$13.50	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Paint D Rem &	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall rywall, Wall Replace Base Moldin	39 sf Ceiling	6.6 LF 1 EA 1 EA 1 00 S 100 S 200 S 25 L	@\$127.78 b a @\$72.33 b a @\$72.33 b a @\$63.94 b a @\$37.35 b b G\$ @\$0.23 b b G\$ @\$0.59 b* b G\$ @\$1.35 F @\$0.68 b* a \$0.68 b* a \$0.59 b*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Paint D Rem &	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall rywall, Wall Replace Base Molding	39 sf Ceiling at	6.6 LF 1 EA 1 EA 1 00 S 100 S 200 S 25 L	@\$127.78 b a @\$72.33 b a @\$72.33 b a @\$63.94 b a @\$37.35 b b G\$ @\$0.23 b b G\$ @\$0.59 b* b G\$ @\$1.35 F @\$0.68 b* a \$0.68 b* a \$0.59 b*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75 \$13.50	OP Material
39 sf Floor Replace Rem/Rem/Rem/Remove Replace Paint D Rem & Paint B	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine e Drywall, Wall e Drywall, Wall rywall, Wall Replace Base Molding	39 sf Ceiling at	6.6 LF 1 EA 1 EA 1 00 S 100 S 200 S 25 L	@\$127.78 b a @\$72.33 b a @\$72.33 b a @\$63.94 b a @\$37.35 b b G\$ @\$0.23 b b G\$ @\$0.59 b* b G\$ @\$1.35 F @\$0.68 b* a \$0.68 b* a \$0.59 b*	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75 \$13.50 \$1,430.76	Material Labor
Replace Rem/R Rem/R Rem/R Remove Replace Paint D Rem & Paint B	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine Drywall, Wall e Drywall, Wall erywall, Wall Replace Base Molding wood a 5' 10" x 8'	39 sf Ceiling	6.6 LF 1 EA 1 EA 100 S 100 S 200 S 25 L 25 L	@ \$127.78 b a @ \$72.33 b a @ \$72.33 b a @ \$63.94 b a @ \$37.35 b b G @ \$0.23 b b G @ \$0.59 b* a F @ \$0.68 b* a F @ \$1.35 b G @ \$0.54 a 22 If Ceili	\$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75 \$13.50 \$1,430.76	Material Labor 233 cf Volum
Replace Rem/R Rem/R Rem/R Remove Replace Paint D Rem & Paint B	e Vanity, Average eset Faucet, Bath eset Sink, Bathroom eset Medicine Cabine Drywall, Wall e Drywall, Wall erywall, Wall Replace Base Molding wood a 5' 10" x 8'	39 sf Ceiling	6.6 LF 1 EA 1 EA 100 S 100 S 200 S 25 L 25 L	@ \$127.78 b a @ \$72.33 b a @ \$72.33 b a @ \$63.94 b a @ \$37.35 b b G @ \$0.23 b b G @ \$0.59 b* a F @ \$0.68 b* a F @ \$1.35 b G @ \$0.54 a 22 If Ceili	Repl. Cost \$843.35 \$72.33 \$63.94 \$37.35 \$23.00 \$62.54 \$135.00 \$197.54 \$136.00 \$43.75 \$13.50 \$1,430.76	Material Labor

Re						: OP
	place Drywall, Wall		91	.69 SF @ \$0.59 b*	\$54.10	Material
				6.5 SF @ \$1.35	\$116.78	1
				O 1 133	\$170.88	-
Pa	int Drywall, Wall		i	173 SF @ \$0.68 b*		
	m/Reset Bath Tub, Good			EA @ \$122.73 b	\$122.73	
Re	m/Reset Toilet, Tank Tyj	pe, Floor Mounted		1 EA @ \$86.02 b	\$86.02	
Re	m/Reset Ceramic Paper H	folder		1 EA @ \$24.09 b	\$24.09	
	m/Reset Ceramic Soap D			2 EA @ \$14.22 b	\$28.44	
Re	m/Reset Ceramic Towel F	3ar	3 EA @ \$23.47 b		\$70:41	
Re	m/Reset Accessory, Bath	room, Handicap Rail		1 EA @ \$16.25 b	\$16.25	
Re	m/Reset Accessory, Bath			1 EA @ \$27.32 b*		
Sea				0		
	m & Replace Base Moldi			22 LF @ \$1.75 a*	\$38.50	
Par	nt Base Molding, Wood	3"		22 LF @ \$0.54 a	\$11.88	
					\$734.06	•
	·				3/34.00	
Closet (5' 6'	' x 6' x 8')					
33 sf Floor	184 sf Wall	33 sf Ceiling	23 lf Floor	23 lf Cei	iling	264 cf Volum
		······································			Repl. Cost	
Rei	nove Drywall, Wall			02 SE @ 50 22 b		<u> </u>
	place Drywall, Wall			92 SF @ \$0.23 b	\$21.16	
	, ···, ···			52 SF @ \$0.59 b*	\$57.54	Material
			•	92 SF @ \$1.35	\$124.20	Labor
Pai	nt Drywall, Wall		14	94 gr <> #o <o h*<="" td=""><td>\$181.74</td><td></td></o>	\$181.74	
	n & Replace Base Moldir	ag Wood 3"		84 SF @ \$0.68 b*	\$125.12	
	nt Base Molding, Wood			23 LF @ \$1.75 a*	\$40.25	
	n sase moraling, wood	,	4	23 LF @ \$0.54 a	\$12.42	
					\$380.69	
Florida Roo	m (10' x 32' x	8')				
386 sf Floor	904 sf Wall	386 sf Ceiling	113 lf Floor	113 lf Ce	rilina	2.000 -EV-l
0	ffset(s) 10' x 3' 3"	3' x 11' 3"				3,090 cf Volum
					Reni Cost	OP
	ın Door, Two Sides			FA @ \$10.35 b	Repl. Cost	OP
Cle	an Door, Two Sides nove Cabinet, Base, Wet I	Bar with, Sink		EA @ \$10.35 b	\$10.35	ОР
Cle Ren	an Door, Two Sides nove Cabinet, Base, Wet l lace Cabinet, Base	Bar with, Sink	1	EA @ \$78.00 b*	\$10.35 \$78.00	<u>OP</u>
Cle Ren Rep	nove Cabinet, Base, Wet I	Bar with, Sink	1 51	EA @ \$78.00 b* LF @ \$130.87 b	\$10.35 \$78.00 \$654.35	ОР
Cle Ren Rep Ren	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar	•	1 51 1	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b	\$10.35 \$78.00 \$654.35 \$56.69	OP
Cle Ren Rep Ren Ren	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin	ng, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a*	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75	OP
Cle Ren Rep Ren Ren	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar	ng, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02	ОР
Cle Ren Rep Ren Ren	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin	ng, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a*	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75	OP
Cle Ren Rep Ren Ren Pair	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin	g, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a*	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02	OP
Cle Ren Rep Ren Ren Pair	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3	g, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16	
Clea Ren Rep Ren Pair	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3	ng, Wood 3"	1 51 1 11	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16	654 cf Volume
Clea Ren Ren Ren Pair Office (10' 8 82 sf Floor	nove Cabinet, Base, Wet I lace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3	ng, Wood 3" " 82 sf Ceiling	1 51 11 11 11 37 1f Floor	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing	654 cf Volume
Clea Ren Ren Ren Pair Office (10' 8 82 sf Floor	nove Cabinet, Base, Wet I place Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3 " x 7'8" x 8') 293 sf Wall	ng, Wood 3" " 82 sf Ceiling	37 If Floor	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a 37 lf Ceili	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing Repl. Cost	654 cf Volume
Clea Ren Ren Ren Pair Dffice (10' 8 82 sf Floor	nove Cabinet, Base, Wet I place Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3 " x 7'8" x 8') 293 sf Wall cial Re-grout Ceramic Tile in Base, Ceramic Tile	ng, Wood 3" " 82 sf Ceiling	37 If Floor 33 66	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a 37 lf Ceili 3 SF @ \$1.98 b* 0 SF @ \$1.12 b*	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing Repl. Cost \$65.34 \$67.20	654 cf Volume
Clea Ren Ren Ren Pair Office (10' 8 82 sf Floor Spec Clea Rem	nove Cabinet, Base, Wet I clace Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Molding to Base Molding, Wood 3 " x 7' 8" x 8') 293 sf Wall cial Re-grout Ceramic Tile n Base, Ceramic Tile nove Drywall, Wall	ng, Wood 3" " 82 sf Ceiling	37 If Floor 33.66	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a 37 lf Ceili 3 SF @ \$1.98 b* 0 SF @ \$1.12 b* 5 SF @ \$0.23 b	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing Repl. Cost	654 cf Volume
Clea Ren Ren Ren Pair Office (10' 8 82 sf Floor Spec Clea Rem	nove Cabinet, Base, Wet I place Cabinet, Base n/Reset Sink, Wet Bar n & Replace Base Moldin at Base Molding, Wood 3 " x 7'8" x 8') 293 sf Wall cial Re-grout Ceramic Tile in Base, Ceramic Tile	ng, Wood 3" " 82 sf Ceiling	37 If Floor 33.66	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a 37 lf Ceili 3 SF @ \$1.98 b* 0 SF @ \$1.12 b*	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing Repl. Cost \$65.34 \$67.20	654 cf Volume
Clea Ren Ren Ren Pair Office (10' 8 82 sf Floor Spec Clea Rem	nove Cabinet, Base, Wet I lace Cabinet, Base h/Reset Sink, Wet Bar h & Replace Base Molding to Base Molding, Wood 3 " x 7' 8" x 8') 293 sf Wall cial Re-grout Ceramic Tile in Base, Ceramic Tile love Drywall, Wall lace Drywall, Wall	ng, Wood 3" " 82 sf Ceiling	37 If Floor 33.66	EA @ \$78.00 b* LF @ \$130.87 b EA @ \$56.69 b 3 LF @ \$1.75 a* 3 LF @ \$0.54 a 37 lf Ceili 3 SF @ \$1.98 b* 0 SF @ \$1.12 b* 5 SF @ \$0.23 b	\$10.35 \$78.00 \$654.35 \$56.69 \$197.75 \$61.02 \$1,058.16 ing Repl. Cost \$65.34 \$67.20 \$33.70	654 cf Volume

Repl. Cost OP

		Repl. Cost O	P
	146.5 SF @ \$1.35	\$197.78	 Labor
		\$289.40	
Paint Drywall, Wall	293 SF @ \$0.68 b*	\$199.24	
Remove Base Molding, Colonial, 3 1/2", Hardwood	37 LF @ \$0.20.b	\$ 7.40	
Replace Base Molding, Colonial, 3 1/2", Hardwood	39.22 LF @ \$3.01 b	\$118.05	Material
	37 LF @ \$1.03	\$38.11	Labor
		\$156.16	
Paint Base Molding, Colonial, 3 1/2", Hardwood	37 LF @ \$0.70 b	\$25.90	
Remove and Reset Contents	1 LS @ \$37.24 W	\$37.24	
Rem & Replace Base Molding, Wood 3"	37 LF @ \$1.75 a*	\$64.75	
Paint Base Molding, Wood 3"	37 LF @ \$0.54 a	\$19.98	
		\$966.31	

	Repl. Cost	
Estimate Totals	\$23,594.86	ı
Contractor's Overhead & Profit (20%)	\$4,718.97	
Total With Overhead & Profit	\$28,313.83	

Price Database Legend

a = FL-South Residential 03/2004

b = MSB Total Component Data 2004-04

w = Write-in

* = Modified

7550 REROOF

	MASTER PERMIT NO
TOWN OF SEWALL'S	POINT
Date 5/10/05	BUILDING PERMIT NO. 7550
Building to be erected for DAI	Type of Permit DEROOF
Applied for by SECURI FORCES	(Contractor) Building Fee
Subdivision Morest Burs Lot Blo	_
' 100 () ()	Impact Fee
Address 1995. Stanfins F	`
Type of structure Structure	A/C Fee
	Electrical Fee
Parcel Control Number:	Plumbing Fee
1338410000000003100	<u> </u>
Amount Paid 120.00 Check #Cash	Other Fees ()
Total Construction Cost \$5200_00	TOTAL Fees 120.00
··	
Signed Signed	Jane Sumons (20)
Applicant	Town Building Official
PERMI	T
☐ BUILDING ☐ ELECTRICAL	☐ MECHANICAL
☐ PLUMBING — ROOFING	□ POOL/SPA/DECK
DOCK/BOAT LIFT DEMOLITION	☐ FENCE
☐ SCREEN ENCLOSURE ☐ TEMPORARY STRUE ☐ HURRICANE SHUT	
☐ FILL ☐ HURRICANE SHUT	☐ ADDITION
INSPECTION	ONS
UNDERGROUND PLUMBINGU	NDERGROUND GAS
	NDERGROUND ELECTRICAL
UNDERGROUND MECHANICALU	OOTING
UNDERGROUND MECHANICAL U STEMWALL FOOTING F	
UNDERGROUND MECHANICAL U STEMWALL FOOTING F SLAB T	OOTING
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB TROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS U U U U U U U U L U U U U	OOTING IE BEAM/COLUMNS /ALL SHEATHING ATH
UNDERGROUND MECHANICAL STEMWALL FOOTING F SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL	OOTING IE BEAM/COLUMNS VALL SHEATHING ATH OOF-IN-PROGRESS
UNDERGROUND MECHANICAL STEMWALL FOOTING F SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN	OOTING IE BEAM/COLUMNS /ALL SHEATHING ATH OOF-IN-PROGRESS ILECTRICAL ROUGH-IN
UNDERGROUND MECHANICAL STEMWALL FOOTING F SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN	OOTING IE BEAM/COLUMNS VALL SHEATHING ATH OOF-IN-PROGRESS
UNDERGROUND MECHANICAL STEMWALL FOOTING F SLAB T ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN	OOTING IE BEAM/COLUMNS /ALL SHEATHING ATH OOF-IN-PROGRESS ILECTRICAL ROUGH-IN
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING	OOTING JE BEAM/COLUMNS VALL SHEATHING ATH OOF-IN-PROGRESS FLECTRICAL ROUGH-IN GAS ROUGH-IN
UNDERGROUND MECHANICAL STEMWALL FOOTING F SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING FINAL PLUMBING	OOTING IE BEAM/COLUMNS VALL SHEATHING ATH OOF-IN-PROGRESS ILECTRICAL ROUGH-IN GAS ROUGH-IN EARLY POWER RELEASE



	Town of Cowell's Doint	
Dutc	Town of Sewall's Point UILDING PERMIT APPLICATION	
OWNER/TITLEHOLDER NAME:	Dalay Phone (Day) 7	08.4036 (Fax) 335-0517
Joh Site Address: 129 S. SEWALLS	00, NT RD City:	State:Zip:
Legal Desc. Property (Subd/Lot/Block) METES	BOUND S Parcel Number	13384100000000310000
Owner Address (if different):	City:	State:Zip:
Description of Work To Be Done: REROOF	- SHINGLET + FLAT	W/SKYLITES
======================================	=======================================	
WILL OWNER BE THE CONTRACTOR	Estimated Cost of Construct (Notice of Commencement net)	tion or Improvements: \$ 5200.
(If no, fill out the Contractor & Subcontractor section		r more of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany ap	·	Market Value:
CONTRACTOR/Company: SPECIA	n Foeces Phone: 69	2-0302 Fax: 692-4112 MA
Street: 623 BUCK I HENDRY WAY State Registration Number: CGC 059083	City: STU	ALT State: FZ Zip: 4984
Street - C6(059083	State Certification Number:	Martin County License Number:
SUBCONTRACTOR INFORMATION:	State	License Number:
Electrical:		License Number:
Plumbing:		
Roofing:	State:	License Number:
	=======================================	***************************************
ARCHITECT	Lic.#:P	hone Number:
Street:		State:Zip:
ENGINEER	LIC#FO	State:Zip:
Street:	Cny	
AREA SQUARE FOOTAGE - SEWER - ELECTRIC	. Living: Garage: Cove	ered Patios: Screened Porch:
Carport: Total Under Roof		
=======================================		=======================================
I understand that a separate permit from the To BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, AC	:======================================	REMOVAL, AND THEE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLIC National Electrical Code: 2002	ATION: Florida Building Code (St Florida Energy Code: 2001	ructural, Mechanical, Plumbing, Gas): 2001 Florida Accessibility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION IN KNOWLEDGE AND LAGREE TO COMPLY WITH A	AVE FURNISHED ON THIS APPLICATION IS	TRUE AND CORRECT TO THE BEST OF MY
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIG	GNATURE (required)
State of Florida, County of: Maker	On State of Florida	. County of: MARTO
ا نہ ا	,2005 This the <u>OC</u>	
This the day of		
by Oracg Kucler wh	o is personally by MICM	who is personally
by Oracg Kucker when known to me or produced	(nowa-to me or pro	oduced
known to me or produced as identification.	· 	oduced



MIAMI-DADE COUNTY FLORIDA METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE AUTRO-DADE FLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603 MIAMI, PLORIDA 13,130-1563 (305) 375-2901 FAX (305) 375-2908

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

CONTRACTOR ENFORCEMENT DIVISION (305) 375-2966 PAX (305) 375-290x

> PRODUCT CONTROL DIVISION (305) 375-2902 PAX (305) 372-6334

PRODUCT CONTROL NOTICE OF ACCEPTANCE GS Roofing Products Company, Inc.

1400 Union Meeting Road Blue Bell, PA 19422

Your application for Notice of Acceptance (NOA) of:

Firehalt 2000, Firehalt 2000 AR, Landmark 30, Landmark 30 AR, Landmark 40, and Landmark 40

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

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

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

ACCEPTANCE NO.: 01-0503.03 EXPIRES: 06/14/2006

Raul Rodriguez:

Chief Product Control Division

SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

APPROVED: 06/14/2001

CRITIQUE

Owner: Daley

Date: May 4, 2005

Contractor: Special Forces

Contractor's Phone Number: 692-0302

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR REROOF AND SKYLIGHTS LOCATED AT 129 SOUTH SEWALL'S POINT ROAD

Submittals (2 copies)

- 1. Product approvals (current) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Roof System (THE INFORMATION YOU SUBMITTED ARE NOT PRODUCT APPROVALS, THEY ARE TECHNICAL DATA SHEETS)
 - b. Skylights
- 2. Are the skylights existing? If they are not then I need signed and sealed engineered drawings showing framing details.
- 3. The application cost of construction must be broken down between the re-roof and the skylight because we have different permit fee for those two items.
- 4. Proof of Ownership
- 5. Notice of Commencement 6-
- 6. Copy of State, Martin County Licenses
- 7. Copy of Liability Insurance
- 8. Copy of Workmen's Compensation

Page I of I governmax.com 3.0



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

Site Provided by... governmax.com T12

1

Commercial Residential

Summary

Parcel ID

13-38-41-000-

000-00031-0

_____ Owner 3 of 9

0

Parcel Info **Summary**

Land

Residential Improvement

Commercial **Image**

Transfer Taxes

Assessments 🗪 Parcel Map 👄

Summary

Property Location 129 SEWALL'S POINT RD 2200 Sewall's Point

Unit Address

Tax District

27634 Account #

Land Use

101 0100 Single Family

129 SEWALL'S POINT RD

120400 Neighborhood

Acres

Search By

Parcel ID **Owner** Address Account #

Use Code Legal Description

Sales

Neighborhood

Мар 🖚

Legal Description **Property Information**

SEWALL'S POINT, BEG AT S/LN OF N 145.9' OF LOT 3 & C/LN SEWALL'S PT RD, WLY 152', NLY

Owner Information Owner Information

DALEY, EUGENE R (TR)

Assessment Info Front Ft. 0.00

Site Functions

Property Search Feedback On-Line Help

Home

County Login

Recent Sale Sale Amount \$0 **Mail Information**

Serial Index

27634Owner

ID

Order

129 S SEWALLS POINT RD

STUART FL 34996

Market Land Value \$140.000 Market Impr Value \$96,380 Market Total Value \$236,380

Sale Date 7/16/2004 Book/Page 1921 0028

Legal disclaimer / Privacy Statement

Data updated on 1/07/2005



PRODUCER	ORD. CERTIFIC	ATE OF LIABI	THIS CERT	TFICATE IS ISSUE	OP ID PI SPECI-4 D AS A MATTER OF INFO BHTS UPON THE CERTII	RCATE	
	R.V. Johnson Agency , Inc. 2041 SE Ocean Blvd			HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Stuart	E OCEAN BIVG FL 34996 772-287-3366 Fax:7	72-287 -4 255	INSURERS A	FFORDING COVER	RAGE	NAIC #	
NSURED		INSURER A:	Southern Ow	ners Insurance	10190		
			INSURER 8:	Auto-Owners	Insurance Co	18988	
	Special Forces Res	toration	INSURER C:				
	623 Buck Hendry Wa	Ÿ	INSURER D:				
	Stuart FL 34994		INSURER E:				
COVERA	GES						
ANY REGI	CIES OF INSURANCE LISTED BELOW HAVE JIREMENT, TERM OR CONDITION OF ANY C TAIN, THE INSURANCE AFFORDED BY THE AGGREGATE LIMITS SHOWN MAY HAVE E	ONTRACT OR OTHER DOCUMENT WITH POLICIES DESCRIBED HEREIN IS SUB-	RESPECT TO WHICH THIS JECT TO ALL THE TERMS, E	CERTIFICATE MAY BE I EXCLUSIONS AND COND	SSUED OR		
NSK NOO'L	TYPE OF INSURANCE	PÓLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LMIT	\$	
	GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
		l		l	DAMAGE TO RENTED		

RINSRO	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					\$1,000,000
	X COMMERCIAL GENERAL LIABILITY	20628155	01/15/04	01/15/05	PREMISES (Ea occurence)	\$100,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
			}		GENERAL AGGREGATE	\$2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PRO- LOC		1			
+	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	OTUA YMA X	4328287900	11/27/04	11/27/05	(Ea accident)	\$ 300,000
	ALL OWNED AUTOS			1	BOOILY INJURY	
1	SCHEDULED AUTOS				(Per person)	\$
	HIRED ALTOS				BOOTLY INJURY	
	NON-OWNED AUTOS				(Per accident)	\$
					PROPERTY DAMAGE	\$
				}	(Per accident)	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	OTUA YMA	NOT COVERED W/TEIN MGESCY			OTHER THAN EA ACC	s
				1	AUTO ONLY AGG	\$
+	EXCESSAMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE	SOT COVERED B/TELE AGESCY			AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					ş
wa	RKERS COMPENSATION AND				TORY LIMITS ER	
EMP	LOYERS' LIABILITY	SOT COVERED W/THIS AGENCY			E.L. EACH ACCIDENT	\$
	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?				E L. DISEASE - EA EMPLOYEE	\$
If ye	s, describe under CIAL PROVISIONS below				E L. DISEASE - POLICY LIMIT	5
OTH						
Ea	uipment Floater	20628155	01/15/04	01/15/05	Equip	\$11,500
				1	Rental	

CERTIFICATE HOLDER

CANCELLATION

TOWNOFS

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail $10 \, ^{+}$ days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Town of Sewalls Point 1 South sewalls Point road Stuart FL 34996

LITHOGODED REPRESENTATIVE

SPECIAL: FORCES

AC# 1466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEQ#104062900644 CONSTRUCTION INDUSTRY LICENSING BOARD

DAIL BAICH NUMBER LICENSE NBR
06/29/2004 030755587 CGC059083

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

ROBERTS, MICHAEL A SPECIAL FORCES RESTORATION & CONST INC 623 BUCK HENDRY WAY STUART FL 34994

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

...5

DIANE CARR SECRETARY



CITY OF STUART OCCUPATIONAL LICENSE 2004-2005

BUSINESS TYPE	CONTRACTOR - GENERAL

	The second second second second second second second second second second second second second second second se
OWNER	MICHAEL ROBERTS 652 BUCK HENDRY WAY
AND	652 BUCK HENDRY WAY
LOCATION	

STATE LICENSE CGC059083

SHIP IN THE PARTY OF THE PARTY	ACCOUNT NO.	ENTEGORYENDS
4237	20487	061001

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

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. The License does not constitute an endorsement, approved, or diseasor lovel of the holder's still or competence or of the compliance or non-compliance of the holder with other taxus, regulations, or standards,

Occupational Licensing 772-288-5319

	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

SPECIAL FORCES REST & CONST
BUSINESS
MICHAEL ROBERTS
AND: 852 BUCK HENDRY WAY
STUART, FL 34994

10/08/2004

CHERYL WHITE

CITY CLERK

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

CERTIFICATE OF EXEMPTION 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

10/10/2003

EXPIRATION DATE

10/09/2005

PERSON

ROBERTS

MICHAEL

A

SSN

095-58-5823

FEIN

651138038

BUSINESS

SPECIAL FORCES RESTORATION & CONSTRUCTION I

652 BUCK HENDREY WAY

STUART

FL 34994

NOTE: Pursuant to Chapter 440 . 10(1),(g), 2, F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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R

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW EFFECTIVE: 10/10/2003 10/09/2005 **EXPIRATION:** MICHAEL ROBERTS **PERSON**Ł 095-58-5823 SSNŁ FFIN 651138038 BUSINESS: SPECIAL FORCES RESTORATION & 652 BUCK HENDREY WAY FL 34994 STUART

NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

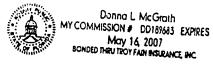
* Carry bottom portion on the job, keep upper portion for your records.

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2004-2005 MARTIN COUNTY
                                                  UCENS 2003-513-032 CERT CGCO 59083
                                                  PHONE (772)692-03028IC NO.
    COUNTY OCCUPATIONAL LICENSE
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34996 (561) 289-5604
                                                  LOCATION:
                                                   652
                                                            BUCK HENDRY WAY
CHARACTER COUNTS IN MARTIN COUNTY;
               . 00_ LIC. FEE $
               .00 PENALTY $
                .00
               .00
                       TRANSFER $
                       35.00
             TOTAL
STATE CERTIFIED GENERAL CONTRACTOR 652 BUCK HENDRY WAY
                                                   STUART FL 34994
AT LOCATION LISTED FOR THE PERIOD REGINNING ON THE
            DECEMBER
                                <sub>∞</sub>04
 AND ENDING SEPTEMBER SO 2005
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£

Permit No.	Property Tax ID No. 13-38-41-00 -00
State of Florida	County of Marin
	at improvement will be made to certain real property, and a Statutes, the following information is provided in this
Legal Description of property and address if ava Sewalls Point, Deg At S/Lw OFN 145.	111able /29 S. SEWALLS POINT RD 11 of lot3+ Sewalls Point Fla Ely 152 rections Ely 180 Tobal Cabinets
General description of improvements	NAIL WATER DAMAS CADINITS
OWNER EUGENE DAVEY THUS	7
Address 129 S. SEWALL PD.	
•	-
Fee Simple Title holder (if other than owner)	O/A_
Address	
Contractor Special Focus les	tiocation+Corst Ix Phone # TD2-692-0302
Address 623 BUCK Heridry Way	Store PASTATE FAX# 772-692-4112
Surety NA	Phone #
Address	INSISTO CEPTIES THAT THE
Amount of Bond N/A	AND DORRECT COPY OF THE ORIGINAL (E)
Lender N	MARSHA EWING, CLERK
Address	Fait Denie
Persons within the State of Florida designated by	Owner upon whom notices or other documents may be served as provided
by Section 713.13 (a) 7., Florida Statues:	
Name	Phone #
Address	Fax#
•	of
	Phone # Fax #
to receive a copy of the Lienor's Notice as provide	ed in Section 713.13 (1) (b), Florida Statutes. Expiration date of notice of
commencement is one year from the date of recor	ding unless a different date is specified.
	6 20 0
	Cign Polacy
State of Florida, County of	
Signature of Notary	Type or Print Name of Notary (Seal)
Title: Notary Public Commission Nu	ımber



TOWN OF SEWALL'S POINT Building Department - Inspection Log

Date of H	ispection:monwed	X In S/AU	_, 200g _	Page of
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1550	Kogeen	SHAMMO	刺药	
	1295, SENAUS P7		THE	1
	Special Foeces			INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6857	PREISSMAN	MSULATION	PAS	
α	28 Rio Vista			~M/
	WINCHIP			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Thee	ZIEGLER	TREE	PASS	
	715. RIVERRO			1
4				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6809	RADER	too Deck	FAIC	
10	5 HERITAGEWAY		報告の	#40m/
	FLAMINAO POOLS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7112	PACKER	FINAL SCR. ENCL	FAIL	
10	12 Knowles Ro			24/
16	TEOPICAL SCEED			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7544	AUNE	FINAL GAS	PA55	Cose
11	1 MICHAEL ROAD			
	FERRAL GAS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE		TREE	BHD	
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				INSPECTOR
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TOWN OF SEWALL'S POINT Building Department - Inspection Log

Date of D	nspection: Mon Wed	XM 5/2/	_, 2002.5	Pageof
	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEN	FINALSTE		CXI
	PRIDGEVIEW			
60.10 2 114.41	Anaus Eve.			INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
12051	OSTEEN	FINALFILL	A STATE OF THE STA	- CXL
	1RIDGEVIEW			
			Maria Caralla	INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7190	OSTEEN	GASTANGLUMES		F CXL
	1 Ribaeview	FINAL		
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PERMIT	The second secon	INSPECTION TYPE	RESULTS -	NOTES/COMMENTS:
7550	DALEY	FINALROOF	PASS	Close
	1295 Senaus			<u> </u>
	SPECIAL FORCES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TUE		TUE	PASS	
1	10 PINEAPPLELA			
9				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7464	NORDGREN	POOL RUMBNG	VASS	A CONTRACTOR
1	5 Kinaston CT			NAA/
	armac Pools		Thui Vi	INSPECTOR/
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	BEVAN	TREE	FAIC	
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70.00				

7758 ELECTRICAL REPAIRS

TO	WN OF SEWALL'S	POINT
Date 9/7/05	_	BUILDING PERMIT NO. 7758
Building to be erected for	KILER	_ Type of Permit MINDEFIEC POME
Applied for by Autor	Blessan)	(Contractor) Building 5
Subdivision Hansen Gen	Alexander Bound	(Contractor) Building Fee
Address 129 S. Se	Block	Radon Fee
	WALCE POIN	Impact Fee
Type of structure Stre		A/C Fee
		Electrical Fee 35.00
Parcel Control Number:		/
13384100000	6000 31 0000h	Plumbing Fee
Amount Paid 35.06 Check	(# <u>1/35</u> Cash	Other Fees ()
Total Construction Cost \$ 431.0	DD	TOTAL Fees 35.00
$\alpha \cap A \cap A \cap A$		M 0
Signed WW WW	Sign Sel	Tene Som ons (A)
Applicant		Town Building Official
		Town Building Cincial
	PERMIT	
BUILDING	ELECTRICAL	☐ MECHANICAL
☐ PLUMBING ☐ DOCK/BOAT LIFT	☐ ROOFING ☐ DEMOLITION	☐ POOLISPAIDECK ☐ FENCE
SCREEN ENCLOSURE	☐ TEMPORARY STRUCT	TURE GAS
☐ FILL ☐ TREE REMOVAL	☐ HURRICANE SHUTTE ☐ STEMWALL	RS
	G OTENIVALE	
	INSPECTION	NS
UNDERGROUND PLUMBING	UND	ERGROUND GAS
UNDERGROUND MECHANICAL	UND	ERGROUND ELECTRICAL
STEMWALL FOOTING		TING
SLAB		BEAM/COLUMNS
ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS		L SHEATHING
ROOF TIN TAG/METAL	LAT	
PLUMBING ROUGH-IN	-	DF-IN-PROGRESS
MECHANICAL ROUGH-IN		CTRICAL ROUGH-IN
FRAMING		B ROUGH-IN
FINAL PLUMBING		AL ELECTRICAL
FINAL PLUMBING FINAL MECHANICAL	FIN	AL ELECTRICAL AL GAS

MASTER PERMIT NO._____

105 D	
	of Sewall's Point PN 7550
	PERMIT APPLICATION Permit Number:
OWNER/TITLEHOLDER NAME: CRAIG KUGLE	
Job Site Address: 129 S. SEWAUS PT RO	City SEWALLS PT State: FZ zip: 3/496
Legal Desc. Property (Subd/Lot/Block)	Parcel Number:
Description of fronk to be bone.	FOR DOLAZINY, COZRECT VIOLATION
WILL OWNER BE THE CONTRACTOR?:	COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 431.
	Estimated Fair Market Value prior to improvement: \$
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or more of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany application)	Method of Determining Fair Market Value:
CONTRACTOR/Company ALFRED BRESIAU ELEZARIAL CONTRA	Phone: 334- 4014 Fax: 334- \$776
Street: 654 NE DIKIE I twy	City: JENJENB44 State Z Zip 1958 C G 0009 15 Martin County License Number:
State Registration Number: EROD 125 State Certification	on Number:Martin County License Number:
SUBCONTRACTOR INFORMATION:	
Electrical:	State:License Number:
Mechanical:	State:License Number:
Plumbing:	State:License Number:
Roofing:	State:License Number:
=======================================	
ARCHITECT	Lic.#:Phone Number:
Street:	City:State:Zip:
	=======================================
ENGINEERLi	c#Phone Number:
Street:	City:State:Zip:
***************************************	i di di di di di di di di di di di di di
	Garage:Covered Patios: Screened Porch:
•	ood Deck:Accessory Building:
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government.	lal restrictions applicable to this property that may be found in the public records of this county, at all entities such as water management districts, state agencies, or federal agencies.
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other governments. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code	all restrictions applicable to this property that may be found in the public records of this county, and entities such as water management districts, state agencies, or federal agencies. Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 Example: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government and the control of the con	al restrictions applicable to this property that may be found in the public records of this county, at all entities such as water management districts, state agencies, or federal agencies. Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government and the control of the con	all restrictions applicable to this property that may be found in the public records of this county, and entities such as water management districts, state agencies, or federal agencies. Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 2: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHE KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OWNER OR AGENT SIGNATURE (required)	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 e: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SGRATURE (required)
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code: I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHE KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OWNER OR AGENT SIGNATURE (required) State of Florida, County of: MACTINE State of Florida, County of: MACTINE State of Florida, County of: MACTINE STATE OF THE STATE O	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 e2: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, County of:
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NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code: I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHE KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OWNER OR AGENT SIGNATURE (required) State of Florida, County of: MARTING This the	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 e2: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, County of:
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHE KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OWNER OR AGENT SIGNATURE (required) State of Florida, County of: MACTING This the	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 E2: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, County of: MARTIN This the 2 May of SEPT. 2005 by CRAIG KOEER who is personally known to meor produced As identification
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and there may be additional permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from other government and the permits required from the permits required from the permits req	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 9: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SGRATURE (required) On State of Florida, County of: MARTINE Day CRAIG K. G. C. E. who is personally known to me or produced As identification.
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other government of the permit required from other government of the permit required from other government of the permit required from other government of the permit of	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 9: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SGRATURE (required) On State of Florida, County of: MARTINE Day CRAIG K. G. C. E. who is personally known to me or produced As identification.

From: Laura Pitzinger, At; R.V. Johnson Insurance, FaxID: 772-287-4439. To: Affred Bressaw Slee Contribution

v.	rohnson Agency, Inc. (Social Blvd.		ONLY AND C	CATE IS ISSUED ONFERS NO RIG NA CENTIFICATE	AS A MATTER OF INFOI HTS UPON THE CERTIFI DOES NOT AMEND, EXT ORDED BY THE POLICIE	END OR
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	:772-287-3366 Fax:77	2-287-4439	1		ates Ins Co	19704
URKD					Insurance Co	10900
			INSUPER C:			
	Alfred Brossaw Elec P.O. Box 1726	c Contr Inc.	INCURER D		, , <u></u>	
	Jensen Beach FL 34	958	INSURER E:			
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PHERM	TYPE OF INSURANCE DENERAL LIABILITY				EACH OCCURRENCE	11,000,000
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	ANY AUTO X ALL OWNED AUTOS RCH-DULED AUTOR	9556805400	07/22/03	0,,22,55	BOOLY INJURY (Per porcon)	(100,000
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					PROPERTY DAWAGE (Per accident)	\$ 50,000
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			CANCELLAT			

Town of Scwalls Point Building Department 1 S. Scwalls Point Road Stuart FL 34996

IMPORE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

City of Fort Pierce, Florida Contractor Licensing P. O. Box 1480 Fort Pierce, Florida 34954 Local License: CONT1517-05

Expiration:9/30/2005

Type: ELECTRICAL CONTR (CERTIFIED)
ALFRED BRESSAW ELECTRICAL CONTRAC

Qualifier FRANK FITZPATRICK

DEPARTMENT OF BUSINESS AND PROFESSIONAL REQUIRATION SECSIONAL CONTRACTORS LICENSISS BOARD SECSIONAL REQUIRATION SECSIONAL CONTRACTORS LICENSISS BOARD SECSIONAL REQUIRATION SECSIONAL CONTRACTORS LICENSISS BOARD SECSIONAL REQUIRATION SECSIONAL CONTRACTOR

The ELECTRICAL CONTRACTOR
Hamed below 15 CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

FITZPATRICK, FRANK ALFRED BRESSAM ELECTRICAL CONTRACTORS INC 654 ME DIXIE HIGHMAY JENSEN REACH FL 34957

COVERNOR JEB BUSH

DISPLAY AS REQUIRED BY LAW

DIAME CAR



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

MASTER ELECTRICIAN

License Number ME00059 Expires: 30-SEP-07 BRESSAW, ALFRED ALFRED BRESSAW ELECTRIC ENT 626 NE SILVER OAK DR JENSEN BEACH, FL 34957

AC	ORD. CERTIFIC	ATE OF LIAB	LITY INSL	JRANCE	4Ģ573RUR	09/06/2005		
ROGUGER Link Ita	ansine Holdings		ONLY AND	CONFERS NO	RIGHTS UPON THE	ND. EXTEND OF		
nite 350 Oglando, FL 32801				ALTER THE COVERAGE AFFORDED BY THE POL				
					Insurance Company			
dvanta	UB		INGURER B:					
425 SW	Martin Ney.		INBURER C					
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ANY RE	AGES LICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION EATAIN, THE INSURANCE AFFORDER ES, AGGREGATE LIMITS SHOWN MAY	THE POLICIES DESCRIBE	D HEREN IS SUBJECT D CLAIMS.	TO ALL THE TER	MS, EXCLUSIONS AND CO			
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	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)			
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CERT	FICATE HOLDER		CANCELLA					
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			DATE THEREO	F, THE ISSUING INGU	rer will endeavor to bu	AL 30 DAYS WATTEN		
į				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO GO SO SHALL				
			IMPOSE NO CI	BLIGATION OR LIABIL	HT MORU CHUI YAA RO YTL	INSURER, ITS AGENTS OF		
TOWN 1	of Sewall's Point Building De	Dt.	B .	REPRESENTATIVES				
ATTP :	Louis	.a. =	AUTHORIZED RE	PRESENTATIVE				
	n Sewal) Point Rd			<u> </u>	(Seconds)			
	C'S POINT. FL 34994 D 25 (2001/08)	· · · · · · · · · · · · · · · · · · ·			© ACORD	CORPORATION 198		



MARTIN COUNTY, FLORIDA Construction industry Licensing Board Certificate of Competency

MASTER ELECTRICIAN

License Number ME00059 Expires: 30-SEP-05 BRESSAW, ALFRED ALFRED BRESSAW ELECTRIC ENT 626 NE SILVER OAK DR JENSEN BEACH, FL 34957

2046 DRYWALL, CABINETS & FASCIA REPAIR

MASTER	PERMIT	NO	
	. —		

Date 2/8/05		BUILDING PERI	MIT NO. 8 ()46
Building to be erected for Kua	LER	Type of Permit D		BINETS,
Applied for by 0/B		(Contractor) Build	ding Fee 252	2.60
	Lot Prof 3 Block	` <i>2€1313¥</i> Ra	9 <i>€8 6</i> 8 don Fee	
Subdivision COUT COT Address 1295. Stwa			pact Fee	
•	4003 1-01101		· ·	
Type of structure SFC			A/C Fee	
		Elect	rical Fee	+
Parcel Control Number:		Plum	bing Fee	
13384100000	000310000	Roo	ofing Fee	
Amount Paid 3/5.75 Check #_	14683 Cach	Other Fees	1625h 4	3.15
Amount Paid 015,15 Check # 5	o Casil	Other 1 cos (2)	TAL Fees 315	75
Total Construction Cost \$ 26,313	2	10	AL rees	· · · ·
$Q_{ij} = 1/1$		00 0		ma
Signed Kuy Lange	Signed >	June Su	moso (MOD)
Applicant		Town Buildir	ng Official	
• •				
	PERMIT	Γ	ø	
•	ELECTRICAL	0	MECHANICAL	
☐ PLUMBING ☐ ☐ DOCK/BOAT LIFT ☐	ROOFING DEMOLITION	0	POOLISPA/DECK	(
SCREEN ENCLOSURE	TEMPORARY STRU	CTURE	GAS	
C ====================================	☐ HURRICANE SHUTT ☐ STEMWALL	TERS:	RENOVATION ADDITION	
- TREE REMOVAL	- SIEMWALL	'n	ADDITION	
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UNDERGROUND PLUMBING	Ut	NDERGROUND GAS		
UNDERGROUND MECHANICAL	UI	NDERGROUND ELEC	TRICAL	
STEMWALL FOOTING		OOTING		
SLAB _		IE BEAM/COLUMNS		
ROOF SHEATHING		VALL SHEATHING		
TRUSS ENG/WINDOW/DOOR BUCKS _	······································	ATH		
ROOF TIN TAG/METAL		ROOF-IN-PROGRESS		
PLUMBING ROUGH-IN		ELECTRICAL ROUGH-		
MECHANICAL ROUGH-IN		SAS ROUGH-IN		
FRAMING		EARLY POWER RELEA		
FINAL MECHANICAL		FINAL ELECTRICAL		
FINAL MECHANICAL FINAL ROOF	· · · · · · · · · · · · · · · · · · ·	FINAL GAS BUILDING FINAL		
1 11776 NOVI				

PECSIVED T

HURRICANE REMACING ABANDONOED PEREMIT & 7280

1	f Sewall's Point
Date.	PERMIT APPLICATION Permit Number:
OWNER/TITLEHOLDER NAME: CLALG KUG LE	Phone (Day) 335-2210 (Fax) 335-0517
Job Site Address: 129 C. SEWALLS PT	20 City: SELALLS PT State: FZ Zip: 3 4996 Parcel Number: / 3384/00000000000000000000000000000000000
Legal Desc. Property (Subd/Lot/Block) Con while Lot	Parcel Number: / 3 3 8 4 / 0 0 0 6 0 0 0 0 3 / 0 0 0 0
Owner Address (if different): 10. 80 + 601	City: STUACT State: L Zip: 3 Y 9 9 9
Description of Work To Be Done: Dry Mac (ASI	NG3, FASCIA
WILL OWNER BE THE CONTRACTOR?:	
YES NO	COST AND VALUES: Estimated Cost of Construction or Improvements: \$
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or more of Fair Market Value? YES NO
·	Method of Determining Fair Market Value:
CONTRACTOR/Company:	
• • -	City:State:Zip:
	on Number:Martin County License Number:
SUBCONTRACTOR INFORMATION:	State:License Number:
Electrical:	State:License Number:
Mechanical:	State: License Number:
Plumbing:	State:License Number: State:License Number:
Roofing:	
	Lic.#:Phone Number
ARCHITEGT	City:State:Zip:
	c#Phone Number:
Street	City:State:Zip:
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living:_	Garage:Covered Patios: Screened Porch:
Carport:Total Under RoofWo	ood Deck:Accessory Building:
	nat restrictions applicable to this property that may be found in the public records of this county.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 2 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHE KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE	ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)
State of Florida County of: MARTIN	On State of Florida, County of:
This the 7th day of FEBRUARY 2006	This theday of200
by CRAIA KUGLER who is personally	bywho is personally
Known to me or produced	known to me or produced
as identification was defined as	As identification.
Notary Public	Notary Public
Comment of the commen	
My Commission Expires LAURA L O'BRIEN MY CONSUSSION # DD 205961	My Commission Expires:Seal

ONE SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statues 489.103(7).

Name: CRAIG KUGLER Date: 2-7-06

Signature: POBDY 601

City & State: STURY, R 3/991

Permit No.

	NOTIC	E OF COMME	NCEMENT	. 1 0
Permit No		•	Property Tax ID No. 2	1-26-41-000-00
State of Florid	la		County of Marie	
m	11 1 1 1 1		***	
_	ned hereby gives notice the	-		
Notice of Com	with Chapter 713, Florida	i Statutes, the 10	nowing information is p	rovided in this
		/1	9 5 50 10115	Drult Do
Legal Descriptio	n of property and address if ava	ilable //	9 S. SEWALLS	101101 RD
sewalls toint,	Dog #t 2150 040 142"	1'ot let3+	JEWALLS CO	int FIA.
General descript	bod it ?\range of of mid?	JAI WATE	DAMAGE CABIN	<u>its</u>
Owner € 06 t	DE MICY THUS	T	.7 .	
Address 129	S. SEWANY PO.	NT RD.		
Owner's interest	in site of improvement			
Fee Simple Title	holder (if other than owner)	OLA		
Address				
Contractor S_{Ω}	ecial forces les	tocation+Cons	st. In Phone # 772-	692-0302
	, Buck Hendry Way			
Surety	~ /		Phone #	
Address	• •		. HIS TO CERTIFY THAT THE	CIRCUMO PA
	N/A		AND CORRECT COPY OF THE ORIG	AUG. T. ST. AUG. A.
Lender	575		MARSHA EWING CLERK	
		•	BY Phone	TOO TOONT !
	G. 4 AND 11 1 1 1 1 1		Units Hall	05
	e State of Florida designated by	Owner upon whom	notices or other documents m	ay be served as provided
•	(a) 7., Florida Statues:			
Name			Phone #	
Address		·	Fax #	· · · · · · · · · · · · · · · · · · ·
In addition to him	nself, owner designates			of
		Phone #	Fax #	
to receive a copy	of the Lienor's Notice as provide	ed in Section 713.13	(1) (b), Florida Statutes. Exp	piration date of notice of
commencement is	one year from the date of reco	rding unless a differ	rent date is specified.	•
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	•	0	MAN XXXXII	/
	~ \	Owners	igniture	
State of Florida,				
Acknowledged be	fore me this, day known to me or who has produ	of The	_2005 by Eugen	es identification
who is betaurany	ALLONI TO THE OL MITO THE PLOUD			as identification.
Linn	M-Trith	1) C21, 20	- M Conath	(a b
Signature of Nota	ry	Type or Print Na	me of Notary	(Seal)
Title: Notary Pub	commission Nu	ımber		





8046

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 129 5, S. P.R.	
I have this day inspected this structure and these premises and have for the following violations of the City, County, and/or State laws government. FINAL CAS, IMMUNE	
PLUMBING NOT COMPLETE	
440 NEINSPELT FRE	<u></u>
You are hereby notified that no work shall be concealed upon these premuntil the above violations are corrected. When corrections have been macall for an inspection. DATE: 28	

DO NOT REMOVE THIS TAG

Building Department - Inspection Log

Date of It	spection: Mon X wed	III	_, 2006	rage oi
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
BOOKS	Kuguez.	Foras Demenses.		7
	1295. Savaris P7	CAB, TASCIA		\$40 pts
8	0/3			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7809		ROOF SHEATH.		- RESCHEDULE FOR
10	4 EMARITA			FRI. MOKN, 2/16
16	O.B.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8046	KUGLER	FINAL DEYWALL		
·	1295. SEWALS PT	CONSINCE'S, FASCIA	DUPO	HCATION
	0/6			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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		·		INSPECTOR:
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				INSPECTOR:
OTHER:				
 				
I				



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

CORRECTION NOTICE

ADDRESS: 129 5	SPR
I have this day inspected this s	structure and these premises and have found e City, County, and/or State laws governing
CFC/ IN FAULTYRE	EVEST BATH IS
·	
	work shall be concealed upon these premises orrected. When corrections have been made,
DATE: 3/8	INSPECTOR

Building Department - Inspection Log

Date of it	spection: Mon Wed		_, 2006	Page of
	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PREY. 7298	PALTER	COURTESY ROOF		CAW PANTER
<i>(</i> 2)	915. RIVERRO		(BUCKLING PANES
0	(PACIFIC) OWNER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cumminas	STEMWALL	AASS	
a	83 S. RIVER			
•	EUAS MOT			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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134 4	45 RIOVISTA			
	OB			INSPECTOR:
}	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES, COMMENTS:
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7	1295. SEWALIS PT			
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1759	FAGE	FINAL RETAINING	PASO	Close /
10	8 ST Water	WALL		
12	ANCHOR MARINE			INSPECTOR:
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8077	BURICHARD	Dey-IN	PASS	
	1765, RUER			
	SARETROOFING	<u> </u>		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: /
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12	DUFWOOD HOMES			A/
	DRIFWOOD HOMES			INSPECTOR:
OTHER:				
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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of In	spection: Mon Wed	MFH 3/10	_, 2006	Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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	78 NSouprisPP	REPAIRTINAL		
17	STENCTURE CON			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6812	MADER	NSULATION	PHS	
1	106 ABBIE COURT			
4	BUFORD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMEM'S:
1704	Ru CKS.	SUB-SIDING	#	PAS
1	20 N. SEWALLS FT.	WINDOW + DOOR	FAIL	
10	MASTERPHZE	BUCKS TRUSSE		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7883	DENNISON	IN PROGRESS	PASS	/
7	49 WHGHPOINT	<u>.</u> .	j	, A/
	STUDIET ROOFING	A)		INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8070	ENGELSTAD !	FINAL GARAGE	PAIL	
	23 LANGANA LA	DOOR		
19	013			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7209	MOSCATELLO	FINAL ROOF	PASS	CLOSE
	6 PINEAPPLE LA			Al-
6	ENERGY LOATINGS	·		INSPECTOR.
OTHER:			m 4 ~	
	12.5.5.11.	WELLINI DOT 1	TOR	
COUL	11291 55111		SEC.	1475 (XVI
X e ve			Ci	OSE INSPECTION LOG.xls

10017 REPLACEMETER BASE



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996

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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

•					
PERMIT NUMBE	R: 10017		DATE ISSUED:	FEBRUARY 22, 2	012
SCOPE OF WORK	K: REPLACE	METER BASE - FP	L AMI PROJECT		
CONTRACTOR: FERRAN SEI		ERVICES	·-		
PARCEL CONTR	OL NUMBER:	133841000-000	0-000310	SUBDIVISION	SEWALLS PT - L 3
CONSTRUCTION	ADDRESS:	129 S SEWALLS	S PT RD		· · · · · · · · · · · · · · · · · · ·
OWNER NAME:	KUGLER		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	V
QUALIFIER:	SHAWN BOONI		CONTACT PHO	NE NUMBER:	407-422-3551
PAYING TWICE FO WITH YOUR LEND! CERTIFIED COPY (DEPARTMENT PRI NOTICE: IN ADDITIONAL PERM ADDITIONAL PERM DISTRICTS, STATE A	R IMPROVEME ER OR AN ATTO OF THE RECOR OR TO THE FIR ON TO THE REQ IS PROPERTY TH ITS REQUIRED F GENCIES, OR FE EQUIRED FOR IN	NTS TO YOUR PI DRNEY BEFORE I DED NOTICE OF ST REQUESTED UIREMENTS OF TO LAT MAY BE FOUND ROM OTHER GOVE DERAL AGENCIES ISPECTIONS - ALI	ROPERTY. IF YOU IN RECORDING YOUR COMMENCEMENT INSPECTION. HIS PERMIT, THERE DO IN PUBLIC RECORDERNMENTAL ENTITY. L. CONSTRUCTION D	INTEND TO OBTA NOTICE OF COME MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT PIES SUCH AS WATE	JAL RESTRICTIONS Y, AND THERE MAY BE R MANAGEMENT BE AVAILABLE ON SITE
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					
					THE PERMIT HOLDER. 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.

	2/15/10 Town of Sewall's Point
	Date: 213 172 BUILDING PERMIT APPLICATION Permit Number: 1001
	OWNER/TITLEHOLDER NAME: WITH TOUGHT Phone (Day) Phone (Day) (Fax) - 34991
	state: 41. Zip. 110
	Legal Description Parcel Control Number: 133 8 400000000 3 1 00000
ĺ	Owner Address (if different): City: State: Zip:/
	Scope of work (please be specific): Replace meter has per FPL AMI Project WILL OWNER BE THE CONTRACTOR? COST AND VALUES: (Required on ALL popularities)
	WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NOX (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
	Has a Zoning Variance ever been granted on this property? Is subject property located in flood hazard area? VE10AE9AE8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
_	(Must include a copy of all variance approvals with application) Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only Minus the land value)
4	CONTRACTOR/Company: 11/2011 SUVIUS + CONTRACTOR/Company: 11/2011 SUVIUS + CONTRACTOR/Company: 11/2011 SUVIUS + CONTRACTOR/COMPANY: 14/2011 SUVIUS + CONTRACTOR/CONTRACTOR/COMPANY: 14/2011 SUVIUS + CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTRACTOR/CONTR
7	Street: 530 Grand Strut City: Orlando State: 71. Zip: 32805
	State License Number: £C 3 003 653 OR: Municipality:
	LOCAL CONTACT: Phone Number: Phone Number:
	DESIGN PROFESSIONAL:
	Street:City:Zip:
	AREAS SQUARE FOOTAGE: Diring Garage Covered Patios/ Porcres: FF Enclosed Storage:
	Carport:Total under RootElevated Deck:Enclosed area below BFE*:
	* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Coversion Cove
	CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plurally Sekisting, Gas): 2007 National Electrical Code: 2005(2008 after 5 1/03) HOUTA Energy Code: 2007, Florida Accessibility 3016: 2007, Florida Fire Prevention Code 2007
	NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.15.
	*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****
	APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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. AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEMAN SPONT DURING THE BUILDING PROCESS.
	OWNER SIGNATURE: (required) OR OWNERS LEGAPAUTHORIZED AGENT (REDOF REQUIRED) OR OWNERS LEGAPAUTHORIZED AGENT (REDOF REQUIRED) OR OWNERS LEGAPAUTHORIZED AGENT (REDOF REQUIRED)
	State of Florida, County of: POWArd This the 22 day of the florida County of the florid
	by ANN BODNE who is personally known to me or produced COHK246-101-49 in the Who is personally known to me or produced.
	as identification As identification. Both formura
	My Commission Expires: My Commission Expires:
	SINGLE FAMILY PERMIT APPLICATIONS MUST DE ISSUED WITHIN 30 DAYS OF APPROVAL AN APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) THE TENTO OF THE PROPERTY OF THE PROPERT
	Commission # EE 193212



TOWN OF SEWALL'S POINT

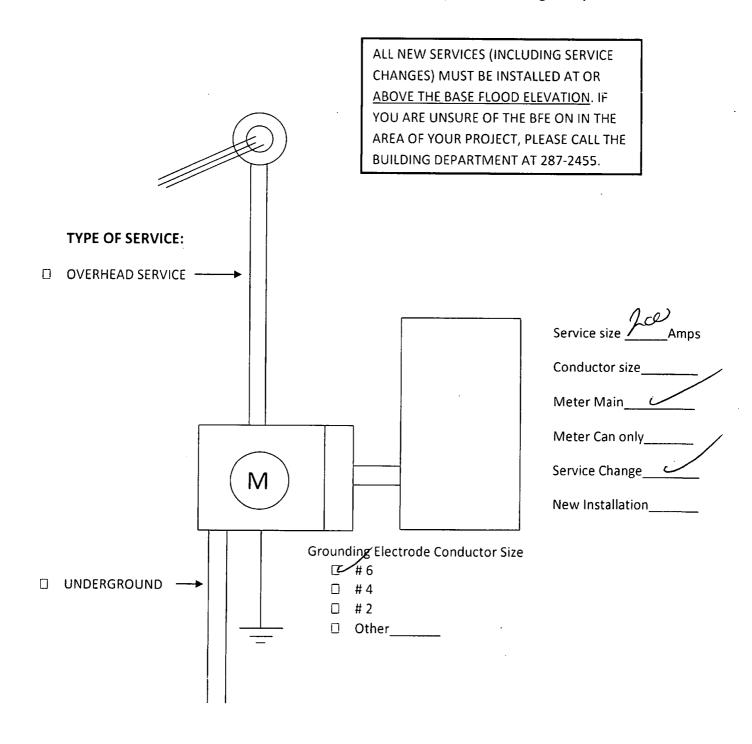
BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765



ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only



FERRAN SERVICES & CONTRACTING, INC.

Proposal No. 462984

530 Grand Street Orlando, FL 32805

DUNS Number:

100471526

Phone Number:

407-422-3551

Fax Number:

407-648-0961

PROPOSAL

Honeywell Job Name: 129 S Sewalls Point Road, Stuart, FL 34996

Honeywell Project ID: Premise: 525431422

Items

Description

Amount

1

Permit

\$ 175.00

Labor: 8 Man hours

\$ 588.00

Materials

\$ 218.00

Meter base is double tapped need to replace with meter, BASE .

Replace meter base per FPL AMI PROJECT

Progress Billing Gross Amount

\$981.00

Note: Retention will be withheld according to the terms

and conditions of your Purchase Order

Progress Billing Amount Shipping & Handling

\$981.00

Tax

\$0.00 \$0.00

Total Progess Billing Amount

\$981.00

John Adams

From:

Shawn Boone [sboone@ferran-services.com]

Sent:

Monday, May 21, 2012 3:41 PM 'jadams@sewallspoint.martin.fl.us'

To: Cc:

UtilityBilling; Hilda Bohannon

Subject:

Building Permit Cancellation

Attachments:

scans202077.pdf

Mr. Adams,

Please cancel permit #10017 for 129 Sewalls Point Rd.

This Job no longer falls under the scope FPL has laid out for the AMI project. Sorry for any of your time we taken up with this matter. Please feel free to Email or call me if you need anything else.

Thank you for the opportunity;

Shawn W Boone sboone@ferran-services.com Electrical Service Manager Ferran Services and Contracting (407)422-3551 work (352)636-6295 cell



	A CONTRACTOR OF THE PROPERTY O	e de la companya del companya de la companya de la companya del companya de la co		
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nen vargers				INSPECTOR C
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	3744-468E Ocean	FINA WALL	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ceore
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	G. HUPNAGUE			INSPECTOR
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	OWNER/ADDRESS/CONTRACTOR	INSPECTIONATYPE	RESULTS	COMMENTS
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1	25 Slever Rd		NASS	
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7	129 5 Sec. 160	A STATE ACCESS TO		
4:00	Fenan Services	cuerce		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR		RESULTS	COMMENTS
10091	Proctor			
	7 CANTANA	FINA A/C	PASS	CLAF
	Cool BREETE	,		INSPECTOR A
PERMIT #		INSPECTION TYPE	RESULTS	COMMENTS
9904	: Howley !			
1-115	14 CRAMES NAST	FINAL A/C	Poso	
ווץ	3 Hentock Homes	,		INSPECTOR
PERMIT#	OWNER/ADDRESS/CONTRACTOR			COMMENTS
10094	SAPP			
	6 MIRIMAN	WINDOW POUGH	PARTIAL	
	6 Miramon Kanvell		PASS	INSPECTOR A
PERMIT #	Topological Control of the Control o	INSPECTION TYPE	<u> </u>	COMMENTS
9979	Longmand	tinal		[
	66 S Sewards	boartifts	V1088	CLOSE
	Scott Hulmes	ptaoch		CLOSE INSPECTOR #
PERMIT#	OWNER/ADDRESS/CONTRACTOR	INSRECTION TYPE	RESULTS	COMMENTS
ree	Wilcon	Ther		I
			OV-	
				INSPECTOR

10617 IRRIGATION



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

الخج			3 VERGUIVED I-C		
PERMIT NUMBER	: [10617]		DATE ISSUED:	OCTOBER 7, 201	3
SCOPE OF WORK:	IRRIGATION	· I		·	
CONTRACTOR:	CONTROLL	ED IRRIGATION			
PARCEL CONTRO	L NUMBER:	133841-000-00	0-000310	SUBDIVISION	SEWALLS PT – L 3
CONSTRUCTION A	ADDRESS:	129 S SEWALLS	PT RD		
OWNER NAME:	LAWSON	· · · · · · · · · · · · · · · · · · ·			
QUALIFIER:	EDWARD RYCK	MAN	CONTACT PHO	NE NUMBER:	225-4733
PAYING TWICE FOR WITH YOUR LENDE! CERTIFIED COPY OF DEPARTMENT PRIONOTICE: IN ADDITIONAPPLICABLE TO THIS ADDITIONAL PERMIT DISTRICTS, STATE AG	IMPROVEMENT OF THE RECORD RECORD TO THE FIRST OF THE REQUERTY THAT IS REQUIRED FROM THE RECORD OF TH	TS TO YOUR PICTORY BEFORE FED NOTICE OF THE TEMPENTS OF THE TE	ROPERTY. IF YOU INTERECTION. INSPECTION. HIS PERMIT, THERE IN PUBLIC RECORDERNMENTAL ENTITY.	INTEND TO OBTA NOTICE OF COMING MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT PIES SUCH AS WATE	TAL RESTRICTIONS Y, AND THERE MAY BE R MANAGEMENT BE AVAILABLE ON SITE
UNDERGROUND PLUMBING UNDERGROUND MECHAN 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	IICAŁ		FOOTING TIE BEAM/O WALL SHEA INSULATIO LATH ROOF TILE ELECTRICAI GAS ROUGI METER FIN FINAL ELEC FINAL GAS BUILDING F	COLUMNS ATHING IN-PROGRESS L ROUGH-IN H-IN AL TRICAL	

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

Town of Sewall's Point
Date: BUILDING PERMIT APPLICATION Permit Number: '
OWNER/LESSEE NAME: PAtricia D. LAWSON Phone (Day) (Fax) Job Site Address: 1295 Squalls Point Road City: Start State: FC Zip: 34996
Legal Description Parcel Control Number:
Fee Simple Holder Name: Address:
City: State: Zip: Telephone: 772 6 26 3/79
*SCOPE OF WORK (PLEASE BE SPECIFIC): INSTALL, Auto Irrigación Sustem to lity Wates
WILL OWNER BE THE CONTRACTOR? COST AND VALUES: (Required on ALL permit applications)
(If yes, Owner Builder questionnaire must accompany application) Estimated Value of Improvements: \$ 245050
YESNO (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Has a Zoning Variance ever been granted on this property? Is subject property located in flood hazard area? VE10AE9AE8X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
YES(YEAR)NO
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
Construction Company: Controlled Tricption, 11 Phone: 772-725-4733 Fax: 772-725-4734
Qualifiers name: Edward Ruckung Tr Street: Po Box 1638 City: Lourn Box State: R Zip: 34958
State License Number: OR: Municipality: MARKIN COUNTY License Number: MCISO2025
LOCAL CONTACT: Phone Number:
DESIGN PROFESSIONAL:Fla. License#
Street: City: State: Zip: Phone Number:
AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof Elevated Deck: 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, 105.4.1.15.
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS******
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY
THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.
was aucono
X tolling Charles Machin
State of Florida, County of: Martin State of Florida, County of: Martin On This the 1 day of October 20 13
Vat Cuisco
known to me of produced 1 known to me or pro
As identification. LICENSE Com M. Sancha As identification. M. Sancha
Notary Public Notary Public
My Commission Expires: Septem ber 2 2014 July Commission Expires: September 21, 2014
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WISHING OF ANY COMPARTION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATION (FBC 105.3.4) ALL OTHER 150 FEB APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 150 FEB APPLICATION (FBC 105.3.4) ALL OTHER 150 FEB APPLICATION (FB
FloridaNotaryService.com

Residential/Commercial

Shrub, 2", 3", 4", 6",

RESIDENTIAL OR COMMERCIAL, THIS VERSATILE SPRINKLER IS THE CONTRACTOR'S CHOICE.

FEATURES

- Application: Residential/commercial
- Models: Shrub, 2", 3", 4", 6", 12"
- No side inlet (NSI) version available in 6" and 12"
- Warranty period: 5 years

ADVANCED FEATURES

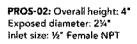
- •• Co-molded wiper seal with UV resistant material
- •• Body cap won't leak under high pressure
- Drain check valve (optional)
- Heavy-duty retraction spring
- Innovative directional flush plug design
- Reclaimed purple body cap (optional)
- · Compatible with all female threaded nozzles





PROS-00:

Inlet size: ½" Female NPT





PROS-03: Overall height: 5" Exposed diameter: 2¼° Injet size: ½" Female NPT

OPERATING SPECIFICATIONS

Recommended pressure range: 15 to 70 PSI

FACTORY INSTALLED OPTIONS

Drain check valve (up to 10' of elevation) Reclaimed water ID cap

USER INSTALLED OPTIONS

Drain check valve (up to 10' of elevation; P/N 437400)

Reclaimed water ID cap (P/N 458520) Snap-on reclaimed cover (P/N PROSRCCAP)



MP ROTATOR

CV = Factory-installed drain check valve (pop-up models only) CV-R = Factory-installed reclaimed body cap (shrub molded in purple)

no side inlet





ARC NOZZI ES

www.hunterindustries.com/PROSPRAY

PRO-SPRAY FIXED PRO ADJUSTABLE NO27LES

WORKS BEST WITH

6" and 12" models ordered as CV will come as

SPECIFICATION BUILDER

STANDARD MODELS

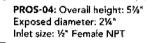
DIVIED WADER
PROS-00 = Shrub adapter
PRO\$-02 = 2" pop-up
PROS-03 = 31 pop-up
PRO5-04 ≈ 4" pop-up
PROS-06 = 6" pop-up
PROS-06-NSI = 6" pop-up with no side inlet
PROS-12 = 12" pop-up

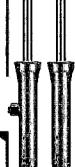
PROS-12-NSI = 12" pop-up with no side inlet

EXAMPLES

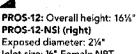
PROS-04 - 10A	4" pop-up, and 10' adjustable nozzle
PROS-06 - CV - 12H	6" pop-up, drain check valve, and 12" half circle nozzle
PROS-12 - CV-R - RCS	12' pop-up, drain check valve, reclaimed body cap, and right corner strip

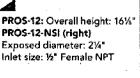
OPTIONS (black) = No potion





PROS-06: Overall height: 8¾* PROS-06-NSI (right): Exposed diameter: 21/4" Inlet size: 1/2" Female NPT









5000 Series Rotors



231

The Next Evolution in Rotor Performance

Relax with the knowledge your landscape is being watered by reliable 5000 Series Rotors and industry-leading Rain Curtain Nozzle Technology. Rain Bird® 5000 Series Rotors are ideal for medium to large-size lawns and evenly distribute water from 25 to 50 feet.

Outstanding Results

Superior Distribution Uniformity. 5000 Series Rotors with Rain Curtain Technology are engineered to deliver a uniform spray pattern, giving you a consistently green lawn throughout.

Superior Wind Resistance

The larger water droplets produced by Rain Curtain technology prevent misting and airborne evaporation so the right amount of water is delivered to the right place, saving you water and money.

Superior Close-in Watering

Gentle close-in watering eliminates dry spots around the rotor, prevents seed washout and allows the turf to grow healthy with no matting or bending.

Features

Models

Specifications

Manuals & Literature

Operating Range

- · Precipitation rate: 0.20 to 1.01 inches per hour (5 to 26 mm/h)
- · Radius: 25 to 50 feet (7,6 to 15,2 m)
- · Radius may be reduced up to 25% with radius reduction screw
- Pressure: 25-65 psi (1,7 to 4,5 bar)
- Flow Rate: 0.73 to 9.63 gpm (4,2 to 36,6 l/m)

Specifications

- · 3/4" (20/27) NPT female bottom threaded inlet
- Reversing full and part circle adjustment 40° 360°
- Full circle only adjustment 360°

Dimensions

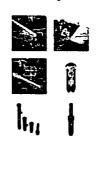
- Pop-up height: Shrub; 4" (10,2 cm); 6" (15,2 cm); 12" (30,5 cm)
- Overall body height: Shrub: 7 3/4" (19,7cm) 4": 7 3/8" (18, 5 cm); 6": 9
 5/8" (24,5 cm); 12": 16 7/8" (42,9 cm)
- · Exposed surface diameter: 1 5/8" (4,1 cm)

Note: Pop-up height measured from the cover to the nozzle. Overall body height is measured popped down

Optional PRS Feature



Click to Enlarge Photos



Watch a Brief Video Tutorial

Rest & Birco



Rain Curtain Technology

Recommended Products



MPR Nozzle Tree

- In-stern pressure regulator (PRS) reduces operating pressure to 45 psi (3,1 bar) for optimal nozzie performance
- · PRS saves water by:
 - · Eliminating head-to-head pressure variations
 - . Eliminating misting due to high pressure
 - Improving nozzle distribution uniformity by operating the nozzle at optimum pressure
- Maintenance-free design can be easily retrofitted into existing 5000/5000
 Plus, T-Bird™ and Hunter® PGP™ (using UPG model) rotor cases without digging up the entire body
- Pressure: 25-75 psi (1,7 to 5,2 bar)



DV/DVF Series

Plastic Residential Irrigation Valves

Rain Bird manufactures only the highest quality valves. Use DV/DVF series valves in locations where the use of a separate pressure vacuum breaker (PVB) or a double-check valve is required by city codes to protect against back flow. Check your local city codes to determine what type of valves are required.

All of our valves work with any standard sprinkler timer



Buy Hose 75

Features

Models

Specifications

Manuals & Literature

- · Pressure: 15 to 150 psi (1,0 to 10,4 bar)
- 075-DV Flow: 0.2 to 22 GPM (0,05 to 5,0 m³/h; 0,01 to 1,39 l/s). For flows below 3 GPM (0,75 m3/h; 0,21 l/s) or any Xerigation® application, use RBY-075-200MX Filter installed upstream.
- 100-DV Flow): 0.2 to 40 GPM (0,05 to 9,08 m³/h; 0,01 to 2,52 l/s). For flows below 3 GPM (0,75 m3/h; 0,21 l/s) or any Xerigation® application, use RBY-100-200MX Fitter installed upstream.
- 100-DVF Flow (non-union): 0.2 to 40 gpm (0.75 m³/h; 0,21 l/s); for flows below 3 gpm or any Xerigation application, use RBY-100-200MX Filter installed upstream.
- Temperature: Up to 110° F (43° C)
- Ambient air temperature: Up to 125° F.(52° C)
- 24 VAC 50/60 Hz (cycles per second) sofenoid power requirement:
- · 0.30 A (7.2 VA) inrush current; 0.23 A (5.5 VA) holding current
- · Solenoid coil resistance: 38 Ohms

Dimensions:

- · Height: 4 1/2" (11,4 cm)
- · Height (Angle): 5 1/2" (14 cm)
- · Width: 3 1/3" (8,4 cm)
- Length: 4 3/8" (11,1 cm)
- · Length (Angle): 3 3/4" (9,5 cm)
- · Length (MM): 5 3/8" (13,6 cm)
- Length (MB): 5 3/4" (14,6 cm)

110

Click to Enlarge Photos









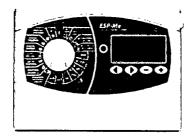


ESP-Me Series Sprinkler Timer

4-22 Station Modular Indoor or Outdoor Controller

Building on its predecessor—the ESP Modular—the enhanced Rain Bird® ESP-Me offers easy programming, a higher station count and new features so easy to use, you'll actually use them.

With 4- to 22-station scatability, vibrant colors, easy-to-read text, oversized LCD display and Extra Simple Programming, tailoring a watering schedule for your unique landscape is foolproof



Buy How 理

Video

Manuals & Literature

Features

Models

Specifications

FAQs

Operating Specifications

· Station timing: 1 minute to 6 hours

· Seasonal Adjust; 5% to 200%

Max operating temperature: 149°F (65°C)

Electrical Specifications

Input required: 120 VAC ± 10%, 60Hz
 (International models; 230/240 VAC ± 10%, 50/60Hz)

Output: 25.5 VAC 1A

Master Valve/Pump Start Relay
 Operating Voltage: 24VAC 50/60Hz

Max Coil Inrush: 11VA Max Coil Holding: 5VA

· Idle/Off power draw 0.06 amps at 120VAC

 Power back-up not required. Nonvolatile memory permanently saves the current programming and a 10 year life lithium battery maintains the controllers time and date during power outages.

Certifications

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

Dimensions

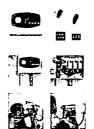
Width: 10.7 in. (27,2 cm)

· Height: 7.7 in. (19,5 cm)

• Depth: 4.4 in. (11,2 cm)

| MonMore

Click to Enlarge Photos



NEW 6 Station Module



Mix and match new SM6 six station expansion modules along with SM3 three station modules to cover anything from 4 to 22 stations!

Recommended Products



WR2 Wireless Rain Sensor

HUNTER MINI-CLIK

RAIN SENSOR

The rain sensor shall be capable of interrupting the power from the irrigation controller to the valves when rainfall exceeds a pre-selected amount.

The rain sensor circuitry shall be housed in a UV and corrosion resistant plastic casing and shall utilize hygroscopic disks to activate a switch in the unit. The standard switch shall be rated at 24 VAC, 5 A. An optional high-voltage model with a switch rated at 10 amps and ½ HP at 125/250 VAC shall also be available.

The sensor shall be adjustable, using settings on the unit to measure rainfall quantities of 1/8" to 1". The reset rate of the unit shall be adjustable by turning a plastic collar on the device that regulates an opening, thus varying the rate of evaporation from the disks.

The sensor shall have an integral, adjustable, aluminum, mounting bracket that allows installation on angled, as well as perpendicular surfaces.

When specified, the unit will come equipped with a ½" female threaded inlet to accommodate conduit mount applications. It shall also be available in a high-voltage model for 110/220 VAC applications.

An optional stainless-steel enclosed sensor shall be available for sites that require a more vandal-resistant device.

The sensor shall be installed in accordance with the manufacturer's published instructions. The sensor shall carry a conditional five-year exchange warranty. The rain sensor shall be the Mini-Clik series as manufactured by Hunter Industries Incorporated, San Marcos, California.

9:000 MANIE LAWSON
TOWN OF SERVALES POINT CAME & SWINNER Mon Date of Inspection RERIMITIE OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS 10612 INSPECTOR RERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS Son driveway Delgeview Pre pour INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTION INSPECTION TYPE RESULTS COMMENTS Windows 4 SGDS Crose INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS 10603 Mandoon M Garage 6 N Via Lucendia Crosé INSPECTOR 6 RERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE RESULTS COMMENTS 10620 Lucindia OWNER/ADDRESS/GONTRACTION INSPECTION TYPE RESULTS rugation OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE // RESULTS PERMIT # COMMENT 10519 A58 Crost INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

oate FORWARY 4	1 2005 TREE	REMOVAL PERMI	N= 2416	
PPLIED FOR BY	ALEY		(Contractor or Owne	r)
wner1295	SENDL	is PT P	2	-
b-division				-·
nd of Trees				_
o. Of Trees: REMOVE 29	_ DEAD/ PEPP	of CEOAL	BUS HES	•
o. Of Trees: RELOCATE	_ WITHIN 30 DAYS	(NO FEE)		
o. Of Trees: REPLACE	WITHIN 30 DAYS	,		
MARKS			A	-
		FI FI	E \$ #	-0.
aned	Signed	Here Se	unnows (LEB)
Jrieu,		/V = = _		
		BUILD (N	8:00 A.M12:00 N	
WN OF SEWALL'S		Call 287-2455 - WORK HOURS	8:00 A.M12:00 N	
WN OF SEWALL'S	S POINT MOV RE: ORDINANCE	Call 287-2455 - WORK HOURS	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	
WN OF SEWALL'S	S POINT MOV RE: ORDINANCE	Call 287-2455 - WORK HOURS AL P	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	
WN OF SEWALL'S	S POINT MOV RE: ORDINANCE	Call 287-2455 - WORK HOURS AL P	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	
WN OF SEWALL'S TREE RE	S POINT MOV RE: ORDINANCE	Call 287-2455 - WORK HOURS AL P	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	
WN OF SEWALL'S	S POINT MOV	Call 287-2455 - WORK HOURS AL P	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	
WN OF SEWALL'S	S POINT MOV	Call 287-2455 - WORK HOURS L 103 ROJECT DESCRIPTION	8:00 AM12:00 N 1:00 AM5:00 PMN ERMIT	

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 language 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.

Trees with a diameter of less than two inches.

Permit Fee:

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

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

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

Application procedures:

- 1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures. improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
- 2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
- 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.

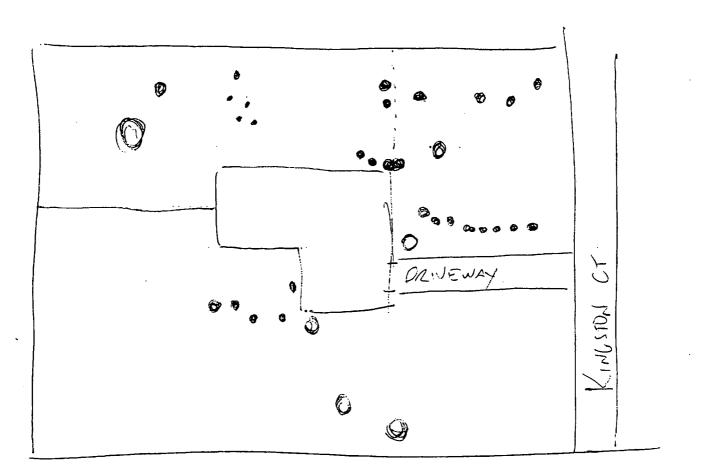
5. Permits expire if work does not begin	within 3 months and	if activity is interrupted over 45 days.
Owner Eugene Dalay	Address_12	7 5 Sewalls Pt R Phone
Contractor	Address	Phone
No. of Trees: REMOVE 29		Type: DEAD PEPPER CEOSE / BUSHE
No. of Trees: RELOCATE V	VITHIN 30 DAYS	Туре:

110. 01 1. 668: 212		Type:	
Written statement giving reasons:	huricane dan	age - Trees	Shrubs clestroyed
Signature of Property Owner	some A Balou		Date_ / /27/05

Signature of Property Owner	Cignerfl	Deley_		_ Date	1/17/	05	-
======================================			2/	1	Fee:	0	

Approved by Building Inspector: ______ Date _____ Plans approved as revised/marked: ______

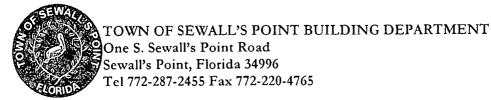
GONE DANCY RESIDENCE 129 S. SEWALW PT RO.



SEMANIS POINT ROPP

•

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TIREE REMIS VAL, RELOCATION, REPLACEMENT PERMIT CALL 8:00 AM – 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM – NO SUNDAYS

CALL GIOG AIN 12:00 NOCIN CINICI 20101
Owner Patricia Lawson Address 129 Sewalls & Religione
Contractor American Laws Address PC FL Phone 772-233-6007
No. of Trees: REMOVE 2+1 Species: 2 Print Trees, 1 Guilo Limbo
No. of Trees: RELOCATE Species:
No. of Trees: REPLACE Species:
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY
Reason for tree removal /relocation (See notice above) (2) Pores are old, safely 1550e 40
mone, (1) 60 mbo 4mbo, severe 1550e with home foundation
Signature of Property Owner & James Severe 1550e with home Social attention
Approved by Building Inspector: Date 9-17-13 Fee:
NOTES: TREES APPEAR HEALINY, BUT MEED CARE, NO APPARANT DAGER
TO HOME. ABOVE PENSONS CLAIMED MUST BE VENIFIED BY MEENTIFIED
SKETCH: Sewall's Pt, Rd -> ARBORIST
>ewalls 17, 100
(1) Phetree
(1) Me.
(* Sunbo Linbe
Home (1)
Driveway
(2) Pine Tree
(2) Kme 12





Since 1990, Sewall's Point has proudly been designated a 'Tree City USA'

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8:00 AM TO 5:00 PM - NO SUNDAYS

1, 1, 1, 2, 1, 1	, otpl
Owner Mrt Mrs Polter	
Contractor MCT (ecthy)	Address 2302 57 Calcutta Phone 772 -201-8787
No. of Trees REMOVE Species:	Dend Doyal Caliper @ 4' above soil(inches) Height(ft.)
No. of Trees RELOCATE Species:	Caliper @ 4' above soil(inches) Height (ft.)
No. of Trees REPLACE Species:	Caliper @ 4' above soil (inches) Height (ft.)
REPLACED OR RELOCATED	TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE
ALL PROHIBITED SPECIES AND	VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY
Reason for tree removal /relocation _	
Signature of Property Owner &	mbra Polter Date 9/10/15
This space for Official Use only: Approved by Building Official:	Date R.11.)5 Fee: Of TRUE IS DAYS
BUILDING INSPECTOR NOTES:	TRUE IS DAND
Minimum Tree Requirements Met On Pro	pperty Prohibited Species Identified for Removal
SKETCH (Show leasting of two /s) to be	removed/relocated; dimensions of lot; location of structures):
se mils p	Den palm