

132 South Sewall's Point Road

236

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner BARBARA POLBURN Present Address SEWALL'S PT. Phone _____

Architect _____ Address _____

General Contractor SYLVESTER CONST. Address STUART Phone 287-5487

Where Licensed STUART License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location _____ Subdivision ARCHIPELAGO Lot No. 6

Lot Dimensions 168 x 100 Lot Area _____ Sq. Ft. _____

Purpose of Building RESIDENCE Type of Construction C.U.B.S.

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

Outside of Walls 1833 Inside of Walls 1714

Street or Road building will front on SEWALL'S PT. RD.

Clearances - Front 35 Back 35+ Side 15+ Side 15+ River _____

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) 49,000⁰⁰

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	<u>147.00</u>	_____	_____
Plumbing (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner) -----	<u>167⁰⁰</u>	_____	_____

SIGNED: - General Contractor or Owner Thomas E. Sylvester

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted _____
 Date Permit approved 9-14-70
 Date Permit Fee paid 9-14-70
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

236

?

SEAWALL

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Folburn Present Address Archipelago Phone _____

Architect Langford Marine Address _____

General Contractor Langford Marine Address P.O. Box 558 Phone 287-2595

Where Licensed Martinez License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location S. Ph. Road Subdivision Archipelago Lot No. 6

Lot Dimensions _____ Lot Area _____ Sq. Ft. _____

Purpose of Building Seawall Type of Construction Concrete

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

Outside of Walls _____ Inside 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

General (\$3.00 per \$1000 or Fraction) _____

Plumbing (Flat Fee) ----- \$10.00 \$3.00

Electrical (Flat Fee) ----- \$10.00 \$3.00

Total (To be paid by General Contractor or Owner) -----

Approximately 162' Seawall - Langford
 SIGNED: - General Contractor or Owner John Langford
 Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 2/4/70
 Date Permit approved 2/4/70
 Date Permit Fee paid none
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

Date of Occupancy

1937

REPLACE DRIVEWAY

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1937

Date 6/6/86

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

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

Owner Richard Melosh Present Address 32 S Sewall Pt Rd
Phone _____

Contractor Theodore Sietsma Address PO Box 346
Phone 334-1522 Jensen Beach FL13

Where licensed State of Florida License number CGCO 16851

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Replace Drive way
132 S. Sewall Pt Rd.
State the street address at which the structure will be built:

Subdivision Porch Lago Lot number 6 Block number _____

Contract price \$ 2000.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Theodore Sietsma

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

Owner _____

TOWN RECORD

Date submitted 6/6/86 Approved Dale Brown
Building Inspector Date

Approved J.C. Stubeck 6/24 Final Approval given 6/24
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

2023

SEAWALL CAP

2023

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 10/29/86

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

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

Owner Richard Melosh Present Address 132 S. Sewall Pt Rd

Phone _____

Contractor Theodore Sietman Address P.O. Box 346

Phone _____ Jensen Beach FLA

Where licensed State License number CG-CO 16851

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to, an existing structure, for which this permit is sought: ADD 12" of concrete TO THE TOP OF

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

Subdivision Nachipolago Lot number 6 Block number _____

Contract price \$ 2,000.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Theodore Sietman

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

Owner _____

TOWN RECORD

Date submitted _____ Approved Dale Brown
Building Inspector Date

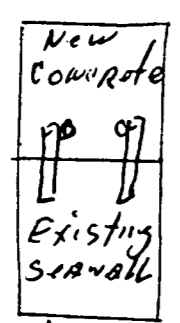
Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

NORTH

STRAITS

#4 Dowels @ 4' ϕ
2" x 4" Continuous



SULLY

TURN IN WALL
S. $0.18'$
E. $1.39'$

Lot 5
N. $07^{\circ} 28' 32''$ E. $131.65'$

1' CONC. SEAWALL

Lot 6

FND. C.M.
S. $0.93'$
E. $0.26'$

E. $100.20'$

6' CHAIN LINK FENCE

Fin. F. E. $6.52'$

1 STORY
C.B.S.

R 1 Zone

SCREEN PORCH

Richard Melosh
132 S. Sewalls OTR
Lot #6
Archipelago

FND. C.M.

6411

FACIA

PERMIT EXPIRED

NO FINAL INSPECTION

Date: _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: MARY T. DALEY Phone (Day) 223-9486 (Fax) _____

Job Site Address: 129 S. SEWALL'S PT RD City: STUART State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: remove fascia on 60' area cut out rot & replace with treated 2x4 NEW 1x6 fascia

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

Street: 129 Sewall's Pt Rd City: Stuart State: Fla Zip: 34996

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$450.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

Mary T. Daley

State of Florida, County of: Martin

This the 5th day of September, 2003

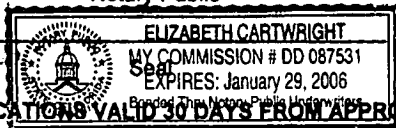
by Mary T. Daley who is personally

known to me or produced

as Identification. Elizabeth Cartwright

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL 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 though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Mary Daley Date: 9-9-03

Signature: Mary Daley

Address: 12905 Sewalls Pt Rd

City & State: Steed Fla

Permit No. 6411

This form is for all permits except electrical.

6790

REROOF

WITHDRAWN

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/4/04

BUILDING PERMIT NO. 6790

Building to be erected for DALEY Type of Permit REROOF

Applied for by AN AMERICAN ROOFING (Contractor) Building Fee _____

Subdivision HANSEN GRANT Lot PARCELF3 Block _____ Radon Fee _____

Address 129 S. SEWALL'S POINT RD Impact Fee _____

Type of structure SR A/C Fee _____

Parcel Control Number:

1338410000000000310000

Amount Paid 120.00 Check # 3381 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 7579.00

TOTAL Fees 120.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

Date: 6/4/04

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: MARY T. DALEY Phone (Day) _____ (Fax) _____

Job Site Address: 129 S. SEWALL'S POINT RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) SEWALL'S POINT
886 AT 5/4N 9E N 145.9' OF Parcel Number: 13-38.41-000-000.00031-0
LOT 3 & C/LN

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

Description of Work To Be Done: RE-ROOF TRAIL GRAVEL AND FLAT TO SHINGLE AND FLAT

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

CONTRACTOR/Company: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC. Phone: 463-8055 Fax: 463-8054

Street: 3006 SE WAALER ST. City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CCC058118 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 9,579.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Mary T. Daley

State of Florida, County of: MARTIN

This the 3rd day of JUNE, 2004

by _____ who is personally known to me or produced as identification Kendra S. Bramble

Notary Public

My Commission Expires: 11/24/06

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: MARTIN

This the 4th day of JUNE, 2004

by _____ who is personally known to me or produced as identification Kendra S. Bramble

Notary Public

My Commission Expires: 11/24/06

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY.

NOTARY PUBLIC
OFFICIAL NOTARY SEAL
KENDRA S BRAMBLE
COMMISSION NUMBER
DD167210
MY COMMISSION EXPIRES
NOV. 24, 2006

NOTARY PUBLIC
OFFICIAL NOTARY SEAL
KENDRA S BRAMBLE
COMMISSION NUMBER
DD167210
MY COMMISSION EXPIRES
NOV. 24, 2006

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2988PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6339**PRODUCT CONTROL NOTICE OF ACCEPTANCE**Owens Corning
One Owens Corning Parkway
Toledo, OH 43659Your 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.

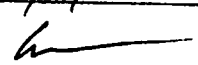
This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, 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: 07/19/2006Raul 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

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>6/4/01</u>  BUILDING OFFICIAL Gene Simmons</p>

Francisco J. Quintana, R.A.
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.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 129 S. SEWALL'S POINT RD., SEWALL'S POINT BEG AT S/LN OF N 145.9' OF LOT 3 & C/LN

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: MARY T. DALEY

ADDRESS: 129 S SEWALL'S POINT RD., STUART, FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

ADDRESS: 3006 SE WAALER STREET, STUART, FL 34997

PHONE#: (772)463-8055 FAX#: (772)463-8054

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____



INSTR # 1756159
OR BK 01905 PG 2888
RECORDED 06/04/2004 02:22:57 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

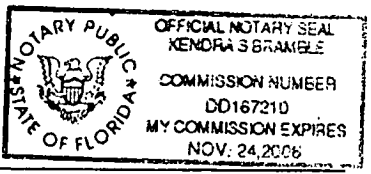
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____ FAX #: _____

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

Mary T Daley
SIGNATURE OF OWNER

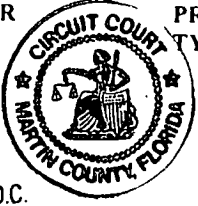


SWORN TO AND SUBSCRIBED BEFORE ME THIS 3RD DAY OF JUNE 2004 BY MARY T. DALEY

Marsha Ewing
NOTARY SIGNATURE STATE OF FLORIDA

MARTIN COUNTY OR PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK



BY [Signature] D.C.
DATE 6/4/04

All American Roofing of The Treasure Coast, Inc.

3006 SE Waaler Street, Stuart, FL 34997

Lic. #CC-C058118

December 13, 2004

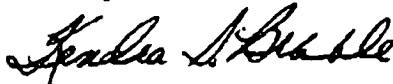
Town of Sewell's Point
Attn: Permitting

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 illness. 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 S. Bramble
Off. Admin.

Office: (772) 463-8055

Fax: (772) 463-8054

6872

A/C CHANGEOUT

EXPIRED

(NO FINAL INSPECTION)

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/26/04

BUILDING PERMIT NO. 6872

Building to be erected for DALEY

Type of Permit CHANGE OUT A/C

Applied for by NIS AIR AIR COND.

(Contractor) Building Fee 250.00

Subdivision HANSEN CANY Lot P. 3 Block _____

Radon Fee _____

Address 129 S. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410000000031000000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$250.00 Check # 16382 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 4000.00

TOTAL Fees 250.00

Signed Thomas P. Daley

Applicant

Signed Gene Summers

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: August 24, 2004 Permit Number: _____

OWNER/TITLEHOLDER NAME: Gene Daley Phone (Day) 223-9486 (Fax) _____

Job Site Address: 129 South Sewall's Pt Road City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: Change-out of A/C Equipment

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4000.00
(Notice of Commencement needed over \$2500)

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: NISAir Air Conditioning Phone: 283-0904 Fax: 283-7229

Street: 1501 Decker Ave D404 STUART City: _____ State: FL Zip: 34994

State Registration Number: CA041199 State Certification Number: CA041199 Martin County License Number: 1986-518-989

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic.# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

Gene Daley

State of Florida, County of: Martin

This the 25 day of August, 2004

by Gene Daley who is personally

known to me or produced identification

as identification. Driver's license

My Commission Expires: 9-19-08

Notary Public Seal: Christopher J. Rooney #DD 221108

CONTRACTOR SIGNATURE (required)

Philip A. Nisa Jr

On State of Florida, County of: Martin

This the 25 day of August, 2004

by Philip A. Nisa Jr who is personally

known to me or produced identification

As identification. Notary Public Seal

My Commission Expires: 9-19-08

Notary Public Seal: Christopher J. Rooney #DD 321108

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

129 South Sewall's Point Road

GENERAL DESCRIPTION OF IMPROVEMENT: Replacement of A/C Equipment

OWNER: MR. & MRS. Gene Daley

ADDRESS: 129 So. Sewall's Point Road, Stuart, FL 34996

PHONE #: 223-9426 FAX #: _____

CONTRACTOR: NISAIR AIR Conditioning

ADDRESS: 1501 Decker Avenue Unit D-404 Stuart, FL 34996

PHONE #: 283-0904 FAX #: 223-7279

SURETY COMPANY (IF ANY) N/A

ADDRESS: N/A STATE OF FLORIDA

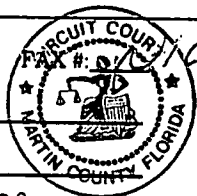
PHONE # N/A MARTIN COUNTY

BOND AMOUNT: N/A THIS IS TO CERTIFY THAT THE _____ PAGES IS A TRUE

LENDER: N/A AND CORRECT COPY OF THE ORIGINAL.

ADDRESS: N/A BY T Copus D.C.

PHONE #: N/A DATE 8-26-04 FAX #: N/A



INSTR # 1777047
OR BK 01935 PG 1447
RECORDED 08/26/2004 12:59:33 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

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

NAME: N/A

ADDRESS: N/A

PHONE #: N/A FAX #: N/A

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

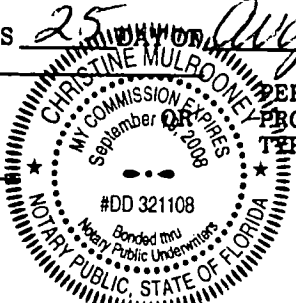
PHONE #: N/A FAX #: N/A

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: August 25, 2005
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

E. P. Daley
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF August, 2004 BY Gene Daley

Christine Mulrooney
NOTARY SIGNATURE



PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID: Driver's license

AC# 1445650

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061100826

DATE	BATCH NUMBER	LICENSE NBR
06/11/2004	030718685	CAC041199

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2006



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

FL 34994

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
NISAI-1

DATE (MM/DD/YYYY)
12/19/03

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED

Nisair Air Conditioning
Personalized Services Inc dba
1501 Decker Ave, Suite D404
Stuart FL 34994

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Southern Owners	10190
INSURER B: Auto Owners Insurance Co	18988
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED
DEC 23 2003

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20609861	12/20/03	12/20/04	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	96-826-376	12/20/03	12/20/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER	CANCELLATION
TOWNS-1 Town of Sewalls Point fax 220-4765 1 S Sewalls Point Road Stuart FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph E. Coors</i>

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID J1
NISAI-1

DATE (MM/DD/YYYY)
01/06/04

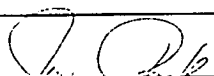
PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Nisair Air Conditioning Personalized Services Inc. dba 1501 Decker Avenue #D404 Stuart FL 34994-3964	INSURER A: FCCI Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	44571	01/01/04	01/01/05	W/C STATU- TORY LIMITS OTH- ER	
						E L EACH ACCIDENT	\$ 100000
						E L DISEASE - EA EMPLOYEE	\$ 100000
						E L DISEASE - POLICY LIMIT	\$ 500000
		OTHER					

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

CERTIFICATE HOLDER 0000000 Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	---



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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

STATE OF FLORIDA AC# 0469768
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CAC041199 06/27/02 011150837
CERTIFIED AIR COND CONTR
NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2004 SEQ # L0206270066

DETACH HERE

AC# 0469768

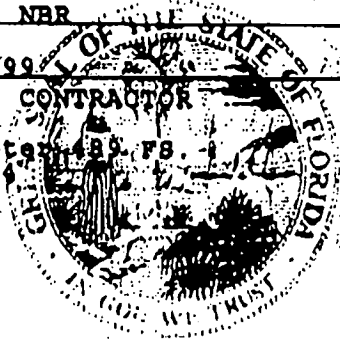
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206270066

DATE	BATCH NUMBER	LICENSE NBR
06/27/2002	011150837	CAC041199

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



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

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2003-2004 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE # 986-518-989 CERT _____
 PHONE (772) 283-0904 SIC NO. 235110

LOCATION:
 1501 DECKER AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF A/C CONTR
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

12 DAY OF AUGUST 2003
 AND ENDING SEPTEMBER 30, 2004

AND ENDING SEPTEMBER 30, 2003

NISAIR AIR CONDITIONING
 PERSONALIZED SERVICE INC
 CITY LIC
 1501 DECKER AVENUE D-404
 STUART FL 34994

RECEIPT OF PAYMENT

LARRY C. O'STEEN
 99 88/12/2003 NORMAL
 098689898986
 1986518989861
 X0142988218988222A
 6818 1
 \$25.00

RECEIVED
 DEC 03 2003
 BY: _____

PLA N P

7280

INTERIOR

RENOVATIONS

ABANDONDED

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/7/05

BUILDING PERMIT NO. 7280
Type of Permit DRYWALL, CABINETS, FACIA, SOFFITS & DOOR REPAIR
\$28,313 x \$9.60/1000 = 271.80
(Contractor) Building Fee

Building to be erected for DALEY

Applied for by SPECIAL FORCES

Subdivision METES & BOUNDS Lot P-3 Block _____

Address 129 S. Sewall's Point RD

Type of structure SFR

Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee 35.00

Parcel Control Number:
133841000000000310000

Amount Paid 306.80 Check # 7293 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 28,313.80 TOTAL Fees 306.80

Signed Bruce Carley
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1/15/04

Permit Number: _____

OWNER/TITLEHOLDER NAME: GENE DALEY

Phone (Day) 223-9486 (02) (Fax) 335-0517
708-4036

Job Site Address: 129 S. SEWALL'S POINT ROAD
SEWALLS POINT, BEV @ S/1LN OF N. 145.9 OF LOT 3 &
Legal Desc. Property (Subd/Lot/Block) C/LN SEWALL'S POINT ROAD,
WLY 152' NLY

City: SEWALLS POINT State: FL Zip: 34996.
Parcel Number: 13-38-41-000-000-00031-0

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: ROOF REPAIRS, DRY WALL KITCHEN & BATH CABINETS/FASCIA/SOFFIT

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 28,313.83
(Notice of Commencement needed over \$2500)
Estimated Fair Market Value prior to improvement: \$ 96,380.00

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: TAX ROLL

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: SPECIAL FORCES

Phone: 692-0302 Fax: 692-4112

Street: 623 BUCK HENRY WAY

City: STUART State: FL Zip: 34994

State Registration Number: CGC 059083 State Certification Number: CGC 059083 Martin County License Number: 2003513032

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

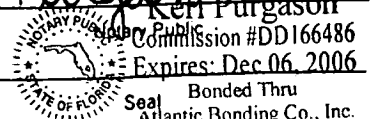
Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)
Michael A Roberts
On State of Florida, County of: Martin
This the 14 day of January, 2008
by Michael Roberts who is personally
known to me or produced _____
As identification Keri Purgason

My Commission Expires: _____



ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID FL SPECI-4	DATE (MM/DD/YYYY) 12/30/04
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Special Forces Restoration and Construction Inc 623 Buck Hendry Way Stuart FL 34994	INSURERS AFFORDING COVERAGE	NAIC #	
	INSURER A: Southern Owners Insurance	10190	
	INSURER B: Auto-Owners Insurance Co	18988	
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

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

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	20628155	01/15/04	01/15/05	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000	
		GENL AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY	\$ 1,000,000	
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GENERAL AGGREGATE	\$ 2,000,000			PRODUCTS - COMP/OP AGG	\$ 1,000,000	
B		AUTOMOBILE LIABILITY	4328287900	11/27/04	11/27/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
<input type="checkbox"/> HIRED AUTOS						AUTO ONLY - EA ACCIDENT	\$	
<input type="checkbox"/> NON-OWNED AUTOS						OTHER THAN AUTO ONLY	EA ACC \$ AGG \$	
		GARAGE LIABILITY	NOT COVERED W/THIS AGENCY				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO					AGGREGATE	\$
		EXCESS/UMBRELLA LIABILITY	NOT COVERED W/THIS AGENCY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE						\$
		<input type="checkbox"/> DEDUCTIBLE						\$
		RETENTION \$					WC STATUTORY LIMITS	OTHER
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY	NOT COVERED W/THIS AGENCY				E L EACH ACCIDENT	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E L DISEASE - EA EMPLOYEE	\$
		If yes, describe under SPECIAL PROVISIONS below					E L DISEASE - POLICY LIMIT	\$
A		OTHER						
		Equipment Floater	20628155	01/15/04	01/15/05	Equip Rental	\$11,500	

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

CERTIFICATE HOLDER

CANCELLATION

TOWN OF S

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

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

AUTHORIZED REPRESENTATIVE


AC# 1466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062900644

DATE	BATCH 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

DIANE CARR
SECRETARY



CITY OF STUART
OCCUPATIONAL LICENSE
2004-2005

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4237	20487	081001

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

BUSINESS TYPE: CONTRACTOR - GENERAL

OWNER AND LOCATION: MICHAEL ROBERTS
652 BUCK HENDRY WAY

The 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, approval, or disapproval of the holder's skill or competence or of the competence or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

STATE LICENSE CGC059083

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

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

DATE: 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

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION		F O L D H E R E	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.	
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW				
EFFECTIVE: 10/10/2003				
EXPIRATION: 10/09/2005				
PERSON: ROBERTS MICHAEL				
SSN: 095-58-5823				
FEIN: 651138038				
BUSINESS: SPECIAL FORCES RESTORATION & 652 BUCK HENDREY WAY STUART FL 34994				

CUT HERE

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

Contractor Estimate

Claim #

Special Forces

3 COPIES FOR BLOG DEPT

Adjuster Special Forces/ Michael Roberts		Special Forces 623 Buck Hendry Way Stuart, FL 34994		January 11, 2005	
Phone	(772) 692-0302	Phone	(772) 692-0302	Fax	(772) 692-4112
Fax	(772) 692-4112				
Customer Daley, Mary And Gene		129 S Sewalls Point Rd., Stuart, FL 34996			
Address					

Roof

	Repl. Cost	OP
Repair Roof <i>↓ SORFIT ↓ FASCIA</i>	1 LS @ \$2,000.00 ^{a*}	\$2,000.00
		<u>\$2,000.00</u>

Exterior

	Repl. Cost	OP
Permits	1 LS @ \$275.00 ^w	\$275.00
		<u>\$275.00</u>

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

410 sf Floor 683 sf Wall 410 sf Ceiling 85 lf Floor 85 lf Ceiling 3,283 cf Volume

Offset(s) 10' x 4'

	Repl. Cost	OP
Clean, Seal & Paint Walls	683 SF @ \$0.50 ^{b*}	\$341.50
Clean Storm Door	1 EA @ \$21.36 ^{b*}	\$21.36
Remove Drywall, Wall	170.75 SF @ \$0.23 ^b	\$39.27
Replace Drywall, Wall	181 SF @ \$0.59 ^{b*}	\$106.79
	170.75 SF @ \$1.35	\$230.51
		<u>\$337.30</u>
		\$739.43

Material
Labor

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

60 sf Floor 440 sf Wall 60 sf Ceiling 55 lf Floor 55 lf Ceiling 484 cf Volume

Closet(s) 2' 4" x 5' 1' 8" x 2'
Offset(s) 3' 6" x 3'

	Repl. Cost	OP
Remove Drywall, Wall	440 SF @ \$0.23 ^b	\$101.20
Replace Drywall, Wall	466.4 SF @ \$0.58 ^{b*}	\$270.51
	440 SF @ \$1.36	\$598.40
		<u>\$868.91</u>
Remove Base Molding, Colonial, 3 1/2", Hardwood	55 LF @ \$0.20 ^b	\$11.00

Material
Labor

		Repl. Cost	OP
Replace Base Molding, Colonial, 3 1/2", Hardwood	58.3 LF @ \$1.30 ^{b*}	\$75.79	Material
	55 LF @ \$0.45	<u>\$24.75</u>	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	<u>\$29.70</u>	
		\$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" x 5'					

		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	<u>\$256.62</u>	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	<u>\$450.24</u>	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	<u>\$22.68</u>	
		\$2,906.42	

Bedroom #1 (13' 6" x 11' x 8')

164 sf Floor	573 sf Wall	164 sf Ceiling	72 lf Floor	72 lf Ceiling	1,312 cf Volume
Closet(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	

	Repl. Cost	OP
Paint Base Molding, Wood 3"	72 LF @ \$0.54 ^a	\$38.88
		\$1,818.21

Kitchen (18' 2" x 9' 9" x 8')					
177 sf Floor	447 sf Wall	177 sf Ceiling	56 lf Floor	56 lf Ceiling	1,417 cf Volume

	Repl. Cost	OP	
Remove Cabinet, Base	13.4 LF @ \$4.12 ^b	\$55.21	
Replace Cabinet, Base	13.4 LF @ \$130.87 ^b	\$1,753.66	
Remove Cabinet, Tall	8 LF @ \$14.35 ^b	\$114.80	
Replace Cabinet, Tall	8 LF @ \$222.13 ^b	\$1,777.04	
Rem/Reset Countertop, Formica	17.4 LF @ \$11.48 ^b	\$199.75	
Rem/Reset Backsplash, Formica, (SF)	21.9 SF @ \$3.03 ^b	\$66.36	
Clean Mirror Tile Wall, 12"x12"	48 SF @ \$0.34 ^b	\$16.32	
Remove Drywall, Wall	223.5 SF @ \$0.23 ^b	\$51.41	
Replace Drywall, Wall	236.91 SF @ \$0.59 ^{b*}	\$139.78	Material
	223.5 SF @ \$1.35	<u>\$301.73</u>	Labor
		\$441.51	
Paint Drywall, Wall	447 SF @ \$0.68 ^{b*}	\$303.96	
Rem/Reset Faucet, Kitchen	1 EA @ \$63.26 ^b	\$63.26	
Rem/Reset Sink, Kitchen, Stainless Steel	1 EA @ \$94.99 ^b	\$94.99	
Rem & Replace Base Molding, Wood 3"	56 LF @ \$1.75 ^{a*}	\$98.00	
Paint Base Molding, Wood 3"	56 LF @ \$0.54 ^a	\$30.24	
		<u>\$5,066.51</u>	

Nook (11' x 11' 6" x 8')					
126 sf Floor	360 sf Wall	126 sf Ceiling	45 lf Floor	45 lf Ceiling	1,012 cf Volume

	Repl. Cost	OP	
Remove Drywall, Wall	360 SF @ \$0.23 ^b	\$82.80	
Replace Drywall, Wall	190.8 SF @ \$0.59 ^{b*}	\$112.57	Material
	180 SF @ \$1.35	<u>\$243.00</u>	Labor
		\$355.57	
Paint Drywall, Wall	360 SF @ \$0.68 ^{b*}	\$244.80	
Rem & Replace Base Molding, Wood 3"	45 LF @ \$1.75 ^{a*}	\$78.75	
Paint Base Molding, Wood 3"	45 LF @ \$0.54 ^a	\$24.30	
		<u>\$786.22</u>	

Living Room/ Entry (17' 10" x 19' 3" x 8')					
444 sf Floor	871 sf Wall	444 sf Ceiling	109 lf Floor	109 lf Ceiling	3,553 cf Volume

Offset(s)	7' 10" x 11' 4"	2' x 6'	
	Repl. Cost	OP	
Remove Drywall, Wall	435.5 SF @ \$0.23 ^b	\$100.17	
Replace Drywall, Wall	461.63 SF @ \$0.59 ^{b*}	\$272.36	Material
	435.5 SF @ \$1.35	<u>\$587.93</u>	Labor
		\$860.29	
Paint Drywall, Wall	871 SF @ \$0.68 ^{b*}	\$592.28	
Rem & Replace Base Molding, Wood 3"	109 LF @ \$1.75 ^{a*}	\$190.75	
Paint Base Molding, Wood 3"	109 LF @ \$0.54 ^a	\$58.86	

Repl. Cost OP

\$1,802.35

Dining Room (13' 3" x 20' 10" x 8')

276 sf Floor 545 sf Wall 276 sf Ceiling 68 lf Floor 68 lf Ceiling 2,208 cf Volume

Repl. Cost OP

Remove Drywall, Wall	272.5 SF @ \$0.23 ^b	\$62.68	
Replace Drywall, Wall	288.85 SF @ \$0.59 ^{b*}	\$170.42	Material
	272.5 SF @ \$1.35	\$367.88	Labor
		<u>\$538.30</u>	
Paint Drywall, Wall	545 SF @ \$0.68 ^{b*}	\$370.60	
Rem & Replace Base Molding, Wood 3"	68 LF @ \$1.75 ^{a*}	\$119.00	
Paint Base Molding, Wood 3"	68 LF @ \$0.54 ^a	\$36.72	
		<u>\$1,127.30</u>	

Bedroom/Master (12' x 15' 8" x 8')

188 sf Floor 443 sf Wall 188 sf Ceiling 55 lf Floor 55 lf Ceiling 1,504 cf Volume

Repl. Cost OP

Remove Drywall, Wall	443 SF @ \$0.23 ^b	\$101.89	
Replace Drywall, Wall	234.79 SF @ \$0.59 ^{b*}	\$138.53	Material
	221.5 SF @ \$1.35	\$299.03	Labor
		<u>\$437.56</u>	
Paint Drywall, Wall	443 SF @ \$0.68 ^{b*}	\$301.24	
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	
		<u>\$966.64</u>	

Dressing Area (6' x 6' 6" x 8')

39 sf Floor 200 sf Wall 39 sf Ceiling 25 lf Floor 25 lf Ceiling 312 cf Volume

Repl. Cost OP

Replace Vanity, Average	6.6 LF @ \$127.78 ^b	\$843.35	
Rem/Reset Faucet, Bath	1 EA @ \$72.33 ^b	\$72.33	
Rem/Reset Sink, Bathroom	1 EA @ \$63.94 ^b	\$63.94	
Rem/Reset Medicine Cabinet	1 EA @ \$37.35 ^b	\$37.35	
Remove Drywall, Wall	100 SF @ \$0.23 ^b	\$23.00	
Replace Drywall, Wall	106 SF @ \$0.59 ^{b*}	\$62.54	Material
	100 SF @ \$1.35	\$135.00	Labor
		<u>\$197.54</u>	
Paint Drywall, Wall	200 SF @ \$0.68 ^{b*}	\$136.00	
Rem & Replace Base Molding, Wood 3"	25 LF @ \$1.75 ^{a*}	\$43.75	
Paint Base Molding, Wood 3"	25 LF @ \$0.54 ^a	\$13.50	
		<u>\$1,430.76</u>	

Bathroom (5' x 5' 10" x 8')

29 sf Floor 173 sf Wall 29 sf Ceiling 22 lf Floor 22 lf Ceiling 233 cf Volume

Repl. Cost OP

Remove Drywall, Wall	86.5 SF @ \$0.23 ^b	\$19.90	
----------------------	-------------------------------	---------	--

		<u>Repl. Cost</u>	<u>OP</u>	
Replace Drywall, Wall	91.69 SF @ \$0.59 ^{b*}	\$54.10		Material
	86.5 SF @ \$1.35	\$116.78		Labor
		\$170.88		
Paint Drywall, Wall	173 SF @ \$0.68 ^{b*}	\$117.64		
Rem/Reset Bath Tub, Good	1 EA @ \$122.73 ^b	\$122.73		
Rem/Reset Toilet, Tank Type, Floor Mounted	1 EA @ \$86.02 ^b	\$86.02		
Rem/Reset Ceramic Paper Holder	1 EA @ \$24.09 ^b	\$24.09		
Rem/Reset Ceramic Soap Dish	2 EA @ \$14.22 ^b	\$28.44		
Rem/Reset Ceramic Towel Bar	3 EA @ \$23.47 ^b	\$70.41		
Rem/Reset Accessory, Bathroom, Handicap Rail	1 EA @ \$16.25 ^b	\$16.25		
Rem/Reset Accessory, Bathroom, Marble Shower Seat	1 EA @ \$27.32 ^{b*}	\$27.32		
Rem & Replace Base Molding, Wood 3"	22 LF @ \$1.75 ^{a*}	\$38.50		
Paint Base Molding, Wood 3"	22 LF @ \$0.54 ^a	\$11.88		
		<u>\$734.06</u>		

Closet (5' 6" x 6' x 8')					
33 sf Floor	184 sf Wall	33 sf Ceiling	23 lf Floor	23 lf Ceiling	264 cf Volume

		<u>Repl. Cost</u>	<u>OP</u>	
Remove Drywall, Wall	92 SF @ \$0.23 ^b	\$21.16		
Replace Drywall, Wall	97.52 SF @ \$0.59 ^{b*}	\$57.54		Material
	92 SF @ \$1.35	\$124.20		Labor
		\$181.74		
Paint Drywall, Wall	184 SF @ \$0.68 ^{b*}	\$125.12		
Rem & Replace Base Molding, Wood 3"	23 LF @ \$1.75 ^{a*}	\$40.25		
Paint Base Molding, Wood 3"	23 LF @ \$0.54 ^a	\$12.42		
		<u>\$380.69</u>		

Florida Room (10' x 32' x 8')					
386 sf Floor	904 sf Wall	386 sf Ceiling	113 lf Floor	113 lf Ceiling	3,090 cf Volume
Offset(s)	10' x 3' 3"	3' x 11' 3"			

		<u>Repl. Cost</u>	<u>OP</u>	
Clean Door, Two Sides	1 EA @ \$10.35 ^b	\$10.35		
Remove Cabinet, Base, Wet Bar with Sink	1 EA @ \$78.00 ^{b*}	\$78.00		
Replace Cabinet, Base	5 LF @ \$130.87 ^b	\$654.35		
Rem/Reset Sink, Wet Bar	1 EA @ \$56.69 ^b	\$56.69		
Rem & Replace Base Molding, Wood 3"	113 LF @ \$1.75 ^{a*}	\$197.75		
Paint Base Molding, Wood 3"	113 LF @ \$0.54 ^a	\$61.02		
		<u>\$1,058.16</u>		

Office (10' 8" x 7' 8" x 8')					
82 sf Floor	293 sf Wall	82 sf Ceiling	37 lf Floor	37 lf Ceiling	654 cf Volume

		<u>Repl. Cost</u>	<u>OP</u>	
Special Re-grout Ceramic Tile Per SF	33 SF @ \$1.98 ^{b*}	\$65.34		
Clean Base, Ceramic Tile	60 SF @ \$1.12 ^{b*}	\$67.20		
Remove Drywall, Wall	146.5 SF @ \$0.23 ^b	\$33.70		
Replace Drywall, Wall	155.29 SF @ \$0.59 ^{b*}	\$91.62		Material

		<u>Repl. Cost</u>	<u>OP</u>
	146.5 SF @ \$1.35	\$197.78	Labor
		<u>\$289.40</u>	
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
		<u>\$156.16</u>	
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	
		<u>\$966.31</u>	

	<u>Repl. Cost</u>
Estimate Totals	\$23,594.86
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

TOWN OF SEWALL'S POINT

Date 5/10/05 BUILDING PERMIT NO. 7550

Building to be erected for DALEY Type of Permit REROOF

Applied for by SPECIAL FORCES (Contractor) Building Fee _____

Subdivision MEREST BURS Lot _____ Block _____ Radon Fee _____

Address 129 S. SEWALL'S PT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

133841000000000310000 Plumbing Fee _____

Amount Paid 120.00 Check # _____ Cash Other Fees (_____) _____

Total Construction Cost \$ 5200.00 TOTAL Fees 120.00

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

PERMIT

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

INSPECTIONS

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

RECEIVED
5/3/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5.3.05 Permit Number: _____

OWNER/TITLEHOLDER NAME: Daley Phone (Day) 708.4036 (Fax) 335-0517

Job Site Address: 129 S. SEWALLS POINT RD City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) METES & BOUNDS Parcel Number: 13384100000000310000

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

Description of Work To Be Done: REROOF - SHINGLES + FLAT w/SKYLITES

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5200⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: SPECIAL FORCES Phone: 692-0302 Fax: 692-4112

Street: 623 BOCK HENDRY WAY City: STUART State: FL Zip: 34984

State Registration Number: CGC059083 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
[Signature]

State of Florida, County of: Martin

This the 2 day of May, 2005

by Craig Saylor who is personally

known to me or produced [Signature]

as identification.

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: Martin

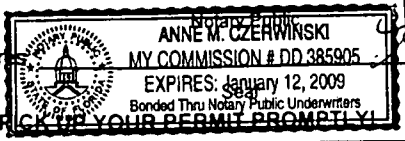
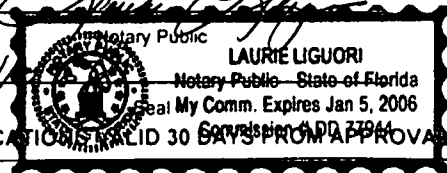
This the 26 day of April, 2005

by Michael Roberts who is personally

known to me or produced _____

As identification.

My Commission Expires: _____





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

G S Roofing Products Company, Inc.
1400 Union Meeting Road
Blue Bell, PA 19422

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1600
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2358

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

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

Your application for Notice of Acceptance (NOA) of:
Firehult 2000, Firehult 2000 AR, Landmark 30, Landmark 30 AR, Landmark 40, and Landmark 40 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.: 01-0503.03
EXPIRES: 06/14/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 06/14/2001

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 SUBMITTALS 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 *yes one existing.* 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. Copy of State, Martin County Licenses ✓
7. Copy of Liability Insurance ✓
8. Copy of Workmen's Compensation ✓



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

Site Provided by...
 governmentmax.com T1.2

Summary

Owner
 3 of 9

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Transfer
- Taxes ➡
- Assessments ➡
- Parcel Map ➡

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-000-000-00031-0	129 SEWALL'S POINT RD	27634	Owner	0	1

Summary

Property Location 129 SEWALL'S POINT RD
Tax District 2200 Sewall's Point
Account # 27634
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

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)

Mail Information

129 S SEWALLS POINT RD
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$140,000
Market Impr Value \$96,380
Market Total Value \$236,380

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Sales
- Neighborhood
- Map ➡

Site Functions

- Property Search
- Feedback
- On-Line Help
- Home
- County Login

Recent Sale

Sale Amount \$0

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

Legal disclaimer / Privacy Statement

Data updated on 1/07/2005



ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID FL SPECI-4	DATE (MM/DD/YYYY) 12/30/04
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Special Forces Restoration and Construction Inc 623 Buck Hendry Way Stuart FL 34994		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Southern Owners Insurance	10190
		INSURER B: Auto-Owners Insurance Co	18988
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR LTR	COVL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	20628155	01/15/04	01/15/05	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	4328287900	11/27/04	11/27/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		<input type="checkbox"/> ANY AUTO				BOOILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BOOILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY	EA ACC \$
						AGG	\$
		GARAGE LIABILITY					
		<input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		EXCESS/UMBRELLA LIABILITY					
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	NOT COVERED W/THIS AGENCY			W/C STATU-TORY LIMITS	OTHER
		<input type="checkbox"/> DEDUCTIBLE				E L EACH ACCIDENT	\$
		RETENTION \$				E L. DISEASE - EA EMPLOYEE	\$
						E L. DISEASE - POLICY LIMIT	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NOT COVERED W/THIS AGENCY				
		If yes, describe under SPECIAL PROVISIONS below					
A		OTHER					
		Equipment Floater	20628155	01/15/04	01/15/05	Equip Rental	\$11,500

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

CERTIFICATE HOLDER

CANCELLATION

<p style="text-align: center;">TOWNOF'S</p> <p>Town of Sewalls Point 1 South sewalls Point road Stuart FL 34996</p>	<p>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.</p> <p>AUTHORIZED REPRESENTATIVE <i>[Signature]</i></p>
---	--

STATE OF FLORIDA

AC# 1466403

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062900644

DATE	BATCH 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

DIANE CARR
SECRETARY



CITY OF STUART
OCCUPATIONAL LICENSE
2004-2005

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4237	20487	061001

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

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	MICHAEL ROBERTS 652 BUCK HENDRY WAY

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. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

STATE LICENSE CGC059083

SEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

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

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	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

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 10/10/2003 EXPIRATION: 10/09/2005 PERSON: ROBERTS MICHAEL SSN: 095-58-5823 FEIN: 651138038 BUSINESS: SPECIAL FORCES RESTORATION & 652 BUCK HENDREY WAY STUART FL 34994</p>	<p style="text-align: center;">F O L D H E R E</p> <p>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.</p>
--	--

CUT HERE

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

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34986
(561) 288-5604

LICENSE 2003-513-032 CERT CGCO 59083
PHONE (772)692-0302 SIC NO 233210

LOCATION:
652 BUCK HENDRY WAY S

135.00

CHARACTER COUNTS IN MARTIN COUNTY:

PREV YR.	\$	<u>.00</u>	LIC. FEE	\$	<u>25.00</u>
	\$	<u>.00</u>	PENALTY	\$	<u>5.00</u>
	\$	<u>.00</u>	COL. FEE	\$	<u>5.00</u>
	\$	<u>.00</u>	TRANSFER	\$	<u>.00</u>
TOTAL					<u>35.00</u>

ROBERTS, MICHAEL A. (QUALIFIED)
SPECIAL FORCES RESTOR. & CONTRACT.
652 BUCK HENDRY WAY
STUART FL 34994

RECEIPT OF PAYMENT

LARRY C. O'STEEN
TAX COLLECTOR
P.O. BOX 9013
STUART, FL 34986
TEL: (772) 692-0302
FAX: (772) 692-0303

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF STATE CERTIFIED GENERAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
29 DAY OF DECEMBER 04
AND ENDING SEPTEMBER 30, 2005

NOTICE OF COMMENCEMENT

Permit No. _____
State of Florida

Property Tax ID No. 13-38-41-000-000-
County of Martin

INSUR # 1812279 OR BK 01979 PG 2188 RECD 02/04/2005 02:54:46 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

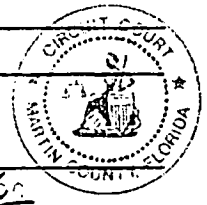
The Undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal Description of property and address if available 129 S. SEWALLS POINT RD
Sewalls Point, Beg At S/LW OF N145.9' of lot 3+ Sewalls Point Fla.
General description of improvements DEY WALL, WATER DAMAGE, CABINETS
Owner EUGENE DALEY TRUST
Address 129 S. SEWALLS POINT RD.
Owner's interest in site of improvement _____
Fee Simple Title holder (if other than owner) N/A

Address _____
Contractor SPECIAL FORCES RESTORATION & CONST. INC Phone # 772-692-0302
Address 623 Buck Hendry Way Stuart Fla STATE Fax # 772-692-4112

Surety N/A Phone # _____
Address _____
Amount of Bond N/A Phone # _____
Lender N/A Phone # _____
Address _____

THIS IS TO CERTIFY THAT THE
RECORDING
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature]
DATE 2-4-05



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 Statutes:

Name _____ Phone # _____
Address _____ Fax # _____
In addition to himself, owner designates _____ of
_____ Phone # _____ Fax # _____

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes. Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.

[Signature]
Owner Signature

State of Florida, County of Martin
Acknowledged before me this 25 day of Jan 2005, by Eugene Daley
who is personally known to me or who has produced _____ as identification.

[Signature]
Signature of Notary

Donna McGrath
Type or Print Name of Notary (Seal)

Title: Notary Public Commission Number _____





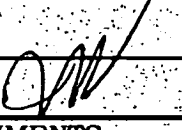

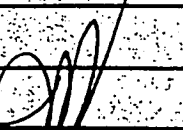


Donna L McGrath
MY COMMISSION # DD189683 EXPIRES
May 16, 2007
BONDED THRU TROY FAIR INSURANCE, INC

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/20, 2008 5 Page 2 of

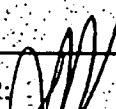
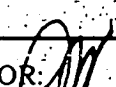
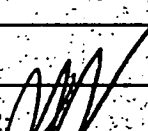

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
1550	COOPER	SHEATHING	PASS	
2	129 S. Sewall Pt	DDY-IN	PASS	
	SPECIAL FORCES			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6857	PREISSMAN	INSULATION	PASS	
9	28 RIO VISTA			
	WINCHIP			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	ZIEGLER	TREE	PASS	
4	71 S. RIVER RD			
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6809	RADER	POOL DECK	FAIL	
10	5 HERITAGE WAY			#40
	FLAMINGO POOLS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7112	PACKER	FINAL SEC. ENCL	FAIL	
12	12 KNOWLES RD			
	TROPICAL SCREEN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7544	AUNE	FINAL GAS	PASS	CLOSE
11	1 MICHAEL ROAD			
	FERRER GAS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE		TREE	PASS	
	59.55 PR			
				INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/27, 2008 ~~5~~ Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEEN	FINAL STR		CXL
	1 RIDGEVIEW			
	ANGUS EMP.			INSPECTOR:
6651	OSTEEN	FINAL FILL		CXL
	1 RIDGEVIEW			
				INSPECTOR:
7490	OSTEEN	GAS TANK & LINES		CXL
	1 RIDGEVIEW	FINAL		
	MARTIN CITY PROPANE			INSPECTOR:
7550	DAVEN	FINAL ROOF	PASS	CLOSE
7	129 S. Sewalls			
	SPECIAL FORCES			INSPECTOR: 
TREE	VIENER	TREE	PASS	
6	10 PINEAPPLE LA			INSPECTOR: 
7469	NORDGREN	POOL PUMPING	PASS	
4	5 KINGSTON CT			
	OLYMPIC POOLS			INSPECTOR: 
TREE	BEVAN	TREE	FAIL	
5	7 MARGUERITA RD			INSPECTOR: 

OTHER: _____

7758

ELECTRICAL

REPAIRS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/7/05

BUILDING PERMIT NO. 7758

Building to be erected for KUGLER

Type of Permit MINOR FEE PERM

Applied for by ALFRED BLESSAW (Contractor)

Building Fee _____

Subdivision HANSEN GRANT Lot 3 Block 3

Radon Fee _____

Address 129 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee 35.00

Plumbing Fee _____

Roofing Fee _____

Other Fees (_____) _____

TOTAL Fees 35.00

Parcel Control Number:

133841000000003100000

Amount Paid 35.00 Check # 1733 Cash _____

Total Construction Cost \$ 431.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
9/2/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

PN 7550
Permit Number:

Date: _____

OWNER/TITLEHOLDER NAME: CRAIG KUGLER Phone (Day) _____ (Fax) _____

Job Site Address: 129 S. SEWALLS PT RD City: SEWALLS PT State: FL Zip: 32996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

Owner Address (if different): PO BOX 601 City: STUART State: FL Zip: 32995

Description of Work To Be Done: TD/PU SCHEILING LAWS, TEST RECEPTIONS FOR POLARITY, CORRECT VIOLATION

WILL OWNER BE THE CONTRACTOR? YES NO COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 431.⁰⁰

(Notice of Commencement needed over \$2500)

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 BRESSAW Phone: 334-4014 Fax: 334-8776

Street: 654 NE DIXIE HWY City: JENSENBACH State: FL Zip: 32958

State Registration Number: ER00125501 State Certification Number: EC0000915 Martin County License Number: ME00059

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)
Craig Kugler

State of Florida, County of: MARTIN

This the 9/2 day of SEPTEMBER, 2005

by CRAIG KUGLER who is personally known to me or produced _____ as identification.

Notary Public Seal Catherine Bressaw My Commission DD106489 Expires July 18, 2006

My Commission Expires: July 18, 2006

CONTRACTOR SIGNATURE (required)
Craig Kugler

On State of Florida, County of: MARTIN

This the 2nd day of SEPT., 2005

by CRAIG KUGLER who is personally known to me or produced _____ as identification.

Notary Public Seal Catherine Bressaw My Commission DD106489 Expires July 18, 2006

My Commission Expires: July 18, 2006

From: Laura Pitzinger At: R V Johnson Insurance FaxID: 772-287-4439 To: Alfred Bressaw Elec Contr Inc

Date: 9/6/05 09:25 AM Page: 2 of 3

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LR ALFPR-2	DATE (MM/DD/YYYY) 09/06/05
PRODUCER R.V. Johnson Agency, Inc. (JOK) 2041 E Ocean Blvd. Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4439		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE	
INSURED Alfred Bressaw Elec Contr Inc. P.O. Box 1726 Jensen Beach FL 34958		INSURER A:	American States Ins Co 19704
		INSURER B:	Auto-Owners Insurance Co 18988
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

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

INSR LTR	ADD'L INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	01CD475595-10	07/22/05	07/22/06	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL, GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
B		AUTOMOBILE LIABILITY	9556805400	07/22/05	07/22/06	COMBINED SINGLE LIMIT (Ea accident) \$	
		<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000	
		CARAGE LIABILITY				NOT COVERED W/THIS AGENCY	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESSUMBRELLA LIABILITY				NOT COVERED W/THIS AGENCY	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY	NOT COVERED W/THIS AGENCY			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
		OTHER					

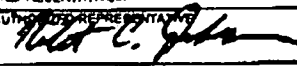
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

TOWN024
 Town of Sewalls Point
 Building Department
 1 S. Sewalls Point Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE


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

NO 1447170

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD REGS 124-04132344

DATE	DATE NUMBER	LICENSING BOARD
06/11/2004	030706674	REG000915

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

FITZPATRICK FRANK
ALFRED BRESSAW ELECTRICAL CONTRACTORS INC
454 NE DIXIE HIGHWAY
JENSEN BEACH FL 34957

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY



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

ACORD CERTIFICATE OF LIABILITY INSURANCE		4C57SRUR	DATE (MM/DD/YYYY) 09/06/2005
PRODUCER Risk Transfer Holdings 301 E. Pine Street Suite 350 Orlando, FL 32801	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Advantage HR 4425 SW Martin Hwy. Palm City, FL 34990	INSURERS AFFORDING COVERAGE	NAIC #	
	INSURER A: First Commercial Insurance Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

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

NO. OF ADD'L TR. INSUR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AOS \$ _____
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	18431-1	01/01/2005	01/01/2006	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Coverage is extended to the leased employees of alternate employer (Florida Operations Only): Alfred Braxton Electrical Contractors, Inc # 385 (Effective 08-17-05)
DISCLAIMER: The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE HOLDER Town Of Sewall's Point Building Dept ATTN: LORRA 1 South Sewall Point Rd Sewall's Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



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

8046

DRYWALL,

CABINETS

&

FASCIA REPAIR

TOWN OF SEWALL'S POINT

Date 2/8/06
 Building to be erected for KUALER
 Applied for by O/B
 Subdivision Govt Lot Lot PROF3 Block _____
 Address 129 S. SEWALL'S POINT RD
 Type of structure SFL

BUILDING PERMIT NO. **8046**
 Type of Permit DEMURAL, CABINETS, FASCIA
 (Contractor) Building Fee 252.60
 Radon Fee _____
 Impact Fee _____
 A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Other Fees 0/625% 43.15
 TOTAL Fees 315.75

Parcel Control Number:
13384100000000310000

Amount Paid 315.75 Check # 4683 Cash _____
 Total Construction Cost \$ 26,313

Signed Craig Kyler
 Applicant

Signed [Signature]
 Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
2/7/06

HURRICANE
REPLACING ABANDONED PERMIT # 7280

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: CRAIG KUGLER Phone (Day) 335-2210 (Fax) 335-0517

Job Site Address: 129 S. SEWALLS PT RD City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PART OF GOVERNMENT LOT 3 Parcel Number: 13384100000000000000000000000000

Owner Address (if different): PO. BOX 601 City: STUART State: FL Zip: 34995

Description of Work To Be Done: DRY WALL CASINGS, FASCIA

WILL OWNER BE THE CONTRACTOR?:

YES NO

(If no, fill out the Contractor & Subcontractor sections below)

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 26313.86
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)
Craig Kugler

State of Florida, County of: MARTIN

This the 7th day of FEBRUARY, 2006

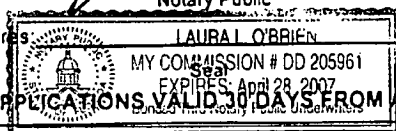
by CRAIG KUGLER who is personally

known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2006

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

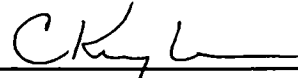
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

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

I have read the above and agree to comply with the provisions as stated.

Name: CRAIG KUGLER Date: 2-7-06

Signature: 

Address: PO BOX 601

City & State: STUART, FL 34995

Permit No. _____



8046

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 129 S. S. P.R.

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

FINAL CAPS / DRYWALL

PLUMBING NOT COMPLETE

ELECTRICAL NOT COMPLETE

\$40 REINSPECT FEE

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

DATE: 2/8

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/8, 2006 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8046	KUGLER	Final Demol.	FAIL	
8	129 S. Sewall's Pt O/B	CAB, FASCIA		\$40 FEE INSPECTOR: <i>AV</i>
7809		ROOF SHEATH.		RESCHEDULE FOR FRI. MORN, 2/10
12	A EMARITA O.B.			INSPECTOR: <i>AV</i>
8046	KUGLER	Final Drywall		
	129 S. Sewall's Pt	CABINETS, FASCIA	DUPLICATION	
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



8046

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 129 SSPR

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

FINAL RENOVATION

GFCI IN GUEST BATH IS
FAULTY/RECEPTACLE,

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

DATE: 3/8

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/8, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PREV. 7298	PALTER	COURTESY ROOF		CALL PACIFIC
8	91 S. RIVER RD (PACIFIC) OWNER			(BUCKLING PANELS) INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	CUMMINGAS	STEM WALL	PASS	
9	83 S. RIVER EIAS MET			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7901	ALTMAN	FINAL WINDOWS		Rescheduled
11	45 RIO VISTA O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8046	KUGLER	FINAL DEMO WALL	FAIL	
7	129 S. SEWALLS Pt O/B	CAB + FASCIA		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7759	PAGE	FINAL RETAINING WALL	PASS	CLOSE
12	8 ST WAGET ANCHOR MARINE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8077	BURKHARD	DEM-IN	PASS	
1	176 S. RIVER SMART ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7584	SCHECODNIC	TINTAG + METAL	FAIL	
13	12 S. SEWALLS Pt DRIFWOOD HOMES			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2006

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7901	ALLMAN	FINAL WINDOWS	FAIL	
8	45 RIO VISTA O/B			INSPECTOR: <i>OM</i>
8073	SHAW	SCREEN DM REPAIR FINAL	PASS	CLOSE
12	78 N SEWALLS Pt STRUCTURE CON			INSPECTOR: <i>OM</i>
6812	MAOER	INSULATION	PASS	
4	106 ABBIE COURT BIFORD			INSPECTOR: <i>OM</i>
7764	RUCKS.	SUB SIDING	FAIL PASS	
13	20 N. SEWALLS PT. MASTER PIZZE	WINDOW + DOOR BUCKS TRUSS EN	FAIL FAIL	INSPECTOR: <i>OM</i>
7883	DENNLSON	IN PROGRESS	PASS	
3	49 W HIGH POINT SQUARE ROOFING			INSPECTOR: <i>OM</i>
8070	ENGELSTAD	FINAL GARAGE DOOR	FAIL	
9	23 LANRANA LA O/B			INSPECTOR: <i>OM</i>
7209	MOSCATELLO	FINAL ROOF	PASS	CLOSE
6	6 PINEAPPLE LA ENERGY COATINGS			INSPECTOR: <i>OM</i>

OTHER:

12.5.5. P.D.

PERMIT NOT TO BE

MAILED TO TREE
A FINAL ELEC.

8046

1229 550 P.

PASS

OM

10017

REPLACEMENT

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 NUMBER:	10017	DATE ISSUED:	FEBRUARY 22, 2012
SCOPE OF WORK:	REPLACE METER BASE - FPL AMI PROJECT		
CONTRACTOR:	FERRAN SERVICES		
PARCEL CONTROL NUMBER:	133841000-000-000310	SUBDIVISION	SEWALLS PT - L 3
CONSTRUCTION ADDRESS:	129 S SEWALLS PT RD		
OWNER NAME:	KUGLER		
QUALIFIER:	SHAWN BOONE	CONTACT PHONE NUMBER:	407-422-3551

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

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

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

INSPECTIONS

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

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

**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Date: 2/15/12 Permit Number: 10017
 OWNER/TITLEHOLDER NAME: Carol Kugler Phone (Day) _____ (Fax) _____
 Job Site Address: 129 S. Sewall's Point Rd. City: Stuart State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: 1338400000000310000

Owner Address (if different): _____ City: _____ State: _____ Zip: _____
 Scope of work (please be specific): Replace meter base per FPL AMI Project

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 981.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Ferran Services + Cont. Phone: 407-422-3551 407-648-0864
 Street: 530 Grand Street City: Orlando State: FL Zip: 32805
 State License Number: EC13003653 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____
 DESIGN PROFESSIONAL: _____ License _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____
 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, Electrical, Gas): 2007
 National Electrical Code: 2005 (2008 after 5/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

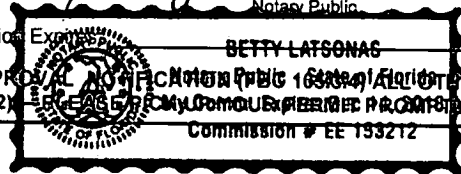
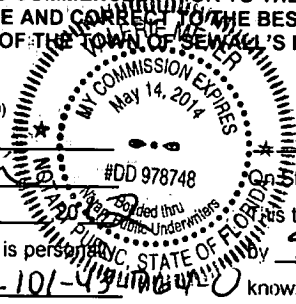
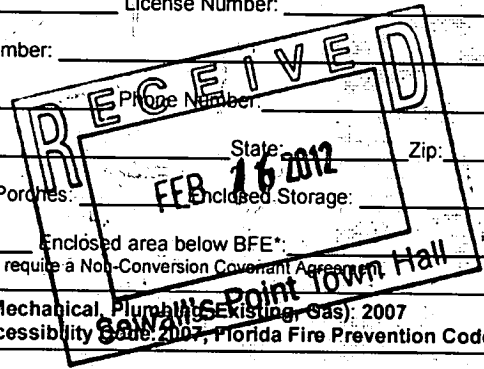
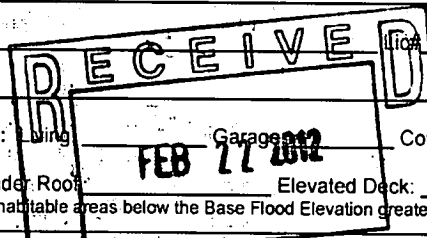
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE 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.
- 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.
- 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, 105.4.1.1 - .5.

******* 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. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER SIGNATURE: (required) Carol Kugler OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 State of Florida, County of: Martin #DD 978748
 This the 22 day of Feb by Carol Kugler who is personally known to me or produced as identification Valerie Meyer Notary Public
 My Commission Expires: _____
 CONTRACTOR SIGNATURE: (required) Shawn Boone
 State of Florida, County of: Broward
 This the 14 day of February 2012 by Shawn Boone who is personally known to me or produced as identification Betty Latson Notary Public
 My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2)





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

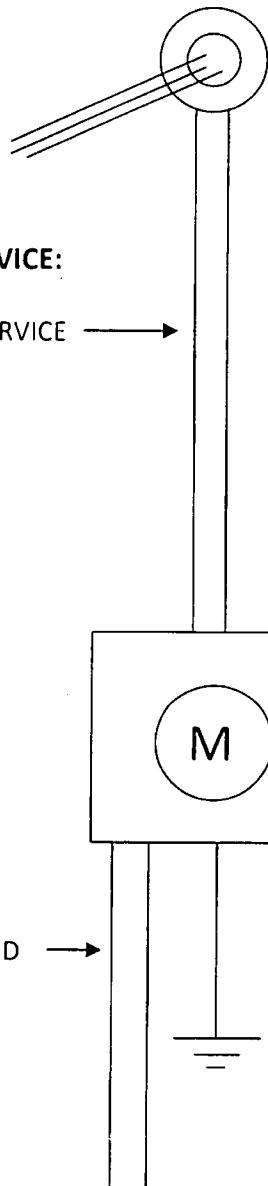


TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION. IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING DEPARTMENT AT 287-2455.



TYPE OF SERVICE:

OVERHEAD SERVICE →

UNDERGROUND →

Service size 200 Amps

Conductor size _____

Meter Main

Meter Can only _____

Service Change

New Installation _____

Grounding Electrode Conductor Size

- # 6
- # 4
- # 2
- Other _____

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	\$981.00
Shipping & Handling	\$0.00
Tax	\$0.00
Total Progress Billing Amount	\$981.00

John Adams

From: Shawn Boone [sboone@ferran-services.com]
Sent: Monday, May 21, 2012 3:41 PM
To: 'jadams@sewallspoint.martin.fl.us'
Cc: UtilityBilling; Hilda Bohannon
Subject: Building Permit Cancellation
Attachments: scans202077.pdf

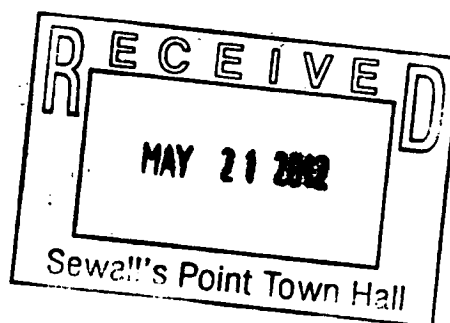
Mr. Adams,

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



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed **Thur** Fri **5-3-12** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10017	Kugler	Final		
	129 S Sewalls	FPL METAL	CANCEL	NO RESET
	Terran Services			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10077	WALTER			
	70 N. RIVER RD	FINAL SCREEN	<i>Pass</i>	<i>COPY</i>
	CUSTOM CABES			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10041	LOLO			
	27 SIMONA ST	DRY-IN	<i>Pass</i>	
	JA TAYLOR	METAL		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10074	KARLON BRY			
	3744-46 SE Ocean	FINAL WALL	<i>Pass</i>	<i>COPY</i>
	G. HUFNAGLE			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Goudis	Footer		
10:30	25 Skener Rd Team Parks		Pass	INSPECTOR <i>[Signature]</i>
10017	Keyle	FL	CHANGE	INSPECTOR
9:00	29 S. Ste. Rd Fernan Services	CHANGE	CHANGE	INSPECTOR
10091	Proctor			
	7 LANTANA	FINAL A/C	Pass	CLOSE
	COOL BREEZE			INSPECTOR <i>[Signature]</i>
9904	Howley			
1-15 pm	14 CRANES NEST SHERLOCK HOMES	FINAL A/C	Pass	INSPECTOR <i>[Signature]</i>
10094	SAPP			
	6 MIRAMAR	WINDOW ROUGH	PARTIAL	
	Karnell		Pass	INSPECTOR <i>[Signature]</i>
9979	Longmaid	Final		
	66 S Sewalls	boatlift +	Pass	CLOSE
	Scott Hulmes	pt dock		INSPECTOR <i>[Signature]</i>
Tree	Wilson	Tree		
			OK	
				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

PERMIT NUMBER:	10617	DATE ISSUED:	OCTOBER 7, 2013
SCOPE OF WORK:	IRRIGATION		
CONTRACTOR:	CONTROLLED IRRIGATION		
PARCEL CONTROL NUMBER:	133841-000-000-000310	SUBDIVISION	SEWALLS PT - L 3
CONSTRUCTION ADDRESS:	129 S SEWALLS PT RD		
OWNER NAME:	LAWSON		
QUALIFIER:	EDWARD RYCKMAN	CONTACT PHONE NUMBER:	225-4733

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10617

Date: _____
OWNER/LESSEE NAME: Patricia D. Lawson Phone (Day) _____ (Fax) _____
Job Site Address: 1295 Sewalls Point Road City: Stuart State: FL Zip: 34996
Legal Description _____ Parcel Control Number: _____
Fee Simple Holder Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: 772-626-3179

***SCOPE OF WORK (PLEASE BE SPECIFIC):** INSTALL Auto Irrigation System to City Water

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2,450.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Controlled Irrigation, LLC Phone: 772-225-4733 Fax: 772-225-4734
Qualifiers name: Edward A Ryckman Jr Street: PO Box 1628 City: Jensen Beach State: FL Zip: 34958
State License Number: _____ OR: Municipality: Martin County License Number: MCIS02025

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, 105.4.1.1 - .5.

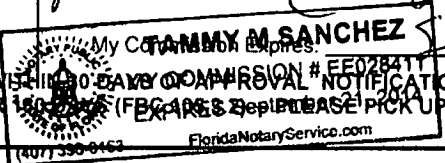
*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
X Pat Lawson
State of Florida, County of: Martin
On This the 1 day of October, 20 13
by Pat Lawson who is personally known to me or produced _____
As identification: License / Pam M. Sanchez
Notary Public
My Commission Expires: September 21, 2014

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Edward A. Ryckman Jr
State of Florida, County of: Martin
On This the 1 day of October, 20 13
by Edward A. Ryckman Jr who is personally known to me or produced KNOWN TO ME
As identification: Pam M. Sanchez
Notary Public
My Commission Expires: September 21, 2014

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



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

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)



WORKS BEST WITH

MP ROTATOR

PRO-SPRAY FIXED
ARC NOZZLES

PRO ADJUSTABLE
NOZZLES

SPECIFICATION BUILDER

www.hunterindustries.com/PROSPRAY

STANDARD MODELS

PROS-00 = Shrub adapter
PROS-02 = 2" pop-up
PROS-03 = 3" pop-up
PROS-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

OPTIONS

- (blank) = No option
CV = Factory-installed drain check valve (pop-up models only)
CV-R = Factory-installed reclaimed body cap (shrub molded in purple)
- 6" and 12" models ordered as CV will come as 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



PROS-00:
Inlet size: 1/2" Female NPT



PROS-02: Overall height: 4"
Exposed diameter: 2 1/4"
Inlet size: 1/2" Female NPT



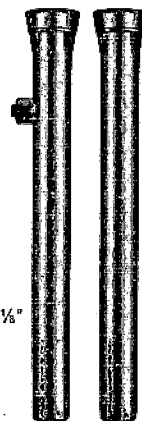
PROS-03: Overall height: 5"
Exposed diameter: 2 1/4"
Inlet size: 1/2" Female NPT



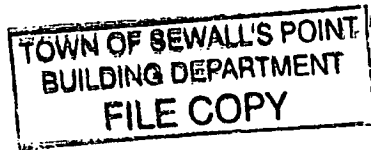
PROS-04: Overall height: 5 1/2"
Exposed diameter: 2 1/4"
Inlet size: 1/2" Female NPT



PROS-06: Overall height: 8 3/4"
PROS-06-NSI (right):
Exposed diameter: 2 1/4"
Inlet size: 1/2" Female NPT



PROS-12: Overall height: 16 3/4"
PROS-12-NSI (right)
Exposed diameter: 2 1/4"
Inlet size: 1/2" Female NPT



5000 Series Rotors

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)

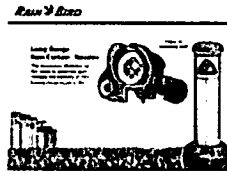
Note: Pop-up height measured from the cover to the nozzle. Overall body height is measured popped down

Optional PRS Feature

Click to Enlarge Photos



Watch a Brief Video Tutorial



Rain Curtain Technology

Recommended Products



MPR Nozzle Tree



Buy Now

- In-stem pressure regulator (PRS) reduces operating pressure to 45 psi (3,1 bar) for optimal nozzle 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)



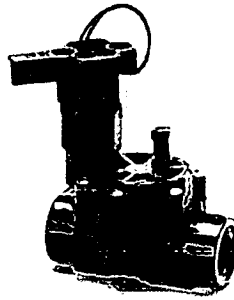
DV/DVF Series

110

Plastic Residential Irrigation Valves

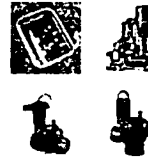
Rain Bird manufactures only the highest quality valves. Use DV/DVF series valves in locations where the use of a separate pressure vacuum breaker (PVB) or a double-check valve is required by city codes to protect against back flow. Check your local city codes to determine what type of valves are required.

All of our valves work with any standard sprinkler timer.



[Buy Now](#)

[Click to Enlarge Photos](#)



[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 Filter 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) solenoid 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)



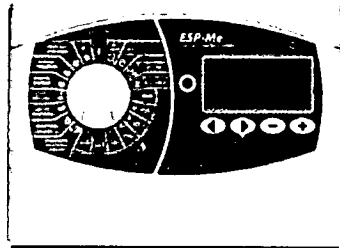
ESP-Me Series Sprinkler Timer

| [More](#)

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



Easy 2200

[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)

[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 ¼ 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.

9:00 @ BERNIE LAWSON

CARLE & SUNSHINE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-16-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10612	Rose	rough electric		
1A*	4 Indialucie Glenmark	" plumbing	PASS	INSPECTOR [Signature]
10590	Robson	driveway		
	12 N Ridgerview County Const	PRE pour	PASS	INSPECTOR [Signature]
10008	Price	Final windows & SGD ^Δ	PASS	CLOSE INSPECTOR [Signature]
	6 N Via Lucindia O/B			
10603	Price	Final mandoor in garage	PASS	CLOSE INSPECTOR [Signature]
	6 N Via Lucindia Creation Builders			
10620	Price	Final Garage Door	PASS	CLOSE INSPECTOR [Signature]
	6 N Via Lucindia DAD Garage			
10617	Lawson	Final	PASS	CLOSE
	129 S Sewalls Controlled Irigation			
10519	Smith	Final Pool enclosure	PASS	CLOSE INSPECTOR [Signature]
	11 Palmetto Custom Cages			

TOWN OF SEWALL'S POINT, FLORIDA

Date FEBRUARY 4 to 12 2005 TREE REMOVAL PERMIT No 2416

APPLIED FOR BY DALEY (Contractor or Owner)

Owner 129 S. SEWALL'S PT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 29 DEAD/PEPPOL/CEGAR/BUSHES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed John Simmons (Signature)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Eugene Dalay Address 129 S Sewall Pt R Phone _____

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 29 Type: DEAD / PEPPER / CEDAR / BUSHES

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

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

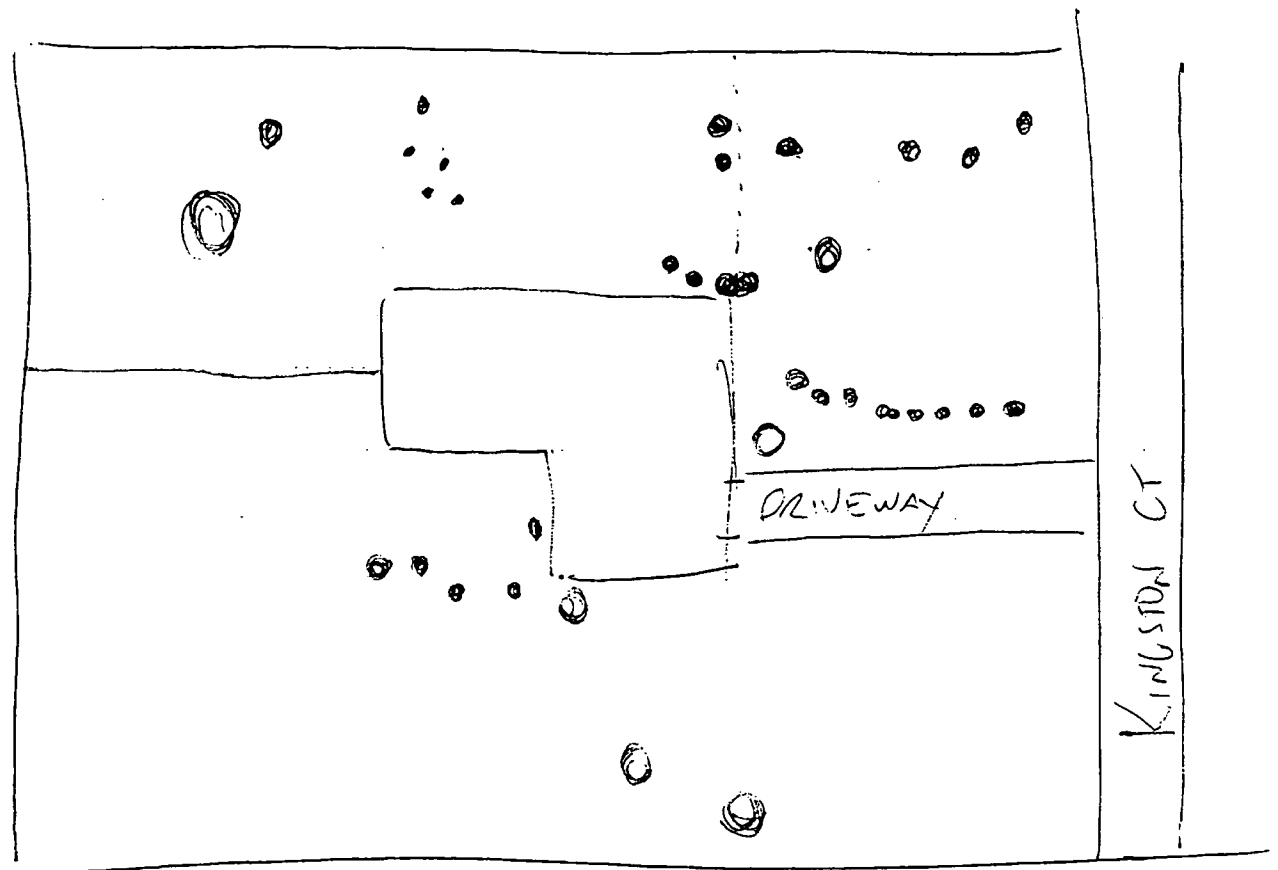
Written statement giving reasons: hurricane damage - Trees Shrubs destroyed

Signature of Property Owner Eugene Dalay Date 1/27/05

Approved by Building Inspector: [Signature] Date 2/4 Fee: 0

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

Gene Daley Residence 129 S. Sewall Pt Rd.



SEWALL'S POINT ROAD



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Patricia Lawson Address 129 Sewall's Pt Rd Phone _____

Contractor American Land Address PC FL Phone 772-233-6004

No. of Trees: REMOVE 2+1 Species: 2 Pine trees, 1 Gumbo 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) Pines are old, safety issue to home, (1) Gumbo Limbo, severe issue with home foundation

Signature of Property Owner Pat Lawson Date _____

Approved by Building Inspector: [Signature] Date 9-17-13 Fee: _____

NOTES: TREES APPEAR HEALTHY, BUT NEED CARE. NO APPARENT DANGER

TO HOME. ABOVE REASONS CLAIMED MUST BE VERIFIED BY A CERTIFIED ARBORIST

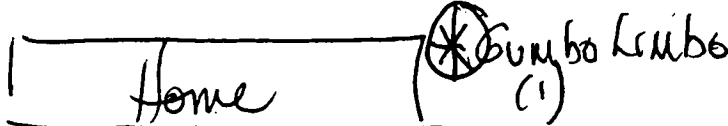
SKETCH:

← Sewall's Pt. Rd →

(1) Pine tree



Driveway



(2) Pine Tree



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



TREE CITY USA

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

Owner Mrs Mrs Polter Address 129 Sewalls Pt Rd Phone _____

Contractor MCTreeWork Address 2302 SE Calcutta Phone 772-201-8787

No. of Trees REMOVE 1 Species: Dead Royal Palm 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 _____

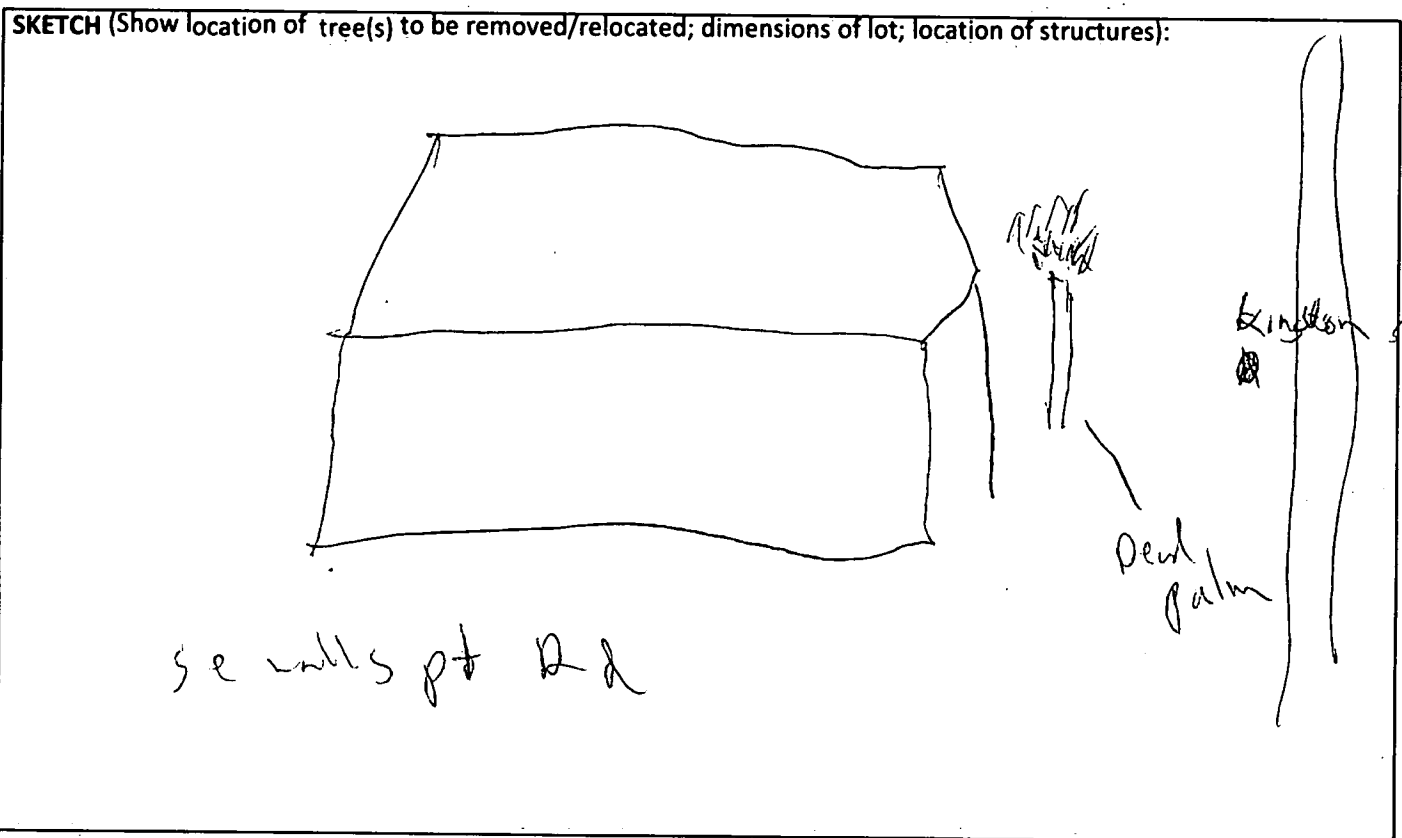
Signature of Property Owner Sandra Polter Date 8/10/15

This space for Official Use only:
Approved by Building Official: [Signature] Date 8-11-15 Fee: 0

BUILDING INSPECTOR NOTES: TREE IS DEAD

Minimum Tree Requirements Met On Property

Prohibited Species Identified for Removal



PLU 8/10/15