

138 South Sewall's Point Road

1700

SFR

RECEIVED

APR 19 1984
Date

1700

Permit No. _____

Ans'd _____

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/2" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts; and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner Glenn E. & Taenna P. Muleby Present address 2467 N.E. 17th Ct.

Phone 334-1707 Jensen Beach

General contractor owner Builder Address _____

Phone 334-1707

Where licensed _____ License No. _____

Plumbing contractor MIDPOINT PLUMBING License No. STATE - RF 0040959 MARTIN COUNTY
Trace Muleby License No. CF 6024455 00086

Electrical contractor Port St Lucie elec License No. ER 0001988 m c # 10

Air-conditioning contractor Sun Coast License No. CAC 08035

Describe the building, or alteration to existing building 2 story Resident
138 S. Sewalls Pt Rd

Name the street on which the building, its front building line and its front yard will face Sewalls Pt. Rd.

Subdivision Archipelago Lot No. 2 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2150

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 56000

Cost of permit \$ 430 + 30 = 460 Plans approved as submitted 460 or, as marked ✓

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Glenn E. Muleby

I understand that this building must be in accordance with the approved plans and that it must be completed with all code requirements before a Certificate of Occupancy will be issued. I agree that within 90 days after the property has been approved for occupancy, the property will be landscaped so as to be comparable with its neighborhood, as required by the Town's zoning ordinance.

Owner Glenn E. Muleby

Application builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Building Inspector (date) 4/30/84

Inspector's initials JEM

Town Commissioner (date) 4/27/84

Commissioner's initials AS

Certificate of Occupancy issued (date) _____

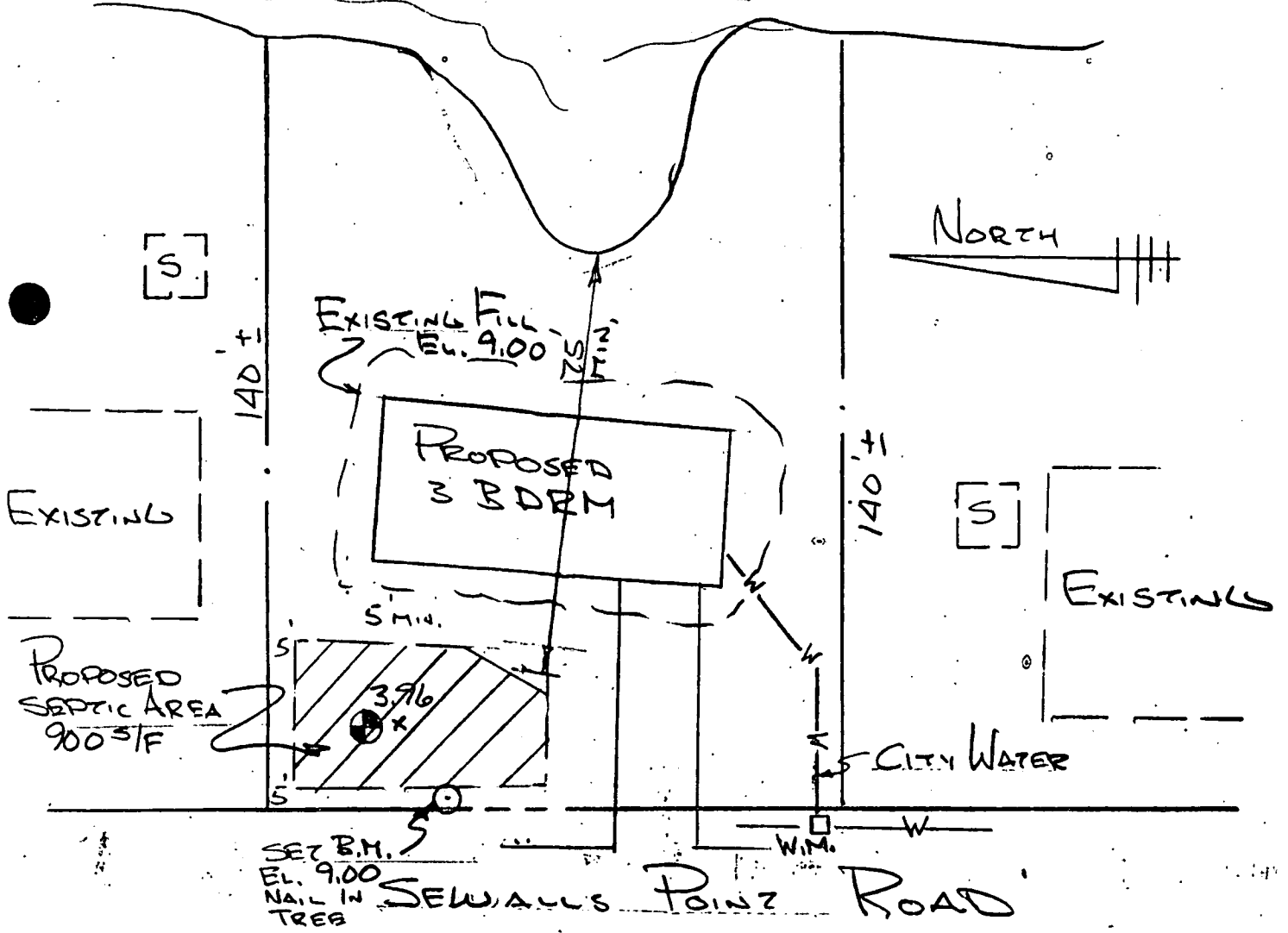
Approval of these plans by the contractor of Sewall's Point, Florida Building Code and the Florida Energy Code. I agree to comply with the Town of Sewall's Point Ordinances, the South Florida Building Code and the Florida Energy Code.



B 3, Pg 29 P.B. CO.
 B 6, Pg 86 M.C.A.

SCALE 1" = 200'
 ASSESSMENT MAP
 MARTIN COUNTY,
 FLORIDA
 ISFWALL'S PT

INDIAN RIVER



No OBSTRUCTIONS

DRAWN BY: SSR
CHECKED BY:
DATE: 4/14/84
SCALE: 1"=30'
JOB NO.: 595-01-01

PROJECT
GLENN MULCAHY
SEPTIC SITE PLAN

MATHERS & ASSOCIATES
ENGINEERING · SURVEYING
STUART, FLORIDA

WARRANTY DEED
INDIVID. TO INDIVID.

WARRANTY DEED

This Warranty Deed Made the 14th day of June
JOHN B. ROMAN and VIRGINIA H. ROMAN, his wife
of the County of Martin, State of Florida

RECEIVED 77 by
APR 19 1984

hereinafter called the Grantor, to GLENN E. MULCAHY and TRENNA P. MULCAHY,
his wife

10049 Transit Road
whose post office address is East Bethany, New York 14054
hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

Witnesseth: That the Grantor for and in consideration of the sum of \$ 10.00 and other valuable considerations, received from Grantee, hereby conveys to the Grantee, all that certain land situate in Martin County, Florida:

Lot 2, THE ARCHIPELAGO, according to the Plat thereof filed February 25, 1966, and recorded in Plat Book 4, page 48, Martin County, Florida, public records.

Subject to drainage easement as shown on the aforesaid Plat of THE ARCHIPELAGO; and

Subject to restrictions set forth in Warranty Deed dated June 6, 1967, and recorded in Official Records Book 207, page 144, public records of Martin County, Florida;

and Grantor covenants that the property is free of all encumbrances, that lawful seisin of and good right to convey that property is vested in the Grantor, and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor has signed and sealed these presents the day and year first above written.
Signed, sealed and delivered in our presence:

J. Lightsey
Mary D. Kugolecki

John B. Roman L.S.
Virginia H. Roman L.S.

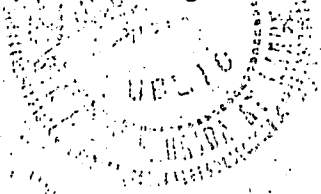
STATE OF Florida
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

JOHN B. ROMAN and VIRGINIA H. ROMAN, his wife
to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of

June, A. D. 19 77
J. Lightsey
NOTARY PUBLIC



STATE OF
COUNTY OF

O.P. BOOK 422 PAGE 1161

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of

deposed by:
John B. Roman

A. D. 19

049516

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
P.B. JUN1777
11139



120.00

031289



FLORIDA

DOCUMENTARY SUR TAX

JUN1777

DEPT. OF REVENUE

P.B. 11098

44.00

Warranty Dept

Faint, mostly illegible text in the central section of the document.

5

LOUISIANA
STATE OF REVENUE
P.B. JUN1777
11139

JUN17 A10:12



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077
Expires: July 1984

1700

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

Glenn Mulcahy

BUILDING OWNER'S NAME: 2467 N. E. 17th Court, Jensen Beach, FL 33457
ADDRESS: 2467 N. E. 17th Court, Jensen Beach, FL 33457
PROPERTY LOCATION (Lot and Block numbers and address if available):

Lot 2, Archipelago Subdivision

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. code, Section 1001.

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

| COMMUNITY NO. | PANEL NO. | SUFFIX | DATE OF FIRM | FIRM ZONE | DATE OF CONSTR. | BASE FLOOD ELEV. (In AO Zone, use depth) | BUILDING IS |
|---------------|-----------|--------|--------------|-----------|-----------------|--|---|
| | | | | | | | <input type="checkbox"/> New/Emergency <input type="checkbox"/> Pre-FIRM Reg. <input type="checkbox"/> Post-FIRM Reg. |

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of _____ ft. NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means. If NO is checked, attach copy of variance issued by the community.

YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

| MOBILE HOME MAKE | MODEL | YR. OF MANUFACTURE | SERIAL NO. | DIMENSIONS X |
|------------------|-------|--------------------|------------|--------------|
| | | | | |

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

NAME: _____ ADDRESS: _____

TITLE: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor.)

FIRM ZONE A1-A30: I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of 9.33 feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of 5.00 feet, NGVD.

FIRM ZONES V, V1-V30: I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of _____ feet, NGVD (mean sea level), and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES A, A99, AO, AH, and EMERGENCY PROGRAM: I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

SECTION III FLOODPROOFING CERTIFICATION (Certification by a Registered Professional Engineer or Architect)

I certify to the best of my knowledge, information, and belief, that the building is designed so that the building is watertight, with walls substantially impermeable to the passage of water and structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy that would be caused by the flood depths, pressures velocities, impact and uplift forces associated with the base flood.

YES NO In the event of flooding, will this degree of floodproofing be achieved with human intervention? (Human intervention means that water will enter the building when floods up to the base flood level occur unless measures are taken prior to the flood to prevent entry of water (e.g., bolting metal shields over doors and windows).

YES NO Will the building be occupied as a residence?

If the answer to both questions is YES, the floodproofing cannot be credited for rating purposes and the actual lowest floor must be completed and certified instead. Complete both the elevation and floodproofing certificates.

FIRM ZONES A, A1-A30, V1-V30, AO and AH: Certified Floodproofed Elevation is _____ feet, (NGVD).

THIS CERTIFICATION IS FOR SECTION II BOTH SECTIONS II AND III (Check One)

CERTIFIER'S NAME: Stephen J. Brown COMPANY NAME: Mathers & Associates LICENSE NO. (or Affix Seal): 4049

TITLE: Professional Land Surveyor ADDRESS: 295 Florida Street CITY: Stuart, STATE: FL ZIP: 33497

SIGNATURE: _____ DATE: _____ CITY: Stuart, STATE: FL PHONE: (305)287-0525

The insurance agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy retained by the agent

INSURANCE AGENTS MAY ORDER THIS FORM

New/Emergency Program Construction:

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement commenced after September 30, 1982, are New/Emergency buildings.

Pre-FIRM Construction:

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement was on or before December 31, 1974 or the effective date of the Initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later. *Special Note:* If an approved building permit is dated prior to December 31, 1974, construction must have commenced not later than 180 days after the date of the approved building permit. "Existing Construction" and "Pre-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program.

Post-FIRM Construction:

For insurance rating purposes buildings for which the start of construction or substantial improvement commenced after December 31, 1974 or the effective date of the initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later. "New Construction" and "Post-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program.

Substantial Improvement:

Any repair, reconstruction, or improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building either (a) before the improvement or repair is started, or (b) if the building has been damaged, and is being restored the market value before the damage occurred. For Flood Insurance Program purposes substantial improvement is started when the first alteration of any wall, ceiling, floor, or other structural part of the building commences, whether or not that alteration affects the external dimensions of the structure. However, the term does not include either any project for health, sanitary, or safety code specifications which are solely necessary to assure safe living conditions; or any alteration of a building listed on the National Register of Historic Places or a State Inventory of Historic Places.

Lowest Floor - The lowest floor is the lowest floor (including basement) of the enclosed area. The following modifications of the lowest floor definition are permitted in order to meet community permit practices:

(1) In Zones A, AO, AH, A1-A30, B, C, D, and Emergency Program areas which are not oceanside building sites, the following exceptions apply:

(a) The floor of an unfinished enclosed area at ground level or above, which is a crawl space, or space within the foundation walls, usable as areas for building maintenance, access, parking vehicles, or storing of articles and maintenance equipment (not attached to the building) used in connection with the premises is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, and combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls.

(b) The floor of an attached unfinished garage used for parking vehicles and storing articles and maintenance equipment used in connection with the premises and not attached to the building is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, or combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls.

The unimpeded movement of flood waters is imperative to equalize the hydrostatic pressure inside and outside of the walls of the building and/or garage.

(2) In Zones V and V1-V30; and Emergency Program areas which are oceanside building lots, the following exceptions apply:

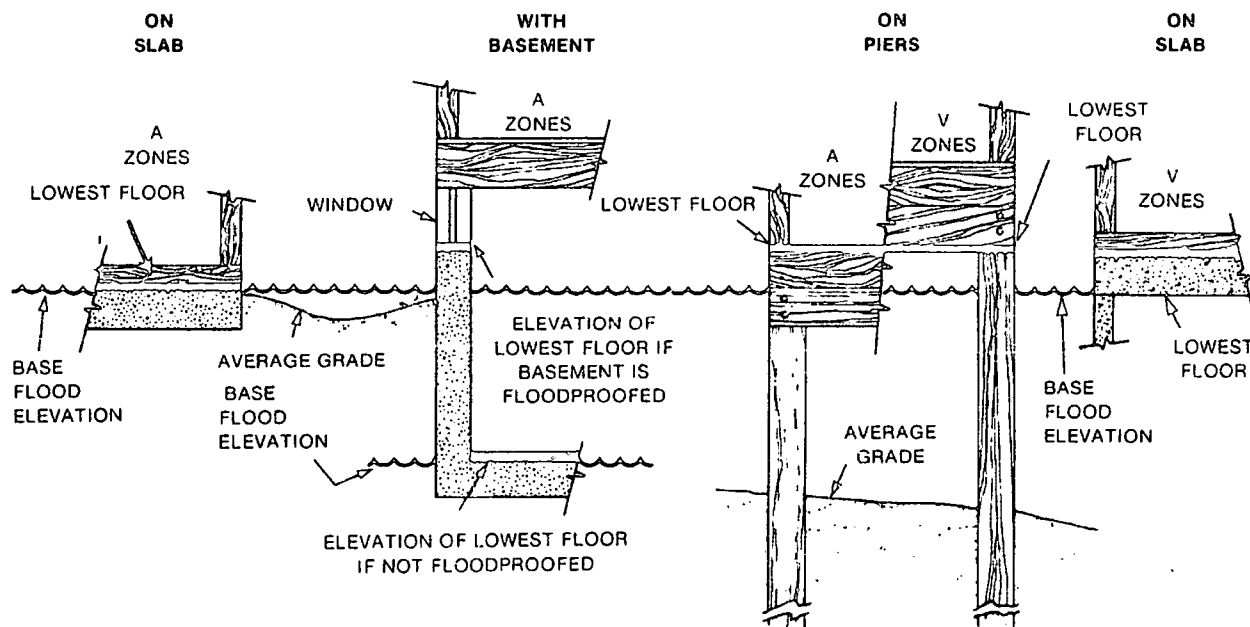
(a) For flood plain management purposes, the floor of an unfinished enclosed area is not considered the building's lowest floor if the area's walls are constructed as breakaway walls. However, for insurance rating purposes:

(i) The floor of an unfinished enclosed area less than 300 square feet is not considered the building's lowest floor if the walls are breakaway walls.

(ii) The floor of an unfinished enclosed area equal to or greater than 300 square feet is considered the building's lowest floor even if the walls are breakaway walls.

(b) The floor of an unfinished enclosed area with walls made of insect screening or open wood constructed breakaway lattice work (regardless of the size of the area enclosed) is not considered the building's lowest floor.

Lowest Floor Elevation - The lowest floor elevation is the elevation of the bottom of the floor beam of the lowest floor in Zones V, V1-V30. In all other zones, the lowest floor elevation is the elevation of the top of the lowest floor.



NOTE:

A Zones - A, AO, AH, A1-A30, A99, Emergency Program other than Oceanside Building Sites

V Zones - V, V1-V30, Emergency Program Oceanside Building Sites (beach areas subject to wave action during severe storms)

Base Flood Elevation - Flood plain management requirements including the Base Flood Elevation are shown on the FIRM for Zones AH, A1-A30, V1-V30. For FIRM Zone A, V, and Emergency Program Special Flood Hazard Areas the community permit official or the builder has estimated this elevation by the reasonable interpretation of available data. Enter that estimated elevation in the space provided in Section I of the Elevation Certification for Base Flood Elevation. If this community permit official or the builder has not selected an estimated Base Flood Elevation, enter N.A.

To: The town of Seiwalls Point, Town Manager
From: Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed
on Lot 2 Archipelago
for Glenn Mulcahy
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 84-195

By:

Susanne Sims
(Sanitarian)

1700



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

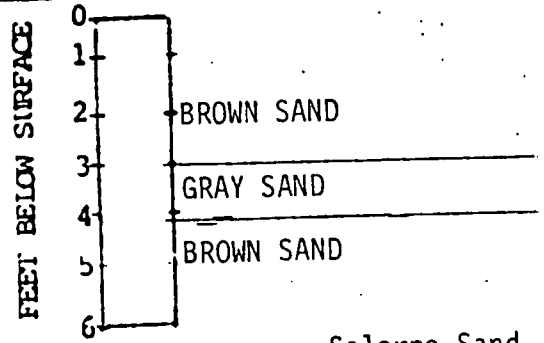
Permit VOID if well or septic
SERVICES installed in a location
other than area permitted.
PRIOR HEALTH DEPARTMENT
APPROVAL REQUIRED

Permit Number: HD84-195
Name of Applicant Glenn Mulcahy Telephone number 334-1707
Mailing Address of Applicant 2467 N.E. 17th Court
Jensen Beach, FL 33457
Lot 2 Block --- Subdivision Archipelago
Plat Book & Page 4 - 48 Date Recorded 1966
Residential: No. living units 1 No. Bedrooms 3
Commercial: Type of Business _____ No. People _____ No. Toilets _____
*Note: Attach site location map and other supportive documents.

SITE INFORMATION

Is there a private well within 75 feet of the proposed septic system no
Is there a public well within 200 feet of the proposed septic system no
Is there a public sewer within 100 feet of the proposed lot? no
Is there a lake, stream, canal or other body of water within 75 feet of
the proposed septic system? no
Is there a septic system or other interference within 75 feet of the
proposed private well? no
Is the proposed or existing public water line within 10 feet of the
proposed septic system? no
There is 900 square feet of unobstructed land for future expansion
of the drainfield. Unobstructed land is the entire area in which to
install the septic system, excluding interferences. Shade this unobstructed
area.

SOIL PROFILE AND SOIL TYPE



USDA SOIL TYPE: Salerno Sand
USDA SYMBOL #: 35

Note:
If fill is required to obtain
proper elevation, fill permit
must be obtained from Martin
County Building Division.

Certified by: Stephen J. Brown
Fla. Professional No: 4049
Date: 4/16/84 Job No. 595-01-01

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed Size 300 Square ft.
Dosing Tank Capacity _____ Gallons Lateral Drainfield Size _____ Sq. ft.
Grease Trap Capacity _____ Gallons Sand Filter Size _____ Square ft.

Specifications:

4-17-84
Date Processed

TOP OF BUILDING FINISH IS REQUIRED TO BE A MINIMUM ELEVATION OF 18" BELOW BM EL. 9.0
TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF 14" BELOW BM EL. 9.0

THIS PERMIT EXPIRES ONE (1)
YEAR FROM DATE OF ISSUANCE

Robert B. Workman, R.S.
Signature of Sanitarian

Martin County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection _____ Type of Tank (Concrete, Fiber-glass, Etc.) _____
Size Tank Installed _____ Drainfield Size _____
Dosing Tank Size _____ Grease Trap Size _____ Sand Filter Size _____
Who Made Installation _____

RECOMMENDATION: Approval Disapproval _____
Signature of Sanitarian

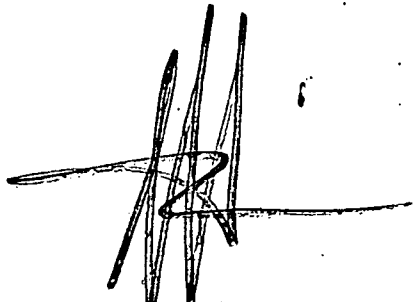
MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

SITE INFORMATION

APPLICANT: Glenn Mulcahy

LEGAL DESCRIPTION: Lot 2, Archipelago

1. Present water depth 4' - 0" feet below natural grade, not including fill.
2. Wet season water depth 1' - 0" feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 9.00. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 3.96.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? yes
6. Is there a storm water retention area within 15 feet of the proposed septic system? no
7. Is the septic system in an area proposed for paving? no
8. Attach site location map or explain directions to site below:



CERTIFIED BY: Stephen J. Brown

Florida Professional Number: 4049

Date: 4/16/84

Job Number: 595-01-01

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277

RECEIVED
APR 19 1984

Ans'd.....

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: WILL CAHY
LEGAL DESCRIPTION: L. 2 ARCHIPELAGO
SEPTIC TANK PERMIT NUMBER: HD84-195

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____.
- 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on the septic tank permit application. Date elevation checked: _____.
- _____ 3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.
- _____ 4. I certify that an average depth of _____ feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system _____ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: _____.
- 5. I certify that all severe limited soil has been removed from an area of 20 feet by 40 feet to a minimum depth of 6 feet below filled grade or that the results of at least four (4) soil borings at the above boundary corners of the proposed septic system indicate that severe limited soils do not exist. Date observed: _____.

- NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
- b. Drainfield should be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

CERTIFIED BY: _____
Florida Professional Number: _____
Date: _____ Job Number: _____

As applicant or applicant's representative, I understand the above requirements.

Glenn E. Mulcahy
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Signature of Sanitarian Date

RECEIVED

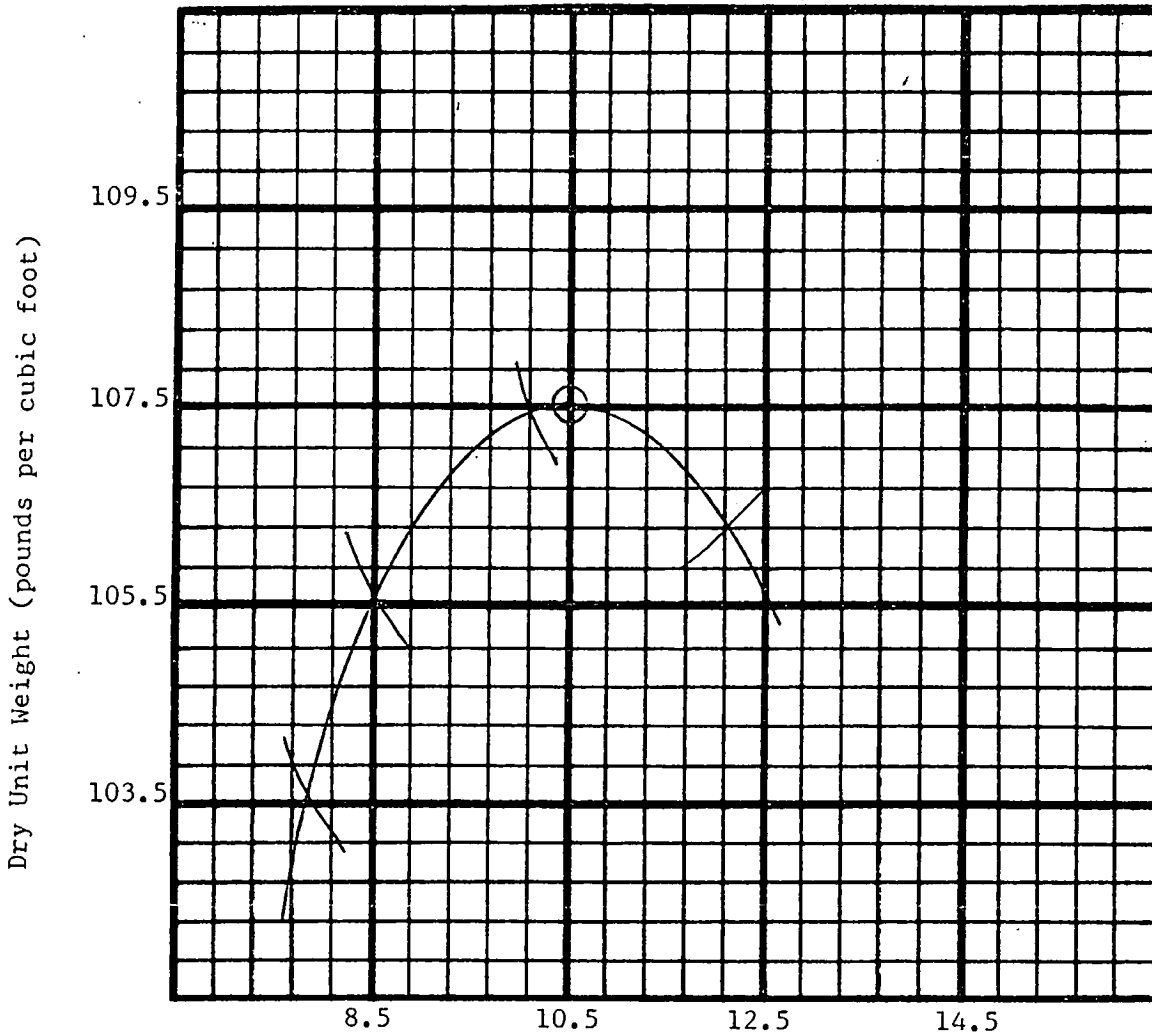
APR 19 1984

Ans'd.....

STUART TESTING LABS, INC.
2750 S.E. FAIRMONT STREET
STUART, FLORIDA 33494

SOIL COMPACTION TEST GRAPH

PROJECT Mulcahy Residence PROJECT JOB NO. 173-1000
 LOCATION Sewall's Point Road, Sewall's Point, Fl REPORT NO. -1
 CLIENT Glen Mulcahy TYPE OF PROCTOR T-180
 TYPE OF SOIL Brown Medium Sand with Marl DATE 4-19-84
 MAXIMUM DENSITY OF MATERIAL 107.5 P.C.F. OPTIMUM MOISTURE 10.5



LAB TECHNICIAN D.O.S.
 PLOTTED BY D.O.S.
 CHECKED BY L.V.E.

APPROVED Carl H.D. Henriksen
 Carl H.D. Henriksen, P.E.
Larry V. Eardley
 Larry V. Eardley

kp

STUART TESTING LABS, INC.
 2750 S.E. FAIRMONT ST.
 STUART, FLORIDA 33494
 (305) 286-6047

SOILS INSPECTION

Project Mulcahy Residence Project No. 173-1000
 Location Sewall's Point Road, Sewall's Point, Fl Report No. -2
 Client Glen Mulcahy Date 4-19-84
 TYPE OF FILL Brown Medium Sand with Marl DENSITY REQUIRED 95 %
 METHOD OF COMPACTION Vib. Steel Wheel TYPE OF PROCTOR T-180
 MAXIMUM DENSITY OF MATERIAL 107.5 P.C.F. OPTIMUM MOISTURE 10.5 %

| LOCATIONS AND RESULTS OF TESTS | | | | |
|--------------------------------|------------------------------|----------------------------|------------------|--------------------|
| TEST NUMBER | TEST LOCATION | DEPTH BELOW FINISHED GRADE | PERCENT MOISTURE | PERCENT COMPACTION |
| 1 | Center of Pad | 0-1' | 6.5 | 99.1 |
| 2 | Center of Pad | 1-2' | 7.7 | 96.3 |
| 3 | Center of Pad | 2-3' | 10.3 | 95.0 |
| 4 | East Side 18" Outside of Pad | 0-1' | 4.9 | 99.7 |
| 5 | West Side 18" Outside of Pad | 0-1' | 5.4 | 98.8 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| REMARKS: | | | | |

FIELD TECHNICIAN D.O.S. SOILS ENGINEER OR TECHNICIAN
 SHEET 1 OF 1
kp

Carl H.D. Henriksen
 Carl H.D. Henriksen, P.E.
Larry V. Eardley
 Larry V. Eardley

DONALD W. GRAHAM
140 SEWALL'S POINT ROAD, SOUTH
JENSEN BEACH, FLORIDA 33457

7 May 1984

This authorizes my neighbor,
Mr Macahy, to use my water
bill in conjunction with the
initial construction of his
home on Sewall's Pt. Rd.

D. Graham
140 ok

RESIDENTIAL CALCULATION

FORM 900-A-84

CLIMATE ZONES 7 8 9

| COMPONENT | | | WINTER | | | SUMMER | | | | | | | |
|-----------------------|------------------|--|----------|---------|-----|--------|---------------------|------|---|------|------|---------------------|-------|
| WALLS | | | AREA | x | WPM | = | GROSS WINTER POINTS | AREA | x | SPM | = | GROSS SUMMER POINTS | |
| | | | CONCRETE | R 0-2.6 | | | | 10.9 | | | | | 24.8 |
| R 2.7-3.9 | | | | | 6.6 | | | | | 17.5 | | | |
| R 4.0-5.9 | | | | | 5.0 | | | | | 15.0 | | | |
| R 6.0 & UP | | | | | 4.4 | | | | | 13.9 | | | |
| FRAME OR BRICK VENEER | R 0-10.9 | | | | | 9.6 | | | | | 30.5 | | |
| | R 11.0-18.9 | | | | | 2.5 | | 4440 | | | 13.9 | | 24686 |
| | R 19 & 25.9 & 26 | | | | | 1.5 | | | | | 8.6 | | |
| | R 26 & UP | | | | | 1.1 | | | | | 6.5 | | |
| COMMON | | | | | | 2.7 | | | | | 3.8 | | |
| | | | | | | | | | | | | | |

| DOORS | | | AREA | x | WPM | = | GROSS WINTER POINTS | AREA | x | SPM | = | GROSS SUMMER POINTS | |
|-------|-------------------------|--|------|---|-----|------|---------------------|------|---|-----|------|---------------------|------|
| | WOOD OR METAL INSULATED | | | | | 86.5 | | 4325 | | | 55.4 | | 2770 |
| | STORM DOOR | | | | | 84.0 | | | | | 22.2 | | |
| | COMMON | | | | | 44.6 | | | | | 44.3 | | |
| | | | | | | 21.6 | | | | | 6.9 | | |

| CEILING | UNDER ATTIC | R 19-21.9 | | | 1.9 | | 2014 | | | 8.4 | | 8904 | |
|---------|--------------------------|-----------|--|--|-----|-----|------|--|--|-----|------|------|--|
| | | R 22-29.9 | | | 1.7 | | | | | 7.6 | | | |
| | | R 30 & UP | | | | 1.5 | | | | | 5.5 | | |
| | SINGLE ASSEMBLY NO ATTIC | R 6-7.9 | | | | 5.4 | | | | | 22.6 | | |
| | | R 8-9.9 | | | | 4.0 | | | | | 17.3 | | |
| | | R 10-11.9 | | | | 3.5 | | | | | 14.6 | | |
| | | R 12-18.9 | | | | 2.5 | | | | | 10.6 | | |
| | | R 19-21.9 | | | | 1.9 | | | | | 8.4 | | |
| | | COMMON | | | | 1.7 | | | | | 2.0 | | |

| FLOOR OVER UNCONDITIONED SPACE | WOOD | R 0-6.9 | | | 5.8 | | | | | 6.6 | | | |
|--------------------------------|----------|-----------|--|--|-----|-----|--|--|--|-----|-----|--|--|
| | | R 7-10.9 | | | 2.4 | | | | | 2.9 | | | |
| | | R 11-18.9 | | | 2.1 | | | | | | 2.3 | | |
| | | R 19 & UP | | | 1.4 | | | | | | 1.5 | | |
| | CONCRETE | R 0-2.9 | | | | 6.8 | | | | | 8.2 | | |
| | | R 3-5.9 | | | | 4.3 | | | | | 5.7 | | |
| | | R 6-10.9 | | | | 3.4 | | | | | 3.6 | | |
| | | R 11-18.9 | | | | 2.3 | | | | | 2.9 | | |
| | | R 19 & UP | | | | 1.5 | | | | | 1.9 | | |
| | | COMMON | | | | 1.7 | | | | | 2.0 | | |

| SLAB ON GRADE | EDGE INSULATION | | PERIMETER | WPM | = | GROSS WINTER POINTS | |
|---------------|-----------------|----------|-----------|-----|------|---------------------|------|
| | PERIMETER | R 0-2.9 | | 136 | 28.3 | | 3849 |
| | | R 3-5.9 | | | 20.4 | | |
| | | R 6 & UP | | | 12.4 | | |
| | | | | | | | |

14628

36360



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

FORM 900-A-84

This form may be used to demonstrate compliance with the Energy Code for new single-family detached or multifamily attached dwellings under Section 9 of the Energy Code. An alternative to this method for single-family detached dwellings, and multifamily attached dwellings of three stories or less, is provided in Section 10 of this Code. Only dwellings which are above ground frame (wood siding, brick veneer, etc.) or concrete wall type construction may be calculated using Sections 9 and 10. Other types of construction must comply under Section 4 or Section 5 of this Code. Additions to existing residential buildings shall comply with the requirements of Section 10 of this Code. Detailed information on how to complete this form may be obtained from your local building department or the Department of Community Affairs, Energy Code Program, 2571 Executive Center Circle East, Tallahassee, Florida 32301.

| | |
|---|--|
| PROJECT NAME AND ADDRESS: Glenn Mulcahy 2138 Sewalls Pt Rd. | PERMITTING OFFICE: |
| BUILDER: Glenn Mulcahy | CIRCLE CLIMATE ZONE: 7 8 9 |
| OWNER: Same. | PERMIT NO.: |
| | JURISDICTION NO.: 531000 |

| | | | |
|--|---|---|--|
| <input type="checkbox"/> DETACHED <input type="checkbox"/> ATTACHED | IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/> <input type="text"/> <input type="text"/> | GLASS AREA AND TYPE | |
| | SEPARATE CALCULATIONS ARE REQUIRED FOR EACH WORST CASE UNIT TYPE. CHECK IF THIS CALCULATION REPRESENTS A WORST CASE CONDITION. <input type="checkbox"/> | CLEAR <input type="text"/> <input type="text"/> <input type="text"/> SGL <input type="text"/> <input type="text"/> <input type="text"/> DBL | TINT, FILM, SOLAR SCREEN <input type="text"/> <input type="text"/> <input type="text"/> SGL <input type="text"/> <input type="text"/> <input type="text"/> DBL |

| NET WALL AREA AND INSULATION | | | | CONDITIONED FLOOR AREA | CEILING INSULATION | |
|--|---|-------|----|------------------------|--------------------|--|
| CBS | R= | FRAME | R= | | UNDER ATTIC | SGL. ASSEMBLY |
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | 1776 | 11 | 2120 | R= 19 | <input type="text"/> <input type="text"/> <input type="text"/> |

| COOLING SYSTEM | PRIMARY HEATING SYSTEM | PRIMARY HOT WATER SYSTEM |
|---|--|--|
| <input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AC EER/SEER = 10 2 | <input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____ | <input checked="" type="checkbox"/> ELECTRIC RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS <input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____ |

| | |
|---|--|
| CALCULATED E.P.I.: 73.4 | CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS |
| In accordance with Section 553.907 F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. OWNER/AGENT: Glenn E. Mulcahy DATE: _____ | Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____ |

| 9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.) | | |
|---|--|------------------------------|
| COMPONENTS | MINIMUM REQUIREMENTS | CHECK TO INDICATE COMPLIANCE |
| WINDOWS (903.1) | MAXIMUM OF 0.5 CFM per LINEAR FOOT OF OPERABLE SASH CRACK. | ✓ |
| DOORS (903.1) | MAXIMUM OF 0.5 CFM PER SQUARE FOOT OF DOOR AREA. INCLUDES SLIDING GLASS DOORS. | ✓ |
| EXT. JOINTS & CRACKS (903.1) | TO BE CAULKED, GASKETED, WEATHER-STRIPPED OR OTHERWISE SEALED. | ✓ |
| CEILING INSULATION (903.9) | MINIMUM OF R-19. | ✓ |
| WATER HEATERS (903.2) | MUST BEAR ASHRAE STANDARD 90-80 LABEL OR A MAX. 4 WATT/SQ. FT. STAND-BY LOSS. SWITCH OR CLEARLY MARKED CIRCUIT BREAKER (ELECTRIC) OR CUT-OFF VALVE (GAS) MUST BE PROVIDED. | ✓ |
| SWIMMING POOLS (903.3) | IF HEATED BY OTHER THAN SOLAR, MUST HAVE POOL COVER DESIGNED TO MINIMIZE HEAT LOSS. ALL NON-COMMERCIAL POOLS MUST BE EQUIPPED WITH A POOL PUMP TIMER. | None |
| HOT WATER PIPES (903.4) | INSULATION IS REQUIRED ONLY FOR RECIRCULATING SYSTEMS. IN SUCH CASES, PIPING HEAT LOSS SHALL BE LIMITED TO A MAX. OF 17.5 BTU /H PER LINEAR FOOT OF PIPE (SEE 504.4). | ✓ |
| SHOWER HEADS (903.5) | WATER FLOW MUST BE RESTRICTED TO NO MORE THAN 3 GALLONS PER MINUTE. | ✓ |
| HVAC DUCT CONSTRUCTION (903.6) | CONSTRUCTED IN ACCORDANCE WITH INDUSTRY STANDARDS AND LOCAL MECHANICAL CODE. DUCTS IN UNCONDITIONED SPACE MUST BE INSULATED TO A MINIMUM R-4.2. | ✓ |
| HVAC CONTROLS (903.7) | A SEPARATE, READILY ACCESSIBLE MANUAL OR AUTOMATIC THERMOSTAT FOR EACH SYSTEM | ✓ |

WINTER

SUMMER

| GLASS DO NOT INCLUDE INTERIOR SHADING | OR | AREA | SGL | DBL | WOF (9F) | GROSS WINTER POINTS | OR | AREA | SINGLE | | DOUBLE | | SOF (9F) | GROSS SUMMER POINTS | |
|--|----|---------|------|------|----------|--|------|------|--------|------|--------|------|----------|---------------------|-------|
| | | | | | | | | | CLR | TINT | CLR | TINT | | | |
| | N | 12.9 ✓ | 55.4 | 38.5 | 1 | 714 | N | 12.9 | 204 | 176 | 163 | 139 | 1 | 2270 | |
| | NE | | 55.4 | 38.5 | | | NE | | 309 | 264 | 258 | 218 | | | |
| | E | 120 ✓ | 55.4 | 38.5 | .89 | 6448 | E | 120 | 425 | 360 | 362 | 304 | .83 | 38448 | |
| | SE | | 55.4 | 38.5 | | | SE | | 418 | 354 | 355 | 298 | | | |
| | S | 12.9 ✓ | 55.4 | 38.5 | .87 | 621 | S | 12.9 | 346 | 294 | 287 | 242 | .86 | 3262 | |
| | SW | | 55.4 | 38.5 | | | SW | | 418 | 354 | 355 | 298 | | | |
| | W | 87 ✓ | 55.4 | 38.5 | 1 | 4820 | W | 61.2 | 425 | 360 | 362 | 304 | .87 | 19608 | |
| | NW | | 55.4 | 38.5 | | | NW | | 309 | 264 | 258 | 218 | | | |
| | H | | 22.6 | 6.8 | | | H | | 720 | 605 | 627 | 524 | | | |
| | E | 116.6 ✓ | 55.4 | | | 1 | 6460 | E | 116.6 | | 360 | | | .63 | 26445 |
| | | | | | | | | W | 25.8 | | 360 | | | .67 | 6223 |
| | | 350 | | | | | | | | | | | | | 96256 |
| H = HORIZONTAL GLASS (SKYLIGHTS). 19063 | | | | | | FOR SC OTHER THAN 0.83 SEE SEC. 902.2(a)5. TINT MULT. MAY BE USED FOR GLASS WITH SOLAR SCREENS, FILM, OR TINT. | | | | | | | | | |

TOTAL GROSS WINTER POINTS 33691

TOTAL GROSS SUMMER POINTS 132616

| | | | | |
|-----------|----------------------------|---------|------|---------|
| DUCT MULT | R = 4.2-4.9 | 16845.5 | 1.14 | 19203.9 |
| | R = 5.0-6.6 | | 1.12 | |
| | R = 6.7 & UP | | 1.09 | |
| | DUCTS IN CONDITIONED SPACE | 16845.5 | 1.00 | 16845.5 |

| | | | |
|----------------------------|-------|------|-------|
| R = 4.2-4.9 | 66308 | 1.14 | 75591 |
| R = 5.0-6.6 | | 1.12 | |
| R = 6.7 & UP | | 1.09 | |
| DUCTS IN CONDITIONED SPACE | 66308 | 1.00 | 66308 |

HSM FROM 9G 36049 x 1.0 36049

CSM FROM 9H 141899 x .65 92234

DIVIDE BY CONDITIONED FLOOR AREA 36049 ÷ 2120 = 17 WINTER POINTS

DIVIDE BY CONDITIONED FLOOR AREA 92234 ÷ 2120 = 44 SUMMER POINTS

| CALCULATE ENERGY PERFORMANCE INDEX | | | | | | | | | |
|---|---------------|---------------------|-----------------|------------------------|-----------------|-----------------------|-------------------|-------------------|--|
| WINTER POINTS | SUMMER POINTS | HOT WATER PTS. (9I) | E.P.I. SUBTOTAL | ADJUSTMENT MULTI. (9B) | ADJUSTED E.P.I. | CREDIT PTS. (9C + 9D) | PENALTY PTS. (9E) | CALCULATED E.P.I. | |
| 17 | 44 | | 61.1 | 1.4 | 85.4 | 12 | | 73.4 | |
| THE CALCULATED E.P.I. MUST BE EQUAL TO OR LESS THAN 100 POINTS. | | | | | | | | | |

| 9B | ADJUSTMENT MULTIPLIERS | | | | | | | | | |
|----------------------------------|------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|
| CONDITIONED FLOOR AREA (SQ. FT.) | 0-900 | 901-1100 | 1101-1300 | 1301-1500 | 1501-1700 | 1701-1900 | 1901-2100 | 2101-2300 | 2301-ABOVE | |
| ADJUSTMENT MULTIPLIER | 1.03 | 1.07 | 1.11 | 1.16 | 1.21 | 1.27 | 1.33 | 1.40 | 1.47 | |

| 9C DESIGN CREDIT POINTS (CP) | | |
|---------------------------------------|---|----|
| CEILING FAN IN COND SPACE (max 5 CP) | 1 | 5 |
| MULTIZONE A/C SEPARATED BY DOOR | 5 | |
| CROSS VENTILATION (1 CP per room) | 1 | 2 |
| WHOLE HOUSE FAN (min. 1.5 cfm/s.f.) | 5 | |
| WOOD STOVE | 2 | |
| FIREPLACE WITH OUTSIDE COMBUSTION AIR | 2 | 4 |
| 9C TOTAL (not to exceed 12 points) | | 12 |

| 9D HEATING SYSTEM CREDIT POINTS | |
|---------------------------------|-----|
| NATURAL GAS/PROPANE HEATING | 8.0 |
| OIL HEATING | 6.4 |

| 9E DESIGN PENALTY POINTS | |
|--------------------------------------|---|
| WASHER AND DRYER IN COND SPACE | 3 |
| TOTAL GLASS OPENS LESS THAN 40% | 5 |
| FIREPLACE WITH INSIDE COMBUSTION AIR | 5 |

| 9F WINTER OVERHANG FACTOR (WOF) | | | | | | | | |
|---------------------------------|------|------|------|------|------|------|------|------|
| FEET | N | NE | E | SE | S | SW | W | NW |
| 0-0.9 | 1.00 | 0.99 | 0.85 | 0.75 | 0.83 | 0.98 | 1.00 | 1.00 |
| 1-1.9 | 1.00 | 0.99 | 0.85 | 0.76 | 0.84 | 0.98 | 1.00 | 1.00 |
| 2-2.9 | 1.00 | 0.99 | 0.86 | 0.77 | 0.86 | 0.99 | 1.00 | 1.00 |
| 3-3.9 | 1.00 | 0.99 | 0.87 | 0.80 | 0.87 | 0.99 | 1.00 | 1.00 |
| 4-4.9 | 1.00 | 0.99 | 0.89 | 0.83 | 0.90 | 0.99 | 1.00 | 1.00 |
| 5-5.9 | 1.00 | 0.99 | 0.91 | 0.86 | 0.92 | 1.00 | 1.00 | 1.00 |
| 6-6.9 | 1.00 | 0.99 | 0.92 | 0.90 | 0.94 | 1.00 | 1.00 | 1.00 |
| 7-7.9 | 1.00 | 1.00 | 0.94 | 0.92 | 0.96 | 1.00 | 1.00 | 1.00 |
| 8-8.9 | 1.00 | 1.00 | 0.96 | 0.95 | 0.97 | 1.00 | 1.00 | 1.00 |
| 9-9.9 | 1.00 | 1.00 | 0.97 | 0.97 | 0.98 | 1.00 | 1.00 | 1.00 |
| 10-10.9 | 1.00 | 1.00 | 0.98 | 0.98 | 0.99 | 1.00 | 1.00 | 1.00 |
| 11-11.9 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 12 UP | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |

| 9F SUMMER OVERHANG FACTOR (SOF) | | | | | | | | |
|---------------------------------|------|------|------|------|------|------|------|------|
| FEET | N | NE | E | SE | S | SW | W | NW |
| 0-0.9 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 1-1.9 | 1.00 | 1.00 | 0.99 | 0.99 | 0.98 | 0.99 | 0.99 | 1.00 |
| 2-2.9 | 1.00 | 0.98 | 0.95 | 0.93 | 0.92 | 0.93 | 0.95 | 0.98 |
| 3-3.9 | 1.00 | 0.95 | 0.89 | 0.87 | 0.86 | 0.87 | 0.89 | 0.95 |
| 4-4.9 | 1.00 | 0.91 | 0.84 | 0.81 | 0.80 | 0.81 | 0.84 | 0.91 |
| 5-5.9 | 0.99 | 0.88 | 0.80 | 0.76 | 0.76 | 0.76 | 0.80 | 0.88 |
| 6-6.9 | 0.99 | 0.85 | 0.76 | 0.72 | 0.72 | 0.72 | 0.76 | 0.85 |
| 7-7.9 | 0.99 | 0.83 | 0.72 | 0.68 | 0.70 | 0.68 | 0.72 | 0.83 |
| 8-8.9 | 0.98 | 0.81 | 0.69 | 0.66 | 0.68 | 0.66 | 0.69 | 0.81 |
| 9-9.9 | 0.98 | 0.79 | 0.67 | 0.64 | 0.66 | 0.64 | 0.67 | 0.79 |
| 10-10.9 | 0.98 | 0.78 | 0.65 | 0.62 | 0.65 | 0.62 | 0.65 | 0.78 |
| 11-11.9 | 0.97 | 0.76 | 0.63 | 0.61 | 0.65 | 0.61 | 0.63 | 0.76 |
| 12 UP | 0.97 | 0.76 | 0.62 | 0.59 | 0.64 | 0.59 | 0.62 | 0.76 |

| 9G HEATING SYSTEM MULTIPLIER (HSM) | | | | | | | |
|------------------------------------|--|---------|---------|---------|---------|---------|----------|
| HEAT PUMP | COP | 2.5-2.6 | 2.7-2.8 | 2.9-3.0 | 3.1-3.2 | 3.3-3.4 | 3.5 & UP |
| | HSM | .40 | .37 | .34 | .32 | .30 | .29 |
| SOLAR HEATING SYSTEM | (BACKUP SYSTEM FRACTION) × (BACKUP SYSTEM HSM) | | | | | | |
| ELECTRIC STRIP HEAT | 1.0 | | | | | | |
| NATURAL GAS/PROPANE/OIL | 1.0 (SEE TABLE 9D FOR CREDITS) | | | | | | |
| PTAC & ROOM HEAT PUMPS | MINIMUM COP 2.2. HSM FOR COP 2.2 - 2.4 = .45. SEE TABLE ABOVE FOR COP > 2.4 | | | | | | |

| 9H COOLING SYSTEM MULTIPLIER (CSM) | | | | | | | | | | |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|
| ELECTRIC | EER/SEER | 7.8-7.9 | 8.0-8.4 | 8.5-8.9 | 9.0-9.4 | 9.5-9.9 | 10.0-10.4 | 10.5-10.9 | 11.0-11.9 | 12.0-UP |
| | CSM | .83 | .81 | 0.76 | 0.72 | 0.68 | 0.65 | 0.62 | 0.59 | 0.54 |
| GAS | COP | 0.40-0.44 | 0.45-0.49 | 0.50-0.54 | 0.55-0.59 | 0.60-0.64 | 0.65-0.69 | 0.70 & UP | | |
| | CSM | 1.50 | 1.25 | 1.20 | 1.09 | 1.00 | 0.92 | 0.89 | | |
| MINIMUM SEER/EER LEVEL 7.8 FOR STRAIGHT COOL OR HEAT PUMPS; MINIMUM OF 7.5 EER FOR ROOM UNITS AND PTAC. FOR ROOM UNITS AND PTAC, CSM FOR EER-7.5 - 7.7 = .87. SEE TABLE ABOVE FOR EER > 7.7. | | | | | | | | | | |

| 9I HOT WATER CREDIT POINTS (HWCP) | | | | | | | | | | | | |
|--|-------------------------|-----------------|-----------|-----------|-----------|-----------|-----------|------|------|------|------|------|
| ELECTRIC RESISTANCE WATER HEATER | | | | | | | | | | | 0 | |
| GAS WATER HEATER | | | | | | | | | | | 10 | |
| INSTANTANEOUS WATER HEATER | ELECTRIC | | | | | | | | | | 4.5 | |
| | GAS | | | | | | | | | | 12.6 | |
| HRU (A/C) WATER HEATER | ELECTRIC BACKUP | | | | | | | | | | 8.9 | |
| | GAS BACKUP | | | | | | | | | | 15.2 | |
| HRU (HP) WATER HEATER | ELECTRIC BACKUP | | | | | | | | | | 9.7 | |
| | GAS BACKUP | | | | | | | | | | 15.4 | |
| HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP) | COP | | 1.60-1.89 | 1.90-2.19 | 2.20-2.49 | 2.50-2.79 | 2.80-3.00 | | | | | |
| | CREDIT POINTS | | 9.0 | 11.4 | 13.1 | 14.4 | 15.4 | | | | | |
| SOLAR HOT WATER | OVERALL SOLAR FRACTION* | | 0.1 | 0.2 | 0.3 | 0.4 | 0.5 | 0.6 | 0.7 | 0.8 | 0.9 | 1.0 |
| | CREDIT POINTS | ELECTRIC BACKUP | 2.4 | 4.8 | 7.2 | 9.6 | 12.0 | 14.4 | 16.8 | 19.2 | 21.6 | 24.0 |
| | | GAS BACKUP | 11.4 | 12.8 | 14.2 | 15.6 | 17.0 | 18.8 | 19.8 | 21.2 | 22.6 | 24.0 |
| *PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM ÷ 100 = OVERALL SOLAR FRACTION | | | | | | | | | | | | |

Certificate of Insurance



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 LISTED BELOW.

| | |
|--|--|
| NAME AND ADDRESS OF AGENCY SIDNEY A. SHERWIN, INC. 212 EAST MAIN STREET BATAVIA NY 14020 | COMPANIES AFFORDING COVERAGES COMPANY LETTER A CO-OPERATIVE FIRE INS. COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E |
| NAME AND ADDRESS OF INSURED GLENN E. & TRENNIA P. MULCAHY 10049 TRANSIT ROAD EAST BETHANY NY 14054 | RECEIVED APR 19 1984 Ans'd..... |

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

| COMPANY LETTER | TYPE OF INSURANCE | POLICY NUMBER | POLICY EXPIRATION DATE | Limits of Liability in Thousands (000) | | |
|----------------|---|---------------|------------------------|--|-----------------|-----------------|
| | | | | | EACH OCCURRENCE | AGGREGATE |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY | H7-3 | 7/2/85 | BODILY INJURY | \$ | \$ |
| | | | | PROPERTY DAMAGE | \$ | \$ |
| | | | | BODILY INJURY AND PROPERTY DAMAGE COMBINED | \$ | \$ |
| | | | | PERSONAL INJURY | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED | | | BODILY INJURY (EACH PERSON) | \$ | |
| | | | | BODILY INJURY (EACH ACCIDENT) | \$ | |
| | | | | PROPERTY DAMAGE | \$ | |
| | | | | BODILY INJURY AND PROPERTY DAMAGE COMBINED | \$ | |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | BODILY INJURY AND PROPERTY DAMAGE COMBINED | \$ | \$ |
| | WORKERS' COMPENSATION and EMPLOYERS' LIABILITY | | | STATUTORY | \$ | (EACH ACCIDENT) |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
Town of Seawalls Point
Seawalls Point Rd.
Stuart, Fl. 33494

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
Town of Seawalls Point
Seawalls Point Rd.
Stuart, Fl 33494

DATE ISSUED: 4/2/84

 AUTHORIZED REPRESENTATIVE

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 68,000.

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Glen E. Mulvaney
Affiant
Property street address:
138 S. Sewalls Pt. Rd.

Sworn to and subscribed
before me this 21st day of
January, 1985.

Joan A. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL) Notary Public, State of Florida
My Commission Expires Nov. 16, 1986
Bonded thru Troy Fain - Insurance, Inc.

1700

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/21/85

This is to request that a Certificate of Approval for Occupancy be issued to Mr & Mrs G. Mulcahy
For property built under Permit No. 1700 Dated 4/30/84 when completed in
conformance with the Approved Plans.

Glen E. Mulcahy
Signed

| Item | |
|-------------------------|-----------------------------|
| 1. LOT STAKES/SET BACKS | 5/3/84 |
| 2. TERMITE PROTECTION | 5/7/84 Baker's Pest Control |
| 3. FOOTING - SLAB | 5/9/84 |
| 4. ROUGH PLUMBING | 5/4/84 8/20/84 |
| 5. ROUGH ELECTRIC | 8/20/84 |
| 6. LINTEL | |
| 7. ROOF | 8/20/84 |
| 8. FRAMING | 6/12/84 8/20/84 |
| 9. INSULATION | 8/23/84 |
| 10. A/C DUCTS | |
| 11. FINAL ELECTRIC | |
| 12. FINAL PLUMBING | |
| 13. FINAL CONSTRUCTION | |

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] 1/21/85 date

Approved by Building Commissioner [Signature] 1/21 date

Utilities notified 1/25/85 date

Original Copy sent to Mr Mulcahy

(Keep carbon copy for Town files)

2131

PATIO

Permit No. _____

Date _____

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

2131

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 Glenn Mulcahy Present Address 138 S. Sewalls Pt Rd.

Phone 287-2978

Contractor Louden Address Ft. Pierce

Phone 465 2700

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: adj. Pool to 8' from Patio instead of 16' & extend Patio on water side additional 3' to 25'

State the street address at which the proposed structure will be built: distance of Pool to water to be 48' ± pool size to remain the same

Subdivision Orchid Palms Lot number 2 Block number _____

Contract price \$ _____ Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor _____

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

Owner Glenn E. Mulcahy

TOWN RECORD

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

Approved: JC Strubell Commissioner Date 8/11 Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

Permit No.

2134

Date

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

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

Owner GLEN MULCAHY Present Address 138 SO SEWALLS PT RD

Phone 287-8146

Contractor LOUDED BONNEN POOL Address 4306 S. VEST-1

Phone 286-5760 FT PIERCE FL 33482

Where licensed STATE MARRIAGE CO License number CP 0010400

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

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

138 SO. SEWALLS PT RD

Subdivision ARCHIPELAGO Lot number 2 Block number _____

Contract price \$ 9,700 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Robert L. Hawley

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 Glen Mulcahy

TOWN RECORD

Date submitted _____ Approved: Dale Brown Building Inspector Date _____

Approved: _____ Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

2188

DOCK

2188

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number

Date 1-7-87

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 Glenn E. Mulcahy Present Address 138 S. Sewall's Pt Rd.

Phone 287-8146

Contractor Hi Tide Marine Address 3191 S.E. UAAW ST.

Phone 283-9354 STUART, FL. 33497

Where licensed FLORIDA License number GGCA 11094

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:

ELL SHIP DOCK AND TIE PILING FOR THE ATTACHED SHED.

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

Subdivision THE ARCHIPOLAGO Lot number 2 Block number

Contract price \$ 1649.00 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 Hi-Tide Marine Const. Inc. [Signature]

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

Owner X Glenn E. Mulcahy [Signature]

TOWN RECORD

Date submitted Approved Dale Brown 3/13/87 Building Inspector Date

Approved JC Strubel 3/13/87 Final Approval given Date Commissioner Date

Certificate of Occupancy issued(if applicable) Date



State of Florida
DEPARTMENT OF NATURAL RESOURCES

DR. ELTON J. GISSENDANNER
Executive Director,
Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard, Tallahassee, Florida 32303

BOB GRAHAM
Governor
GEORGE FIRESTONE
Secretary of State
JIM SMITH
Attorney General
GERALD A. LEWIS
Comptroller
BILL GUNTER
Treasurer
DOYLE CONNER
Commissioner of Agriculture
RALPH D. TURLINGTON
Commissioner of Education

February 2, 1987

Hi-Tide Marine Construction, Inc.
3191 South East Waaler Street
Stuart, Florida 33497

Dear Sir:

File No. 431291728
Applicant: Mulcahy, Glen

This office has no objection to your project as proposed in the Department of Environmental Regulation's permit application, showing the location in a man-made basin adjacent to 138 South Sewalls Point Road, City of Sewell's Point, Martin County,

Consider this the authority sought under Section 253.77, Florida Statutes, to pursue this project.

This letter in no way waives the authority and/or jurisdiction of any governmental entity nor does this letter disclaim any title interest that the State may have in this project site.

Sincerely,

David K. Roach
Division of State Lands
Southeast Florida Office

DKR/bs
cc: DER/PSL

agenda
3-11-87

gs
A 3/5

February 20, 1987

Honorable Mayor and Commissioners:

I am applying for permission to construct a dock at my property, 138 South Sewall's Point Road, Lot 2 Archipelago. My neighbor to the south, Thomas Mumford, has no objection to my proposed dock and hoist. My neighbor to the north, however, presents a problem. The current owner, Claudia Stoner has no objection. However she is in the process of selling the property to Jon Stouky. Mr. Stouky objects to davits or hoists on the grounds that they will obstruct his view. I find his objection unreasonable.

I understand that the Town Commission can approve my dock and davits if they feel my neighbor's objections are without merit (page 964, second paragraph). I respectfully ask for your consideration in this matter.

Sincerely,

Glenn E. Mulcahy
Glenn E. Mulcahy

Commissioners

*You may
wish to look at this
before wed. meeting.
gs.*

TOWN OF SEWALL'S POINT

MINUTES OF MEETING, MARCH 11, 1987

Present: Mayor John C. Guenther, Vice Mayor Gilbert C. Strubell, Commissioner Clifford B. Drake, Commissioner Robert R. Aune, Commissioner Irene E. O'Brien, Town Attorney M. Lanning Fox, Town Clerk Joan Barrow, Police Chief Louis J. Savini, Building Inspector Dale Brown, one reporter and about twenty-two residents and guests.

1. Mayor Guenther called the meeting to order at 7:30 PM and led the Pledge of Allegiance. The mayor welcomed those present and said that, on the occasion of the first meeting in the new Town Hall, he wanted to thank all those who had so unselfishly worked on the ad hoc committees and especially Vice Mayor Strubell. The mayor noted that the building had been constructed to serve Sewall's Point for many years to come.

2. Consent Agenda

Approval of Minutes, 2/4/87, 2/11/87, 2/16/87, 2/27/87 meetings

Approval of Financial Reports

Commissioners' Reports

Approval of Disbursements

A motion was made by Commissioner Aune, seconded by Vice Mayor Strubell, that the items on the consent agenda be approved. Motion carried unanimously.

3. Presentation of police candidate - Robert F. Bickford

Chief Savini introduced Robert Bickford and read the attached biographical information. Chief Savini noted that Douglas Moore had decided he did not want to relocate to this area. A motion was made by Commissioner Drake, seconded by Commissioner Aune, that Robert Bickford be appointed as a probationary police officer for the Town of Sewall's Point for a one year period, effective 3/16/87, at an annual salary of \$17,200. Motion carried unanimously.

4. Arthur Weisieder, Lot 12 & N. 25' Lot 13 High Point, rear setback variance for swimming pool - Code page 957, paragraph 2

Vice Mayor Strubell discussed this request. The lot is on the St. Lucie River and the owner is asking that the pool be allowed 20' from the mean high water line. A motion was then made by the vice mayor, seconded by Commissioner Aune, that the Weisieder variance request be approved with the understanding that the pool never be enclosed with a screen. Skip Reichert of Greg Pools was present on Mr. Weisieder's behalf and asked for special consideration regarding a screen enclosure. The Commission regretted that it could not accommodate this special request. A vote was taken on the vice mayor's original motion and carried unanimously.

5. Glenn Mulcahy, Lot 2 Archipelago, dock request - Code page 964, 2,c, (3)

Vice Mayor Strubell explained that Mulcahy had submitted an application for a dock with boat davits. His neighbor on one side signed a letter of no objection but the house on the other side has a sale pending and the purchaser objects to the davits. Mulcahy is, therefore, unable to obtain the second letter of no objection. The dock has been approved by the D.N.R. and D.E.R.. The vice mayor said he could see no problem with the dock if the davits are properly set back. A motion was made by Vice Mayor Strubell, seconded by Commissioner Aune, that the dock request of Glenn Mulcahy be approved. Motion carried unanimously.

6. South River Road - status report - Mayor Guenther noted that Richard Staudinger was not present but had sent the attached report, which was read by Commissioner Drake. Russell MacDonnell asked if any progress had been made in acquiring other properties for South River Road completion. The vice mayor replied that no other negotiations were in the works. The mayor pointed out that when the road is finished through the Pare property it will be about 80% completed.

7. Code Enforcement Board vacancy - consideration of replacements for G. William Smith and Jay Abrahamovich who have moved from the area - Vice Mayor Strubell said he had spoken with

TO WHOM IT MAY CONCERN:

I/We T.G. MUMFORD

the owner/owners of

adjacent to 138 S. Sewalls Pt. Rd.

owned by Glenn & Trienna Mulcahy

have examined the ^{ATTACHED} drawings for the proposed project and have

no objection to the project.

T.G. Mumford

Notary:

STATE OF FLORIDA

COUNTY OF MARTIN

I HEREBY CERTIFY that on this day, before me, as officer duly authorized in the State aforesaid and in the county aforesaid to take acknowledgments, personally appeared

to me known to be the person/persons described in and who executed the foregoing instrument and acknowledged before that executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 27 day of Jan, 87 A.D.

Christina Bary
Notary Public,

Notary Public, State of Florida
My Commission Expires March 10, 1989
Bonded thru Troy Fair Insurance, Inc.
my commission expires

APPROVED
 Department of Natural Resources
 pursuant to Section 253.77, F.S.

RECEIVED

JAN 12 1987

Dept. of Natural Resources
 Div. of State Lands - Southeast
 Florida Field Office

DEPARTMENT OF THE ARMY / FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
 For Activities Requiring a Permit of the State of Florida

DEPT. OF NATURAL RESOURCES
 DIV. OF STATE LANDS

FOR ORIGINAL USE ONLY: CORPS APPLICATION NUMBER
 BY: [Signature] Division of State Lands

FOR REVISED USE ONLY: DER APPLICATION NUMBER (official use only)
 431291728

1. APPLICANT'S NAME AND ADDRESS

GILON MULCANY
 NAME

138 S. SOWNILLS POINT ROAD
 STREET

STUART FL 33494
 CITY STATE ZIP

TELEPHONE NUMBER (Day) (305) 287-8146 (Night) (305) 287-8146

2. Name, address, zip code and title of applicant's authorized agent for permit application coordination

III-TIDE MARINE CONST., INC.
 3191 S.E. Waler Street
 Stuart, FL 33497
 Telephone Number (305) 283-9354 Ph: (305) 283-9354

3. NAME OF WATERWAY AT LOCATION OF THE ACTIVITY.

MAN MADE CANAL OFF INDIAN RIVER

DER Code _____
 W/M Code _____

4. LOCATION WHERE PROPOSED ACTIVITY EXISTS OR WILL OCCUR.

138 S. SOWNILLS PT. RD.
 Street, road or other descriptive location

SOWNILLS PT.
 Incorporated city or town

MARTIN
 County

Section Township Range
 27-11-10 80-11-20

Latitude Longitude

Tax Assessors Description: (if known)

Map No. Subdiv. No. Lot No.

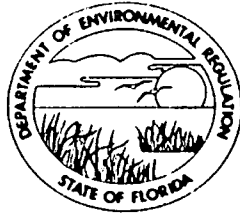
5. NAME AND ADDRESS INCLUDING ZIP CODE OF ADJOINING PROPERTY OWNERS WHOSE PROPERTY ALSO ADJOINS THE WATERWAY.

6. PROPOSED USE

Private Single Dwelling [X] Private Multi-dwelling [] Public []
 Commercial [] Other [] (Explain in remarks)

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION



BOB MARTINEZ
GOVERNOR

DALE TWACHTMANN
SECRETARY

January 14, 1987

Mr. Glen Mulcahy
c/o Hi-Tide Marine Construction, Inc.
3191 S.E. Waaler Street
Stuart, Florida 33497

DF - Martin County
Dock
Archipelago

Dear Mr. Mulcahy:

This is to acknowledge receipt of your application, file number 431291728, for a permit to:

Construct a 360 sq. ft. marginal "L" dock and emplace two (2) mooring pilings. To be located at 138 S. Sewall's Point Road, Class III waters of the Archipelago adjacent to the Indian River, Section 7, Township 38 South, Range 42 East, Town of Sewall's Point, Martin County.

At this time no permit is required for your project by this Department. Any modifications in your plans should be submitted for review, as changes may result in permits being required. This letter does not relieve you from the need to obtain any other permits (local, state or federal) which may be required. This project, as proposed, is exempt from permitting pursuant to 403.813(2)(b)(1), Florida Statutes, in accordance with the three (3) attached stamped drawings.

A copy of your application has also been sent to the Department of Natural Resources for review. Consent of use of State owned lands may be required from the Department of Natural Resources prior to construction. For further information, you may contact Mr. David Roach at (305) 686-1036.

If you have any questions, please contact Susan Komocar of this office. When referring to this project, please use the file number indicated.

Sincerely,

John Meyer
Supervisor, Dredge & Fill Permitting

JM:skt/7

cc: Army Corp's of Engineers, Miami
David Roach, D.N.R. (with application)



DEPARTMENT OF THE ARMY
SOUTH FLORIDA AREA OFC. JACKSONVILLE DISTRICT, CORPS OF ENGINEERS
P. O. BOX 1327

CLEWISTON, FLORIDA 33440-1327

January 21, 1987

REPLY TO
ATTENTION OF

Regulatory Section
Miami
87GP30038
SAJ-20

Glen Mulcahy
c/o HI-TIDE MARINE CONSTRUCTION, INC.
3191 SE Waler Street
Stuart, Florida 33497

Dear Mr. Mulcahy:

Reference is made to your application for a Department of the Army permit concerning:

construction of a dock 48 by 5 feet with a 29 by 5 foot L-angle in the Indian River at 138 South Sewalls Point Road, Sewalls Point, Martin County, Florida.

The project as proposed is authorized by General Permit SAJ-20, a copy of which is enclosed for your information and use. You are authorized to proceed with the project in accordance with the enclosed drawings subject to all conditions of the permit.

This letter of authorization does not obviate the necessity to obtain any other Federal, state or local permits which may be required.

Thank you for your cooperation with the Corps permit program.

Sincerely,

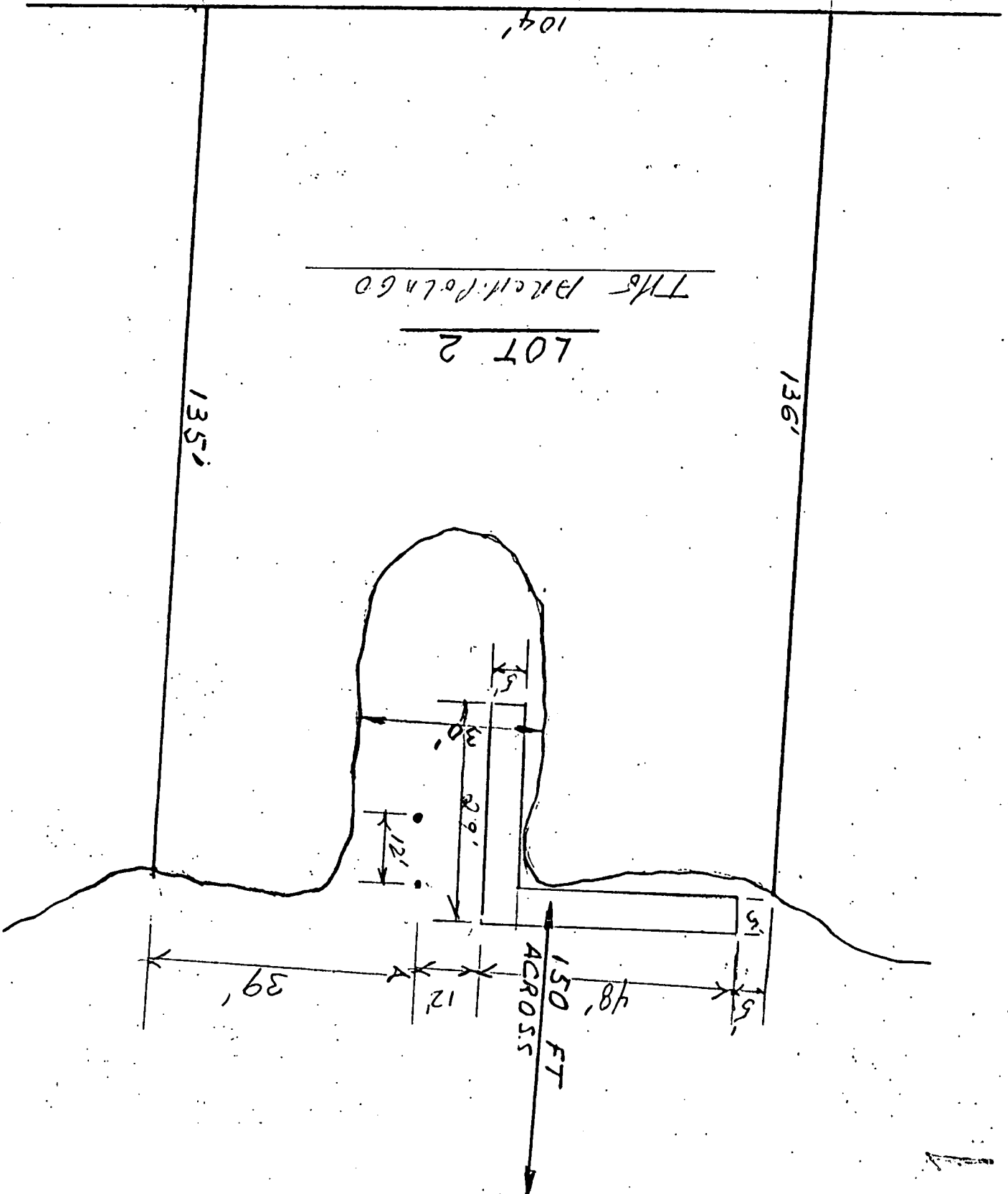
Charles A. Schnepel
Charles A. Schnepel
Chief, Regulatory Section

Enclosures

1-2-87
STUART, FL 33494
138 S. SAMMIS PT RD
GLEN MULCAHLY
DOCK LOCATION

SEWALL'S POINT ROAD

N.T.S.



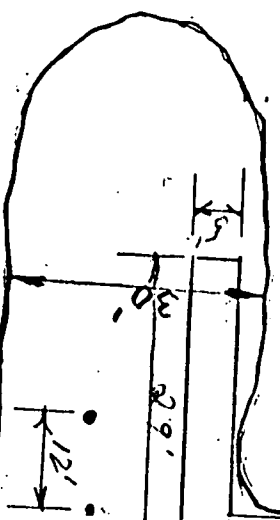
The Parcel: Poln 60

LOT 2

136'

135'

104'



150 FT
ACROSS

39'

12'

48'

5'

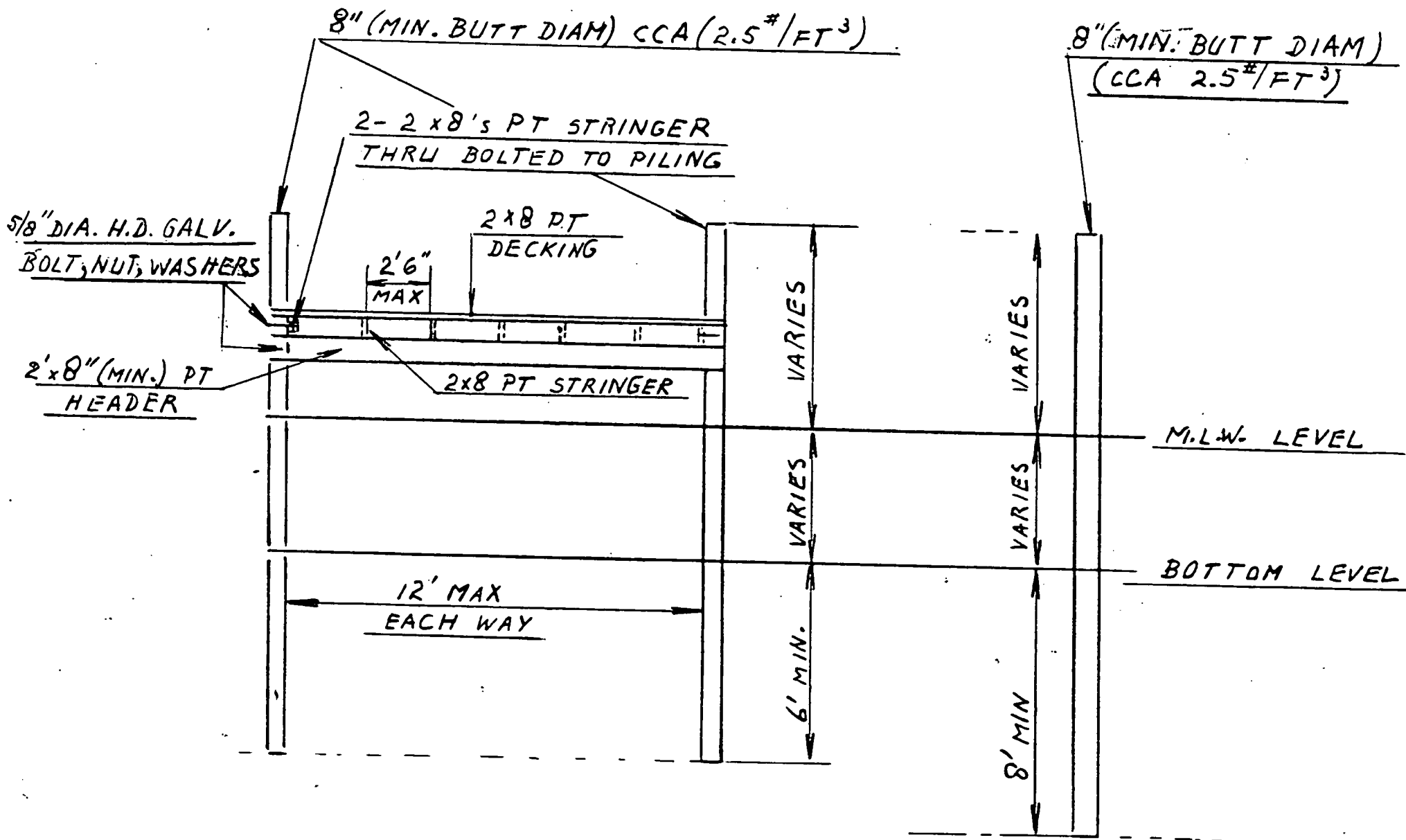
5'

30'

29'

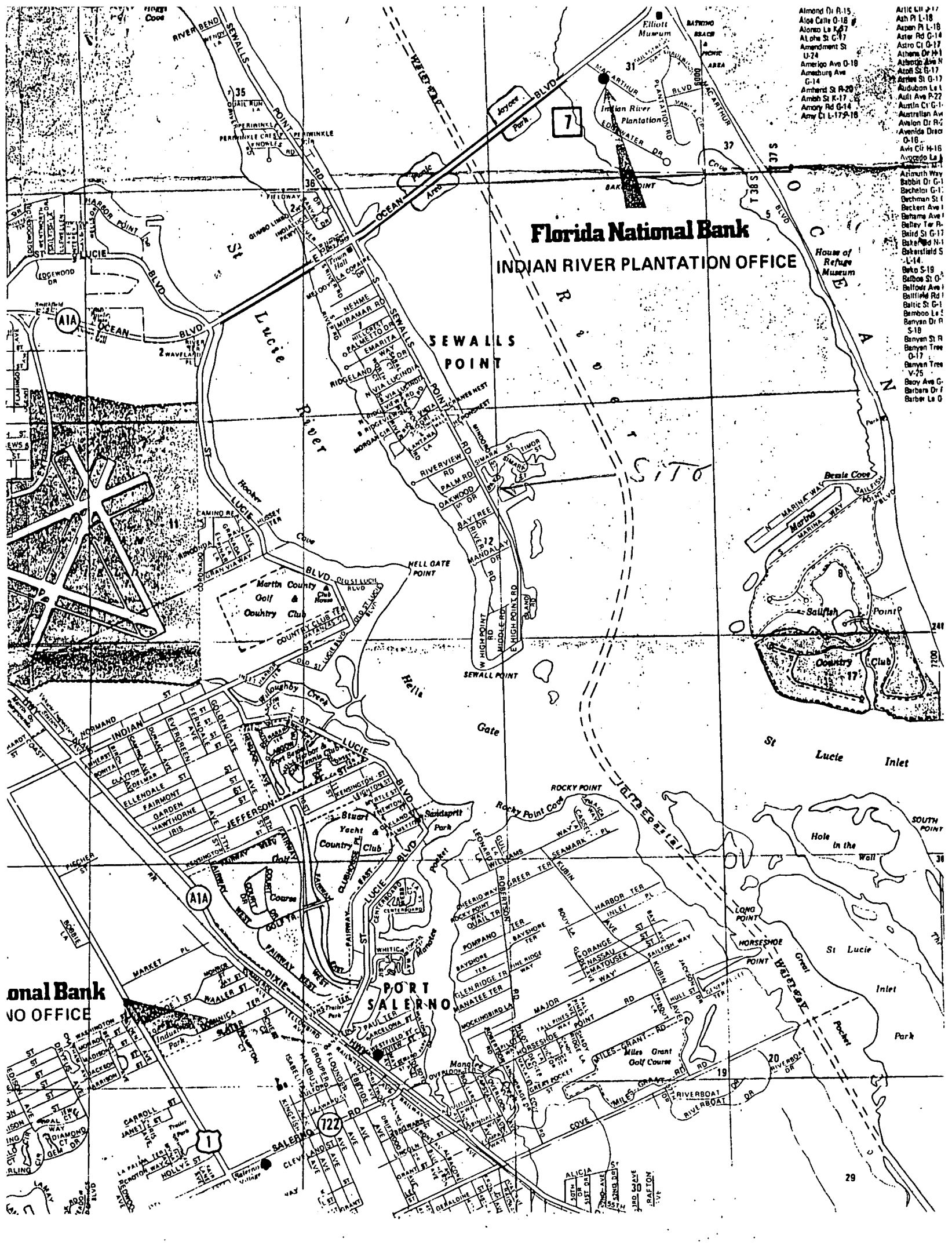
12'

5'



DOCK SECTION
1/4" = 1' 0"

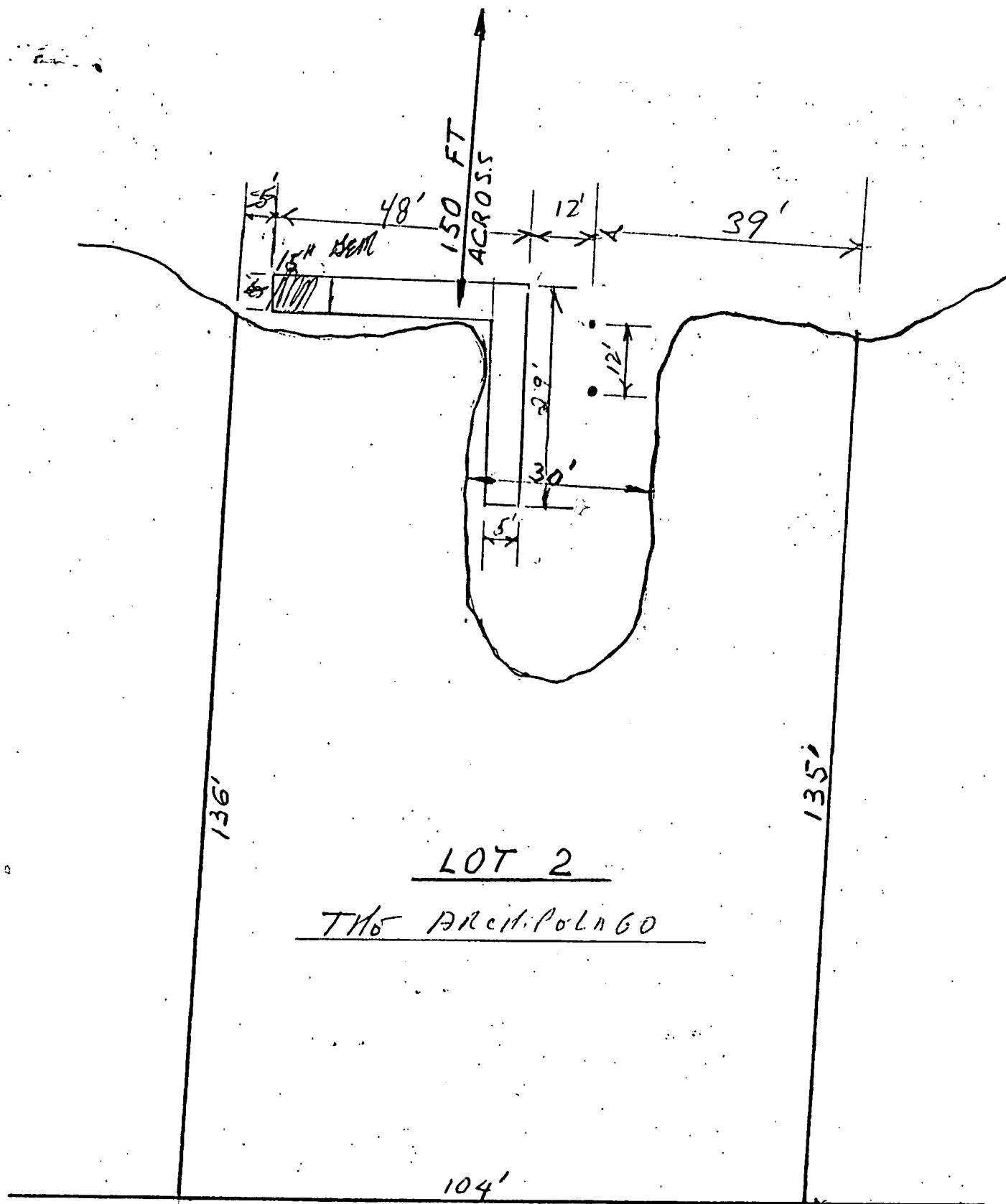
TIE PILING



Florida National Bank
INDIAN RIVER PLANTATION OFFICE

- Almond Dr R-15
- Altona Cotte O-18 #
- Altona La K-27
- Alphie St G-17
- Amendment St U-24
- Armedo Ave O-18
- Armsburg Ave G-14
- Armstrong St R-20
- Arms St R-17
- Arroyo Rd G-14
- Amy Ct L-17-18
- Artie Ln P-17
- Ash Pl L-18
- Aspen Pl L-18
- Aster Rd G-14
- Astro Ct O-17
- Athens Dr H-11
- Atlanta Ave N
- Atoti St G-17
- Arties St G-17
- Audubon La L
- Auli Ave P-22
- Austin Ct G-1
- Australian Av
- Avilion Dr R-2
- Avenida Drea O-18
- Avis Ct H-16
- Avocado La L
- Atimoth Way
- Babbitt Dr G-1
- Bachman St G-1
- Bachman St
- Becker Ave L
- Behrman Ave L
- Beird St G-17
- Bakerfield N-1
- Bakerfield S L-14
- Beko S-19
- Bellows St O-
- Bellows Ave L
- Bellfield Rd L
- Baltic St G-1
- Bamboo La L
- Banyan Dr R S-18
- Banyan St R
- Banyan Tree O-17
- Banyan Tree Y-25
- Bony Ave G
- Barbera Dr F
- Barber La O

onal Bank
NO OFFICE

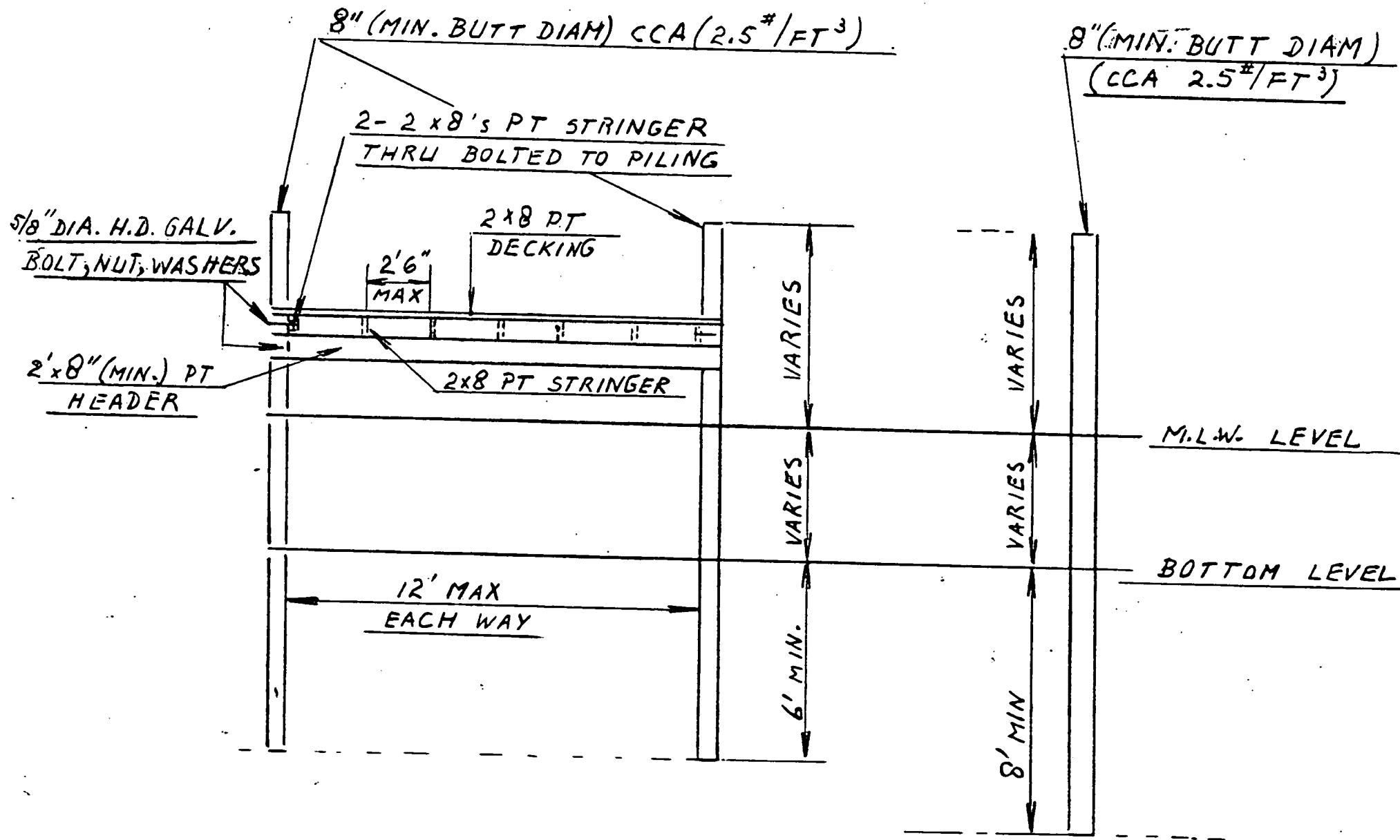


LOT 2

THE ARCADIA POLINGO

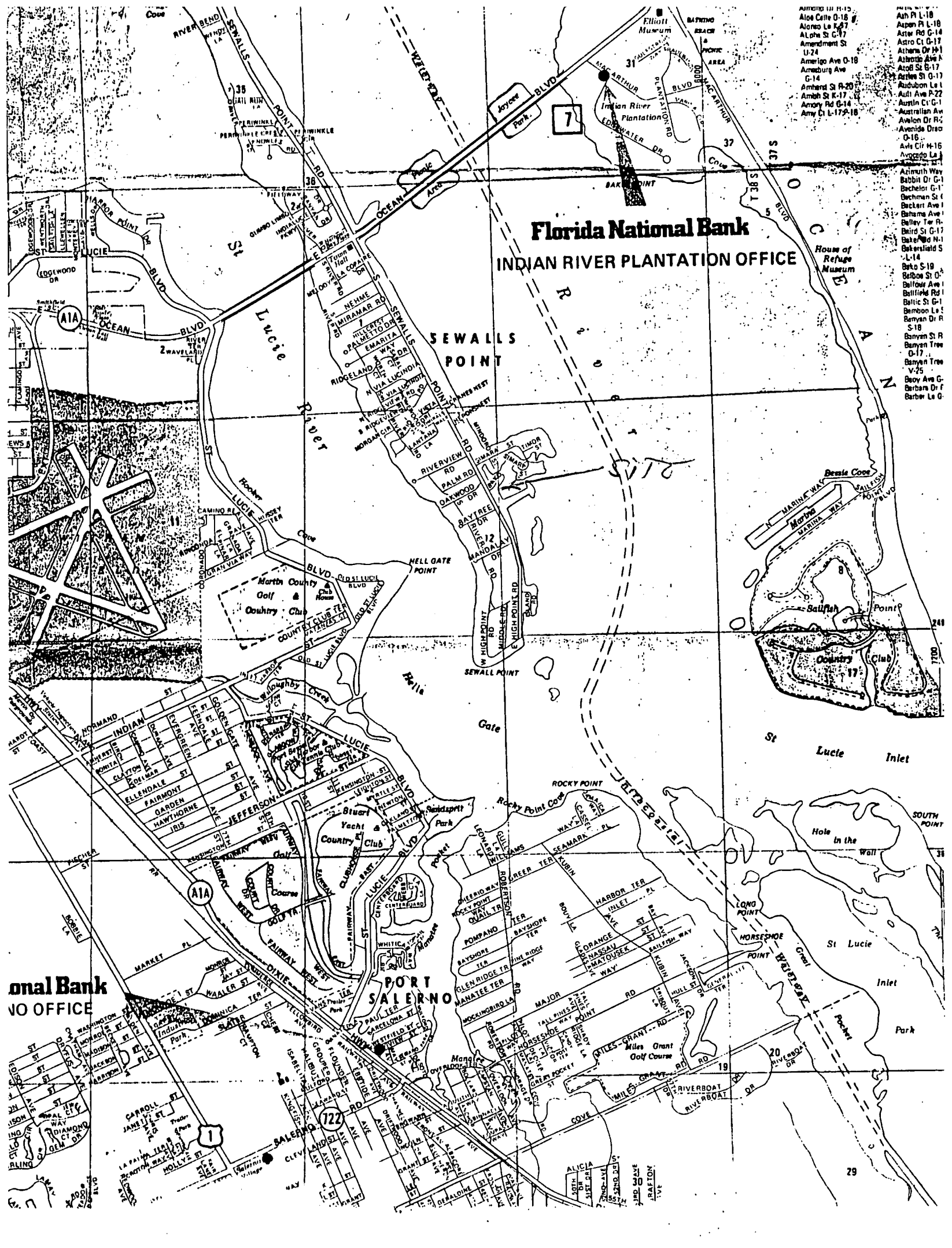
104'
N.T.S.
SEWALL'S POINT ROAD

DOCK LOCATION
GLEN MULCAHY
138 S. Sewalls Pt. Rd.
STUART, FL. 33494
1-7-87



DOCK SECTION
1/4" = 1' 0"

TIE PILING



- Almond Ln H-15
- Alco Cde O-16
- Alcorno Ln L-17
- Alphe St G-17
- Amendment St
- Amherst St R-20
- Amory Rd G-14
- Army Ct L-17-18
- Ash Pl L-18
- Aspen Pl L-18
- Aster Rd G-14
- Astro Ct G-17
- Athens Dr H-1
- Atlanta Ave A
- Atoti St B-17
- Barber St G-17
- Barlowe Ln L
- Autli Ave P-22
- Austin Ct G-1
- Australian Av
- Avon Dr R
- Avenida Drac
- O-16
- Avis Ct H-16
- Avocado La
- Avonwood Dr
- Babbitt Dr G-1
- Bechelet G-1
- Beckman St
- Belcher Ave
- Bellevue Ter
- Baird St G-17
- Baker Rd N-1
- Bakersfield S
- L-14
- Beko S-19
- Belboe St O-5
- Balfour Ave
- Balfield Rd
- Baltic St G-1
- Bamboo Ln S
- Banyan Dr R
- S-18
- Banyan St R
- Banyan Tree
- O-17
- Banyan Tree
- V-25
- Bay Ave G
- Barber Dr F
- Barber La G

Florida National Bank
INDIAN RIVER PLANTATION OFFICE

SEWALLS POINT

PORT SALERNO

onal Bank
NO OFFICE

2288

FENCE

Permit No. _____

Date _____

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

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

Owner Glenn ^{Trenno} Mulcahy Present Address 138 S Sewalls Pt.

Phone 287-8146

Contractor Same Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: To Build a fence across The end of the

driveway turnaround and then along the pool deck to the Garage

State the street address at which the proposed structure will be built: install service dr. in place of garage fence Height 5'6"6"

138 S Sewalls Pt Rd.

Subdivision Archipelago Lot number 2 Block number _____

Contract price \$ 200.00 Cost of permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor _____

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 Glenn E. Mulcahy

TOWN RECORD

Date submitted _____ Approved: Doh Ben Building Inspector Date _____

Approved: _____ Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

1. also

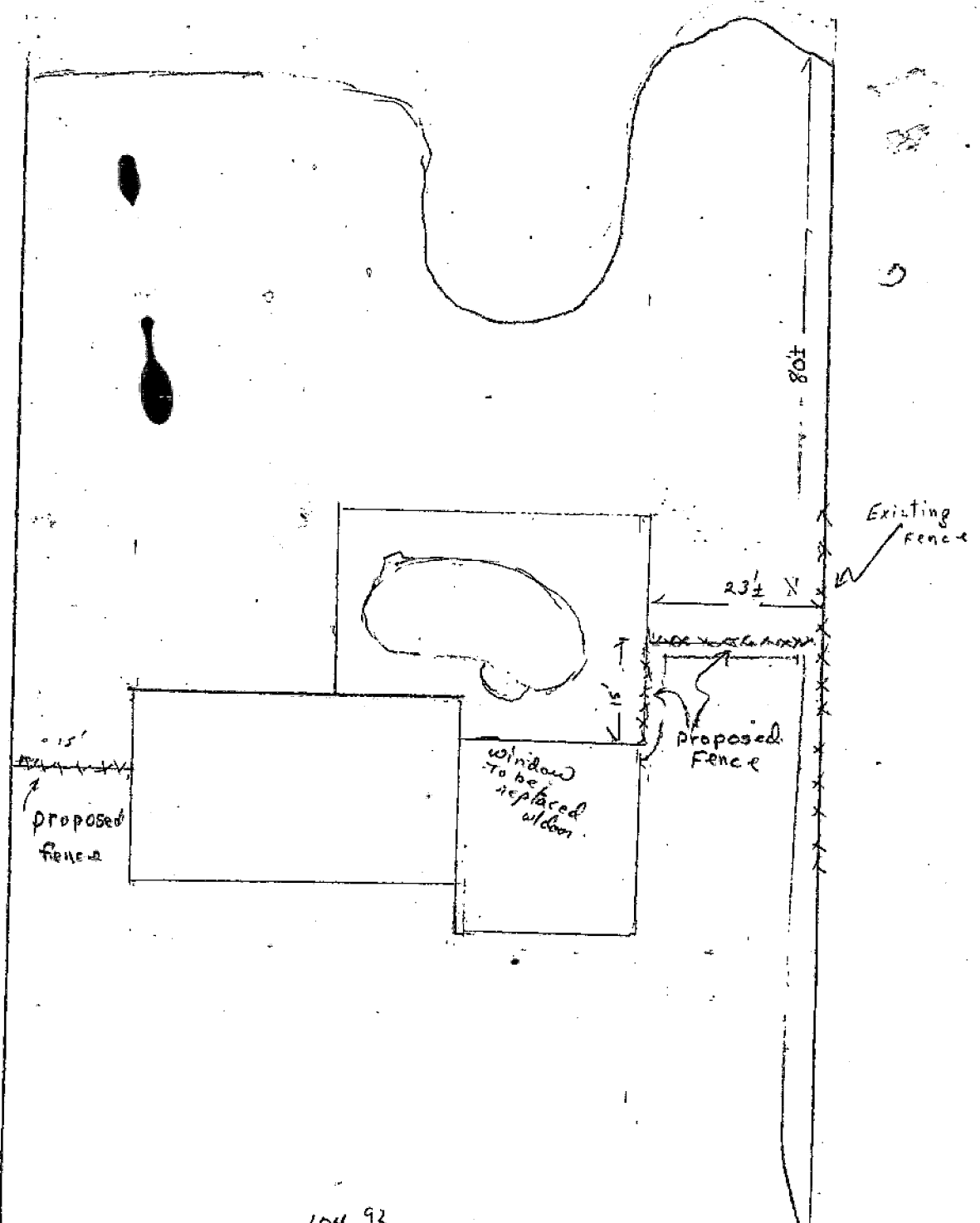
1. wish to - Replace window w/ Stone dr.

2. install basketball post & goal.

W 75

Lot # 2 of the Archipelago

Canal



138 St Sewalls Pt Rd

3183

RETAINING WALL

CAP

TAX FOLIO NO. _____ Date _____

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

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

Owner: Glenn & Twenna Mulcahy Present Address 138 S. Sewalls Pt Rd

Phone 287-8146

Contractor Same Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Place 4x8" Cap on Cement Retaining Wall.

4 face. Rail Road ties with Pressure Treated lumber.

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

138 S. Sewalls Pt Rd.

Subdivision Archipelago Lot number 2 Block number _____

Contract price \$ 200.00 Cost of permit \$ 24.00

Plans approved as submitted Plans approved as marked _____

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

Contractor Glenn E. Mulcahy

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 Glenn E. Mulcahy

TOWN RECORD

Date submitted 5/20/92 Approved: Dale Brown 5/20/92
Building Inspector Date

Approved: _____ Final Approval given: 5/20/92
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. 3183

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

5375

REROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 5/11/01

BUILDING PERMIT NO. 5375

Building to be erected for GLENN MULCANNY

Type of Permit REROOF (MTL)

Applied for by J.A. TAYLOR ROOFING INC.

(Contractor)

Building Fee _____

Subdivision ARCHIBLAGO

Lot 2

Block _____

Radon Fee _____

Address 138 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

13-38-41-001-000-00020-20000

Plumbing Fee _____

Amount Paid \$120.00

Check # 19236 Cash _____

Roofing Fee \$120.00

Other Fees (_____)

Total Construction Cost \$ 7,850.00

TOTAL Fees \$120.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Inspector OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE 6/27/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

STAFF REPORT SUBMITTED
BY: SA (4/25)
RECEIVED
APR 20 2001
GOLBY

APR 18 01 04:43

P. 01

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

Bldg. Permit Number: _____

Owner or Titleholder's Name Glenn Mulcahy Phone No. (E.C.) 287-9146
Street 138 S. Sewalls Point Rd. City Stuart State: FL Zip 34996
Legal Description of Property: Fishermans Cove Sec. 2 Phase 1 Lot 96
Parcel Number: 40.38410030000096.140000

Location of Job Site: 138 scwalls point Rd.
TYPE OF WORK TO BE DONE: Install S-V-Crimp Roof system

CONTRACTOR/Company Name: J.A. Taylor Roofing Phone No. (S.G.) 466-4040
Street: 302 Melton Dr City St. Pierce State: FL Zip 34982
State Registration: _____ State License: CCC 059019

ARCHITECT: _____ Phone No. () _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone No. () _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ _____
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)
[Signature]
State of Florida, County of: _____ On this the _____ day of _____, 2000, by _____ who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required)
J.A. Taylor Roofing Inc.
Contractor
State of Florida, County of: _____ On this the _____ day of _____, 2000, by _____ who is personally known to me or produced as identification.

Notary Public
My Commission Expires: _____
(Seal)

Notary Public
My Commission Expires: _____
(Seal)



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

RECEIVED Bldg Permit Number: 5375
 MAY - 9 2001
 Owner: Glenn Mulcahy Phone No. (561) 2878146
 Street: 138 S. Sewalls Point Rd City: St Lucie State: FL Zip 34996
 Legal Description of Property: Lot 2 Archipelago
 Parcel Number: 133841001000002020000

Location of Job Site: 138 Sewalls Point Rd.
 TYPE OF WORK TO BE DONE: Install S-V Crimp Roof system

CONTRACTOR/Company Name: J.A. Taylor Roofing Inc. Phone No. (561) 466 4040
 Street: 302 Melton Dr. City: Ft Pierce State: FL Zip 34982
 State Registration: _____ State License: CCC 057019

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 7850.00 ✓
 Estimated Fair Market Value (FMV) prior to improvement: \$ 39717.00 ✓
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
 Method of determining Fair Market Value: Property Appraiser Tax Roll Info. (LD NOT)

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)
Glenn E. Mulcahy
 Owner
 State of Florida, County of: St Lucie On this the 3 day of May, 2006,
 by Glenn Mulcahy who is personally known to me or produced _____ as identification.

Margaret Greene
 Notary Public

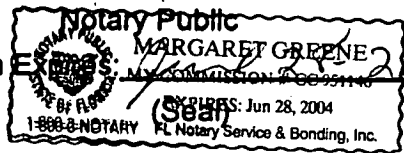
My Commission Expires: June 28 - 2004



CONTRACTOR SIGNATURE (Required)
Terance Magee
 Contractor
 State of Florida, County of: St Lucie On this the 3 day of May, 2006,
 by Terance Magee who is personally known to me or produced _____ as identification.

Margaret Greene
 Notary Public

My Commission Expires: June 28 - 2004



TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____

Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
- 8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

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 COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official:  Date: 5/16/01

Approved by Town Engineer _____ Date: _____
(If required)

PERMIT# _____

TAX FOLIO #

13384100 10000002020000

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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):

Lot 2 Arch: Petroco

GENERAL DESCRIPTION OF IMPROVEMENT: Install S-V Roof system

OWNER: Glenn Mulcahy

ADDRESS: 138 S Sewalls point Rd

PHONE#: _____

FAX#: _____

CONTRACTOR: J. A. TAYLOR ROOFING, INC.

ADDRESS: 302 MELTON DRIVE FORT PIERCE, FLORIDA 34982

PHONE#: (561) 466-4040

FAX#: (561) 468 -8397

SURETY COMPANY (IF ANY): NA

ADDRESS: _____

PHONE#: _____

FAX#: _____

STATE OF FLORIDA
MARTIN COUNTY

BOND AMOUNT: _____

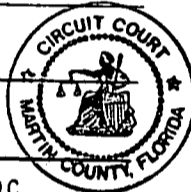
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

LENDER: NA

MARGA EWING, CLERK

ADDRESS: _____

BY [Signature] D.C.
DATE 4-20-01



PHONE#: _____

FAX#: _____

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

NAME: _____

ADDRESS: _____

PHONE#: _____

FAX#: _____

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

PHONE#: _____

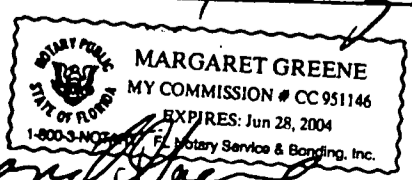
FAX#: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 18 DAY OF April
2001
2000, BY Glenn Mulcahy



[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR WG
JATAY-1

DATE (MM/DD/YY)
01/03/01

PRODUCER
HARBOR INSURANCE AGENCY
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309
Phone: 561-461-6040 Fax: 561-460-2315

COPY FILE
Handwritten signature
FILE

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

J A Taylor Roofing Inc
302 Melton Drive
Fort Pierce FL 34982

INSURER A: Transcontinental Insurance Co
INSURER B: Transportation Insurance Co
INSURER C: FCCI Insurance Group
INSURER D:
INSURER E:

RECEIVED
JAN - 9 2001

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | C144610052 | 01/01/01 | 01/01/02 | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" 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 | C2023169942 | 01/01/01 | 01/01/02 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 |
| | | | | | 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 EA ACC AGG \$ |
| B | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | C1078976671 | 01/01/01 | 01/01/02 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | AGGREGATE \$ 1,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 001WC00A46147 | 05/19/00 | 05/19/01 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| B | OTHER Comp. Ded. - \$250 Coll. Ded - \$500 | C2023169942 | 01/01/01 | 01/01/02 | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SEWAL-1

Town of Sewalls Point
Fax: 561 220 4765
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.

K John Shockley

Handwritten signature: K. John Shockley / mm

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST. INDUSTRY LICENSING BOARD

| | | |
|------------|--------------|-------------|
| DATE | BATCH NUMBER | LICENSE-NBR |
| 06/30/2000 | 09902396 | CC-C057019 |

The **ROOFING CONTRACTOR**
 named below **IS CERTIFIED**
 Under the provisions of Chapter 489
 Expiration date: **AUG 31, 2002** FL.

FILE
Heffner

RECEIVED
 MAY 1 1 2001
 BY: *[Signature]*

MAGER, TERRENCE JOHN
J A TAYLOR ROOFING INC
1062 S.W. WILLOW LANE
PALM CITY FL 34990

JEB BUSH
GOVERNOR

CYNTHIA A. HENDERSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

ALL LICENSES MUST BE POSTED IN A CONSPICUOUS PLACE
 (CERTIFICATE OF REGULATION NEED NOT BE POSTED)
 GENERALLY THE SOLE REQUIREMENT TO OBTAIN A LICENSE
 IS THE PAYMENT OF THE REQUIRED TAX. ISSUANCE DOES
 NOT MEAN THE USE AT THE BUSINESS ADDRESS IS LEGAL.

TERM: OCTOBER 1, 2000 TO SEPTEMBER 30, 2001



CITY OF LAKE WORTH

7 NORTH DIXIE HIGHWAY
 LAKE WORTH, FLORIDA 33460 3787
 (PHONE) 561 586-1648

PHONE NO. (561) 466-4040
 BUSINESS ADDRESS J A TAYLOR ROOFING INC
 302 MELTON DRIVE
 FORT PIERCE FL 34982

CATEGORY

MAILING ADDRESS J A TAYLOR ROOFING INC
 302 MELTON DRIVE
 FORT PIERCE, FL 34982

FEE \$

[Signature]

NON-TRANSFERABLE

2000-2001

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1761-00930004
 EXPIRES SEP 30, 2001

FACILITIES OR MACHINES
 TYPE OF BUSINESS
 ROOMS SEATS EMPLOYEES 11-20

1761 ROOFING CONSTRCTOR

BUSINESS LOCATION 302 MELTON DRIVE
 C - ST LUCIE COUNTY

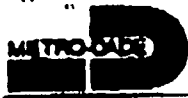
X RENEWAL NEW LICENSE TRANSFER- ORIGINAL TAX 18.00

NAME MAILING ADDRESS
MAGER, TERRENCE AFFIL
J A TAYLOR ROOFING INC
MAGER, TERRENCE
302 MELTON DRIVE
FORT PIERCE FL 34982
CC C057019

AMOUNT PENALTY COLLECTION COST TOTAL 18.00

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME,
 CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS
 LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION

SUBJECT TO SUSPENSION OR REVOCATION IN ACCORDANCE WITH ORDINANCES OF SAID COUNTY.
 PAID PAID D J CONRAD, TAX COLLECTOR
 8/22/00 4:09PM
 2000 1761-00930004



METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Company, Inc.
11801 Industry Drive
Jacksonville, Florida 32218

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

Your application for Product Approval of:


"S-V Crimp" Metal Roofing Panels

under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

This approval shall not be valid after the expiration date stated below. The Building Code Compliance Office 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, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code.

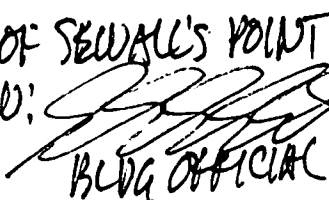
The expense of such testing will be incurred by the manufacturer.

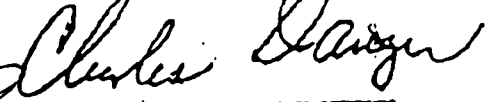
ACCEPTANCE NO.: 98-0429-09 Renew & Revises: 97-0404-05
EXPIRES: 06/23/01


Paul Rodriguez
Product Control Supervisor

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

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

5/9/01 TOWN OF SEWALL'S POINT
REVIEW: 
BLDG OFFICIAL


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 06/23/98

FILE TOWN COPY
138 S. SEWALL'S POINT RD

PN 5375

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Fri Sat Sun, 2001; Page of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|--------------------------------|-----------|---|
| ✓ 500 | Bercaw | Roof | In progr. | Need new specs |
| ✓ 6 | 11 Rivercrest Ct. Rena | (In Progress) | | for Entegra ties INSPECTOR: J 5/14/01 |
| ✓ 5302 | Nohej | Slab | Passed | |
| ✓ 4 | 6 Ridgeview Ron Raymond Condo | | | INSPECTOR: J 5/14/01 |
| ✓ 5255 | Nohej (O/B) | Slab (Patio) | | late |
| ✓ 3 | 18 SW Via Lucinda Ron Raymond Condo | (PORCH ADD'N) | resched | water 5/16 INSPECTOR: J 5/14/01 |
| ✓ 5315 | MOLCANY | STEERING | Passed | |
| ✓ 5 | 122 S. STANLEY HILL RD J.A. TAYLOR RFG (STEVE) | 216-3000 | | INSPECTOR: J 5/14/01 |
| ✓ 5351 | JORDAN | POOL SLAB - FORM BOARD | Passed | SURVEY NOT REQUIRED |
| ✓ 3 | 12 CASTLE HILL WAY CONNERY CONC. | | | INSPECTOR: J 5/14/01 |
| ✓ 5159 | BRENT | FINAL - BLDG. | Fail * | 810 485977 |
| ✓ 1 | 6 KNOWLES ROAD O/B | (INT. AC) ELEC. PLUMB. | resched. | El. incomplete INSPECTOR: J 5/14/01 |
| T/R | POTTER | FIXED INSP. | VERIFIED | PN 0441 5/14/01 |
| ✓ 7 | 4 PERIWINKLE CIR. SHANE'S TREE SERVICE | (ARTER FACT - BRAZ. PEPPER) | | "W/SL FEB" IN LHD OF FILE INSPECTOR: J |

OTHER: # 8¹⁵ has locked ✓

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|--------------------------------|---------|---|
| ✓ 5315 | MULCAHY | TIE RM/COL | Passed | |
| S ⑦ | 1325 SEWALL'S POINT RD. J.A. TAYLOR RFG. | | | INSPECTOR: [Signature] 5/18/01 |
| ✓ 5378 | COMBS | SHEATHING | Passed | LATE AM |
| S ⑥ | MAUDALAY ISLAND CAPPS & HUNT RFG. | | | INSPECTOR: [Signature] 5/13/01 |
| ✓ 5345 | BAROD | SLAB (ADDN) | Passed | FORWARD SURVEY RCVD. ✓ |
| N ⑤ | 25 FIELDWAY DR. O/B (223-7162) | | → | REQUIRE COMP. TEST FOR STEP INSPECTOR: [Signature] 5/18/01 |
| ✓ 5262 | MUSSO | RF. SHEATHING | Passed | |
| S ④ | 185. RIVER ROAD HARRY BLUE (201-9111) | Tie down/archers | | INSPECTOR: [Signature] 5/13/01 |
| ✓ 5324 | HECKENBERG | TIE RM/COL (PERIMETER WALL) | Passed | VERIFY WALL HGT. COMPL. after backfill < 7' ✓ |
| N ① | 5 LAGOON ISLAND CT. O/B | | | INSPECTOR: [Signature] 5/18/01 |
| T/R | LUTZ | FIELD VERIF. | Passed | Dead Tree |
| S ③ | 6 RIVERVIEW DR O/B | | | INSPECTOR: [Signature] 5/18/01 |
| T/R | CLEMENTS | FIELD VERIF. | Passed | NEW CONST. |
| S ⑤ | 11 W. HIGHPOINT MOLTER & SON | | | INSPECTOR: [Signature] 5/13/01 |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Wednesday Friday, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|---|-------------------|--|
| 5234 | McCartney | E. Frame | Passed | 1100 |
| 10 | 45 W HIGH PT. WILSON | (w. Engineer) Roof Sheeting | Partial | INSPECTOR: J 6/27 |
| 5013 | DENNIS | D-wall screw | Passed | |
| | 16 Ridgeland FL Finest | | | INSPECTOR: J 6/25 |
| 5347 | Andrews | Rip Rap Final | | 202 4154 |
| ④ | 33 N S. PT. Rd. Tropic Marine | | → | no access? Dog!! INSPECTOR: J 6/25 6/27 |
| 4078 | Rimer | Window instal. | Passed | 1000 + |
| 9 | 29 S. River Rd. Low Oen. | | | (some rework) INSPECTOR: J 6/27 |
| 5377 | McCartney | Roof Frame | Passed | |
| ⑥ | 198 S. Simons Rd. Taylor Roofing | | | INSPECTOR: J 6/27 |
| 5400 | HART | FINAL - DOCK | Passed | Dock |
| ⑤ | 61 S. RIVER RD. BELLA MARINE | | Electric | incomplete INSPECTOR: J 6/27 |
| 5344 | HENRY | REROOF - FINAL | Passed | |
| ⑦ | 8 E. HIGH POINT HEATOP REG (DAN 287-0116) | | | INSPECTOR: J 6/27 |

OTHER: _____

8885

GARAGE DOOR



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: | 8885 | DATE ISSUED: | MAY 5, 2008 |
| SCOPE OF WORK: | REPLACE GARAGE DOOR | | |
| CONDITIONS : | | | |
| CONTRACTOR: | AMERICAN PALM BEACH GARAGE DOOR | | |
| PARCEL CONTROL NUMBER: | 133841001000000202 | SUBDIVISION | ARCHIPELAGO - LOT 2 |
| CONSTRUCTION ADDRESS: | 138 S SEWALLS POINT RD | | |
| OWNER NAME: | MULCAHY | | |
| QUALIFIER: | FRED MAFERA | CONTACT PHONE NUMBER: | 283-4566 |

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

| | | | |
|------------------------|-------|------------------------|-------|
| UNDERGROUND PLUMBING | _____ | UNDERGROUND 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.

RECEIVED
DATE: 4/30/08
TOWN OF SEWALL'S POINT

Date: 4/30/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Glenn + Treena Mulcahy Phone (Day) 287-8146 (Fax) Same

Job Site Address: 138 S. Sawalls Pt. Rd. City: Sewalls Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 2, The Archipelago Parcel Number: 13-38-41-001-000-0020-20000

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

Scope of work: Replace garage door w/ a miami Dade approved garage D.

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 1325.
(Notice of Commencement required when over \$2500 prior to first inspection)

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

Is subject property located in flood hazard area? V ___ A9 ___ A8 ___ 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: American Palm Beach garage PR. Phone: 283-4566 Fax: 419-0576

Street: 2201 SE Indian ST. City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Municipality License Number: SPO 1904

PROJECT SUPERINTENDANT: Glenn Mulcahy CONTACT NUMBER: 287-8146

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

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: N/A Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
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.

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

OWNER SIGNATURE (required)
Glenn E. Mulcahy

CONTRACTOR SIGNATURE (required)
Fred Mafera III

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 30th day of April, 2008

This the 30th day of April, 2008

by Glenn E. Mulcahy who is personally known to me or produced PDU# 1140-240-00000

by FRED MAFERA III who is personally known to me or produced PDU# 1140-240-00000

as identification. Valerie Meyer
Notary Public

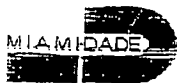
as identification. Valerie Meyer
Notary Public

My Commission Expires: _____

My Commission Expires: _____

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

16X8



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1605
MIAMI, FLORIDA 33130-1553
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

Amarr Garage Doors.
165 Carriage Court
Winston Salem NC 27185

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

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

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

DESCRIPTION: Sectional Garage Door 17' 0" Wide
APPROVAL DOCUMENTS: Drawing No. IRC 9516-169-26, titled "Model 950 Heritage w/DuraSafe Short Panel, Long Panel and Flush Panel", drawn on 03/12/03 and checked on 03/14/03 with no revisions, sheets 1 and 2, prepared by Amarr Garage Doors, signed and sealed by T.L. Sheimerdine, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 32000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance.

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

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

This NOA consists of this page 1 as well as the approval document mentioned above.

The submitted documentation was reviewed by Candice R. Font PE

09/04/03



Building Code
Compliance Office

miamidade.gov



Product Information for N.O.A. 03-0502.04



| | |
|----------------------------------|---------------------------------------|
| NOA | 03-0502.04 |
| Category | Doors |
| Subcategory | Sectional |
| Material | Steel |
| Applicant | Amarr Garage Doors |
| Status | File Approved |
| Expiration_Date | September/4/2008 |
| Impact_Rate | Large and Small Missile Impact |
| Maximum_Design_Pressure_Positive | 45.8 |
| Maximum_Design_Pressure_Negative | 49.3 |
| Description | Model 950D Heritage w/Durasafe 16'x7' |

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E-mail your comments, questions and suggestions to [Webmaster](#)

This page was last edited on: June 25, 2003

Website
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Product Approval Method Method 1 Option B

Date Submitted 07/12/2006

Date Validated 09/05/2006

Date Pending FBC Approval 09/07/2006

Date Approved 10/11/2006

| Summary of Products | | |
|--|-----------------------|--|
| FL # | Model, Number or Name | Description |
| 7152.1 | Heritage (M950) | Dwg. IRC-9509-180-21, Thru 9' wide. |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +51.1 /-60.3 Other: See test Specimens A, B and C1 on test report. Glazing is not available. | | Installation Instructions FL7152 RO II IRC-9509-180-21 dwg.pdf Verified By: American Test Lab, North Test Reports FL7152 RO TR ATL report 0311.01-03.pdf |
| 7152.2 | Heritage (M950) | IRC-9509-169-15, Thru 9' wide. |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +45.3 /-51.2 Other: See test Specimens J, K and L on test report. Glazing is not available. | | Installation Instructions FL7152 RO II IRC-9509-169-15 dwg.pdf Verified By: American Test Lab, North Test Reports FL7152 RO TR ATL report 0311.01-03.pdf |
| 7152.3 | Heritage (M950) | IRC-9516-169-26, Thru 16' wide. |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +45.8 /-49.3 Other: See test Specimens G, H and I on test report. Glazing is not available. | | Installation Instructions FL7152 RO II IRC-9516-169-26 dwg.pdf Verified By: American Test Lab, North Test Reports FL7152 RO TR ATL report 0311.01-03.pdf |

Back Next

DCA Administration
 Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 (850) 487-1824, Suncom 277-1824, Fax (850) 414-8436
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Product Approval Accepts:





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

TABLE 1609.6D

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (z)

| MEAN ROOF HEIGHT (feet) | EXPOSURE | | |
|----------------------------|----------|-----------------|------|
| | B | C | D |
| 15 | 1.00 | 1.21 | 1.47 |
| 20 | 1.00 | 1.29 | 1.55 |
| 25 | 1.00 | 1.35 | 1.61 |
| 30 | 1.00 | 1.40 | 1.66 |
| 35 | 1.05 | 1.45 | 1.70 |
| 40 | 1.09 | 1.49 | 1.74 |
| 45 | 1.12 | 1.53 | 1.78 |
| 50 | 1.16 | 1.56 | 1.81 |
| 55 | 1.19 | 1.59 | 1.84 |
| 60 | 1.22 | 1.62 | 1.87 |

For SI: 1 foot = 304.8mm.

Handwritten calculations in a circle:
 $29.7 \times 1.4 = 41.58$
 $33.1 \times 1.4 = 46.34$

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 4.30.08
 [Signature]
BUILDING OFFICIAL

TABLE 1609.6E

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

| EFFECTIVE WIND AREA | | Basic Wind Speed V (mph - 3 second gust) | | | | | | | | |
|-------------------------|--------------|--|------------|------------|------------|------------|------------|-----------------------|------------|--|
| Width (ft) | Height (ft) | 85 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | |
| Roof Angle 0-10 degrees | | | | | | | | | | |
| 8 | 8 | 10.5 -11.9 | 11.7 -13.3 | 14.5 -16.4 | 17.5 -19.9 | 20.9 -23.6 | 24.5 -27.7 | 28.4 -32.2 | 32.6 -36.9 | |
| 10 | 10 | 10.1 -11.4 | 11.4 -12.7 | 14.0 -15.7 | 17.0 -19.0 | 20.2 -22.7 | 23.7 -26.6 | 27.5 -30.8 | 31.6 -35.4 | |
| 14 | 14 | 10.0 -10.7 | 10.8 -12.0 | 13.3 -14.8 | 16.1 -17.9 | 19.2 -21.4 | 22.5 -25.1 | 26.1 -29.1 | 30.0 -33.4 | |
| Roof Angle > 10 | | | | | | | | | | |
| 9 | 7 | 11.4 -12.9 | 12.8 -14.5 | 15.8 -17.9 | 19.1 -21.6 | 22.8 -25.8 | 26.7 -30.2 | 31.0 -35.1 | 35.6 -40.2 | |
| 16 | 7 | 10.9 -12.2 | 12.3 -13.7 | 15.2 -16.9 | 18.3 -20.4 | 21.8 -24.3 | 25.6 -28.5 | 29.7 -33.1 | 34.1 -38.0 | |

For SI: 1 Square foot = 0.929 Sqm, 1mpg = 0.447 m/s, 1psf = 47.88 N/sqm.

- For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
- Plus and minus signs signify pressures acting toward and away from the building surfaces.
- Negative pressures assume door has 2 feet of width in building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E. for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 138 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.

CAR. DOOR

DOOR BUCK NEEDS TO
SECURED W/ 3/8"
LAG BOLTS W/ 2" MIN
PENETRATION INTO HOUSE
STRUCTURE. 1 1/2" BUCK
WOULD REQUIRE 3 1/2"
LONG LAG BOLTS -

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

DATE: 5/7

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-7, 2008

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|------------------|-----------------|-----------------------------------|
| 8883 | Church | Final | PASS | CLOSE |
| 4 | 8 Island Rd Krauss & Crane | | | INSPECTOR: <i>[Signature]</i> |
| 8882 | Miser | Final | PASS | CLOSE |
| 5 | 21 Island Rd Krauss & Crane | | | INSPECTOR: <i>[Signature]</i> |
| 8822 | Mariano | Final | PASS | CLOSE |
| 2ND | 23 Middle Rd East Coast Spec. | (Screen encl) | | INSPECTOR: <i>[Signature]</i> |
| 8745 | Nelson | 3 tubes | PASS | |
| 6 | 3 Marquenta Nelson Homes (call first 215-4571) | | | INSPECTOR: <i>[Signature]</i> |
| 8804 | Harte | pad-slab | PASS | |
| 3 | 3 E High Pt Elec Conby Mike | | | INSPECTOR: <i>[Signature]</i> |
| 8881 | Mulcahy | Final | PASS | INSPECTOR: [Signature] |
| 8885 | 138 S Sewalls | garage door | PASS | |
| 11AM | 11 Palm Beach Garage | | | INSPECTOR: <i>[Signature]</i> |
| 8872 | Bean | dry-in | PASS | |
| 8 | 112 S Sewalls WB | sheathing | PASS | INSPECTOR: <i>[Signature]</i> |
| OTHER: _____ | | | | |
| | | | | |
| | | | | |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-12, 2008

Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---------------------------------------|-------------------------------|-----------------|---|
| 8589 | Hardin | rough plumbing | PASS | |
| 2 | 275 River Rd Stratton | rough gas | PASS | INSPECTOR: <i>[Signature]</i> |
| 8848 | Nobels | Footer | | |
| 3 | 26 W High Pt Vincent Montalto | | PASS | INSPECTOR: <i>[Signature]</i> |
| 8684 | Harte | UG electric | | |
| 4 | 3 E High Pt Elec Con by Mike | | PASS | INSPECTOR: <i>[Signature]</i> |
| 8835 | 11 AM | 138 S Sewallo | PASS | CLOSE |
| 11 AM | 138 S Sewallo Am Palm Beach Garage | garage door | PASS | INSPECTOR: <i>[Signature]</i> |
| 8813 | Galford | Final - | | |
| 1 | 8 S Sewallo Pt Peel Fence | fence | PASS | CLOSE INSPECTOR: <i>[Signature]</i> |
| 8820 | Dechane | Temp Elec Pole | | |
| | 64 N River Tmc | | PASS | E. MAIL FPL INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | 30 FIELDWAY | <u>NO</u> RELOCATE ONLY | | |
| | CONVEN " RR | BRASILIAN POP PENS | | INSPECTOR: |
| OTHER: | | | | |
| 6851 | Deberian | Final - | | CLOSE |
| | 3725 SE Ocean Caliber | Mid Fire Marshall approval | | <i>[Signature]</i> |

8900

STORM PANELS,
IMPACT WINDOWS,
SLIDING DOORS



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: | 8900 | DATE ISSUED: | MAY 14, 2008 |
| SCOPE OF WORK: | STORM PANELS TO FRONT & SIDE DOORS, REMOVE & REPLACE 12 WINDOWS & 5 SLIDERS | | |
| CONDITIONS: | | | |
| CONTRACTOR: | ANCHOR SCREENS | | |
| PARCEL CONTROL NUMBER: | 133841001000000202 | SUBDIVISION | ARCHIPELAGO - LOT 2 |
| CONSTRUCTION ADDRESS: | 138 S SEWALLS POINT RD | | |
| OWNER NAME: | MULCAHY | | |
| QUALIFIER: | GENEVIEVE JACKSON | CONTACT PHONE NUMBER: | 335-1471 |

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

| | | | |
|------------------------|-------|------------------------|-------|
| UNDERGROUND PLUMBING | _____ | UNDERGROUND 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.

RECEIVED
DATE: 4-30-08
TOWN OF SEWALL'S POINT

Date: 4/17/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Glenn + Trena Mulcahy Phone (Day) 287-8146 (Fax) _____

Job Site Address: 138 S. Sewalls Point Road City: Sewalls State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Archipelago Lot 2 Parcel Number: 13-38-41-001-000-0020-2

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

Scope of work: Remove + Replace Storm Panels to favor 12 windows + 5 Sliders with impact

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ _____
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 AB 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***

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

CONTRACTOR/Company: Anchor Screens Inc. Phone: 335-1471 Fax: 337-9991

Street: 2125 S.E. Haalow St City: Port St Lucie State: FL Zip: 34996

State Registration Number: SC085666 State Certification Number: SC085666 Municipality License Number: _____

PROJECT SUPERINTENDANT: Genny Tim Jackson CONTACT NUMBER: 201-4700 478-595-6333

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Bulld, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessability Code: 2004 Florida Fire Prevention Code 2004

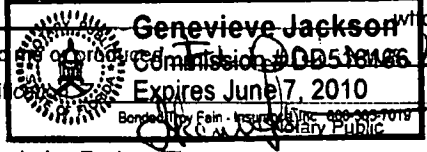
NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .6.
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.

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

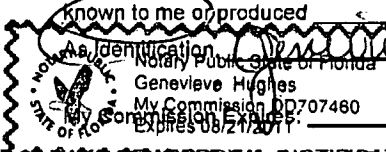
OWNER SIGNATURE (required)
Glenn E. Mulcahy
State of Florida, County of: MARTIN
This the 16th day of April, 2008

by Genevieve Jackson who is personally known to me or produced as identification Commission # 0057066 license Expires June 7, 2010
My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
Genevieve Jackson
On State of Florida, County of: St Lucie
This the 25 day of April, 2008

by Genevieve Jackson who is personally known to me or produced as identification Commission # 0057066 license Expires June 7, 2010
My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 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!

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-001-000-00020-2

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
Azch: Delago Lot #2 OR 345/595

GENERAL DESCRIPTION OF IMPROVEMENT: Replacement of windows + doors to impact

OWNER NAME: Glenn + Tarena Mulcahy
ADDRESS: 1385 Sewalls Point Road Stuart FL 34996
PHONE NUMBER: 772-287-8146 FAX NUMBER: _____

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

CONTRACTOR: Anchor Screens Inc.
ADDRESS: 2125 S.E. HARLOW ST Fort St Lucie FL 34952
PHONE NUMBER: 772-335-1471 FAX NUMBER: 772-337-9991

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

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

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

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

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES Genny Jackson OF Anchor Screens Inc. TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE NUMBER: 772-335-1471 FAX NUMBER: 772-337-9991

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: 4/17/2009
(EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

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

Glenn E. Mulcahy
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE _____

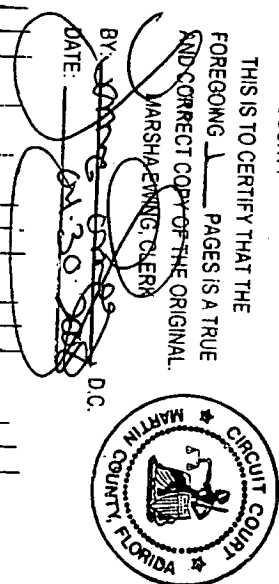
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16 DAY OF April, 2008

BY Glenn Mulcahy AS Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION Fla License
TYPE OF IDENTIFICATION Genevieve Jackson
Commission # DD516166
Expires June 7, 2010
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.06, FLORIDA STATUTES).

Glenn E. Mulcahy
(Signature of Natural Person Signing Above)



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EUNING CLERK
INSTR # 2081484 OR BK 02325 PG 1413 RECD 04/30/2008 02:56:55
MARSHA EUNING MARTIN COUNTY DEPUTY CLERK Y. Gorney



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

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 5.2.08
BUILDING OFFICIAL

WINDOW/DOOR SCHEDULE

| ID NO | APPOX OPENING SIZE (WXH) | DESIGNATION | * TYPE | IMPACT PROTECTION | | REMARKS |
|-------|--------------------------|----------------|--------|-------------------|---------|---------|
| | | | | IMPACT GLASS | SHUTTER | |
| | 37" X 63" | 25 | SH | | X | EXAMPLE |
| 1 | 37x50 | 24 | SH | X | | |
| 2 | 37x50 | 24 | SH | X | | |
| 3 | 37x50 | 24 | SH | X | | |
| 4 | 37x50 | 24 | SH | X | | |
| 5 | 37x50 | 24 | SH | X | | |
| 6 | 37x50 | 24 | SH | X | | |
| 7 | 37x50 | 24 | SH | X | | |
| 8 | 37x50 | 24 | SH | X | | |
| 9 | 37x50 | 24 | SH | X | | |
| 10 | 60x60 | SGD | SGD | X | | |
| 11 | 60x60 | SGD | SGD | X | | |
| 12 | 60x60 | SGD | SGD | X | | |
| 13 | 80x60 | SGD | SGD | X | | |
| 14 | 26x38 | H33 | SH | X | | |
| 15 | 26x38 | H33 | SH | X | | |
| 16 | 26x38 | H33 | SH | X | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | 60x60 | FRONT DOOR | | | X | |
| 20 | 37x38 | #33 23 Kitchen | | | X | |
| 21 | 30x60 | GARAGE | | | X | |
| 22 | 20x60 | GARAGE | | | X | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F. 16 of 17 windows

*PERCENTAGE OF NEW GLAZED AREA: 98 %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwelling; within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing(as per 2004 FBC/ EXISTING BUILDING 507.3.

*** TYPE WINDOWS**

- SH - SINGLE HUNG
- DH - DOUBLE HUNG
- AWN - AWNING
- CAS - CASEMENT
- SL - SLIDING
- FIX - FIXED



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

www.buldingcodeonline.com

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series SH-700 Aluminum Single Hung Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. 4040-20, titled "Alum. Single Hung Window, Impact", sheets 1 through 11 of 11, dated 9/1/05, with revision B dated 11/13/06, prepared by manufacturer, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

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

This NOA revises NOA # 05-1018.01 and consists of this page 1 and evidence pages E-1, E-2 and E-3, as well as approval document mentioned above.

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



RE-SUBMITTAL INCOMPLETE
RE-REVIEW FEE DUE
DATE _____ B.O. _____

NOA No. 07-0322.06

Expiration Date: March 23, 2011

Approval Date: June 07, 2007

Page 1

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries, Inc.
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series "SGD-730" Aluminum Sliding Glass Doors - L.M.I.

APPROVAL DOCUMENT: Drawing No. 4406-1, titled "Alum. Sliding Glass Door, Impact", sheets 1 through 17 of 17, dated 4/15/05 with revision E dated 4/12/06, prepared by manufacturer, signed and sealed by Lucas Andrew Turner, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 05-0526.05 and consists of this page 1 and evidence pages E-1, E-2 and E-3, as well as approval document mentioned above.

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



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

NOA No 06-0523.03
Expiration Date: November 11, 2009
Approval Date: August 3, 2006
Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-28, 2008

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---------------------------------|--------------------------|-----------------|-------------------------------|
| 8872 | Bean | AC vent | PASS | |
| 2 | 112 S Sewalls WD Const | (A/C ROUGH) REINSPECT | | INSPECTOR: <i>[Signature]</i> |
| 8840 | PALTER | FINAL | PASS | CLOSE |
| 5 | 91 S. RIVER EVERGLADES | | | INSPECTOR: <i>[Signature]</i> |
| 8900 | Ninety | mechanical | PASS | |
| 2A | 138 S Sewalls Anchor windows | Windows | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-30, 2008 Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|------------------|---------------------------------|---------------------------------------|-----------------|-------------------------------|
| 8823 | Sebastian | tie down | — | WILL MEET |
| 1 | Low High Pt OB | wind brace (has letter from arch.) | | w/ ARCHITECT |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | 8823 | | | |
| | | | | INSPECTOR: |
| 3853 | Ryan | final- | PASS | CLOSE |
| 3 | 25 N. Ridgemoor Demorest | EXT trim & elec | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| 89100 | Murphy | Final | PASS | CLOSE |
| 2 | 138 S Sewalls Anchor Screens | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| 8820 | Deschane | sheathing | PASS | |
| 7 | 44 N River Rd JMC | tie down TRUSS ENDR | FAIL FAIL | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| 8867 | Geller | gas rough | FAIL | |
| 5 | 10 Palmetto Ken Wendell | UG tank | PASS | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| 8911 | Willis | footing | PASS | |
| 4 | 3 Worth Ct Eric Johnson | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| OTHER: | | | | |

9567

SEAWALL



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: | 9567 | DATE ISSUED: | SEPTEMBER 10, 2010 |
| SCOPE OF WORK: | SEAWALL - IN FRONT OF EXISTING SEAWALL | | |
| CONDITIONS : | | | |
| CONTRACTOR: | LINDEN MARINE | | |
| PARCEL CONTROL NUMBER: | 133841-001-000-000202 | SUBDIVISION | ARCHIPELAGO - L 2 |
| CONSTRUCTION ADDRESS: | 138 S SEWALLS PT RD | | |
| OWNER NAME: | MULCAHY | | |
| QUALIFIER: | MAURICE PETZ | CONTACT PHONE NUMBER: | 545-0012 |

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**

REQUIRED INSPECTIONS

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

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

Date: 9-8-10 **Town of Sewall's Point** Permit Number: 9567
BUILDING PERMIT APPLICATION
 OWNER/TITLEHOLDER NAME: Mulcahy, Glenn Phone (Day) 772 2878146 (Fax) _____
 Job Site Address: 138 S. Sewall's Pt. Rd. City: Stuart State: FL Zip: 34996
 Legal Description: Archipelago Lot 2 Parcel Control Number: 13-38-41-001-000-00020-2
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work (please be specific): Sewall in front of existing seawall (50 lin. ft. +/-)
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: \$ 7425.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7500 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

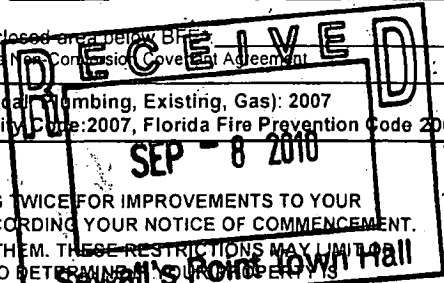
CONTRACTOR/Company: LINDEN MARINE CONSTR. Phone: 772 5450012 Fax: 545-0752
 Street: 2689 SW Trailside Path City: Stuart State: FL Zip: 34997
 State License Number: _____ OR: Municipality: SPO2846 License Number: _____

LOCAL CONTACT: Maurice Petz Phone Number: cell 772 3490727

DESIGN PROFESSIONAL: Paul Welch, PE Lic# 29945 Phone Number: 772 7859888
 Street: 1984 SW Kiltmore St, #114 City: Port St. Lucie State: FL Zip: 34984

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below Base Flood Elevation greater than 300 sq. ft. require a Flood Commission Coverlet Approval

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007
 National Electrical Code: 2005(2008 after 6/1/09) 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. CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO 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)
 OR OWNER LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Glenn E. Mulcahy
 State of Florida, County of: MARTIN
 This the 23 day of AUGUST, 2010
 by Glenn Mulcahy who is personally
 known to me or produced
 as identification. Michelle Nist
 Notary Public
 My Commission Expires: Sept. 08, 2011

CONTRACTOR SIGNATURE: (required)
Maurice Petz
 On _____ day of _____, 20____
 State of Florida, County of: MARTIN
 by Maurice Petz who is personally
 known to me or produced
 as identification. Michelle Nist
 Notary Public
 My Commission Expires: Sept. 08, 2011

NOTARY PUBLIC STATE OF FLORIDA
 Michelle Nist
 Commission # DD688258
 Expires: SEP. 08, 2011
 BONDED THRU ATLANTIC BONDING CO., INC.

NOTARY PUBLIC STATE OF FLORIDA
 Michelle Nist
 Commission # DD688258
 Expires: SEP. 08, 2011
 BONDED THRU ATLANTIC BONDING CO., INC.

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!

Martin.

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-001-000-000 20-2

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 138 S. Sewall's Pt. Rd. Archipelago Lot 2 of 345/595 Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Seawall

OWNER NAME: Glenn Mulcahy ADDRESS: 138 S. Sewall's Pt Rd. Stuart, FL 34996 PHONE NUMBER: _____ FAX NUMBER: _____

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

CONTRACTOR: Linden Marine Construction, Inc. ADDRESS: 2689 SW Traillside Path Stuart, FL 34997 PHONE NUMBER: 772-545-0012 FAX NUMBER: 772-545-0752

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

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

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

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

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

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

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

NOTARY PUBLIC-STATE OF FLORIDA Michelle Hirt Commission # DD688258 Expires: SEP. 08, 2011 BONDED THRU ATLANTIC BONDING CO., INC.

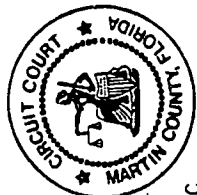
* Glenn E. Mulcahy SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6 DAY OF Sept, 2010 BY: Glenn Mulcahy AS owner FOR self NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN [X] OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____ NOTARY SIGNATURE/SEAL Michelle Hirt

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

* Glenn E. Mulcahy (Signature of Natural Person Signing Above)



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. MARSHA EWING, CLERK DATE 9-7-10

INSTR # 2231389 DR BK 02474 PG 2330 RECD 09/07/2010 11:37:15 AM Pg 2330 (1pg) MARSHA EWING CLERK

Hi, Maurice Sign Out Help

Preview Mail w/ Toolbar

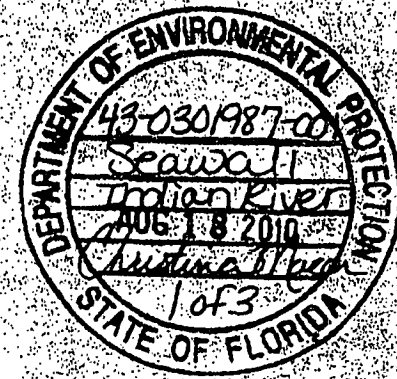
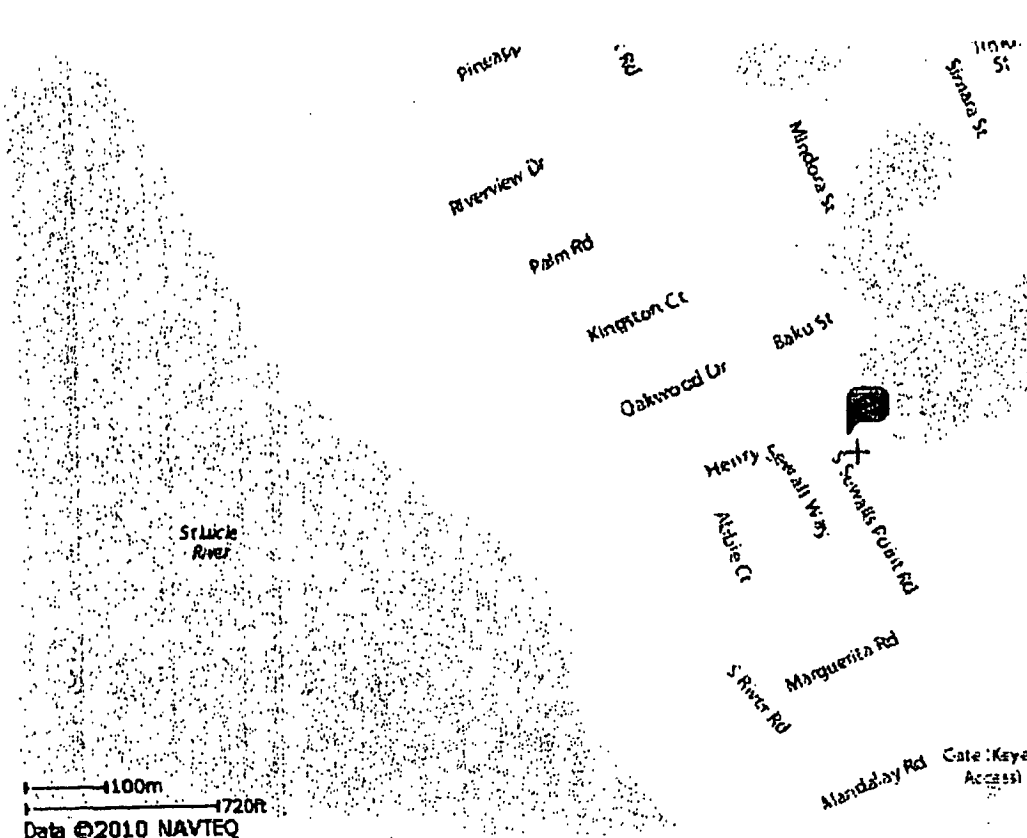
Yahoo!

Mail

Search

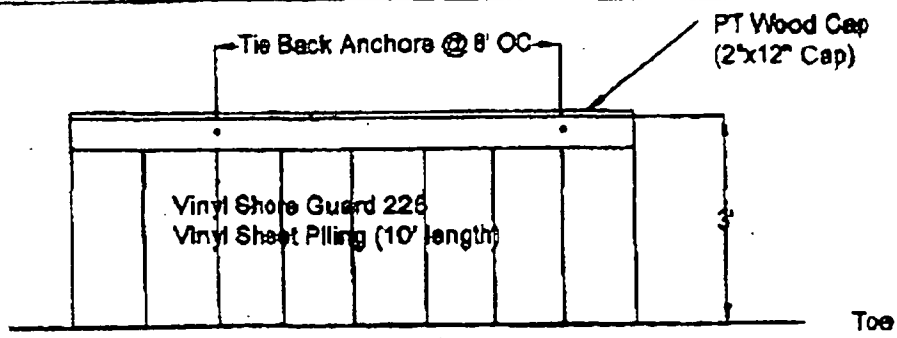
Web Search

YAHOO! LOCAL
MAPS



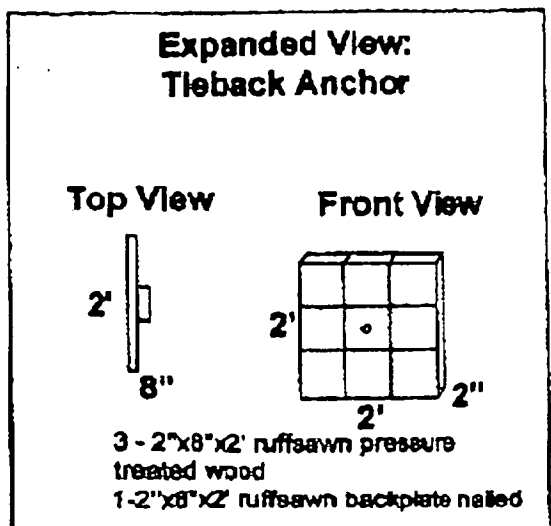
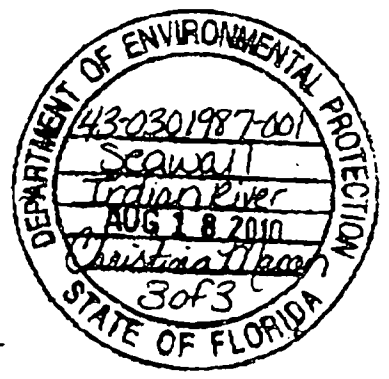
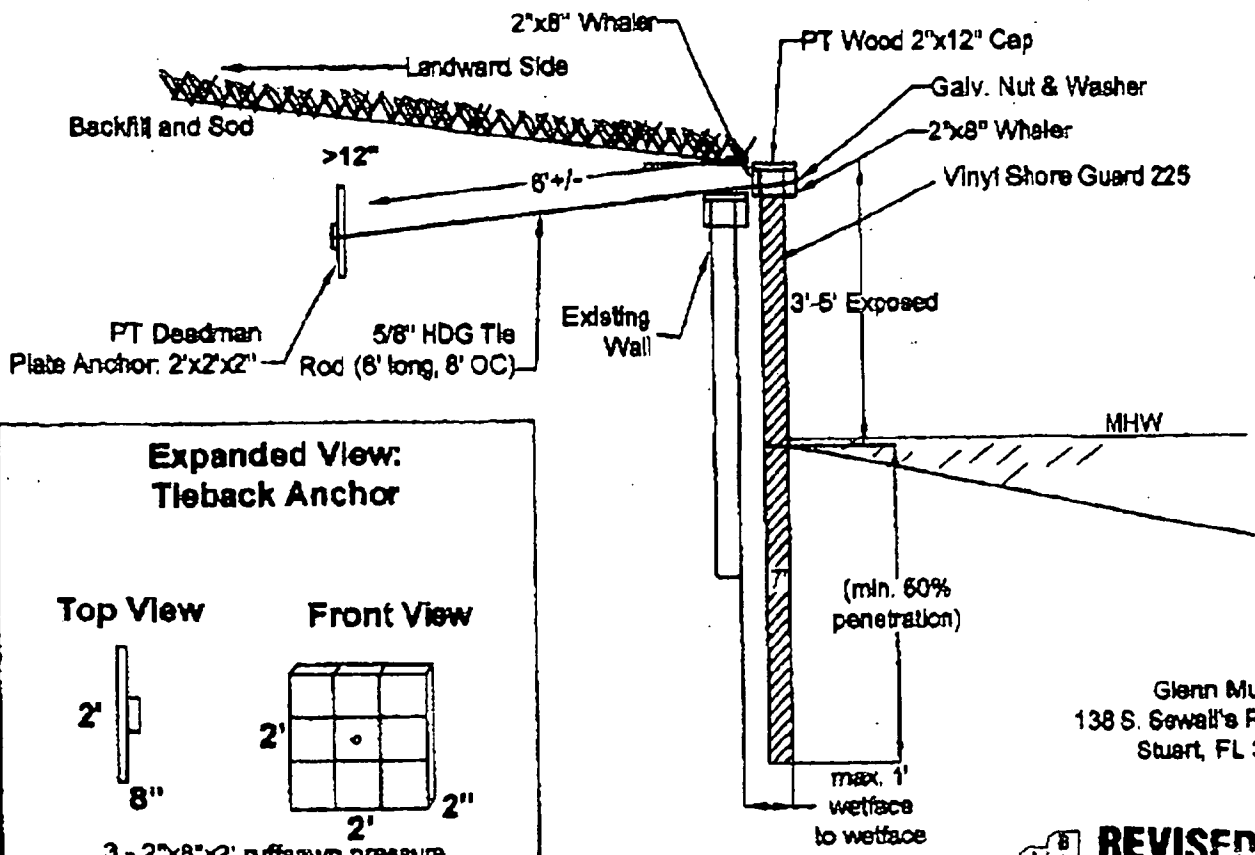
RECEIVED
 JUL 22 2010
 FL DEP. PORT ST. LUCIE

©2010 Yahoo! Inc.



PAUL WELCH INC.
 MECH-ELECT-CIVIL ENG
 1984 FALTMORE ST. #114
 PORT ST. LUCIE, FL 34984
 PAUL WELCH, P.E. F.A. REG NO 29845

[Signature]
 AUG 26 2010



Glenn Mulcahy
 138 S. Sewall's Pt Rd.
 Stuart, FL 34906

REVISED
 08/09/10

RECEIVED
 AUG 28 2010
 Dept. of Environ. Protection
 Port St. Lucie

| | | | |
|-----------|---|--|-----------------------------|
| Plan View | Proposed Vinyl Sea Wall for the Mulcahy Residence | Linden Marine Construction, Inc. (772)545-0012; fax (772)545-0752 | Date: 8/28/10 Scale: DIM |
|-----------|---|--|-----------------------------|

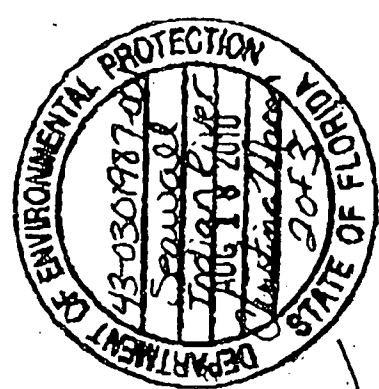
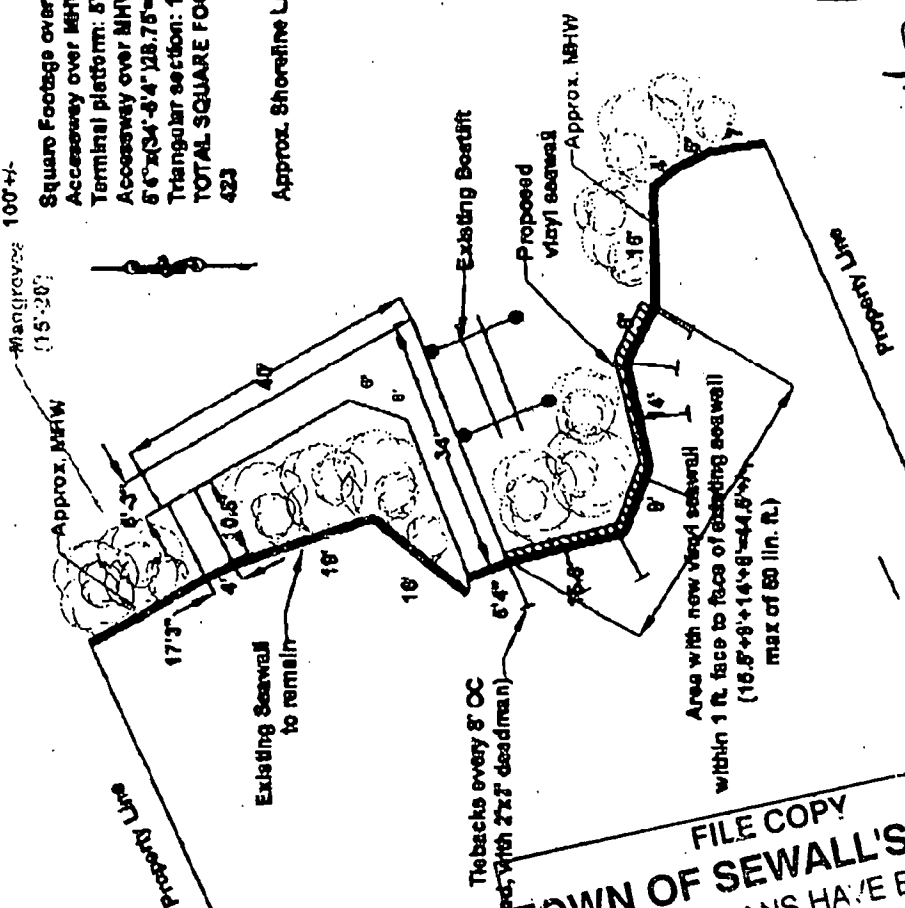
Waterbody:
Canal off of the Indian River
100 +/-

Mangrove
(15'-20')

Approx. MHW

Square Footage over MHW
Accessway over MHW: 4'x10.5'=42 sq. ft.
Terminal platform: 5'3"x40'=210 sq. ft.
Accessway over MHW:
6'6"x34'-8.4"=228.75=163 sq. ft.
Triangular section: 1/2x6'x8'=18 sq. ft.
TOTAL SQUARE FOOTAGE OVER MHW = 423

Approx. Shoreline Length=140'+/-.



[Handwritten signature]

PAUL WELCH INC.
MECH-ELECT-CIVIL ENG
1984 BILTMORE ST. #114
PORT ST. LUCIE, FL 34984
PAUL WELCH, P.E. FLA REG NO 29946

AUG 26 2010

Date:
8/28/10

Linden Marine Construction, Inc.
(772)546-0012; FAX(772)546-0762

Mulcahy Proposed
Seawall

Plan
View

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 9-8-10
[Signature]
BUILDING OFFICIAL



Jack Long, Director
Southeast District Office

AUG 18 2010

Florida Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port Saint Lucie, FL 34952
(772) 398-2806
FAX #(772)398-2815

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Glenn Mulcahy
138 South Sewall's Point Road
Stuart, FL 34996

Re: File No.: 43-0301987-001
File Name: Mulcahy, Glenn

Dear Mr. Mulcahy:

On July 22, 2010, we received your application for an exemption, and on August 12, 2010, the application was complete, to perform the following activities: replace (+/-) 50 linear feet of seawall within 12" waterward of the existing seawall (measured wetface to wetface). The project is located in the Indian River, Class II Waters of the State, adjacent to 138 S. Sewall's Point Road, Stuart (Hanson Grant, Township 38 South, Range 41 East), in Martin County (27° 11' 5.96" North Latitude, 80° 11' 23.45" West Longitude).

Your application has been reviewed to determine whether it qualifies for any of three kinds of authorization that may be necessary for work in wetlands or waters of the United States. The kinds of authorization are (1) regulatory authorization, (2) proprietary authorization (related to state-owned submerged lands), and (3) federal authorization. The authority for review and the outcomes of the reviews are listed below. Please read each section carefully. Your project may not have qualified for all three forms of authorization. If your project did not qualify for one or more of the authorizations, refer to the specific section dealing with that authorization for advice on how to obtain it.

1. Regulatory Review. -EXEMPTION VERIFIED

The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F.S.), Title 62, Florida Administrative Code (F.A.C.), and in accordance with operating agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C.

Based on the information you submitted, we have determined that your project is exempt from the need to obtain a DEP Environmental Resource Permit under Rule 40E-4.051(4)(b), F.A.C.

2. Proprietary Review. -NOT REQUIRED

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (Board of Trustees) and issues certain authorizations for the use of sovereignty submerged lands. The Department has the authority to review your project under Chapters 253 and 258, F.S., Chapter 18-21, F.A.C., and Section 62-343.075, F.A.C.

Your project is located within Board of Trustees Deed #23499(1300-43) and will not occur on sovereignty submerged land. Therefore, pursuant to Chapter 253.77, F.S., authorization from the Board of Trustees is not required.

3. Federal Review (SPGP). -GRANTED

Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the Department and the U.S. Army Corps of Engineers (Corps). The agreement is outlined in a document titled Coordination Agreement between the U.S. Army Corps of Engineers and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NOTICE OF DETERMINATION OF EXEMPTION

The Department of Environmental Protection gives notice that replacement of (+/-) 50 linear feet of seawall within 12" waterward of the existing seawall (measured wetface to wetface) has been determined to be exempt from requirements to obtain an environmental resource permit. The project is located in the Indian River, Class II Waters of the State, adjacent to 138 S. Sewall's Point Road, Stuart (Hanson Grant, Township 38 South, Range 41 East), in Martin County (27° 11' 5.96" North Latitude, 80° 11' 23.45" West Longitude).

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Mediation is not available.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rule 62-110.106(3), F.A.C., petitions for an administrative hearing must be filed within 21 days of publication of the notice or receipt of written notice, whichever occurs first. Under rule 62-110.106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000 prior to the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon. Upon motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect, the Department may also grant the requested extension of time.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that right.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing shall be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

Complete copies of all documents relating to this determination of exemption are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, at the Southeast District Branch Office, 1801 SE Hillmoor Drive, Suite C-204, Port St. Lucie, Florida.

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown on the attached drawings, the proposed project is consistent with the SPGP program. The attached Corps general conditions apply to your project. No further permitting for this activity is required by the Corps.

This exemption verification is based on the information you provided the Department and the statutes and rules in effect when the information was submitted. This verification will expire after one year, and will not be valid at any other time if site conditions materially change, the project design is modified, or the statutes or rules governing the exempt activity are amended. However, the activity may still be conducted without further notification to or verification from the Department after the one-year expiration of this verification, provided: 1) the project design does not change; 2) site conditions do not materially change; and 3) there are no changes to the statutes or rules governing the exempt activity. In the event you need to re-verify the exempt status for the activity after the one-year expiration of this verification, a new application and verification fee will be required. Any substantial modifications to the project design should be submitted to the Department for review, as changes may result in a permit being required. Conditions of compliance with the regulatory exemption are contained in Attachment A.

This letter does not relieve you from the responsibility of obtaining other permits (federal, state, or local) that may be required for the project.

NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

This letter acknowledges that the proposed activity is exempt from ERP permitting requirements under Rule 40E-4.051(4)(b), F.A.C. This determination is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this determination automatically becomes only proposed agency action subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. The procedures for petitioning for a hearing are set forth in the attached notice.

This determination is based on the information you provided the Department and the statutes and rules in effect when the application was submitted and is effective only for the specific activity proposed. This determination shall automatically expire if site conditions materially change or the governing statutes or rules are amended. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required. In any event, this determination shall expire after one year.

Be advised that your neighbors and other parties who may be substantially affected by the proposed activity allowed under this determination of exemption have a right to request an administrative hearing on the Department's decision that the proposed activity qualifies for this exemption. Because the administrative hearing process is designed to re-determine final agency action on the application, the filing of a petition for an administrative hearing may result in a final determination that the proposed activity is not authorized under the exemption established under Rule 40E-4.051(4)(b), F.A.C.

The Department will not publish notice of this determination. Publication of this notice by you is optional and is not required for you to proceed. However, in the event that an administrative hearing is held and the Department's determination is reversed, proceeding with the proposed activity before the time period for requesting an administrative hearing has expired would mean that the activity was conducted without the required permit.

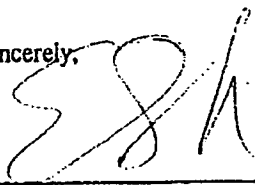
If you wish to limit the time within which all substantially affected persons may request an administrative hearing, you may elect to publish, at your own expense, the enclosed notice (Attachment A) in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place. A single publication will suffice.

If you wish to limit the time within which any specific person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A.

For the purposes of publication, a newspaper of general circulation means a newspaper meeting the requirements of sections 50.011 and 50.031 of the Florida Statutes. In the event you do publish this notice, within seven days of publication, you must provide to the following address proof of publication issued by the newspaper as provided in section 50.051 of the Florida Statutes. If you provide direct written notice to any person as noted above, you must provide to the following address a copy of the direct written notice.

Florida Department of Environmental Protection
Southeast District Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, Florida 34952

If you have any questions, please contact Christina Macon at 772-398-2806, Ex. 140 or by email at Christina.Macon@dep.state.fl.us. When referring to your project, please use the FDEP file name and number listed above.

Sincerely,  8/17/10

Eric M. Shea Date
Environmental Manager
Submerged Lands and Environmental Resources Program

EMS/cm

Enclosures

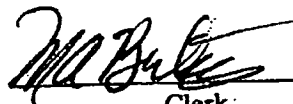
cc: Linda Petz Environmental Consulting, LLC, Linda Petz (agent), linenviron@yahoo.com

CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this permit, including all copies, was mailed before the close of business on 8/18/10, to the above listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under 120.52(7) of the Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

 8/18/10

Clerk Date

GENERAL CONDITIONS FOR FEDERAL AUTHORIZATION FOR SPGP IV

General Conditions

1. The time limit for completing the work authorized ends on September 1, 2011.
2. You must maintain the activity authorized by this permit in good condition and in conformance with the terms and conditions of this permit. You are not relieved of this requirement if you abandon the permitted activity, although you may make a good faith transfer to a third party in compliance with General Condition 4 below. Should you wish to cease to maintain the authorized activity or should you desire to abandon it without a good faith transfer, you must obtain a modification of this permit from this office, which may require restoration of the area.
3. If you discover any previously unknown historic or archeological remains while accomplishing the activity authorized by this permit, you must immediately notify this office of what you have found. We will initiate the Federal and State coordination required to determine if the remains warrant a recovery effort or if the site is eligible for listing in the National Register of Historic Places.
4. If you sell the property associated with this permit, you must obtain the signature and mailing address of the new owner in the space provided below and forward a copy of the permit to this office to validate the transfer of this authorization.
5. If a conditioned water quality certification has been issued for your projects, you must comply with the conditions specified in the certification as special conditions to this permit.
6. You must allow representatives from this office to inspect the authorized activity at any time deemed necessary to ensure that it is being or has been accomplished in accordance with the terms and conditions of your permit.

Further Information:

1. Limits of this authorization.
 - a. This permit does not obviate the need to obtain other Federal, State, or local authorizations required by law.
 - b. This permit does not grant any property rights or exclusive privileges.
 - c. This permit does not authorize any injury to the property or rights of others.
 - d. This permit does not authorize interference with any existing or proposed Federal projects.
2. Limits of Federal Liability. In issuing this permit, the Federal Government does not assume any liability for the following:
 - a. Damages to the permitted project or uses thereof as a result of other permitted or unpermitted activities or from natural causes.
 - b. Damages to the permitted project or uses thereof as a result of current or future activities undertaken by or on behalf of the United States in the public interest.
 - c. Damages to persons, property, or to other permitted or unpermitted activities or structures caused by the activity authorized by this permit.
 - d. Design or construction deficiencies associated with the permitted work.
 - e. Damage claims associated with any future modification, suspension, or revocation of this permit.

3. Reliance on Applicant's Data: The determination of this office that issuance of this permit is not contrary to the public interest was made in reliance on the information you provided.

4. Reevaluation of Permit Decision: This office may reevaluate its decision on this permit at any time the circumstances warrant. Circumstances that could require a reevaluation include, but are not limited to, the following:

- a. You fail to comply with the terms and conditions of this permit.
- b. The information provided by you in support of your permit application proves to have been false, incomplete, or inaccurate (see 3 above).
- c. Significant new information surfaces which this office did not consider in reaching the original public interest decision.

5. Such a reevaluation may result in a determination that it is appropriate to use the suspension, modification, and revocation procedures contained in 33 CFR 325.7 or enforcement procedures such as those contained in 33 CFR 326.4 and 326.5. The referenced enforcement procedures provide for the issuance of an administrative order requiring you comply with the terms and conditions of your permit and for the initiation of legal action where appropriate. You will be required to pay for any corrective measures ordered by this office, and if you fail to comply with such directive, this office may in certain situations (such as those specified in 33 CFR 209.170) accomplish the corrective measures by contract or otherwise and bill you for the cost.

6. When the structures or work authorized by this permit are still in existence at the time the property is transferred, the terms and conditions of this permit will continue to be binding on the new owner(s) of the property. To validate the transfer of this permit and the associated liabilities associated with compliance with its terms and conditions, have the transferee sign and date below.

(TRANSFEREE-SIGNATURE)

(DATE)

(NAME-PRINTED)

(ADDRESS)

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-16 2010 Page 1 of 2

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|-----------------|--|-----------------------------------|-----------------|------------------------------------|
| 9490 | Webb/Klingensmith 2 St Lucie Ct Ranger A/C | Final AC | FAIL | SEE C.N. INSPECTOR <i>JA</i> |
| 9563 | Justak 171 S Sewalls Nislin | Final AC | PASS | LOBE INSPECTOR <i>JA</i> |
| 9545 | Gill 33 Rio Vista Heaton Roofing | Final roof | PASS | Cross INSPECTOR <i>JA</i> |
| 9569 | Aldega 138 S Sewalls Linden Marine | Final AC Ice back | PASS | INSPECTOR <i>JA</i> |
| | 18 Perrinville Ln | overgrowth palm fronds in yard | | INSPECTOR |
| 9540 | O'Brien 36 E High Pt Am B Garage | Final garage door | PASS | <i>JA</i> INSPECTOR CLOBE |
| 9543 | Williams/Below 6 Gumbo Limbo Advanced Concepts | R Pump | PASS | INSPECTOR <i>JA</i> |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-17 2010 Page 1 of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|-----------------|--|---|---------------------|--|
| 9540 | O'Brien 36 E High Pt AmB Garage | Final Garage | See 9/15 | INSPECTOR |
| 9502 | Gill 33 Rio Vista Dr Adams AC | Final AC | Pass | Close INSPECTOR <i>[Signature]</i> |
| 9570 | Botwinick 27 Emarita Cardinal Roofing | Final roof | Pass | Close INSPECTOR <i>[Signature]</i> |
| 9539 | Plantation HOA Hoisting way | Final ELEC lights | Pass | Close INSPECTOR <i>[Signature]</i> |
| 9489 | Hinners 8 Riverview Freedom Homes | insulation FRAMING & TRAPS RE INSPECT | Pass | INSPECTOR <i>[Signature]</i> |
| 9567 | M. O'Brien 1638 S. SEPT RD | FINAL GARAGE | Pass | Close INSPECTOR <i>[Signature]</i> |
| | Lender Marine | | | INSPECTOR <i>[Signature]</i> |
| | | | | INSPECTOR |

10859

REMODEL



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

| | | | |
|------------------------|-----------------------------|-----------------------|------------------|
| PERMIT NUMBER: | 10859 | DATE ISSUED: | 5/12/2014 |
| SCOPE OF WORK: | REMODEL KITCHEN & BATHROOMS | | |
| CONTRACTOR: | BROWNIE CO. | | |
| PARCEL CONTROL NUMBER: | 133841001000000202 | SUBDIVISION | ARCHIELAGO LOT 2 |
| CONSTRUCTION ADDRESS: | 138 S SEWALL'S POINT ROAD | | |
| OWNER NAME: | EBERST | | |
| QUALIFIER: | JAMISON BROWNIE | CONTACT PHONE NUMBER: | 772 260-3799 |

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

Date: April 23, 2014 BUILDING PERMIT APPLICATION Permit Number: 10859

OWNER/LESSEE NAME: Jonathan T. Eberst Phone (Day) 772-215-5737 (Fax)

Job Site Address: 138 S. Sewall's Pt. Rd. City: Sewall's Pt. State: FL Zip: 34996

Legal Description: Archipelago Lot 2 Parcel Control Number: 13-38-41-001-000-00020-02

Fee Simple Holder Name: Jonathan & Anne-Marie Eberst Address: 138 S. Sewall's Pt. Rd.

City: Sewall's Pt State: FL Zip: 34996 Telephone: 772-215-5737

*SCOPE OF WORK (PLEASE BE SPECIFIC): Remodel Kitchen & bathroom

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 normal applications)

Estimated Value of Improvement: 62,500 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

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

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Brownie Co. Phone: 772-260-3799 Fax: 772-460-5650

Qualifiers name: Jamison Brownie Street: 2516 Timberlake Ct City: Jensen Bchs State: FL Zip: 34957

State License Number: CBC 1519413 OR: Municipality: License Number:

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 [Signature] State of Florida, County of: Martin On This the 23 day of April, 2014 by Jon Eberst who is personally known to me or produced As identification.

My Commission Expires: [Signature] Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

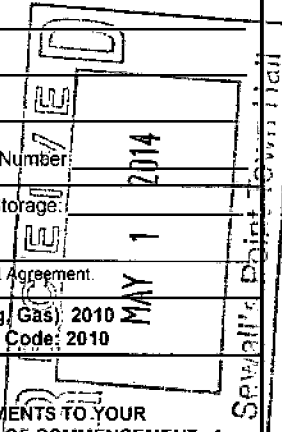
X [Signature] State of Florida, County of: Martin On This the 23 day of April, 2014 by [Signature] who is personally known to me or produced As identification.

My Commission Expires: [Signature] Notary Public

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!

NOTARY PUBLIC-STATE OF FLORIDA Patricia Adamita Commission # EE017125 Expires: AUG. 15, 2014 BONDED THRU ATLANTIC BONDING CO., INC.

NOTARY PUBLIC-STATE OF FLORIDA Patricia Adamita Commission # EE017125 Expires: AUG. 15, 2014 BONDED THRU ATLANTIC BONDING CO., INC.





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

BUILDING PERMIT RECEIPT

| | | | |
|-----------------------|----------------------------------|-----------------------|--|
| PERMIT NUMBER: | 10859 | | |
| ADDRESS: | 138 S SEWALL'S POINT ROAD | | |
| DATE ISSUED: | 5/12/2014 | SCOPE OF WORK: | REMODEL KITCHEN & BATHROOMS |

| | | | |
|---|-----------------------|-----------|---------------------|
| SINGLE FAMILY OR ADDITION /REMODEL | Declared Value | \$ | \$ 62,500.00 |
|---|-----------------------|-----------|---------------------|

| | | | |
|--|----------|-----------|---------------------|
| Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) | | \$ | |
| (No plan submittal fee when value is less than \$100,000) | | | |
| Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f. | | \$ | - |
| Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f. | | \$ | - |
| Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f. | | \$ | - |
| Total Construction Value: | | \$ | \$ 62,500.00 |
| Building fee: (2% of construction value SFR or >\$200K) | | \$ | n/a |
| Building fee: (1% of construction value < \$200K + \$100 per insp.) | | | \$ 625.00 |
| Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp | \$ 11.00 | \$ | \$ 1,100.00 |
| Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min) | | \$ | \$ 25.88 |
| DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.) | | \$ | \$ 25.88 |
| Road impact assessment: (.04% of construction value - \$5 min.) | | | \$ 25.00 |
| Martin County Impact Fee: | | \$ | |
| TOTAL BUILDING PERMIT FEE: | | \$ | \$ 1,801.75 |

| | | | |
|---|------------------------|-----------|----------|
| ACCESSORY PERMIT | Declared Value: | \$ | |
| Total number of inspections: @ \$ 100.00 per insp. # insp | | \$ | - |
| Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min) | | \$ | n/a |
| DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.) | | \$ | n/a |
| Road impact assessment: (.04% of construction value - \$5 min.) | | | n/a |
| TOTAL ACCESSORY PERMIT FEE: | | \$ | - |

*PA 5/19/14
 CC1001*

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/12/2014 12:23:11 PM EDT
Summary

| Parcel ID | Account # | Unit Address | Market Total Value | Website Updated |
|--------------------------|-----------|---|--------------------|-----------------|
| 13-38-41-001-000-00020-2 | 27654 | 138 S SEWALL'S POINT RD, SEWALL'S POINT | \$664,900 | 5/10/2014 |

Owner Information

| | |
|---------------------------|---|
| Owner(Current) | EBERST JONATHON T & AIMEE-MARIE |
| Owner/Mail Address | 138 S SEWALLS POINT RD STUART FL 34996 |
| Sale Date | 4/14/2014 |
| Document Book/Page | 2713 2155 |
| Document No. | 2451124 |
| Sale Price | 735000 |

Location/Description

| | | | |
|-----------------------|---|--------------------------|------------------------------------|
| Account # | 27654 | Map Page No. | SP-05 |
| Tax District | 2200 | Legal Description | ARCHIPELAGO LOT 2 OR 345/595 |
| Parcel Address | 138 S SEWALL'S POINT RD, SEWALL'S POINT | | |
| Acres | .3810 | | |

Parcel Type

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

Assessment Information

| | |
|---------------------------------|-----------|
| Market Land Value | \$540,000 |
| Market Improvement Value | \$124,900 |
| Market Total Value | \$664,900 |



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

Site Provided by...
governmentmax.com 1,13

Summary



Tabs

Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes →

NEW: Navigator

Parcel Map →

Notice of Prop.

Taxes →

| Parcel ID | Account # | Unit Address | Market Value |
|--------------------------|-----------|---|--------------|
| 13-38-41-001-000-00020-2 | 27654 | 138 S SEWALL'S POINT RD, SEWALL'S POINT | \$664,900 |

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Location/Description

| | | |
|-----------------------|---|--------------------------|
| Account # | 27654 | Map Page No. |
| Tax District | 2200 | Legal Description |
| Parcel Address | 138 S SEWALL'S POINT RD, SEWALL'S POINT | |
| Acres | .3810 | |

Parcel Type

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

Searches

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Navigator

Maps →

Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

Assessment Information

| | |
|---------------------------------|-----------|
| Market Land Value | \$540,000 |
| Market Improvement Value | \$124,900 |
| Market Total Value | \$664,900 |

49% = 73,451

124,900
+ 29,980 (20%)

149,902

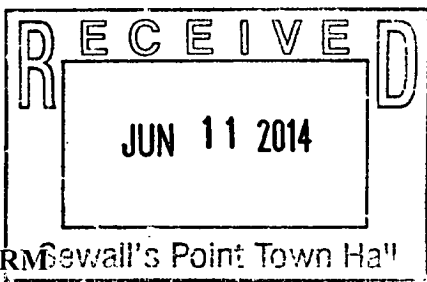
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765



REVISIONS - CORRECTIONS REQUEST FORM Sewall's Point Town Hall
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 6/11/14 PERMIT NUMBER: 10859

JOB ADDRESS: 138 S. Sewalls Point Rd.

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Installing LP

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 1,500.00
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Jamison Browne SIGNATURE: [Signature]

PHONE NUMBER: 772-260-3799 FAX NUMBER: 772-460-5650

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 6-16-14 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: 3.15% @ 1000 Revision review fee: 1 Pages @ \$25.00/Page 25

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 325.00

Applicant notified by: _____ Date: _____

Pd 6/17/14
CK 1016

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P. O. Box 6700
Tallahassee, Florida 32399-6700

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

License Number: 18361

Business Mailing Address

Licensed Location Address

PROPANE SERVICES, INC. DBA ELITE GAS CONTRACTORS
2130 SW POMA DR
PALM CITY, FL 34990-6615

PROPANE SERVICES, INC. DBA ELITE GAS CONTRACTOR
2130 SW POMA DR
PALM CITY, FL 34990-6615

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION: This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P. O. Box 6700
Tallahassee, Florida 32399-6700

Cut Here



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 18361
Expiration Date: August 31, 2014
Date of Issue: September 1, 2013
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

PROPANE SERVICES, INC. DBA ELITE GAS CONTI
2130 SW POMA DR
PALM CITY, FL 34990-6615

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



CERTIFICATE OF LIABILITY INSURANCE

ELITG-1 OP ID: SN

DATE (MM/DD/YYYY)
12/30/13

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

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

| | | |
|---|--|--|
| PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Rick Halcomb, CIC, ARM | Phone: 772-286-4334 Fax: 772-286-9389 | CONTACT NAME: PHONE (A/C, No., Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : United States Fire Ins. Co. 21113 INSURER B : Bridgefield Employers Ins. Co. 10701 INSURER C : INSURER D : INSURER E : INSURER F : |
|---|--|--|

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR INSR | WVVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------------------------|-----------|------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> | | | | 5068718856 | 11/27/13 | 11/27/14 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> | | | | | 5068718856 | 11/27/13 | 11/27/14 |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> | | | | 5237069454 | 11/27/13 | 11/27/14 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| | DED \$ RETENTION \$ | | | | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | | 83040370 | 01/01/14 | 01/01/15 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000 |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | |

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

| | |
|--|--|
| CERTIFICATE HOLDER <p style="text-align: center;">TOWSP-1</p> <p>Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996</p> | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

ACCOUNT 2013-249-0658 CERT _____

PHONE (772) 220-9678 SIC NO. 424710

LOCATION: _____

2130 SW POMA DR PC _____

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **PROPANE SERVICES**

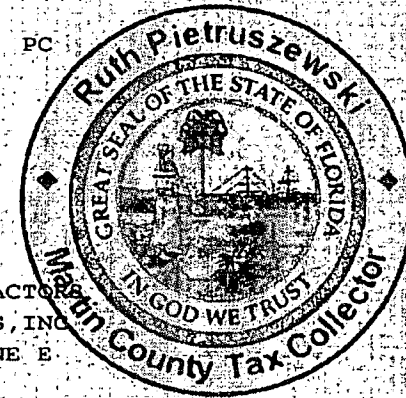
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

07 DAY OF AUGUST 2013

AND ENDING SEPTEMBER 30, 2014

11 2012 30569 0001 26.25 PAID

ELITE GAS CONTRACTOR
PROPANE SERVICES, INC
ELLISON, CHEYENNE E
2130 SW POMA DR
PALM CITY, FL 34990



THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE IF NOT PAID BY OCT. 1; A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER PLUS A 5% PENALTY FOR EACH MONTH
THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY

NOTE -- A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX
RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE
OF BUSINESS.

BROWNIE COMPANIES

Est. 1922

175 BOYD ROAD
FORT PIERCE, FLORIDA 34945

Phone: (772) 460-5660 Fax: (772) 460-5650

E-Mail: INFO@BROWNIECOMPANIES.COM

Web: WWW.BROWNIECOMPANIES.COM

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

This Contract entered into April 23, 2014 by and between:

(Hereinafter referred to as "OWNER") **Jonathon Eberst and Brownie Companies, LLC.**
(Hereinafter referred to as "CONTRACTOR") together the "PARTIES".

Construction Location: 138 S. Sewalls Point Rd., Sewalls Point, FL 34996

Contractor agrees to provide all labor, supervision, materials, equipment, permits and tools necessary to furnish, install and complete the following work, unless noted otherwise:

1. Contractor is to obtain building permit.
2. Contractor is to provide new electrical work and re-work existing electrical as per plan.
3. Contractor is to move existing A/C air handler upstairs and provide new duct-work.
4. Contractor is to provide new plumbing waste lines and supply lines.
5. Contractor is to provide new drywall through out all remodeled areas.
6. Contractor is to install customer supplied cabinets and vanities.
7. Contractor is to supply and install new interior doors and trim work through out the interior.
8. Contractor is to replace two existing sliding glass doors with two new impact resistant French doors.
9. Contractor is to install two new impact resistant windows.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the contract price.

All agreements contingent upon strikes, accidents, acts of God or other delays beyond our control. Owner to carry fire, wind damage and any other insurance deemed necessary.

As consideration therefore, OWNER agrees to pay CONTRACTOR the following amount per the prescribed payment schedule below: \$ 62,500.00

Payment Schedule

| | | |
|-----------------|--|-------------|
| 1 st | Due upon acceptance of this agreement | \$7,250.00 |
| 2 nd | Due upon start of work | \$10,000.00 |
| 3 rd | Due upon drywall completion | \$20,000.00 |
| 4 th | Due upon house being lowered to grade | \$20,000.00 |
| 5 th | Due upon completion and removal of lifting steel | \$5,000.00 |

OWNER/Authorized Acceptance:

Date:

4/23/14

CONTRACTOR/Authorized Acceptance:

Date:

4/23/14

BROWNIE COMPANIES

Est. 1922

175 BOYD ROAD

FORT PIERCE, FLORIDA 34945

Phone: (772) 460-5660 Fax: (772) 460-5650

E-Mail: INFO@BROWNIECOMPANIES.COM

Web: WWW.BROWNIECOMPANIES.COM

TERMS and CONDITIONS

- (1) Contractor is hereby granted a general and continuing lien for all amounts in which Owner shall have agreed to pay Contractor, such lien to become a charge against both the Building and the property to which the Building is intended to be moved or elevated. This contractual lien shall not be considered to be in derogation of any additional liens available to Mover. Contractor is authorized to take such steps, as it shall deem necessary or desirable in order to give such liens its fullest effect.
- (2) In the process of lifting or moving a building there is a substantial risk of cracking or falling plaster or brickwork, and Contractor shall not be responsible for damages to plaster or brickwork or caused to the Building by falling plaster or brickwork. It is expressly agreed that the Contractor shall not be liable for any other damages or injury to the Building except and only to the extent that the Contractor shall have negligently raised, lowered or transported the building. Prior to any work beginning, Contractor will conduct a pre-inspection of premises and fully document any flaws that may be apparent, Contractor not responsible to repair any pre-existing damage or flaws unless specifically stated in this contract.
- (3) Wherever in this contract the context may require the masculine gender shall be deemed to include the feminine or neuter; the singular and plural numbers shall each be deemed to include the other.
- (4) It is agreed that the Terms and Conditions appearing on page two of this Contract are to be considered a part of the contract, as fully if set forth in full at this point.
- (5) The above Contract may be modified or amended in the following respects only and no prior oral or written statement by Contractor shall be considered as binding upon the parties hereto: Brownie Companies, LLC.
- (6) In consideration of the promises made by CONTRACTOR, OWNER agrees:
 - (a) To obtain such written permission as CONTRACTOR deems necessary permitting CONTRACTOR to enter upon real property of others in order to complete its job by the most direct and efficient means, and to hold CONTRACTOR harmless for any trespass, Which CONTRACTOR shall have committed during the entire process of lifting or moving of building.
 - (b) To arrange for the removal at his own expense of any tree, tree limbs, wires or other objects which must, in the sole opinion of CONTRACTOR, be removed before the Building is lifted, transported and lowered, and to replace the same where necessary.
 - (c) To obtain all necessary building permits and to comply with all other municipal, county, state or other governmental regulations or regulations of any utility or public agency.
 - (d) To indicated with sufficient and properly placed stakes, at least four (4) in number, precisely where the building is to be placed, such stakes to be in position when the building is transported to and moved upon its new location. OWNER agrees that such stakes shall not be in option when the building is moved upon new location, CONTRACTOR shall have the right to leave the building wherever CONTRACTOR may deem proper. Further, OWNER agrees that if such stakes shall not have been so places in position and if CONTRACTOR shall have left building at a place unsatisfactory to OWNER, OWNER shall pay CONTRACTOR an additional charge to be specified by CONTRACTOR to cover CONTRACTOR'S costs for moving the building to a position later designated by OWNER. It will also be OWNER'S responsibility to supply a permanent benchmark with finish floor elevation (F.F.E.) for the lifted or moved structure.
 - (e) To pay for the presence of such uniformed police officers during lifting or moving of the building as may be deemed necessary or desirable by CONTRACTOR or required by any governmental regulation, ordinance or law.
 - (f) To pay all cost of collection, whether by legal action or otherwise, including reasonable attorney's fees, which shall not be less than TWO HUNDRED FIFTY AND NO/100 (\$250.00), incurred by CONTRACTOR in collecting any monies due and to become due under the Contract.
 - (g) To fully reimburse and repay CONTRACTOR for all costs incurred by CONTRACTOR in performing any of the obligations assumed by OWNER under this contract.
 - (h) To pay all valorem taxes sales or use taxes, or any other taxes or assessments which may be levied or imposed by any governmental authority by reason of or arising out of the performance of this Contract by CONTRACTOR.
 - (i) To make such preparation at the new location and old locations for the lifting or moving of the building as CONTRACTOR shall request, including, but not limited to, the removal of trees, earth, rocks and other debris, and to hold CONTRACTOR harmless from any loss, damage or injury to property at either location or adjacent to such property at either location occurring during the entire process of lifting or moving the building.
 - (j) To locate and pay for removal or damage to any underground utilities.
 - (k) To pay for any cost of dewatering and solid rock excavation at old or new site.
 - (l) To repair any sidewalks, curbs, or gutters.
 - (m) During the entire lifting or moving process both the old and new sites are designated construction sites. It will be the responsibility of the OWNER to supply the CONTRACTOR with liability insurance and hold harmless agreement for anyone who enters the designated construction site during the entire lifting or moving process.
- (7) At any time prior to the actual lifting or moving of the building CONTRACTOR shall have the right to terminate the Contract without prior notice to OWNER by tendering all amount s therefore received back to OWNER and notifying OWNER that this Contract has been terminated upon such termination, all rights of CONTRACTOR and OWNER and this Contract shall cease and desist and be of not further force and effect as fully as if this Contract has never been entered into. Similarly, OWNER shall have the right to terminate this Contract at any time prior to the actual lifting or moving of the building by notifying CONTRACTOR that this Contract has been terminated; provided however, that upon such termination by OWNER, CONTRACTOR shall be entitled to retain all amounts previously paid by OWNER and OWNER shall waive all his rights to reimbursement of any or all such amounts. With this exception the rights of both parties upon such termination by OWNER shall be as hereinabove set forth.
- (8) In the lifting or moving of any building, if required by CONTRACTOR, that all chimneys and flues be removed to roof level. OWNER agrees, therefore, to remove all chimneys and flues prior to actual transportation of the building and consents to the removal of such by CONTRACTOR, if OWNER shall have failed to remove the same. The cost of replacement of such chimneys and flues shall be borne exclusively by OWNER.
- (9) CONTRACTOR shall not be responsible for any loss suffered by OWNER if its performance is delayed or rendered impossible by any governmental authority, difference with workman, strikes, work, stoppages, inability to obtain labor or materials, or by any cause beyond its control, including, but not limited to, Act of God, floods, fires, storms, act of civil or military authorities, war or insurrections.
- (10) Both because of, it is illegal to transport on public highways a building having a width of more than a designated number of feet, and because it is not feasible to transport certain buildings along a given route without removing certain portions of such buildings, CONTRACTOR reserves the right to remove such portions of the building as it, in its best judgment, deems advisable in order to effect and expedite its performance under this Contract. The costs of replacement of such portions of the building as have been removed shall be exclusively by OWNER.

Initials _____

BROWNIE COMPANIES

Est. 1922

175 BOYD ROAD

FORT PIERCE, FLORIDA 34945

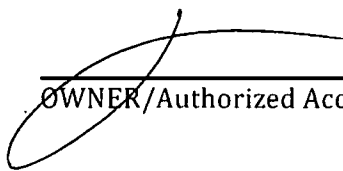
Phone: (772) 460-5660 Fax: (772) 460-5650

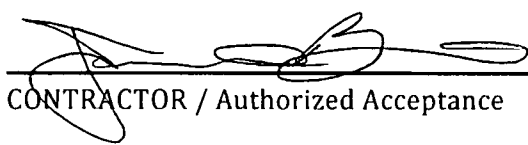
E-Mail: INFO@BROWNIECOMPANIES.COM

Web: WWW.BROWNIECOMPANIES.COM

AS AGREED,

We the duly authorized representative(s) of the aforementioned by signature are in complete agreement with the terms and conditions set forth in this Contract and agree to abide by its making.


OWNER/Authorized Acceptance: _____ Date: 4/23/14


CONTRACTOR / Authorized Acceptance _____ Date: 4/23/14



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Sam Crane

CONSTRUCTION ADDRESS: 138 S Sewall's Pt Rd

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Install recessed cans

VALUE OF CONSTRUCTION \$ _____

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

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

SIGNATURE OF LICENSED CONTRACTOR: Robert S. Crane ADDRESS OF CONTRACTOR: 9897 SW Jack Ings D. Ste 6, Stuart Fla 34997

COMPANY OR QUALIFIER'S NAME: Sam Crane Electric PLEASE PRINT

TELEPHONE NO: 223-8865 FAX NO: 600-5515

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 0001986

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TJ

DATE (MM/DD/YYYY)

05/20/14

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

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

| | | | |
|---|--|--|--|
| PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU, CIC. | | Phone: 772-286-4334 Fax: 772-286-9389 | CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: SAMCR-1 |
| INSURED Sam Crane Electrical, LLC Sam Crane 7897 SW Jack James Dr, Unit G Stuart, FL 34997 | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : Old Dominion Insurance Company | NAIC # 40231 |
| | | INSURER B : Bridgefield Employers Ins. Co. | 10701 |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---------------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | MPG89236 | 06/07/14 | 06/07/15 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 10,000 |
| | <input checked="" type="checkbox"/> Broad Form PD | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> Contractual Liab | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | |
| | AUTOMOBILE LIABILITY | | NOT WITH STUART INSURANCE | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | CUG89236 | 06/07/14 | 06/07/15 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 83038024 | 06/13/13 | 06/13/14 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

| | |
|--|--|
| CERTIFICATE HOLDER <p style="text-align: center;">TOWSP-1</p> Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

AC# 6261525

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L1208100185

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/10/2012 | 128035920 | EC0001986 |

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

CRANE, ROBERT SAMUEL
SAM CRANE ELECTRICAL LLC
7897 SW JACK JAMES DR.
SUITE G
STUART FL 34997

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

ACCOUNT 2011-508-0849 CEB BC0001986

PHONE (772)223-8865 SIC NO 235310

LOCATION:

7897 SW JACK JAMES DR G



CHARACTER COUNTS IN MARTIN COUNTY

| | | | |
|----------|---------------|--------------|-----------------|
| PREV YR. | \$ <u>.00</u> | LIC. FEE | \$ <u>26.25</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>26.25</u> | |

**CRANE, ROBERT SAMUEL
SAM CRANE ELECTRICAL, LLC.
7897 SW JACK JAMES DRIVE, UNIT G
STUART, FL 34997**

IS HEREBY LICENSED TO ENJOY IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **STATE CERT. ELECTRICAL CONTR.**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF SEPTEMBER 2013
AND ENDING SEPTEMBER 30, 2014

11 2012 33809.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Jonathan T. Eberst

CONSTRUCTION ADDRESS: 138 S. Sewall's Pt Rd

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- _____ PLUMBING
- HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: move AC units

VALUE OF CONSTRUCTION \$ _____

| |
|---|
| _____ LOW VOLTAGE |
| TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER |
| SCOPE OF WORK: _____ VALUE _____ |

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

[Signature] _____ 3848 NE Melton Dr., Jensen Beach, FL 34957
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Bahama Air LLC

TELEPHONE NO: 772-370-8057 PLEASE PRINT FAX NO: 772-334-8057

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC 1813832

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: Archipelago LOT: 2 BLK: _____ PHASE: _____

SITE ADDRESS: 138 S. Sewall's Pt. Rd.

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



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 11/29/2013

EXPIRATION DATE: 11/29/2015

PERSON: HOSKINS

BRIAN

FEIN: 450525531

BUSINESS NAME AND ADDRESS:

BAHAMA AIR LLC

3848 NE MELBA DR

JENSEN BEACH

FL

34957

SCOPES OF BUSINESS OR TRADE:

HEATING, VENTILATION,
AIR-COND

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

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

QUESTIONS? (850)413-1609

AC# 6149070

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12060101152

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/01/2012 | 110409098 | CAC1813832 |

The CLASS A AIR CONDITIONING CONTRACTORS
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2014



HOSKINS, BRIAN KEITH
BAHAMA AIR LLC
3848 NE MELBA DRIVE
JENSEN BEACH

FL 34957

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

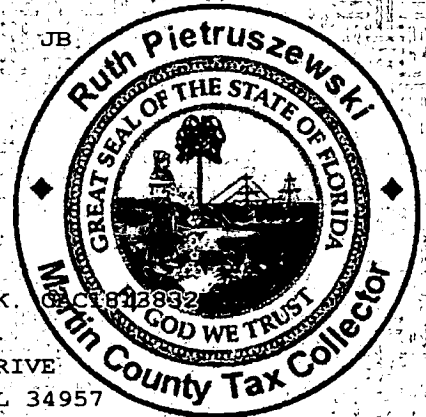
2013-2014 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

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

ACCOUNT 2004-520-0076 CERT. NO. 28386
PHONE (772) 320-8057 SIC NO. 235110
LOCATION: 3848 NE MELBA DR JB

CHARACTER COUNTS IN MARTIN COUNTY

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



HOSKINS, BRIAN K.
BAHAMA AIR, LLC
3848 NE MELBA DRIVE
JENSEN BEACH, FL 34957

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF AIR CONDITIONING CONTR CLASS A

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF JULY 2013
AND ENDING SEPTEMBER 30, 2014

11 2012 30401.0001

26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS - TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH
THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX
RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE
OF BUSINESS.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

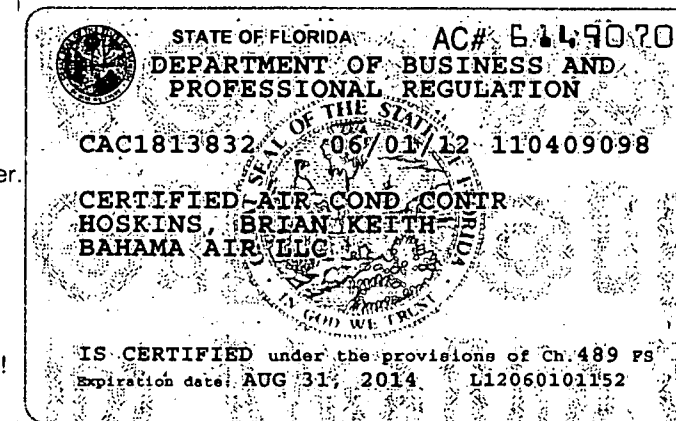
(850) 487-1395

**HOSKINS, BRIAN KEITH
BAHAMA AIR LLC
3848 NE MELBA DRIVE
JENSEN BEACH FL 34957**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/19/2014

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

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

| PRODUCER RICK CARROLL INSURANCE AGENCY 2160 NE Dixie Highway PO Box 877 Jensen Beach FL 34958-0877 | CONTACT NAME: Jenifer Ferris PHONE (A/C No. Ext.): (772) 334-3181 FAX (A/C No.): (772) 334-7742 E-MAIL ADDRESS: jferris@rickcarroll.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|--------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Bahama Air, LLC 3848 NE Melba Drive Jensen Beach FL 34957 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: American States Insurance</td> <td>19704</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: American States Insurance | 19704 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: American States Insurance | 19704 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER: CL1312905740** **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURER | SUBR | Y | V | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|------|---|---|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | 01CG9353819 | 1/15/2014 | 1/15/2015 | EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC | | | | | | | | |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | | COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEO <input type="checkbox"/> RETENTIONS | | | | | | | | OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | N/A | | | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY.

| | |
|---|--|
| CERTIFICATE HOLDER (772) 220-4765 Town of Sewalls Point 1 Sewalls Point Rd. Stuart, FL 34996 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Keith Carroll/JF |
|---|--|



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: John Eberst

CONSTRUCTION ADDRESS: 138 S Sewalls Pt Rd

PERMIT TYPE: _____ RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: hook up Bath

VALUE OF CONSTRUCTION \$ 1500⁰⁰

_____ LOW VOLTAGE

TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER

SCOPE OF WORK: _____ VALUE _____

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

[Signature]
 SIGNATURE OF LICENSED CONTRACTOR

1317 Decker Ave Stuart FL
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Ernest Dempsey Stuart Plumbing

TELEPHONE NO: 772-287-0131 FAX NO: 772-287-0195

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

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

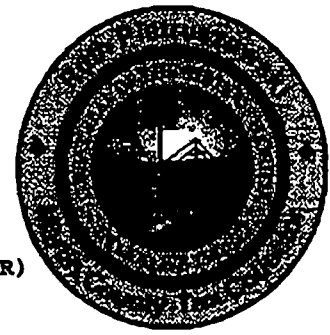
SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

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

ACCOUNT 1972-524-0048 CERT _____
 PHONE (561) 287-0131 SIC NO 023511
 LOCATION:
 1317 DECKER AVE MAR



CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$ 00 LIC. FEE \$ 00
 \$ 00 PENALTY \$ 00
 \$ 00 COL. FEE \$ 00
 \$ 00 TRANSFER \$ 3.00
TOTAL 3.00

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

DEMPSEY, ERNEST E JR (QUALIFER)
STUART PLUMBING & METAL WORKS
 1317 DECKER AVE
 STUART, FL 34994

10 DAY OF MARCH 20 14
 AND ENDING SEPTEMBER 30, 2014

805 2013 00849.0001 PAID

Stuart CITY OF STUART LOCAL BUSINESS TAX RECEIPT 2013-2014

| RECEIPT NO. | ACCOUNT NO. | CATEGORY NO. |
|-------------|-------------|--------------|
| 10370 | 26770 | 170640 |

| | |
|--------------------|--|
| BUSINESS TYPE | CONTRACTOR - PLUMBING |
| OWNER AND LOCATION | DEMPSEY, ERNEST E JR 1317 SE DECKER AVE |
| STATE LICENSE | CFC1428218/CAC181711 |
| DESCRIPTION | |

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

This local business tax receipt 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 receipt 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.

Local Business Taxing Questions 772-288-5319

| FEE | PENALTY | TRANSFER | MISCELLANEOUS | PAID |
|--------|---------|----------|---------------|--------|
| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |

| | |
|-----------------------------------|---|
| BUSINESS NAME AND MAILING ADDRESS | STUART PLUMBING & SHEET METAL, INC DEMPSEY, ERNEST E JR 1317 SE DECKER AVE STUART FL 34994 |
|-----------------------------------|---|

DATE
10/17/2013

CHERYL WHITE
CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

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

AC# 6346268

STATE OF FLORIDA

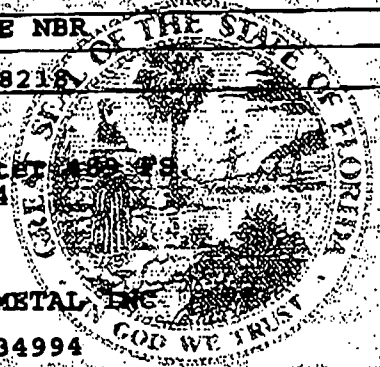
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12090702865

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 09/07/2012 | 126006423 | CFC1428218 |

The **PLUMBING CONTRACTOR**
 Named below IS CERTIFIED
 Under the provisions of Chapter 488, F.S.
 Expiration date: AUG 31, 2014

DEMPSEY, ERNEST E JR
STUART PLUMBING & SHEET METAL, INC
 1317 DECKER AVE
 STUART FL 34994



DICK SCOTT

KEN LAWSON
SECRETARY



CERTIFICATE OF LIABILITY INSURANCE

STUPL-1

OP ID: PK

DATE (MM/DD/YYYY)

12/31/2013

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

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

| | | |
|--|---|------------------------|
| PRODUCER Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, FL 34958 Lawrence E. Kearns | CONTACT NAME: Lawrence E. Kearns | |
| | PHONE (A/C, No., Ext): | FAX (A/C, No.): |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Auto-Owners Insurance Co. | | 18988 |
| INSURED Stuart Plumbing & Sheet Metal 1317 Decker Ave Stuart, FL 34994-3926 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | INSURER G: | |


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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | X | | 72510273 | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMTY \$ |

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

Plumbing - State of Florida

| | |
|--|---|
| CERTIFICATE HOLDER SEWALLS Town of Sewalls Point Fax #772-220-4765 1 S Sewalls Point Rd. Sewalls Point, FL 34996 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2013

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

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| | | |
|--|---|-------------------------------------|
| PRODUCER Insurance Office of America-LNG 1855 West State Road 434 Longwood, FL 32750 | CONTACT NAME: Raquel Gonzalez PHONE (A/C No, Ext): (407) 788-3000 E-MAIL ADDRESS: Raquel.Gonzalez@ioausa.com | FAX (A/C No): (407) 788-7933 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Stuart Plumbing & Sheet Metal, Inc. 1317 Decker Avenue Stuart, FL 34994 | INSURER A: Zenith Insurance Company NAIC # 13269 | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | Z050179124 | 1/1/2014 | 1/1/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

| | |
|--|---|
| CERTIFICATE HOLDER Sewalls Point Town Homes 1 S Sewalls Point Road Sewalls Point, FL 34986 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|--|---|

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Archipelago Lot 2, 138 S. Swallow Pt Rd, Swallow Pt, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Jonathan T. Eberst
ADDRESS: 138 S. Swallow Pt Rd, Swallow Pt, FL 34996
PHONE NUMBER: 772-215-5732 FAX NUMBER:
INTEREST IN PROPERTY: Owner

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

CONTRACTOR: Brownie Co. - Jamison Brownie
ADDRESS: 2876 Timberlane Ct, Jensen Beach, FL 34957
PHONE NUMBER: 772-260-3749 FAX NUMBER:

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

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

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

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

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

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

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

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

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

SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY OF April 2014

BY: Jon Eberst AS TYPE OF AUTHORITY FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/ SEAL

[Handwritten Notary Signature]

RECORDED: 05/01/2014 08:53:38 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK
INST # 2452581
OR BK 2715 PG 728



STATE OF FLORIDA
MARTIN COUNTY

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

CAROLYN TIMMANN, CLERK

BY DATE 5/1/14

NOTARY PUBLIC-STATE OF FLORIDA
Patricia Adamita
Commission # EE017125
Expires: AUG. 15, 2014
BONDED THROUGH ATLANTIC BONDING CO., INC.



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

PRODUCT APPROVAL CHECKLIST

Permit Type: BRMO Permit Number: _____ Date 4/28/14

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Owner's Name: EBERST, JON & AIMEE Job Site Location: 138 S. SEWALL'S POINT RD.

Design Professional Name A/E: _____

Rule 9 B-72 requires the following information as promulgated by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes; simply indicate page number on the affidavit.

| Product | Model Number | Manufacturer | Evaluation Agency | Expiration Date |
|------------------------------------|---------------------|----------------|-------------------|-----------------|
| Windows | SH-500 Vinyl | PGT INDUSTRIES | MIAMI-DADE | 3-24-15 |
| Exit Doors | FD-750 w/ SIDELITES | PGT INDUSTRIES | MIAMI-DADE | 3-24-15 |
| Garage Doors | N/A | | | |
| Ridge Vents | N/A | | | |
| Soffits | N/A | | | |
| Skylights | N/A | | | |
| Shutters | N/A | | | |
| Roofing Materials | N/A | | | |
| Panel Walls | N/A | | | |
| Structural Components and Cladding | N/A | | | |
| New/Alternative Materials | N/A | | | |
| | | | | |
| | | | | |
| | | | | |

In accordance with the Florida Architects and Engineers product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code.

Architect/Engineer Signature & Seal

[Handwritten Signature]
4/29/14

FL Certification/Registration Number

9639



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

GAS CHECKLIST
COMPLIANT TO 2010 FBC FUEL GAS CODE & NFPA 54 & 58

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

USE:

RESIDENTIAL: COMMERCIAL: _____

HOOK UP:

TANK METERED UTILITY GAS: _____ OTHER: _____

TANK SPECS:

SIZE: 500 GALS ABOVE GROUND: _____ UNDERGROUND:

TANK TYPE: D.O.T. _____ ASME: OTHER: _____

TANK DISTANCE: (MINIMUM)

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 10 FT. BUILDING: _____ FT.

PROPOSED SETBACKS FROM LOT LINE:

FRONT: 70 FT. SIDE 1: 10 FT. SIDE 2: _____ FT. REAR: _____ FT.

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)

NATURAL: _____ LP: OTHER: _____

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF .05
 BASED ON A 0.5 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON _____ SCH. 40 _____ SEMI-RIGID CSST COPPER

POLYETHYLENE PLASTIC _____ S. S.: _____ OTHER: _____

COMBUSTION AIR:

REQUIRED: YES: NO: _____

METHOD FOR SUPPLYING COMBUSTION AIR: A/C Company

WHO PROVIDED THE COMBUSTION AIR CALCS? _____

ARCHITECT/ENGINEER OF RECORD: _____ GAS COMPANY: ES

OTHER: _____

GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1: Cooktop _____ BTU 60,000 *DIA. PIPE 20 FT.-LENGTH

APPLIANCE #2: Dryer _____ BTU 60,000 DIA. PIPE 20 FT.-LENGTH

APPLIANCE #3: Ext. Water Heater BTU 179,000 *DIA. PIPE 5 FT.-LENGTH

APPLIANCE #4: F/P _____ BTU 46,000 DIA. PIPE 20 FT FT.-LENGTH

APPLIANCE #5: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

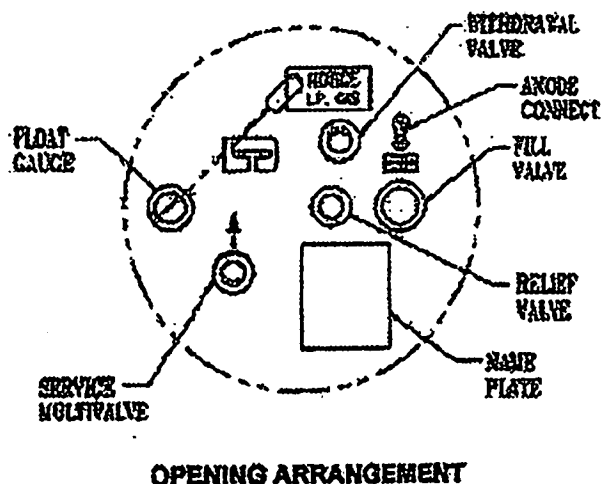
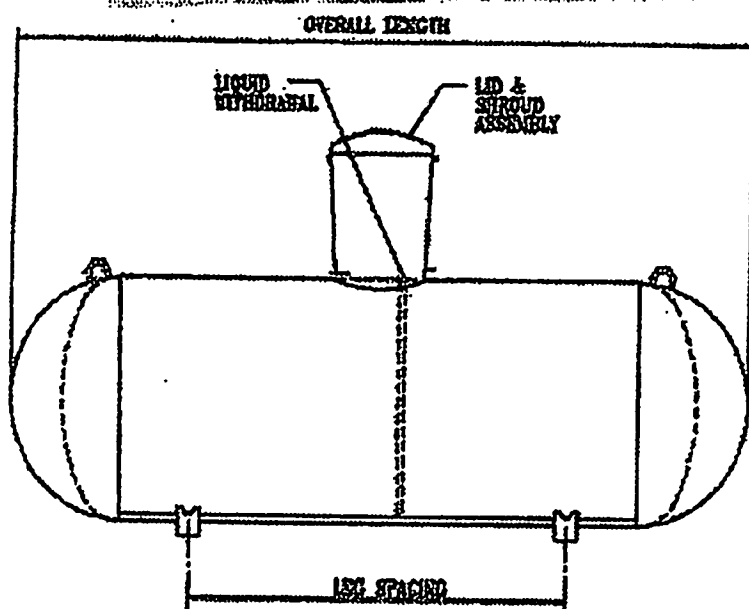
APPLIANCE #6: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

*THE ABOVE PIPE SIZES WERE TAKEN FROM 2010 FBC FUEL GAS TABLE NO. _____

PROPANE CONSTRUCTION NOTES

- 1. All pipe and fittings above ground and inside building shall be SCH. 40 Galvanized ASTM A120 or AGA approved corrugated stainless steel (C.S.S.T.) pipe.**
- 2. All polypipe and fittings shall be ASTM D2513 or ASTM D2517 and shall be buried outside underground at a depth of 18" with warning tape and tracer wire.**
- 3. All pipe and meter locations are approximate and subject to change.**
- 4. All polypipe shall be joined by heat fusion or approved mechanical couplings.**
- 5. All galvanized pipe shall be threaded.**
- 6. All pipe shall be pressure tested to 20 # PSI for a period of 24 hours.**



Aboveground / Underground LPG Tank

General Specifications

Conforms to the latest edition and addenda of the ASME Code for Pressure Vessels, Section VIII Division 1. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

All tanks are pre-purged and ready to be filled.

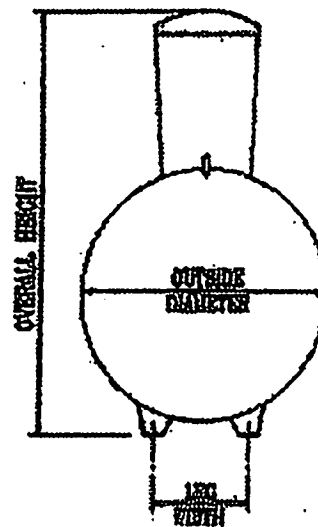
Rated at 250 psig from -200 degrees F. to 125 degrees F.
All tanks may be evacuated to a full (14.7 in.) vacuum.

Please read and understand all warranty and installation instructions before installing the tank.

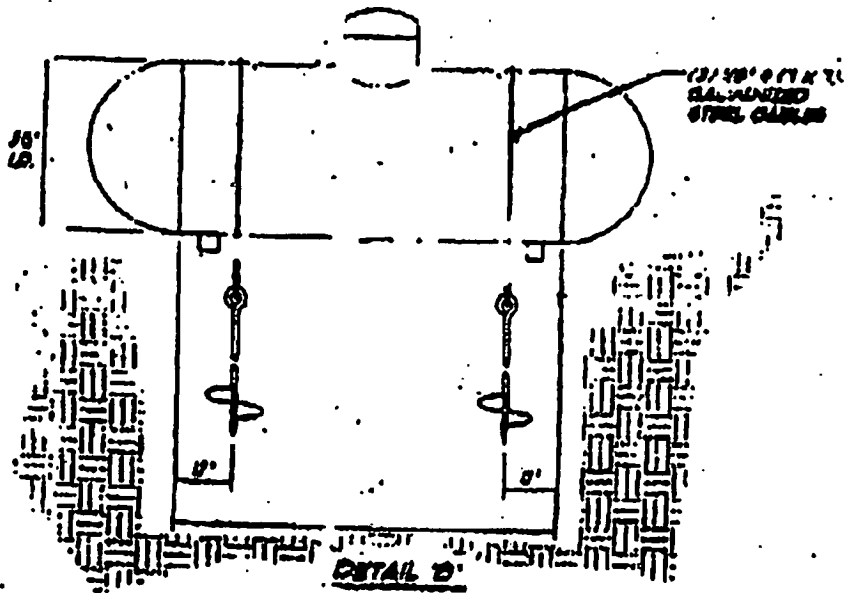
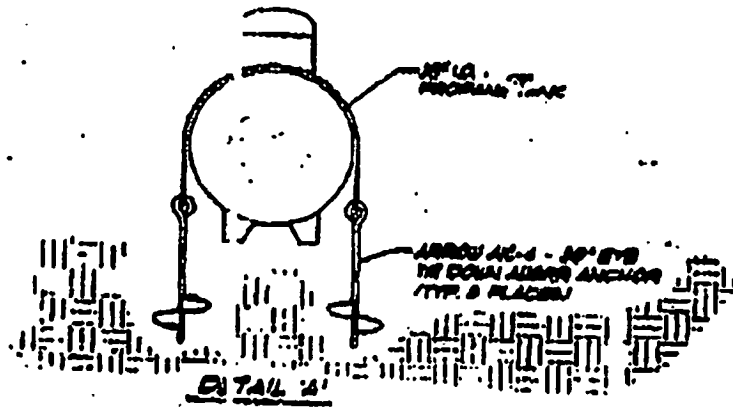
Vessel Finish: Coated with epoxy red powder. (Tanks coated with the epoxy powder must be buried). For aboveground use, tanks may be coated with TGIC powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate.



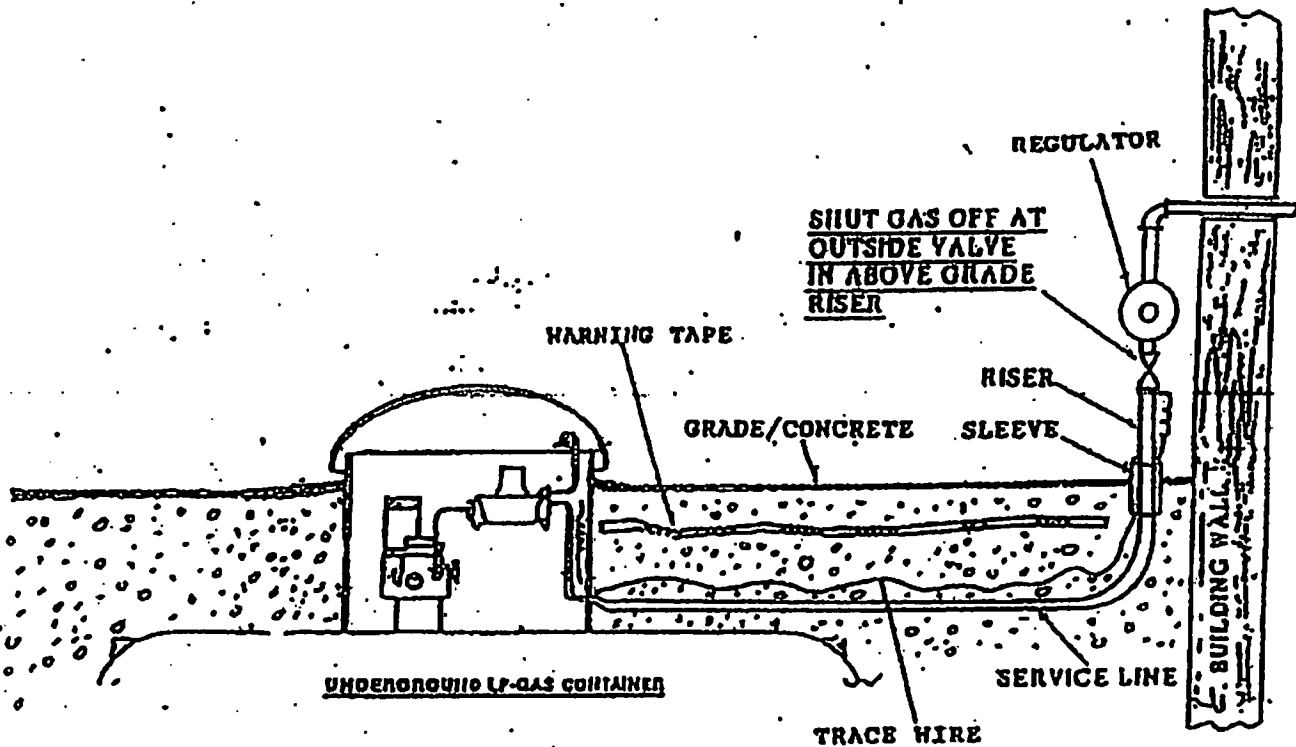
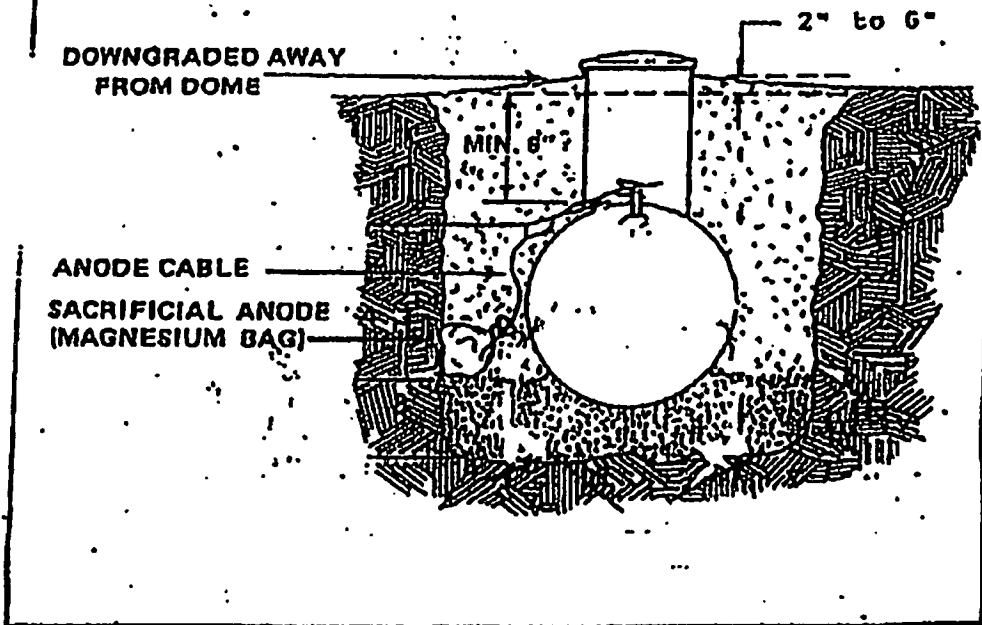
| WATER CAPACITY | OUTSIDE DIAMETER | HEAD TYPE | OVERALL LENGTH | OVERALL HEIGHT W/ LID & SHROUD ASSEMBLY | | LEG WIDTH | LEG SPACING | WEIGHT |
|-----------------------|---------------------|-----------|--------------------------|---|-------------------------|---------------------|------------------------|-----------------------|
| | | | | 8" | 18" | | | |
| 120 wg. 454.2 L | 24" 609.6 mm | Ellip. | 5'-5 7/8" 1671.6 mm | 3'-0 1/4" 919.2 mm | 3'-10 1/4" 1122.4 mm | 10 1/8" 257.2 mm | 3'-0" 914.4 mm | 245 lbs. 111.1 kg |
| 250 wg. 946.3 L | 31.5" 800.1 mm | Heml. | 7'-2 1/2" 2197.1 mm | 3'-9 3/4" 1109.7 mm | 4'-5 3/4" 1363.7 mm | 12 3/4" 323.9 mm | 3'-6" 1066.8 mm | 472 lbs. 214.1 kg |
| 320 wg. 946.3 L | 31.5" 800.1 mm | Heml. | 8'-11 3/4" 2736.9 mm | 3'-9 3/4" 1109.7 mm | 4'-5 3/4" 1363.7 mm | 12 3/4" 323.9 mm | 4'-0 1/4" 1225.6 mm | 588 lbs. 266.7 kg |
| 500 wg. 1892.5 L | 37.42" 950.5 mm | Heml. | 9'-10" 2997.2 mm | 4'-1 5/8" 1260.5 mm | 4'-11 5/8" 1514.5 mm | 15" 381.0 mm | 5'-0" 1524.0 mm | 871 lbs. 395.1 kg |
| 1,000 wg. 3785.0 L | 40.96" 1040.4 mm | Heml. | 15'-10 7/8" 4846.6 mm | 4'-5 3/4" 1351.0 mm | 5'-3 1/4" 1605.0 mm | 16 1/4" 412.8 mm | 9'-0" 2743.2 mm | 1729 lbs. 784.3 kg |

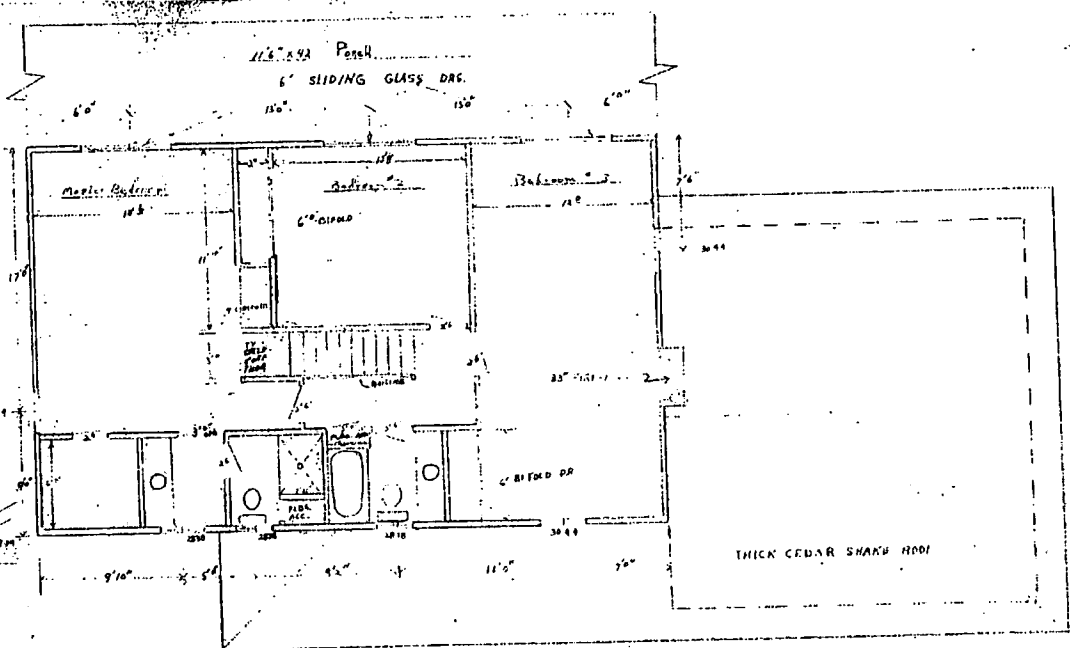


PROPANE TANK HOLDDOWN DETAILS

| | | |
|--|---|--|
| <p>CARNO ENGINEERING ASSOCIATES, INC. 15 Via Mariposa San Jose, CA 95128 Tel: 408-298-8800</p> | <p><i>[Handwritten Signature]</i> 11/10/99</p> | <p>DATE: 11/10/99 DRAWN BY: J.S. CHECKED BY: J.S. SCALE: 1/2" = 1'-0"</p> |
|--|---|--|

UNDERGROUND TANK INSTALLATION



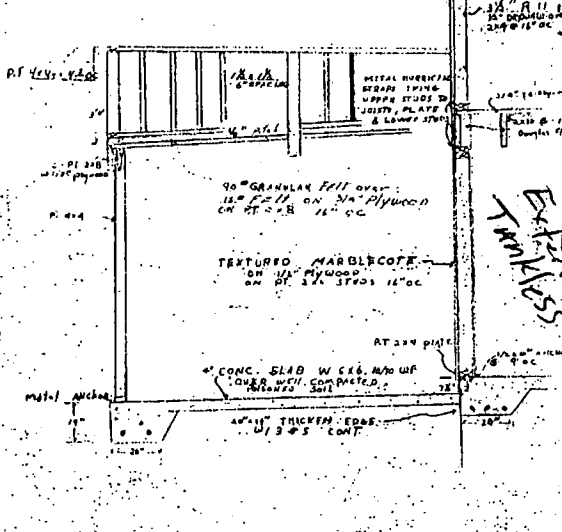


SECOND FLOOR PLAN

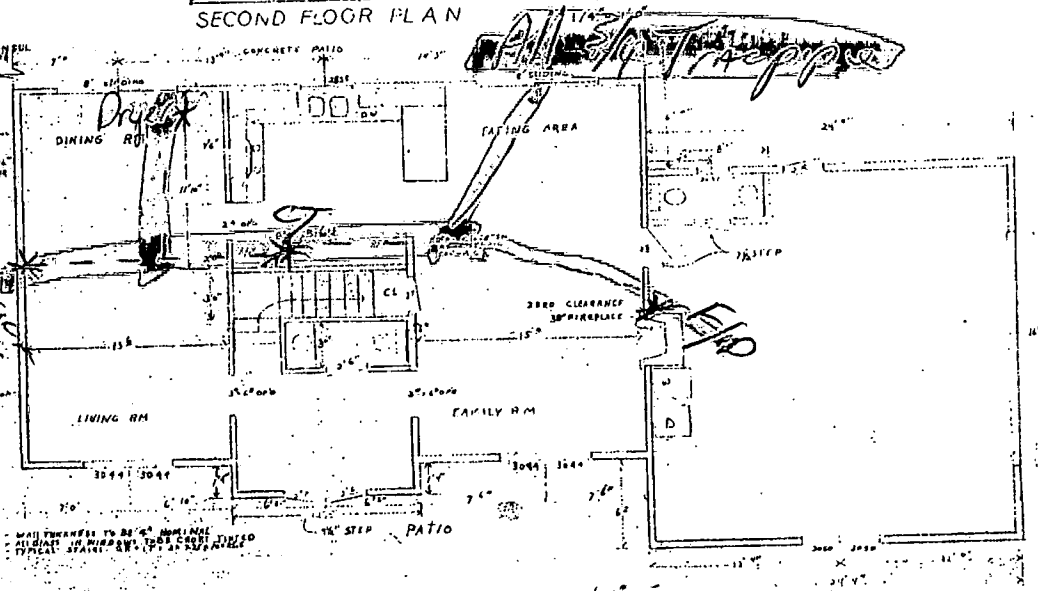
THICK CEDAR SHAKES Lapped on
with 1" SUBSIDIARY AT 16" O.C.
ON 1/2" PLYWOOD ON PRE-ENG
TRUSSES 24" ON PRE-ENG
TRUSSES 24" ON PRE-ENG
TRUSSES 24" ON PRE-ENG
TRUSSES 24" ON PRE-ENG

CEDAR 1 1/2" PLYWOOD
3/4" SHEATHING

THICK CEDAR SHAKES ROOF



REAR DECK/PORCH WALL SECT
1/2" = 1'-0"



FIRST FLOOR PLAN

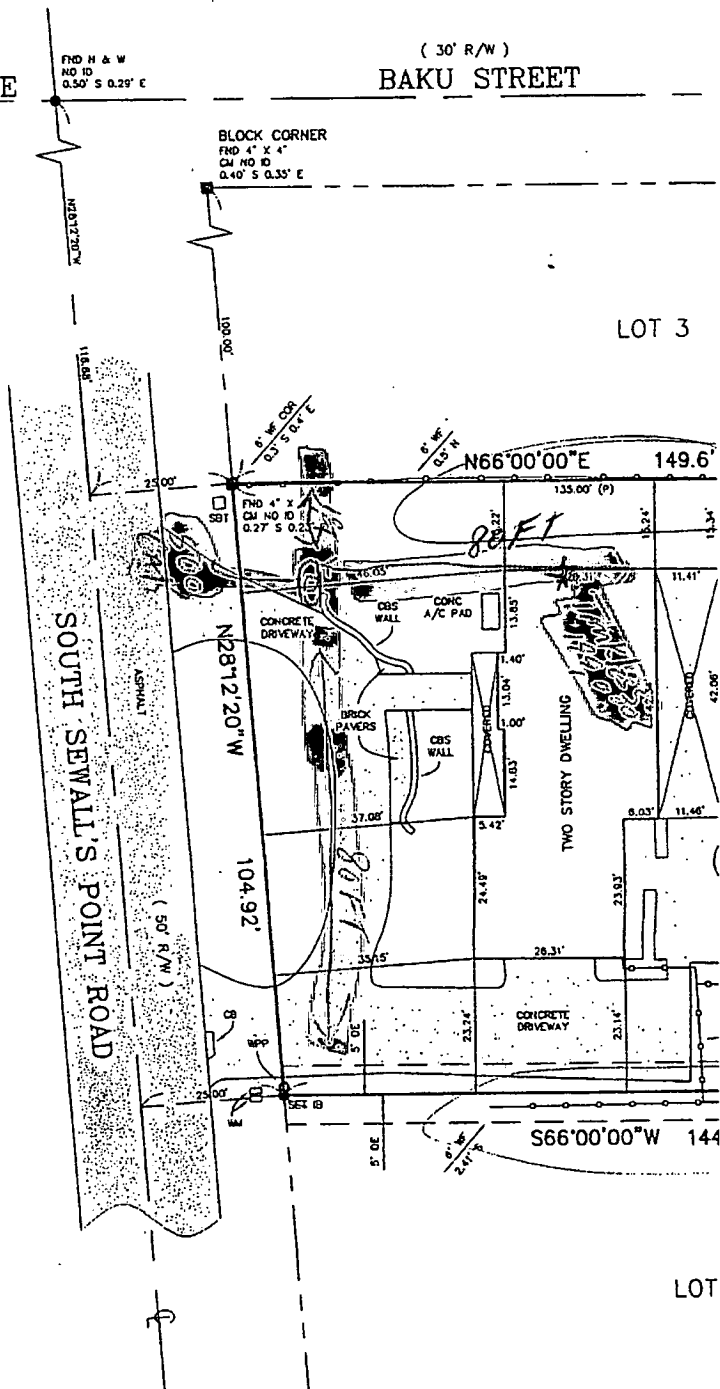
1/4" = 1'-0"

RECEIVED
APR 19 1994
APPROVED
Approval of these plans in no way
relieves the contractor or builder of
compliance with the Town of Shrewsbury
Ordinance, the State Building
Code and the 2003 International
Residential Building Code.

- AC ACRE
- A/C AIR CONDITIONER
- ALUM ALUMINUM
- ANCH ANCHOR
- APPROX APPROXIMATE
- AVE AVENUE
- BSK BEARING
- BLK BLOCK
- BLVD BOULEVARD
- BLDG BUILDING
- BM BENCHMARK
- CA TV CABLE TELEVISION BOX
- C CALCULATED
- CB CATCH BASIN
- CA CENTRAL ANGLE
- CLP CHAINLINK FENCE
- CHD CHORD
- CONC CONCRETE
- CONC BLOCK STRUCTURE
- CONC MONUMENT
- CHR COULD NOT READ
- CP CONCRETE POWER POLE
- COR CORNER
- COV COVERED
- CMSP CORRUGATED METAL PIPE
- CVC CONCRETE VALLEY CUTTER
- D DEED
- D/F DRAINFIELD
- DE DRAINAGE EASEMENT
- DF DRAINAGE FLOW
- ESMT EASEMENT
- ECC EDGE OF CONCRETE
- EOP EDGE OF PAVEMENT
- EQW EDGE OF WATER
- EM ELECTRIC METER
- ES ELECTRIC SERVICE
- ELEV ELEVATION
- ENCL ENCLOSURE
- ENCL ELEVATION
- FT FEET
- F FIELD MEASUREMENT
- FNC FENCE
- FTE FINISHED FLOOR ELEVATION
- PH FIRE HYDRANT
- FL FLUORIA POWER & LIGHT
- FND FOUND
- GOVT GOVERNMENT
- HSE HOUSE
- I & E INGRESS & EGRESS EASEMENT
- INVERT
- IB IRON BAR
- IP IRON PIPE
- IB & C IRON BAR & CAP
- IP & C IRON PIPE & CAP
- L ARC LENGTH
- L LANDSCAPE EASEMENT
- LB LICENSED BUSINESS NUMBER
- LP LIGHT POLE
- M & W MAG NAIL & WASHER
- MAG MAG NAIL
- ME MAINTENANCE EASEMENT
- MH MANHOLE
- MHW MEAN HIGH WATER LINE
- NAIL
- N & TT NAIL & TIN TAB
- N & W NAIL & WASHER
- NOVD NATIONAL GEODETIC VERTICAL DATUM
- NO ID NO IDENTIFICATION
- NTS NOT TO SCALE
- NAD NORTH AMERICAN DATUM
- ORB OFFICIAL RECORD BOOK
- O/S OFFSET
- OH OVERHANG
- OHW OVERHEAD WIRE
- PC PACE
- PK PARKER-KALON NAIL
- PK & TT PARKER-KALON NAIL & TIN TAB
- PK & W PARKER-KALON NAIL & WASHER
- PAV PAVEMENT
- PRM PERMANENT REFERENCE MONUMENT
- P PLAT
- PB PLATBOOK
- PCC POINT OF COMPOUND CURVATURE
- PC POINT OF CURVATURE
- PI POINT OF INTERSECTION
- POB POINT OF BEGINNING
- POC POINT OF COMMENCEMENT
- POE POINT OF ENCROACHMENT
- PRC POINT OF REVERSE CURVATURE
- PT POINT OF TANGENCY
- PP POWER POLE
- PRV PRIVATE UTILITY EASEMENT
- PLS PROFESSIONAL LAND SURVEYOR
- E PROPERTY LINE
- PRDP PROPOSED
- R ELEVATION
- PRO PRORATED
- R RADIUS
- RAD RADIAL
- RS RAILROAD SPIKE
- RNG RANGE
- RLS REGISTERED LAND SURVEYOR
- RCP REINFORCED CONCRETE PIPE
- R/W RIGHT OF WAY
- SS SANITARY SEWER
- SECT SECTION
- SET I.B. SET I/B IRON BAR & CAP #1049
- SET PK SET PK NAIL & WASHER #1049
- S/T SEPTIC TANK
- S/W SIDEWALK
- SBT SOUTHERN BELL TELEPHONE BOX
- S/F SQUARE FEET
- S/D SUBDIVISION
- T TANGENT
- TEC TEMPORARY CONSTRUCTION EASEMENT
- TDB TOP OF BANK
- TDE TOE OF SLOPE
- TNS TOWNSHIP
- TRANS TRANSFORMER
- TYP TYPICAL
- UDC UTILITY & DRAINAGE EASEMENT
- UE UTILITY EASEMENT
- U/G UNDERGROUND
- WF WOOD FENCE
- WM WATER METER
- WV WATER VALVE
- WPP WOOD POWER POLE
- Ø DIAMETER

(30' R/W)
OAKWOOD DRIVE

(30' R/W)
BAKU STREET



LOT 3

LOT

1. PROPERTY ADDRESS: 138 SOUTH SEWALL'S POINT ROAD
2. CERTIFIED TO:
 - JONATHON T. EBERST & AIMEE-MARIE EBERST
 - JPMORGAN CHASE BANK, N.A., ITS SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR
 - CHRISTOPHER J. TWOHEY, P.A.
 - OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

NOT VALID WITHOUT
ORIGINAL RAISED SE,
SURVEYOR AND MAP.

STEPHEN

STEPHEN J. BROWN, PRO
REGISTRATION NC

| Regulator) And Second-Stage (Low Pressure Regulator) | | | | | | | | | | |
|---|---------------------|----------|----------|----------|---------------|----------|----------|----------|----------|---------|
| MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR. | | | | | | | | | | |
| Type | ACR (Refrigeration) | | | | Type L Tubing | | | | | |
| Nominal | 3/8-inch | 1/2-inch | 5/8-inch | 7/8-inch | 3/8-inch | 1/2-inch | 5/8-inch | 3/4-inch | 7/8-inch | |
| Outside | (0.375) | (0.500) | (0.625) | (0.750) | (0.875) | (0.500) | (0.625) | (0.750) | (0.875) | (1.000) |
| Inside | 0.311 | 0.436 | 0.555 | 0.68 | 0.785 | 0.430 | 0.545 | 0.666 | 0.785 | 0.906 |
| Length, Foot | | | | | | | | | | |
| 30 | 299 | 726 | 1,367 | 2,329 | 3,394 | 309 | 700 | 1,303 | 2,205 | 3,394 |
| 40 | 256 | 621 | 1,170 | 1,993 | 2,904 | 265 | 599 | 1,115 | 1,887 | 2,904 |
| 50 | 227 | 551 | 1,037 | 1,766 | 2,574 | 235 | 531 | 988 | 1,672 | 2,574 |
| 60 | 206 | 499 | 939 | 1,600 | 2,332 | 213 | 481 | 896 | 1,515 | 2,332 |
| 70 | 189 | 459 | 864 | 1,472 | 2,146 | 196 | 443 | 824 | 1,394 | 2,146 |
| 80 | 176 | 427 | 804 | 1,370 | 1,996 | 182 | 412 | 767 | 1,297 | 1,996 |
| 90 | 165 | 401 | 754 | 1,285 | 1,873 | 171 | 386 | 719 | 1,217 | 1,873 |
| 100 | 156 | 378 | 713 | 1,214 | 1,769 | 161 | 365 | 679 | 1,149 | 1,769 |
| 150 | 125 | 304 | 572 | 975 | 1,421 | 130 | 293 | 546 | 923 | 1,421 |
| 200 | 107 | 260 | 490 | 834 | 1,216 | 111 | 251 | 467 | 790 | 1,216 |
| 250 | 95 | 230 | 434 | 739 | 1,078 | 90 | 222 | 414 | 700 | 1,078 |
| 300 | 86 | 209 | 393 | 670 | 976 | 89 | 201 | 375 | 634 | 976 |
| 350 | 79 | 192 | 362 | 616 | 898 | 82 | 185 | 345 | 584 | 898 |
| 400 | 74 | 179 | 337 | 573 | 836 | 76 | 172 | 321 | 543 | 836 |
| 450 | 69 | 168 | 316 | 538 | 784 | 71 | 162 | 301 | 509 | 784 |
| 500 | 65 | 158 | 298 | 508 | 741 | 68 | 153 | 284 | 481 | 741 |
| 600 | 59 | 144 | 270 | 460 | 671 | 61 | 138 | 258 | 436 | 671 |
| 700 | 54 | 132 | 249 | 424 | 617 | 56 | 127 | 237 | 401 | 617 |
| 800 | 51 | 123 | 231 | 394 | 574 | 52 | 118 | 221 | 373 | 574 |
| 900 | 48 | 115 | 217 | 370 | 539 | 49 | 111 | 207 | 350 | 539 |
| 1,000 | 54 | 109 | 205 | 349 | 509 | 46 | 105 | 195 | 331 | 509 |
| 1,500 | 36 | 87 | 165 | 281 | 409 | 37 | 84 | 157 | 266 | 409 |
| 2,000 | 31 | 75 | 141 | 240 | 350 | 32 | 72 | 134 | 227 | 350 |

Data taken and reprinted from Table 15.1(h) and 15.1(k) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

Table 7C. Polyethylene Plastic Tube And Pipe Sizing Between First-Stage And Second-Stage Regulators

| MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR | | | | | | | | | | |
|--|---|------------------------------|----------------------------------|---------------------------------|--------------------------------|------------------------------|----------------------------------|------------------------------|--|--|
| Length of Pipe or Tubing, Feet | Plastic Tubing Size (CTS) and Pipe Size (IPS) [Dimensions in Parenthesis are Inside Diameter] | | | | | | | | | |
| | 1/2-inch CTS SDR 7.00 (0.445) | 1-inch CTS SDR 11.00 (0.927) | 1 1/2-inch CTS SDR 11.00 (0.927) | 1 1/2-inch IPS SDR 9.33 (0.660) | 3/4-inch IPS SDR 11.00 (0.860) | 1-inch IPS SDR 11.00 (0.875) | 1 1/4-inch IPS SDR 10.00 (1.128) | 2-inch IPS SDR 11.00 (1.943) | | |
| 30 | 762 | 5,225 | 4,772 | 2,143 | 4,292 | 7,744 | 13,416 | 38,492 | | |
| 40 | 653 | 4,472 | 4,019 | 1,835 | 3,673 | 6,628 | 11,482 | 31,155 | | |
| 50 | 578 | 3,964 | 3,591 | 1,626 | 3,256 | 5,874 | 10,176 | 27,812 | | |
| 60 | 524 | 3,591 | 3,218 | 1,473 | 2,950 | 5,322 | 9,220 | 25,016 | | |
| 70 | 482 | 3,304 | 3,074 | 1,355 | 2,714 | 4,866 | 8,483 | 23,017 | | |
| 80 | 441 | 3,074 | 2,844 | 1,261 | 2,525 | 4,555 | 7,891 | 21,413 | | |
| 90 | 421 | 2,884 | 2,654 | 1,183 | 2,359 | 4,274 | 7,404 | 20,091 | | |
| 100 | 397 | 2,724 | 2,514 | 1,117 | 2,238 | 4,037 | 6,994 | 18,978 | | |
| 125 | 352 | 2,414 | 2,183 | 990 | 1,993 | 3,578 | 6,199 | 16,820 | | |
| 150 | 319 | 2,183 | 1,952 | 897 | 1,797 | 3,222 | 5,167 | 15,200 | | |
| 175 | 294 | 2,013 | 1,826 | 826 | 1,653 | 2,983 | 4,807 | 13,043 | | |
| 200 | 273 | 1,872 | 1,718 | 778 | 1,539 | 2,775 | 4,570 | 12,238 | | |
| 225 | 256 | 1,757 | 1,613 | 721 | 1,443 | 2,603 | 4,260 | 11,560 | | |
| 250 | 242 | 1,659 | 1,515 | 681 | 1,363 | 2,459 | 4,046 | 10,979 | | |
| 275 | 230 | 1,576 | 1,432 | 646 | 1,294 | 2,338 | 3,850 | 10,474 | | |
| 300 | 219 | 1,503 | 1,359 | 617 | 1,235 | 2,223 | 3,660 | 10,046 | | |
| 350 | 202 | 1,383 | 1,237 | 567 | 1,136 | 2,053 | 3,351 | 9,635 | | |
| 400 | 188 | 1,287 | 1,157 | 528 | 1,057 | 1,907 | 3,104 | 8,965 | | |
| 450 | 176 | 1,207 | 1,083 | 495 | 992 | 1,788 | 2,900 | 8,411 | | |
| 500 | 166 | 1,140 | 1,024 | 468 | 937 | 1,690 | 2,828 | 7,965 | | |
| 600 | 151 | 1,033 | 951 | 424 | 849 | 1,531 | 2,653 | 7,199 | | |
| 700 | 139 | 851 | 784 | 390 | 781 | 1,409 | 2,441 | 6,623 | | |
| 800 | 129 | 884 | 830 | 363 | 726 | 1,311 | 2,271 | 6,761 | | |
| 900 | 121 | 830 | 784 | 340 | 692 | 1,230 | 2,131 | 5,781 | | |
| 1,000 | 114 | 784 | 744 | 322 | 644 | 1,162 | 2,012 | 5,461 | | |
| 1,500 | 92 | 628 | 628 | 258 | 517 | 933 | 1,616 | 4,385 | | |
| 2,000 | 75 | 539 | 539 | 221 | 443 | 788 | 1,383 | 3,753 | | |

Data taken and reprinted from Table 15.1(p) and 15.1(q) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

| Type | ACR (Refrigeration) | | | | | Type K Tubing | | | | |
|--------------|---------------------|----------|----------|----------|----------|---------------|----------|----------|----------|----------|
| | 3/8-inch | 1/2-inch | 5/8-inch | 3/4-inch | 7/8-inch | 3/8-inch | 1/2-inch | 5/8-inch | 3/4-inch | 7/8-inch |
| Nominal | 0.375 | 0.500 | 0.625 | 0.750 | 0.875 | 0.375 | 0.500 | 0.625 | 0.750 | 0.875 |
| Outside | 0.311 | 0.436 | 0.555 | 0.68 | 0.785 | 0.315 | 0.430 | 0.545 | 0.666 | 0.785 |
| Inside | | | | | | | | | | |
| Length, Feet | | | | | | | | | | |
| 10 | 434 | 1,053 | 1,982 | 3,377 | 4,922 | 449 | 1,015 | 1,890 | 3,198 | 4,922 |
| 20 | 298 | 723 | 1,362 | 2,321 | 3,383 | 308 | 698 | 1,299 | 2,188 | 3,383 |
| 30 | 239 | 581 | 1,094 | 1,864 | 2,716 | 248 | 560 | 1,043 | 1,765 | 2,716 |
| 40 | 205 | 497 | 936 | 1,595 | 2,325 | 212 | 479 | 893 | 1,511 | 2,325 |
| 50 | 182 | 441 | 830 | 1,414 | 2,061 | 188 | 425 | 791 | 1,339 | 2,061 |
| 60 | 165 | 399 | 752 | 1,281 | 1,867 | 170 | 385 | 717 | 1,213 | 1,867 |
| 80 | 141 | 342 | 644 | 1,096 | 1,598 | 146 | 330 | 614 | 1,038 | 1,598 |
| 100 | 125 | 303 | 570 | 972 | 1,418 | 129 | 292 | 544 | 920 | 1,418 |
| 125 | 111 | 268 | 506 | 861 | 1,255 | 114 | 259 | 482 | 816 | 1,255 |
| 150 | 100 | 243 | 458 | 780 | 1,137 | 104 | 235 | 437 | 739 | 1,137 |
| 200 | 88 | 208 | 392 | 668 | 973 | 89 | 201 | 374 | 632 | 973 |
| 250 | 78 | 184 | 347 | 592 | 883 | 79 | 178 | 331 | 560 | 883 |
| 300 | 69 | 167 | 315 | 538 | 782 | 71 | 161 | 300 | 508 | 782 |
| 350 | 63 | 154 | 290 | 493 | 719 | 66 | 148 | 276 | 467 | 719 |
| 400 | 59 | 143 | 269 | 459 | 669 | 61 | 138 | 257 | 435 | 669 |

Data calculated from Formula in NFPA 54, 2002 ed.

Table 11. Maximum Capacity Of CSST*

| CSST TUBE SIZE | EHD** FLOW DESIGNATION | IN THOUSANDS OF BTUHR OF UNDILUTED PROPANE AT A PRESSURE OF 11-INCHES W.C. AND A PRESSURE DROP OF 0.5-INCH W.C. (BASED ON A 1.5 SPECIFIC GRAVITY GAS). | | | | | | | | | | | | | | | | |
|----------------------|---------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|
| | | Tubing Length, Foot | | | | | | | | | | | | | | | | |
| | | 5 | 10 | 15 | 20 | 25 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 150 | 200 | 250 | 300 |
| 3/8-inch | 13 | 72 | 50 | 39 | 34 | 30 | 28 | 23 | 20 | 19 | 17 | 15 | 15 | 14 | 11 | 9 | 8 | 8 |
| ---- | 15 | 99 | 69 | 55 | 49 | 42 | 39 | 33 | 30 | 26 | 25 | 23 | 22 | 20 | 15 | 14 | 12 | 11 |
| 1/2-inch | 18 | 181 | 129 | 104 | 91 | 82 | 74 | 64 | 58 | 53 | 49 | 45 | 44 | 41 | 31 | 28 | 25 | 23 |
| ---- | 19 | 211 | 150 | 121 | 106 | 94 | 87 | 74 | 66 | 60 | 57 | 52 | 50 | 47 | 36 | 33 | 30 | 26 |
| 3/4-inch | 23 | 355 | 254 | 205 | 183 | 164 | 151 | 131 | 118 | 107 | 99 | 94 | 90 | 85 | 66 | 60 | 53 | 50 |
| ---- | 25 | 426 | 303 | 248 | 216 | 192 | 177 | 153 | 137 | 126 | 117 | 109 | 102 | 98 | 75 | 69 | 61 | 57 |
| ---- | 30 | 744 | 521 | 422 | 365 | 325 | 297 | 256 | 227 | 207 | 191 | 178 | 169 | 159 | 123 | 112 | 99 | 90 |
| 1-inch | 31 | 883 | 605 | 490 | 425 | 379 | 344 | 297 | 265 | 241 | 222 | 208 | 197 | 188 | 143 | 129 | 117 | 107 |
| 1-1/4-inch | 37 | 1,415 | 971 | 775 | 661 | 583 | 528 | 449 | 397 | 359 | 330 | 307 | 286 | 270 | 217 | 183 | 163 | 147 |
| 1-1/2-inch | 46 | 2,830 | 1,993 | 1,623 | 1,404 | 1,254 | 1,143 | 989 | 884 | 805 | 745 | 696 | 656 | 621 | 506 | 438 | 390 | 357 |
| 2-inch | 62 | 6,547 | 4,638 | 3,791 | 3,285 | 2,940 | 2,684 | 2,327 | 2,082 | 1,902 | 1,761 | 1,554 | 1,554 | 1,475 | 1,205 | 1,045 | 934 | 854 |

* Table includes losses for four 90° bends and two end fittings. Tubing runs with larger numbers of bend and/or fittings shall be increased by an equivalent length of tubing to the following equation: $L = 1.3n$ where L is the additional length (ft) of tubing and N is the number of additional fittings and/or bends.

** EDH - Equivalent Hydraulic Diameter - A measure of the relative hydraulic efficiency between different tubing sizes. The greater the value of EDH, the greater the gas capacity of the tubing.

Data taken and reprinted from Table 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-4-14 Page 14 of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|----------------------------|---------------------------|------------------------------|---------|------------------------------|
| 10827 | DE ROSA | FOOTER INSP | | BILL IANIERO |
| ADVISED NOT TIL WED | 16 N. SEWALL'S PT RD | | PASS | 772-370-8490 |
| | Wm. B. IANIERO CONST. | | | INSPECTOR <i>[Signature]</i> |
| 10762 | STEPHAND | GAS (ROUGH) | | 283-7742 |
| ADV. NOT TIL WED | 16 E HIGH PT. RD | FOOTING | PASS | |
| | DREAMWORKS | | | INSPECTOR <i>[Signature]</i> |
| 10859 | ERBERST | Rough Elec/Plumb. | | 260-3999 |
| ADV NOT TIL WED | 138 S SEWALL'S PT. RD | neck & 1 other framing | FAIL | NOT READY |
| | BROWNIE Co. | | | INSPECTOR <i>[Signature]</i> |
| 10694 | WESCOTT | FOOTER INSP. | | 772-263-9000 |
| ADV NOT TIL WED | 53 N. RIVER RD | | PASS | |
| | SAN GEORGE CONT. INC | | | INSPECTOR <i>[Signature]</i> |
| 10672 | Duke | Window & Door Pkts | | Curt |
| ADV NOT TIL WED | 25 Island Dr. | | PASS | 215-8464 |
| or Wed | CDR Builders | thurs if need | | INSPECTOR <i>[Signature]</i> |
| 0838 | WESTON | Pool Steel bond & main drain | | 561-676 4100 |
| Wed requested | 30 S. Sewall's Pt. Rd | | PASS | REPORT |
| | Hamilton Crest Pools | | PILING | INSPECTOR <i>[Signature]</i> |
| 10863 | BONNEY | Green Enc. | | 772-708-3078 |
| to Wed | 11 Oakwood Dr. | Paperwork under house | PASS | CLOSE |
| | Signature | | | INSPECTOR <i>[Signature]</i> |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6/6 -14 Page of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|----------|---|--------------------------------|----------------------------|--------------------------------|
| 10859 | Eberet 138 S Sewall Pt Rd Browne | Reinspect all | reinspect from 6/5 PASS | |
| | | | | INSPECTOR <i>JA</i> |
| 10894 | KLOSE 2 BAKU SO AE MANN | A/C FINAL | PMS | CLOSE |
| 2:00 pm | | | | INSPECTOR <i>JA</i> |
| 10527 | WESTON 30 S. SPT RD WESTON CONST | METER FINAL | FAIL | - GARAGE DOOR - HOUSE #S |
| | | | | INSPECTOR |
| 10680 | WINSLOW 10 S. SPT RD GREEN BLDG | COLUMNS POSTERS | FAIL | NO STEEL IN WINDOWS COLUMNS |
| | | | | INSPECTOR <i>JA</i> |
| 10878 | DOUGHERTY 15 OAK HILL WALTER WHITE | SEA WALL FRAMING | PASS | |
| | | | | INSPECTOR <i>JA</i> |
| 10833 | DOUGHERTY 15 OAK HILL WAY NISAN | A/C FINAL | PASS | CLOSE |
| | | | | INSPECTOR <i>JA</i> |
| 10842 | SHARPT ROSEMAN 5 RIO VISTA CODE RED ROOF | FINAL ROOF | PASS | CLOSE |
| | | | | INSPECTOR <i>JA</i> |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-13-14 Page ____ of ____

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|------------------|---|----------------------|------------|------------------------------|
| | AKERA 38 W. HIGH PT | TREE | OK | |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10694 | WESTCOTT 53 N. RIVER RD SAN GEORGE COND | COLUMNS STEM WALL | PASS | |
| | | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10859 | [REDACTED] | GAS ROUGH | [REDACTED] | [REDACTED] |
| | 138 S SAT. RD BROWNIE | | PASS | |
| | | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10804 | ENGLE 17 VIA LUCINDIA A/C MANN | A/C FINAL | PASS | CLOSE |
| | | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10890 | FROHLICH 9 PALM | FINAL DECK | PASS | CLOSE |
| | | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | WEDEN 21 Ocean RD | TREE | OK | |
| | | | | 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 **6-27** -14 Page of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|----------|--|-------------------------------|-------------------------|---|
| 10710 | DARROW 7 OAK HILL WAY JMC | TIE BEAM + COLUMN | PASS | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10859 | EBERT 138 S. Sewalls BROWNIE Comp | UNDERGROUND GAS | FAIL | NO PRESSURE ON LINE INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| 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

7-1-14

Page ___ of ___

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|------------------|--------------------------|---|---------|------------------------------|
| 10905 | Lugo | Final A/c | | -NO LADDER NEEDED |
| AM | 4 Oak Hill Way | | PASS | CLOSE |
| | NIS AIR | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10877 | POINT HIGH PT LLC | 1) Elec - POOL GROUNDING <i>ON SPA</i> | | NICK - 352-216-503 |
| | 49 W. HIGH PT RD | 2) Plum - POOL MAIN DRAIN | PASS | |
| | VAN KIRK & SONS | 3) BRUC - POOL STEEL | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10778 | NEKANE | 2ND FLOOR | | |
| | 44 S. Sewalls Pt Rd | TIE ROOM | PASS | |
| | OCEAN FRONT | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10859 | EVERETT | V/G - GWS | | NO GWS |
| | 138 S. Sewalls Pt Rd | RE-INSPECT | FAIL | ON HOUSE LINES |
| | BROWNIE | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| | | | | INSPECTOR |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-2-14 Page of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|----------|--|---------------------------|-------------------|---------------------------------------|
| 10857 | BAHNT 138 S. Sewalls Pt Rd BROWNIE | Gas Pouch | PASS | INSPECTOR <i>[Signature]</i> |
| 10853 | KISSLING 7 MUNDOW HEATON ROOFING | ROOF FINAL | PASS | CLOSE INSPECTOR <i>[Signature]</i> |
| 10674 | MORAN 2 PERRY RD BROWNIE | FOOTER | CLOSED FOR MONDAY | INSPECTOR |
| | HARRINGTON 5 VIA LUCINDIA | TRUSS | OK | INSPECTOR <i>[Signature]</i> |
| | STARS 4 PERRY OAK RD | JOBSITE w/ ELECTRICIAN | OK | INSPECTOR |
| | | | | INSPECTOR |
| | | | | INSPECTOR |

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/11 -14 Page 1 of 2

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|------------------|--|---|-----------------|---|
| 10911 | Bailey 117 N. Sewall's Pt. Rd. Jackson Pods, Inc | Perimeter Pipe | PASS | INSPECTOR <i>JA</i> |
| 10859 | Eberst 138 S SPR Brownie | Final Gas + Electric | Fail | NO WORK INSPECTOR |
| 10970 | Poole 94 N SPR Estel | patio Slab | PASS | INSPECTOR <i>JA</i> |
| 10479 | Sewalls Holding 5 River Oak Pl Mel-Ry | Final Stucco (Notice of Expired Permit Sent) | PASS | INSPECTOR <i>JA</i> |
| 10963 | Wilberding 2 Palama Wy Nisair | Final A/c | PASS | CLOSE INSPECTOR <i>JA</i> |
| 10968 | Puchalski Le Banyan Rd Solar Energy Systems | Final Plumbing Solar | FAIL | NO ACCESS INSPECTOR |
| 10896 | Boucher/Zieres 2 Fieldway Dr O/B | Stem wall footing + footing | PASS | PENDING FORMER BOARD SURVEY INSPECTOR <i>JA</i> |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/2/14 Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
|------------------|--|----------------------------------|-----------------|--|
| 10710 | Darrow 7 Oakhill Way JMC | Electrical LATHE | PASS | INSPECTOR <i>[Signature]</i> |
| 10694 | Westcott 53 N. River Rd Sen George Const. | Window Buckling | PASS | INSPECTOR <i>[Signature]</i> |
| 10849 | Gould 48 SSPR | Final outdoor Kitchen | FAIL | NOT READY |
| 10859 | Eberst 138 S SPR Brownie | Final Kitchen Bath Remodel | PASS | Close INSPECTOR <i>[Signature]</i> |
| 11012 | Schmidt After 2:30 pm 8 Oakhillway DS AIC | Final Mechanical | RECHECKED | TUES 8:30 AM INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| | | | | INSPECTOR |

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 17 2004 TREE REMOVAL PERMIT No 2259

APPLIED FOR BY MULCAHY (Contractor or Owner)

Owner 138 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 QUEEN PALM + GRAPEFRUIT

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed Gene Simmons (Signature)
Town Clerk
Building Official

FEE \$ 0

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspectic
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 additional notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Steven Mulcahy Address 138 S. Sewall Pt. Rd. Phone 287-8146
 Contractor _____ Address Stuart, FL Phone 708-3266

No. of Trees: REMOVE 2 Type: Queen palm
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: grapefruit tree
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Queen palm is pushing against grapefruit tree
afraid of it falling & causing damage to boat & life
 Signature of Applicant _____ Date _____

Approved by Building Inspector: [Signature] Date 5/17 Fee: -0-
 Plans approved as submitted _____ Plans approved as revised/marked: _____

Being checked out by neighbors oak tree

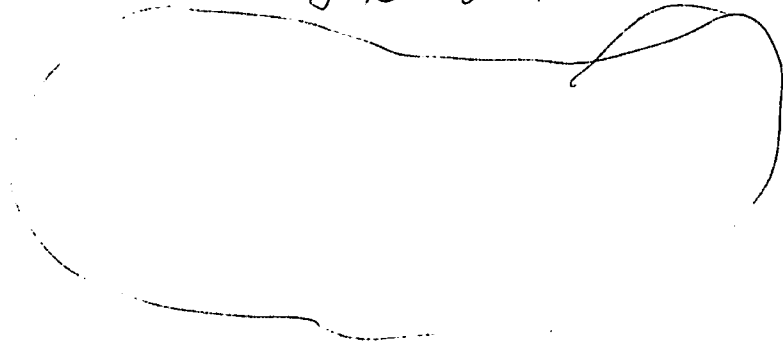
Water

back of
back left

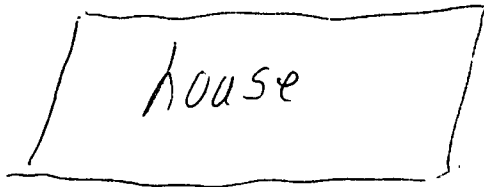


Q: steps

tree to be removed
too close to sea wall
and leaning toward back left
& sea wall.



prop
tree



house

