

144 South Sewall's Point Road

142

SFR

TOWN OF SEWALL'S POINT - FLO. A

Application For Building Permit

Owner GALE KIPPLINGER Present Address BAY TREE Phone _____

Architect _____ Address _____

General Contractor T.E. SYLVESTER Address P.O. Box 963 Phone 287-5487

Where Licensed MARTIN CO. & STUART License No. 02034

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location PART OF BAY TREE Subdivision _____ Lot No. _____

Lot Dimensions 105' X 165 Lot Area _____ Sq. Ft. _____

Purpose of Building RESIDENCE Type of Construction FRAME

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

Outside of Walls 1325 Inside of Walls _____

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

Clearances - Front 50 Back 66 Side 37 Side 15 River 66

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$25,000⁰⁰

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	<u>75.00</u>	_____	<u>75.00</u>
Plumbing (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner) -----	<u>95.00</u>	_____	_____

SIGNED: - General Contractor or Owner Thomas E. Sylvester

Building Inspector Comments: Charles A. Dungee
OK

FOR TOWN RECORDS: Date Drawings submitted 6/10/68

Date Permit approved 6/12/68

Date Permit Fee paid 6/12/68

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

~~142~~

OF SEWALL'S POINT - FLO. A

Application For Building Permit

BEACH

Owner KIPKINGER Present Address TENNER Phone _____

Architect C Address _____

General Contractor KIPKINGER Address _____ Phone _____

Where Licensed MARLIN POINT License No. 54

Plumbing Contractor ELMER DEWITT Where Licensed _____ No. 54

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location _____ Subdivision _____ Lot No. _____

Lot Dimensions _____ Lot Area _____ Sq. Ft. _____

Purpose of Building _____ Type of Construction _____

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

Outside of Walls _____ Inside of Walls _____

Street or Road building will front on _____

Clearances - Front _____ Back _____ Side _____ Side _____ River _____

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) _____

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

SIGNED: - General Contractor or Owner KipKinger

Building Inspector Comments: _____

Replacing & repairing plumbing

FOR TOWN RECORDS: Date Drawings submitted _____

Date Permit approved _____

Date Permit Fee paid Jan-4-68

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

No permit issued

328

ADDITION

N OF SEWALL'S POINT, FLO

APPLICATION FOR BUILDING PERMIT

Permit No. 328

Date 5-12-72

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner GALE KIDLINGER Present Address SEWALL'S PT. Ph _____

General Contractor SYLVESTER CONST. INC. Address PO BOX 963 STUART Ph 753 2100

Where licensed STUART License No. _____

Plumbing Contractor ~~ALPINE~~ License No. _____

Electrical Contractor ALPINE License No. _____

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

Subdivision CROSS FROM BAY TREE Lot No. _____ Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft REMODEL

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5000.00

Total cost of permit \$ 18.00

Plans approved as submitted ✓ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

J.E. Sylvester
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 5/10/72

Date approved 5/12/72

Certificate of Occupancy issued _____ Date

557

ADDITION

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Oct 14 75

This is to request that a Certificate of Approval for Occupancy be issued to SLIPPLINGER ADD
For property built under Permit No. 557 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	10/17/75	W
Rough plumbing	11/11/75	W
Perimeter beam		
Rough electric	11/11/75	W
Close in		
Final plumbing		
Final electric	12/16/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

4132

DOCK REPAIR

4132

TAX FOLIO NO. 13-38-41-000-000-0007.1-1

DATE 1/28/97

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

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

Owner THE KIPLINGER WASHINGTON EDITORS, INC Present Address 6 FAIRVIEW SOUTH

Phone 561-220-2800

2400 S. FEDERAL HIGHWAY, ST. 300 SEWART, FL 34996

Contractor NONE (OWNER & EMPLOYEES) Address

Phone 287-4011

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: FISHING PIER REPAIR

144 South Sewall's Point Rd, Sewall's Point, FL 34996 State the street address at which the proposed structure will be built:

Subdivision N/A Lot Number Block Number

Contract Price \$ 236.00 Cost of Permit \$ 50.00

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 of Town Commissioner "Red-Tagging" the construction project

Contractor N/A

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.

THE KIPLINGER WASHINGTON EDITORS, INC. Owner Ed. Bennett Power

TOWN RECORD

Date submitted

Approved: Building Inspector Date

Approved: Commissioner Date

Final Approval given: Date

Certificate of Occupancy issued (if applicable) Date

Permit No.

PN 4238

MOSLEY AND SON CONSTRUCTION, INC.

GENERAL ACCOUNT
1400 S.E. MONTEREY RD./P.O. BOX 1736
STUART, FLA. 34995-1736
287-6962

3950

August 20 19 97

PAY

50.00
Fifty and 00/100

DOLLARS \$ 50.00

TO THE ORDER OF

John of Sewall's Point

Philip W. Meyer

BARNETT BANK OF MARTIN COUNTY
STUART, FLORIDA

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/20/97

BUILDING PERMIT NO. 4238

Building to be erected for KIPLINGER WASH ED. Type of Permit DRIVEWAY

Applied for by MOSELY & SONS (Contractor) Building Fee 50

Subdivision HANSON GRANT Lot _____ Block _____ Radon Fee _____

Address 144 S SEWALL'S Pt Rd. Impact Fee _____

Type of structure DRIVEWAY A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

Amount Paid 50 Check # 3950 Cash _____ Other Fees (_____) _____ Plumbing Fee _____

Total Construction Cost \$ 5500 TOTAL Fees 50

Signed *Philip W. Meyer*

Applicant

Signed *[Signature]*

Town Building Inspector

4238

Town of Sewall's Point

P.I.N. _____

Date 8/19/97

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: DRIVEWAY - CONCRETE, PAVER ACCENT BORDER

Owner's Name The KIPLINGER WASHINGTON EDITORS, INC

Owner's Address C/O 2400 S. FEDERAL AVE SUITE 300 STUART, FL 34994-4531

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City _____ State _____ Zip _____

Contractor's Name MOSLEY & SON CONST. INC.

Contractor's Address 1400 SE MONTEREY RD.

City STUART State FL Zip 34994

Job Name INDIAN RIVER HOUSE - ENTRY DRIVE

Job Address 144 S. SEWALLS POINT ROAD

City STUART - SEWALLS PT. County MARTIN

Legal Description SEE ATTACHED

Bonding Company N/A

Bonding Company Address N/A

City _____ State _____

Architect/Engineer's Name NONE

Architect/Engineer's Address _____

Mortgage Lender's Name NONE

Mortgage Lender's Address _____

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 standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.



OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

W. Martin Bonan, agent
Owner or Agent

8/17/97
Date

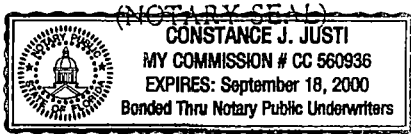
Philip W. Morgan Jr
Contractor *QUALIFYING AGENT*

8/19/97
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 19th day of August 1997, by W. Martin Bonan, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Constance J. Justi
Name: Constance J. Justi
Typed, printed or stamped



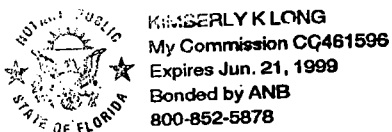
I am a Notary Public of the State of Florida having a commission number of CC 560936 and my commission expires: 9/18/2000

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 19th day of August 1997, by Philip W. Morgan Jr., who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Kimberly K. Long
Name: Kimberly K. Long
Typed, printed or stamped

(NOTARY SEAL)



I am a Notary Public of the State of Florida having a commission number of CC461596 and my commission expires: 6/21/99

Certificate of Competency Holder

Contractor's State Certification or Registration No. CAL 036047

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY

[Signature] Permit Officer

LEGAL DESCRIPTION

That part lying East of Sewall's Point Road of that Northerly 124.5 feet of Lot 5 of an unrecorded plat of subdivision of Lot 1 of Commissioners' Subdivision of the Miles or Hanson Grant according to plat thereof filed 20 December 1901, recorded in Plat Book B, Page 59, Dade County, Florida, public records, also filed and recorded in Plat Book 1, Page 11, Palm Beach County, Florida, public records; said unofficial Lot 5 being the South 10 acres of the North 50 acres of Lot 1 of the Commissioners' Subdivision aforesaid.

Together with all riparian rights appertaining thereto.

And with a tract of submerged land extending 200 feet into the Indian River from the Easterly boundary of the tract described above, and lying between Eastward extensions of the Northerly and Southerly boundaries of the tract described above.

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. Description of property: SEE ATTACHED
2. General description of improvement. Driveway - concrete, paved accent border.
3. Owner information: The Kiplinger Washington Editors, Inc.
 - a. Name and address: c/o Fairview South, Inc.
2400 S. Federal Hwy., Suite 300
Stuart, FL 34994-4531
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor: Mosley & Son Const. Inc.
 - a. Name and address: 1400 S.E. Monterey Road
Stuart, FL 34994
 - b. Phone number: 561-287-6962
 - c. Fax number (optional, if service by fax is acceptable). 561-287-7224
5. Surety:
 - a. Name and address: N/A
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable).
 - d. Amount of bond \$



4238

DRIVEWAY

ADMIN
VARIANCE

Prepared by and return to:
Town of Sewall's Point
One South Sewall's Point Road
Stuart Florida 34996

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPROVAL**

1. Owner of Property: Kiplinger Washington Editors

2. Legal Description of Property:

see Exhibit "A" attached hereto

3. Date of Administrative Variance Application: 3-9-99

Whereas, the Town of Sewall's Point Building Commissioner (the "Building Commissioner") has authority under the Town of Sewall's Point Code of Ordinances to grant administrative variances upon making certain findings of fact; and

Whereas, the Building Commissioner has reviewed an Administrative Variance Application (the "Application") for the Property described above and determined that the Application is complete; and

Whereas, the Building Commissioner has made the appropriate findings of fact and finds that:

(1) The setback violation(s) for the encroachments shown on the survey attached as Exhibit "A" (the "Survey") was/were a good faith error(s) and was/were not intentional; and

(2) The encroachment(s) is/are less than or equal to five percent (5%) of the

Mar-24-99 13:15

P.01

Town of Sewall's Point
Administrative Variance Approval
Page Two

setback requirement(s) in effect on the date that the encroachment was first created, or twenty inches (20"), whichever is less; and

(3) No letters of objection to the administrative variance application have been filed by adjacent owners with the Town Clerk; and

(4) The Application meets the conditions of the Town of Sewall's Point Code of Ordinances for an administrative variance.

NOW, THEREFORE, the Town of Sewall's Point hereby grants and approves the Application for an administrative variance for the encroachments shown on the Survey.

Dated this 24th day of March, 1999.

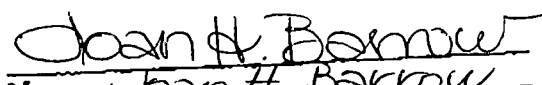
The Town of Sewall's Point, a
Florida municipal corporation

By: 
Its: Building Commissioner

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 24th day of March, 1999,
by Cyrus Kissling, as Building Commissioner of the Town of Sewall's
Point, a Florida municipal Corporation, who is personally known to me or who has produced
as identification and who did not take an oath.

(NOTARY SEAL)


Name: Joan H. Barrow
I am a Notary Public of the
State of Florida and my
commission expires:
11-30-02



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

March 9, 1999

The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

Re: Application for Administrative Variance Pursuant to Appendix B - Zoning,
Section VII.F, Town of Sewall's Point Code of Ordinances Filed by
Kiplinger Washington Editors, Inc.

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Kiplinger Washington Editors, Inc. with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

SHADOW LAKE GROVES, INC.

BY: 

W. MARTIN BONAN, VICE
PRESIDENT

March 9, 1999

The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

Re: Application for Administrative Variance Pursuant to Appendix B - Zoning,
Section VII.F, Town of Sewall's Point Code of Ordinances Filed by
Kiplinger Washington Editors, Inc.

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Kiplinger Washington Editors, Inc. with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,



GARY GRIFFIS

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET & WRIGHT, L.L.P.**

DEBORAH B. BEARD
RICHARD J. DUNGEY*
M. LANNING FOX*
GARY L. SWEET
W. THOMAS WACKEEN**
THOMAS E. WARNER**
TIM B. WRIGHT

1100 S. FEDERAL HIGHWAY
P.O. DRAWER 6
STUART, FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1489

ANTHONY L. CONTICELLO
LOUIS E. LOZEAU, JR.
MICHAEL J. McCLUSKEY
WILLIAM R. PONSOLDT, JR.
***BETH TEARDO PRINZ
SUSANN B. WARD

AARON A. FOOSANER
ROBERT L. SEELEY
OF COUNSEL

JUPITER (561) 744-6499

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

***BOARD CERTIFIED WILLS, TRUSTS
& ESTATES LAWYER

March 24, 1999

Via Facsimile

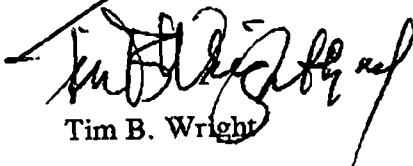
Mrs. Joan H. Barrow, Town Clerk
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Town of Sewall's Point; Kiplinger Administrative Variance

Dear Joan:

I have reviewed the new survey and I believe the application comports with the Code and the administrative variance should be issued. I called Commissioner Kissling and he said he would be on his way down to sign it.

Sincerely yours,



Tim B. Wright

TBW/mcf

H:\martha\losp\letters\barrow.915

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPLICATION FORM**

- 1. Owner of Property: KIPLINGER WASHINGTON EDITORS, INC.
- 2. Address of Property: 144 S. Sewalls Point Road, Stuart, Florida 34996
- 3. Address of Applicant: 2400 S. Federal Highway, #300, Stuart, Florida 34994
- 4. Phone No. of Applicant: 220-2800
- 5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):
See Exhibit "A" attached hereto

6. Have you included the following materials with your application? yes
- | | |
|-----------------------------|---|
| A. \$250.00 Filing Fee | B. \$250.00 Costs Deposit |
| C. Certificate of Ownership | D. Certificate of Adjacent Owners |
| E. Survey | F. Letters of No Objection or Proof of Mailing Notice |

7. Does/do the encroachment(s) result from development under a permit for which a certificate of occupancy was issued prior to March 11, 1992? yes

I hereby certify that all of the information above and the application materials I have provided are true and correct:

KIPLINGER WASHINGTON EDITORS, INC.
BY: *W. Martin Bonan*
Applicant W. MARTIN BONAN

Dated this 9th day of March, 1999.

McCarthy, Summers, Bobko, McKey, Wood & Sawyer, P.A.

Attorneys at Law

Noel A. Bobko***
Nicola Jaye Boone
Robert N. Maitland, II
Terence P. McCarthy**
John D. McKey, Jr.
Thomas R. Sawyer**
Robert P. Summers**
Steven J. Wood*

2081 E. Ocean Boulevard
Second Floor
Stuart, Florida 34996

Tel 561 286-1700
Fax 561 283-1803

E-Mail: info@mcsumm.com
<http://www.mcsumm.com>

*** Board Certified Civil Trial Lawyer
** Board Certified Real Estate Lawyer
* Board Certified Wills, Trusts & Estates Lawyer

March 10, 1999

*Comm.
Wienke*

Town of Sewall's Point
1 S. Sewall's Point Road
Stuart, Florida 34996
Attn. Joan

Re: Kiplinger Washington Editors, Inc.

Dear Joan:

Enclosed please find the following documents:

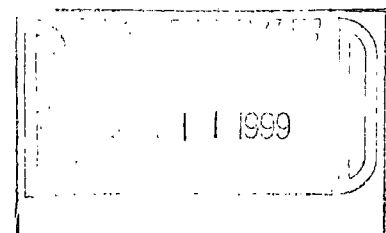
1. Town of Sewall's Point Administrative Variance Application Form.
2. Correspondence to the Town of Sewall's Point from Shadow Lake Groves, Inc.
3. Correspondence to the Town of Sewall's Point from Gary Griffis.
4. Certificate of Ownership.
5. Survey prepared by Fred W. Repass dated February 26, 1999 identified as File No. 99-126.
6. My client's check in the amount of \$500.00 payable to the Town of Sewall's Point.

You will note from the enclosed survey that there is an a-c pad located along the northern side of the existing residence. Please be advised that the owner of the property intends to move this a-c pad to the south side of the house and, as a result, any question concerning a setback encroachment will be rendered moot. Should you need further assurances concerning this, please advise.

Very truly yours,

TPM

Terence P. McCarthy
TPM/ja
Enclosures
cc: client



CERTIFICATE OF OWNERSHIP

I, TERENCE P. MCCARTHY, a member of the Florida Bar, hereby certify that record title to the property described in Exhibit "A" attached hereto is in the ownership of Kiplinger Washington Editors, Inc.

Dated this 24 day of March, 1999.

Terence P. McCarthy

Terence P. McCarthy
McCarthy, Summers, Bobko, McKey,
Wood & Sawyer, P.A.
2081 E. Ocean Boulevard, 2nd Floor
Stuart, Florida 34996
561-286-1700

COMMONWEALTH LAND TITLE INSURANCE COMPANY

DEED SEARCH

Company File No. P62495A

TO: MCCARTHY, SUMMERS, BOBKO, MCKEY, WOOD & SAWYER P.A.
2081 EAST OCEAN BOULEVARD
SECOND FLOOR
STUART, FL 34996
Attn: IXA G

Pursuant to your request, the Company has caused a search to be made of the Public Records of St. Lucie County, Florida, from SEPTEMBER 1, 1998 at 8:00 A.M. through FEBRUARY 19, 1999 at 8:00 A.M. and said search reveals that the following instruments have been recorded during said period:

1. Warranty Deed recorded in Official Records Book 1334, page 933.
2. Warranty Deed recorded in Official Records Book 1341, page 1937.

NOTE: THE AFORESAID DEEDS ARE THE LAST DEED OF RECORD FOR THE PROPERTY TO THE IMMEDIATE NORTH AND IMMEDIATE SOUTH OF THE LEGAL DESCRIPTION SHOWN ON EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

NOTE: THIS SEARCH IS LIMITED TO DEEDS ONLY

The foregoing report is prepared and furnished for information only, and no determination has been made of the authenticity of any instrument described or referred to herein. The Company's liability hereunder shall not exceed the cost of this report, or \$1,000, whichever is less.

COMMONWEALTH LAND TITLE INSURANCE COMPANY
1100 SW St. Lucie West Blvd.
Suite 200
Port St. Lucie, FL 34986-2108
(561) 340-5154

March 08, 1999

By *Valerie Pollesco*
Authorized Officer or Agent

This Document Prepared By
Thomas P. McCarthy, Esq.
McCarthy, Sumner, Robles McKay, Wood & Sawyer, PA
2021 S.E. Ocean Blvd. Second Floor
Deerfield, FL 34796

MARSHA STILLA
CLERK OF CIRCUIT COURT
MARTIN COUNTY, FL

RECORDED & VERIFIED
BY *RO* O.C.

01319403

98 SEP -8 PM 4:38

Parcel ID Number: 13-38-41-001-000-00011-30000
Contract #1 TEN

DOC-DTID 2513.00 MARSHA STILLA
DOC-APTD # _____ MARTIN COUNTY
DOC-ABM # _____ CLERK OF CIRCUIT COURT
INT. TRS # _____ BY *[Signature]* O.C.

Warranty Deed

This Indenture, Made this 4th day of September, 1998 A.D., Between
T.G. MUMFORD and MARGARET A. MUMFORD, his wife,

GARY K. GRIFFIS,

, grantors, and

whose address is: 140 S. SEWALL'S POINT RD, STUART, Florida 34996

, grantee.

Witnesseth that the GRANTORS, for and in consideration of the sum of
-----TEN & NO/100(\$10.00)----- DOLLARS,
and other good and valuable consideration to GRANTORS in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, have
granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs and assigns forever, the following described land, situate,
lying and being in the County of MARTIN State of Florida to wit:

Lot 1, THE ARCHIPELAGO, according to the Plat thereof on file
in the Office of the Clerk of the Circuit Court in and for
Martin County, Florida recorded in Plat Book 4, page 48, said
lands situate, lying and being in Martin County, Florida.

Subject to restrictions, reservations and easements of record,
if any, which are not reimposed hereby, and taxes subsequent to
December 31, 1997.

and the grantors do hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written.
Signed, sealed and delivered in our presence:

[Signature]
Printed Name: Debra G. Duvall

Witness as to Both

[Signature]
Printed Name: Terence P. McCarthy
Witness as to Both

[Signature] (Seal)
T.G. MUMFORD

P.O. Address 140 S. SEWALL'S POINT RD, STUART, FL 34997

[Signature] (Seal)
MARGARET A. MUMFORD

P.O. Address 140 S. SEWALL'S POINT RD, STUART, FL 34997

STATE OF Florida
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 4th day of September, 1998 by
T.G. MUMFORD and MARGARET A. MUMFORD, his wife,

who are personally known to me or who have produced their
identification.

Terence P. McCarthy
My Commission CCT18638
Expires February 22, 2002

[Signature]
Printed Name: Terence P. McCarthy
NOTARY PUBLIC
My Commission Expires: February 22, 2002

LAST PAGE

ORBK1334 P60933

© Computer Systems, Inc. 1990
(817) 363-3333 Form FLWD-3

10-07-1998 03:10PM FROM MCCARTHY SUMMERS, P.A. TO
MARTHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL.

128087213 VERIFIED
BY RO D.C.

98 OCT -9 PM 2:50

Prepared by and return to:
Terence P. McCarthy, Esq.
McCarthy, Summers, Bobko,
McKay, Wood & Sawyer, P.A.
2081 E. Ocean Blvd.
Stuart, FL 34996

01325714

DC-DEED \$ 721.00 MARTHA STILLER
COUNTY \$ _____ MARTIN COUNTY
CLERK OF CIRCUIT COURT
BY [Signature] D.C.

WARRANTY DEED
(Modern Form Deed, F.S. 689.02)

1. IDENTIFICATION OF GRANTOR

Grantor's name and address is: *THE KIPLINGER WASHINGTON EDITORS,
INC., a Delaware corporation
1729 H Street N.W.
Washington, DC 20006*

The word "I" or "me" as hereafter used means the Grantor.

2. IDENTIFICATION OF GRANTEE

Grantee's name and address is: *SHADOW LAKE GROVES, INC., a Florida
corporation
2400 S. Federal Highway, Suite 300
Stuart, FL 34994*

Grantee's tax identification number is: 65-0050724

The word "you" as hereafter used means the Grantee.

3. MEANINGS OF TERMS

The terms "I," "me," or "you" shall be non-gender specific ((i) masculine, (ii) feminine, or (iii) neuter, such as corporations, partnerships or trusts), singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

4. DESCRIPTION OF REAL PROPERTY CONVEYED

Property hereby conveyed (the "Real Property") is described as follows:

BAR FORM R-3.6
© Florida Lawyers Support Services, Inc. 1996

OR BK 1 3 4 1 PG 1 9 3 7

Property hereby conveyed (the "Real Property") is described as follows:

SEE EXHIBIT "A" ATTACHED HERETO.

together with all tenements (property capable of being held with unconditional power of disposition), hereditaments (inheritable interest in property), easements (right to use land of another) and appurtenances (right used with land for its benefit) belonging to or benefiting such property.

The Property Appraisers Parcel Identification Number is

5. CONSIDERATION

Good and valuable consideration plus the sum of Ten Dollars (\$10.00) received by me from you.

6. CONVEYANCE OF REAL PROPERTY

For the consideration described in Paragraph 5, I have granted, bargained and sold to you the Real Property to have and to hold in fee simple (estate in property unlimited as to duration, disposition and descendability) forever.

7. WARRANTY

I fully warrant the title to the Real Property and will defend the same against the lawful claims of all persons whomsoever except for covenants, reservations, restrictions and easements of record, if any, and taxes subsequent to December 31, 1997.

8. EXECUTION

I have executed this instrument on October 7TH 1998.

THE KIPLINGER WASHINGTON EDITORS, INC., a Delaware corporation

Amy L. Vay
Witness printed name: Amy L. Vay

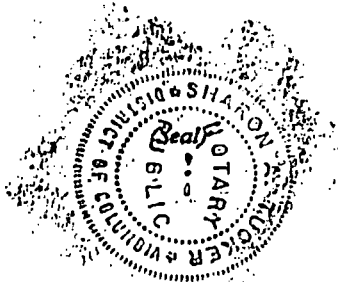
By: Stephen J. Braderick
Stephen J. Braderick, VICE PRESIDENT

Annie Vance
Witness printed name: Annie Vance Attest:

Corbin M. Wilkes
Corbin M. Wilkes, Secretary

State of District of Columbia
County of _____

The foregoing instrument was acknowledged before me this 7th day of October,
1998 by Stephen J. Broderick, as Vice President and Corbin M. Wilkes
as Secretary of The Kiplinger Washington Editors, Inc., a Delaware corporation, on behalf
of the corporation. They are personally known to me have produced _____
as identification.



Sharon A. Tucker
Notary Public
My Commission Expires: 8/31/01

LEGAL DESCRIPTION

BEING A PARCEL OF LAND LYING IN THE MILES OR HANSON GRANT IN TOWNSHIP 38 SOUTH, RANGE 42 EAST, MARTIN COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE INTERSECTION OF THE NORTH LINE OF THE MILES OR HANSON GRANT AND THE CENTERLINE OF SOUTH SEWALL'S POINT ROAD. THENCE SOUTH 29°05'29" EAST ALONG SAID CENTERLINE A DISTANCE OF 1219.69 FEET; THENCE NORTH 85°00'00" EAST, A DISTANCE OF 15.02 FEET TO THE POINT OF BEGINNING OF THE FOLLOWING DESCRIBED PARCEL. THENCE CONTINUE NORTH 65°00'00" EAST, A DISTANCE OF 167.12 FEET MORE OR LESS TO THE WESTERLY MEAN HIGH WATER LINE OF THE INDIAN RIVER. THENCE ALONG SAID MEAN HIGH WATER LINE BY THE FOLLOWING COURSES AND DISTANCES: THENCE SOUTH 20°05'30" EAST, A DISTANCE OF 33.48 FEET; THENCE SOUTH 26°07'34" EAST, A DISTANCE OF 81.75 FEET; THENCE SOUTH 42°29'16" EAST, A DISTANCE OF 28.48 FEET; THENCE DEPARTING SAID MEAN HIGH WATER LINE OF THE INDIAN RIVER, SOUTH 65°00'42" WEST, A DISTANCE OF 166.74 FEET MORE OR LESS TO THE WESTERLY RIGHT-OF-WAY LINE OF SAID SOUTH SEWALL'S POINT ROAD. THENCE NORTH 28°05'29" WEST, ALONG SAID RIGHT-OF-WAY LINE A DISTANCE OF 142.43 FEET TO THE POINT OF BEGINNING.

CONTAINING 0.53 ACRES, MORE OR LESS

TOGETHER WITH:

BEING A PARCEL OF SUBMERGED LAND LYING IN TOWNSHIP 38 SOUTH, RANGE 42 EAST, MARTIN COUNTY, FLORIDA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGIN AT THE INTERSECTION OF THE NORTH LINE OF AFOREDESCRIBED LANDS AND THE WESTERLY MEAN HIGH WATER LINE OF THE INDIAN RIVER; THENCE NORTH 65°00'00" EAST, A DISTANCE OF 515.34 FEET; THENCE SOUTH 25°00'00" EAST, A DISTANCE OF 142.27 FEET TO A POINT, SAID POINT BEING ON THE EASTERLY PROLONGATION OF THE SOUTH LINE OF THE AFOREDESCRIBED LANDS; THENCE SOUTH 65°00'00" WEST, A DISTANCE OF 508.04 FEET TO THE WESTERLY MEAN HIGH WATER LINE OF THE INDIAN RIVER; THENCE ALONG SAID MEAN HIGH WATER LINE THE FOLLOWING COURSES AND DISTANCES: THENCE NORTH 42°29'16" WEST, A DISTANCE OF 28.48 FEET; THENCE NORTH 26°07'34" WEST, A DISTANCE OF 81.75 FEET; THENCE NORTH 20°05'30" WEST, A DISTANCE OF 33.48 FEET TO THE POINT OF BEGINNING.

CONTAINING 1.69 ACRES, MORE OR LESS

DRBK1 3 4 1 Pg 1 9 4 0

NO.	REVISIONS	DATE	BY



INCORPORATED
PROFESSIONAL SURVEYORS AND MAPPERS
PALM CITY • 1400 U.S. HIGHWAY 101 • TEL 386-8888
P.O. BOX 1400 34901
MEMBER OF ASSOCIATION OF PROFESSIONAL SURVEYORS 10 4100

Legal Description for: Fairview South, Inc.		
Martin County		Florida
Scale: N/A	Date: 7-1-90	File & Drawing No. 88-1026-01-04
Drawn By: R.L.L.	Checked: D.W.S.	Sheet: 1 of 3

SURVEYOR'S NOTES:

- 1) THE INFORMATION SHOWN HEREON IS BASED ON A BOUNDARY SURVEY PREPARED BY GCY, INC. HOWEVER, THIS LEGAL DESCRIPTION AND SKETCH DO NOT REPRESENT A BOUNDARY SURVEY.
- 2) THIS LEGAL DESCRIPTION SHALL NOT BE VALID UNLESS:
 - A) PROVIDED IN ITS ENTIRETY CONSISTING OF 3 SHEETS, WITH SHEET 3 BEING THE SKETCH OF DESCRIPTION.
 - B) REPRODUCTIONS OF THE DESCRIPTION AND SKETCH ARE SIGNED AND SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
- 3) BEARINGS SHOWN HEREON ARE REFERENCED TO THE NORTH LINE OF THE HANSON GRANT. SAID LINE BEARS N 66°00'00" E.

CERTIFICATION

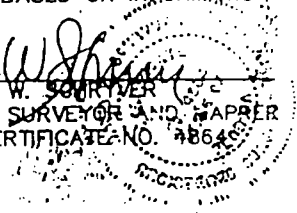
(NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER)

I HEREBY CERTIFY THAT THE SKETCH AND LEGAL DESCRIPTION OF THE PROPERTY SHOWN AND DESCRIBED HEREON WAS COMPLETED UNDER MY DIRECTION AND SAID SKETCH AND DESCRIPTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER CERTIFY THAT THIS SKETCH AND DESCRIPTION MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATE STATUTES. THE SKETCH AND DESCRIPTION IS BASED ON INFORMATION FURNISHED BY CLIENT OR CLIENT'S REPRESENTATIVE.


10/9/98
DATE OF SIGNATURE

David W. Sawyer
DAVID W. SAWYER
PROFESSIONAL SURVEYOR AND MAPPER
FLORIDA CERTIFICATE NO. 78645



DR BK 1 3 4 1 PS 1 9 4 1

NO.	REVISIONS	DATE	BY



GCY
INCORPORATED
PROFESSIONAL SURVEYORS AND MAPPERS
PALM CITY • 1600 S.W. BIRCHWAY • PALM BEACH COUNTY, FLORIDA 33460
P.A. REG. 1600 00001
CERTIFICATE OF AUTHORIZATION LN 4100

Legal Description For:		Fairview South, Inc.	
Marth County		Florida	
Scale:	Date:	File & Drawing No.:	Sheet:
N/A	7-1-98		
Drawn By:	Checked:	2 of 3	
RLI:	D.W.S.		

POINT OF COMMENCEMENT

N 86°00'00" E
NORTH LINE OF
THE HANCOCK GRANT

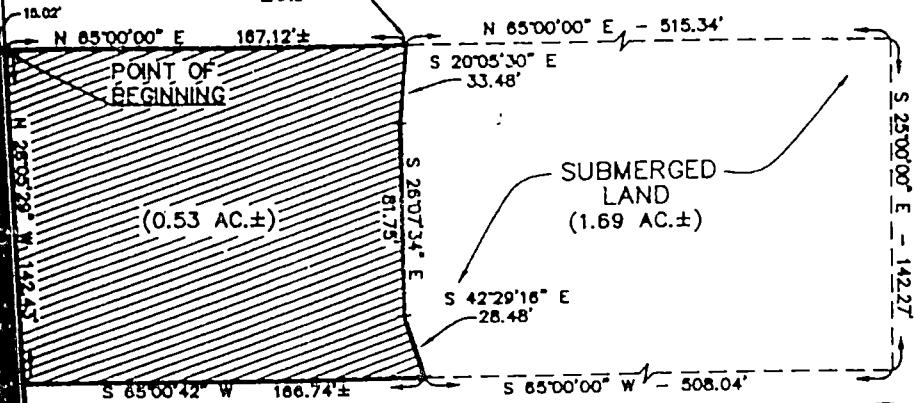


GRAPHIC SCALE



(IN FEET)
1 inch = 60 ft.

POINT OF BEGINNING
SUBMERGED LAND



POINT OF BEGINNING

(0.53 AC.±)

SUBMERGED LAND
(1.69 AC.±)

OR 81 3 4 1 PG 1 9 4 2

LACI
PAGE



G.C.Y. INCORPORATED
PROFESSIONAL SURVEYORS AND MAPPERS
PALE CITY • 1008 S.W. MARKET BLVD. • 3861 288-0888
P.O. BOX 1488 • DALLAS, TEXAS 75201
CERTIFICATE OF AUTHORIZATION IS 4168

Sketch Of Description For
Fairview South, Inc.
North County Florida

Scale 1"=60'	Date 7-1-98	File & Drawing No. 86-1028-01-04
Drawn By R.L.L.	Checked D.W.S.	Sheet 3 of 3

NO.	REVISIONS	DATE	BY

EXHIBIT "A"

Being a parcel of land lying in the Miles or Hanson Grant in Township 38 South, Range 42 East, Martin County, Florida, being more particularly described as follows:

That part lying East of Sewall's Point Road of the Northerly 105 feet of Lot 5 of an unrecorded Plat of Subdivision of Lot 1 of COMMISSIONERS SUBDIVISION OF THE MILES OR HANSON GRANT, according to Plat thereof filed 30 December 1901, recorded in Plat Book B, page 59, Dade County, Florida, Public Records, also filed and recorded in Plat Book 1, page 11, Palm Beach County, Florida; said unofficial Lot 5 being the South 10 acres of the North 50 acres of Lot 1 of the Commissioners' Subdivision aforesaid. Together with all riparian rights appertaining thereto.

And with a Tract of submerged land extending 200 feet into the Indian River from the Easterly boundary of the tract described above, and lying between the Eastward extensions of the Northerly and Southerly boundaries of the tract described above.

TOGETHER WITH:

That part lying East of Sewall's Point Road of the Northerly 124.5 feet, less the Northerly 105 feet of Lot 5 of an unrecorded plat of subdivision of Lot 1 of COMMISSIONERS' SUBDIVISION OF THE MILES OR HANSON GRANT, according to plat thereof filed 30 December 1901, recorded in Plat Book B, page 59, Dade County, Florida, public records, also filed and recorded in Plat Book 1, page 11, Palm Beach County, Florida Public Records; said unofficial Lot 5 being the South 10 acres of the North 50 acres of Lot 1 of the Commissioners' Subdivision aforesaid. Together with all riparian rights appertaining thereto.

And with a tract of submerged land extending 200 feet into the Indian River from the Easterly boundary of the tract described above and lying between Eastward extensions of the Northerly and Southerly boundaries of the tract described above.

TOGETHER WITH:

Being a parcel of submerged land lying in Township 38 South, Range 42 East, Martin County, Florida, and being more particularly described as follows:

Commence at the North line of aforescribed Gale parcel and the Westerly mean high water line of the Indian River; Thence North 65°00'00" East, a distance of 200.00 feet, to the Point of Beginning; Thence continue North 65°00'00" East, a distance of 304.65 feet; Thence South 25°00'00" East, a distance of 124.50 feet to a point, said point being on the Easterly prolongation of the South line of the aforescribed lands; Thence South 65°00'00" West, a distance of 313.54 feet; Thence North 23°15'00" West, a distance of 124.56 feet to the Point of Beginning.

EXHIBIT "A"

The Town requires of front setback of 35 feet from the property line. The house is setback 33.73 feet for an encroachment of 1.27 feet.

6419

ADDITION

RENOVATION

MASTER PERMIT NO. 6419

TOWN OF SEWALL'S POINT

Date 9/18/03

BUILDING PERMIT NO. 6419

Building to be erected for MENDOZA

Type of Permit ADDITION/RENOVATION

Applied for by MASTER PLAN (Contractor)

Building Fee 1344.00

Subdivision METES + BOUNDS ^{PART OF LOTS} Lot# SUBMERGED Block _____

Radon Fee _____

Address 144 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee 120.00

PRINT QUAL. NAME: JOHN SHAVELIN

Electrical Fee 120.00

LIC#: CBC 060400

Plumbing Fee 120.00

Parcel Control Number: 13384100000000000000 7110000

Roofing Fee 120.00

Amount Paid 1958.40 Check # 2761 Cash _____

Other Fees (^{10% PLAN}RENEW) 134.40

Total Construction Cost \$ 140,000.

TOTAL Fees 1958.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

- ELECTRICAL + A/C
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: SYLVIA MENDOZA Phone (Home) 878-7311 (Work) 878-3241

Job Site Address: 144 S. SEWALLS PT. RD City: STUART State: FL. Zip: 34996

Legal Description of Property: _____ Parcel Number: 13-38-41-000-000-00071.10000

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

Description of Work To Be Done: NEW SIDING, WINDOWS, DOORS, REMODELING, REBUILD EXISTING ROOM

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

CONTRACTOR/Company Name: MASTER PLAN BLDG. & RENOV. INC Phone Number: 260-3826

Street: 6630 SW GATOR TRL City: PALM CITY State: FL. Zip: 34990

State Registration Number: _____ State Certification Number: CBC060400 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$140,000.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: SIBOIS ELEC. SERVICES State: FL. License Number: EC 0002941

Mechanical: COMFORT CONTROL State: FL. License Number: CAC024379

Plumbing: CAVALIER PLUMBING State: FL. License Number: RF0066929

Roofing: CAROLINA ROOFING PACIFIC State: FL. License Number: CCC032513

ARCHITECT KELLY & KELLY Phone Number: 283-3492

Street: 119 W. SIXTH ST. City: STUART State: FL Zip: 34994

ENGINEER _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Sylvia A. Mendoza
State of Florida, County of: ST. LUCIE

This the 28 day of Aug, 2003

by Sylvia A. Mendoza who is personally known to me or produced

as identification. Linda A. Finley
Notary Public

My Commission Expires: 11-22-06

CONTRACTOR SIGNATURE (required)

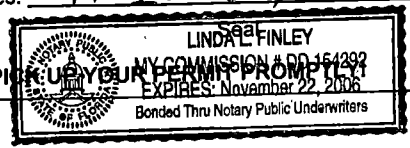
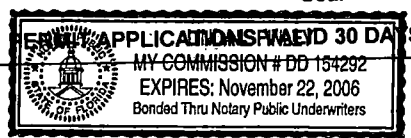
John P. Sitavellin
On State of Florida, County of: ST. LUCIE

This the 28 day of Aug, 2003

by JOHN P. SITAVELLIN who is personally known to me or produced

as identification. FL DL
As identification. Linda A. Finley
Notary Public

My Commission Expires: 11-22-06



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

INSTR # 1642000
OR BK 01740 PG 1918
RECORDED 03/11/2003 10:17:33 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 2,835.00
RECORDED BY L Pinera

This Document Prepared By and Retains to:
Christopher J. Twohey, Esq.
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(772) 221-8221

Parcel ID Number: 13-38-41-000-000-0007.1-10000
Grantee #1 TIN:
Grantee #2 TIN:

Quitclaim Deed

This Quitclaim Deed, Made this 31ST day of DECEMBER, 2002 A.D. Between
Bibiana A. Mendoza, a single woman

of the County of Martin, State of Florida, grantor, and
Sylvia A. Mendoza, a single woman

whose address is:

of the County of Martin, State of Florida, grantee.

Witnesseth that the GRANTOR, for and in consideration of the sum of
-----TEN DOLLARS (\$10)----- DOLLARS,
and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has
granted, bargained and quitclaimed to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever, the following described land, situate,
lying and being in the County of Martin State of Florida to wit:

See Exhibit "A"

SUBJECT TO:

1. Taxes for the year 2002 and all subsequent years;
2. Zoning restrictions, prohibitions and other requirements imposed by governmental authority;
3. Restrictions, and matter appearing on the plat or otherwise common to the subdivision; and
4. Public utility easements of record, if any.

To Have and to Hold this name together with all and singular the appurtenances therunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of grantor, either in law or equity, for the use, benefit and profit of the said grantee forever.

In Witness Whereof, the grantor has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Jennifer S. Martinez By: Bibiana A. Mendoza (Seal)
Printed Name: Jennifer S. Martinez Bibiana A. Mendoza
Witness P.O. Address:

Christopher J. Twohey
Printed Name: CHRISTOPHER J. TWOHEY
Witness

(Corporate Seal)

STATE OF Florida
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 31 day of DECEMBER, 2002 by
Bibiana A. Mendoza, a single woman

she is personally known to me or she has produced her Florida driver's license as identification



Christopher J. Twohey
MY COMMISSION # CC31017 EXPIRES
July 28, 2004
CHRYSLER FINANCIAL SERVICES INC.

Printed Name: CHRISTOPHER J. TWOHEY
Notary Public
My Commission Expires:

OR BK 01740 PG 1919

EXHIBIT "A"

Being a parcel of land lying in the Miles or Hanson Grant in Township 38 South, Range 42 East, Martin County, Florida, being more particularly described as follows:

That part lying East of Sewall's Point Road of the Northerly 105 feet of Lot 5 of an unrecorded Plat of Subdivision of Lot 1 of COMMISSIONERS' SUBDIVISION OF THE MILES OR HANSON GRANT, according to the Plat thereof filed 30 December 1901, recorded in Plat Book 3, Page 59, Dade County, Florida, Public Records, also filed and recorded in Plat Book 1, Page 11, Palm Beach County, Florida; said unofficial Lot 5 being the South 10 acres of the North 50 acres of Lot 1 of the Commissioners' Subdivision aforesaid.

And with a Tract of submerged land extending 200 feet into the Indian River from the Easterly boundary of the tract described above, and lying between the Eastward extensions of the Northerly and Southerly boundaries of the tract described above.

TOGETHER WITH:

That part lying East of Sewall's Point Road of the Northerly 124.5 feet, less the Northerly 105 feet of Lot 5 of an unrecorded plat of subdivision of Lot 1 of COMMISSIONERS' SUBDIVISION OF THE MILES OR HANSON GRANT, according to plat thereof filed 30 December 1901, recorded in Plat Book 3, Page 59, Dade County, Florida, Public Records, also filed and recorded in Plat Book 1, Page 11, Palm Beach County, Florida Public Records; said unofficial Lot 5 being the South 10 acres of the North 50 acres of Lot 1 of the Commissioners' Subdivision aforesaid. Together with all riparian rights appertaining thereto.

And with a Tract of submerged land extending 200 feet into the Indian River from the Easterly boundary of the tract described above, and lying between the Eastward extensions of the Northerly and Southerly boundaries of the tract described above.

TOGETHER WITH:

Being a parcel of submerged land lying in Township 38 South, Range 42 East, Martin County, Florida, and being more particularly described as follows:

Commence at the North line of aforescribed Gale parcel and the Westerly mean high water line of the Indian River; Thence North 56°00'00" East, a distance 200 feet, to the Point of Beginning; Thence continue North 65°00'00" East, a distance of 304.65 feet; Thence South 25°00'00" East, a distance of 124.50 feet to a point, said point being on the Easterly prolongation of the South line of the aforescribed lands; Thence South 65°00'00" West, a distance of 313.54 feet; Thence North 23°15'00" West, a distance of 124.56 feet to the Point of Beginning.

(ABOVE MENTIONED PLATS ARE NOW FILED IN MARTIN COUNTY, Florida)

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/17/03

BUILDING PERMIT NO. 6420

Building to be erected for MENDOZA

Type of Permit SUB Elec

Applied for by MASTER DAN / SIROIS, DEC (Contractor)

Building Fee _____

Subdivision MEXES + BOUND Lot Submerged Block _____

Radon Fee _____

Address 144 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL NAME: DANIEL G. SIROIS

Electrical Fee PN 6419

Parcel Control Number: LIC#: EC 000 ~~2921~~ 2941

Plumbing Fee _____

1338 41000 000 000 7110000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

MASTER PERMIT NO. 60419

TOWN OF SEWALL'S POINT

Date 9/17/03

BUILDING PERMIT NO. 6422

Building to be erected for MENDOZA

Type of Permit SUB-PLUMBING

Applied for by MASTER PLAN/CAVALIER PLUMB (Contractor)

Building Fee _____

Subdivision MEREST BOUNDS ^{PART OF LOTS} Lot SUBMERGED Block _____

Radon Fee _____

Address 144 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

PRINT QUAL NAME: ERIC FOSTER

Electrical Fee SEE PN 6419

Parcel Control Number: LIC#: RF 0066929

Plumbing Fee _____

1338410000000007110000

Roofing Fee _____

Amount Paid Check # Cash _____ Other Fees (_____)

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

TOWN OF SEWALL'S POINT

Date 9/17/04

BUILDING PERMIT NO. 6423

Building to be erected for MENDOZA

Type of Permit SUB-ROOFING

Applied for by MASTER PLAN/PACIFIC ROOFING (Contractor)

Building Fee _____

Subdivision METES + BOUNDS Lot PART OF LOT 5 Block SUBMERGED

Radon Fee _____

Address 144 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: RICHARD GAMES

Electrical Fee AN 6419

Parcel Control Number: Lic #: RC20568939

Plumbing Fee _____

1338410000000007110000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RENEWAL ON 9/22/04 FOR 2 mo x \$195.84 = \$391.68 CK#3431 good 9/18/04 - 11/18/04
 RENEWAL ON 11/16/04 FOR 1 mo x \$195.84 = \$195.84 CK#3515 good 11/18/04 - 12/18/04
 RENEWAL ON 1/6/04 FOR 1 mo x \$195.84 CK#3585 good thru 1/18/04

MASTER PERMIT NO. 6419

TOWN OF SEWALL'S POINT

Date 9/18/03
 Building to be erected for MENDOZA
 Applied for by MASTER PLAN
 Subdivision METES & BOUNDS PART OF LOTS Lot# SUBMERGED Block _____
 Address 141 S. SEWALL'S POINT ROAD
 Type of structure SFR
 PRINT QUAL. NAME: JOHN SHAVELIN
 LIC# CBC 060400
 Parcel Control Number: 13384100000000007110000
 Amount Paid 1958.40 Check # 2761 Cash _____ Other Fees _____
 Total Construction Cost \$ 140,000.

BUILDING PERMIT NO. 6419
 Type of Permit ADDITION/RENOVATION
 (Contractor) Building Fee 1344.00
 Radon Fee _____
 Impact Fee _____
 A/C Fee 120.00
 Electrical Fee 120.00
 Plumbing Fee 120.00
 Roofing Fee 120.00
 10% PLAN (REVIEW) 134.40
 TOTAL Fees 1958.40

Signed [Signature]
 Applicant

Signed [Signature]
 Town Building Official

Security enhanced document. See back for details.

MASTER PLAN BUILDING & RENOVATION, INC. 3585
 (772) 221-7219
 6630 SW GATOR TRAIL
 PALM CITY, FL 34990

DATE 1-6-05 63-515/670 07

PAY TO THE ORDER OF _____ \$ 195.84
ONE HUNDRED NINETY FIVE & 84/100 DOLLARS

First National
 BANK AND TRUST COMPANY
 THE SUPERCOMMUNITY BANK
 PALM CITY, FLORIDA 34990

FOR _____

[Signature]

GUARDIAN & SAFETY
 © Clear American, Inc.

RENEWAL ON 9/22/04 FOR 2 mo x \$195.84 = \$391.68 CK #3431 good 9/18/04 - 11/18/04
 RENEWAL ON 11/16/04 FOR 1 mo x \$195.84 = \$195.84 CK #3515 good 11/18/04 - 12/18/04
 RENEWAL ON 1/6/05 FOR 1 mo x \$195.84 CK #3585 good thru 1/18/05
 RENEWAL ON 1/19/05 FOR 1 mo x \$195.84 CK #3611 good thru 1/18/05
 RENEWAL ON 3/29/05 FOR 2 mo x \$195.84 = \$391.68 good thru 4/18/05

TOWN OF SEWALL'S POINT

MASTER PERMIT NO. 6419

Date 9/18/03 BUILDING PERMIT NO. 6419
 Building to be erected for MENDOZA Type of Permit ADDITION/RENOVATION
 Applied for by MASTER PLAN (Contractor) Building Fee 1344.00
 Subdivision METES & BOUNDS PART OF LOTS Lot# SUBMERGED Block _____ Radon Fee _____
 Address 141 S. SEWALL'S POINT ROAD Impact Fee _____
 Type of structure SFR BUSA FINAL COST 191,275 - 140,000 A/C Fee 120.00
 PRINT QUAL. NAME: JOHN SHAVELYN 51,275 Electrical Fee 120.00
 LIC#: CBC 060400 x9.60 Plumbing Fee 120.00
 Parcel Control Number: _____ FINAL BLDG COST: 1492.24 Roofing Fee 120.00
13384100000000007110000 10% PLAN Other Fees (REVIEW) 134.40
 Amount Paid 1958.40 Check # 2761 Cash _____ TOTAL Fees 1958.40
 Total Construction Cost \$ 140,000.

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

SYLVIA MENDOZA
 784 SE Prima Vista Blvd
 Port St Lucie, FL 34952-2271

1140
 DATE 3/27/05 63-843/870
 BRANCH 00699

PAY TO THE ORDER OF TOWN OF SEWALL'S POINT \$ 883.92
eight hundred eighty three and 92/100
dollars & ninety two cents

FIRST UNION First Union National Bank
 firstunion.com
 Org. 003 R/T 067006432

FOR _____
[Signature] MP

Security Feature: Details on Back.

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder MASTER PLAN BUILDING & RENOVATION INC
 Address of policyholder 6630 SW GATOR TRL, PALM CITY, FL 34990
 Location of operations _____
 Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98 NW 8250 5 B This insurance includes:	Comprehensive Business Liability	01/13/03	01/13/04	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed \$ Operations Aggregate \$
	<input type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit) Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

Town of Sewalls Point
 1 S. Sewalls Point Rd.
 Sewalls Point, FL 34996

772-220-4765

Mark Berardo
 Signature of Authorized Representative
 AGENT 7/22/03
 Title Date
 Agent's Code Stamp
 AFO Code

06-30-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE 06/25/2003 EXPIRATION DATE 06/24/2005
 PERSON SHAVELIN JOHN P
 SSN 263-49-3456
 FEIN 650305048
 BUSINESS MASTER PLAN BUILDING & RENOVATION INC
 6630 SW GATOR TRAIL
 PALM CITY FL 34990

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

AC# 0469083

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0206270096

DATE	BATCH NUMBER	LICENSE NBR
06/27/2002	011151281	CBC060400

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

SHAVELIN, JOHN PAUL
MASTER PLAN BLDG & RENOVATION INC
6630 NW GATOR TRAIL
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2002-2003 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(888) 288-6684

LICENSE NO. 001-513-076 CERT

PHONE 561-221-7219 NO. 001521

LOCATION
6630 SW GATOR TR MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$ 00	LIC FEE	\$ 30
	\$ 00	PENALTY	\$ 00
	\$ 00	COL. FEE	\$ 00
	\$ 00	TRANSFER	\$ 00
TOTAL			\$ 32.50



ISSUED TO: PAUL SHAVELIN
LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
BUILDING CONTRACTOR

PAUL SHAVELIN
FLORIDA MASTER PLAN BUILDING AND
RENOVATION, INC.
6630 SW GATOR TRAIL
PALM CITY FL 34990

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
16 DAY OF OCTOBER 2002
AND ENDING SEPTEMBER 30, 2003

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6018
99-10/16/2002-001-513-076
1995130927688
0228821016000417X 32.50

PRODUCER

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

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

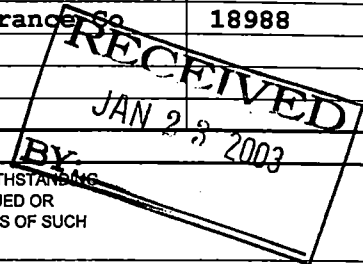
INSURED

Daniel G. Sirois
Electrical Services
392 SE Walters Terrace
Port St. Lucie FL 34983

INSURERS AFFORDING COVERAGE

NAIC #

Table with 2 columns: INSURER (A-E) and NAIC #. Includes Hartford (22357) and Auto Owners Insurance Co (18988).



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.

Main table with columns: INSR ADD'L LTR INSRD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Electrical Contractor - State of Florida

CERTIFICATE HOLDER

TOWNS-1

Town of Sewalls Point
220-4765
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Handwritten signature of authorized representative

AC# 0450280

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SECRET 02050704

DATE RENEWAL NUMBER LICENSE NUMBER

06/07/2002 11112423 18000294

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 499, F.S.
Expiration date: AUG 31, 2004



SIROIS, DANIEL GEORGE
DANIEL G SIROIS ELECTRICAL SERVICES
717 SW NICHOLS TERR
PORT ST LUCIE FL 34953

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY SEYER
SECRETARY

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	03/23/2003	EXPIRATION DATE	03/22/2005
PERSON	SIROIS	DANIEL	G
SSN	004-74-9011		
FEIN	650195434		
BUSINESS	DANIEL G. SIROIS ELECTRICAL SERVICES 392 SE WALTERS TERRACE PORT SAINT LUCIE FL 34983		

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



**City of Stuart
Contractor Licensing**

EXPIRES: 09/30/02

AP01080196

TYPE: EC

CONTRACTOR:

DANIEL SIROIS ELECTRICAL

QUALIFIER:

SIROIS, DANIEL

ADDRESS:

**717 SW NICHOLS TERRACE
PORT ST LUCIE FL, 34953**

TOWN OF SEWALL'S POINT

Date 9/17/03

BUILDING PERMIT NO. 6421

Building to be erected for MENDOZA

Type of Permit SUB-AIC

Applied for by MASTER PLAN/CONTRACTOR (Contractor)

Building Fee _____

Subdivision METES + BOUNDS ^{PART OF LOTS} Lot Submerged Block _____

Radon Fee _____

Address 144 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

PRINT QUAL NAME: BARRY ZIMMERMAN

Electrical Fee SEE PN 6419

Parcel Control Number: Lic # CAC 024379

Plumbing Fee _____

13384100000000007110000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder MASTER PLAN BUILDING & RENOVATION INC

Address of policyholder 6630 SW GATOR TRL, PALM CITY, FL 34990

Location of operations _____

Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98 NW 8250 5 B	Comprehensive Business Liability	01/13/03	01/13/04	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				Each Occurrence \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Town of Sewalls Point
 1 S. Sewalls Point Rd.
 Sewalls Point, FL 34996

772-220-4765

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Mark Werres
 Signature of Authorized Representative

AGENT 7/22/03

Title Date

Agent's Code Stamp

AFO Code

06-30-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	06/25/2003	EXPIRATION DATE	06/24/2005
PERSON	SHAVELIN	JOHN	P
SSN	263-49-3456		
FEIN	650305048		
BUSINESS	MASTER PLAN BUILDING & RENOVATION INC 6630 SW GATOR TRAIL PALM CITY FL 34990		

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

AC# 0469083

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206270091

DATE	BATCH NUMBER	LICENSE NBR
06/27/2002	011151281	CBC060400

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

SHAVELIN, JOHN PAUL
MASTER PLAN BLDG & RENOVATION INC
6630 NW GATOR TRAIL
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34984
(888) 228-6664

CHARACTER COBNTS IN MARTIN COUNTY

PREV YR	\$ 00	LIC FEE	\$ 00
	\$ 00	RENEWAL	\$ 00
	\$ 00	EX. FEE	\$ 00
	\$ 00	ISSUE	\$ 00
TOTAL	32.50		

Licensee shall be liable for the payment of the fee for occupational license of BUILDING CONTRACTOR
AT LOCATION LISTED FOR THE RESPONSIBILITY OF THE
Licensee of OCTOBER 2003



GENEALOGY 12-21-513-076 CERT
PHONE 561-221-7219 ext 00152
location 16310 SW GATOR TR. MAR
PAINVILLE, PA 15068

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6818
99-10/16/2002 OCC. NORM
199251300076000
02200210160000470X 432.50

ALL SHAVELIN
RENOVATION INC
5630 SW GATOR TRAIL
PALM CITY FL 34990

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
COMEC-1

DATE (MM/DD/YYYY)
11/18/02

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389

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

INSURED

Comfort Control of
St Lucie County, Inc.
P.O. Box 857252
Port St Lucie FL 34952

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Hanover Insurance Company	22292
INSURER B:	Auto Owners Insurance Co	18988
INSURER C:		
INSURER D:		
INSURER E:		

RECEIVED
NOV 21 2002

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 SHIPPED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	OHJ550897906	11/23/02	11/23/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Blkt Contractual				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	9543513300	11/23/02	11/23/03	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
HVAC Contractor - State of Florida

CERTIFICATE HOLDER

TOWNS-1

Town of Sewalls Point
220-4765
1 S Sewalls Point Road
Stuart FL 34996

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

07/03/2003

PRODUCER

RISK TRANSFER SOLUTIONS, INC.
LANDMARK CENTER ONE
315 EAST ROBINSON STREET, STE 580
ORLANDO, FL 32801

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

COMPANIES AFFORDING COVERAGE

- COMPANY A FIRST COMMERCIAL INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

RECEIVED

JUL 11 2003

BY: _____

INSURED PRESIDION SOLUTIONS I - V, INC.
 4400 PGA BOULEVARD, SUITE 1000
 PALM BEACH GARDENS, FL 33410
 PH: 800-477-5606

COVERAGES

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, EXCLUSION AND CONTITION OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAG (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	17603-00	07/01/2003	06/30/2004	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	OTHER LOCATION COVERAGE		07/01/2003	06/30/2004	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:
6975 COMFORT CONTROL OF ST. LUCIE
P.O. BOX 7252, PORT ST. LUCIE, FL 34985

CERTIFICATE HOLDER

FAX: 561 220-4765

TOWN OF SEWALL'S POINT

ONE S. SEWALL'S POINT
SEWALL'S POINT, FL 34996-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Paul R. Hughes

AC# 0466512

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L02062500582

DATE	BATCH NUMBER	LICENSE NBR
06/25/2002	011141297	CAC024379

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

ZIMMERMAN, BARRY L
COMFORT CONTROL OF ST LUCIE COUNTY INC
1998 CRYSTAL MIST ST
PORT ST LUCIE FL 34983

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

OCCUPATIONAL TAX RECEIPT CITY OF PORT ST. LUCIE

121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34984-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
REGULATED TRADE LICENSES / COMPETENCY
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2003 to September 30, 2004

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE
This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY

Business/Lic. 100114/04-1012600

Business Address: 1691 SW SO MACEDO BLVD
Classification: CONT CONTRACTOR
Issued to: COMFORT CONTROL OF ST LUCIE COUNTY INC
PO BOX 857252

Fee: 110.25
Discount: 0.00

Mary E. Masto
BUSINESS LICENSE COORDINATOR

PORT ST LUCIE FL 34985

938/066 KA BUSINESS COPY

Fees: 110.25 Late Fees: 0.00 Total this payment : 110.25

2003-2004

ACCOUNT 1711-00910007
EXPIRES SEP 30, 2004

ST. LUCIE COUNTY OCCUPATIONAL LICENSE STATE OF FLORIDA

FACILITIES
OR
MACHINES
TYPE OF
BUSINESS

ROOMS SEATS EMPLOYEES 11-20
1711 AIR COND/HEATING

BUSINESS
LOCATION

1688 SE Village Green Drive
P - CITY OF PT ST LUCIE

X RENEWAL
NEW LICENSE
TRANSFER-
ORIGINAL TAX 22.50

NAME
MAILING
ADDRESS

Zimmerman, Barry
Comfort Control Of SLC Inc
PO BOX 857252
Pt St Lucie, FL 34985

AMOUNT
PENALTY
COLLECTION COST
TOTAL 22.50

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 ST. LUCIE COUNTY
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
P.O. BOX 308 FORT PIERCE, FL 34954-0308
BOB DAVIS, TAX COLLECTOR PAID
00003446
8/14/03 12:30PM
2003 1711-00910007

0600 \$22.50 PAID
CK \$22.50
CHANGE \$0.00

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		JMS U048	DATE 09-18-2003
PRODUCER HARTFORD FIRE INSURANCE COMPANY 480262 P:(800)771-9055 F:(800)771-6080 308 FARMINGTON AVE FARMINGTON CT 06032		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 CAVALIER PLUMBING INC PO BOX 517 PORT SALERNO FL 34992		INSURER A: Hartford Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E:	


COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	48 SBW NL4529	07/17/03	07/17/04	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> Business Liab				PERSONAL & ADV INJURY	\$1,000,000
					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"/> PRO- JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS	OTH- ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

RE: PROOF OF INSURANCE FOR INSURANCE. (LICENSE RENEWAL)

CERTIFICATE HOLDER CITY OF SEWALLS POINT 1 SOUTH SEWALLS POINT RD SEWALLS POINT, FL 34996	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Re: Mendoza

08-01-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW


CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	06/24/2003	EXPIRATION DATE	06/23/2005
PERSON	FOSTER	ERIC	J
SSN	589-11-5999		
FEIN	650809472		
BUSINESS	CAVALIER PLUMBING, INC. PO BOX 517 PORT SALERNO FL 34992		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p>  <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 06/24/2003 EXPIRATION: 06/23/2005 PERSON: FOSTER ERIC SSN: 589-11-5999 FEIN: 650809472 BUSINESS: CAVALIER PLUMBING, INC. PO BOX 517 PORT SALERNO FL 34992</p>	<p style="writing-mode: vertical-rl; text-orientation: mixed;">F O L D H E R E</p> <p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
---	--

CUT HERE

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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FOSTER, ERIC J
CAVALIER PLUMBING INC
2993 SE ORANGE TREE PL
STUART FL 34997

STATE OF FLORIDA AC# 1026966

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RF0066929 08/26/03 030128209

REGISTERED PLUMBING CONTRACTOR
FOSTER, ERIC J
CAVALIER PLUMBING INC
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489
Expiration date: AUG 31, 2005 L03082600642

DETACH HERE

AC# 1026966

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0308260064

DATE	BATCH NUMBER	LICENSE NBR
08/26/2003	030128209	RF0066929

The PLUMBING CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

FOSTER, ERIC J
CAVALIER PLUMBING INC

**2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(861) 288-6604

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>6.25</u>
\$	<u>.00</u>	COL FEE \$	<u>5.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>36.25</u>

BE HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **PLUMBER**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF MAY 2003
AND ENDING SEPTEMBER 30, 2003

REC-116:

LICENSE 998-524-001 CERT MD00192
PHONE (772) 283-7167 SIC NO. 235110

LOCATION:
2993 ORANGE TREE PL STUART, FL 34997



**FOSTER, ERIC J
CAVALIER PLUMBING, INC
ERIC J FOSTER
2993 SE ORANGE TREE PLACE
STUART FL 34997**

RECEIPT OF PAYMENT

LARRY C. O'STEEN
TAX COLLECTOR
MAY 27 2003

1595246601000
800160001729557
XK01390129090224

23.83

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/01/2002

PRODUCER (561)746-4346 FAX (561)746-9599

Tequesta Agency, Inc.
218 S. US Highway One, Ste 300
Tequesta, FL 33469
Debra Hicks

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

INSURERS AFFORDING COVERAGE

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

INSURER A: American Casualty Company

INSURER B: Transportation Insurance

INSURER C:

INSURER D: NOV 05 2002

INSURER E:

RECEIVED
NOV 05 2002

COVERAGES

BY:

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	C2020206931	10/28/2002	10/28/2003	EACH OCCURRENCE \$ 1,000,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C2020206945	10/28/2002	10/28/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE
Mark Kasten/DEBBIE

Debra Hicks

ACORD CERTIFICATE OF LIABILITY INSURANCE

ACORD 25-5 (7/97)
1/24/2003 2:02:10 PM

PRODUCER
Monument Agency
1310 Utica Street
Oriskany, NY 13424
Fax:

INSURED
PACIFIC ROOFING CORPORATION
808 SE DIXIE HWY
STUART, FL 34994
(772) 283-7663 Fax: (772) 283-9505

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

INSURER A: Insurance Company of the Americas
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				FIRE DAMAGE (Any One Fire) \$
	GEN'L AGGREGATE LIMIT APPLIED PER:				MED EXP (Any one person) \$
	POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>				PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COM/PROP AGG \$
AUTOMOBILE LIABILITY	ANY AUTO				COMBINED SINGLE LIMIT (EA accident) \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per occurrence) \$
	HIRE/AUTOS				PROPERTY DAMAGE (Per occurrence) \$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per occurrence) \$
DAMAGE LIABILITY	ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACCIDENT \$
					AGG \$
EXCESS LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE \$
	DEDUCTIBLE				AGGREGATE \$
	RETENTION \$				\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC021201C3		4/1/2003	12/1/2003	E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
					LIMITS \$
OTHER					LIMITS \$
					LIMITS \$

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *[Signature]*

2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE # 1993-520-076 CERT _____

PHONE (561)283-7663 INC NO 001763

LOCATION: 808 DIXIE HWY CTY

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF SEPTEMBER 2002
AND ENDING SEPTEMBER 30, 2003

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

RECEIPT of PAYMENT
6818
LARRY C. O'STEEN
99 09/16/2002 OCC1 NORMAL
1993520007600
0250020916007217X
\$25.00

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L020610008

DATE	MATCHING FILE	LICENSE NBR
06/10/2002	011129085	CCC056793

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

RECEIVED
NOV 05 2002
BY: _____

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-BEYER
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-000-000-00071.10000

NOTICE OF COMMENCEMENT

STATE OF FL.

COUNTY OF MARTIN

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

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

144 S. SEWALLS PT. RD.

GENERAL DESCRIPTION OF IMPROVEMENT: REMODELING

OWNER: SYLVIA MENDOZA

ADDRESS: 144 S. SEWALLS PT. RD.

PHONE #: 878-8311 FAX #: 878-7321

CONTRACTOR: MASTER PLAN BLDG. & RENOV. INC.

ADDRESS: 6630 SW GATOR TRL.

PHONE #: 221-7219 FAX #: 221-1513

SURETY COMPANY(IF ANY) _____

STATE OF FLORIDA

MARTIN COUNTY

ADDRESS: _____

PHONE # _____

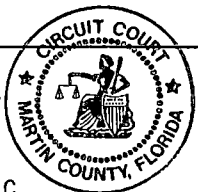
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: [Signature]
DATE 9-15-03



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 28 DAY OF August
192003 BY Sylvia A Mendosa

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

PERMIT # : 43-SS-00183
DATE PAID: _____
FEE PAID : _____
RECEIPT : _____
OSTDSNBR : 98-0160-R

APPLICANT: BAYTREE LODGE AGENT: 96-0690,

PROPERTY STREET ADDRESS: 144 S SEWALLS POINT ROAD STUART FL 34994

LOT: _____ BLOCK: _____ SUBDIVISION: SEWALLS POINT
[Section/Township/Range/Parcel No.]

PROPERTY ID #: --- [OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

- TANK INSTALLATION**
- [] [01] TANK SIZE [1] 900 [2] _____
 - [] [02] TANK MATERIAL Concrete
 - [] [03] OUTLET DEVICE Label A1800
 - [] [04] MULTI-CHAMBERS _____
 - [] [05] LEGEND N/A
 - [] [06] WATERTIGHT _____
 - [] [07] LEVEL _____
 - [] [08] DEPTH OF LID _____

- DRAINFIELD INSTALLATION** 15'w x 30'L
- [] [09] AREA [1] 450 [2] _____ SQFT
 - [] [10] DISTRIBUTION BOX/HEADER _____
 - [] [11] NUMBER OF DRAINLINES 5
 - [] [12] DRAINLINE SEPARATION _____
 - [] [13] DRAINLINE SLOPE _____

- [] [14] DEPTH OF COVER _____
- [] [15] SYSTEM ELEVATION 21" Below Tank
- [] [16] SYSTEM LOCATION _____
- [] [17] DOSING PUMPS N/A
- [] [18] AGGREGATE SIZE _____
- [] [19] AGGREGATE SOURCE waffle pipe
- [] [20] AGGREGATE WASHED Bed
- [] [21] AGGREGATE DEPTH _____

- FILL/EXCAVATION MATERIAL**
- [] [22] FILL AMOUNT _____
 - [] [23] FILL TEXTURE _____
 - [] [24] EXCAVATION DEPTH _____
 - [] [25] EXCAVATION AREA _____
 - [] [26] REPLACEMENT MATERIAL _____

- SETBACKS**
- [] [27] SURFACE WATER _____
 - [] [28] DITCHES _____
 - [] [29] PRIVATE WELLS _____
 - [] [30] PUBLIC WELLS _____
 - [] [31] IRRIGATION WELLS _____
 - [] [32] POTABLE WATER LINES _____
 - [] [33] BUILDING FOUNDATION _____
 - [] [34] PROPERTY LINES _____
 - [] [35] OTHER N/A

- FILLED/MOUND SYSTEM**
- [] [36] DRAINFIELD COVER _____
 - [] [37] SHOULDERS _____
 - [] [38] SLOPES _____
 - [] [39] STABILIZATION MATERIAL N/A

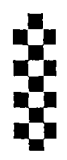
- ADDITIONAL INFORMATION**
- [] [40] UNOBSTRUCTED AREA _____
 - [] [41] STORMWATER RUNOFF _____
 - [] [42] ALARMS _____
 - [] [43] MAINTENANCE AGREEMENT _____
 - [] [44] BUILDING AREA _____
 - [] [45] PLUMBING FIXTURES _____
 - [] [46] FINAL SITE GRADING _____
 - [] [47] CONTRACTOR Cookie's
 - [] [48] OTHER N/A

- ABANDONMENT** N/A
- [] [49] TANK PUMPED _____
 - [] [50] TANK CRUSHED AND FILLED _____

EXPLANATION OF VIOLATIONS:
Pass, OK to Cover

CONSTRUCTION [**DISAPPROVED**] [Signature] Martin CHD Date: 5-19-98

FINAL SYSTEM [**DISAPPROVED**] [Signature] Martin CHD Date: 5-19-98



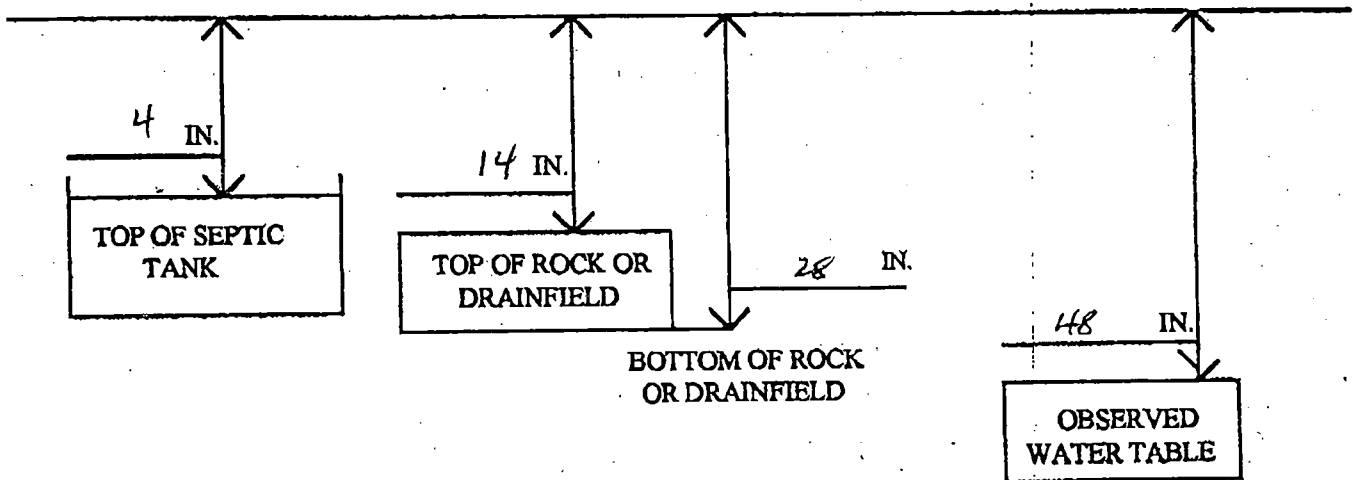
**STATE OF FLORIDA
DEPARTMENT OF HEALTH - MARTIN COUNTY HEALTH DEPARTMENT**

APPLICANT: Brytree Lodge REPAIR PERMIT # - R

EXISTING SYSTEM DATA

- IF USING A WATER METER FOR DRINKING WATER, PROVIDE THE PREVIOUS 12 MONTHS OF METER READINGS. THE HIGHEST MONTHLY READING SHOULD BE USED TO ESTIMATE DAILY FLOW. IF METER READINGS ARE NOT AVAILABLE, FLOW ESTIMATES MUST BE DETERMINED USING TABLE I IN 10D-6. WHAT IS THE ESTIMATED FLOW FOR THE SYSTEM USING G.P.D.: _____
- IS THERE AN EXISTING LAWN IRRIGATION LINE WITHIN 10 FEET OF THE PROPOSED DRAINFIELD REPAIR THAT IS ATTACHED TO THE DRINKING WATER SYSTEM? YES / NO IF YES, WHO WILL BE INSTALLING THE APPROVED BACK-FLOW PREVENTION DEVICE? already installed

**** EXISTING SYSTEM ELEVATION DRAWING ****



SITE CONDITIONS EFFECTING THE SYSTEM DESIGN / FUNCTION

• IS THIS REPAIR ON AN EXISTING MOUND SYSTEM? YES / NO WHAT DO YOU PROPOSE FOR THE ELEVATION OF THE TOP OF THE NEW DRAINFIELD IN REFERENCE TO THE TOP OF THE SEPTIC TANK? 10 IN. BELOW ABOVE THE SEPTIC TANK.

• IS THE DRAINFIELD FAILING? YES / NO, IF YES, FOR HOW LONG? 4-10-98

• WILL THE SLOPE OF THE PROPERTY AFFECT THE DEPTH OF COVER, BENCH MARK, ELEVATION OF SYSTEM, ETC.? IF SO, EXPLAIN: NO

• PROPOSED TYPE OF CORRECTION / MODIFICATION TO THE SYSTEM: dig out + excavate existing drainfield install 450 sq ft waffle pipe dr

• THIS FORM WAS COMPLETED BY: J. Banks DATE: 4-30-98



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: Blue Ledge

CONTRACTOR / AGENT: Ray Cooke & Sons

LOT: _____ BLOCK: _____ SUBDIV: Blue Ledge

ID#: _____

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEWAGE DISPOSAL SERVICE.

EXISTING TANK INFORMATION

900	GALLONS SEPTIC TANK/GPD ATD	LEGEND: <u>None FOUND</u>	MATERIAL: <u>Concrete</u>	BATTLED: <input checked="" type="checkbox"/> (N)
1	GALLONS SEPTIC TANK/GPD ATD	LEGEND: _____	MATERIAL: _____	BATTLED: <input type="checkbox"/> (N)
1	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	# PUMPS: <input type="checkbox"/>
1	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON 4/10/98, HAVE THE VOLUMES SPECIFIED, AND STRUCTURALLY SOUND, AND HAVE A SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE INSTALLED. DATE 4-30-98

SIGNATURE OF LICENSED CONTRACTOR: Ray Cooke & Sons
BUSINESS NAME: _____
DATE: _____

EXISTING DRAINFIELD INFORMATION

[450] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
[] SQUARE FEET SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [] BED []
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [] ABOVE / BELOW

SYSTEM FAILURE AND REPAIR INFORMATION

[3-11-94] SYSTEM INSTALLATION DATE [] GPD ESTIMATED SEWAGE FLOW BASED ON _____
SITE [] DRAINAGE STRUCTURES [] SLOPING PROPERTY
CONDITIONS: []
NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] DRAINAGE / RUN OFF
FAILURE: []
SYMBOL: [] FAILURE [] PLUMBING BACKUP
REMARKS/ADDITIONAL CRITERIA: For bill per our best design and existing records
Under and covers this work to date

TITLE/LICENSE: Ray Cooke & Sons
DATE: 4-30-98
SUBMITTED BY: Ray Cooke & Sons

Mc water

May 19, 1998

43 55-00183



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT #
DATE PAID 5-1-98
FEE PAID \$ 50
RECEIPT # 22502

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Temporary/Experimental
- Repair
- Abandonment
- Other (Specify)

APPLICANT: Baytree Lodge TELEPHONE: 287-4011

AGENT: Ray Cooke's Septic

MAILING ADDRESS: 143 So River Rd Stuart, FL 34996

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION (IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED)

LOT: _____ BLOCK: _____ SUBDIVISION: Sewalls Point DATE OF SUBDIVISION: _____

PROPERTY ID #: _____ [Section/Township/Range/Parcel No.] ZONING: _____

PROPERTY SIZE: 0.54 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: 144 So Sewalls Point Rd Stuart, FL

DIRECTIONS TO PROPERTY: East on E. Ocean to Sewalls Point Road, go South, house is # on the left side of road

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	SFR	3	~ 2200	2	
2					
3					
4					

- Garbage Grinders/Disposals
- Spas/Hot Tubs
- Floor/Equipment Drains
- Ultra-low Volume Flush Toilets
- Other (Specify)

APPLICANT'S SIGNATURE: Brent Hoffmann DATE: 4-30-98



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT # : 43-SS-00183
DATE PAID: _____
FEE PAID : _____
RECEIPT : _____
OSTDSNBR : 98-0160-R

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Innovative Other
[X] Repair [] Abandonment [] Temporary []

APPLICANT: RAYTREE LODGE AGENT: 96-0690, Banks Sam

PROPERTY STREET ADDRESS: 144 S SEWALLS POINT ROAD STUART FL 34994

LOT: _____ BLOCK: _____ SUBDIVISION: SEWALLS POINT
[Section/Township/Range/Parcel No.]

PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUE. DOH APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: [Y]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [450] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [Y] STANDARD [N] FILLED [N] MOUND [] _____
I CONFIGURATION: [N] TRENCH [Y] BED [] _____

F LOCATION TO BENCHMARK: Top of Tank

E ELEVATION OF PROPOSED SYSTEM SITE [4.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
L BOTTOM OF DRAINFIELD TO BE [20.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

OTHER REMARKS:

See the attached special conditions list.

SPECIFICATIONS BY: Doug McCoy

TITLE: Env. Specialist

APPROVED BY: Cross, Ray

TITLE: Env. Supervisor

Martin

CHD

DATE ISSUED: 5/12/98

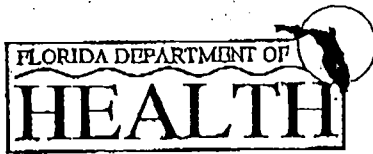
EXPIRATION DATE: 8/10/98

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4016-0) [ostds_oonz_4016-1]

REPAIR SPECIAL CONDITIONS REQUIREMENTS (Page 2 of 2)

14. The drainfield mound area must be sodded prior to the request for final grade inspection. The mound must be sodded within 7 day of approval to cover and a final grade inspection scheduled soon after sodding is complete.
15. Available area for septic installation must be evenly filled and leveled.
16. Septic system must be a minimum of 10 feet from drainage culverts and storm water drains.
17. Septic system must be a minimum of 15 feet from dry retention, detention or normally dry drainage ditches.
18. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover(s) extending to the surface.
19. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump.
20. Two pumps are required to alternately dose into at least two separate fields.
21. Sprinklers heads are not allowed on top of drainfields. Irrigation lines that are connected to the drinking water system must be separated from the drainfield by 10 feet unless an approved backflow prevention device is installed.
22. Potable water lines, whether connected to an on-site well or to a utility water meter, must be a minimum of ten feet from drainfields or sealed in a water proof sealant within the sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In any case, the line cannot be within two feet of the drainfield and no lower than the bottom of the drainfield.
23. The septic tank must be pumped and cleaned prior to inspection.
24. New potable wells placed on the site must be 25ft from foundation.
25. Install an approved outlet filter device prior to inspection.
26. The tank shall be pumped out. The bottom of tank must be opened or ruptured to prevent tank from holding water. The tank must be filled with clean sand or other suitable fill materials.
27. Other: _____

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION. Questions concerning special conditions can be answered by calling Doug McLoey at (561) 221-4090.



SEPTIC TANK REPAIR SPECIAL CONDITIONS LIST

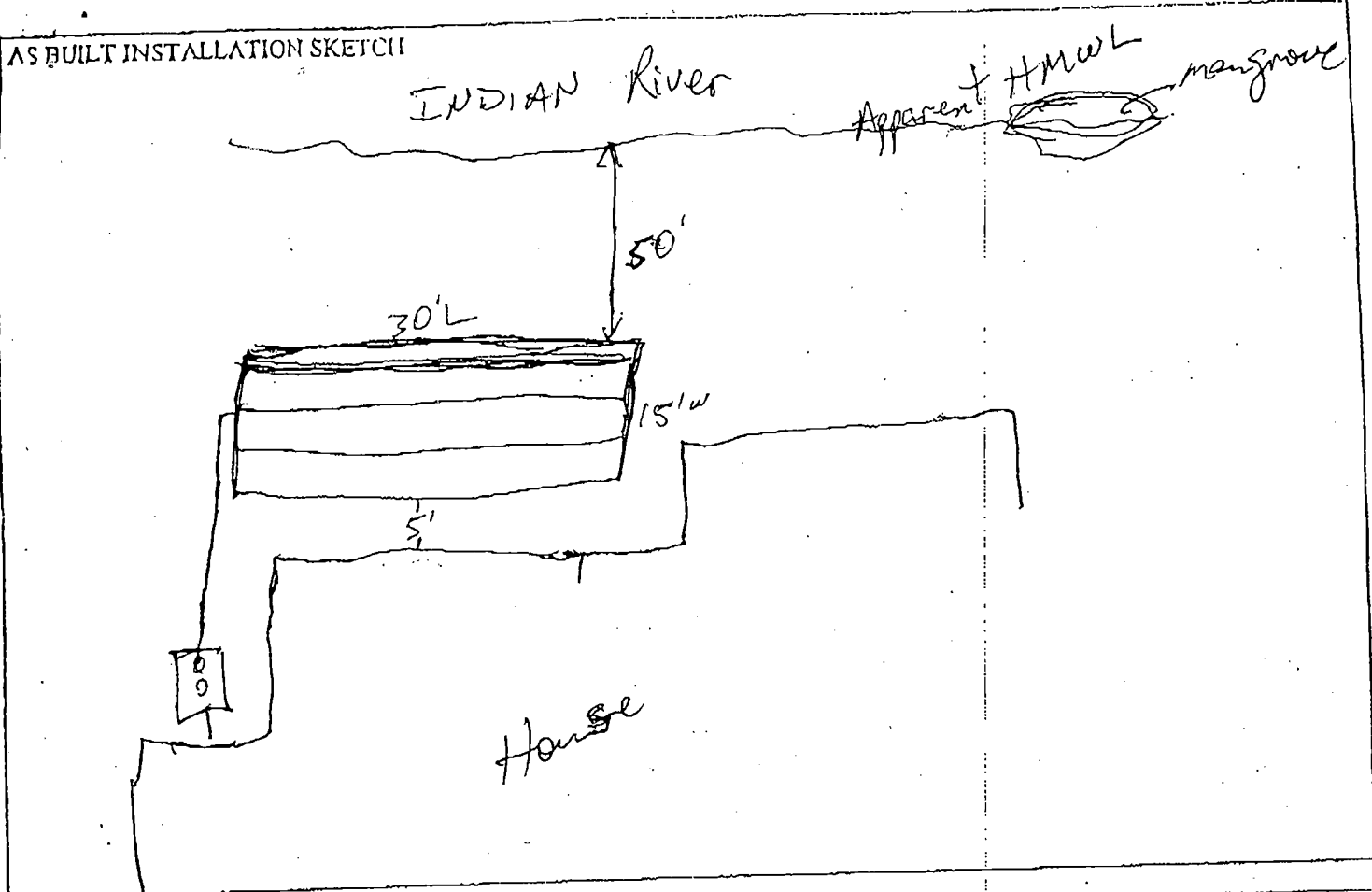
APPLICATION NAME: BAY TREE LODGE PERMIT NO. 47-11-00183 - R
SUBDIVISION: 144 S. SEAWALK POCKET ROAD STUART

NOTE Special Condition(s) marked "X" are in effect.

- 1. The bottom of the drainfield rock must be (6") (12") (24") () above the high water table. If proper elevation cannot be met, a dosing system must be installed that meets all requirements of 10D-6. 1974
2. The outlet tee of septic tank must be visible for inspection.
3. All tree roots must be removed from drainfield area if present.
4. Recommend a maximum of one load of laundry every other day.
5. Recommend roof drains that be directed away from drainfield.
6. Recommend using water saving devices.
7. The drainfield must be maintained under grass and protected from vehicular traffic (traffic barriers).
8. An operational test of the dosing pump(s) and high water alarm (audible/ visual) required prior to final construction approval.
9. The septic system must be ' from surface water / wetlands / mean high water line.
10. Excavate one / three feet beyond drainfield area to a depth of 54 inches below the bench mark elev. BOTTOM OF DRAINFIELD.
11. In addition to item #5, 33% of unsuitable soils at depths greater than 54 inches below the bench mark elevation must be removed to a depth of slightly limited soils. BOTTOM OF DRAINFIELD.
12. If well abandonment is required, the well(s) in question must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to system installation.
13. Septic tank abandonment notice must be received by this office prior to final construction approval.

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS (Page 1 of 2)

AS BUILT INSTALLATION SKETCH



INSTRUCTIONS:

- PERMIT #: Permit tracking number assigned by Health Department.
- APPLICANT: Property owner's full name
- MST CONTRACTOR: Master Septic Tank Contractor performing certification
- REGISTRATION NO: Master Septic Tank Contractor registration number
- PROPERTY STREET ADDRESS: Street address and locale of installation
- LOT/BLOCK/SUBDIVISION/ID#: Property appraiser lot identification
- TANK1: Complete all information on new and existing tanks. Indicate if Tank is NEW or leave blank for existing. Complete SIZE (gallons), MATERIAL (concrete, fiberglass, polyethylene), LEGEND (SIO Approval No.). Mark OUTLET FILTER if installed - leave blank if NA.
- TANK2: Same as TANK1
- GREASE TRAP: Same as TANK1
- DOSING TANK: Same as TANK1. Complete information on new and existing pumps indicating if pumps are NEW (leave blank for existing), # PUMPS, and MAKE AND MODEL NO.
- FIELD 1: Complete all information on new and existing drainfields. Indicate if NEW field or leave blank for existing. Complete SIZE (square feet), # PIPES, # TRENCHES (leave blank if NA), DIMENSIONS (width and bed length or total length of all trenches), D BOX / HEADER (circle applicable item), ELEVATION (elevation of lowest point of bottom of drainfield in relation to benchmark or reference point).
- FIELD 2: Same as FIELD 1.
- AGGREGATE: Complete all items indicating SIZE and SOURCE from bill of lading.
- FILL: Complete if applicable indicating AMOUNT of fill in inches from natural grade and USDA soil TEXTURE.
- EXCAVATION: Complete if applicable indicating DEPTH of excavation in inches and USDA soil TEXTURE of replacement material.
- FILLED/MOUND SYSTEM STABILIZATION: Complete if applicable DATE and MATERIAL.
- SETBACKS: Complete all items indicating NA if not applicable. Actual measurements in feet for all applicable items.
- ABANDONMENT: Complete if applicable indicating date TANK PUMPED and date TANK CRUSHED AND FILLED and name and registration number of permitted septage disposal company pumping tank.
- REMARKS: Describe any repairs or modifications to existing system or other site specific information.
- SIGNATURE: Signature of Master Septic Tank Contractor performing certification.

SYSTEM ELEVATION SURVEY

BENCHMARK:	_____	
NATURAL GRADE:	_____	
TANK INLET:	_____	
TANK OUTLET:	_____	
TOP OF TANK:	_____	
TANK INLET:	_____	
TANK OUTLET:	_____	
TOP OF TANK:	_____	
DRAINFIELD: Indicate in as-built sketch		
TOP	DEPTH	BOTTOM
	AGGREGATE	
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
G	_____	_____
H	_____	_____

T.1.1 Check condition of remote Fax. 9287157

1037 143 S SEWALLS PT RD

1239 KIPLINGER WASH EDIT

1 RWTR RESIDENTIAL WATER

13-APR-1990	1	RWTR	WTR	62	62		
18-MAR-1989	1	RWTR	WTR	197	197		
08-MAR-1989	1	RWTR	WTR	0	0	0	0
08-FEB-1988	1	RWTR	WTR	177	177		
12-JAN-1998	1	RWTR	WTR	0	0		
08-DEC-1997	1	RWTR	WTR	310	310		
10-NOV-1997	1	RWTR	WTR	202	282		

1239 KIPLINGER WASH EDIT



RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD

9/15/03

For: Ms. Sylvia Mendoza
144 South Sewall's Point Road
Stuart FL

By:

Job #: 00190

Wthr : West Palm Beach_AP

FL

Zone : Entire House

VERIFY ALL CALCULATIONS WITH
LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
Inside db: 70 Deg F
Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
Inside db: 75 Deg F
Design TD: 16 Deg F
Daily Range M
Rel. Hum. : 50 %
Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 28044 Btuh
Ventilation Air 0 CFM
Vent Air Loss 0 Btuh
Design Heat Load 28044 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 41389 Btuh
Ventilation 0 Btuh
Design Temp. Swing 3.0 Deg F
Use Mfg. Data n
Rate/Swing Mult. 0.95
Total Sens Equip Load 39320 Btuh

INFILTRATION

Method Simplified
Construction Quality Average
Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 920 Btuh
Ventilation 0 Btuh
Infiltration 6574 Btuh
Tot Latent Equip Load 7494 Btuh
Total Equip Load 46813 Btuh

	HEATING	COOLING
Area (sq.ft.)	2412	2412
Volume (cu.ft.)	24120	24120
Air Changes/Hour	0.7	0.4
Equivalent CFM	282	161

HEATING EQUIPMENT SUMMARY

Make
Model
Type

Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1980 CFM
Htg Air Flow Factor 0.071 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
Model
Type

COP/EER/SEER 12.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 1980 CFM
Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 85

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD
 For: Ms. Sylvia Mendoza
 144 South Sewall's Point Road
 Stuart FL

9/15/03

By:

Job #: 00190
 Wthr : West_Palm_Beach_AP FL
 Zone : ZONE 1

VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 19802 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 19802 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 28750 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 27313 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	0	
	HEATING	COOLING
Area (sq.ft.)	1785	1785
Volume (cu.ft.)	17850	17850
Air Changes/Hour	0.6	0.4
Equivalent CFM	192	109

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 4467 Btuh
 Tot Latent Equip Load 4927 Btuh
 Total Equip Load 32240 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1537 CFM
 Htg Air Flow Factor 0.071 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1537 CFM
 Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 85

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD
 For: Ms. Sylvia Mendoza
 144 South Sewall's Point Road
 Stuart FL

9/15/03

By:

Job #: 00190
 Wthr : West_Palm_Beach_AP FL
 Zone : ZONE 2

VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 8242 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 8242 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 12639 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 12007 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	0	
	HEATING	COOLING
Area (sq.ft.)	627	627
Volume (cu.ft.)	6270	6270
Air Changes/Hour	0.9	0.5
Equivalent CFM	90	52

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 2107 Btuh
 Tot Latent Equip Load 2567 Btuh
 Total Equip Load 14574 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 605 CFM
 Htg Air Flow Factor 0.071 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 605 CFM
 Clg Air Flow Factor 0.048 CFM/Btuh

Load Sens Heat Ratio 83

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Mendoza Residence Address: 144 South Sewall's Point Road City, State: Stuart, FL Owner: Ms. Sylvia Mendoza Climate Zone: South	Builder: Permitting Office: Permit Number: Jurisdiction Number:
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<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">3</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">2412 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td style="text-align: right;">Single Pane</td><td style="text-align: right;">Double Pane</td></tr> <tr><td> a. 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AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 40.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	3	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	2412 ft ²	___	7. Glass area & type	Single Pane	Double Pane	a. Clear glass, default U-factor	0.0 ft ²	0.0 ft ²	b. Default tint	0.0 ft ²	377.0 ft ²	c. Labeled U or SHGC	0.0 ft ²	0.0 ft ²	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 203.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=11.0, 2557.0 ft ²	___	b. Frame, Wood, Adjacent	R=11.0, 312.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=30.0, 2412.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft	___	b. Sup: Unc. Ret: Unc. AH: Attic	Sup. 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Glass/Floor Area: 0.16	Total as-built points: 34758 Total base points: 38219	PASS
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I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Diana McDougall


DATE: 9/15/03

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

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 with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
---	-----------

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X SPM X SOF = Points				
.18	2412.0	32.50	14110.2	Double, Tint	N	2.0	7.3	23.0	24.93	0.93	532.7
				Double, Tint	W	2.0	7.3	11.0	49.65	0.90	491.8
				Double, Tint	W	2.0	4.3	7.0	49.65	0.77	266.3
				Double, Tint	W	2.0	5.0	10.0	49.65	0.81	403.8
				Double, Tint	W	2.0	7.3	16.0	49.65	0.90	715.4
				Double, Tint	S	2.0	8.7	96.0	47.06	0.89	4036.7
				Double, Tint	S	2.0	7.3	32.0	47.06	0.85	1277.6
				Double, Tint	E	2.0	7.3	22.0	55.50	0.90	1098.5
				Double, Tint	E	2.0	6.3	18.0	55.50	0.87	865.9
				Double, Tint	E	2.0	6.3	9.0	55.50	0.87	433.0
				Double, Tint	N	1.0	4.5	8.0	24.93	0.95	190.0
				Double, Tint	W	2.0	2.7	28.0	49.65	0.63	877.5
				Double, Tint	S	10.0	7.5	22.0	47.06	0.48	499.3
				Double, Tint	S	10.0	11.0	40.0	47.06	0.54	1008.3
				Double, Tint	E	2.0	2.7	35.0	55.50	0.61	1184.0
				As-Built Total:							13880.7
WALL TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM = Points			
Adjacent	312.0	1.00	312.0	Frame, Wood, Exterior		11.0	2557.0	2.70		6903.9	
Exterior	2557.0	2.70	6903.9	Frame, Wood, Adjacent		11.0	312.0	1.00		312.0	
Base Total:	2869.0		7215.9	As-Built Total:			2869.0			7215.9	
DOOR TYPES				Area X BSPM = Points		Type	Area X SPM = Points				
Adjacent	18.0	2.60	46.8	Adjacent Wood			18.0	3.80		68.4	
Exterior	0.0	0.00	0.0								
Base Total:	18.0		46.8	As-Built Total:			18.0			68.4	
CEILING TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM X SCM = Points			
Under Attic	2412.0	2.80	6753.6	Under Attic		30.0	2412.0	2.77 X 1.00		6681.2	
Base Total:	2412.0		6753.6	As-Built Total:			2412.0			6681.2	
FLOOR TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM = Points			
Slab	203.0(p)	-20.0	-4060.0	Slab-On-Grade Edge Insulation		0.0	203.0(p)	-20.00		-4060.0	
Raised	0.0	0.00	0.0								
Base Total:			-4060.0	As-Built Total:			203.0			-4060.0	

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
---	-----------

BASE				AS-BUILT								
INFILTRATION Area X BSPM = Points				Area X SPM = Points								
	2412.0	18.79	45321.5									
Summer Base Points: 69388.0				Summer As-Built Points: 69107.7								
Total Summer X System = Cooling Points Multiplier Points				Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points <small>(DM x DSM x AHU)</small>								
				69107.7	0.667	(1.073 x 1.165 x 1.08)	0.284	0.902	15951.6			
				69107.7	0.333	(1.073 x 1.165 x 1.08)	0.284	0.902	7975.8			
69388.0	0.4266	29600.9		69107.7	1.00	1.350	0.284	0.902	23927.4			

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
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BASE	AS-BUILT																																																																																																																																					
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Type/SC</th> <th colspan="3" style="text-align: center;">Overhang</th> <th rowspan="2" style="width: 10%;">Area X</th> <th rowspan="2" style="width: 10%;">WPM X</th> <th rowspan="2" style="width: 10%;">WOF =</th> <th rowspan="2" style="width: 10%;">Points</th> </tr> <tr> <th style="width: 5%;">Ornt</th> <th style="width: 5%;">Len</th> <th style="width: 5%;">Hgt</th> </tr> </thead> </table>	Type/SC	Overhang			Area X	WPM X	WOF =	Points	Ornt	Len	Hgt																																																																																																																										
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WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
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BASE				AS-BUILT							
WATER HEATING				Tank	EF	Number of	X	Tank X	Multiplier X	Credit = Total	
Number of	X	Multiplier	= Total	Volume		Bedrooms		Ratio	Multiplier	Multiplier	
Bedrooms											
3		2369.00	7107.0	40.0	0.90	3		1.00	2316.36	1.00	6949.1
				As-Built Total:						6949.1	

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
29601		1511		7107		38219	23927		3881		6949		34758

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.0

The higher the score, the more efficient the home.

Ms. Sylvia Mendoza, 144 South Sewall's Point Road, Stuart, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 2412 ft² <input type="checkbox"/></p> <p>7. Glass area & type Single Pane Double Pane <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 0.0 ft² 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² 377.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SHGC - single pane 0.0 ft² 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SHGC - double pane <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 203.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=11.0, 2557.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent R=11.0, 312.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 2412.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 150.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 40.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 36.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 18.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 36.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 18.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 40.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, CF, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is **not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

SIDE DOOR

MIAMI DADE
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)

Therma-Tru Corporation
 108 Mutzfeld Road
 Butler, IN 46721

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: "Benchmark & Legend" Outswing Residential Insulated Steel Door-Impact Resistant
APPROVAL DOCUMENT: Drawing No. ED-1701-B, titled "Outswing Residential Insulated Steel Door with Wood Frame", sheets 1 through 5 of 5, prepared, by Rick Wright Consulting, dated 2/21/99, bearing the Miami-Dade County Product Control Renewal 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

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

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

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

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

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

This NOA renews NOA # 99-0429.01 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



NOA No 02-0408.04
 Expiration Date: May 30, 2007
 Approval Date: May 09, 2007
 Page 1



MIAMI-DADE
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)

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 High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Series "640" Aluminum Casement Window

APPROVAL DOCUMENT: Drawing No. 7045-8, titled "Aluminum Casement Window, Impact", sheets 1 through 11 of 11, prepared by manufacturer, dated 12/17/02 with revision on 3/17/03, signed and sealed by Lucas Turner, 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

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

The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-1224.02
Expiration Date: May 22, 2008
Approval Date: May 22, 2003

SLIDER


MIAMI-DADE
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)

PGT Industries
1070 Technology Drive
Nokomis, FL 34274

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: Series "HS 70" Aluminum Sliding Glass Door-Impact

APPROVAL DOCUMENT: Drawing No.4340, titled "Impact-Aluminum Sliding Glass Door", sheets 1 through 4 of 4, prepared, signed sealed by Robert L. Clark, P.E., dated 5/22/02 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

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 # 99-0212.09 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



NOA No 02-0306.01
Expiration Date: May 06, 2007
Approval Date: June 27, 2002
Page 1

FRENCH DOOR



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

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
P.O. Box 1529
Nokomis, FL 34274

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: Series SWD-101 Outswing Aluminum French Door-Impact

APPROVAL DOCUMENT: Drawing No. 971, titled "French Door-X, XX", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/13/01, 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

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 # 01-0417.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.12
Expiration Date: November 22, 2006
Approval Date: July 12, 2002
Page 1

SINGLE HUNG



**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)

**PGT Industries
P.O. Box 1529
Nokomis, FL 34274**

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: SH-701 Aluminum Single Hung Window Impact Resistant

APPROVAL DOCUMENT: Drawing No. 4040, titled "Aluminum Single Hung Window", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 10/11/01, 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

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 # 01-0629.08 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



**NOA No 02-0702.04
Expiration Date: November 01, 2006
Approval Date: July 16, 2002
Page 1**



Master PLAN

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)

DAB Doors Inc.
12195 N.W. 98th Avenue
Hialeah Gardens, FL 33018

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 16'- 2" Wide.

APPROVAL DOCUMENT: Drawing No. 01-19, titled "Sectional Residential Garage Door", dated 04/06/01 with last revision on 08/30/01, sheets 1 through 3 of 3, prepared by Al-Farooq Corporation, signed and sealed by H. Farooq, P.E., bearing the Miami-Dade County Product Control Renewal 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

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 39,000 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 revises NOA # 01-0626.01 consists of this page 1 as well as the approval document mentioned above.
The submitted documentation was reviewed by Candido F. Font PE.



NOA No 03-0402.01
Expiration Date: October 04, 2006
Approval Date: April 24, 2003
Page 1

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

J.M. Metals
837 N. Cocoa Blvd., Suite B
Cocoa, FL 32922

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2524

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

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6334

Your application for Notice of Acceptance (NOA) of:
JM 1.5 Standing Seam Architectural Metal Roof System
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 00-0705.07
EXPIRES: 08/31/2003

Raul Rodriguez
Chief Product Control Division

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

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

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS AND ITS AUTHORIZED DEALERS ONLY. WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVICE CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM J.M. METALS COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

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

APPROVED: 08/31/2000

RECEIVED
SEP 14 2000
BY: _____

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337

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: Hardiplank, Hardipanel and Hardisoffit

APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel, Hardiplank, & Hardisoffit Installation Details", sheets 1 through 3, prepared, signed and sealed by Ronald Ogawa, P.E., dated 4/13/99, bearing the Miami-Dade County Product Control Renewal 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

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

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

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

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

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

This NOA renews NOA # 99-0223.07 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.

NOA No 02-0318.08
Expiration Date: May 1, 2007
Approval Date: May 23, 2002
Page 1

Fixed win



**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)

**PGT Industries
P.O. Box 1529
Nokomis, FL 34274**

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: Series "PW-701" Aluminum Fixed Window-Impact

APPROVAL DOCUMENT: Drawing No. 4214, titled "Aluminum Fixed Impact Window", sheets 1 through 4 of 4, prepared by manufacturer dated 02-16-98 and last revised on 09-09-02, signed and sealed by Robert L. Clark, 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 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.

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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 and renews NOA # 99-0218.01 and, consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.



**NOA No 02-0716.03
Expiration Date: October 03, 2007
Approval Date: October 03, 2002
Page 1**

SKYLITE



MIAMI-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

Hirvview Skylights.
201 Longhorn Rd
Ft. Worth TX 76179

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

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

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

Your application for Product Approval of:

CMDADE Fixed Skylight

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-1008.07

Expires: 01/07/2003

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 01/07/2000

1 of 3



Birdview SkylightsACCEPTANCE NO: 99-1008.07APPROVED : JAN 07 2000EXPIRES : JAN 07 2003NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. **SCOPE**
This approves a Double Dome Aluminum Extrusions Skylight as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.
2. **PRODUCT DESCRIPTION**
The Birdview Double Dome Aluminum Extrusions Skylight and its components shall be constructed in strict compliance with the following documents: Drawing No. CMDADÉ, with no title, prepared by Birdview Skylights, dated 06/28/99, sheets 1 of 1. It bears 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. These documents shall hereinafter be referred to as the approved drawings.
3. **LIMITATIONS**
All permanent set components must be protected against corrosion, contamination and damage at all times.
4. **INSTALLATION**
This Double Dome Aluminum Extrusions Skylight must be installed in strict compliance with the approved drawings.
5. **LABELING**
Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved". The plastic shall be marked according to the requirements of Notice of Acceptance # 97-0403.01
6. **BUILDING PERMIT REQUIREMENTS**
 - 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Duplicate copies of the approved drawings, as indicated in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
 - 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Candido F. Font P.E. - Senior Product Control Examiner
Product Control Division

2 of 3



**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)

**Andersen Corporation
100 Fourth Ave. North
Bayport, MN 55003-1096**

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: Series FWG "Frenchwood Gliding" Wood Sliding Glass Door

APPROVAL DOCUMENT: Drawing No. **DADE-FWG-IMPACT**, titled "UNIT, FWG - IMPACT", sheets 1 through 4 of 4, dated 2/19/00 with revision B dated 4/25/00, prepared by the manufacturer, bearing the Miami-Dade County Product Control Renewal 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

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

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

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

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

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

This NOA renews NOA # 00-1011.08 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Manuel Perez, P.E.**



**NOA No 03-0415.17
Expiration Date: June 22, 2008
Approval Date: May 15, 2003
Page 1**



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)

Andersen Corporation
100 Fourth Ave. North
Bayport, MN 5503

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: Series "Perma Shield" Vinyl Clad Wood Casement Window

APPROVAL DOCUMENT: Drawing No. WO1-46, dated 07/23/01, with revision dated 08/20/03, titled "Perma-Shield Vinyl Clad WD. Casement WDW.", sheets 1 through 5 of 5, signed and sealed by Humayoun Farooq, 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

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 # 02-0603.01, and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 03-0919.03
Expiration Date: September 19, 2007
Approval Date: December 04, 2003
Page 1



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)

Andersen Corporation
100 Fourth Avenue North
Bayport, MN 55003-1096

FRENCH DOORS

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: Series "Frenchwood Hinged AP/PA" Outswing Wood French Door

APPROVAL DOCUMENT: Drawing No. **DADE-FWO-AP-Impact**, titled "Unit Assembly - Impact FWO AP 2 Panel", sheets 1 through 4 of 4, dated 05/05/00 with revision B dated 01/17/01, prepared by the manufacturer, bearing the Miami-Dade County Product Control Renewal 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

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

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

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

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

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

This NOA renews NOA # 00-1011.04 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Manuel Perez, P.E.**



NOA No 03-0415.15
Expiration Date: October 5, 2008
Approval Date: May 22, 2003
Page 1



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)

Andersen Corporation
100 Fourth Avenue North
Bayport, MN 55003-1096

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).

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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: Narrow Steel Mullion-Impact

APPROVAL DOCUMENT: Drawing No. Dade-Steel, titled "Mulling Combinations Steel Mullions", sheets 1 through 7 of 7, prepared by Richard Boyette, P.E., dated 1/24/00, bearing the Miami-Dade County Product Control Renewal 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

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.

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

This NOA renews NOA #00-0929.09 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Raul Rodriguez**



NOA No 02-0423.01
Expiration Date: May 02, 2007
Approval Date: May 23, 2002
Page 1



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)

Andersen Corporation
100 Fourth Avenue
Bayport, MN 55003

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).

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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: Series "Perma-Shield Sashless" Wood Fixed Window

APPROVAL DOCUMENT: Drawing No. **DADE-30608**, titled "Unit Assembly, Picture Window, Impact", Sheets 1 and 2 of 2, prepared by manufacturer, dated 3/5/99, revised on 10/17/02, 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

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.

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

This NOA renews NOA # **00-1018.03** and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Manuel Perez, P.E.**

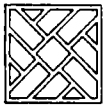


NOA No 02-0919.11
Expiration Date: October 21, 2007
Approval Date: November 14, 2002

Page 1



KELLY & KELLY ARCHITECTS



August 15, 2003

Town of Sewall's Point
Building Department
1 S. Sewall's Point Road
Stuart, Florida 34996

RE: Mendoza Residence
144 South Sewall's Point Road
Sewall's Point, Florida

Dear Sir or Madam,

Please be advised of the following for the above referenced project:

- The window in the kitchen shall be enlarged to a 72" x 36" (3 panel casement – operable on sides with fixed center) in lieu of 36" x 36" as indicated on drawings.
- The side door at entry porch shall be replaced with a 30" x 72" casement window.

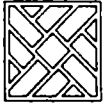
Certified By:
Kelly & Kelly Architects

Gary R. Kelly
Architect Reg. #8341

GRK/dm



K E L L Y & K E L L Y A R C H I T E C T S



November 3, 2003

Town of Sewall's Point
Building Department
1 S. Sewall's Point Road
Stuart, Florida 34996

RE: Mendoza Residence
144 South Sewall's Point Road
Sewall's Point, Florida

Dear Sir or Madam,

Please be advised of the following for the above referenced project:

- A 38" W x 12" D x 136" L concrete footing with 6 - #5 bars continuous is to be used in lieu of (4) 24" dia. x 24" D post footings with no bars at the existing bow window located at the rear and center of the residence.

Certified By:
Kelly & Kelly Architects

Gary R. Kelly
Architect Reg. #5341

GRK/dm

119 WEST 6TH STREET, STUART, FL, 34994
(772) 283-3492 * FAX 220-7310 * REG # 8341



K E L L Y & K E L L Y A R C H I T E C T S



November 25, 2003

Town of Sewall's Point
Building Department
1 S. Sewall's Point Road
Stuart, Florida 34996

RE: Permit #6419
Mendoza Residence
144 South Sewall's Point Road
Sewall's Point, Florida

Dear Sir or Madam,

Please note the following regarding the above referenced project:

- 1.) Ridge to rafter connection shall be Simpson #MSTA24 top strap, install as per manufacturers specifications (18 – 10d nails).

Certified by:
Kelly & Kelly Architects

Gary R. Kelly
Architect Reg. #8341

GRK/dm

cc: John Shavelin – Master Plan



KELLY & KELLY ARCHITECTS



January 13, 2004

Town of Sewall's Point
Building Department
1 S. Sewall's Point Road
Stuart, Florida 34996

RE: Permit #6419
Mendoza Residence
144 South Sewall's Point Road
Sewall's Point, Florida

Dear Sir or Madam,

Please note the following regarding the above referenced project:

Framing connections at front gables:

1. Rafter to beam – 3/8" diameter x 8" long lag bolt counter sunk 3/4".
2. Gable end outlooker to rafter dado cut connection 5/16" diameter x 5" long lag bolt counter sunk 3/4".
3. Rafter to ridge beam 1/4" diameter x 4" long lag bolt counter sunk 3/4" staggered.

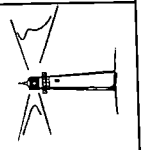
Certified by:
Kelly & Kelly Architects

Gary R. Kelly
Architect Reg. #8341

GRK/dm

cc: John Shavelin – Master Plan

PROPERTY OF THE KITCHEN STRAND INC.
 approval _____ date _____



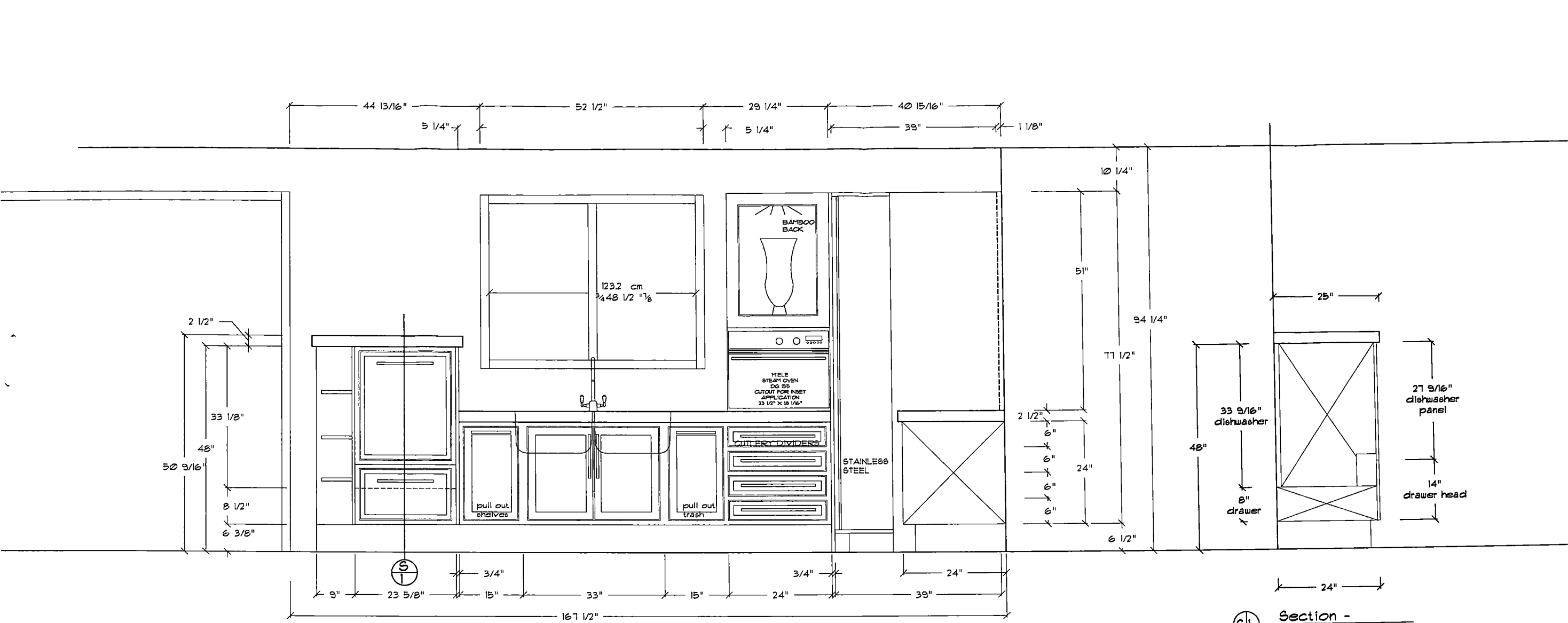
The Kitchen Strand
 8914 Southeast Bridge Road
 Hobbs Sound, Florida 33455
 Tel: 561.546.1306 Fax: 561.546.1339
 KITCHENSTRAND@EARTHLINK.NET

MENDOZA
 KITCHEN
 ELEVATION "A"

SCALE 1/2" = 1'
 DATE 11/26/02 ©
 REVISED
 07/18/03
 10/22/03
 10/28/03
 10/30/03
 11/05/03
 11/18/03
 12/29/03
 1/12/04
 2/17/04

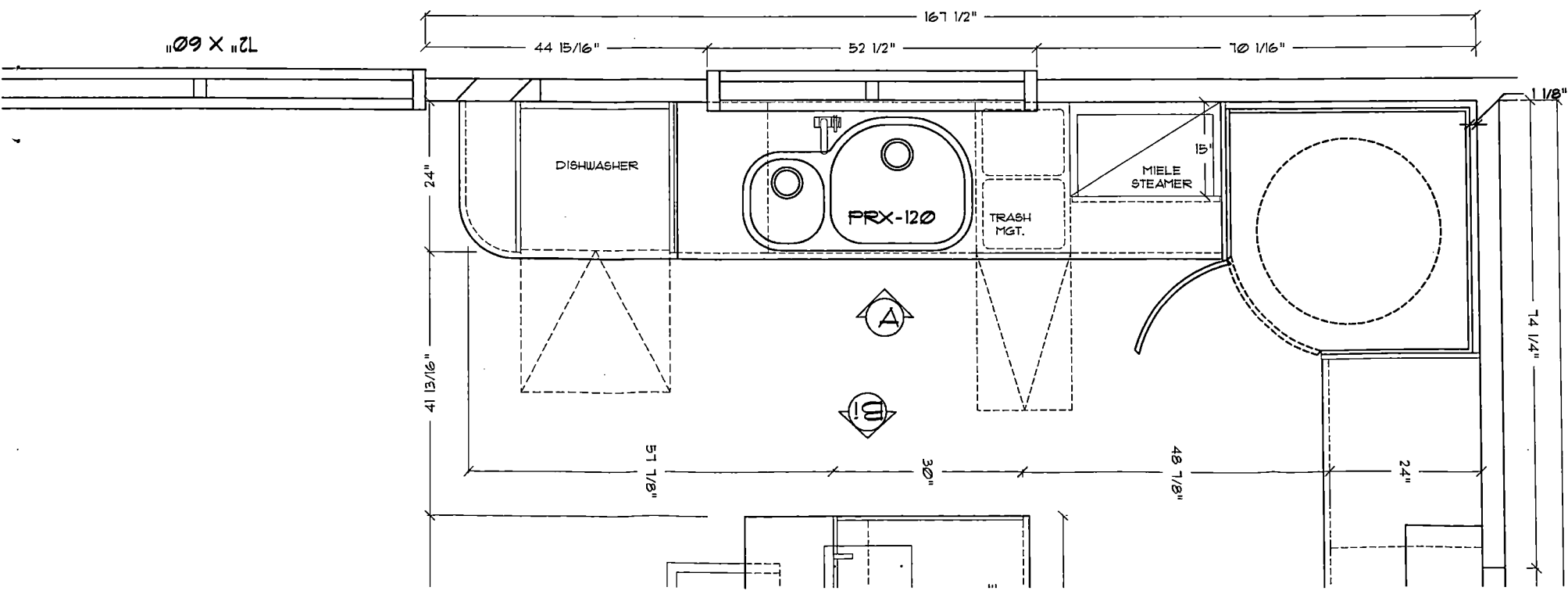
SHEET # 2 OF 6

3/17/2004 2:05:01 PM, Lisa Forwick

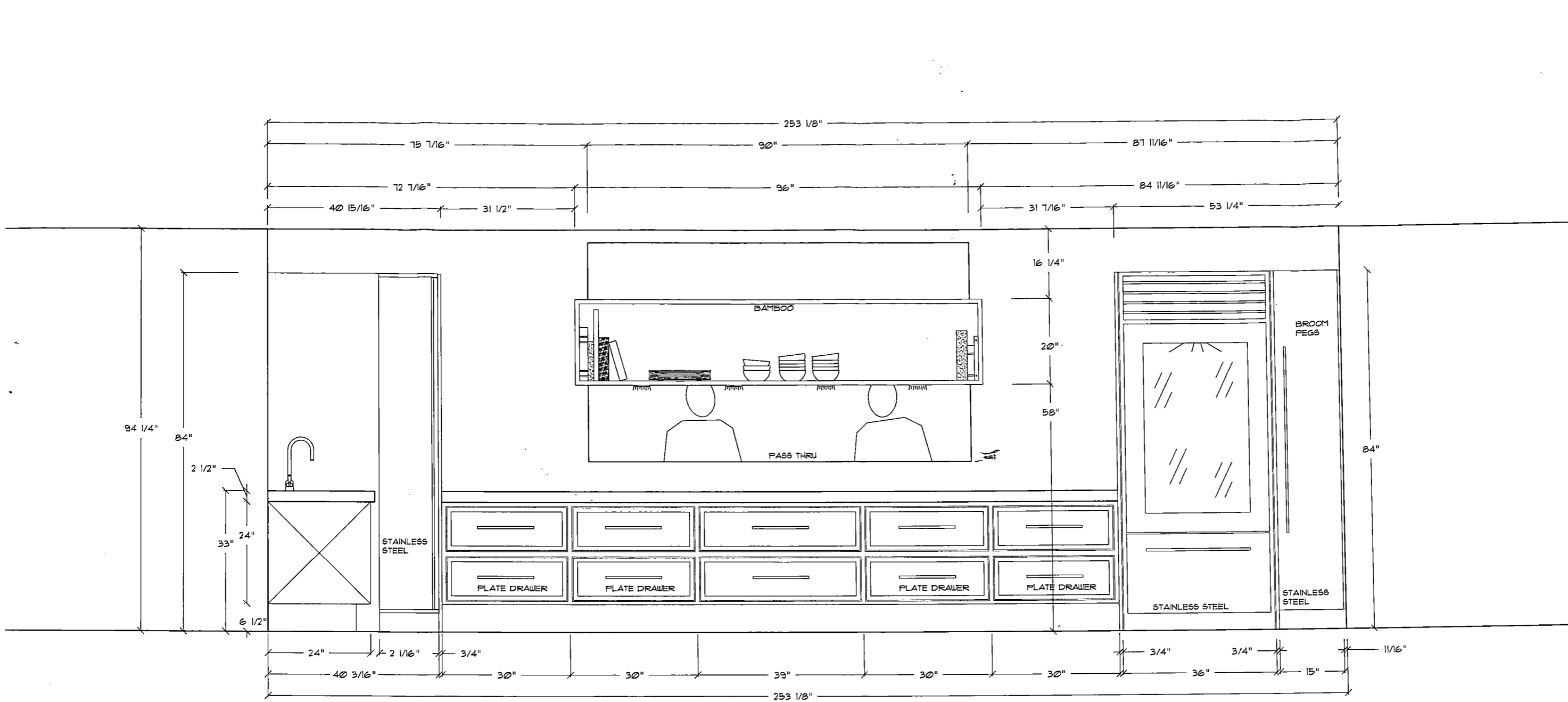


A Elevation -

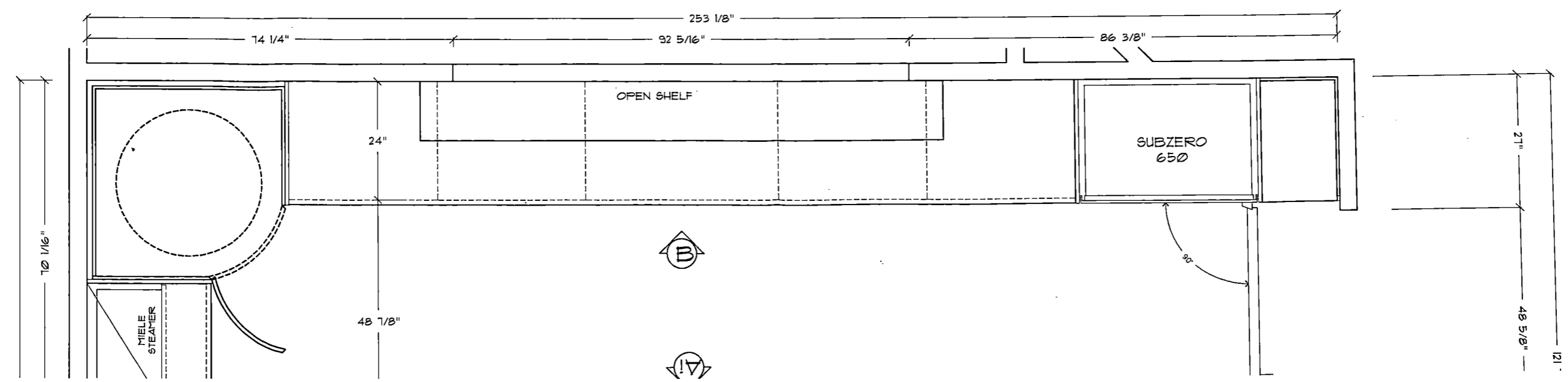
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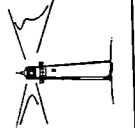
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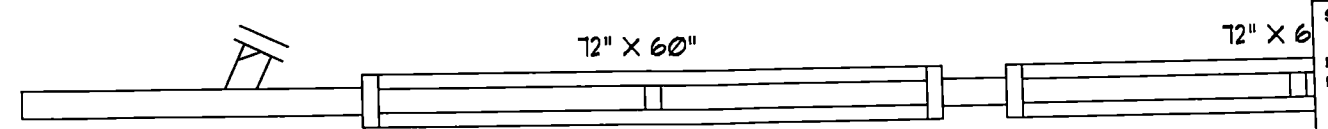
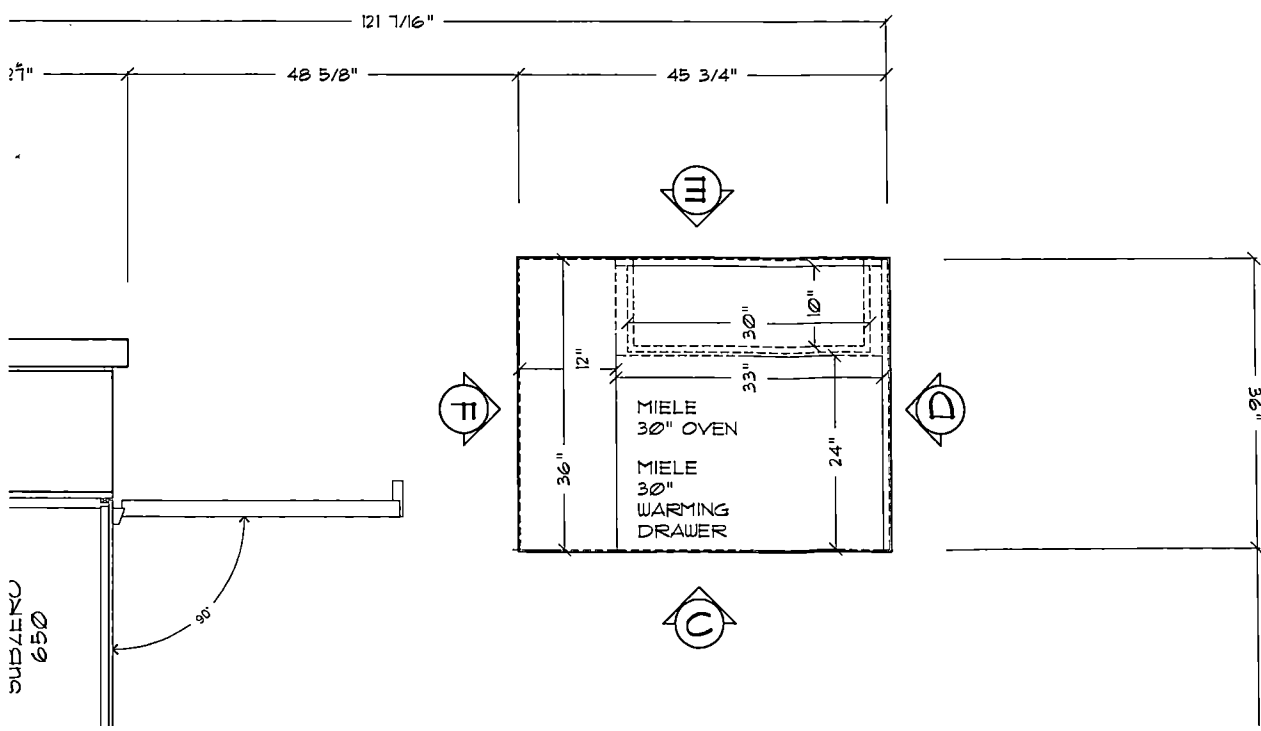
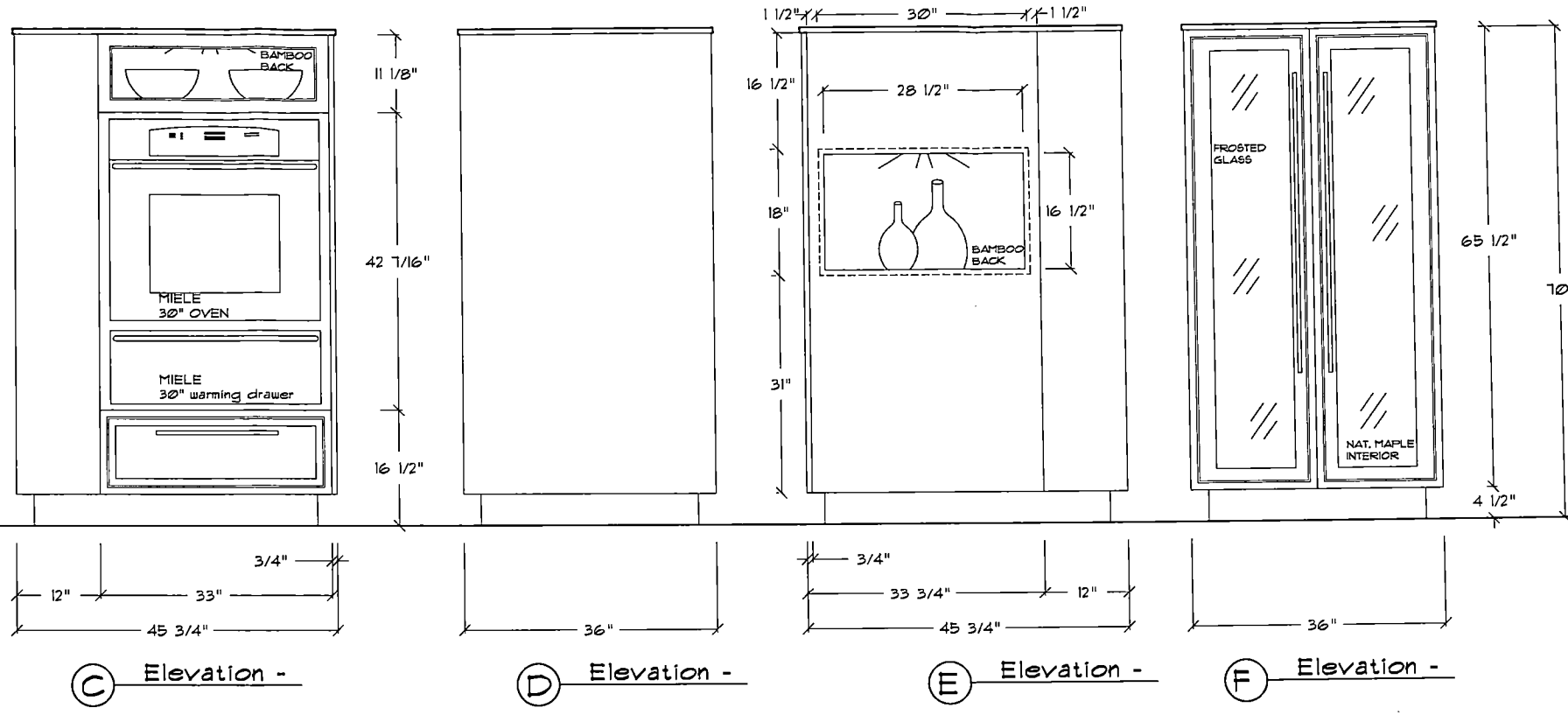


(B) Elevation -



(A)

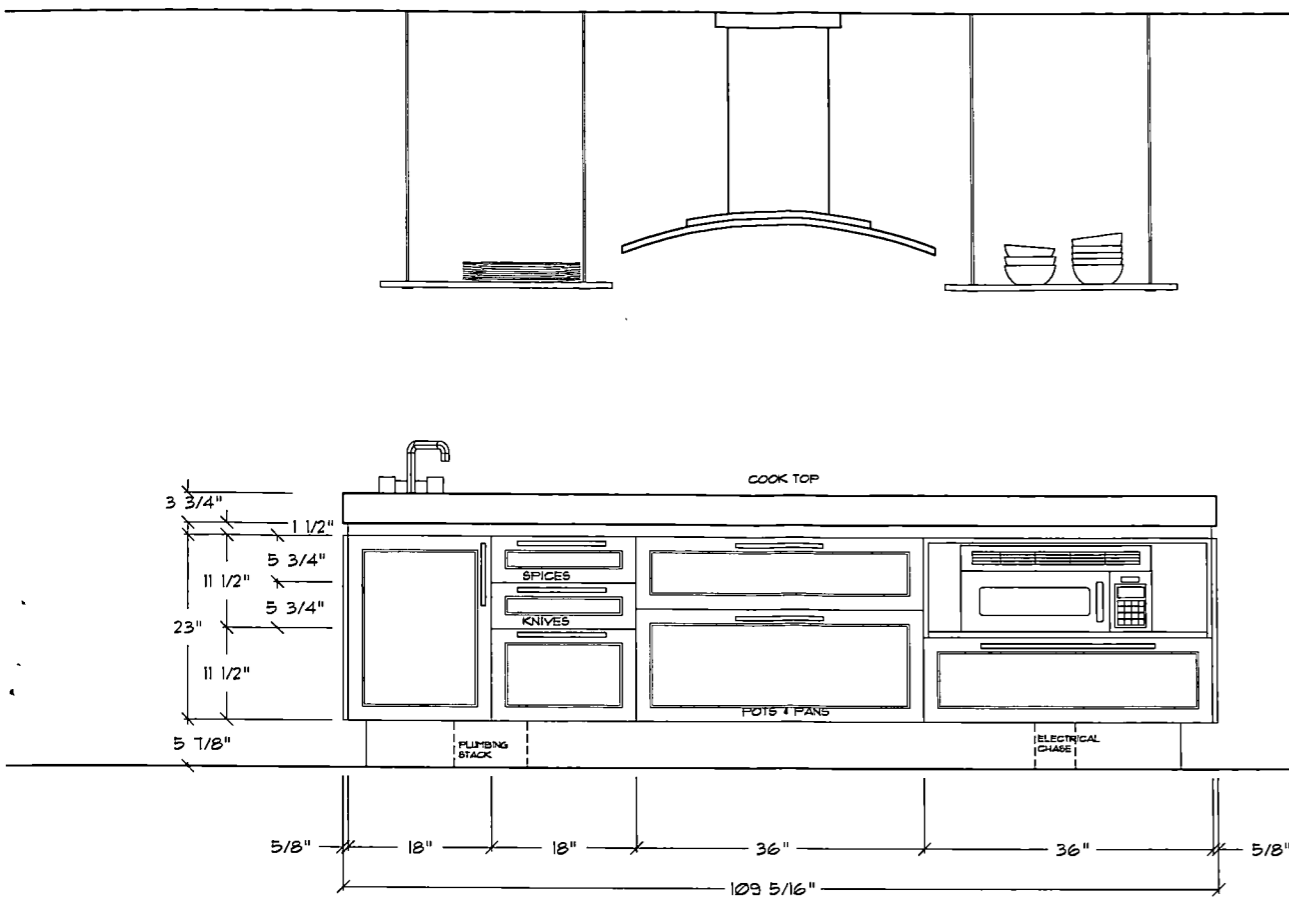
PROPERTY OF THE KITCHEN STRAND INC.
 approval _____ date _____

The Kitchen Strand
 8914 Southeast Bridge Road
 Hobe Sound, Florida 33455
 Tel: 561.546.1306 Fax: 561.546.1399
 KITCHENSTRAND@ARTHLINK.NET
MENDOZA
KITCHEN
ELEVATION "B"
 SCALE 1/2" = 1'
 DATE 11/26/02 ©
 REVISIONS:
 07/18/03
 10/22/03
 10/28/03
 10/30/03
 11/05/03
 11/18/03
 12/29/03
 1/12/04
 2/17/04
 SHEET # 3 OF 6



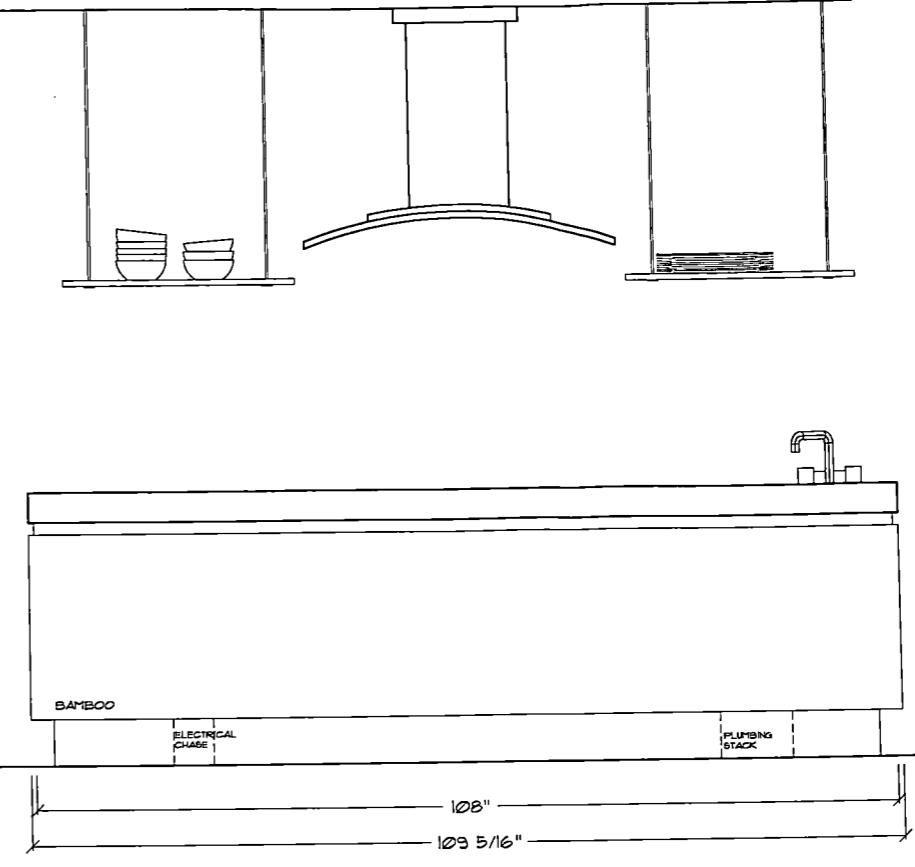
PROPERTY OF THE KITCHEN STRAND INC.
 approval _____ date _____
 The Kitchen Strand
 8914 Southeast Bridge Road
 Hobe Sound, Florida 33465
 Tel: 561.546.1305 Fax: 561.546.1339
 KITCHENSTRAND@EARTHLINK.NET

MENDOZA
 KITCHEN
 ELEVATIONS "C,D,E,F"

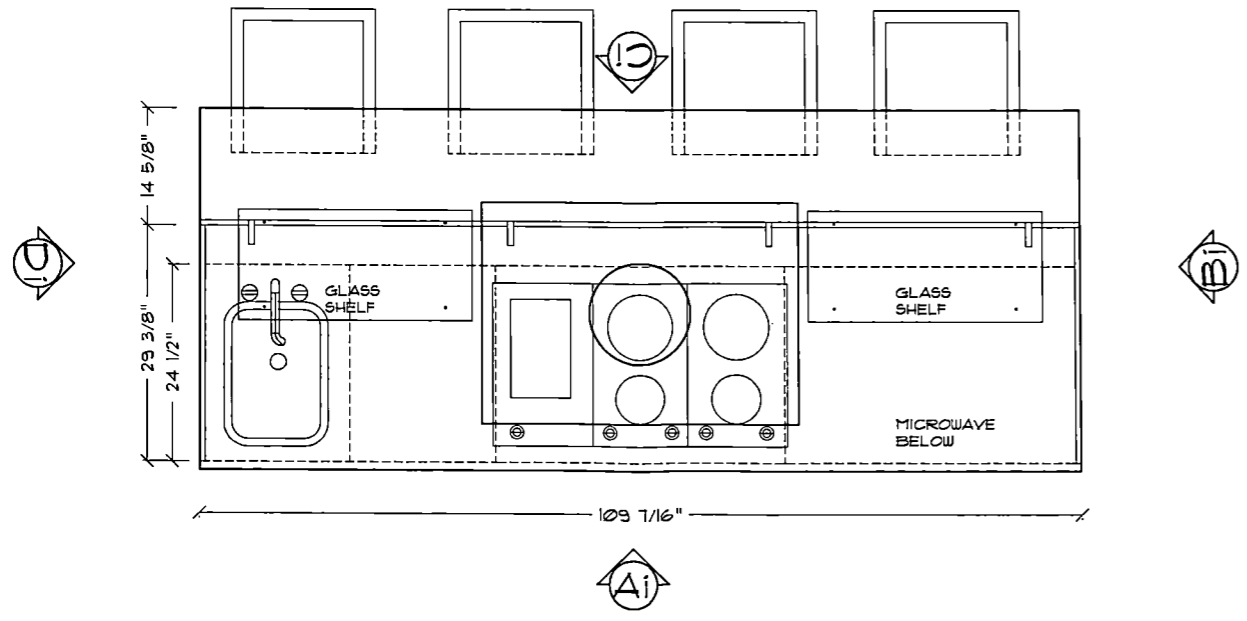
SCALE 1/2" = 1'
 DATE 11/26/02 ©
 REVISIONS
 07/18/03
 10/22/03
 10/28/03
 10/30/03
 11/05/03
 11/18/03
 12/29/03
 1/12/04
 2/17/04
 SHEET • 4 OF 6



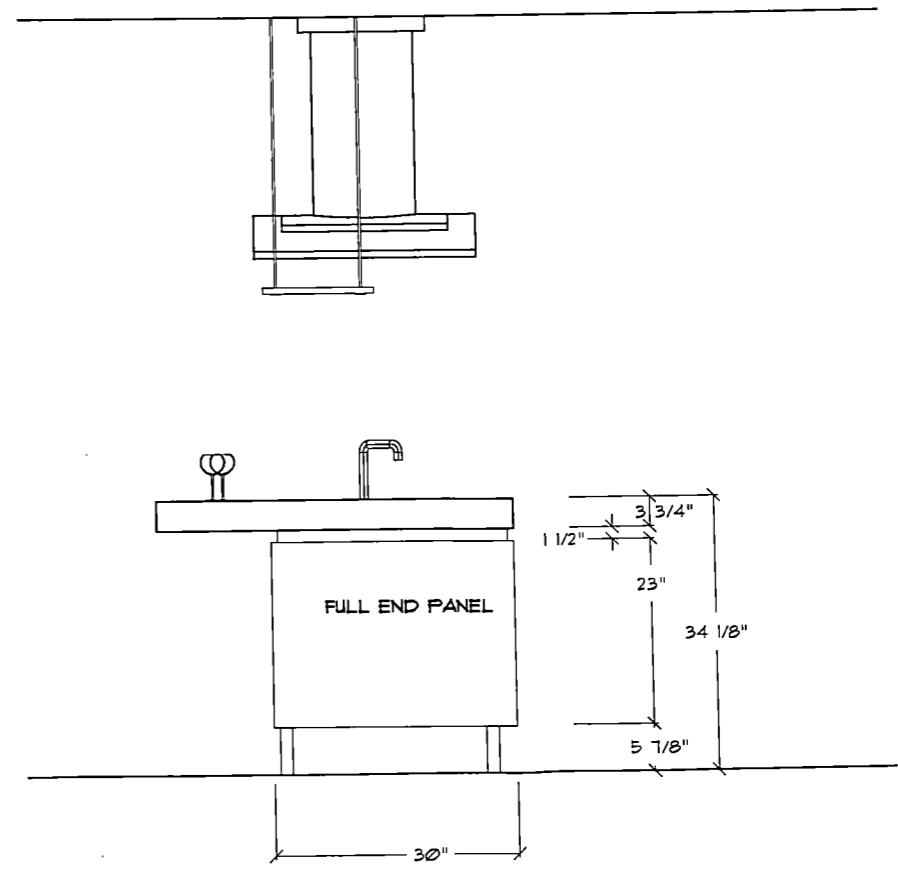
Ai Elevation -



Ci Elevation -

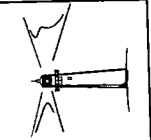


Aj Elevation -



Di Elevation -

PROPERTY OF THE KITCHEN STRAND INC.
 approval _____ date _____



The Kitchen Strand
 8914 Southeast Bridge Road
 Hobo Sound, Florida 33455
 Tel: 561.546.1305 Fax: 561.546.1339
 KITCHENSTRAND@EARTHLINK.NET

**MENDOZA
 KITCHEN
 ISLAND**

SCALE 1/2" = 1'
 DATE 11/26/02 ©
 REVISED
 07/18/03
 10/22/03
 10/28/03
 10/30/03
 11/05/03
 11/18/03
 12/29/03
 1/12/04
 2/17/04







SHEET # 5 OF 6

3/17/2004 2:08:07 PM, Lisa Jawick

TOWN OF SEWALL'S POINT

Building Department - Inspection Log




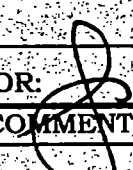

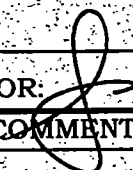
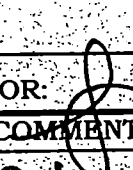
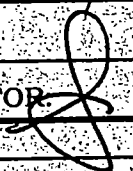

Date of Inspection: Mon Wed Fri 10/31, 2004/3 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6473	ZAVATKAY	FINAL GARAGE	Passed	close
(1)	6 COPAIRE ROAD	door		
	OVERHEAD			INSPECTOR: 
6330	BUSSEY	WINDOWS	Passal	
(3)	1 PALMETTO	(check Plumbing rough)		
	Worrell			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	HERTZACH	TREE	Passed	
(5)	140 S. Sewall's Pt			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6335	TWOHEY	ROOF NAILING	Passed	
(2)	119 HILLCREST	Lower roof		
	SEAGATE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6419	MENDOZA	FOOTER	Passed	(1 change will get letter for eng.)
(4)	144 S. Sewall's Pt			
	MASTER PLAN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6289	MISER	FINAL	Failed	
(6)	21 ISLAND			
	GULICK+McCAULEY			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/21, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	G. FORD	TREE	Passed	
(6)	85 N. SEWALL'S PT			INSPECTOR: 
TREE	REICH	TREE	Failed	
(11)	22 MIDDLE RD			INSPECTOR: 
TREE	REILLY	TREE	Passed	
(14)	78 S. SEWALL'S PT			INSPECTOR: 
6370	ROMAN	FINAL INT.	Passed	
(3)	14 COPAIRE RD WOODWARD	ALT. WIN/DRY		INSPECTOR: 
		260-0239		
6419	MENDOZA	SHEDDING	Passed	11/20 
(13)	144 S. SEWALL'S PT MASTER PLAN/PACIFIC			INSPECTOR: 
6497	LIZARS	FINAL ROOF	Passed	
(12)	4 ISLAND ROAD ARTELA			INSPECTOR: 
TREE		TREE	Passed	17" Oak replace
	J. Kingston Ct.			INSPECTOR: 
OTHER:	7 Sheets Knowles Rd	Trell	Passed	

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/3, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6419	MENDOZA	ACTUAL FRAMING	Passed	
(5)	144 S. Sewall St			INSPECTOR: [Signature]
	MASTER PLAN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	KAGAN	TREE	Passed	
(11)	158 S. RIVER RD			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6494	SMITH SWITH	FINAL ROOF	Partial	close
(10) 2	MORGAN CR			INSPECTOR: [Signature]
	DIRISIO ROOFING			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	TWOHEY	TREE	Passed	
(12)	119 HILLCREST			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6396	MUFSON	FRONT PORCH	Partial	
(9)	17 S. RIVER RD	WALL FOOTER		INSPECTOR: [Signature]
	BUFORD			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6488	DWYER	FINAL ROOFING	Passed	close
(2)	32 N. RIVER RD			INSPECTOR: [Signature]
	STUART ROOFING			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6469	HB ASSOC (HARBORVIEW)	FINAL RELEASE	Partial	close
(1)	3774 SE OCEAN DR	SIGN		INSPECTOR: [Signature]
	GOULD SIGNS			
OTHER: 11 Ridgeland : silt barriers down				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/21, 20014 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6419	MENDOZA	Partial Framing	PASSED	
7	144 S. Sewall's Pt MASTER PLAN			INSPECTOR: <i>MW</i>
6453	ABESADA - TEUL	DOCK WIRING	PASSED	CLOSE
8	8 MORGAN CR FLANAGAN	FINAL		INSPECTOR: <i>MW</i>
TREE	HOGAN	TREE	PASSED	
2	100 S. RIVER RD			INSPECTOR: <i>MW</i>
6413	POWERS	PARTIAL SLAB	PASSED	
1	70 S. SEWALL'S Pt FLORIDA'S FINEST			INSPECTOR: <i>MW</i>
TREE	DUBOIS	TREE	PASSED	
4	27 S. RIVER RD			INSPECTOR: <i>MW</i>
TREE	MOFFAT	TREE		
5	1 MELODY LANE			INSPECTOR:
6480	WADE	TIE BEAM	FAILED	
6	9 E. HIGH POINT PINE ORCHARD	(last place)		INSPECTOR: <i>MW</i>
OTHER:				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144 S. SEWALLS

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.

TIN TAG

METAL DRIP EDGES NAILED
AT 4" O.C. (NEEDS TO
BE DONE AT EAVE & RAKE
ON FRONT GABLES.)

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

DATE: 2/4/04

PHIL

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/8, 20024 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6565	POOLE	FINAL SOFFIT	PASS	CLOSE
13	94 N. SEWALL'S Pt PETROPOULOS	ADDITION (paperwork in window)		INSPECTOR: <i>[Signature]</i>
6419	MENDOZA	ROOF TIN TAG	FAIL	
1	141 S. SEWALL'S Pt MASTER PLAN			INSPECTOR: <i>[Signature]</i>
6580	ILLUSTRATED PROP 3727 SE OCEAN	FINAL A/C CB	- ? ALREADY FINALIZED FAIL	INSPECTOR: <i>[Signature]</i>
6		(will leave unlock. call 284-1164)		
655	TOOMAN	TREE	PASS	
12	37 W. HIGH Pt	(after u? late please)		INSPECTOR: <i>[Signature]</i>
6588	COKER	FINAL BOAT LIFT	PASS	CLOSE
12	16 N. SEWALL'S Pt LINDEN MARINE			INSPECTOR: <i>[Signature]</i>
6577	CIVIELLO	FINAL FENCE	PASS	CLOSE
5	31 FIELDWAY Dr O/B			INSPECTOR: <i>[Signature]</i>
6406	PELICAN GROUP	REINSR STEEL BEAM	PASS	
11	142 S. SEWALL'S Pt CONNEL	PUMPING MECHANICAL	PASS FAIL	INSPECTOR: <i>[Signature]</i> \$50 FEE
OTHER:	(after 9 pls if poss)			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/13, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6 - 6568	BALON	FINAL ROOF	PASS	
	25 FIELDWAY			
	O/B			INSPECTOR: <i>[Signature]</i>
7 - 6573	RASKIN	FINAL ANE./ TOWER		
	144 N. SEWALL'S PT			
	AZTECA CONSTRUCTION			INSPECTOR:
13 - 6330	BUSSEY	FINAL SFR	FAIL	
	1 PALMETTO			
	WORRELL	(late as possible pls)		INSPECTOR: <i>[Signature]</i>
5 - 6396	MUNSON	TIE BEAM	PASS	
	17 S. RIVER RD.			
	BUFORD			INSPECTOR: <i>[Signature]</i>
10 - 6419	MENDOZA	DEVINT METAL	PASS	
	144 S. SEWALL'S PT			
	MASTER PLAN			INSPECTOR: <i>[Signature]</i>
12 - 6558	H B ASSOC	LIGHTS POST ELEC (FOUNDATION)	PASS	
	3766 OCEAN BVD			
	JIMMY ROWELL	(last please)		INSPECTOR: <i>[Signature]</i>
- 64	64 S. SEWALLS PT.			
	104 N. SEWALLS PT			INSPECTOR:
	OTHER:			



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144 S. SEWALL'S

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.

A/C - PLUMBING.

NEED ENGR LTR APPROVING
STRUCTURAL REPAIR OF
CUT HOLES ON BOTTOM OF
TRUSS.

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: 5/19

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6740	JONES	TINTACT METAL	PASS	
2	19 PALMETTO PACIFIC ROOFING			INSPECTOR:
6419	MENDOZA	ROUGH PLUMBING	PASS	
9	144 S. Sewall's Pt MASTER	ROUGH PLUMBING	PASS	INSPECTOR:
6734	WRIGHT	FINAL DECK	PASS	CLOSE
1	10 MIRAMAR O/B			INSPECTOR:
6543	DUNN	TV PIT (CONC. WALL)	PASS	
10	31 N RIVER RD FIRST FLORIDA			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



6419

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144 S. SEWALL'S

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.

ELECTRICAL
RELEASABLE PANEL
EXISTING PANEL IS 150 AMP
NOT AS SHOWN ON AS 200A,
MISSING 100 A. SUB PANEL
JUNCTION BOX IN ATTIC - NEED
CALCULATIONS TO VERIFY SIZE
OF BOX W/ # OF SPLICES.

WP RECEPTACLE MISSING ON
MASTER BR. PDRCH
MISSING NAIL PLATES AT OUTSIDE
WALL IN STUDY & FAMILY ROOM.

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: 5/21

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/21, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	KREMSEK	TREE	PASS	
5	23 RIDGELAND DR			INSPECTOR: <i>[Signature]</i>
6419	MENDOZA	ELECTRICAL	FAIL	
1	144 S. SEWALL ST MASTER PLAN			INSPECTOR: <i>[Signature]</i>
6711	HONG TAN	FINAL WINDOWS	PASS	CLOSE
2	7 COPAIRE O/B			INSPECTOR: <i>[Signature]</i>
6520	HINES	METAL LATH	PASS	
6	113 HENRY SEWALL WINCHIP			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

#6419 144 S. SENALS

Box = 10" x 10" x 4" = 400 cu inches

1 6-2 = 10 cu inches

1 8-2 = 8 cu inches

1 6-3 = 15 cu inches

2 10-2 = 10 cu inches

1 10-3 = 7.5 cu inches

16 12-2 = 72 cu inches

22 Ground wires = 1 cu inches

1 Ground BAR = 1 cu inches

* TOTAL cubic inches = 123.50

CALCULATIONS FOR JUNCTION BOX
OVER DINING ROOM (ROOM WEST OF
KITCHEN).

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

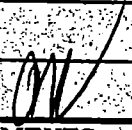

Date of Inspection: Mon Wed Fri 5/24, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6698	LICKER	CBS FENCE	PASS	CLOSE
3	8 N. RIVER O/B			INSPECTOR: <i>[Signature]</i>
6747	GUSTAFSON	POOL DECK PRE POUR	PASS	RECEIVED DENSITY REPORT
7	17 PALM ROAD ADEMY	LATE MORN		INSPECTOR: <i>[Signature]</i>
	TREETHALL	TREE	PASS	
4	6 KNOWES			INSPECTOR: <i>[Signature]</i>
6748	REICH	FOOTER POOL DECK	FAIL	
1	22 MIDDLE RD IANIERO			INSPECTOR: <i>[Signature]</i>
6682		PARTIAL FOUNDATION	PASS	WILL NEED SURVEY WHEN COVER/ COLUMNS ARE POURED.
6	10 N. SEWALLS MILFORD	LATE MORN		INSPECTOR: <i>[Signature]</i>
6551	LANGER	FOOTER	PASS	SEE CORRECTION NOTICES
5	3 LOFTING WAY FLORIDA FINEST.			INSPECTOR: <i>[Signature]</i>
6419	MENDOZA	ELECTRICAL ROUTH	PASS	
2	144 S. SEWALLS PT RD MASTER PLAN			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/28, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
16419	MENDOZA	A/C PAD FOOTER	PASS	
3	144 S. SEWALL'S PT MASTER PLAN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	PRESSLEY	TREE	PASS	
7	100 N. SEWALL'S PT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144 S SEWALL'S PT

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.

FRAMING

RENAIL GIRDER TRUSS

REVISE ENDR LTR AS DISCUSSED.

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: 7/7

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 7, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6798	PARKS	SLAB - UPPER	PASS	
2	3 MINDORO PARKS+CO.			INSPECTOR:
6752	LANGER	PADS FOOTER	PASS	4 PADS @ GAP.
6	3 LOFTING WAY FLORIDA'S FINEST			BREEZEWAY. INSPECTOR:
6776	WOLCOTT	PLUMBING		CANCEL
	7 ISLAND WILSON BLDGS	ELEC. ROUGH		INSPECTOR:
6810	JONES	UNDER SLAB PLUMB		CANCEL
4	19 PALMETTO O/B			INSPECTOR:
6822	PALMIERI	DOCK ELECTRIC	PASS	
3	4 MORGAN RMS ELECTRIC			INSPECTOR:
6797	WEELE	HARD PLANK	PASS	
9	3 KNOWLES DENNIS PROCTOR			INSPECTOR:
6419	MENDOZA	FRAMING	PASS	
10	44 S. SEWALL'S Pt MASTER PLAN	? AFTER 902 CXL		INSPECTOR:

OTHER: _____

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St. Lucie Blvd., Suite #104
Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866


July 6, 2004

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Attention: Gene Simmons, CBO
Building Official

Subject: 144 SOUTH SEWALL'S POINT ROAD
MASTERPLAN BUILDING & RENOVATION
BUILDING PERMIT NO. 6419

6419

FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>7/9/04</u>  BUILDING OFFICIAL Gene Simmons
--

Job No. 04 1705

Dear Gene:

Please be advised that I have performed several inspections and have provided the contractor with structural details and recommendations to correct structural deficiencies at the above referenced single family residence. This project is a remodel of and addition to an existing residence.

My initial involvement was to address a roof truss that had a part of the bottom chord removed to install a/c equipment. Attached hereto as "Exhibit A" is a detail to repair the truss. This repair has been completed and the truss is herein certified as being structurally sound.

The second involvement was as a result of the determination that the structural tie-down straps are inadequate. The significance of this matter is that the continuous load path strapping for uplift resistance was almost non-existent in the original wood frame construction.

Attached hereto as "Exhibit B" is a generic detail showing the required strapping from the concrete stemwall up to the roof trusses.

I have inspected the strapping installation. By use of flat straps, twisted straps, stud to plate connectors and truss connectors, the continuous strapping requirement has been met and is herein certified as being complete.

If you should have any questions on this matter, please contact me at your convenience.

CERTIFIED THIS 6TH DAY OF JULY 2004.

WEYANT ENGINEERING, INC.


Dwight R. Weyant, P.E.
Principal Structural Engineer

WEYANT ENGINEERING, INC.

CONSULTING ENGINEERS

CIVIL - STRUCTURAL

201 SW Port St. Lucie Blvd. - Suite 104

Port St. Lucie, FL 34984

772-335-0772 - WPB 561-832-9094

Fax 772-335-0866

JOB 144 S. SEWALL'S PT RD

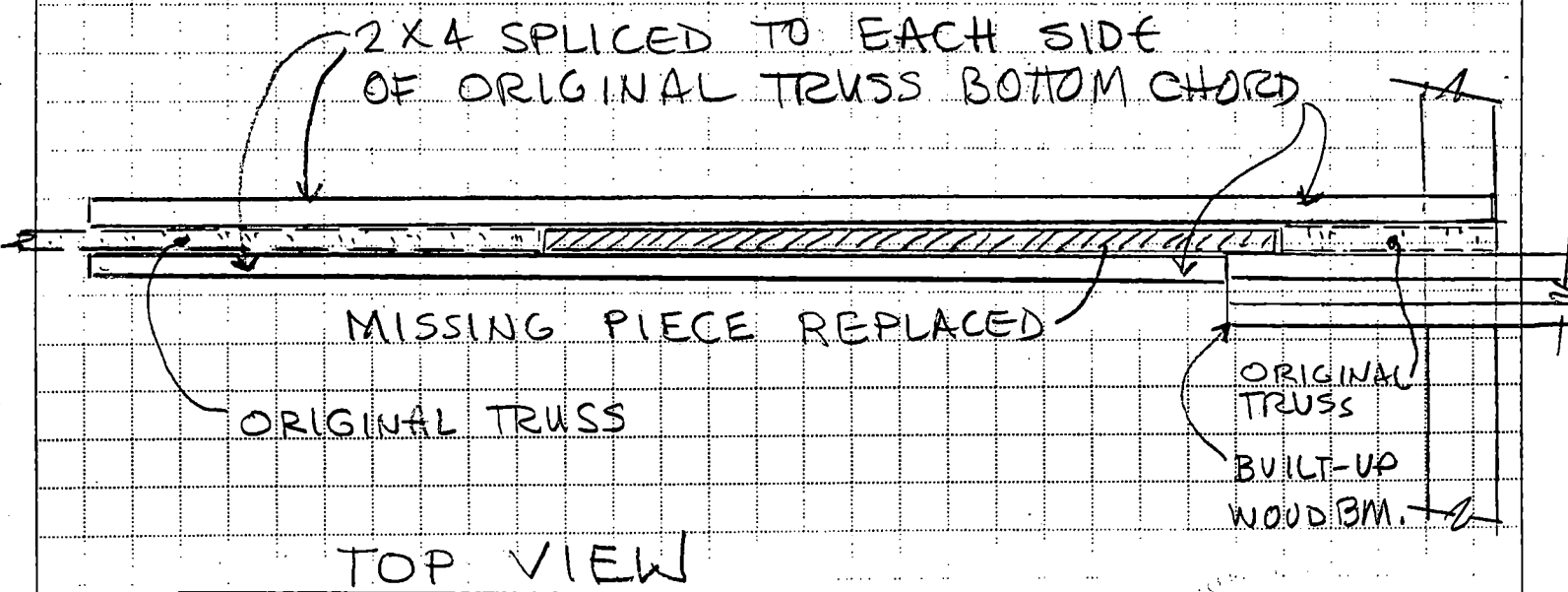
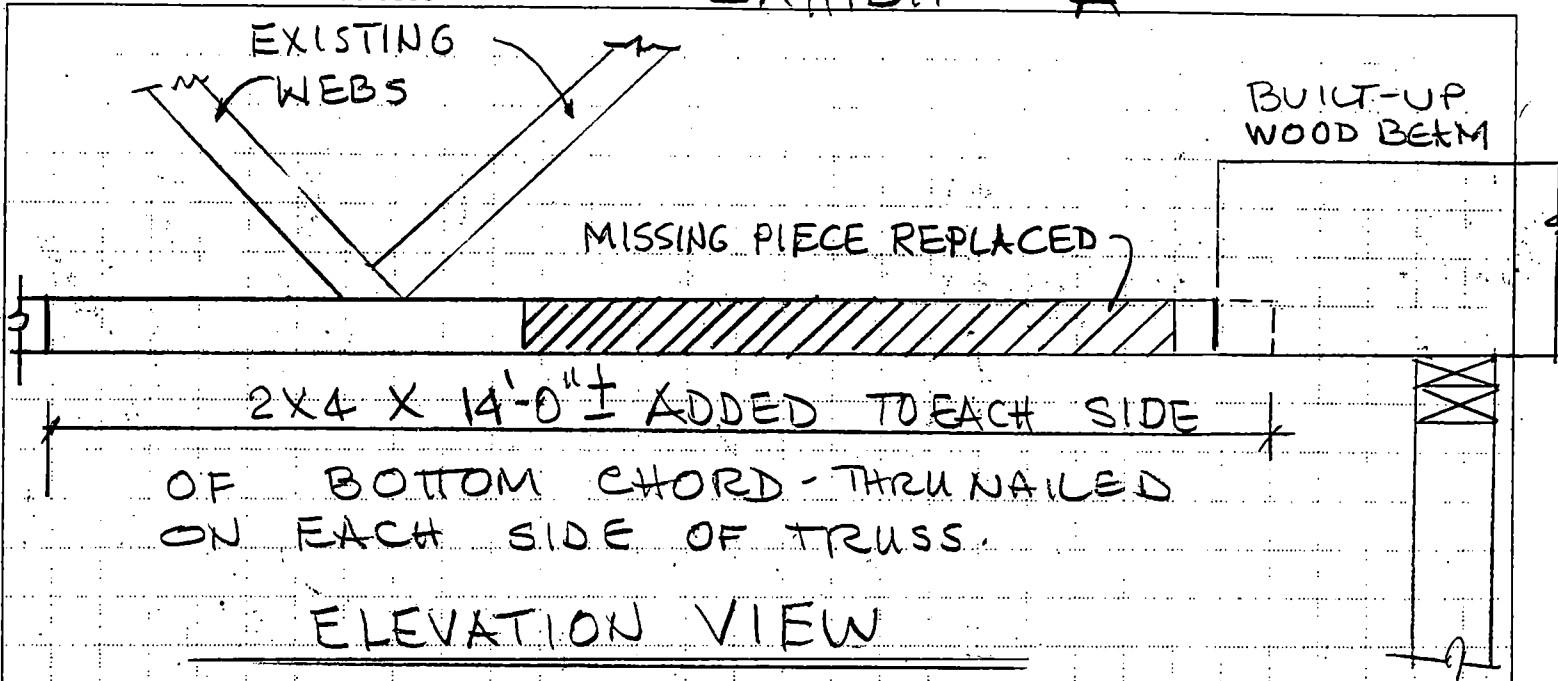
SHEET NO. 1 OF 1

CALCULATED BY DW DATE 7-6-04

CHECKED BY DATE

SCALE

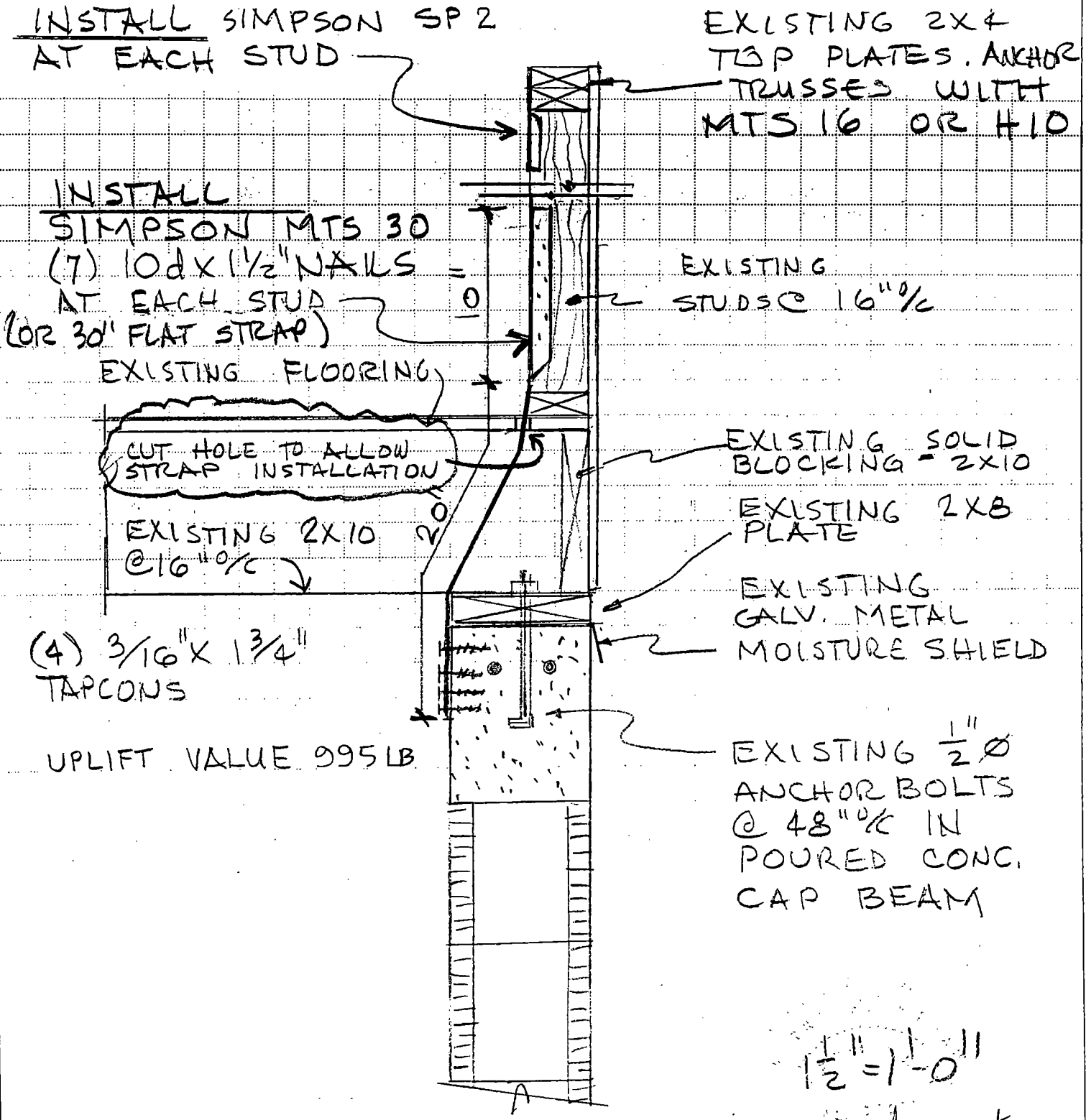
EXHIBIT "A"



NOT TO SCALE

D. Weyant
 JUL 06 2004

EXHIBIT "B"



INSTALL SIMPSON SP 2
AT EACH STUD

EXISTING 2x4
TOP PLATES. ANCHOR
TRUSSES WITH
MTS 16 OR H10

INSTALL
SIMPSON MTS 30
(7) 10d x 1 1/2" NAILS
AT EACH STUD
(OR 30" FLAT STRAP)

EXISTING
STUDS @ 16" O/C

EXISTING FLOORING

CUT HOLE TO ALLOW
STRAP INSTALLATION

EXISTING SOLID
BLOCKING - 2x10

EXISTING 2x10
@ 16" O/C

EXISTING 2x8
PLATE

(4) 3/16" x 1 3/4"
TAPCONS

EXISTING
GALV. METAL
MOISTURE SHIELD

UPLIFT VALUE 995 LB

EXISTING 1/2" Ø
ANCHOR BOLTS
@ 48" O/C IN
POURED CONC.
CAP BEAM

REPAIR DETAIL

1" = 1'-0"

Weyant
JUL 07 2004



TOWN OF SEWALL'S POINT

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

6419

CORRECTION NOTICE

ADDRESS: 144 S. SEWALL'S

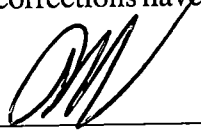
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

INSULATION

VAPOR BARRIER ON ATTIC
INSULATION SHOULD BE
APPLIED FACING LIVING
SPACE, NOT FACING OUTSIDE,

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: 7/14


INSPECTOR

DO NOT REMOVE THIS TAG

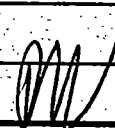
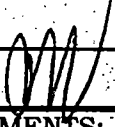
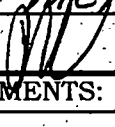
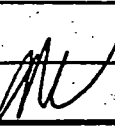



AC#1 - 60A

AC#2 - 60A,

AC#3 - 50A?

TOWN OF SEWALL'S POINT**Building Department - Inspection Log**Date of Inspection: Mon Wed Fri JULY 14, 2002

Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	WINDOWS-	PASS	
7	70 S. SEWALL'S PT FLORIDA'S FINEST	PARTIAL ELEC.	PASS	INSPECTOR: 
6798	PARK	STAIRWAY STEEL	PASS	
3	3 MINDORO RALPH PARKS			INSPECTOR: 
6772	ELDER	TEMP POLE HAR BACK RIGHT CORNER	PASS	CALL FPL TO INSTALL METER
3	4 MARGUERITA O/B			INSPECTOR: 
6797	WERLE	HARD PLANK	PASS	
12	3 KNOWLES DENNIS PROCTOR			INSPECTOR: 
6419	MENDOZA	INSULATION	PASS FAIL	
2	144 S. SEWALL'S PT MASTER PLAN			INSPECTOR: 
6776	WOLCOTT	BATHROOM INS.	PASS	
1	7 ISLAND ROAD FRAN WILSON BUDDS			INSPECTOR: 
6247	TIDIKIS *	DOCK ELEC	PASS	CLOSE
4	12 CRANE'S NEST HOSS ELECTRIC			INSPECTOR: 
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 21st, 2004 Page of

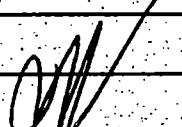
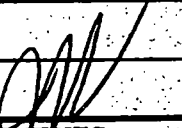



PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6810	JONES	KITCHEN ELECTR	FAIL	
11	19 PALMETTO DR	Plumb Rough	FAIL	INSPECTOR: <i>[Signature]</i>
	O/B	FR. ROUGH	FAIL	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
11	"	TIE BEAMS	FAIL	INSPECTOR: <i>[Signature]</i>
	"	TRUSS	FAIL	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6419	MENDOZA	INSULATION	PASS	
1	144 S. SEWALL'S PT			INSPECTOR: <i>[Signature]</i>
	MASTER PLAN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6577	LANGER	Swimming Pool	FAIL	
8	3 LOFTING WAY	POOL STEEL DRAIN		INSPECTOR: <i>[Signature]</i>
	Olympic Pools			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6607	FOWLER	KITCHEN RE FINAL	PASS	CLOSE
6	18 FIELDWAY			INSPECTOR: <i>[Signature]</i>
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6692	ELWOOD	FENCE	PASS	CLOSE
2	15 MIDDLE RD.			INSPECTOR: <i>[Signature]</i>
	STUART FENCE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6476	CIVIELLO	PARTIAL LATH	PASS	
7	31 FIELDWAY			INSPECTOR: <i>[Signature]</i>
	O/B			

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/22, 20024 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
64119	MENDOZA	POWER RELEASE	PASS	CALL FPL
7	144 S. SEWALL ST MASTER PLAN	LAST 11:15		INSPECTOR:
6898	GABRYNOWICZ	FINAL FENCE	PASS	CLOSE
6	5 QUAIL RUN LA O/B	REPAIR		INSPECTOR:
6111	GREENE	ADDITION FINAL	PASS	CLOSE
1	26 ISLAND RD O/B			INSPECTOR:
6941	JONAS	ELEC ROOM	FAIL	
3	12 N. SEWALL ST LANIERO			INSPECTOR: 
6551	LANGER	ELEC ROOM	PASS	
4	3 LOFING WAY FLORIDA'S FINEST			INSPECTOR: 
6346	MOORE	POOL FINAL	FAIL	
5	5 OAK HILL WAY CRYSTAL LAGOON			INSPECTOR: 
TREE	WEBER	TREES	PASS	
2	4 MANDALAY RD			INSPECTOR: 
OTHER:	GULICK	UG TANK +	PASS	CLOSE
7032	10 ISLAND ROAD FERRELL GAS	LINES		

1A



TOWN OF SEWALL'S POINT

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

6419

CORRECTION NOTICE

ADDRESS: 144 S. SEWALL'S PT. RD.

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.

POWER RELEASE

ELECTRICIAN TO VERIFY CORRECT
BREATHED SIZE FOR AHU. &
CONDENSOR INITS-

NEED BONDING WIRES FOR WATER
PIPING-

NEED WATER HEATER INSTALLED

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: 1/14

A handwritten signature in black ink, appearing to be "OJ", is written over the signature line.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/14, 2009/5 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6396	MUFSON	ROOF FINAL	PASS	
5	17 S. RIVER RD STUART ROOFING			INSPECTOR:
6419	MENDOZA	Elec Power Rel	FAIL	JOHN MASTRO PLAN
2	144 S. SEWALL'S PKD MASTER PLAN			260-3826 PLAN INSPECTOR:
6920	JONAS	FINAL ROOF	PASS	
9	12 N. SEWALL'S PK STUART ROOFING			INSPECTOR:
6705	ANDERSON	ROOF SHEATHING	PASS	
7	9 PALMETTO PALM BEACH CREATIVE	LATH WINDOW/DOOR INST	FAIL FAIL	INSPECTOR:
TREE	ROOSEN/COATES	TREE	PASS	
4	116 S. RIVER RD			INSPECTOR:
751	HARRIGAN	INSULATION	—	WILL RESCHEDULE
8	2 PALMETTO WORRELL	LATE IF POSSIBLE		INSPECTOR:
TREE	THOMPSON	TREE	PASS	
1	179 S. RIVER RD			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT
Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996

POWER RELEASE AGREEMENT: PN: 6419
(To be submitted at final electrical inspection in order to turn on electric service)

Owner: SYLVIA MENDOZA Address: _____
Project Address: 144 S. SEWALLS PT. RD Legal: Lot: 5 Block: _____ Subdivision: _____
General Contractor: MASTER PLAN BLDRS Lic/Cert. No.: CBC060400
Address: 6630 SW GATOR TRL. PALM CITY Tel: 260-3826 Fax: 221-1513
Electrical Contractor: D.G. SIROIS Lic/Cert. No.: EC0002941
Address: 2884 S.E. PACE DR. Tel: (772) 878-2643 Fax: (772) 336-5181

WHEREAS, pursuant to the provisions of, and governed by the National Electrical Code and Ordinances of the Town of Sewall's Point, electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested an electrical hook-up of 144 S. SEWALLS PT. RD. for the purpose of _____ at the above designated construction now in progress under a valid building permit; and equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT:

1. The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's point, and the above named responsible persons, firms, corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant an electrical hook-up permit.
3. This electrical hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. The electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this _____ day of _____, 200_____.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

GENE SIMMONS, BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 24, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6988	GALINAT	FINA FENCE	PASS	CLOSE
3	53 N. RIVER O/B			INSPECTOR:
6909	HALEE	FINAL ROOF	—	WILL RESCHEDULE
2	7 WORTH COURT PACIFIC ROOFING	(OFF RIVERLAND)		MUST MEET W/ CONTRACTOR ON JOB INSPECTOR:
6419	MENDOZA	ELECTRICAL	PASS	METER IS ALREADY IN - ELECTRICIAN IS O.K. TO RUN SERVICE FROM METER TO PANEL
1	144 S. SEWALL'S Pt MASTER PLAN	Power Release		INSPECTOR:
7151	HARRIGAN	PARTIAL Back FRAMING - POOR	PASS	
4	2 PALMETTO DR WORRELL	PARTIAL ELEC - KITCHEN (LATE PLEASE)	PASS	INSPECTOR:
7213	QUISENBERRY	DRY IN + SHEATHING	PASS	
	54 S. SEWALL'S Pt FLORIDA REEROOF	(PARTIAL)		INSPECTOR:
TR		TR	PASS	
	18 E. HIGH PT.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144. 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.

BLOG FINAL

NEED FINAL SURVEY

" OWNERS COST AFFIDAVIT

DISPOSAL HAS NO SWITCH TO
OPERATE

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

DATE: 2/23

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LASKY	TREE	PASS	
2	27 W. High Pt			INSPECTOR:
7194	GREINER	MECAL RENOV ROOF	PASS	
1	37 E. High Pt HEATON ROOFING (FIRST PLEASE)			INSPECTOR:
6699	FENSTEREL	WALKWAYS	PASS	CLOSE
	71 S. SPR. O/B.			INSPECTOR:
6419	MENDOZA	FINAL ADD/RENOV	FAIL	
	144 S. Sewall's Pt MASTER PLAN			INSPECTOR:
7156	MORAN	FRAMING	PASS	
	32 N. Sewall's Pt Mc COMB	LGH ELEC		INSPECTOR:
7215	MENDOZA	FENCE	PASS	CLOSE
	144 S SPR JOHN 260-3826			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



6419

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 144 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.

BLDG FINAL

MUST HAVE SWALE ALONG
S.S.P.R.

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

DATE: 3/23

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/23, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROUGH ELEC	PASS	
8	9 PALMETTO DR RV ELECTRIC			INSPECTOR:
7110	BIRD	PARTIAL TINTAG & METAL	PASS	
11	27 LOFTING PACIFIC ROOFING	SHAWN		INSPECTOR:
6762	BURROUGHS	FINAL REMODEL		WILL RESCHEDULE
6	96 S. SEWALLS PT O/B	KITCH & BATH		INSPECTOR:
7256	SCHRAEDER	POOL DECK FOOTER	FAIL	
7	4 EMARITA OLYMPIC POOLS			INSPECTOR:
6419	MENDOZA	FINAL APPROVAL	FAIL	
2	144 S. SEWALLS MASTER PLAN			INSPECTOR:
TREE	SADLER	TREE	PASS	
1	12 MIDDLE ROAD			INSPECTOR:
7350	GOVEL	EXT. WALL	PASS	
3	5 RIVERVIEW O/B	FRAMING		INSPECTOR:

OTHER:

KNOWLES & NS DR - HEIGHTS CAN NOT EXCEED 4' HIGH.

TOW. OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thurs~~ ^{Thurs} 3/24, 2005 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0624	LASKY	Plumb. Plumbing	PASS	
1	27 W HIGH POINT ADVANTAGE POOLS			INSPECTOR:
7262	HBASSOC/SABOURIN	Plumb. ROUGH	PASS	
1A	3760 SE OCEAN	ELEC ROUGH	PASS	
	MASTER PLUMBING	FRAMING FIREWALL	PASS	INSPECTOR:
7268	HBASSOC/MARTEL	Plumb ROUGH	PASS	
1A	3758 SE OCEAN	ELEC ROUGH	PASS	
	KIRCHMAN	FRAMING FIREWALL	PASS	INSPECTOR:
	HBASSOC/BATCHINOR	Plumb ROUGH		NOT INSPECTED
-	3762 SE OCEAN	ELEC ROUGH		(WORK NOT DONE)
	KIRCHMAN/MASTER ROUEN	FRAMING FIREWALL		INSPECTOR:
	HBASSOC/Joyce's FLOWERS	Plumb ROUGH		NOT INSPECTED
-	3756 SE OCEAN	ELEC ROUGH		(WORK NOT DONE)
	KIRCHMAN MASTER ROUEN	FRAMING FIREWALL		INSPECTOR:
6419	HENDOZA	FINAL ROOF+REM	PASS	
2	144 S. SEWALLS Pt MASTER PLAN			INSPECTOR:
6762	BUREOUATHS	FINAL REMODEL	PASS	
3	965 SEWALLS Pt O/B	KITCHEN + BATH		INSPECTOR:
OTHER: 4	MACKAY 2 OAKWOOD	ROOF REP W/O PERMIT		ALERTED HOMEOWNERS TO PERMIT REQUIREMENTS

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Mendoza Residence Address: 144 South Sewall's Point Road City, State: Stuart, FL Owner: Ms. Sylvia Mendoza Climate Zone: South	Builder: Permitting Office: Permit Number: Jurisdiction Number:
---	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">3</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">2412 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td style="text-align: right;">Single Pane</td><td style="text-align: right;">Double Pane</td></tr> <tr><td> a. Clear glass, default U-factor</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">0.0 ft²</td></tr> <tr><td> b. Default tint</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">377.0 ft²</td></tr> <tr><td> c. Labeled U or SHGC</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">0.0 ft²</td></tr> <tr><td>8. Floor types</td><td></td><td></td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 203.0(p) ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. Wall types</td><td></td><td></td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 2557.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Frame, Wood, Adjacent</td><td style="text-align: right;">R=11.0, 312.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td></td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 2412.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>11. Ducts</td><td></td><td></td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 150.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. Sup: Unc. Ret: Unc. AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 40.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	3	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	2412 ft ²	___	7. Glass area & type	Single Pane	Double Pane	a. Clear glass, default U-factor	0.0 ft ²	0.0 ft ²	b. Default tint	0.0 ft ²	377.0 ft ²	c. Labeled U or SHGC	0.0 ft ²	0.0 ft ²	8. Floor types			a. Slab-On-Grade Edge Insulation	R=0.0, 203.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types			a. Frame, Wood, Exterior	R=11.0, 2557.0 ft ²	___	b. Frame, Wood, Adjacent	R=11.0, 312.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types			a. Under Attic	R=30.0, 2412.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts			a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft	___	b. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 40.0 ft	___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 36.0 kBtu/hr</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 12.00</td><td style="text-align: right;">___</td></tr> <tr><td> b. Central Unit</td><td style="text-align: right;">Cap: 18.0 kBtu/hr</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 12.00</td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 36.0 kBtu/hr</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: right;">___</td></tr> <tr><td> b. Electric Strip</td><td style="text-align: right;">Cap: 18.0 kBtu/hr</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td style="text-align: right;">Cap: 40.0 gallons</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.90</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">(HR-Heat recovery, Solar</td><td></td></tr> <tr><td></td><td style="text-align: right;">DHP-Dedicated heat pump)</td><td></td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">MZ-C, CF, MZ-H</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">(CF-Ceiling fan, CV-Cross ventilation,</td><td></td></tr> <tr><td></td><td style="text-align: right;">HF-Whole house fan,</td><td></td></tr> <tr><td></td><td style="text-align: right;">PT-Programmable Thermostat,</td><td></td></tr> <tr><td></td><td style="text-align: right;">MZ-C-Multizone cooling,</td><td></td></tr> <tr><td></td><td style="text-align: right;">MZ-H-Multizone heating)</td><td></td></tr> </table>	12. Cooling systems			a. Central Unit	Cap: 36.0 kBtu/hr	___		SEER: 12.00	___	b. Central Unit	Cap: 18.0 kBtu/hr	___		SEER: 12.00	___	c. N/A		___	13. Heating systems			a. Electric Strip	Cap: 36.0 kBtu/hr	___		COP: 1.00	___	b. Electric Strip	Cap: 18.0 kBtu/hr	___		COP: 1.00	___	c. N/A		___	14. Hot water systems			a. Electric Resistance	Cap: 40.0 gallons	___		EF: 0.90	___	b. N/A		___	c. Conservation credits		___		(HR-Heat recovery, Solar			DHP-Dedicated heat pump)		15. HVAC credits	MZ-C, CF, MZ-H	___		(CF-Ceiling fan, CV-Cross ventilation,			HF-Whole house fan,			PT-Programmable Thermostat,			MZ-C-Multizone cooling,			MZ-H-Multizone heating)	
1. New construction or existing	New	___																																																																																																																																																											
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a. Clear glass, default U-factor	0.0 ft ²	0.0 ft ²																																																																																																																																																											
b. Default tint	0.0 ft ²	377.0 ft ²																																																																																																																																																											
c. Labeled U or SHGC	0.0 ft ²	0.0 ft ²																																																																																																																																																											
8. Floor types																																																																																																																																																													
a. Slab-On-Grade Edge Insulation	R=0.0, 203.0(p) ft	___																																																																																																																																																											
b. N/A		___																																																																																																																																																											
c. N/A		___																																																																																																																																																											
9. Wall types																																																																																																																																																													
a. Frame, Wood, Exterior	R=11.0, 2557.0 ft ²	___																																																																																																																																																											
b. Frame, Wood, Adjacent	R=11.0, 312.0 ft ²	___																																																																																																																																																											
c. N/A		___																																																																																																																																																											
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a. Under Attic	R=30.0, 2412.0 ft ²	___																																																																																																																																																											
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a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft	___																																																																																																																																																											
b. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 40.0 ft	___																																																																																																																																																											
12. Cooling systems																																																																																																																																																													
a. Central Unit	Cap: 36.0 kBtu/hr	___																																																																																																																																																											
	SEER: 12.00	___																																																																																																																																																											
b. Central Unit	Cap: 18.0 kBtu/hr	___																																																																																																																																																											
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c. N/A		___																																																																																																																																																											
14. Hot water systems																																																																																																																																																													
a. Electric Resistance	Cap: 40.0 gallons	___																																																																																																																																																											
	EF: 0.90	___																																																																																																																																																											
b. N/A		___																																																																																																																																																											
c. Conservation credits		___																																																																																																																																																											
	(HR-Heat recovery, Solar																																																																																																																																																												
	DHP-Dedicated heat pump)																																																																																																																																																												
15. HVAC credits	MZ-C, CF, MZ-H	___																																																																																																																																																											
	(CF-Ceiling fan, CV-Cross ventilation,																																																																																																																																																												
	HF-Whole house fan,																																																																																																																																																												
	PT-Programmable Thermostat,																																																																																																																																																												
	MZ-C-Multizone cooling,																																																																																																																																																												
	MZ-H-Multizone heating)																																																																																																																																																												

Glass/Floor Area: 0.16	Total as-built points: 34758	PASS
	Total base points: 38219	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Diana McDougall


DATE: 5/17/04

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

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 with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL, PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points			
.18	2412.0	32.50	14110.2	Double, Tint	N	2.0	7.3	23.0	24.93	0.93	532.7
				Double, Tint	W	2.0	7.3	11.0	49.65	0.90	491.8
				Double, Tint	W	2.0	4.3	7.0	49.65	0.77	266.3
				Double, Tint	W	2.0	5.0	10.0	49.65	0.81	403.8
				Double, Tint	W	2.0	7.3	16.0	49.65	0.90	715.4
				Double, Tint	S	2.0	8.7	96.0	47.06	0.89	4036.7
				Double, Tint	S	2.0	7.3	32.0	47.06	0.85	1277.6
				Double, Tint	E	2.0	7.3	22.0	55.50	0.90	1098.5
				Double, Tint	E	2.0	6.3	18.0	55.50	0.87	865.9
				Double, Tint	E	2.0	6.3	9.0	55.50	0.87	433.0
				Double, Tint	N	1.0	4.5	8.0	24.93	0.95	190.0
				Double, Tint	W	2.0	2.7	28.0	49.65	0.63	877.5
				Double, Tint	S	10.0	7.5	22.0	47.06	0.48	499.3
				Double, Tint	S	10.0	11.0	40.0	47.06	0.54	1008.3
				Double, Tint	E	2.0	2.7	35.0	55.50	0.61	1184.0
				As-Built Total:				377.0	13880.7		
WALL TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Adjacent	312.0	1.00	312.0	Frame, Wood, Exterior	11.0		2557.0	2.70		6903.9	
Exterior	2557.0	2.70	6903.9	Frame, Wood, Adjacent	11.0		312.0	1.00		312.0	
Base Total:		2869.0		As-Built Total:		2869.0		7215.9			
DOOR TYPES											
Area X BSPM = Points				Type	Area X SPM = Points						
Adjacent	18.0	2.60	46.8	Adjacent Wood	18.0 3.80 68.4						
Exterior	0.0	0.00	0.0								
Base Total:		18.0		As-Built Total:		18.0		68.4			
CEILING TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM X SCM = Points				
Under Attic	2412.0	2.80	6753.6	Under Attic	30.0		2412.0	2.77 X 1.00		6681.2	
Base Total:		2412.0		As-Built Total:		2412.0		6681.2			
FLOOR TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Slab	203.0(p)	-20.0	-4060.0	Slab-On-Grade Edge Insulation	0.0		203.0(p)	-20.00		-4060.0	
Raised	0.0	0.00	0.0								
Base Total:		-4060.0		As-Built Total:		203.0		-4060.0			

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL, PERMIT #:

BASE				AS-BUILT						
INFILTRATION Area X BSPM = Points				Area X SPM = Points						
2412.0	18.79	45321.5		2412.0	18.79	45321.5				
Summer Base Points: 69388.0				Summer As-Built Points: 69107.7						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points
						(DM x DSM x AHU)				
69388.0	0.4266		29600.9	69107.7	1.00	1.350	0.284	0.902		23927.4
				69107.7	0.333	(1.073 x 1.165 x 1.08)	0.284	0.902		7975.8
				69107.7	0.667	(1.073 x 1.165 x 1.08)	0.284	0.902		15951.6

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X WPM X WOF = Points			
.18	2412.0	2.36	1024.6	Double, Tint	N	2.0	7.3	23.0	4.45	0.99	101.4
				Double, Tint	W	2.0	7.3	11.0	4.12	1.00	45.3
				Double, Tint	W	2.0	4.3	7.0	4.12	1.01	29.0
				Double, Tint	W	2.0	5.0	10.0	4.12	1.00	41.3
				Double, Tint	W	2.0	7.3	16.0	4.12	1.00	65.9
				Double, Tint	S	2.0	8.7	96.0	3.40	1.01	331.0
				Double, Tint	S	2.0	7.3	32.0	3.40	1.03	111.7
				Double, Tint	E	2.0	7.3	22.0	3.56	1.02	80.2
				Double, Tint	E	2.0	6.3	18.0	3.56	1.03	65.9
				Double, Tint	E	2.0	6.3	9.0	3.56	1.03	32.9
				Double, Tint	N	1.0	4.5	8.0	4.45	0.99	35.4
				Double, Tint	W	2.0	2.7	28.0	4.12	1.02	117.6
				Double, Tint	S	10.0	7.5	22.0	3.40	1.39	103.9
				Double, Tint	S	10.0	11.0	40.0	3.40	1.31	177.7
				Double, Tint	E	2.0	2.7	35.0	3.56	1.08	134.4
				As-Built Total:			377.0			1473.6	
WALL TYPES											
Area X BWPM = Points				Type	R-Value	Area X WPM =			Points		
Adjacent	312.0	0.50	156.0	Frame, Wood, Exterior	11.0	2557.0	0.60		1534.2		
Exterior	2557.0	0.60	1534.2	Frame, Wood, Adjacent	11.0	312.0	0.50		156.0		
Base Total:				As-Built Total:			2869.0			1690.2	
DOOR TYPES											
Area X BWPM = Points				Type	Area X WPM =			Points			
Adjacent	18.0	1.30	23.4	Adjacent Wood	18.0		1.90		34.2		
Exterior	0.0	0.00	0.0								
Base Total:				As-Built Total:			18.0			34.2	
CEILING TYPES											
Area X BWPM = Points				Type	R-Value	Area X WPM X WCM =			Points		
Under Attic	2412.0	0.10	241.2	Under Attic	30.0	2412.0	0.10 X 1.00		241.2		
Base Total:				As-Built Total:			2412.0			241.2	
FLOOR TYPES											
Area X BWPM = Points				Type	R-Value	Area X WPM =			Points		
Slab	203.0(p)	-2.1	-426.3	Slab-On-Grade Edge Insulation	0.0	203.0(p)	-2.10		-426.3		
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:			203.0			-426.3	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
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BASE	AS-BUILT
INFILTRATION Area X BWPM = Points	Area X WPM = Points
2412.0 -0.06 -144.7	2412.0 -0.06 -144.7
Winter Base Points: 2408.4	Winter As-Built Points: 2868.2
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points <small>(DM x DSM x AHU)</small>
2408.4 0.6274 1511.0	2868.2 0.667 (1.099 x 1.137 x 1.14) 1.000 0.950 2587.6 2868.2 0.333 (1.099 x 1.137 x 1.14) 1.000 0.950 1293.8 2868.2 1.00 1.425 1.000 0.950 3881.4

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,	PERMIT #:
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BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total Multiplier		
3		2369.00	7107.0	40.0	0.90	3		1.00	2316.36	1.00	6949.1	
											As-Built Total:	6949.1

CODE COMPLIANCE STATUS										
BASE					AS-BUILT					
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+ Hot Water Points	= Total Points
29601		1511		7107	38219	23927		3881	6949	34758

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 144 South Sewall's Point Road, Stuart, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.0

The higher the score, the more efficient the home.

Ms. Sylvia Mendoza, 144 South Sewall's Point Road, Stuart, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 2412 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 15%; text-align: center;">Single Pane</td> <td style="width: 15%; text-align: center;">Double Pane</td> <td style="width: 5%;"></td> </tr> <tr> <td>a. Clear - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>b. Clear - double pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">377.0 ft²</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c. Tint/other SHGC - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>d. Tint/other SHGC - double pane</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>8. Floor types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Slab-On-Grade Edge Insulation</td> <td style="width: 15%; text-align: center;">R=0.0, 203.0(p) ft</td> <td style="width: 5%;"></td> </tr> <tr> <td>b. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>9. Wall types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Frame, Wood, Exterior</td> <td style="width: 15%; text-align: center;">R=11.0, 2557.0 ft²</td> <td style="width: 5%;"></td> </tr> <tr> <td>b. Frame, Wood, Adjacent</td> <td style="text-align: center;">R=11.0, 312.0 ft²</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>d. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>e. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>10. Ceiling types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Under Attic</td> <td style="width: 15%; text-align: center;">R=30.0, 2412.0 ft²</td> <td style="width: 5%;"></td> </tr> <tr> <td>b. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>11. Ducts</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Sup: Unc. Ret: Unc. AH: Attic</td> <td style="width: 15%; text-align: center;">Sup. R=6.0, 150.0 ft</td> <td style="width: 5%;"></td> </tr> <tr> <td>b. Sup: Unc. Ret: Unc. AH: Attic</td> <td style="text-align: center;">Sup. R=6.0, 40.0 ft</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		Single Pane	Double Pane		a. Clear - single pane	0.0 ft ²	0.0 ft ²	<input type="checkbox"/>	b. Clear - double pane	0.0 ft ²	377.0 ft ²	<input type="checkbox"/>	c. Tint/other SHGC - single pane	0.0 ft ²	0.0 ft ²	<input type="checkbox"/>	d. Tint/other SHGC - double pane			<input type="checkbox"/>	a. Slab-On-Grade Edge Insulation	R=0.0, 203.0(p) ft		b. N/A		<input type="checkbox"/>	c. N/A		<input type="checkbox"/>	a. Frame, Wood, Exterior	R=11.0, 2557.0 ft ²		b. Frame, Wood, Adjacent	R=11.0, 312.0 ft ²	<input type="checkbox"/>	c. N/A		<input type="checkbox"/>	d. N/A		<input type="checkbox"/>	e. N/A		<input type="checkbox"/>	a. Under Attic	R=30.0, 2412.0 ft ²		b. N/A		<input type="checkbox"/>	c. N/A		<input type="checkbox"/>	a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft		b. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 40.0 ft	<input type="checkbox"/>	<p>12. Cooling systems</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Central Unit</td> <td style="width: 15%;"></td> <td style="width: 45%; text-align: right;">Cap: 36.0 kBtu/hr <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">SEER: 12.00 <input type="checkbox"/></td> </tr> <tr> <td>b. Central Unit</td> <td></td> <td style="text-align: right;">Cap: 18.0 kBtu/hr <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">SEER: 12.00 <input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> <p>13. Heating systems</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Electric Strip</td> <td style="width: 15%;"></td> <td style="width: 45%; text-align: right;">Cap: 36.0 kBtu/hr <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">COP: 1.00 <input type="checkbox"/></td> </tr> <tr> <td>b. 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HVAC credits MZ-C, CF, MZ-H <input type="checkbox"/></p> <p>(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>	a. Central Unit		Cap: 36.0 kBtu/hr <input type="checkbox"/>			SEER: 12.00 <input type="checkbox"/>	b. Central Unit		Cap: 18.0 kBtu/hr <input type="checkbox"/>			SEER: 12.00 <input type="checkbox"/>	c. N/A		<input type="checkbox"/>	a. Electric Strip		Cap: 36.0 kBtu/hr <input type="checkbox"/>			COP: 1.00 <input type="checkbox"/>	b. Electric Strip		Cap: 18.0 kBtu/hr <input type="checkbox"/>			COP: 1.00 <input type="checkbox"/>	c. N/A		<input type="checkbox"/>	a. Electric Resistance		Cap: 40.0 gallons <input type="checkbox"/>			EF: 0.90 <input type="checkbox"/>	b. N/A		<input type="checkbox"/>	c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)		<input type="checkbox"/>
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b. Clear - double pane	0.0 ft ²	377.0 ft ²	<input type="checkbox"/>																																																																																																			
c. Tint/other SHGC - single pane	0.0 ft ²	0.0 ft ²	<input type="checkbox"/>																																																																																																			
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD

5/17/ 04

For: Ms. Sylvia Mendoza
144 South Sewall's Point Road
Stuart FL

By:

Job #: 00190
Wthr : West_Palm_Beach_AP FL
Zone : Entire House

VERIFY ALL CALCULATIONS WITH
LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
Inside db: 70 Deg F
Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
Inside db: 75 Deg F
Design TD: 16 Deg F
Daily Range M
Rel. Hum. : 50 %
Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 28044 Btuh
Ventilation Air 0 CFM
Vent Air Loss 0 Btuh
Design Heat Load 28044 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 41389 Btuh
Ventilation 0 Btuh
Design Temp. Swing 3.0 Deg F
Use Mfg. Data n
Rate/Swing Mult. 0.95
Total Sens Equip Load 39320 Btuh

INFILTRATION

Method Simplified
Construction Quality Average
Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 920 Btuh
Ventilation 0 Btuh
Infiltration 6574 Btuh
Tot Latent Equip Load 7494 Btuh
Total Equip Load 46813 Btuh

	HEATING	COOLING
Area (sq.ft.)	2412	2412
Volume (cu.ft.)	24120	24120
Air Changes/Hour	0.7	0.4
Equivalent CFM	282	161

HEATING EQUIPMENT SUMMARY

Make
Model
Type

Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1980 CFM
Htg Air Flow Factor 0.071 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
Model
Type

COP/EER/SEER 12.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 1980 CFM
Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 85

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD

5/17/ 04

For: Ms. Sylvia Mendoza
144 South Sewall's Point Road
Stuart FL

By:

Job #: 00190
Wthr : West_Palm_Beach_AP FL
Zone : ZONE 1

VERIFY ALL CALCULATIONS WITH
LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
Inside db: 70 Deg F
Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
Inside db: 75 Deg F
Design TD: 16 Deg F
Daily Range M
Rel. Hum. : 50 %
Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 19802 Btuh
Ventilation Air 0 CFM
Vent Air Loss 0 Btuh
Design Heat Load 19802 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 28750 Btuh
Ventilation 0 Btuh
Design Temp. Swing 3.0 Deg F
Use Mfg. Data n
Rate/Swing Mult. 0.95
Total Sens Equip Load 27313 Btuh

INFILTRATION

Method Simplified
Construction Quality Average
Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	1785	1785
Volume (cu.ft.)	17850	17850
Air Changes/Hour	0.6	0.4
Equivalent CFM	192	109

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
Ventilation 0 Btuh
Infiltration 4467 Btuh
Tot Latent Equip Load 4927 Btuh
Total Equip Load 32240 Btuh

HEATING EQUIPMENT SUMMARY

Make
Model
Type

Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1537 CFM
Htg Air Flow Factor 0.071 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
Model
Type

COP/EER/SEER 0.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 1537 CFM
Clg Air Flow Factor 0.048 CFM/Btuh

Load Sens Heat Ratio 85

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: MENDOZA.BLD

5/17/ 04

For: Ms. Sylvia Mendoza
144 South Sewall's Point Road
Stuart FL

By:

Job #: 00190

Wthr : West_Palm_Beach_AP

FL

Zone : ZONE 2

VERIFY ALL CALCULATIONS WITH
LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
Inside db: 70 Deg F
Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
Inside db: 75 Deg F
Design TD: 16 Deg F
Daily Range M
Rel. Hum. : 50 %
Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 8242 Btuh
Ventilation Air 0 CFM
Vent Air Loss 0 Btuh
Design Heat Load 8242 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 12639 Btuh
Ventilation 0 Btuh
Design Temp. Swing 3.0 Deg F
Use Mfg. Data n
Rate/Swing Mult. 0.95
Total Sens Equip Load 12007 Btuh

INFILTRATION

Method Simplified
Construction Quality Average
Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
Ventilation 0 Btuh
Infiltration 2107 Btuh
Tot Latent Equip Load 2567 Btuh
Total Equip Load 14574 Btuh

	HEATING	COOLING
Area (sq.ft.)	627	627
Volume (cu.ft.)	6270	6270
Air Changes/Hour	0.9	0.5
Equivalent CFM	90	52

HEATING EQUIPMENT SUMMARY

Make
Model
Type

Efficiency / HSPF 0.0
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 605 CFM
Htg Air Flow Factor 0.071 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
Model
Type

COP/EER/SEER 0.0
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 605 CFM
Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 83

PN# 6419 144 S.S.P.R.

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit 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 Affidavit'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 \$ 191,275.
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.

Affidavit's Signature:

Property Address:

144 S. SEWALLS POINT RD
SEWALLS POINT, FLORIDA

34996

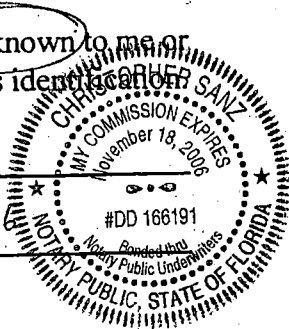
SWORN TO and subscribed before me this 22 day
of March, 2005, by Sylvia
Mendoza, who is personally known to me or
produced _____ as identification

[Signature]

Notary Public

My commission expires: 11-18-06

(Notary Seal)



TOWN OF SEWALL'S POINT

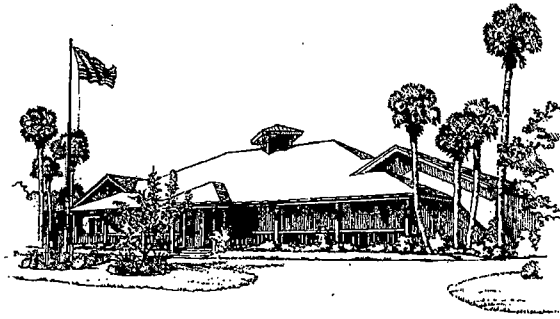
RICHARD L. BARON
Mayor

JON E. CHICKY
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

PAMELA M. BUSHA
Commissioner



JAMES K McMAHON
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF COMPLETION

Single Family Residence Other _____

OWNER SYLVIA MENDOZA ; PROPERTY ADDRESS: 144 S. SEWALLS PT. RD

LEGAL DESCRIPTION: LOT L BLOCK _____ SUBDIVISION _____

GENERAL CONTRACTOR: MASTER PLAN BLDG. + RENOV. ; LIC/CERT NO: CBC060400

ADDRESS: 6630 S.W. GATOR TRL. PALM CTY. ; TEL: 260-3826 ; FAX: _____

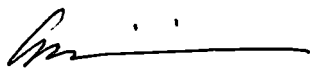
ARCHITECT OR ENGINEER: Kelly & Kelly. ; LIC/CERT NO: AR8341

ADDRESS: 119 W SIXTH ST. STUART. ; TEL: 283 3492 ; FAX: _____

PERMIT NO: 6419 ; DATE OF ISSUE: 9/18/03 ; RENEWAL PERMIT NO: _____ ; DATE OF ISSUE: _____

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 28 day of MAY, 2005



Gene Simmons, CBO
Building Official, Town of Sewall's Point



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

7215

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/20/05 BUILDING PERMIT NO. 7215
 Building to be erected for MENDOZA Type of Permit FENCE
 Applied for by O/B (Contractor) Building Fee 30.00
 Subdivision METES + BOUNDS Lot P to F 5 Block _____ Radon Fee _____
 Address 144 S. Sewall's Point Rd Impact Fee _____
 Type of structure FENCE A/C Fee _____
 Electrical Fee _____
 Parcel Control Number: Plumbing Fee _____
13384100000000007110000 Roofing Fee _____
 Amount Paid 30.00 Check # 154 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 300.00 TOTAL Fees 30.00

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

PERMIT

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

INSPECTIONS

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

BY: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 1/14/05

OWNER/TITLEHOLDER NAME: SYLVIA MENDOZA Phone (Day) 486-5639 (Fax) 878-7321

Job Site Address: 144 S SEWALLS PT RD City: SEWALLS PT State: FL Zip: 34996

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

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

Description of Work To Be Done: INSTALLATION OF PARTIAL SPLIT RAIL FENCE

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 300.⁰⁰ / hr
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Sylvia Mendoza
State of Florida, County of: MARTIN
This the 14th day of JANUARY, 2005
by SYLVIA MENDOZA who is personally
known to me or produced
as identification. _____

My Commission Expires: _____


CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____
This the _____ day of _____, 2005
by _____ who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

Seal

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

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

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

DISCLOSURE STATEMENT

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

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

Name: SYLVIA MENDOZA Date: 1/14/05

Signature: *Sylvia E. Mendoza*

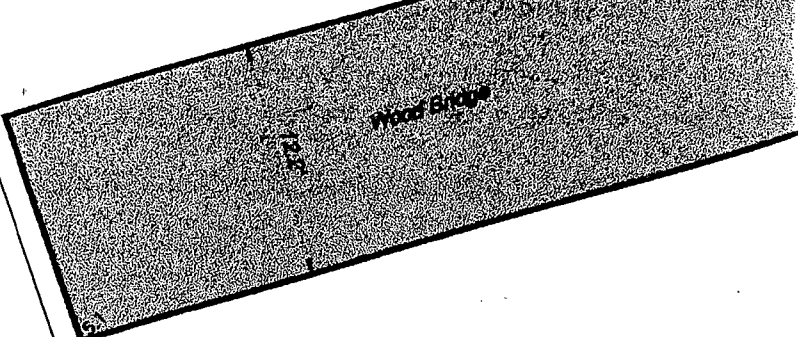
Address: 144 S SEWALLS PT RD

City & State: SEWALLS POINT, FL

Permit No. _____

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 11/17/05

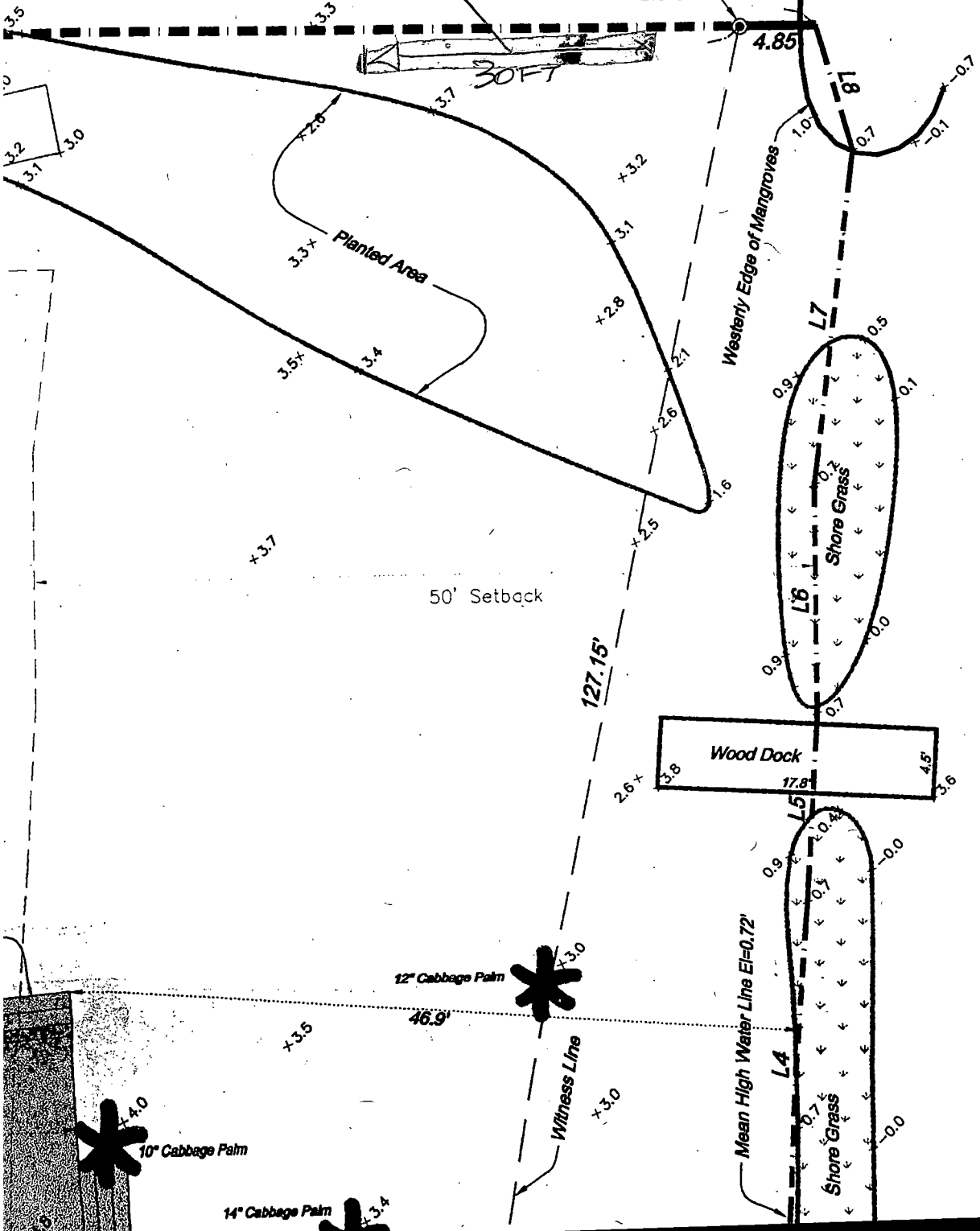
 BUILDING OFFICIAL
 Gene Simmons



3' WOOD SPLIT RAIL FENCE

1.3' Wide Conc. Bulkhead

Fd 4"x4" CM Broken



12' Cabbage Palm

10' Cabbage Palm

14' Cabbage Palm

Witness Line

Mean High Water Line El=0.72

Wood Dock

Planted Area

Westerly Edge of Mangroves

Shore Grass

Shore Grass

30 FT

4.85

81

L7

L6

L5

L4

127.15'

50' Setback

46.9'

2.6x

+3.0

+3.0

+3.5

+4.0

+3.4

+3.5

+3.3

+3.2

+3.1

+3.0

+3.3x

+3.4

+3.5x

+3.2

+3.1

+2.8

+2.7

+2.6

+2.5

+3.7

+3.7

1.0

0.7x

4.49

4.57

1.0

0.7

0.7

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0.7

N65°00'00"E

177.44'±

15' Setback

Conc Transformer Pad

Proposed Steps

Septic Tank

Approx. Drainfield Area

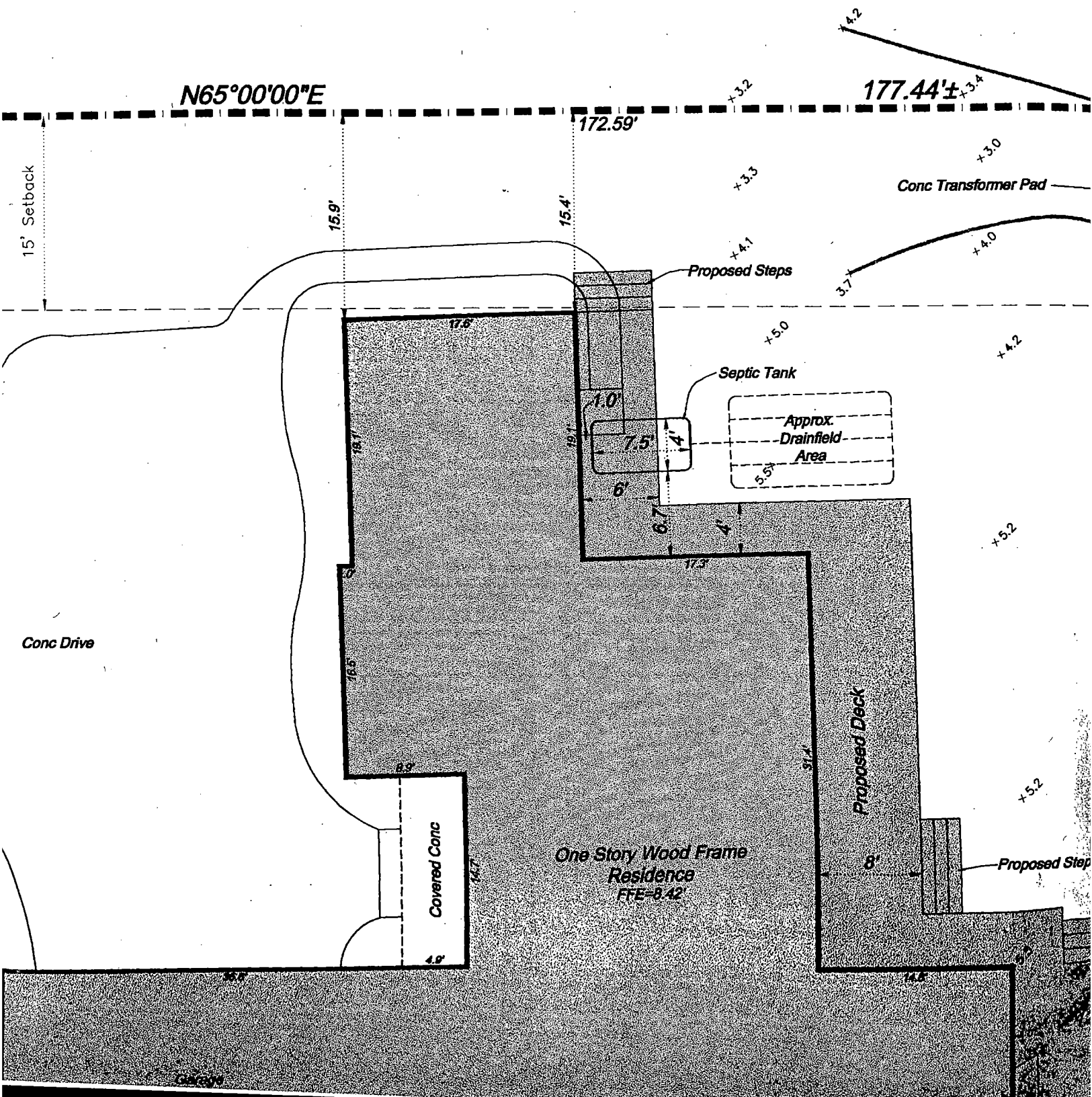
Conc Drive

One Story Wood Frame Residence
FFE=8.42

Covered Conc

Proposed Deck

Proposed Step

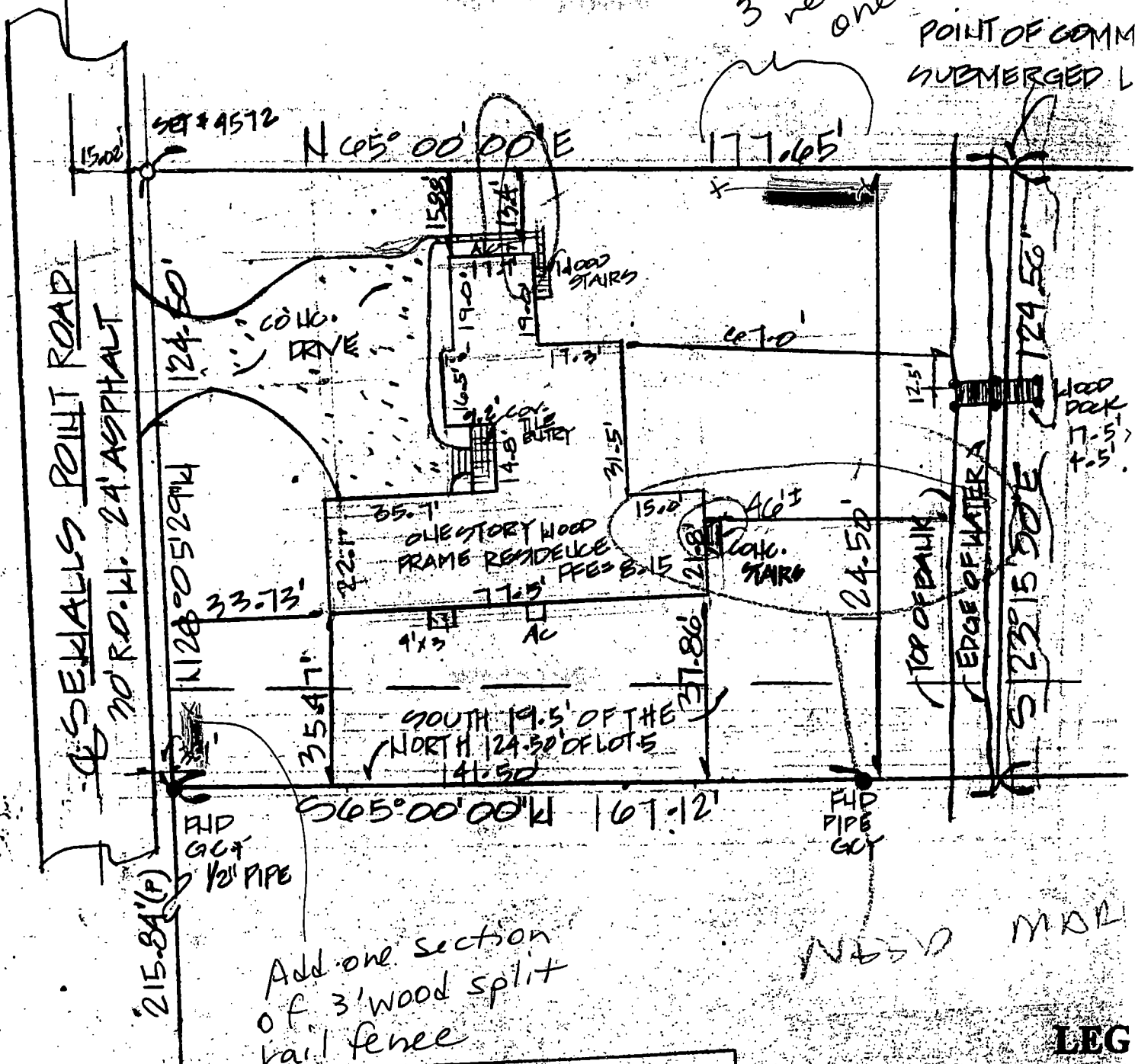


00'00"E
LIFE OF
WOOD
RAIL

POINT OF
COMMENCEMENT

Previously
permitted
3' wood - 30' long
reduced by
one section.

POINT OF COMM
SUBMERGED L



SEWALLS POINT ROAD
30' R.O.W. 24' ASPHALT

SET # 4572

N 45° 00' 00" E

177.65'

124.50'

N 128° 05' 29" W

33.73'

35.47'

S 65° 00' 00" W 167.12'

215.84'(P)

Add one section
of 3' wood split
rail fence

NEED MARK

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/2/05

BUILDING OFFICIAL
 Gene Simmons

LEG

Being a parcel of land lying
 Range 42 East, Martin County

That part lying east of same
 unrecorded Plat of Subdivisi
 HANSON GRANT, according to P
 Book 2, page 29, Dade County
 Plat Book 1, page 11, Palm B
 South 10 acres of the North
 aforesaid. Together with all

And with a Tract of submerge
 Easterly boundary of the tra
 extensions of the northerly

TOGETHER WITH:

That part lying East of Sewa

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LASKY	TREE	PASS	
2	27 W. High Pt			INSPECTOR: <i>[Signature]</i>
7194	GREINER	MECAL RENOV ROOF	PASS	
1	37 E. High Pt HEATON ROOFING	(FIRST PLEASE)		INSPECTOR: <i>[Signature]</i>
6699	FENSTEREL	WALKWAYS	PASS	CLOSE
	71 S. SPR. O/B			INSPECTOR: <i>[Signature]</i>
6419	MENDOZA	FINAL ADD/RENOV	FAIL	
	144 S. SEWALL'S PT MASTER PLAN			INSPECTOR: <i>[Signature]</i>
7156	MORAN	FRAMING	PASS	
	32 N. SEWALL'S PT McCOMB	LGH ELEC		INSPECTOR: <i>[Signature]</i>
7215	MENDOZA	FENCE	PASS	CLOSE
	144 S. SPR.	200-3826		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8541

DOCK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-9-07

BUILDING PERMIT NO. 8541

Building to be erected for Mendoza

Type of Permit Dock + remove

Applied for by Tropic Marine

(Contractor)

Building Fee 240.00

Subdivision Mesa bounds Lot 5 Block _____

Radon Fee _____

Address 144 S Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
133841-000-000-0007110000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$264 Check # 17352 Cash _____

Other Fees (1070 PR) 24.00

Total Construction Cost \$ 9710

TOTAL Fees 264.00

Signed MSA

Applicant

Signed John Adams

Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
12-30-09

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 12/07/06

Permit Number: _____

OWNER/TITLEHOLDER NAME: Sylvie Mendosa Phone (Day) 772-486-5639 (Fax) _____

Job Site Address: 144 S Sewalls Point Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Mensons Great 385/41E Parcel Number: 13-38-41-000-000-0007-11/000

Owner Address (if different): Mentosounds/Lot 5 City: _____ State: _____ Zip: _____

Description of Work To Be Done: Construction of a dock / removal of existing dock piling

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES: ^{No boat lift will be installed on this permit.}

Estimated Cost of Construction or Improvements: \$ 9,710.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Matthew E. Harris Phone: 772-692-4154 Fax: 772-692-1061
TROPIC Marine Const. INC.

Street: 130 NE Dixie Hwy City: Stuart State: FL Zip: 34994

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP01730

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Lic.#: _____ Phone Number: 772-785-9888
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER Paul Welch Lic.# _____ Phone Number: 772-785-9888
Street: 1984 Biltmore St. # 114 City: PSC State: FL Zip: 34953

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Sylvie Mendosa
State of Florida, County of: Martin
This the 7th day of December, 2006
by Sylvie Mendosa who is personally known to me or produced DL/FL as identification. *David M. Barker*
Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
Matthew E. Harris
On State of Florida, County of: Martin
This the 7th day of December, 2006
by Matthew E. Harris who is personally known to me or produced _____ as identification. *David M. Barker*
Notary Public

My Commission Expires: _____



Tropic Marine Construction, Inc
130 NE Dixie Highway
Stuart, Florida 34994
1-772-692-4154 / 1-772-692-1061

LETTER OF NO OBJECTION

I / We Michael and SIRIM WEINBERG being the owner(s) of certain property adjacent to and/or abutting to the property of Sylvia Mendoza who have applied for: The construction of a dock with boatlift piling. No lift. I / We have read and reviewed the drawings for the proposed project and I / We have no objections to the proposed installation pursuant to the plans that are attached herein.
Site address: 144 S. Sewall's Point Road Sewall's Point, FL 34996

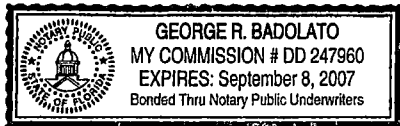
[Signature]
Owner's signature:

[Signature]
Owner's signature: [2nd owner]

State of FLORIDA

County of MARTIN

Sworn to and Subscribed before me this 8th day of February, 2006.



[Signature]
Notary Public Signature:

Sept 8, 2007
My commission Expires:

FILE

[Faint text]

Tropic Marine Construction, Inc
130 NE Dixie Highway
Stuart, Florida 34994
1-772-692-4154 / 1-772-692-1061

LETTER OF NO OBJECTION

I / We Melissa Simpson and _____ being the owner(s) of certain property adjacent to and/or abutting to the property of Sylvia Mendoza who have applied for: The construction of a dock with boatlift piling. No lift.
I / We have read and reviewed the drawings for the proposed project and I / We have no objections to the proposed installation pursuant to the plans that are attached herein.

Site address: 144 S. Sewall's Point Road Sewall's Point, FL 34996

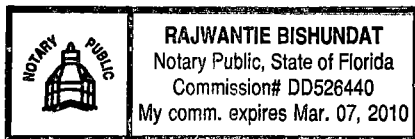
Melissa Simpson
Owner's signature:

Owner's signature: 2nd owner

State of Florida

County of Martin

Sworn to and Subscribed before me this 23 day of Feb, 2006. 2007



Rajwantie Bishundat
Notary Public Signature:

My commission Expires:

FILE

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
144 SE Sewell's Point Road, Stuart, FL 34994 ^{Sewell's Point NLY 124.5' of Lot 5E of} Sewell's PT 20 + Submerged TR ADJ + EXTENDING ELY

GENERAL DESCRIPTION OF IMPROVEMENT: Construction of dock

OWNER: Sylvie Mendoza

ADDRESS: 144 S. Sewell's Point Road Stuart, FL 34994

PHONE #: 772-219-2787 FAX #: _____

CONTRACTOR: Matthew B. Harris / Tropic Marine Const. Inc.

ADDRESS: 130 NE Dixie Hwy Stuart, FL 34994

PHONE #: 772-692-4154 FAX #: 772-692-1061

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

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.

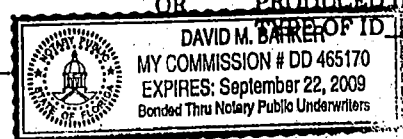
PHONE #: _____ FAX #: _____

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.

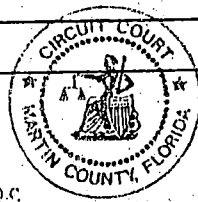
Sylvie Mendoza
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF December 2004 BY Sylvie Mendoza

David M. Barrer
NOTARY SIGNATURE



PERSONALLY KNOWN OR PRODUCED ID Fl Drivers License



INSTR # 1989167 OR BK 02218 PG 0616 RECD 01/30/2007 03:44:58 PM
Pa 0616 (199)
MARSHALL DENNIS MARTIN COUNTY DEPUTY CLERK L. Wood



Job Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

MAY 09 2006

Sylvia Mendoza
144 S. Sewall's Point Road
Stuart, FL 34996

Re: File No.: 43-0263416-001
File Name: Mendoza, Sylvia

Dear Ms. Mendoza:

On March 16, 2006, we received your application for an exemption to perform the following activities: construct a 144 square foot dock with an access walkway measuring 4' wide by 6' long, ending at a terminal platform measuring 20' wide by 6' long, with one associated 14' wide by 12' long boat lift. The project is located on the Indian River, Class III Waters of the State, adjacent to 144 S. Sewall's Point Road, (Hanson Grant, Township 38 South, Range 41 East), Stuart, Martin County, (Latitude 27° 11' 4.48" N, Longitude 80° 11' 21.47" W).

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. GRANTED

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(3)(b), F.A.C.

2. Proprietary Review (related to state-owned lands). 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 sovereign submerged lands. The Department has the authority to review your project under Chapters 253 and 258, F.S., Chapters 18-20 and 18-21, F.A.C., and Section 62-343.075, F.A.C.

Your project will not occur on sovereign submerged land. Therefore, pursuant to Chapter 253.77, F.S., authorization from the Board of Trustees is not required.

"More Protection, Less Process"

Printed on recycled paper.

3. Federal Review (State Programmatic General Permit). 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.*

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.

The determinations in this letter are based solely on the information provided to the Department and on the statutes and rules in effect when the application was submitted. The determinations are effective only for the specific activity proposed. These determinations shall automatically expire if site conditions materially change or if 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.

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(3)(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 redetermine 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(3)(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

File Name: Mendoza, Sylvia
FDEP File No.: 43-0263416-001
Page 3

section of a newspaper of general circulation in the county where the activity is to take place. A single publication will suffice.

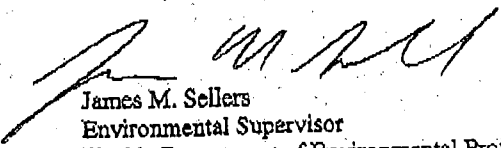
If you wish to limit the time within which any specific person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A.

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 FL 34952

If you have any questions, please contact Cindy Lott at 772/398-2806 or at cynthia.lott@dep.state.fl.us. When referring to your project, please use the FDEP file name and number listed above.

Sincerely,



James M. Sellers
Environmental Supervisor
Florida Department of Environmental Protection
Southeast District Branch Office

JMS/cl

Enclosures

cc: USACOE - Palm Beach Gardens, [Brandon.Howard@saj02.usace.army.mil] [without enclosures]
Eric B. Holly, Aslan, Inc., [aslaninc@adelphia.net] (agent) [without enclosures]

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

The Department of Environmental Protection gives notice that the construction of a 144 square foot dock consisting of an access walkway measuring 4' wide by 6' long, ending at a terminal platform measuring 20' wide by 6' long, with one associated 14' wide by 12' long boat lift, has been determined to be exempt from requirements to obtain an environmental resource permit. The project is located on the Indian River, Class III Waters of the State, adjacent to 144 S. Sewall's Point Road, (Hanson Grant, Township 38 South, Range 41 East), Stuart, Martin County, (Latitude 27° 11' 4.48" N, Longitude 80° 11' 21.47" W).

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, FL.

PROJECT # 43-0263416-001

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.

(TRANSFEEE-SIGNATURE)

(DATE)

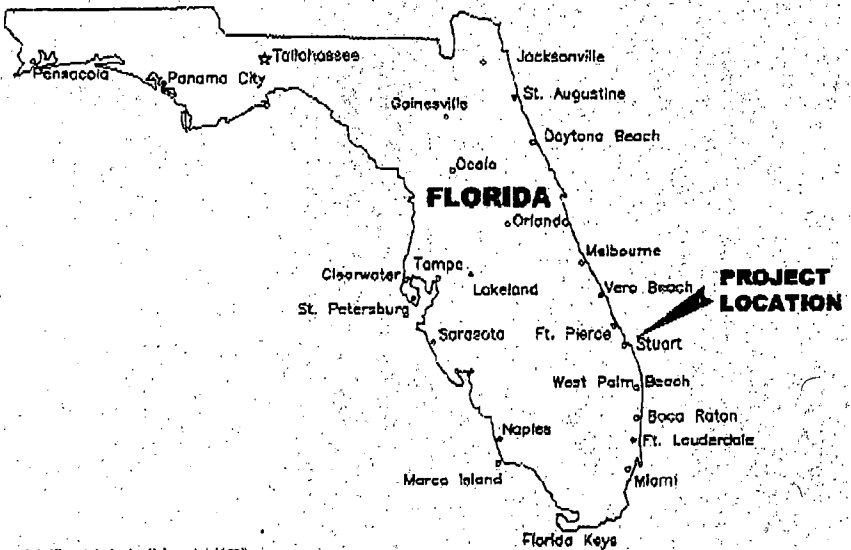
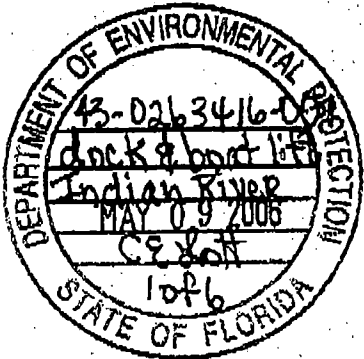
(NAME-PRINTED)

(ADDRESS)

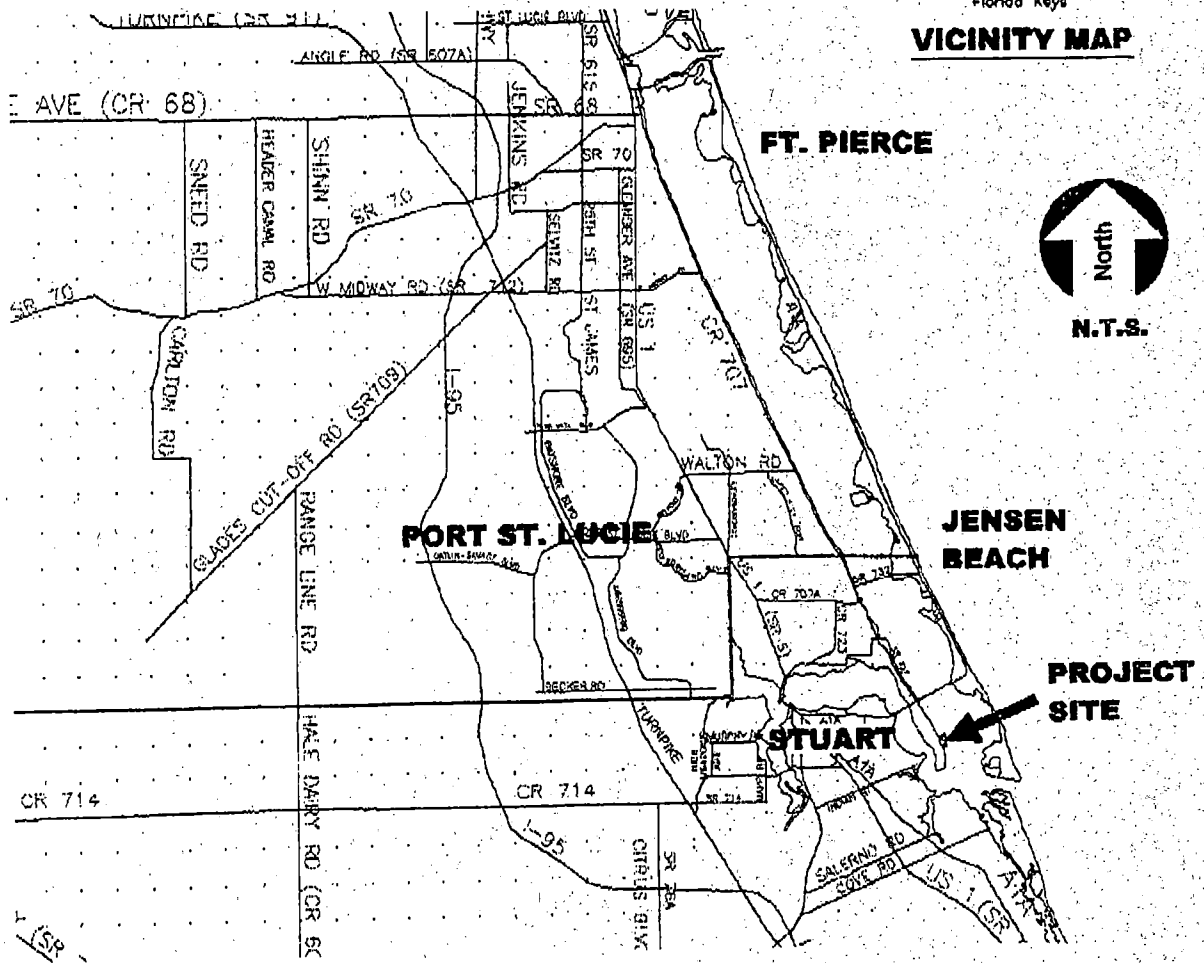
Manatee Conditions for Federal Authorization

1. The permittee shall instruct all personnel associated with the project of the potential presence of manatees and the need to avoid collisions with manatees. All construction personnel are responsible for observing water-related activities for the presence of manatee(s).
2. The permittee shall advise all construction personnel that there are civil and criminal penalties for harming, harassing, or killing manatees which are protected under the Marine Mammal Protection Act of 1972, the Endangered Species Act of 1973, and the Florida Manatee Sanctuary Act of 1978. The permittee and/or contractor may be held responsible for any manatee harmed, harassed, or killed as a result of construction activities.
3. Siltation barriers shall be installed and shall be made of material in which manatees cannot become entangled, shall be properly secured, and shall be monitored regularly to avoid manatee entrapment. Barriers shall not block manatee entry to or exit from essential habitat.
4. All vessels associated with the project shall operate at "no wake/idle" speeds at all times while in water where the draft of the vessel provides less than four feet clearance from the bottom and that vessels shall follow routes of deep water whenever possible.
5. If a manatee is sighted within 100 yards of the project area, all appropriate precautions shall be implemented by the permittee/contractor to ensure protection of the manatee. These precautions shall include the operation of all moving equipment no closer than 50 feet of a manatee. Operation of any equipment closer than 50 feet to a manatee shall necessitate immediate shutdown of that equipment. Activities will not resume until the manatee(s) has departed the project area of its own volition.
6. Any collision with and/or injury to a manatee shall be reported immediately to the "Manatee Hotline" at 1-888-404-FWCC (1-888-404-3922). Collision and/or injury should also be reported to the U.S. Fish and Wildlife Service in Vero Beach (1-772-562-3909) in south Florida.
7. Temporary signs concerning manatees shall be posted prior to and during construction/dredging activities. All signs are to be removed by the lessee/grantee upon completion of the project. A sign measuring at least 3 feet by 4 feet which reads *Caution: Manatee Area* will be posted in a location prominently visible to water related construction crews. A second sign should be posted if vessels are associated with the construction, and should be placed visible to the vessel operator. The second sign should be at least 8 1/2 inches by 11 inches which reads:

Caution: Manatee Habitat. Idle speed is required if operating a vessel in the construction area. All equipment must be shutdown if a manatee comes within 50 feet of the operation. A collision with and/or injury to a manatee shall be reported immediately to the Florida Marine Patrol at 1-888-404-FWCC (1-888-404-3922) and the U.S. Fish and Wildlife Service at (1-772-562-3909) for south Florida.



VICINITY MAP



N.T.S.

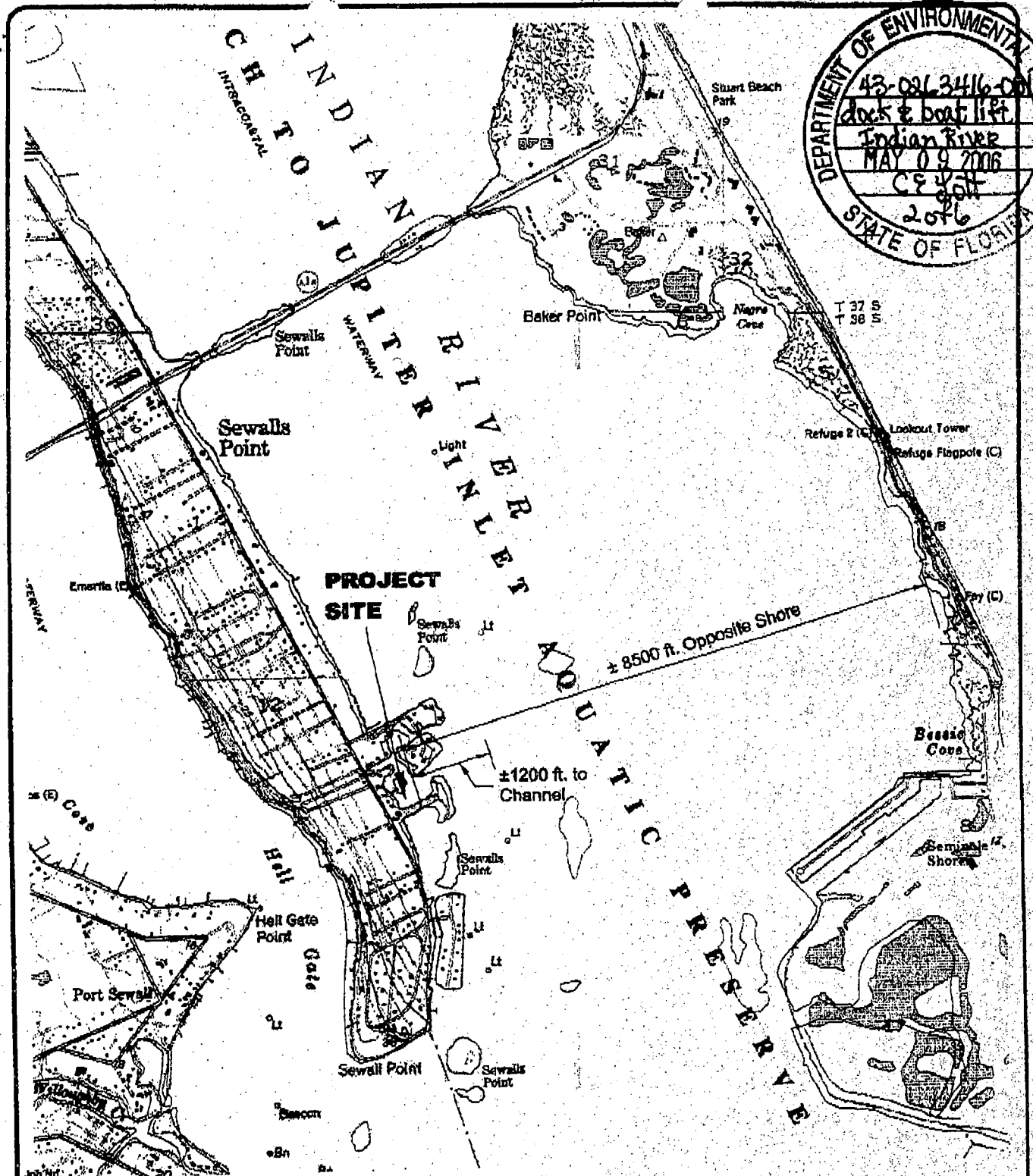
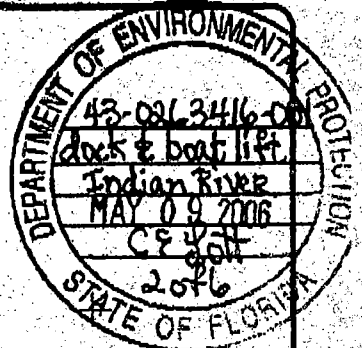
Job No.:
mendoza_ERP-rev2.dwg



ASLAN, inc.
ENVIRONMENTAL PERMITTING
2440 S.E. Federal Highway
Suite 700 Stuart, FL 34994
(772) 288-4880 Fax 288-0128
Eric Holly, Agent

PROJECT: Single Family Dock
APPLICANT: Sylvia Mendoza
LOCATION: South Sewall's Point, Martin County, FL
TITLE: Vicinity Map

QUADRANGLE: St. Lucie Inlet
LATITUDE: 27°11'04" North
LONGITUDE: 80°11'19" West
DEP No.:
GOE No.:
Rev.: 02.09.2006 SHEET 1 OF 6



Job No.: mendoza_ENP-rev2.dwg



ASLAN, inc.
 ENVIRONMENTAL PERMITTING
 2440 S.E. Federal Highway
 Suite 700 Stuart, FL 34984
 (772) 283-4880 Fax 288-0128
 Eric Holly, Agent

PROJECT: Single Family Dock
APPLICANT: SyMa Mendoza
LOCATION: South Sewalls Point, Martin County, FL
TITLE: U.S.G.S. Quadrangle Location Map

QUADRANGLE: St. Lucie Inlet
LATITUDE: 27°11'04" North
LONGITUDE: 80°11'19" West
DEP No.:
COE No.:
 Rev.: 02.08.2006 SHEET 2 OF 6



ASLAN, INC.
ENVIRONMENTAL PERMITTING
2440 S.E. Federal Highway
Suite 700 Stuart, FL 34984
(772) 288-4600 Fax 288-0128
EPA-HQ-01-001

PROJECT: Single Family Dock

APPLICANT: Sylvia Mendoza

LOCATION: South Sewalls Point, Martin County, FL

TITLE: 2004 Aerial Photograph

QUADRANGLE: St. Lucie Inlet

LATTITUDE: 27°11'04" North

LONGITUDE: 80°11'19" West

DEP No.:

COE No.:

REV.: 02.09.2006 SHEET 3 OF 6

Job No. 02040202
Mendoza EMP462020



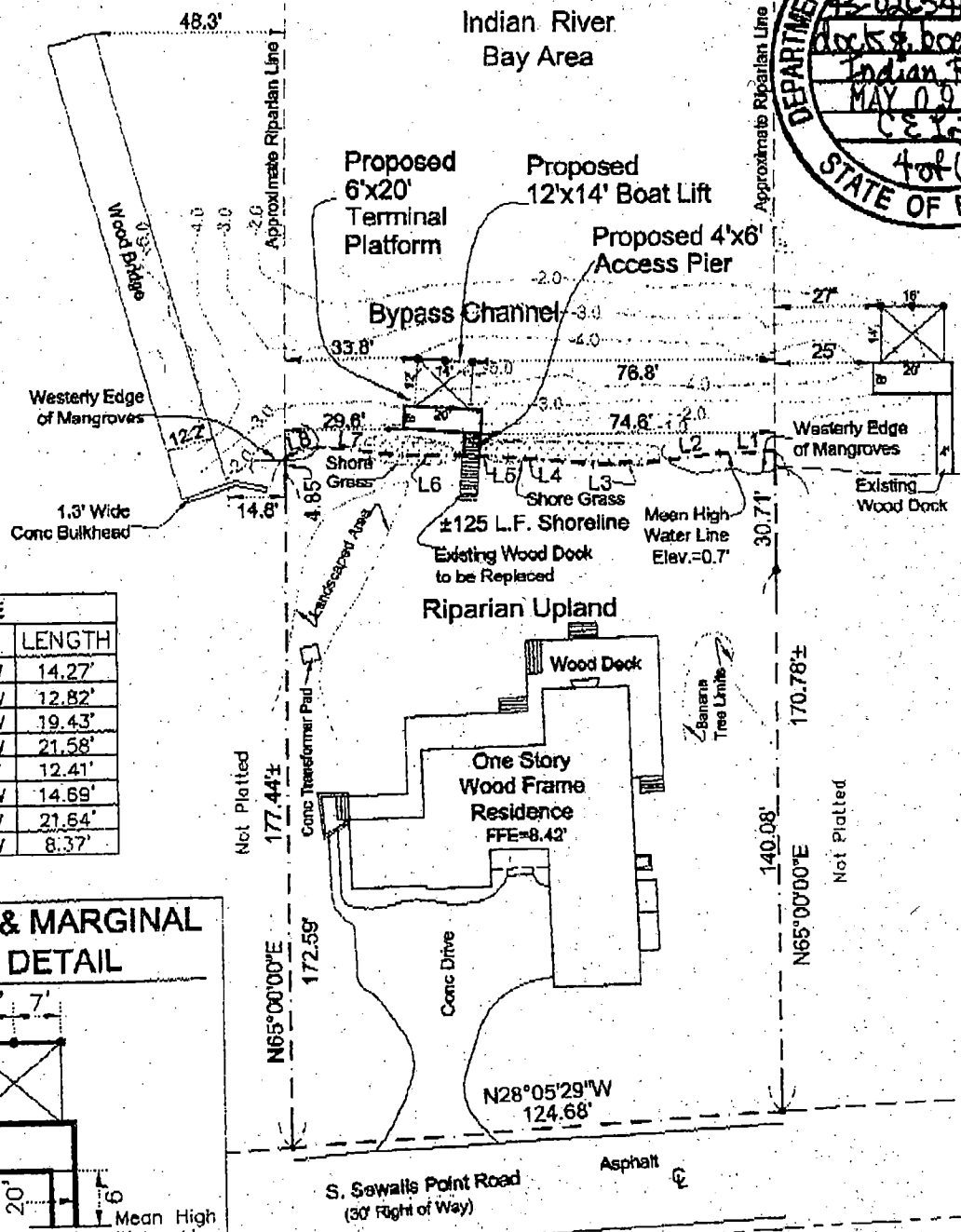
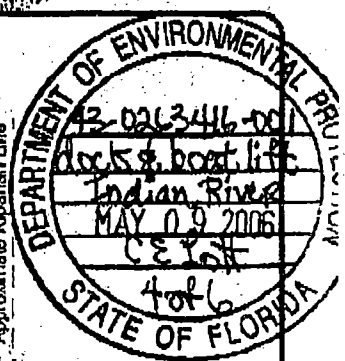
WATER PROTECTION



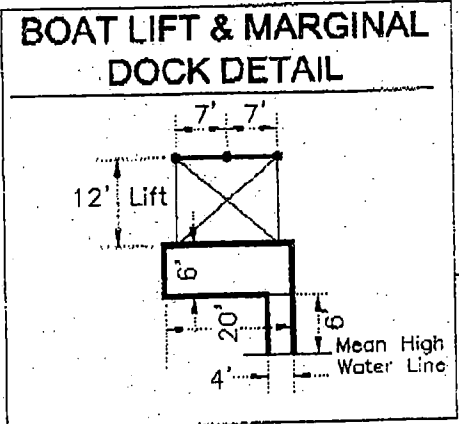
PROPOSED DOCK
NOT PLANNED FOR
NO TOP SURVEY FOR
CONCRETE INFORMATION

ASLAN, INC.
Eric B. Hoff
P.O. Box 1100
Stuart, FL 34994

USE OF THIS DRAWING
IS SUBJECT TO THE
TERMS AND CONDITIONS
OF THE PERMIT



LINE TABLE		
LINE	BEARING	LENGTH
L1	N26°24'13"W	14.27'
L2	N32°50'07"W	12.82'
L3	N26°53'36"W	19.43'
L4	N20°22'32"W	21.58'
L5	N21°25'11"W	12.41'
L6	N25°05'36"W	14.69'
L7	N18°14'43"W	21.64'
L8	N41°22'40"W	8.37'



- NOTES**
1. Elevation datum is N.G.V.D. 1925.
 2. Elevations & locations are approximate.
 3. This document is a submittal for agency review & is not for construction.

Job No.:
mendoza_ERP-roy2.dwg



ASLAN, INC.
ENVIRONMENTAL PERMITTING
2440 S.E. Federal Highway
Suite 700 Stuart, FL 34994
(772) 288-4880 Fax 288-0128
Eric Hoff, Agent

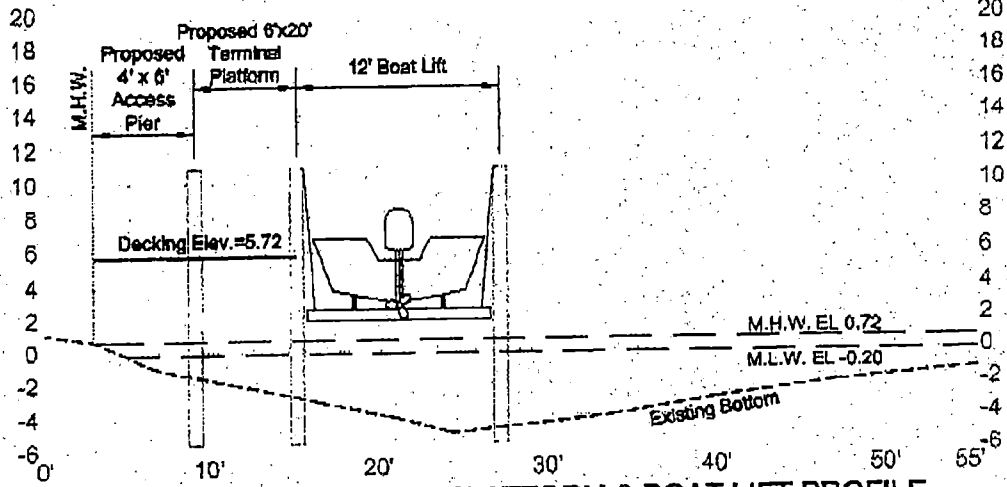
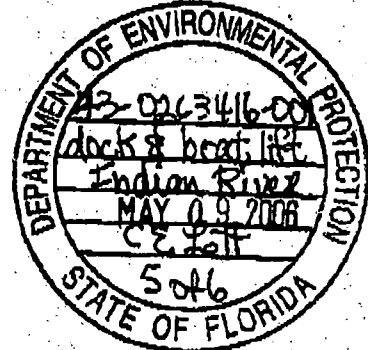
PROJECT: Single Family Dock
APPLICANT: Sylvia Mendoza
LOCATION: South Sewall's Point, Martin County, FL
TITLE: Plan View

QUADRANGLE: St. Lucie Inlet
LATITUDE: 27°11'04" North
LONGITUDE: 80°11'19" West
DEP No.:
COE No.:
Rev.: 02.09.2006 SHEET 4 OF 6

EXPLANATION
 FOR PERMITS ONLY
 SEE ALSO LISTING FOR
 COMPLETE INFORMATION

ASLAN, INC.
 2440 S.E. Federal Highway
 Suite 700 Stuart, FL 34994
 (772) 288-4380 Fax 288-0128
 Eric Holly, Agent

FLA. REG. NO. 2539



ACCESS PIER, TERMINAL PLATFORM & BOAT LIFT PROFILE

Horizontal: 1" = 10'
 Vertical: 1" = 10'

NOTES

1. Elevation datum is N.G.V.D. 1929.
2. Elevations & locations are approximate.
3. This document is a submittal for agency review & is not for construction.

Job No:
 mendoza_ERP-rev2.dwg



ASLAN, INC.
 ENVIRONMENTAL PERMITTING
 2440 S.E. Federal Highway
 Suite 700 Stuart, FL 34994
 (772) 288-4380 Fax 288-0128
 Eric Holly, Agent

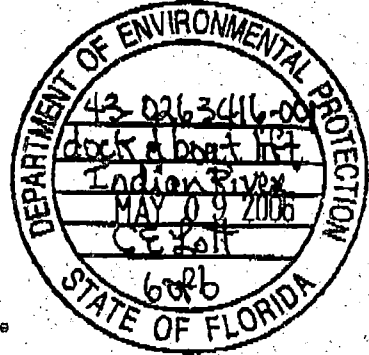
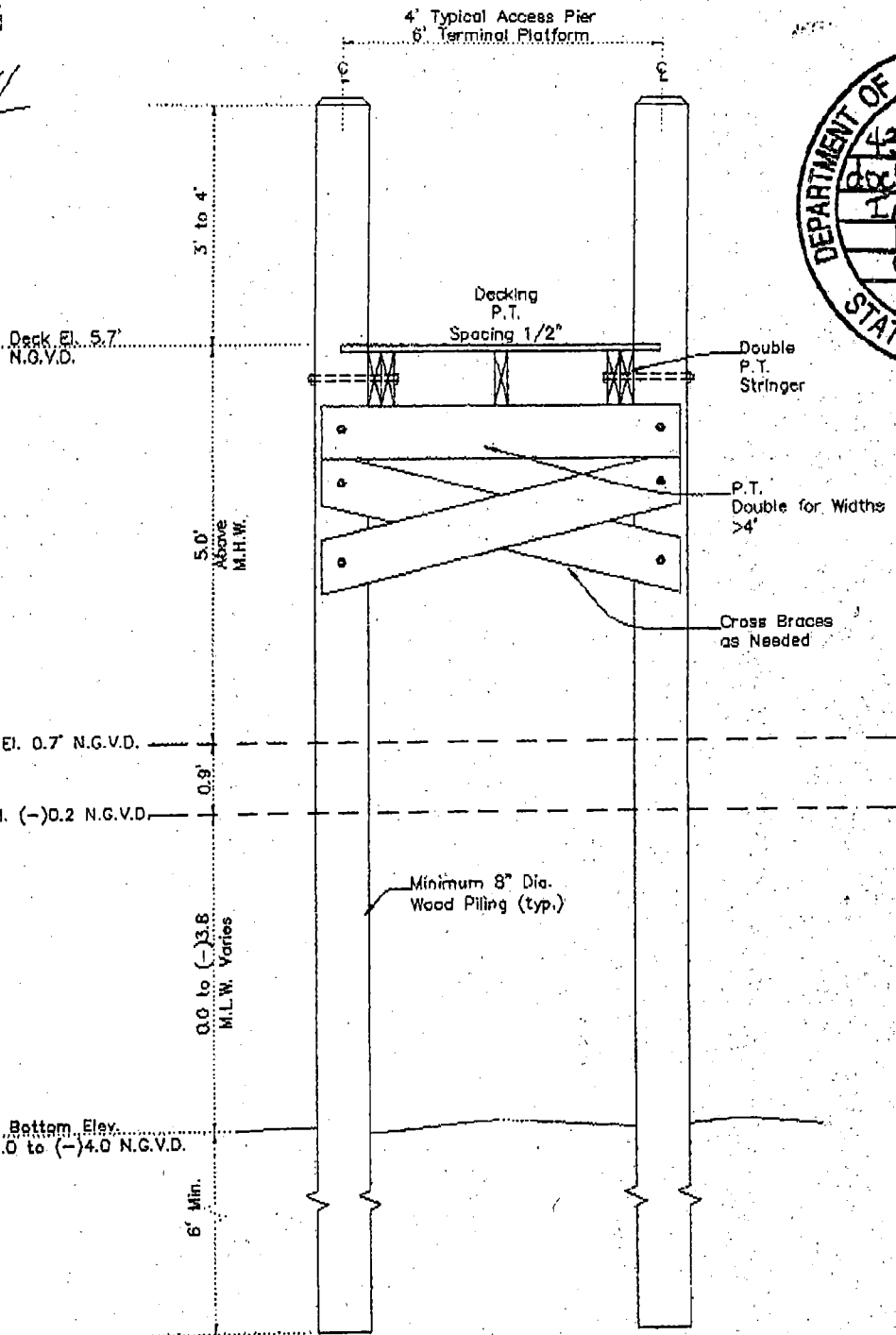
PROJECT: Single Family Dock
APPLICANT: Sylvia Mendoza
LOCATION: South Sewall's Point, Martin County, FL
TITLE: Profile View

QUADRANGLE: St. Lucie Inlet
LATITUDE: 27°11'04" North
LONGITUDE: 80°11'19" West
DEP No.:
COE No.:
 Rev.: 02.09.2008 SHEET 5 OF 6

FOR THE USE OF THE OWNER ONLY
 FOR THE USE OF THE OWNER ONLY
 COMPLETE INFORMATION

ASLAN, INC.
 P.O. Box 1020
 Stuart, FL 34994

Eric A. Holly, Agent
 P. Reg. No. 3329



TYPICAL DOCK CROSS SECTION

Scale: 1" = 2'

NOTES

1. Elevation datum is N.G.V.D. 1929.
2. Elevations & locations are approximate.
3. This document is a submittal for agency review & is not for construction.

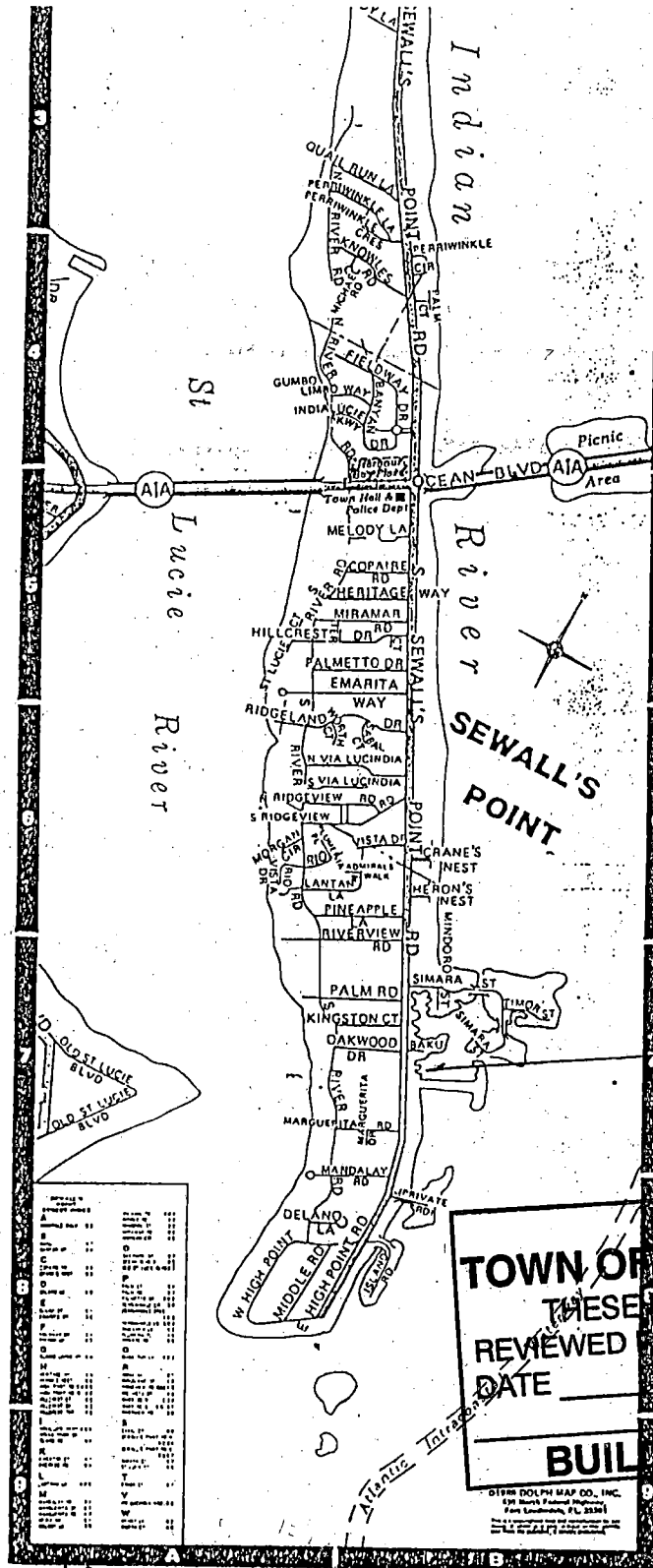
Job No:
 mendoza_ERP-rev2.dwg



ASLAN, INC.
 ENVIRONMENTAL PERMITTING
 2440 S.E. Federal Highway
 Suite 700 Stuart, FL 34994
 (772) 288-4880 Fax 288-0128
 Eric Holly, Agent

PROJECT: Single Family Dock
APPLICANT: Sylvia Mendoza
LOCATION: South Sewall's Point, Martin County, FL
TITLE: Dock Cross Section

QUADRANGLE: St. Lucie Inlet
LATITUDE: 27°11'04" North
LONGITUDE: 80°11'19" West
DEP No.:
COE No.:
 Rev.: 02.09.2006 SHEET 6 OF 6



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 3/9/07
 BUILDING OFFICIAL

DIPRA DOLPH MAP CO., INC.
 630 North Central Expressway
 Palm Beach Gardens, FL 33411

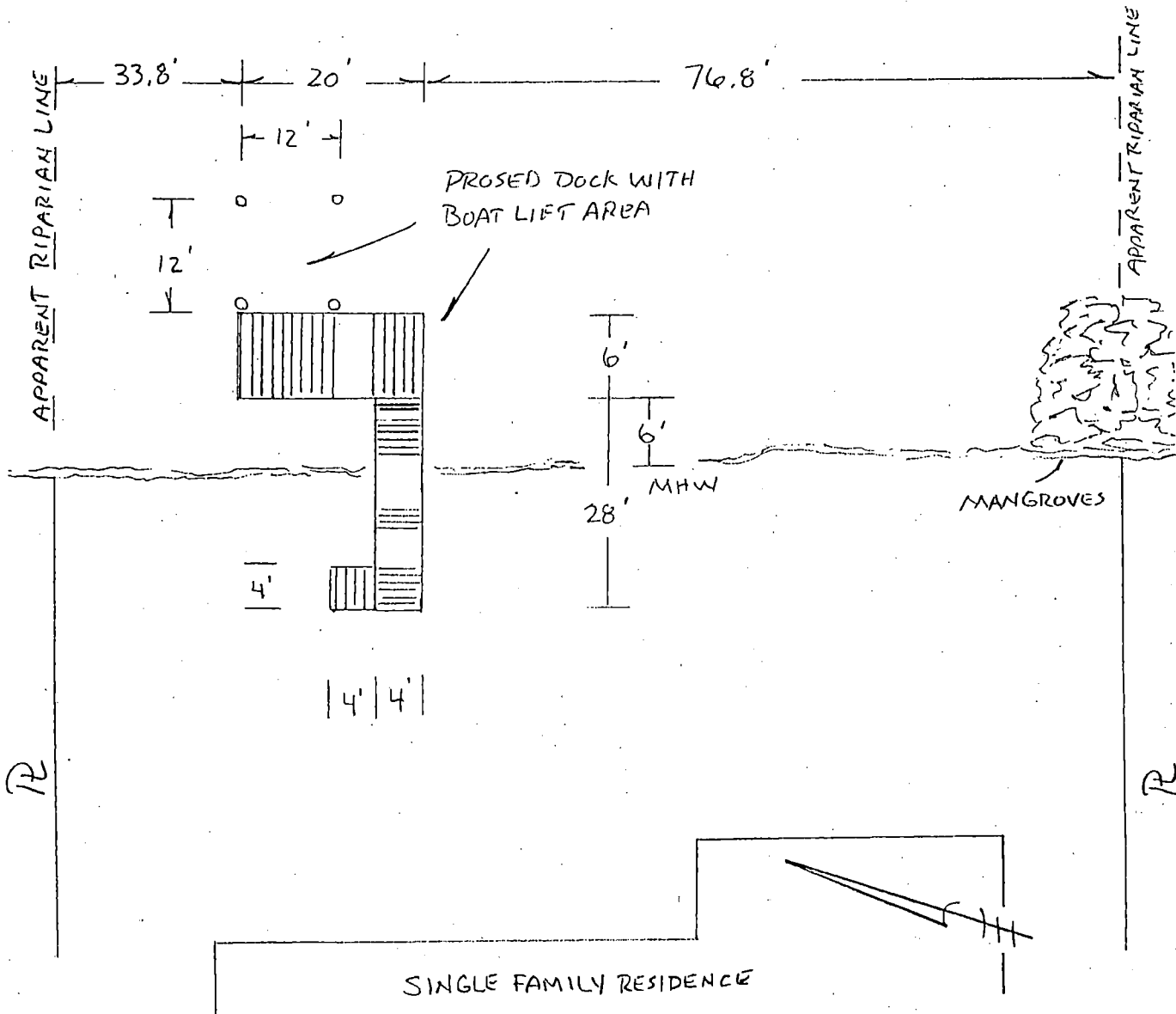
Design # 1 OF 4
 Drawn By:
 Checked
 Date 12/7/04 File

DEC 14 2006
PAUL WELCH INC.
MECH-ELECT-CIVIL ENG
 1984 BILTMORE ST. #114
 PORT ST. LUCIE, FL 34984

TROPIC MARINE CONSTRUCTION, INC
 130 NE DIXIE HIGHWAY
 STUART, FL 34994
 Ms. Sylvia Mendoza
 144 S. Sewell's Point Road
 Stuart, FL 34996

NOTE: NO BOAT LIFT TO BE INSTALLED
AT THIS TIME, ONLY SUPPORT PILING

INDIAN RIVER

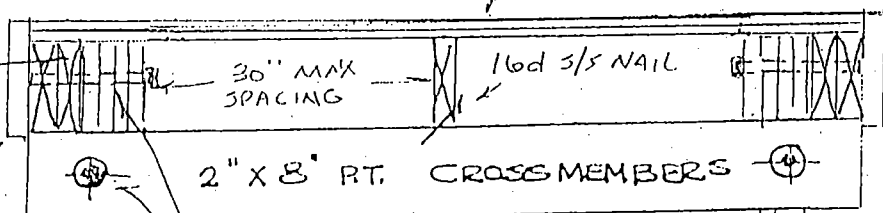


Design #	2 OF 4	DEC 14 2006	TROPIC MARINE CONSTRUCTION, INC 130 NE DIXIE HIGHWAY STUART, FL 34994
Drawn By:		PAUL WELCH INC.	
Checked		MECH-ELECT-CIVIL ENG 1984 BILTMORE ST. #114 PORT ST. LUCIE, FL 34984	Ms. Sylvia Mendoza 144 S. Sewell's Point Road Stuart, FL 34996
Date	2/7/06	File	

4'-0" APPROACH
6'-0" PLATFORM

#1 GRADE .40 ACQ
2" x 6" w/ #16 S/S SCREWS

DOUBLE STRINGERS
2" x 8" .40 ACQ



.40 ACQ #1 GRADE
2" x 10" FACIA

5/8" S/S ALLTHREAD
BOLTS W/ WASHERS

6" x 6" 2.50 CCA
PILING 12' O.C. MAX

5'-0" ABOVE M.H.W.

M.H.W.

M.L.W.

APPROX. BOTTOM.

MIN 6' PENETRATION

[Signature]

DEC 14 2006

Design # 3 OF 4

Drawn By:

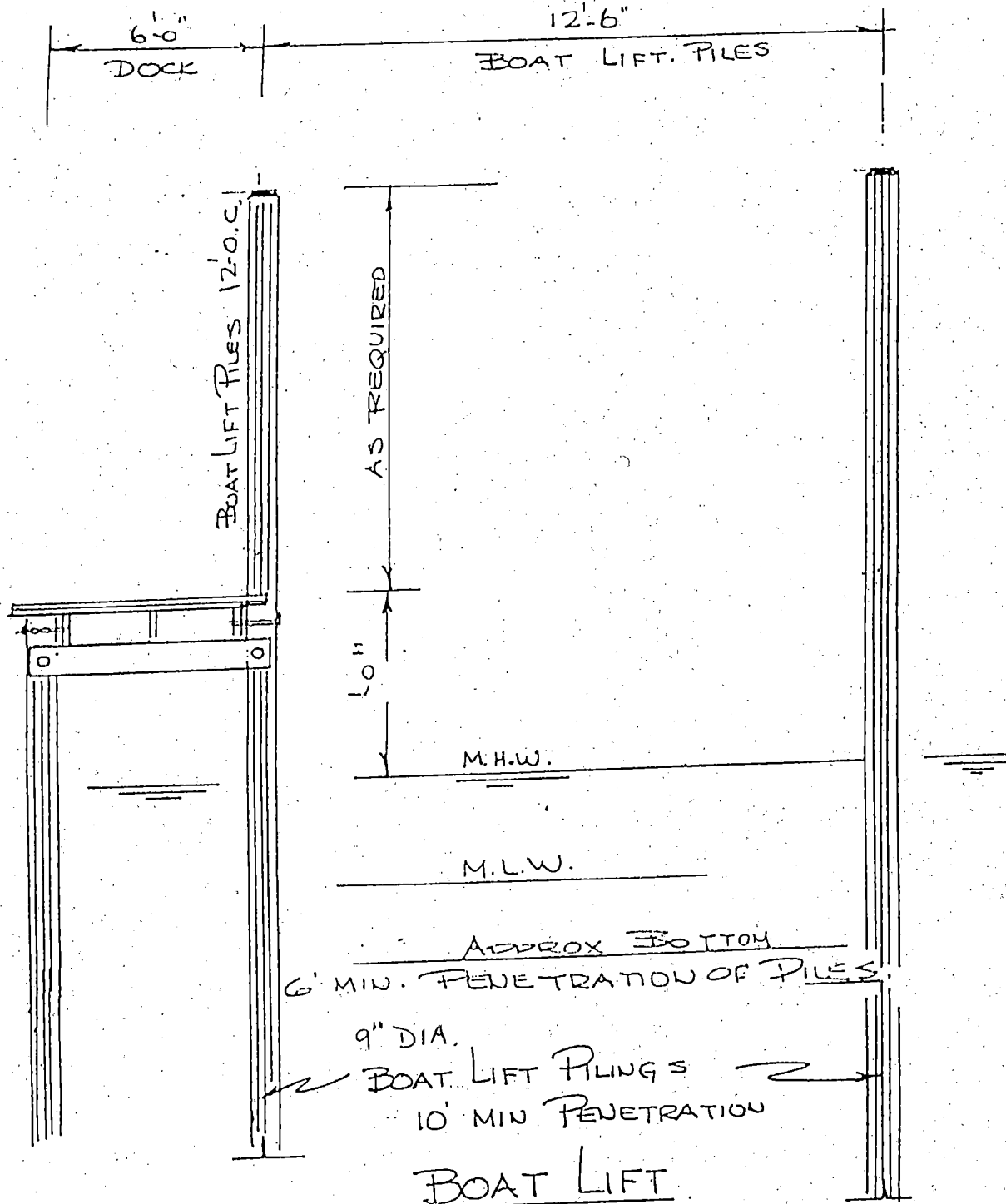
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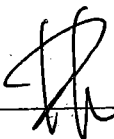
Date 12/7/06 File

PAUL WELCH INC.
MECH-ELECT-CIVIL ENG
1984 BILTMORE ST. #114
PORT ST. LUCIE, FL 34984

TROPIC MARINE CONSTRUCTION, INC
130 NE DIXIE HIGHWAY
STUART, FL 34994

Ms. Sylvia Mendoza
144 S. Sewell's Point Road
Stuart, FL 34996




 DEC 14 2006

Design # 4 of 4
 Drawn By:
 Checked
 Date 12/7/04 File

AUL WELCH INC.
MECH-ELECT-CIVIL ENG
 1984 BILTMORE ST. #114
 PORT ST. LUCIE, FL 34984

TROPIC MARINE CONSTRUCTION, INC
 130 NE DIXIE HIGHWAY
 STUART, FL 34994
 Ms. Sylvia Mendoza
 144 S. Sewell's Point Road
 Stuart, FL 34996

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-21, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8266	Carlson/Brennan	Elect rough	PASS	
4	3 Tuscan Ln Masterpiece	AC rough	PASS	INSPECTOR: <i>[Signature]</i>
8561	Sharfi	slab	PASS	
5	73 N Sewalls Kwin Carter			INSPECTOR: <i>[Signature]</i>
Tree	Cathy	Tree	PASS	\$15 removal fee
2	47 S. Sewalls Pt OB			INSPECTOR: <i>[Signature]</i>
8552	Spinfeld	dry-in-metal	FAIL	
3	3 Palmetto DR Hecker Roof.			INSPECTOR: <i>[Signature]</i>
8541	Mendoza	Doc final	PASS	CLOSE
1	144 S Sewalls Tropic Marine			INSPECTOR: <i>[Signature]</i>
8446	DARELLE	FINAL GAS	PASS	CLOSE
6	#17 FIELDWAY PROP. DISC			INSPECTOR: <i>[Signature]</i>
8600		FINAL GAS	PASS	CLOSE
1A	4 KINGSTON CT. PROP. DISC.			INSPECTOR: <i>[Signature]</i>
OTHER: <i>IN PROGRESS</i>				
8604 MIDDLE RD. CARDINAL ROOF				
INSPECTION LOG.xls				

8659

DOCK ELECTRIC



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:	8659	DATE ISSUED:	JULY 17, 2007
SCOPE OF WORK:	ELECTRIC TO DOCK		
CONTRACTOR:	CHAMPION ELECTRIC		
PARCEL CONTROL NUMBER:	13384100000000711	SUBDIVISION	METES & BOUNDS - LT 5
CONSTRUCTION ADDRESS:	144 S SEWALLS POINT RD		
OWNER NAME:	MENDOZA		
QUALIFIER:	JAMES CROSBY	CONTACT PHONE NUMBER:	772-878-2651

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

INSPECTIONS

- | | |
|---|--|
| <ul style="list-style-type: none"> 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 _____ | <ul style="list-style-type: none"> 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.

RECEIVED

DATE: 7-10-07
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 6-10-07 BOUNDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: SILVIA MENDOZA Phone (Day) (772) 219-2787 (Fax) _____

Job Site Address: 144 S. SEWALL'S POINT RD. City: SEWALL'S POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) NLY 124.5 OF LOT 5 E OF Parcel Number: 13-38-41-000-000-00071-1

Owner Address (if different) (SAME) SEWALL'S POINT RD. City: _____ State: _____ Zip: _____

Scope of work: ELECTRICAL POWER TO DOCK / GFI

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: \$ 2,550.00
(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)

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
SUBJECT PROPERTY IS LOCATED IN FLOOD ZONE: V _____ A9 _____ A8 _____ X _____
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: CHAMPION ELECTRIC, INC Phone (772) 878-2651 Fax (772) 878-5455

Street: 1725 S.W. IMPORT DR. City: PORT ST. LUCIE State: FL Zip: 34953

State Registration Number: ER13012363 State Certification Number: _____ Municipality License Number: ME00627

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 AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire 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 OR AUTHORIZED AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 17th day of July, 2007

by SILVIA A MENDOZA who is personally known to me or produced FLD # M532-781-48-9030 as identification.

My Commission Expires: VALERIE MEYER MY COMMISSION # DD552119

CONTRACTOR SIGNATURE (required)

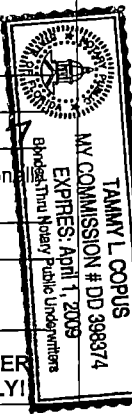
On State of Florida, County of: MARTIN

This the 16th day of July, 2007

by James Bryce Crosby who is personally known to me or produced FLD As identification: 0621-442-66-222-0

My Commission Expires: TAMMY L COPUS Notary Public

SINGLE FAMILY PERMITS AND 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!





FLORIDA
DEPARTMENT OF
FINANCIAL
SERVICES



Alex Sink
Chief Financial Officer of Florida

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Exemption Detail Page

This Database was Last Updated: 7/17/2007 1:36:03 AM
[Return to Query Form](#)

Exemption Details					
Name	Title	Effective Date	*Termination Date	Exemption Type	Employer Name
JAMES B CROSBY	PR	Mar 7 2006	Mar 6 2008	Construction	CHAMPION ELECTRIC INC
JAMES B CROSBY	PR	Mar 7 2004	Mar 7 2006	Construction	CHAMPION ELECTRIC INC
JAMES B CROSBY	PR	Jan 1 2004	Mar 7 2004	Construction	CHAMPION ELECTRIC INC
JAMES B CROSBY	PR	Mar 8 2002	Dec 31 2003	Construction	CHAMPION ELECTRIC INC
* Termination may be through the revocation of the exemption, expiration of the exemption, or invalidation by failure to re-issue the exemption.					

[Return to Query Form](#)



DIVISION OF WORKERS' COMPENSATION (800) 742-2214 or (850) 413-1601
Florida Division of Workers' Compensation · 200 East Gaines Street · Tallahassee, Florida 32399-4228 · Legal Notices

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
CHAME-1

DATE (MM/DD/YYYY)
02/16/07

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Champion Electric, Inc. 1725 SW Import Road Port St. Lucie FL 34953	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Old Dominion Insurance Company	40231
	INSURER B: First Commercial Insurance	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	MPG77098	02/21/07	02/21/08	EACH OCCURRENCE \$ 1000000
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
						PERSONAL & ADV INJURY \$ 1000000
						GENERAL AGGREGATE \$ 2000000
						PRODUCTS - COMP/OP AGG \$ 2000000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
						\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	192692	07/15/06	07/15/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Electrical / State of Florida

CERTIFICATE HOLDER

CITYSEW

CITY OF SEWALLS POINT
1 SOUTH SEWALLS POINT RD
SEWALLS POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Carol Ann Q

AC# 2667956

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#106072003408

DATE	BATCH NUMBER	LICENSE NBR
07/20/2006	050854389	ER13012363

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CROSBY, JAMES BRYCE
CHAMPION ELECTRIC INC
1725 SW IMPORT DRIVE
PORT ST. LUCIE FL 364953

JEE BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

MASTER ELECTRICIAN

License Number ME00627 Expires: 30-SEP-07

CROSBY, JAMES B
CHAMPION ELECTRIC INC
1725 SW IMPORT DR
PORT ST LUCIE, FL 34953



STATE OF FLORIDA

AC# 1447314

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ER13012363-006/13/04 030716827

REG ELECTRICAL CONTRACTOR
CROSBY, JAMES BRYCE
CHAMPION ELECTRIC INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489

Expiration date: AUG 31, 2006 L04061102490



STATE OF FLORIDA AC# 2667956
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ER13012363 07/20/06 050854389

REG ELECTRICAL CONTRACTOR
CROSBY, JAMES BRYCE
CHAMPION ELECTRIC INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2008 L06072003408

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

144 S. Sowell Point Rd. St. Martin FL. 34996 PART OF LOT 5

GENERAL DESCRIPTION OF IMPROVEMENT: Dock Electrification

OWNER: Sylvia Mendoza

ADDRESS: 144 S. Sowell Point Rd. St. Martin FL. 34996

PHONE #: 772-219-2787 FAX #: _____

CONTRACTOR: Champion Electric Inc.

ADDRESS: 1725 S.W. Lompont Drive Port St. Lucie FL. 34953

PHONE #: 772-878-2651 FAX #: 772-878-5455

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

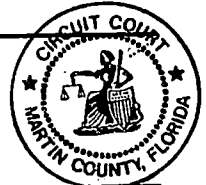
FAX #: _____

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

MARSHA EWING, CLERK

BY: [Signature] D.C.

DATE: 7-16-07



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 #: _____

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 #: _____

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 OF OWNER: [Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10th DAY OF July

192007 BY Sylvia Mendoza

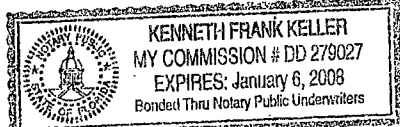
OR _____

PERSONALLY KNOWN [X]

PRODUCED ID _____

TYPE OF ID _____

NOTARY SIGNATURE: [Signature]



12/01/99

INSTR # 2026377 DR BK 02263 PG 269 RECD 07/16/2007 04:02:05 PM
Pg 2969 (199)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst. mstr)

Champion Electric Inc.
1725 SW Import Drive
Port St. Lucie, FL, 34953

Proposal

To: Mrs. Silva Mendoza
From: Champion Electric Inc.
Date: 5/16/2007
Re: 144 South Sewells Point Rd., Sewells Point, FL, 34996

Proposal for Electrical Power to Dock

1. Install a new 60amp eight circuit, black plastic, weatherproof panel to be mounted on a pressure treated post on the right side of the dock by the stairs. Install approximately 140' of 1" PVC conduit from the house main electrical panel to the new dock panel. Install three #8 THHN copper wires to feed the dock panel and one #10 THHN copper ground wire. (Note: Locations as per owner.)
2. Install a GFI outlet below the new dock panel. (120V)
3. All boxes and covers will be weather proof. All pipe, fittings, and straps will be PVC, and all pipe and J-boxes will be mounted with stainless steel screws every 36". All work will be done to National Electrical code and all local codes. All labor and material are included in the price.
NOTE: Electrical permit is included in the price.

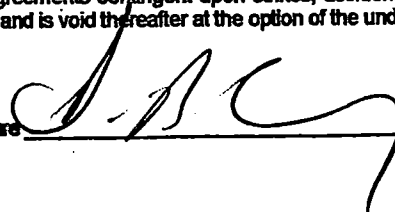
We hereby propose to furnish labor and materials – complete in accordance with the above specifications, for the sum of:

Two thousand five hundred fifty and no/100 dollars (\$2,550.00), with payment to be made as follows:

\$1,275.00 due upon acceptance of this proposal. Balance due upon completion of the job.

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over an above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. This proposal is subject to acceptance within 90 days and is void thereafter at the option of the undersigned.

Authorized Signature _____



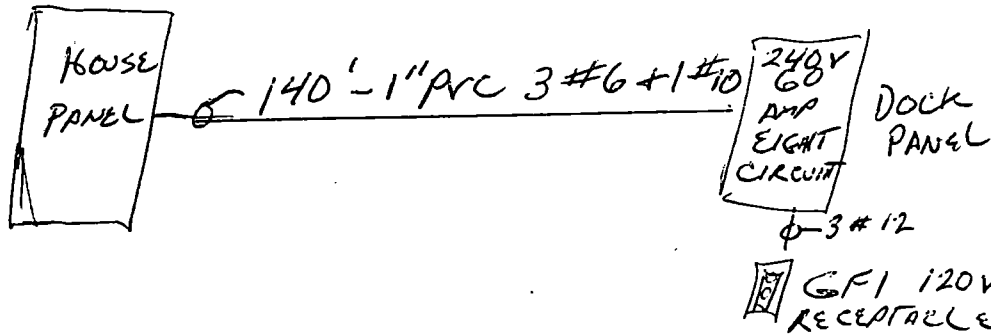
Acceptance of Proposal

TOWN OF SEWELL'S POINT
BUILDING DEPARTMENT
FILE COPY

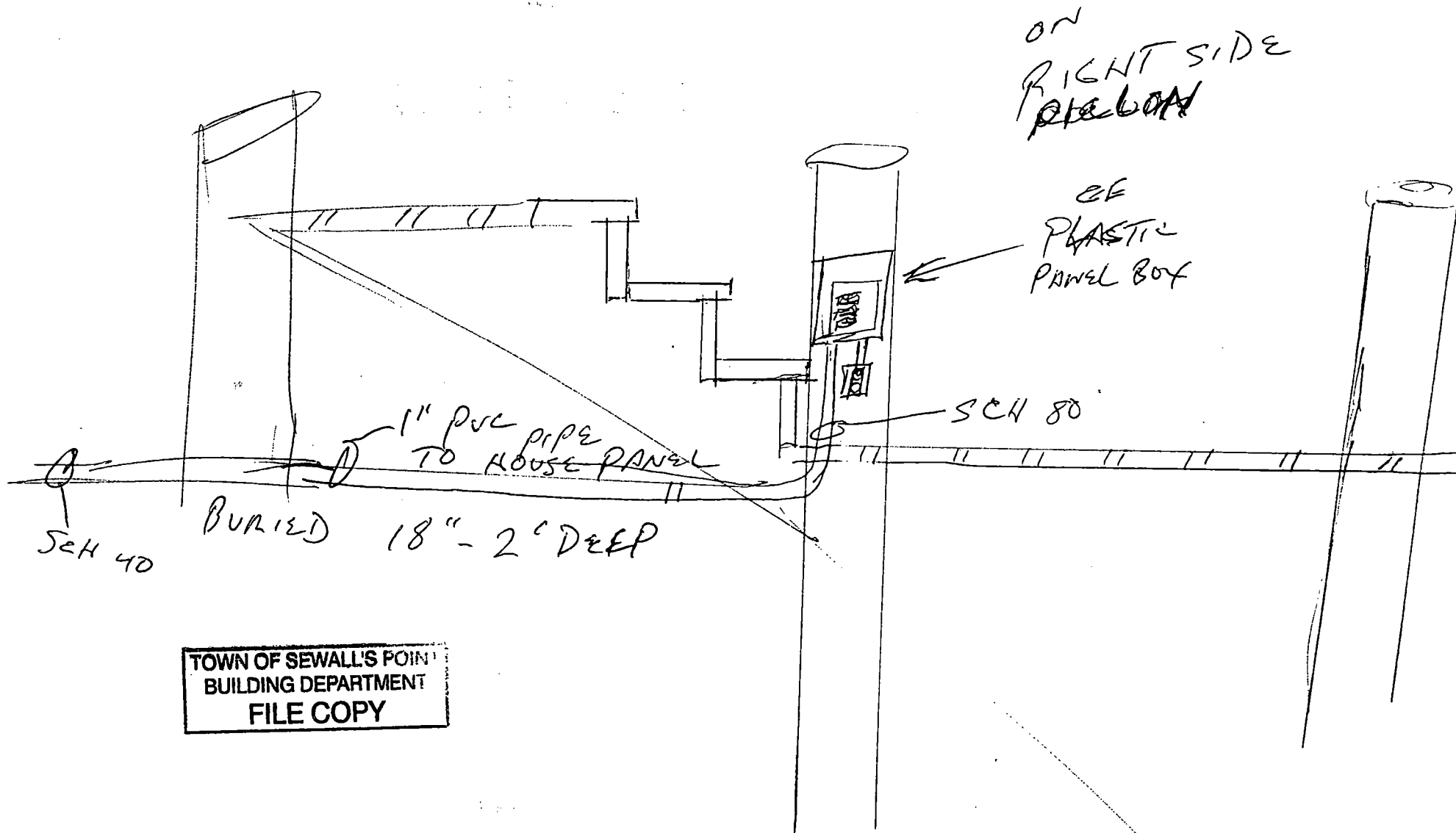
SILVA
MENDOZA

Dock Power

144 S. SEWALL'S POINT RD.



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 7-17-07
[Signature]
BUILDING OFFICIAL



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed **THURSDAY 10-16**, 2007

Page **1** of **2**

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	Stark	Final	FAIL	
5	87 S. River Rd Emil LaViola			INSPECTOR: <i>CM</i>
8545	Watters	Final	FAIL	
4	20 W. Judgenew Steve Conway	(500-outst)		INSPECTOR: <i>CM</i>
8675	TOPPING	on-pumpers	OK.	
1	7 Middle Rd Cardinal	partial 35-9550		INSPECTOR: <i>CM</i>
8589	Hardin	well	PASS	
6	27 S River Rd Station	Main House		INSPECTOR: <i>CM</i>
8277	Werde	Final	FAIL	
8	3 Knowles Rd Prop Disc.			INSPECTOR: <i>CM</i>
8557	Pope	Final	PASS	CLOSE
3	124 S Sewalls Pt Prop Disc			INSPECTOR: <i>CM</i>
8659	Mendoza	Final	PASS	CLOSE
2	144 S Sewalls Champion Ele.	(Elec to dock)		INSPECTOR:

OTHER:

9746

A/C CHANGEOUT



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9746	DATE ISSUED:	MARCH 21, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	COMFORT CONTROL OF SLC		
PARCEL CONTROL NUMBER:	133841000-000-000711	SUBDIVISION	SEWALLS PT LOT 5
CONSTRUCTION ADDRESS:	144 S SEWALLS PT RD		
OWNER NAME:	MENDOZA		
QUALIFIER:	BARRY ZIMMERMAN	CONTACT PHONE NUMBER:	785-9010

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

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

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

Date: 3/16/11 Permit Number: 9746
 OWNER/TITLEHOLDER NAME: SILVIA MENDOZA Phone (Day) 772-219-2787 (Fax) _____
 Job Site Address: 144 S SEWALLS POINT ROAD City: STUART State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): A/C CHANGE OUT

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: \$ 71500
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

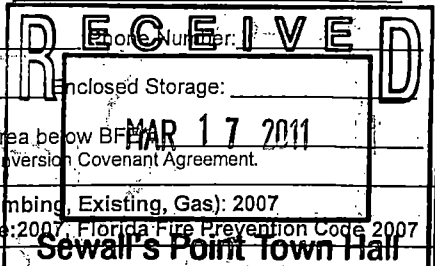
Construction Company: COMFORT CONTROL OF LLC, INC. Phone: 772-785-9010 Fax: 772-785-9144
 Qualifiers name: BARRY ZIMMERMAN Street: 1501 SW BILTMORE ST City: PORT ST LUCIE State: FL Zip: 34983
 State License Number: CAC024379 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BARRY ZIMMERMAN Phone Number: 772-785-9010

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____

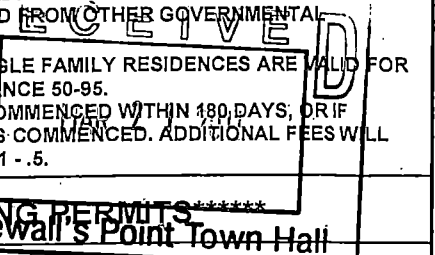
AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below Base Flood Elevation: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 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:

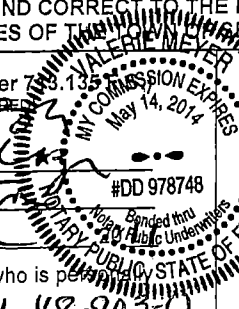
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.11 - .5.



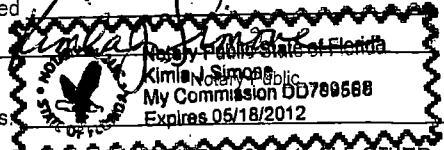
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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 NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Sylvia Mendoza
 State of Florida, County of: Martin
 On This the 21st day of March
 by Sylvia Mendoza who is personally
 known to me or produced FDL#M532-781-48-903-0
 As identification Valerie Meyer
 My Commission Expires: _____



CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
Barry Zimmerman
 State of Florida, County of: ST. LUCIE
 On This the 16th day of MARCH 20 11
 by BARRY ZIMMERMAN who is personally
 known to me or produced _____
 As identification _____
 My Commission Expires: _____



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



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>TRANE</u> Model# <u>4TEE3CO4A1</u>	Condenser: Mfg: <u>TRANE</u> Model# <u>4TT20036A1</u>
Volts <u>220</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw _____	Volts _____ SEER/EER <u>18.5</u> BTU's <u>36,800</u>
Min. Circuit Amps <u>34</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>19</u> Wire gauge <u>10</u>
Max. Breaker size <u>50</u> Min. Breaker size _____	Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-410-A</u>	Refrigerant type <u>R-410-A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/>
Attic/Garage/Closet (specify) <u>ATTIC</u>	Left/Right/Rear/Front/Roof <u>Right</u>
Access: <u>YES</u>	Condensate Location <u>Right side</u>

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>TRANE</u> Model# <u>TWE04DE13FB</u>	Condenser: Mfg: <u>TRANE</u> Model# <u>TTY036B100A0</u>
Volts <u>220</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw _____	Volts _____ SEER/EER <u>16.0</u> BTU's <u>36,1000</u>
Min. Circuit Amps <u>34</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>23</u> Wire gauge <u>10</u>
Max. Breaker size <u>50</u> Min. Breaker size _____	Max. Breaker size <u>35</u> Min. Breaker size <u>30</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>ATTIC</u>	Left/Right/Rear/Front/Roof <u>Right</u>
Access: <u>YES</u>	Condensate Location <u>Right side</u>

Certification:

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

[Signature]
 Signature

3/16/11
 Date

COMFORT
CONTROL A/C

John D. Buerosse, P.E.
3450 N.E. 6th Terrace
Pompano Beach, FL 33064
1-954-633-4692

12 March 2009

RE: ASCE 7-05 Compliance

To Whom It May Concern:

Based on a review and analysis of the requirements of the Florida Building Code (2007) and ASCE 7-05, the installation of a Trane outdoor condensing unit utilizing the appropriate BAYECMT023 or BAYECMT004 mounting kit complies with the wind resistance and anchoring requirement as specified in 1620.1 and 1620.2 at a maximum wind speed of 150 MPH at a 3-second gust.

This assumes (i) a permanent attachment to the mounting slab, (ii) a ground-level application, and (iii) that the unit is not installed in a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.

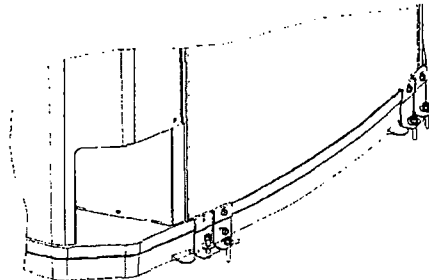
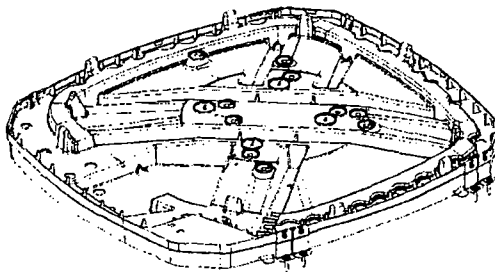
BAYECMT023 and BAYECMT004 must be installed in accordance with the manufacturer's installation instructions provided with the kit, and apply only to the following model families*:

2/4TTZ	2/4TWZ
2/4TTX	2/4TWX
2/4TTR	2/4TWR
2/4TTB	2/4TWB
2/4TTA	2/4TWA

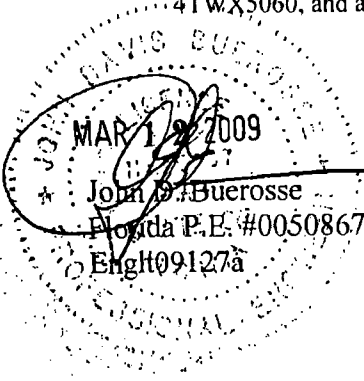
*For models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families, the following hardware from BAYECMT004 is required:

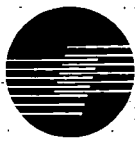
- (8) Base Tab Brackets
- (8) Self-Drilling 12-14 Screws
- (4) Backup Clips
- (4) 12-18 Screws
- (8) 1/4" SAE Grade 5 Bolts
- (8) 1/4" Washers

The quantity of backup clips required remains unchanged. Figures 1 & 2 show the recommended mounting locations:



Figures 1 & 2. Installation of base tab brackets on models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families





TRANE®

4TTZ0036-SUB-101.03

TAG: _____

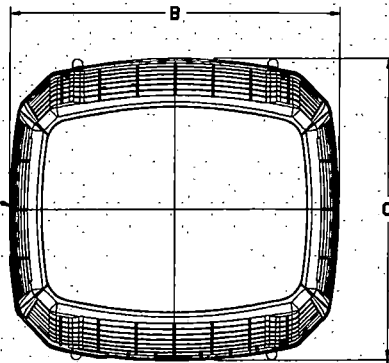
SUBMITTAL

NOTE: All dimensions are in mm/inches.

3 Ton Split System Cooling — 1 Ph
with **ComfortLink™ II** and **Charge Assist™**
4TTZ0036A

Product Specifications

OUTDOOR UNIT ①②	4TTZ0036A1000A
POWER CONNS. — V/PH/HZ ③	200/230/1/60
MIN. BRCH. CIR. CAPACITY	19
BR. CIR. PROT. RTG. — MAX. (AMPS)	30
COMPRESSOR	CLIMATUFF®
NO. USED - NO. STAGES	2 - 2
VOLTS/PH/HZ	200/230/1/60
R.L. AMPS ⑦ - L.R. AMPS	13.8 - 61.5
FACTORY INSTALLED	
START COMPONENTS ⑧	YES
INSULATION/SOUND BLANKET	YES
COMPRESSOR HEAT	YES
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	27.6 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 2
CFM @ 0.0 IN. W.G. ④	4450/3190
NO. MOTORS - HP	1 - 1/3
MOTOR SPEED R.P.M.	865/599
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	2.80
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	30.79
TUBE SIZE (IN.)	3/8
REFRIGERANT CONTROL	EEV
REFRIGERANT	R-410A
LBS. — R-410 (O.D. UNIT) ⑥	9 LBS. - 13 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑥	3/4
LINE SIZE - IN. O.D. LIQ. ⑥	3/8
CHARGING SPECIFICATION	See Charging Chart (Service Facts)
SUBCOOLING	
DIMENSIONS	H X W X D
CRATED (IN.)	57.4 X 35.1 X 38.7
WEIGHT	
SHIPPING (LBS.)	385
NET (LBS.)	335



SERVICE PANEL
ELECTRICAL AND REFRIGERANT
COMPONENT CLEARANCES
PER PREVAILING CODES.

UNIT SHOULD BE PLACED SO ROOF
RUN-OFF WATER DOES NOT POUR
DIRECTLY ON UNIT; AND SHOULD BE
AT LEAST 305 (12") FROM WALL AND ALL
SURROUNDING SHRUBBERY ON TWO SIDES.
OTHER TWO SIDES UNRESTRICTED.

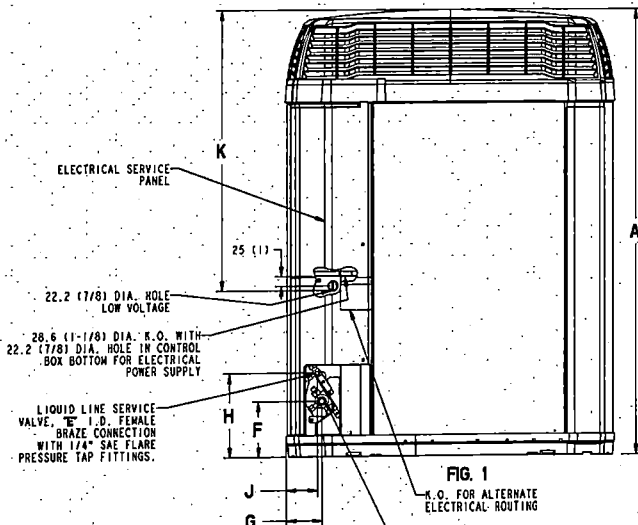


FIG. 1
K.O. FOR ALTERNATE
ELECTRICAL ROUTING
GAS LINE 1/4 TURN BALL SERVICE
VALVE, "D" I.D. FEMALE-BRAZED CONNECTION
WITH 1/4" SAE FLARE PRESSURE
TAP FITTING.

From Dwg. D152635 Rev. 15

MODELS	BASE	A	B	C	D	E	F	G	H	J	K
4TTZ0036A	4	1369 (53 7/8)	946 (37-1/4)	870 (34-1/4)	3/4	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	1035 (40 3/4)

- ① Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on ARI standard 210/240. In order to achieve ARI standard rating, the indoor fan time delay on the comfort control must be enabled.
- ② Rated in accordance with ARI standard 270.
- ③ Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
- ④ Standard Air — Dry Coil — Outdoor
- ⑤ This value approximate. For more precise value see unit nameplate.
- ⑥ Max. line length 80 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft. For greater length consult refrigerant piping software Pub. No. 32-3312-0* (* denotes latest revision).
- ⑦ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
- ⑧ No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

A-weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]		A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)] High Stage							
	Low Stage Overall	High Stage Overall	63	125	250	500	1000	2000	4000	8000
4TTZ0036A1	67	72	50.8	55.3	64.6	67.8	64.3	63.2	57.6	51.5

Note: Rated in accordance with AHRI Standard 270-2008

Mechanical Specification Options

General

The 4TTZ0 is fully charged from the factory for matched indoor section and up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are A.R.I. certified. The unit shall be certified to UL 1995. Exterior is designed for outdoor application.

ComfortLink™ II

This outdoor unit contains the ComfortLink™ II digital communication with 2 wire connection to outdoor and Plug-n-Play set up.

Charge Assist™

The Charge Assist™ indicates system Charge Status.

Casing

Unit casing is constructed of heavy gauge, G60 galvanized steel and painted with a weather-resistant powder paint on all louvers, panels, prepaint on all other panels. Corrosion and weather-proof CMBP-G30 DuraTuff™ base.

Refrigerant Controls

Refrigeration system controls include condenser fan, compressor contactor and high and low pressure switches. High and low pressure controls are inherent to the compressor. A factory installed liquid line drier is standard.

Compressor

Two Climatuff® compressors deliver 50% or 100% capacity modulation and feature internal over temperature and pressure protection and total dipped hermetic motor. Other features include: roto lock suction and discharge refrigerant connections, centrifugal oil pump and low vibration and noise.

Condenser Coil

The outdoor coil provides low airflow resistance and efficient heat transfer. The coil is protected on all four sides by louvered.

Low Ambient Cooling

As manufactured, this unit has a cooling capability to 55°F. For low ambient cooling below 55° see Application Guide SSC-APG005-EN.

Comfort Control

ComfortLink™ II Control with Plug-n-Play set up and 3 wire connection.



ARI Standard™
210/240 UAC



Trane
www.trane.com

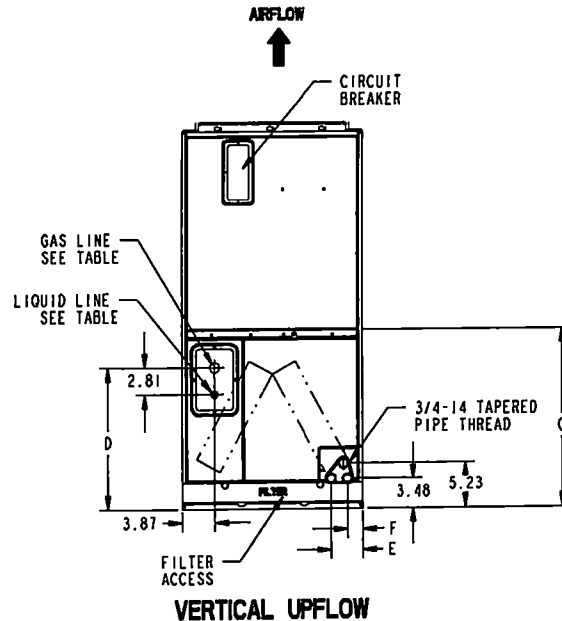
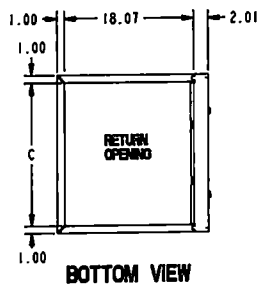
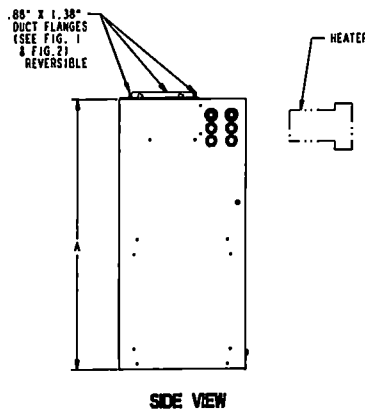
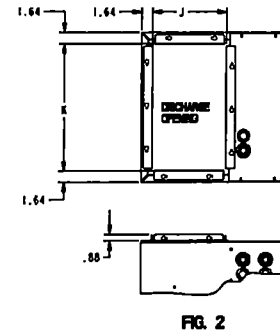
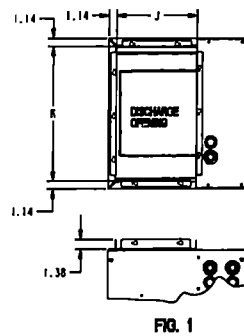
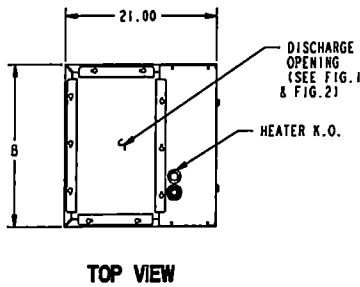
12/09

Trane has a policy of continuous product and product data improvement and it reserves the right to change design and specifications without notice.

TAG: _____

SUBMITTAL

2 - 3 1/2 Ton Convertible Air Handler 2TEE3F40A1000A, 4TEE3F40B1000B



MODEL NO.	FIG. 1		FIG. 2	
	J	K	J	K
2TEE3F31A, 4TEE3F31B				
2TEC3F18B, 24B, 30B, 36B		19.22		18.22
4TEC3F18B, 24B, 30B, 36B				
TWE030CA				
2TEE3F37A, 4TEE3F37B				
2TEC3F42B, 48B, 60B	12.02	21.22	11.02	20.22
4TEC3F42B, 48B, 60B				
TWE040CA, 50CA				
2TEE3F40A, 49A, 65A				
4TEE3F40B, 49B, 65B		23.72		22.72
2TEC3F55B				
4TEC3F55B				

MINIMUM UNIT CLEARANCE TABLE		
	TO COMBUSTIBLE MATERIAL (REQUIRED)	SERVICE CLEARANCE (RECOMMENDED)
SIDES	0"	2"
FRONT	0"	21"
BACK	0"	0"
INLET DUCT	0"	1"
OUTLET DUCT	1"	

* 1" FOR THE FIRST 3 FT. OF OUTLET DUCT WHEN ELECTRIC HEATERS ARE INSTALLED EXCEPT MODELS BAYHTR1405, 1408, AND 1410 ARE APPROVED FOR 0" PLENUM AND DUCT CLEARANCE IN THE UPFLOW CONFIGURATION ONLY ON TWE-P MODELS.

MODEL NO.	FIG. 1		FIG. 2	
	J	K	J	K
2TEE3F40A	12.02	23.72	11.02	22.72
4TEE3F40B				

MODEL NO.	A	B	C	D	E	F	G	Flow Control	R-22 Gas Line BRAZE	R-22 Liq. Line BRAZE	R-410A Gas Line BRAZE	R-410A Liq. Line BRAZE
2TEE3F40A 4TEE3F40B	51.75	26	24	22.41	3.21	1.48	N/A	TXV/NB	7/8	3/8	3/4	3/8

PRODUCT SPECIFICATIONS

MODEL	2TEE3F40A1000A 4TEE3F40B1000B	
RATED VOLTS/PH/Hz.	200-230/1/60	
RATINGS ①	See O.D. Specifications	
INDOOR COIL — Type	Plate Fin	
Rows — F.P.I.	4 — 14	
Face Area (sq. ft.)	5.04	
Tube Size (in.)	3/8 - Copper	
Refrigerant Control	TXV - NonBleed	
Drain Conn. Size (in.) ②	3/4 NPT	
DUCT CONNECTIONS	See Outline Drawing	
INDOOR FAN — Type	Centrifugal	
Diameter-Width (in.)	10 x 10	
No. Used	1	
Drive - No. Speeds	Direct - 16	
CFM vs. in. w.g.	See Fan Performance Table	
No. Motors — H.P.	1 — 1/2	
Motor Speed R.P.M.	VARIABLE	
Volts/Ph/Hz	200-230/1/60	
F.L. Amps - L.R. Amps	4.3	
FILTER		
Vertical Applications		
Filter Furnished?	Yes	
Type Recommended	Throwaway	
No.-Size-Thickness	1 - 20 x 25 x 1 in.	
Horizontal Applications		
Filter Furnished?	No	
Recommended Size ③	See Note ③	
REFRIGERANT		
	R-22	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS		
	H x W x D	
Crated (in.)	53-1/4 x 28-1/2 x 23-1/2	
Uncrated	See Outline Drawing	
WEIGHT		
Shipping (Lbs.) / Net (Lbs)	174 / 155	



① These Air Handlers are A.R.I. certified with various Split System Air Conditioners and Heat Pumps (ARI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

③ Minimum filter size for horizontal applications will be based on airflow selection and will be calculated as follows:
 Low Velocity Filter: Face area (Sq. Ft.) = CFM / 300
 High Velocity Filter: Face area (Sq. Ft.) = CFM / 500

2/4TEE3F40 WIRING DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
	-	-	-	-	5	15	-	-	-	5	15
	1/1	4.80	16400	20	30	30	3.60	12300	17.3	27	30
	1/1	7.68	26200	32	45	45	5.76	19700	27.7	40	40
	1/1	9.60	32800	40	55	60	7.20	24600	34.6	49	50
	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
BAYHTR3415 000	2/1	15.36	52400	40/24	55*/30	60*/30	11.52	39300	34.6/20.8	49*/26	50*/30
	1/3	15.36	52400	38.2	52	60	11.52	39300	33.1	46	50
	2/1	19.2	65500	32/48	45*/60	45*/60	14.42	49200	27.7/41.6	40*/52	40*/60
	3/1	24.96	85200	44/40/20	55/55*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/49*/22	50*/50/25

* Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)

+++ = 000, BRK, PDC 000 = pigtailed, BRK = contains circuit breakers, PDC = contains pull disconnect

IMPORTANT: Any power supply and/or combination power supply, circuit or circuits must be wired and protected in accordance with local Electrical Codes.

SEE AIR FLOW RESISTANCE TABLE FOR PRESSURE LOSS WITH SUPPLEMENTARY HEATER.

AIRFLOW PERFORMANCE 2TEE3F40A, 4TEE3F40B WITH WET COIL, FILTER, NO HEATER													
OUTDOOR UNIT SIZE (TONS)	Speed Settings	AIRFLOW SETTING	DIP SWITCH SETTING				Airflow Power	EXTERNAL STATIC PRESSURE					
			SW 1	SW 2	SW 3	SW 4		0.1	0.2	0.3	0.5	0.7	0.9
2	Low	350 CFM/ton	ON	ON	OFF	ON	CFM Watts	745 90	725 105	700 120	620 150	595 185	555 225
	Normal	400 CFM/ton	ON	ON	OFF	OFF	CFM Watts	825 105	810 120	790 140	750 190	710 215	675 250
	High	450 CFM/ton	ON	ON	ON	OFF	CFM Watts	910 135	910 150	910 166	875 205	845 275	770 305
2.5	Low	350 CFM/ton	OFF	ON	OFF	ON	CFM Watts	870 125	865 140	855 160	820 205	805 255	750 280
	Normal	400 CFM/ton	OFF	ON	OFF	OFF	CFM Watts	1000 165	1000 185	1000 205	980 245	940 290	890 340
	High	450 CFM/ton	OFF	ON	ON	OFF	CFM Watts	1130 210	1125 235	1115 255	1100 305	1080 350	1055 400
3	Low	350 CFM/ton	ON	OFF	OFF	ON	CFM Watts	1075 185	1070 200	1060 220	1025 275	985 315	945 365
	Normal	400 CFM/ton	ON	OFF	OFF	OFF	CFM Watts	1200 235	1200 260	1195 290	1185 355	1170 440	1145 475
	High	450 CFM/ton	ON	OFF	ON	OFF	CFM Watts	1350 300	1365 345	1375 380	1375 440	1350 495	1320 550
3.5	Low	350 CFM/ton	OFF	OFF	OFF	ON	CFM Watts	1215 245	1215 270	1210 300	1205 355	1190 405	1160 460
	Normal**	400 CFM/ton	OFF	OFF	OFF	OFF	CFM Watts	1400 345	1400 395	1400 435	1400 485	1400 530	1400 575
	High	450 CFM/ton	OFF	OFF	ON	OFF	CFM Watts	1415 355	1425 390	1430 435	1425 495	1405 545	1365 595

NOTES:

- ** Factory Setting
- At continuous fan setting: Airflow values are approximately 50% of the listed values.

2TEE3F40A / 4TEE3F31B Airflow Performance with Auxiliary Heat				
Airflow Settings	Dip Switch Settings		Nominal Airflow	See Following Tables for heater application: -Pressure Drop for Electric Heaters -Minimum Heating Airflow Heater Matrix (on unit nameplates)
	Switch 7	Switch 8		
Low	ON	ON	600	
Med -Lo	OFF	ON	900	
Med-Hi**	ON	OFF	1100	
High	OFF	OFF	1400	

AIR FLOW CFM	NUMBER OF RACKS					AIR FLOW CFM	NUMBER OF RACKS				
	1	2	3	4	5		1	2	3	4	5
	AIR PRESSURE DROP INCHES W.G.						AIR PRESSURE DROP INCHES W.G.				
600	0.01	0.02	0.02			1400	0.07	0.08	0.10	0.11	0.13
700	0.01	0.02	0.02			1500	0.08	0.09	0.11	0.13	0.15
800	0.02	0.03	0.03	0.04		1600	0.09	0.10	0.12	0.15	0.17
900	0.03	0.03	0.04	0.05		1700	0.10	0.11	0.14	0.17	0.19
1000	0.04	0.04	0.05	0.06		1800	0.11	0.13	0.16	0.19	0.21
1100	0.04	0.05	0.06	0.07	0.08	1900	0.13	0.15	0.18	0.21	0.23
1200	0.05	0.06	0.07	0.08	0.09	2000	0.14	0.17	0.20	0.23	0.26
1300	0.06	0.07	0.08	0.09	0.11						

PRESSURE DROP FOR ELECTRIC HEATERS

HEATER RACKS	
HEATER MODEL NO.	NO. OF RACKS
BAYHTR1405	1
BAYHTR1408	2
BAYHTR1/3410	2
BAYHTR1/3415	3
BAYHTR1419	4
BAYHTR1425	5

Notes:

- See Product Data or Air Handler nameplate for approved combinations of Air Handlers and Heaters
- Heater model numbers may have additional suffix digits.

MINIMUM AIRFLOW WITH AUXILIARY HEAT		HEATER MODEL NUMBER BAYHTR----					
		1405 4.80kw	1408 7.68kw	1410 3410 9.60kw	1415 3415 15.36kw	1419 19.20kw	1425 24.96kw
MODEL NUMBER	APPLICATION						
NUMBER OF HEATER RACKS		1	2	2	2	4	5
2TEE3F40A 4TEE3F40B	A/C or Elec. Furnace	600	600	600	1100	1100	1100
	Heat Pump	1100	1100	1100	1400	1400	1400
*For upflow position only, minimum setting is 1200							

Mechanical Specifications

General — Blower coil units shall be completely factory assembled including coil, condensate drain pan, fan, motor, filters and controls in an insulated casing that can be applied in horizontal or vertical configuration. The “F” model indicates an “Air-Tite” model with 4.2 “R” value insulation and additional sealing systems.

This new line of 4TEE3F Air handlers provides exclusive compact size combined with simple 6-Way convertibility in sizes up to 5 Tons. The unit ships in the right hand horizontal configuration and converts to vertical upflow just by standing the unit on end. No tools required. Simple coil rotation provides downflow and horizontal left applications.

The 6-Way convertibility provides you inventory benefits and service/installation flexibility. The simple conversion provides opposite side access for installation and service.

Casing — Units shall have a rugged sheet metal and steel frame construction and shall be painted with an enamel finish. Casing shall be insulated and knockouts for electrical power and control wiring.

Refrigerant Circuits — The 2/4TEE3F units have a single refrigerant circuit. The refrigerant circuit shall be controlled by a factory installed non-bleed thermal expansion valve.

Coil — Aluminum fin surface shall be mechanically bonded to 3/8 inch OD copper tubing. Coils are factory pressure and leak tested.

Fan — Forward curved, dynamically balanced and statically balanced with variable speed direct drive shall be standard, fan motor bearing shall be permanently lubricated.

Controls — Low voltage terminal connections, fan contactor, and plug in module for accessory electric heat control shall be included. 2/4TEE3F models also include check valves.

Filters — Filters shall be included as standard, One inch low velocity semi-permanent type (except 5 ton - washable filter).

Accessories

Electric Heaters — Shall be available in a wide range of capacities and voltages with various staging options, and plug-in control wiring. Heaters shall fit inside the internal compartment.



Trane
6200 Troup Highway
Tyler, TX 75707

Trane has a policy of continuous product and product data improvement and it reserves the right to change design and specifications without notice.

Air Distribution System Test Report

For use when part of an Air Distribution System has been replaced (voluntary test for use with N1100.0.2)

THE FINAL INSPECTION MUST BE APPROVED
BEFORE THIS FORM CAN BE FILED WITH THE BUILDING DEPARTMENT
The air distribution system leakage test may be performed before or after the final inspection date.

Owner: <u>SYLVIA MENDOZA</u>	Contractor name: <u>COMFORT CONTROL OF SLC, INC.</u>
Street address: <u>144 S SEWALLS PT. RD</u>	Jurisdiction: _____
City: <u>STUART</u>	Permit No.: _____
Zip: <u>34996</u>	Final inspection date: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	cfm25 _(out or tot) circle test type
2	System 2	cfm25 _(out or tot) circle test type
3	System 3	cfm25 _(out or tot) circle test type
4	System 4	cfm25 _(out or tot) circle test type
	Use appropriate calculation method	
5		Sum lines 1-4
6	<u>Total House Duct System Leakage</u> When there is only one system or when all systems have been replaced	Divide by _____ = _____ (Qn, out or tot) (total conditioned floor area) (circle test)
OR		
7	<u>Replacement system duct system leakage</u> When there are multiple systems and only or or some of the systems have been replaced	Divide Line 5 by _____ = _____ % Leakage, (out or tot) (total rated air handler flow) (circle test)

I have tested the air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.) in accordance with methods found in:

- N1110.A.2 of the Florida Building Code-Residential
- 13-610.A.2 of the Florida Building Code: Energy
- Sub-Appendix 13-2C, C5.2.2.1.1 of the Florida Building Code: Energy

The replaced system is leak-free and is therefore compliant with N1100.0.2 and Form 1100B
 uses existing ductwork and is therefore compliant with N1100.0.2, exception 2

I possess the qualifications found in the selected citation to perform this work.

Signature: _____ Date: _____

Printed Name: _____

FL BERS Rater Certification #: _____

(or) DPBR Mechanical License #: _____

(or) T&B Certification # and issuing organization
or jurisdictional recognition:

For Building Department use only:

Form received by: _____ Date: ____/____/____

9780

FRONT STAIRS



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:	9780	DATE ISSUED:	MAY 5, 2011
SCOPE OF WORK:	REPLACE FRONT ENTRY STAIRS		
CONDITIONS:			
CONTRACTOR:	RA CONSTRUCTION CORP OF TC		
PARCEL CONTROL NUMBER:	133841000-000-000711	SUBDIVISION	SEWALLS PT - L 5
CONSTRUCTION ADDRESS:	144 S SEWALLS PT RD		
OWNER NAME:	MENDOZA		
QUALIFIER:	RICHARD ADAMS	CONTACT PHONE NUMBER:	260-8419

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

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

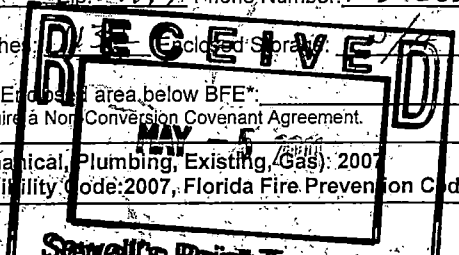
**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Date: May 4, 2011 Permit Number: 9180
 OWNER/TITLEHOLDER NAME: SYLVIA MENDOZA Phone (Day) 772-219-2787 (Fax) _____
 Job Site Address: 144 S. SEWALLS POINT RD. City: SEWALLS POINT State: FL Zip: 34996
 Legal Description: NLT 124.5' OF LOT 5E Parcel Control Number: 13-38-41-000-000-00071-1
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACE FRONT ENTRY STAIRS

<p>WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES _____ NO <input checked="" type="checkbox"/> Has a Zoning Variance ever been granted on this property? YES _____ (YEAR) _____ NO <input checked="" type="checkbox"/> (Must include a copy of all variance approvals with application)</p>	<p>COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ <u>1,000.</u> (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AEB <u>X</u> FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ <u>200,000.</u> (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION</p>
--	--

Construction Company: R.A. CONST. CORP. OF THE T.C. Phone: 772-260-8419 Fax: _____
 Qualifiers name: RICHARD A ADAMS III Street: 2026 SW JUSTISON AVE City: PORT ST. LUCIE State: FL Zip: 34953
 State License Number: RR0067671 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Rick Adams Phone Number: 772-260-8419
 DESIGN PROFESSIONAL: KEVIN & KEVIN ARCHITECTS Fla. License# 8341
 Street: 119 SW 6th ST City: STUART State: FL Zip: 34992 Phone Number: 772-283-3492
 AREAS SQUARE FOOTAGE: Living: 2432 Garage: 561 Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: 3405 Elevated Deck: 472 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): 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:

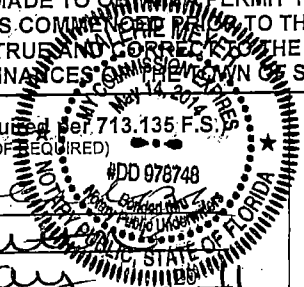
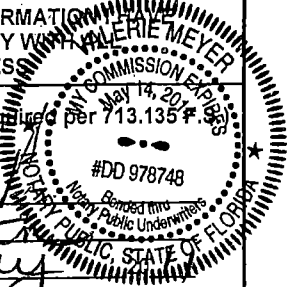
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING DOUBLE FOR THE IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. 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 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 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 NOTORIZED SIGNATURE: (required per 713.135 F.S. OR OWNERS LEGAL AUTHORIZED AGENT PROOF REQUIRED)
 X Sylvia Mendoza
 State of Florida, County of: Martin
 On This the 5th day of May
 by Sylvia Mendoza who is personally known to me or produced FID # M532-781-489030
 As identification. Valerie Meyer Notary Public
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 X Richard Adams
 State of Florida, County of: Martin
 On This the 5th day of May
 by Richard Adams who is personally known to me or produced FID # A352-740-69-1490
 As identification. Valerie Meyer Notary Public
 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!

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-10-11 Page 1 of 1

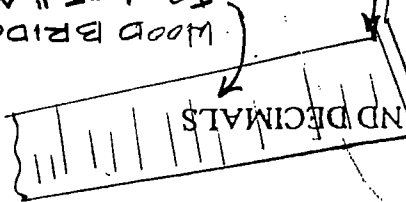
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9759	Hurd	ROOF #		
10:00	34 N. SPT RD DUNCAN GROUP	Permits	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9766	SWEA			
AM	104 ABBEY CT E.C.T. AIR	A/C FINAL	PASS	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9753	BELLINGHAM	ELEVATED DECK		
9:00	2 VIA DE CARMISTO MASTERPIECE	COLUMNS WALL	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9780	MEMPHIS	STAIR	PASS	
1:00	49 S SPT RD	FINISHING	PASS	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

PROTECTION, BUREAU OF SURVEYING AND MAPPING AS MEAN HIGH
 WATER SURVEY FILE NO. 3945

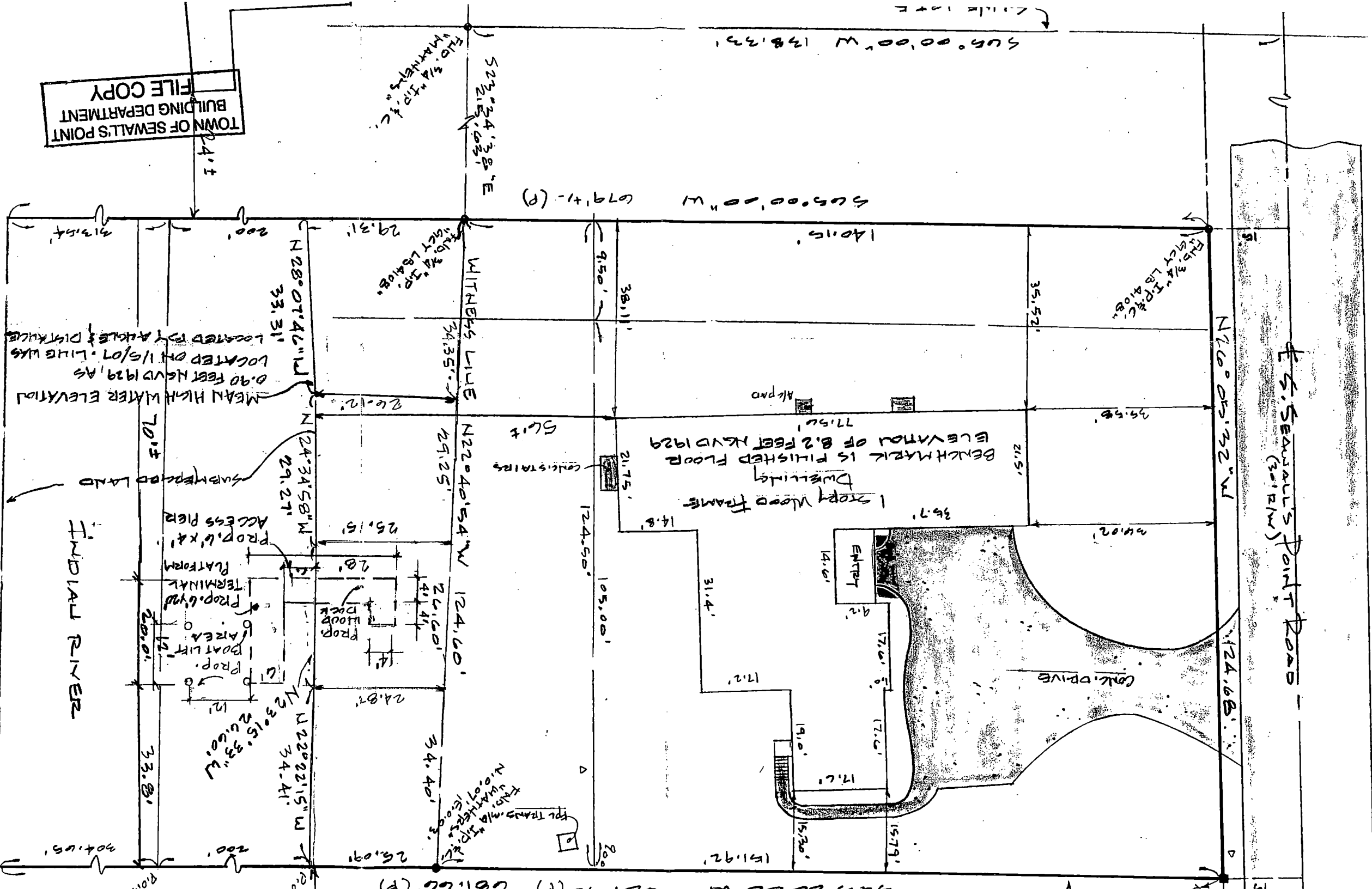
LOT 1 - THE ARCHIPELAGO

N. LINE LOT 5 HANSON GRANT

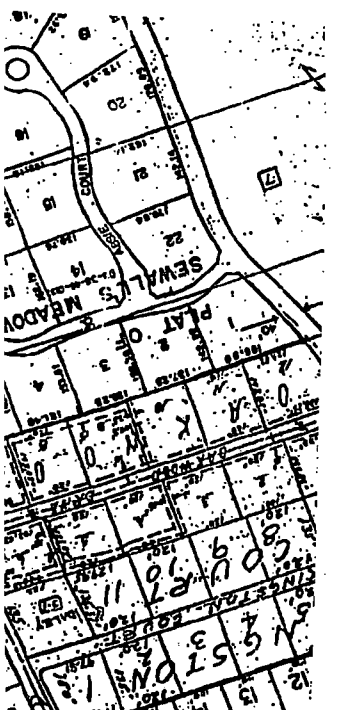
ELEVATIONS INDICATED HEREON ARE IN FEET AND DECIMALS
 REFERENCED TO NGVD 1929.



WOOD BRIDGES TO LOT "A" THE ARCHIPELAGO



FILE COPY
 TOWN OF SEAWALL'S POINT
 BUILDING DEPARTMENT



Being a parcel of land lying Range 42 East, Martin County That part lying East of Sewall's Maradou Grant, according to a recorded plat of subdivision of land in Martin County, Florida, Book 2, page 29, State County Plat Book 1, page 11, page 2, South 10 acres of the North aforesaid.

And with a tract of submerged land with a boundary of the extension of the Northernly TOGETHER WITH:

That part lying East of Sewall's Maradou Grant, according to a recorded plat of subdivision of land in Martin County, Florida, Book 2, page 29, State County Plat Book 1, page 11, page 2, South 10 acres of the North aforesaid.

And with a tract of submerged land with a boundary of the extension of the Northernly TOGETHER WITH:

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That part lying East of Sewall's Maradou Grant, according to a recorded plat of subdivision of land in Martin County, Florida, Book 2, page 29, State County Plat Book 1, page 11, page 2, South 10 acres of the North aforesaid.

LEGA

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-11-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9780	MANOZA 144 SEPTIO	STAIR FINAL	PASS	Core
				INSPECTOR <i>JS</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9779	SIA RODEN 4 RIDGELAND Green Maida	FRAMING	PASS	
				INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	HB ASSOC (Kuk) 3756 SE Ocean Aurcon	Final AC	PASS	Core
				INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9775	Camplin Oakwood Dr Krauss & Crane	Final AC	PASS	Core
				INSPECTOR <i>JH</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
	287-1949 TRUENE ROOF LEN 220 7600 C 263 4448			JOHN CHICKRY 334.5927
				INSPECTOR

11000

ROOF REPAIR



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:	11000	DATE ISSUED:	September 4, 2014
SCOPE OF WORK:	Roof Repair		
CONTRACTOR:	Cardinal Roofing & Siding		
PARCEL CONTROL NUMBER:	13-38-41-000-00071-1	SUBDIVISION:	Archipelago, High Pt Canal
CONSTRUCTION ADDRESS:	144 S Sewall's Point Road		
OWNER NAME:	Mendoza		
QUALIFIER:	Brad S Hogan	CONTACT PHONE NUMBER:	335-9550

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

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11600

Date: _____

OWNER/LESSEE NAME: Sylvia A. Mendoza Phone (Day) 772-219-2787 (Fax) _____

Job Site Address: 144 S. SEWALL'S POINT ROAD City: STUART State: FL Zip: 34996

Legal Description SEE ATTACHED Parcel Control Number: 13-38-41-000-000-00071-1

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Roof Repair

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3,195.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AEB X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Cardinal Roofing & Siding Company, Inc Phone: 772-335-9550 Fax: 772-335-9554

Qualifiers name: BRAD S. HOGAN Street: 1601 SE S. NIEMELA CIR. City: PSL State: FL Zip: 34952

State License Number: CCC 032513 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: BRUCE ROESSNER Phone Number: 772-335-9550

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carpport: _____ Total under Roof REPAIR AREA 400 SF • 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:

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

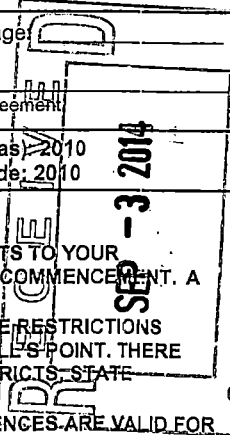
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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:
Sylvia A. Mendoza
State of Florida, County of: St. Lucie
On This the 3 day of Sept., 2014
by SYLVIA A. MENDOZA who is personally
known to me or produced _____
As identification, _____

Notary Public
My Commission Expires: Bruce A. Roessner

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
Brad S. Hogan
State of Florida, County of: St. Lucie
On This the 29th day of AUGUST, 2014
by BRAD S. HOGAN who is personally
known to me or produced _____
As identification, _____

Notary Public
My Commission Expires: Denise Lemay



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!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/5/2014

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 Conover Beyer Associates 2600 Highway 35 Manasquan NJ 08736	CONTACT NAME: PHONE (A/C No. Ext): (732) 223-9700		FAX (A/C No): (732) 223-6044
	E-MAIL ADDRESS:		
INSURED Cardinal Roofing & Siding Co., Inc. 1601 S.E. South Niemeyer Circle Port St. Lucie FL 34952	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: First Mercury Ins Co.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 14/15 PSL Master 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		IL-CGL0000024881-02	3/6/2014	3/6/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$					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	Y/N N/A				WC STATUTORY LIMITS OTHER 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)

CERTIFICATE HOLDER (772) 220-4765 City of Sewall's Point Attn: Dale Brown 1 South Sewall's Point Road 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 Warren Beyer/CHERYL
--	---



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

City Of Sewall's Point
 1 S. Sewall's Point Road
 Stuart, FL 34996

COPY PROVIDED TO:

Cardinal Roofing & Siding Company, Inc.
 P.O. Box 333
 Bricktown, NJ 08723

Attention: Dale Brown

Cardinal Roofing & Siding Company, Inc.

This is to Certify that: P.O. Box 333
 Bricktown, NJ 08723

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND, P.O. Box 4907, Winter Park, FL 32793.

COVERAGE NUMBER:	<u>870-033553</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>1/1/2014</u>	Workers' Compensation:	Statutory - State of Florida
EXPIRATION DATE:	<u>1/1/2015</u>	Employers' Liability:	\$1,000,000.00 Each Accident
			\$1,000,000.00 Disease, Each Employee
			\$1,000,000.00 Disease, Policy Limit

REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

Florida Coverage: 1601 S.E. Niemeyer Cr., Pt. St. Lucie, FL 34952 and 6401 Topaz Ct., Ft. Myers, FL 33966

This certificate is issued as a matter of information only, is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domiciled employees only.

By: Brett Stiegel
 Brett Stiegel, Administrator
 FRSA-SIF

By: Debra Guidry
 Debra Guidry, CPCU, Underwriting Manager
 FRSA-SIF



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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


(850) 487-1395

**HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY INC
1601 SE SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE FL 34952**

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 barbecue 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!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CCC032513 ISSUED 07/31/2014

**CERTIFIED ROOFING CONTRACTOR
HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY**

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date AUG 31, 2016 L1407310001698

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CCC032513	

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

**HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY INC
1601 SE SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE FL 34952**



AC# 6232181

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# F12072900198

DATE

BATCH NUMBER

LICENSE NBR

07/29/2012	120010519	CGC032513
------------	-----------	-----------

The ROOFING CONTRACTOR

Named below is certified

Under the provisions of Chapter 489, FS

Expiration date: AUG 31, 2014



HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY, INC
1601 SE SOUTH NIMMERGER CIRCLE
PORT SAINT LUCIE, FL 34952

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
AC# 6232181

CGC032513 07/29/12 120010519
CERTIFIED ROOFING CONTRACTOR
HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY

IS CERTIFIED under the provisions of ch. 489, FS
Expiration date: AUG 31, 2014 SEQ# F12072900198



RECEIPT FOR TAX PAID ONLY
THIS RECEIPT DOES NOT GUARANTEE
THE AUTHORITY TO OPEN FOR BUSINESS
WITHOUT MEETING ALL STATE AND LOCAL
REQUIREMENTS

PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2013 to September 30, 2014

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

ISSUED AT THIS BUSINESS ADDRESS ONLY

Business Address: 1601 SE SO NIEMEYER CIR
Classification: CONT CONTRACTOR
Issued to: CARDINAL ROOFING AND SIDING
1601 SE SO NIEMEYER CIR

PORT ST LUCIE FL 34952

Business Tax 103839 / 14-1012046
Fee: 127.63
Discount: 0.00

Mary B. Master
BUSINESS TAX AUTHORITY

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE 3794 / 029 Ireid
Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS
TERM: October 1, 2013 to September 30, 2014

RECEIPT FOR PAYMENT

Business Address: 1601 SE SO NIEMEYER CIR
Classification: CONT CONTRACTOR
Issued to: CARDINAL ROOFING AND SIDING
1601 SE SO NIEMEYER CIR

PORT ST LUCIE FL 34952

Business Tax 103839 / 14-1012046
Fee: 127.63
Discount: 0.00

379 / 029 Ireid
Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63
THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

TERM: October 1, 2013 to September 30, 2014

Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

FILE COPY

Business Address: 1601 SE SO NIEMEYER CIR
Classification: CONT CONTRACTOR
Issued to: CARDINAL ROOFING AND SIDING
1601 SE SO NIEMEYER CIR

Business Tax 103839 / 14-1012046
Fee: 127.63
Discount: 0.00
379 / 029 Ireid

2013 / 2014

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT

RECEIPT # 1761-00908086

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

FACILITIES OR
MACHINES

/ ROOMS

SEATS

EMPLOYEES 30

EXPIRES SEPTEMBER 30, 2014

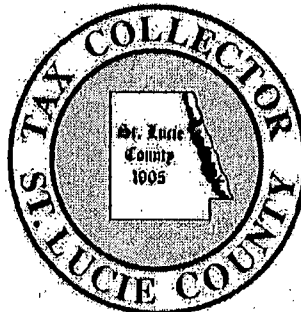
TYPE OF BUSINESS 1761 ROOFING/SHEET METAL CONTRACTOR
(ROOFINGSHEET METAL)

BUSINESS/ Brad S Hogan

DBA NAME Cardinal Roofing & Siding Co
MAILING Cardinal Roofing & Siding Co
ADDRESS 1601 SE South Niemeyer Cr
Port St Lucie, FL 34952

BUSINESS LOCATION 1601 SE South Niemeyer Cir.
Port St Lucie, FL 34952

City of Pt St Lucie



RENEWAL ORIGINAL TAX	\$27.55
PENALTY COLLECTION COST	
TOTAL	\$27.55

CC032513
P0000042927

Paid 08/21/2013 27.55

0117-20130821-007403

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Cardinal Roofing & Siding Co
1601 SE South Niemeyer Cr
Port St Lucie, FL 34952

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 1991-520-0113 CERT _____

PHONE (772) 335-9550 SIC NO 001761

LOCATION:
1601 SE S NIEMEYER CIR MAR

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 **ROOFING CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

HOGAN, BRAD S
CARDINAL ROOFING & SIDING COMPANY INC
1601 SE S NIEMEYER CIR
PT ST LUCIE, FL 34952

03 DAY OF **SEPTEMBER** **2013**
AND ENDING SEPTEMBER 30: **2014**

11 2012 32755.0001 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.



INSTR # 2474079
OR BK 2738 PG 1653

NOTICE OF COMMENCEMENT

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

(1 Pgs)
RECORDED 09/03/2014 02:07:19 PM
MARTIN COUNTY CLERK

PERMIT #: _____ TAX FOLIO #: 13-38-41-000-000-00077-1

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):

SEWALL'S PT NWLY 124.5' OF LOTS E OF SEWALL'S PT RD & SUMMERBROOK TR ADJ & EXTENDING ELY 300' &

GENERAL DESCRIPTION OF IMPROVEMENT: ROOF REPAIR

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

NAME: SYLVIA A. MENDOZA
ADDRESS: 1445 SEWALLS POINT RD, STUART FL 34996
PHONE NUMBER: 772-219-2787 FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: CARDINAL ROOFING & SIDING COMPANY INC.

ADDRESS: 4605 S DUEMEYER CIRCLE, PORT ST LUCIE FL 34952
PHONE NUMBER: 772-335-9550 FAX NUMBER: 772-335-9554

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).

Sylvia A. Mendoza
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 3RD DAY OF September 20 14

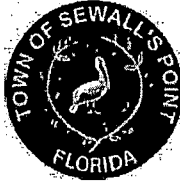
BY: Sylvia A. Mendoza AS owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

Denise Lemay
NOTARY SIGNATURE/ SEAL

STATE OF FLORIDA
MARTIN COUNTY
CIRCUIT COURT
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
MARTIN COUNTY CLERK
DATE _____
D.C.

NOTARY PUBLIC
STATE OF FLORIDA
DENISE LEMAY
MY COMMISSION # EE 870742
EXPIRES: March 23, 2017
Bonded Thru Budget Notary Services



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
	5/8" plywood	2	sheets	
	O.C. H.T. Peel & Stick	1	roll	
	1.5" galvalume S.Seam Mech.	15 Panels	20 FT each	
	W - valley	4 pc.	10' - each	
	H+R Caps	4 pc.	10' - each	
	eave Drip	3 pc.	10' - each	
	Z metal	8 pc.	10' - each	
	Valley Hook	4 pc	10' - each	
	Screws + clips	—	—	
	8 pd. R.S Galv. Nails	15	lbs.	
	Sidewall flashing	4 pc.	10' - each	
	Trim tape + 1 1/2" Nails	1/2	Box	

Repair area over front entry Approx. 350 SF



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Business & Professional Regulation
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Product Approval
 USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL13244-R1	
Application Type	Revision	
Code Version	2010	
Application Status	Approved	
Comments		
Archived	<input type="checkbox"/>	
Product Manufacturer	RIFFE Metals LLC.	
Address/Phone/Email	931 Village Blvd. West Palm Beach, FL 33409 (561) 644-1782 jesse.owen@riffemetals.com	
Authorized Signature	Jesse Owen jesse.owen@riffemetals.com	
Technical Representative		
Address/Phone/Email		
Quality Assurance Representative		
Address/Phone/Email		
Category	Roofing	
Subcategory	Metal Roofing	
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received	
Florida Engineer or Architect Name who developed the Evaluation Report	James F. Biagi	
Florida License	PE-37467	
Quality Assurance Entity	Keystone Certifications, Inc.	
Quality Assurance Contract Expiration Date	11/03/2019	
Validated By	Locke Bowden <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received	
Certificate of Independence	FL13244_R1_COI_cert_of_independence.pdf - Adobe Acrobat Pro2.pdf FL13244_R1_COI_Cert_of_Indp-V.A.pdf	
Referenced Standard and Year (of Standard)	Standard TAS 100 TAS 125	Year 1995 2003
Equivalence of Product Standards Certified By		
Sections from the Code		
Product Approval Method	Method 1 Option D	
Date Submitted	06/22/2012	
Date Validated	09/12/2012	
Date Pending FBC Approval	07/03/2012	

Summary of Products

FL #	Model, Number or Name	Description
13244.1	Versaloc 1.5 AL	Aluminum 0.032 Versaloc 1.5 metal roofing panel 12"-20" width
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +n/a/-159.25psf Other: Perimeter -159.25 psf, Field -118 psf. Refer to Evaluation Report for Limitations and Conditions of Use. Refer to manufacturer's installation instructions as a supplemental guide for attachment. Must be RIFFE Certified Manufacturer or Certified Installer to pull permit with this FL Approval.		Installation Instructions FL13244 R1 II RIFFE Versaloc 1.5 Installation Drawings.pdf Verified By: James F. Biagi, P.E. 37467 Created by Independent Third Party: Yes Evaluation Reports FL13244 R1 AE FL Versaloc 1.5 Aluminum Eval Report Sealed.pdf Created by Independent Third Party: Yes
13244.2	Versaloc 1.5 Steel	Steel 24ga Versaloc 1.5 metal roofing panel 12"-20" width
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +n/a/-189.25 Other: Perimeter and corner -121.75 psf/90 degrees. Field -91.75psf. Perimeter and corner -189.25 psf/180 degrees. Refer to Evaluation Report for Limitations and Conditions of Use. Refer to manufacturer's installation instructions as a supplemental guide for attachment. Must be RIFFE Certified Manufacturer or Certified Installer to pull permit with this FL Approval.		Installation Instructions FL13244 R1 II RIFFE Versaloc 1.5 Installation Drawings.pdf Verified By: James F. Biagi, P.E. 37467 Created by Independent Third Party: Yes Evaluation Reports FL13244 R1 AE FL Versaloc 1.5 Steel Eval Report Sealed.pdf Created by Independent Third Party: Yes

[Back](#) [Next](#)

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



Evaluation Report
Of
RIFFE Metals LLC
"Versaloc 1.5"
Metal Roof Assembly
For
Florida State Product Approval
FL # 13244.2 R-1
Florida Building Code 2010
Per Rule 9N-3

Method: 1 - D
Category: Roofing
Sub - Category: Metal Roofing
Product: "Versaloc 1.5" Roof Panel
Materials: Steel
Panel Thickness: 24 Gauge
Panel Width: 12" - 20"
Panel Seam: 90 or 180 Degree (Refer Table A)
Support Type: Wood Deck

Prepared for:
RIFFE Metals LLC
931 Village Blvd, Ste 905-#527
West Palm Beach, FL 33409-1804

Prepared By:
James F. Biagi PE
Consulting Engineer
1915 NE 45th St, Suite #107
Fort Lauderdale, FL 33308
Phone: 954.776.8004



Contents:

Evaluation Report Pages 1-5

Manufacturer: RIFFE Metals LLC

Product Name: "Versaloc 1.5" Panel

Product Category: Roofing

Product Sub-Category: Metal Roofing

Compliance Method: State Product Approval Rule 9N-3.005 (1) (d)

Panel Description: "Versaloc 1.5", Mechanical Seamed (**by hand or machine**), Steel Roof Panel attached to Wood Deck

Panel Material / Standards: Material: Steel (**Supplied By RIFFE Metals LLC**)
Yield Strength 40 ksi minimum
Corrosion Resistance:
Material shall comply with Florida Building Code (FBC)
Section 1507.4.3

Panel Dimension(s): Thickness: 24 gauge minimum
Width: 20" (Maximum net coverage)
12" (Minimum net coverage)
Rib Height: 1.5"

Support Type: Wood Deck

(Design of support system is not included in this evaluation)

Support Description: 15/32" or greater plywood, or wood plank

Slope Range: Minimum slope shall be 2":12 or greater in accordance with Manufacturers recommendations and in compliance with FBC 2007, including Sections 1507.4.2

Underlayment: Underlayment shall be as per Manufacturers guidelines as required in FBC section 1507.4.5

Fire Classification: Fire Classification is outside the scope of Rule 9N-3, and is therefore not included in this evaluation. Additional approved substrates maybe added for Fire Classification purposes.

Attachment Component Description: **Roof Panel Fasteners**
Size: #10 x 1" (3/16" minimum penetration through deck)
Type: Pancake-Head wood screws

Corrosion Resistance: Per FBC section 1506.6 and 1507.4.4
 Standard: Per ANSI/ASME B18.6.1.

Roof Panel Clips

Product Name: RIFFE Versaloc 1.5 Clip
 Material: Steel
 Type: One-piece, fixed clip
 Thickness: 24 Gauge Minimum
 Strength: 40 ksi minimum
 Dimension: 1-5/8" (tall) x 1" (long) x 3" (Wide)
 Corrosion Resistance: Per FBC Section 1506.7
 Label: Clip shall bear Manufacturers logo "RIFFE"

Installation:

RIFFE Metals LLC "Versaloc 1.5" Roof Panel to Wood Deck

- **Clips Spacing: Refer to Table "A"**
 - (along the panel and nominally within 3" from all ends
- **Two fasteners per Clip**
- **Rib Interlock: Mechanically seamed, Refer to Table "A"**

Design Uplift Pressure:

TABLE A			
MAXIMUM DESIGN PRESSURES			
Roof Areas	Field	Perimeter and Corner¹	Perimeter and Corner¹
Maximum Design Pressures	91.75 psf	121.75 psf	189.25 psf
Maximum Clip Spacing	16" o.c.	8" o.c.	8" o.c.
Panel Seam	90° degrees	90° degrees	180° degrees

***Maximum Design Pressures include 2:1 Safety Factor**

Install the system in compliance with the attached installation method. Refer to manufacturer's instructions as a supplemental guide for attachment.

Quality Assurance: The Manufacturer has demonstrated compliance of roof panel products in accordance with the Florida Building Code and Rule 9N-3.0005 (3) for manufacturing under quality assurance program audited by an approved Quality assurance entity through **Keystone Certification, Inc.** (FBC Organization ID# QUA 1824)

Performance Standard: The described herein has demonstrated compliance with:

- TAS 125-03 Standard Requirements for Metal Roofing Systems
- TAS 100-95 (HVHZ) Test Procedure for Wind and Wind Driven Rain Resistance of Discontinuous Roof Systems

Code Compliance: This product described herein has demonstrated compliance with FBC section 1504.3.2

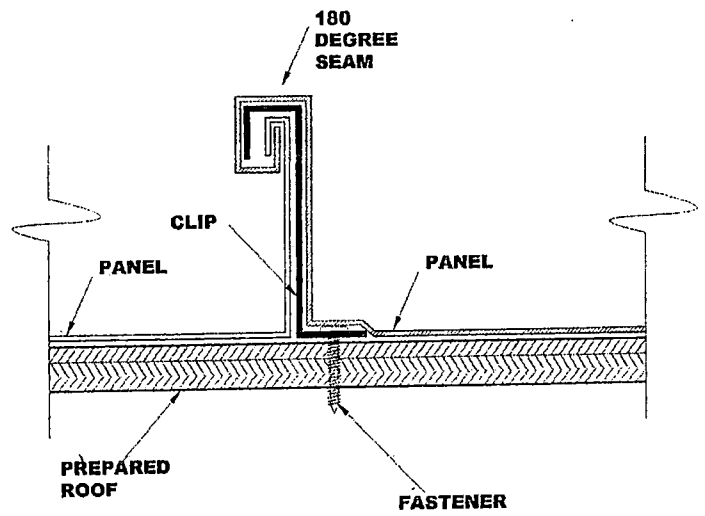
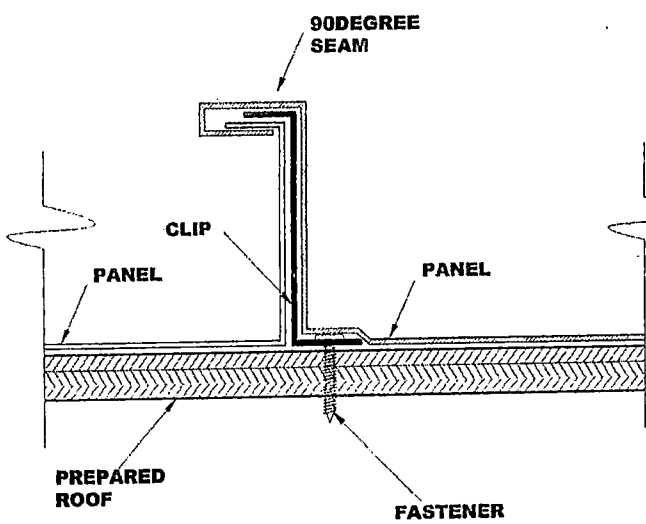
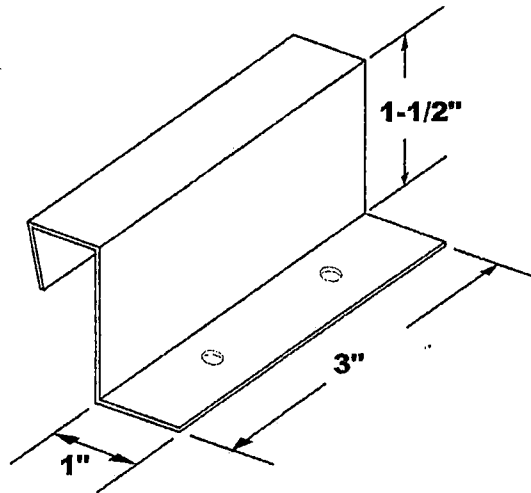
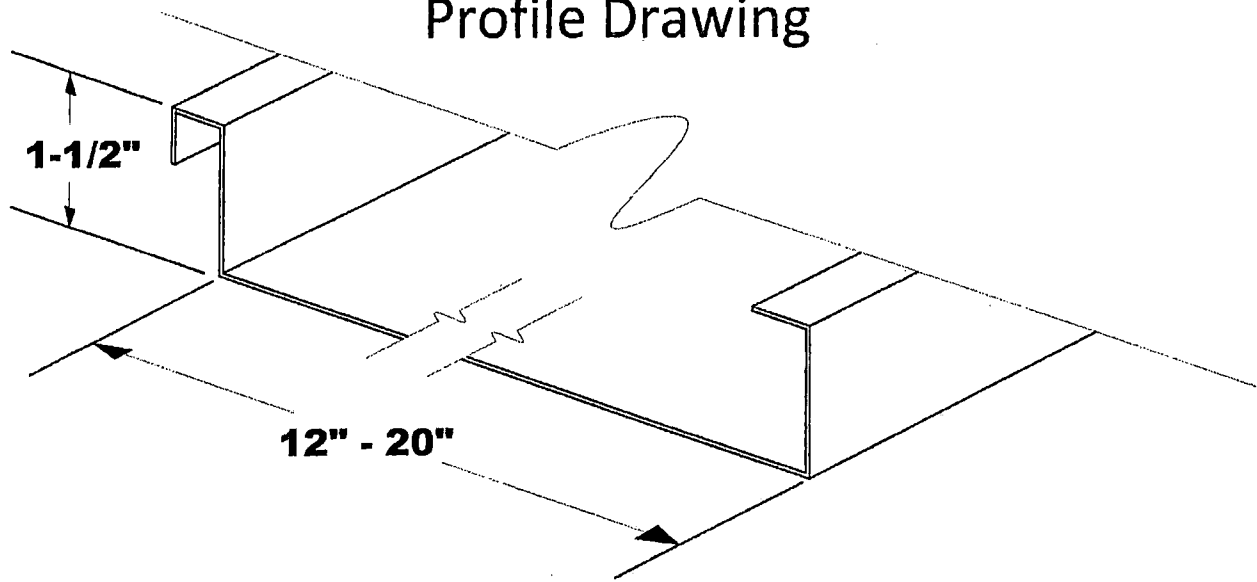
Evaluation Report Scope: This product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code, as related to Rule 9N-3

System Limitations: The required design wind loads shall be determined for each project per FBC 2010. The maximum fastener spacing listed herein shall not be exceeded. Any rational analysis computations shall be prepared by a qualified design professional and in compliance with FBC 2010.

Reference Data:

1. TAS 125 Uplift Test
By Hurricane Test Laboratory, LLC (FBC Organization ID# TST 1527)
Report#0527-1009-08, Test Date: 11/13/08-3/23/09
2. TAS 100 Wind and Wind Driven Rain
By PRI Construction Materials Technologies, LLC (FBC Organization ID# TST 5878), Report HTL-018-02-01rev Test Date 5/29/09, Revised 8/06/09.
3. Quality Assurance
Keystone Certifications, Inc. (FBC Organization ID# QUA 1824)
RIFFE Metals LLC
4. Certification of Independence
By Vinu J. Abraham, P.E. (FL Reg. # 53820)

Profile Drawing





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[BCIS Home](#) | [Log In](#) | [User Registration](#) | [Hot Topics](#) | [Submit Surcharge](#) | [Stats & Facts](#) | [Publications](#) | [FBC Staff](#) | [BCIS Site Map](#) | [Links](#) | [Search](#)

Florida Department of
Business &
Professional
Regulation



Product Approval
USER: Public User

License efficiently. Regulate fairly.

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

OFFICE OF THE
SECRETARY

FL #	FL9777-R2
Application Type	Affirmation
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Owens Corning
Address/Phone/Email	One Owens Corning Parkway Toledo, OH 43659 (740) 404-7829 greg.keeler@owenscorning.com
Authorized Signature	Greg Keeler greg.keeler@owenscorning.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Roofing
Subcategory	Underlayments
Compliance Method	Test Report
Testing Lab	PRI Construction Materials Technologies, LLC
Quality Assurance Entity	Underwriters Laboratories Inc.
Quality Assurance Contract Expiration Date	03/08/2015
Validated By	Robert J. M. Nieminen, PE <input type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL9777 R2 COI PRI cert of independence.pdf
Referenced Standard and Year (of Standard)	Standard ASTM D 1970
	Year 2001
Equivalence of Product Standards Certified By	

I affirm that there are no changes in the new Florida Building Code which affect my product(s) and my product(s) are in compliance with the new Florida Building Code.

Documentation from approved Evaluation or Validation Entity Yes No N/A

Product Approval Method Method 1 Option B

Date Submitted 02/01/2012
Date Validated 02/01/2012
Date Pending FBC Approval
Date Approved 03/31/2012

Summary of Products

FL #	Model, Number or Name	Description
9777.1	Weather Lock Metal	Weatherproofing Underlayment
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: 1.) This Approval is not for use within HVHZ. 2.) Shall be installed in accordance published installation instructions and FBC non-HVHZ requirements.		Installation Instructions FL9777 R2 II install weatherlockmetal.pdf FL9777 R2 II Technical Bulletin - WeatherLock over the entire deck2.pdf Verified By: Robert Nieminen 59166 Test Reports FL9777 R2 TR PRI WeatherLock Metal ASTM D1970.pdf
9777.2	Weatherlock G	Weatherproofing Underlayment
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: 1.) This Approval is not for use within HVHZ. 2.) Shall be installed in accordance published installation instructions and FBC non-HVHZ requirements.		Installation Instructions FL9777 R2 II install weatherlock G and MAT.pdf FL9777 R2 II Technical Bulletin - WeatherLock over the entire deck2.pdf Verified By: Robert Nieminen 59166 Test Reports FL9777 R2 TR PRI NEI0240201 ASTM D1970.pdf
9777.3	Weatherlock MAT	Waterproofing Underlayment
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: 1.) This Approval not for use in the HVHZ. 2.) Shall be installed in accordance with published installation instructions subject to FBC non-HVHZ requirements. 3.) Minimum slope 1:12. 4.) Shall not be installed over existing roofing materials. 5.) Substrate shall be clean, smooth and dry.		Installation Instructions FL9777 R2 II install weatherlock G and MAT.pdf FL9777 R2 II Technical Bulletin - WeatherLock over the entire deck2.pdf FL9777 R2 II weatherlock mat 4i n deck tape2.pdf Verified By: Robert Nieminen 59166 Test Reports FL9777 R2 TR PRI WeatherLock MAT ASTM D1970.pdf

[Back](#)
[Next](#)

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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Product Approval Accepts:





INNOVATIONS FOR LIVING®

Warranty Coverage of WeatherLock® Specialty Tile and Metal over Sealed or Unvented Attic Systems

TECHNICAL SERVICES BULLETIN Bulletin Number: RD - 032911
3/29/2011

Owens Corning Roofing and Asphalt, LLC ("Owens Corning") will provide warranty coverage within the terms stated in the WeatherLock® Specialty Tile and Metal Waterproofing Limited warranty when installed over unvented or sealed attic systems. In single-family residential applications less than 100 squares.

The following guidelines must be followed for coverage extension:

- Roof System is approved and compliant with all local building codes.
- Decking is either 3/8" plywood (minimum) or 7/16 OSB (minimum).
- Insulation, radiant barrier, and any other components of the roof deck assembly must be installed in strict accordance with manufacturer's installation instructions.
- All other installation practices for Owens Corning™ WeatherLock® Specialty Tile and Metal must be performed in strict accordance with our installation instructions.

Owens Corning's WeatherLock® Specialty Tile and Metal Waterproofing Limited warranty will be valid within the terms and conditions stated in the warranty when the above conditions are met. Owens Corning warranty doesn't cover workmanship or application, only defects in the product.

Owens Corning's position is that proper ventilation of a residential attic and rafter spaces is the preferred design consideration. Not venting attics may introduce moisture related problems in the attic. Moisture management issues can lead to mold and damage to the internal structure of a home. Further, installing a spray foam system can make it more difficult to detect roof leaks. Should you desire more information regarding the value of using ventilation in residential applications, please review information found at www.ravcoalition.org.

Please contact 419.248.6557 for additional information. Email: geftech@owenscorning.com

Disclaimer of Liability

Technical information contained herein is furnished without charge or obligation and is given and accepted at recipient's sole risk. Because conditions of use may vary and are beyond our control, Owens Corning makes no representation about, and is not responsible or liable for the accuracy or reliability of data associated with particular uses of any product described herein. Nothing contained in this bulletin shall be considered a recommendation.



INNOVATIONS FOR LIVING®

OWENS CORNING ROOFING AND ASPHALT, LLC
ONE OWENS CORNING PARKWAY
TOLEDO, OHIO 43659

1-800-GET-PINK®
www.owenscorning.com

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- 5.3 Installation must be limited to roofs with ventilated attic spaces in accordance with the requirements of the applicable code.
- 5.4 Installation must be limited to wood substrates on structures located in areas where nonclassified roof coverings are permitted. Where classified roof coverings are required, substantiating data must be provided to the code official for approval.
- 5.5 The self-adhering membranes must be installed at ambient air and substrate temperatures of 40°F (4°C) or above.
- 5.6 Installation must be limited to use with roof coverings that do not involve hot asphalt or coal-tar pitch.
- 5.7 The underlayments are manufactured by Northern Elastomeric, Inc., at its plant in Brentwood, New Hampshire, under a quality control program with inspections by UL LLC (AA-668).

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Self-Adhered Roof Underlayments for Use as Ice Barriers (AC48), dated February 2012.

7.0 IDENTIFICATION

The membranes described in this report must be identified by a label on the packaging with the Northern Elastomeric, Inc., or the additional listee's, name and address; the product name; the evaluation report number (ESR-1783); and the name of the inspection agency (UL LLC). Product names for the report holder and additional listees are shown in Table 1.

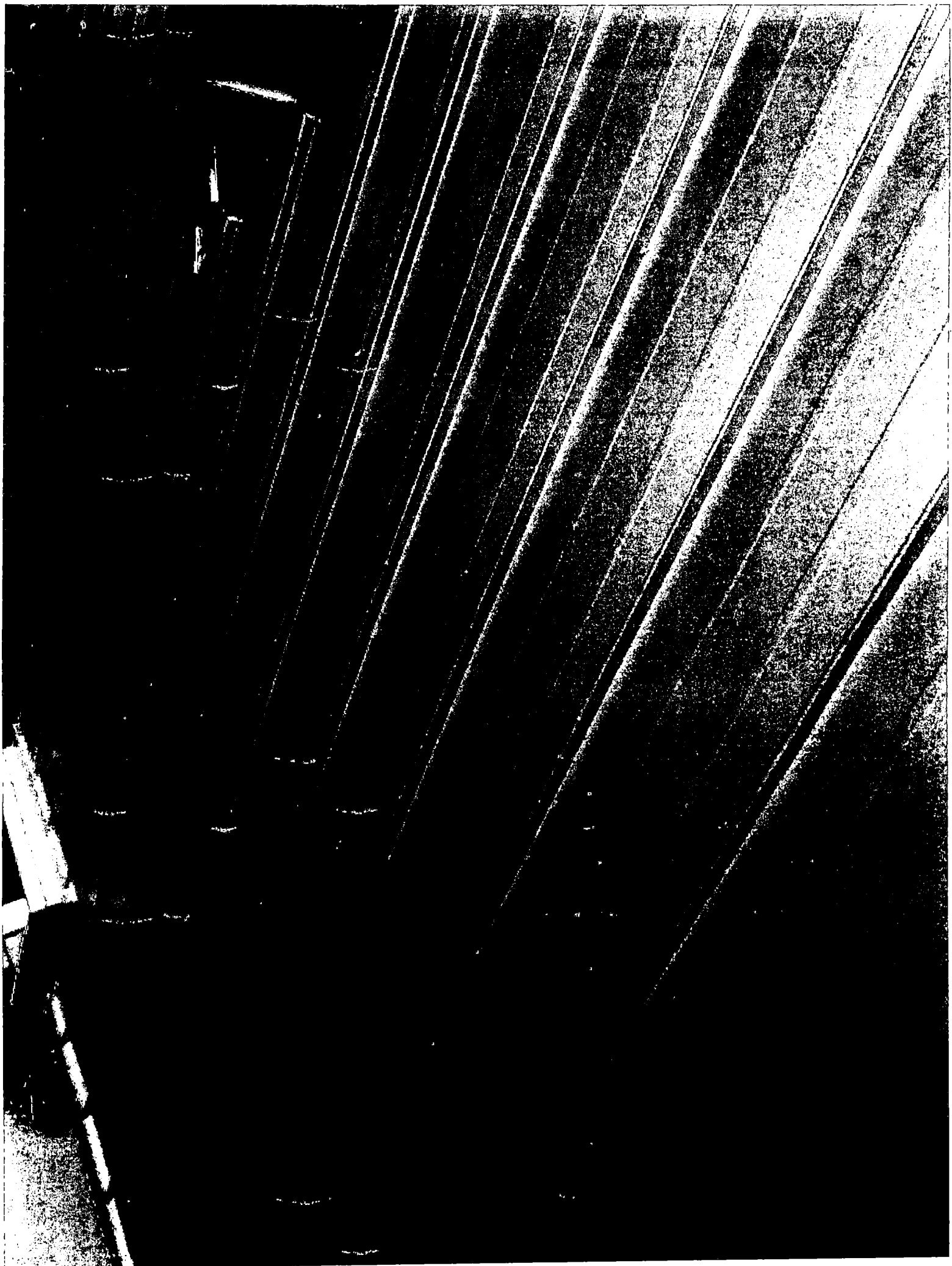
TABLE 1—PRODUCT DESCRIPTION

PRODUCT NAME	COMPANY NAME	NOMINAL THICKNESS (mils)	TOP SURFACE MATERIAL
WeatherLock G	Owens Corning	50	Slag granules
Tri-Built Self-adhered	Tri-Built Roofing Products		
WeatherLock P	Owens Corning	45	Polyethylene film
AC PolyPro	Northern Elastomeric, Inc.		
AC HomeSeal	Northern Elastomeric, Inc.		
WeatherLock Flex	Owens Corning		
WeatherLock Metal	Owens Corning	60	Polyester fabric
WeatherLock® Specialty Tile and Metal	Owens Corning		
WeatherLock Extreme High Temperature	Owens Corning		
AC TileSeal	Northern Elastomeric, Inc.		
MLT TileSeal or Boral Tile Seal	Boral Roofing		
WeatherLock Mat	Owens Corning	45	Polymeric coating
Roof Armor Matte	Guardian Building Products		
Citadel	Boral Roofing		
WeatherLock PM	Owens Corning	50	Polypropylene film
WeatherMaster PolySeal	Atlas Roofing Corp.		
AC MetalSeal II	Northern Elastomeric, Inc.		
Roof Armor Poly	Guardian Building Products		
TileSeal 50	Boral Roofing		
WeatherLock® Cold Climate	Owens Corning	50	Slag granules
WeatherMaster Granular	Atlas Roofing Corp.		
AC Northern G	Northern Elastomeric, Inc.		
Roof Armor Granular	Guardian Building Products		
GatorSeal	Boral Roofing		
WeatherLock Hi-Tear G	Owens Corning	55	Slag granules
Roof Armor Starter Strip	Guardian Building Products	75	Slag granules
Shingle Starter Strip	Northern Elastomeric, Inc.		
Shingle Starter Strip	York Manufacturing		
WeatherMaster Starter Strip	Atlas Roofing Corp.		
Starter Shingle Roll	Owens Corning		

For SI: 1 mil = 0.0254 mm.



144 S. ... Rd.
ON 11000



OWENS

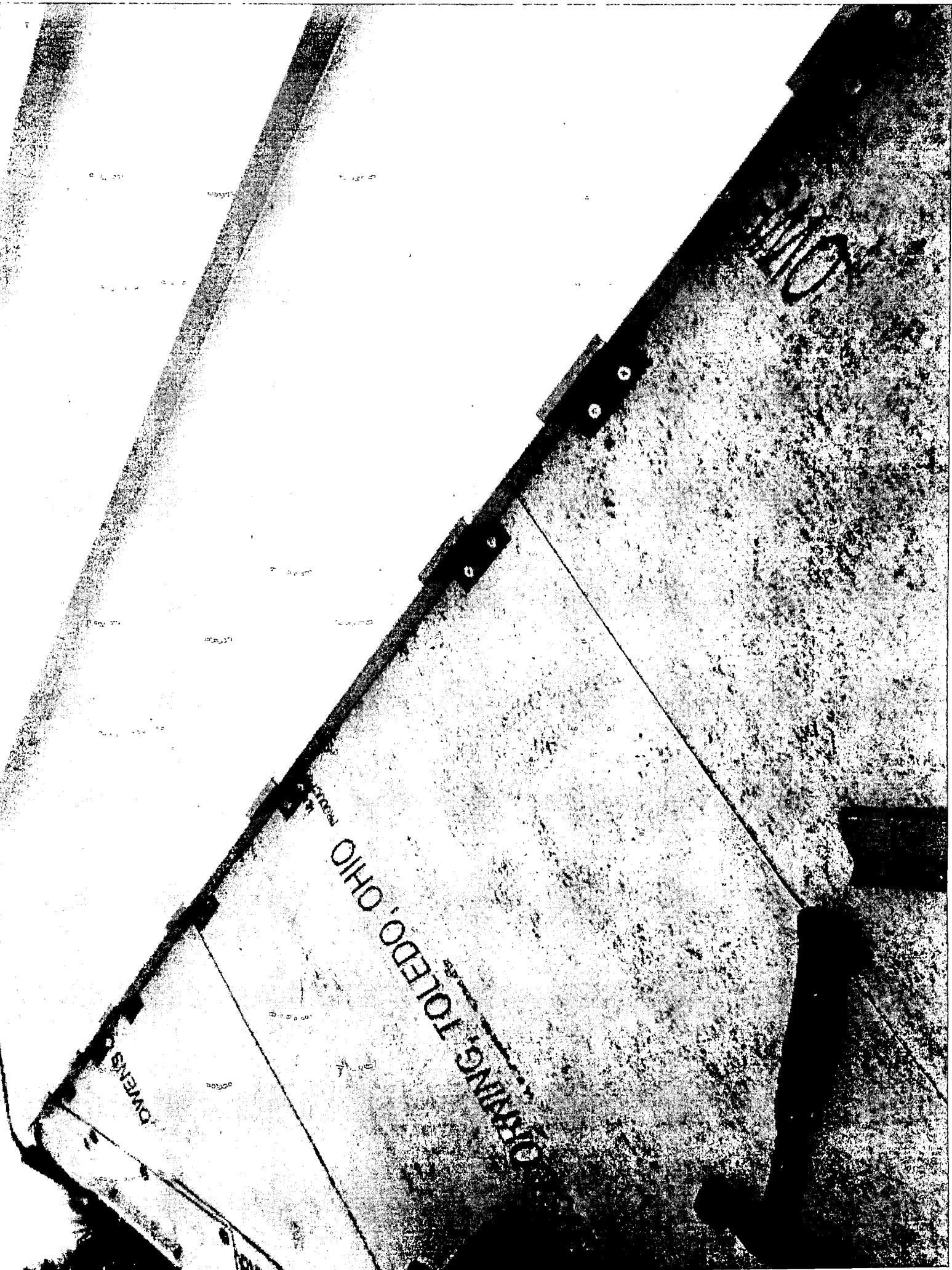
OWENS

OWENS CORNING, TOLEDO, OHIO

OWE

MANUFACTURE QUALITY CONTROL APPROVED





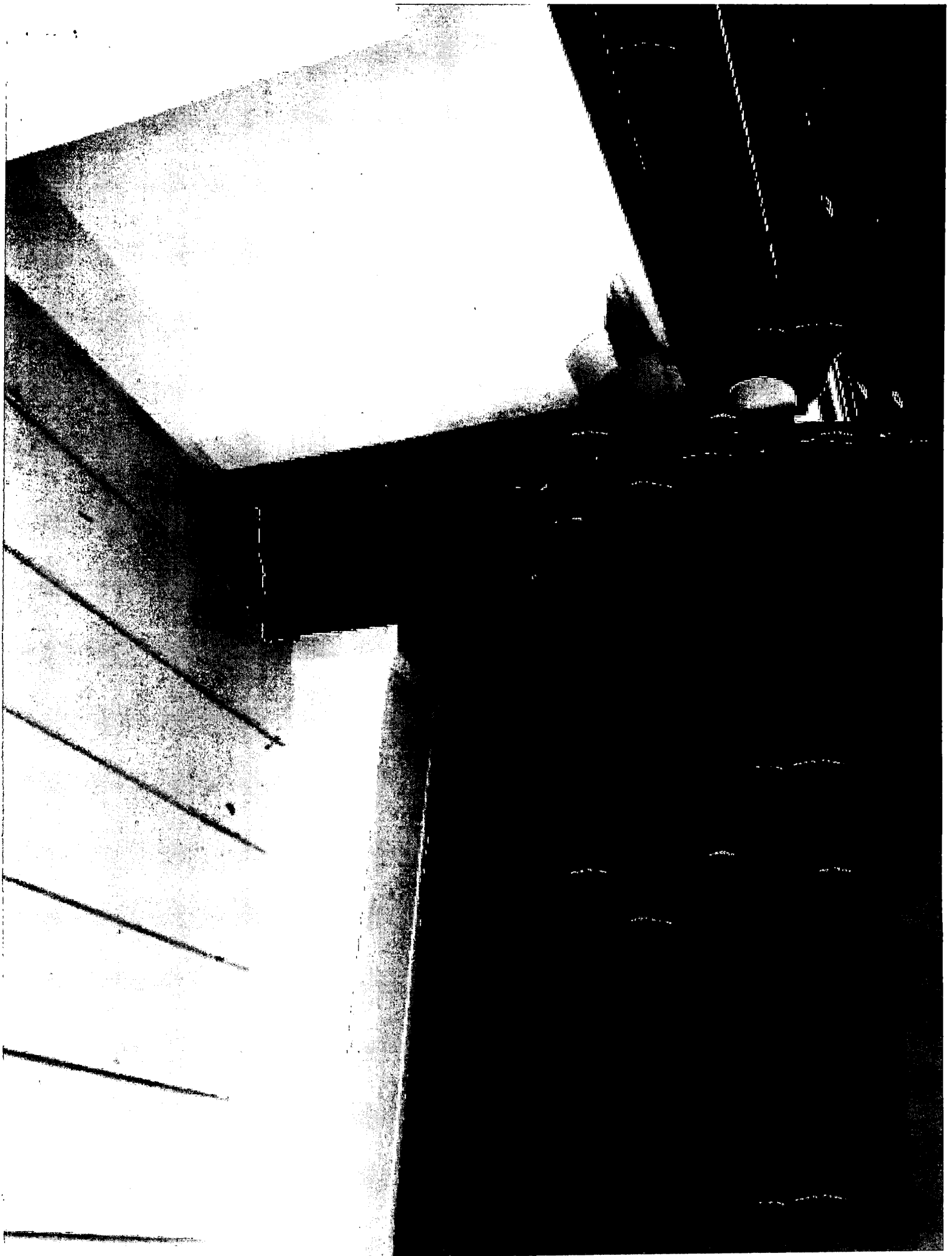
OPENING TOLEDO, OHIO

1110

OWENS







TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/22/14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10833	Daugherty	Final		
	15 Oak Hill Way	All Trades	PASS	CLOSE
	Walter M. White Const.	REMODEL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11055	Potter	Mechanical		
	4 Perriwinkle	Final	PASS	CLOSE
	Absolutely Cool			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11051	HB Assoc. of the TC	Final		
	3750 SE Ocean Blvd	Mechanical	PASS	CLOSE
	Aircon			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10866	Ihle	Final		
	121 Hillcrest Dr	Remodel	FAIL - NOT READY	
	GLG Homes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11000	Mendoza	Roof In Progress		
	144 S SPR	+ Final.	PASS	CLOSE
	Cardinal Roofing + Siding	Pictures w/ Permit		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 01/03/00 ~~01/03/00~~ TREE REMOVAL PERMIT No 286

APPLIED FOR BY A.R. CALANA (Contractor or Owner)

Owner 144 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees NON NATIVE FICUS

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE X WITHIN 30 DAYS

REMARKS FIELD VERIFICATION 01/03/00

PROHIBITED SPECIES.
INTERFERENCE W/
ELECTRICAL SERVICE.

FEE \$ - 0 -

Signed, [Signature] Applicant Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

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

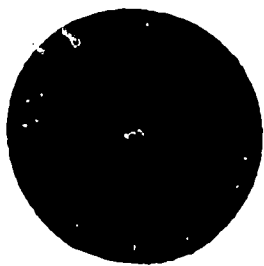
TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for project details]

PROJECT DESCRIPTION _____

REMARKS _____



~~1998-1999~~ **2000**
Town of Sewall's Point
Building Department - Inspection Log

Mon, 7-3-00

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4650	Swiss Am 4 Banyan	re-inspect FRAMING - ALL	PASSED	
		ROOF FINAL	PASSED	10:00-10:50
N 4707	Nicklas 21 C. Hill Way	pool deck	PASSED	
N 4659	Conway 17 Lofting Way	sheathing nailing (MAU REF. SECT. "B")	PASSED	- MAU 2 ND STORY (WEST) = "A" REMAINS FOR INST.
N 4775	Campo 5 Palama Way	trees	PASSED	9:00 AM OK for permit & Measure; add. trees to be removed located on site plan
S 285	LAGANA 144 S. SEWALLS PT. RD.	SITE VERIFICATION	PASSED	PERMIT ISSUED
S 4662	106 HEWLY SEWALL WAY FOGLIA CONST	TRUSS ELOOR'G ROOF/WALL SHEATHING	PASSED PASSED	
N 4527	Seely 37 Lofting Way	column S. SOLID TUBE DOUBLS	PASSED	- CONTR. TO VERIFY SLAB ELEV FOR COL. STL. SPLICE LAP

OTHER: _____

INSPECTOR: _____

DATE: _____

**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, Marberry, 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 SYLVIA MENDONA Address 144 S SEWALLS Phone 486-5639

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE one Type: FICUS

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

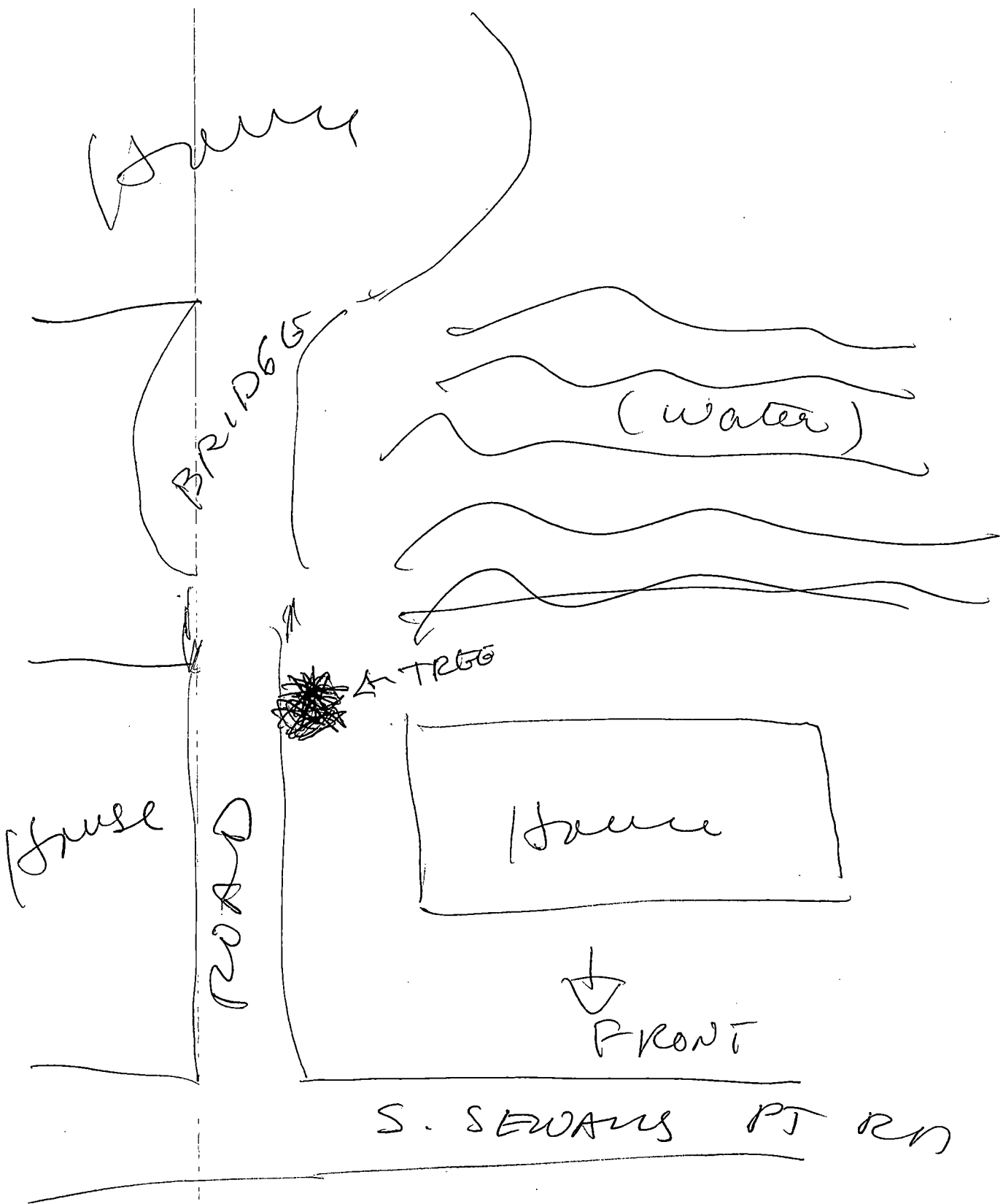
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: encroaching (roots) Septic

Signature of Applicant [Signature] Date 5/19/04

Approved by Building Inspector: [Signature] Date 5/21 Fee: 0

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



TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 21 ~~16~~ 2004 TREE REMOVAL PERMIT No 2261

APPLIED FOR BY MENDOZA (Contractor or Owner)

Owner 144 S. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 Ficus

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed Gene Simmons (DOB)
~~Town Clerk~~
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

Date AUGUST 2 2004 TREE REMOVAL PERMIT No 2310

APPLIED FOR BY MENDOZA (Contractor or Owner)

Owner 144 S. SEWALL'S POINT ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____
No. Of Trees: REMOVE 2 CABBAGE PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed, [Signature] Town Clerk
FEE \$ 0

TOWN OF SEWALL'S POINT

Call 281-2435-...
WORK HOURS 8:00 A.M. - 5:00 P.M. — NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

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, Marberry, 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 SYLVIA MENDONA Address 144 S SEWALLS PT RD Phone 486-5639

Contractor JOAN SKAELIN Address _____ Phone 260 3826

No. of Trees: REMOVE 2 (MASTER PLAN) Type: CABBAGE PALM

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

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

Written statement giving reasons: (1) LEANING TOWARD BACK PORCH
(1) TOO CLOSE TO HOUSE

Signature of Applicant [Signature] Date 7/30/04

Approved by Building Inspector: [Signature] Date 8/2 Fee: -0-

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

ok



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner SYLVIA MENDOZA Address 144 SOUTH SEWALL'S POINT RD Phone 219-2787

Contractor ALEX/MARCO LAWN MAINTENANCE Address FORT PIERCE Phone _____

No. of Trees: REMOVE 1 Species: PALM TREE

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

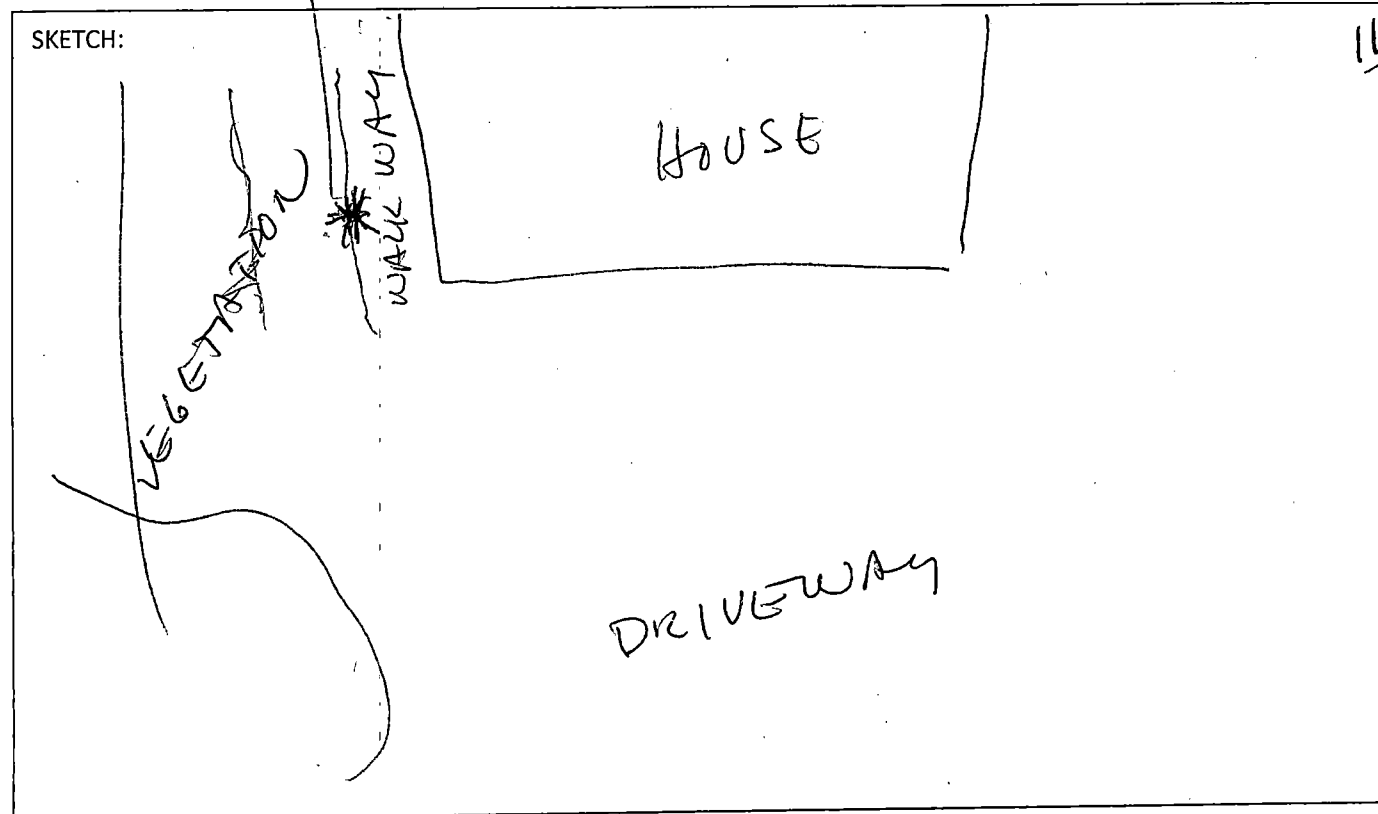
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal/relocation (See notice above) ON TOP OF ROOF - AFFECTING METAL ROOF - HARBORING FIREANTS PER GUTTER DUE TO FALLEN LEAVES

Signature of Property Owner Sylvia Mendoza Date 11/13/2013

Approved by Building Inspector: [Signature] Date 11-13-13 Fee: 150

NOTES:



144 SOUTH SEWALL'S POINT ROAD

[Handwritten initials]
[Handwritten initials]
[Handwritten initials]
11-14-13

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner SYLVIA MENDOZA Address 144 S. SEWALLS PT. Phone 878-7311

Contractor JOHN SHAVELIN Address 6630 SW GATOR TRAIL. Phone 771-7219

No. of Trees: REMOVE 1 Type: NORFOLK ISL. PINE

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

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

Written statement giving reasons: DAMAGED BY HURRICANE

Signature of Property Owner [Signature] Date 12-13-04

Approved by Building Inspector: [Signature] Date 12/15 Fee: 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 15, 2004 Page 1 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6967	BABLIE	FENCE FINAL	PASS	CLOSE
3	101 S. Sewall's Pt O/B			INSPECTOR:
6902	MILORD	POOL SPOOL MAIN DRAIN	PASS	
9	10 N. Sewall's Pt MILORD			INSPECTOR:
7052	KINARD	SHEATHING	FAIL	
2	5 TIMOR ST ALL AMERICAN	TIN TAG		#40 FEET INSPECTOR:
7227	MULLIGAN	PRE DRYWALL	FAIL	NO ACCESS
8	20 FIELDWAY DR GIFFORD ELECTRIC	& ELECTRIC		INSPECTOR:
TREE	FREDERICK	TREE	PASS	
4	325 S. SEWALLS			INSPECTOR:
TREE	MENDOZA	TREE	PASS	
1	144 S. SEWALLS			INSPECTOR:
TREE	JENKINS	TREE	PASS	APPROVED AS MODIFIED
5	4 SABAL COURT	(OFF RIDGELAND)		INSPECTOR:

OTHER: _____