

171 South Sewall's Point Road

187

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Mr Shirley Rodriguez Present Address Martin Co Phone 287-0360

Architect Schaltz Homes Address _____

General Contractor G.A. Consi Address 505 Colorado Phone 287-0316

Where Licensed Martin License No. _____

Plumbing Contractor Dave's Plumbing Where Licensed _____ No. _____

Electrical Contractor Kraus-Crane Where Licensed _____ No. _____

Property Location _____ Subdivision _____ Lot No. _____

Lot Dimensions 140' X 250' + Lot Area _____ Sq. Ft. _____

Purpose of Building Dwelling Type of Construction C.B.S

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

Outside of Walls _____ Inside of Walls 2000 sq ft.

Street or Road building will front on St. Lucie River

Clearances - Front 124' Back 100' Side 33' Side 38' River _____

Well Location _____ Septic Tank Location N Side

Building elevation (By Ordinance Definition) 6' +

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$35,000

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	<u>105.00</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>\$125.00</u>	_____	_____

SIGNED: - General Contractor or Owner Georg Constantopoulos

Building Inspector Comments: OK Check a Engineer

FOR TOWN RECORDS: Date Drawings submitted 11/3/69
 Date Permit approved 11/5/69
 Date Permit Fee paid 11/3/69
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

187

493

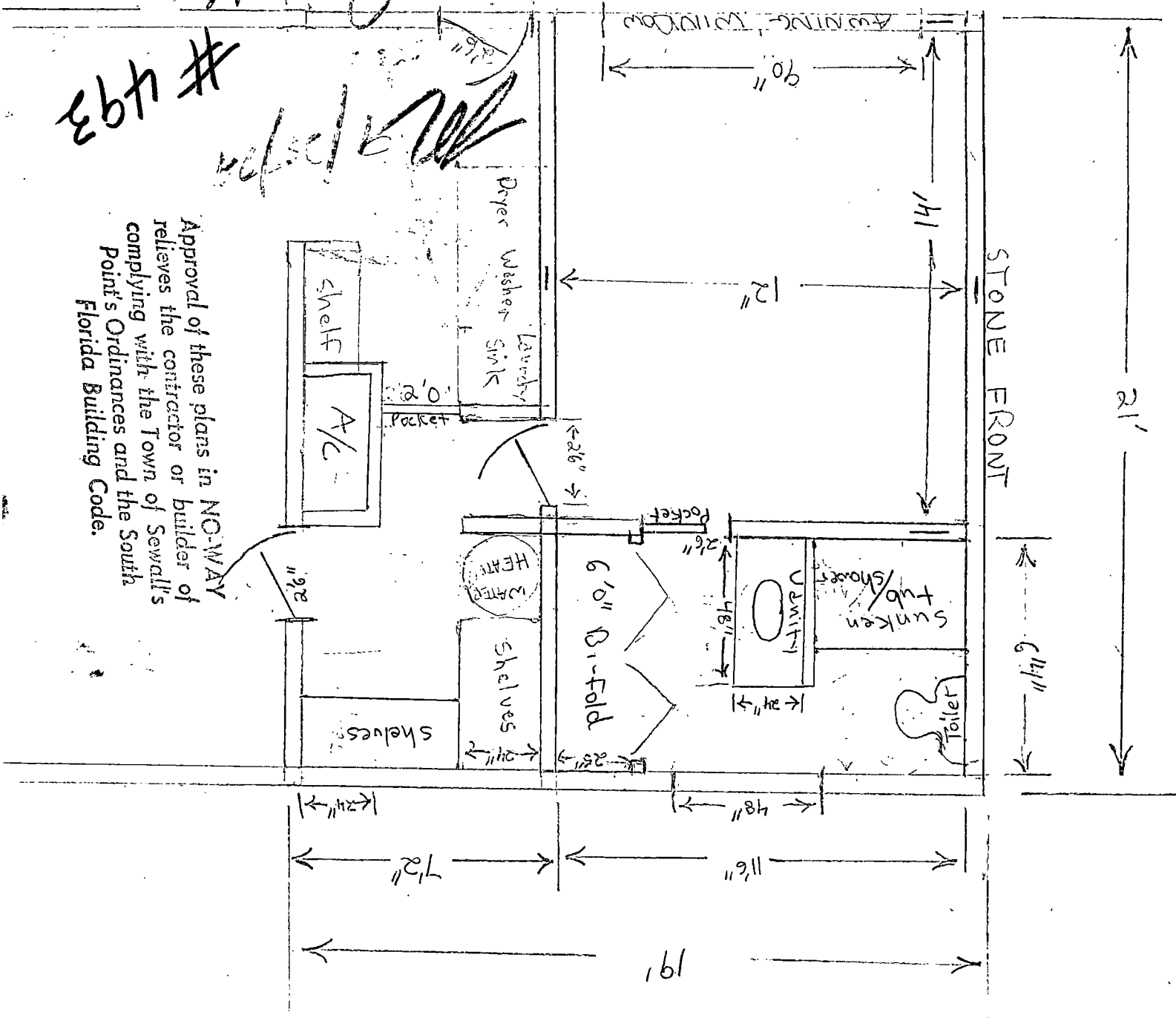
REMODEL

John A. Dwyer
12/20/74

#493

John A. Dwyer

Approval of these plans in NO-WAY
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances and the South
Florida Building Code.



RECEIVED
SEP 25 1974

E Vinunde (Formerly Rodagrner) - garage to
bedroom - bathroom modification Org. Permit 187

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

- Notes:
1. Not valid if sewer is available.
 2. Individual well must be 75 feet from any part of system.
 3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

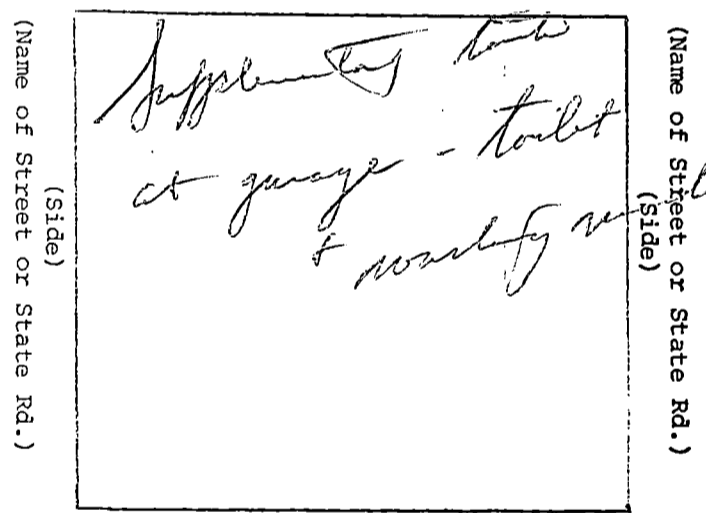
Section II - Information:

1. Property Address (Street & House No.) White Fence Acres High Rd.
 Lot _____ Block _____ Subdivision _____
 Date Recorded _____ Directions to Job _____
2. Owner or Builder Tom Spivarski
 P.O. Address _____ City _____
3. Specifications

Tank Drainfield
900 Gals. 2109 ft. of 6" clay tile
 or 5" perforated plastic drain in a 3' trench or
 _____ Gals. _____ ft. of 4" clay drain
 or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)



4. House to be constructed:
 Check one: _____ FHA
 _____ VA _____ Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Tom Spivarski
Please Print

Signature: Michael Twombly

Date: 9/26/74

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: [Signature] County Health Dept. Manatee Date 9/26/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____
 FHA No. _____ VA No. _____

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Apr 26 / 74

This is to request that a Certificate of Approval for Occupancy be issued to J. EVINRUDE 177 S BAKER RD For property built under Permit No. 493 Dated _____ when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings		
Rough plumbing	<u>10/9/74</u>	<u>CO</u>
Perimeter beam		
Rough electric	<u>10/9/74</u>	<u>CO</u>
Close in	<u>10/9/74</u>	<u>CO</u>
Final plumbing		
Final electric		

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)

707

SFR

RECEIVED
JUN 7 1977

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 707
Date 6/9/77

(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) Copy of property Deed required for new home construction.

Owner ~~WALTER~~ S. EVIN RUDG Present Address Y. L. L. S. Ph 286 0063

General Contractor JACK MEYER Address STUART Ph 283474

Where licensed MARTIN CO. License No. 75

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on ¹⁷¹⁵ SEWALLS POINT ROAD.

Subdivision EVIN RUDG Lot No. 1 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 3000 SF

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 75,000.

Total cost of permit \$ 75,000 ^{375.00} 75,375

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

[Signature]
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.

[Signature]
Signed by Owner

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

TOWN RECORD

Date submitted _____

Date approved 6/8/77 Carl A. Orsaya

Certificate of Occupancy issued _____ Date _____

707

transferred 10/30/77 from Meyer to Evinrude - same as
TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 707
Date 6/9/77

(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) Copy of Deed required for new home construction.

Owner S. Evinrude Present Address 3354 S.E. Jarrow East, Stuart Ph 286-0863

General Contractor same Address _____ Ph 287-8566

Where licensed Martin Co License No. 75

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on S. Sewalls Point Road

Subdivision Evinrude Lot No. 1 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 3000 S.A

Other Construction (Pools, additions, etc.) _____

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

Total cost of permit \$ _____

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

S. Evinrude
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.

S. Evinrude
Signed by Owner

Mrs. Evinrude took over from Jack Meyer in mid-stream

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

TOWN RECORD

Date submitted _____

Date approved [Signature]

Certificate of Occupancy issued 11/22/78 [Signature] [Signature] [Signature] Date _____

seals paid #750

#707

Printed for Lawyers' Title Guaranty Fund, Orlando, Florida

This instrument was prepared by:

262338
264719
Warranty Deed (STATUTORY FORM—SECTION 689.02 F.S.)

William (Dale) Anderson
of the Law Offices of
ANDERSON, DUNN & HERSEY, P.A.
P.O. Box 222/1451 East Ocean Boulevard
STUART, FLORIDA 33494

This Indenture, Made this 30th day of December 1976 **Between**

SHIRLEY EVINRUDE, formerly SHIRLEY RODRIGUEZ, a single women

of the County of Martin, State of Florida, grantor*, and

BRUCE C. EQUI and MARIE A. EQUI, his wife

whose post office address is 408 Colorado Avenue, Stuart,

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

Witnesseth, That said grantor, for and in consideration of the sum of TEN AND NO/CENTS-----

-----(\$10.00)----- Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby
acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following
described land, situate, lying and being in Martin County, Florida, to-wit:

See Exhibit "A"

SUBJECT TO restrictions and reservations of record.

THIS DEED IS BEING RERECORDED TO CORRECT THE ERROR IN THE LEGAL
DESCRIPTION OF THAT CERTAIN WARRANTY DEED RECORDED IN OFFICIAL RECORD:
BOOK 412, PAGE 1012, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

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

*"Grantor" and "grantee" are used for singular or plural, as context requires.

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

Signed, sealed and delivered in our presence:

Ruth Anne Hall
Betty J. Sparks

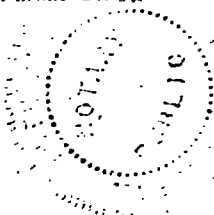
Shirley Evinrude (Seal)
Shirley Evinrude
formerly Shirley Rodriguez, a single (Seal)

(Seal)
(Seal)

STATE OF FLORIDA)
COUNTY OF MARTIN)

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
SHIRLEY EVINRUDE, formerly SHIRLEY RODRIGUEZ, a single women,
to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that
she executed the same.
WITNESS my hand and official seal in the County and State last aforesaid this 30th day of December
1976.

My commission expires:
Notary Public, State of Florida at Large
My Commission Expires Aug. 23, 1980
Issued By American Title & Guaranty Company



Ruth Anne Hall
Notary Public

OR BOOK 412 PAGE 1012

OR BOOK 413 PAGE 1987

707

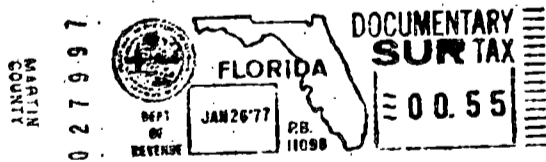
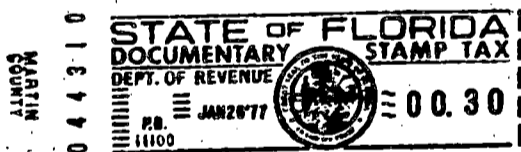
EXHIBIT "A"

A portion of that certain parcel of land in Lot 1 of the Commissioner's Subdivision of the Hansen Grant as described in O.R. Book 272, Page 23, Martin County, Florida, public records being more particularly described as follows: Commence at a concrete monument marking the Northwest corner of Lot 3, Revised White Fence Acres as recorded in Plat Book 4, Page 97, Martin County, Florida, public records; Thence South 65°-01'-04" West along the westerly extension of the North line of said Lot 3, a distance of 51.48 feet to the Point of Beginning; Thence North 11°-30'-26" West a distance of 5.99 feet to the Point of Curvature of a curve concave to the Southeast having a central angle of 35°-55'-51" and a radius of 233.06; Thence Northerly along the arc of said curve a distance of 146.15 feet to a point of reverse curve having a central angle of 0°-43'-34" and a radius of 183.06 feet; Thence Northerly along the arc of said curve a distance of 2.32 feet to the end of said curve; Thence South 65°-01'-04" West along a line 130 feet Northerly of the Point of Beginning a distance of 380 feet more or less to the waters of the St. Lucie River; Thence Southerly along the waters of the St. Lucie River a distance of 140 feet more or less to a point; said point being on a bearing of South 65°-01'-04" West and a distance of 360 feet more or less from the Point of Beginning; Thence North 65°-01'-04" East to the Point of Beginning.

Together with an easement for ingress and egress over and across a parcel of realty. Said easement to become null and void when River Road is platted adjacent to the above described real property.

Start at the N.W. corner of Lot 3, White Fence Acres, as recorded in Plat Book 4, page 97, Martin County, Florida and proceed Northerly 130 feet to a point, thence proceed Westerly 75 feet to a point paralleled to North line of White Fence Acres and then Southerly 130 feet to a point on the Northerly line of White Fence Acres and thence proceed Easterly 75 feet to the point of beginning.

Said easement to become null and void when River Road is platted adjacent to the above described real property.



LOUISIANA
CLERK OF COURT
BY [Signature]
JAN 26 1977

77 JAN 26 P 3:02

FILED FOR RECORD
HART COUNTY, FLA.

Legibility of writing typing or printing unsatisfactory in this document when microfilmed.

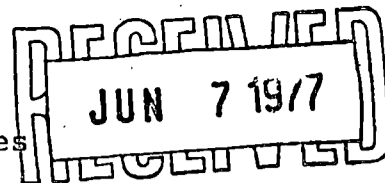
DERSON
UNGEY, P. S.
RECORDS
FLORIDA

OR 413 REC 1988

707

Application and Permit
of

THIS PERMIT EXPIRES ONE (1)
YEAR FROM DATE OF ISSUANCE Individual Sewage Disposal Facilities



Application/Permit
No. HD 77-403

MARTIN County Health Department

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)
Lot 1 Block _____ Subdivision Evinrude Estates
Date Platted 4/7/77 Directions to Job Located on Sewall's Point Rd., Jensen Beach
2. Owner or Builder Jack Meyer
P.O. Address _____ City 834 East Ocean Blvd., Stuart
Septic tank system to be installed by: _____

Scale 1" = 50'

3 bedrooms

(Rear)

3. Specifications:

900 gallon tank with
255 square feet of
drainfield with at least
4" inside diameter pipe.

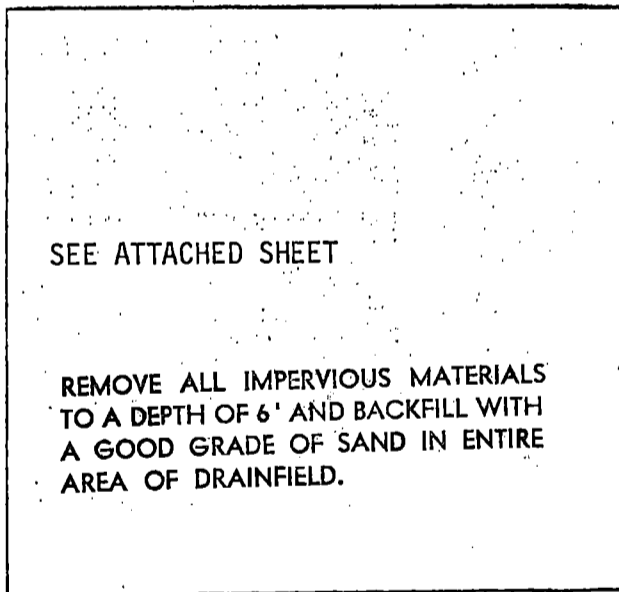
4. House to be constructed:
Check one: FHA
 VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Jack Meyer
Please Print

Signature: [Signature] Date: May 18, 1977

(Name of Street or State Road)
(Side)



(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

***** DO NOT WRITE BELOW THIS LINE *****
Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: TRENCHES ONLY
KEEP THE STUB-OUT AND SEPTIC SYSTEM HIGH.

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: Mark D. Weiso County Health Dept. MARTIN Date 5/24/77

Section IV - Final Construction Approval

Construction of installation approved: Yes No
Date: _____ By: _____
FHA No. _____ VA No. _____

707

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DIVISION OF HEALTH

APPROVED
JUN 7 1977

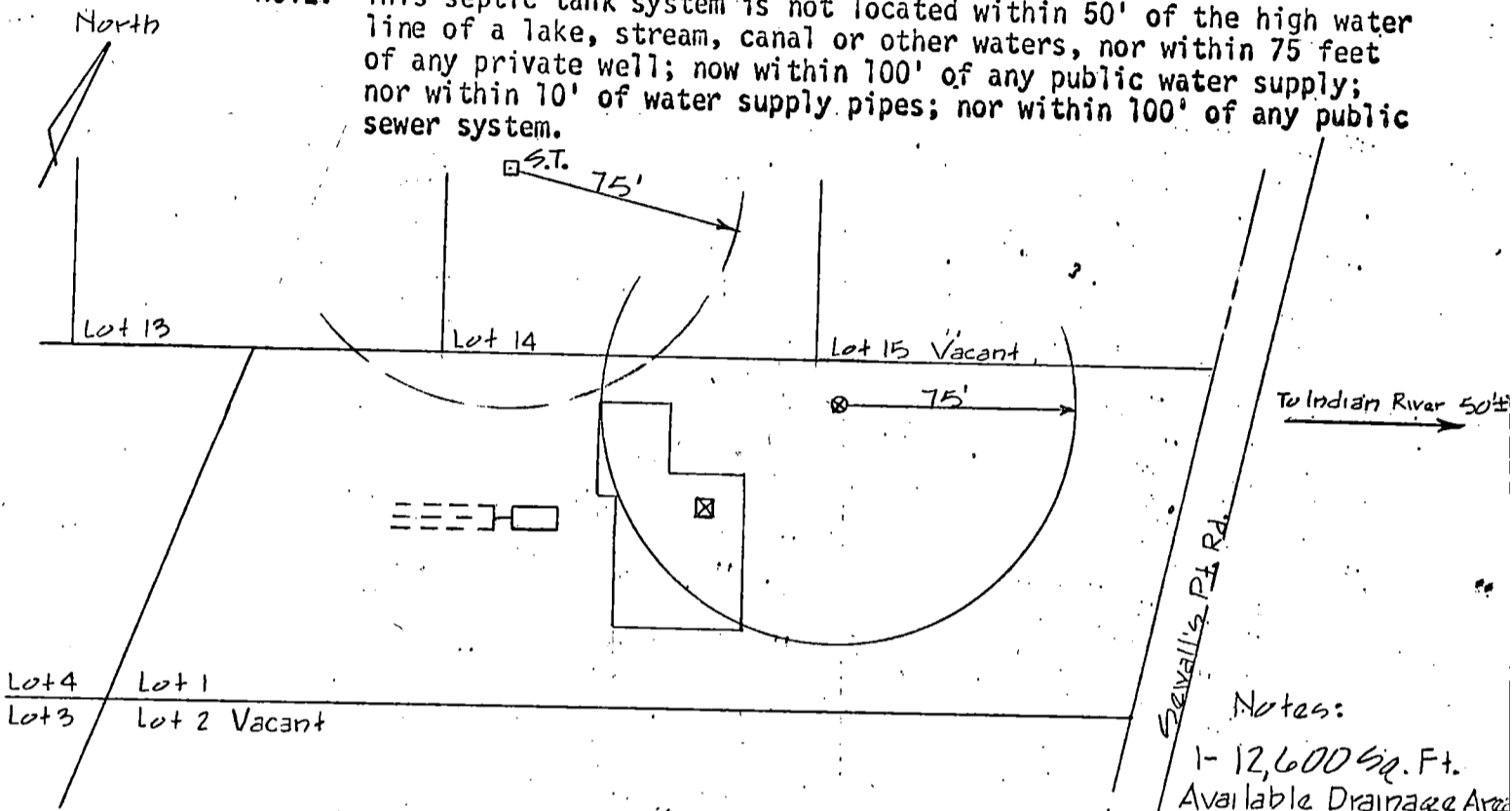
INDIVIDUAL SEWAGE DISPOSAL FACILITIES

Location: Lot 1, Evinrude Estates Applicant: Jack Meyer

Sewall's Point

County: Martin County

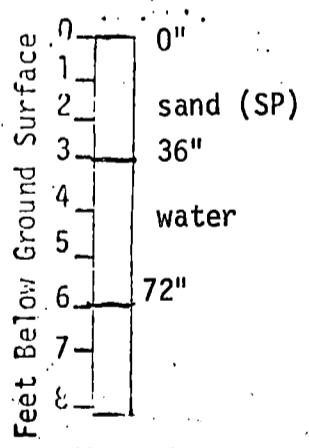
NOTE: This septic tank system is not located within 50' of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100' of any public water supply; nor within 10' of water supply pipes; nor within 100' of any public sewer system.



Notes:
1- 12,600 Sq. Ft. Available Drainage Area
2- All other Wells + Septic Tanks 75' Outside R.

PLAN SCALE 1" = 60'

SOIL DATA



Soil Boring Log

Soil Identification: CLASS I GROUP SP
Soil Characteristics sandy

Percolation Rate greater than 1"/min
Water Table Depth water at 36"
Water Table Depth During Wet Season same
Compacted Fill of _____ Req'd
Compacted Fill Checked by: _____
Date _____

LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

CERTIFIED BY [Signature]

Florida Professional No. 11218

Date: 5/18/77 Job No. 77-113

Sheet 2 of 2

#707

TOWN OF SEWALL'S POINT

RECEIVED
JUN 7 1977

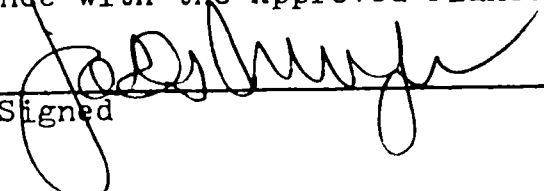
CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date February 27, 1978

This is to request that a Certificate of Approval for Occupancy be issued to S EVINRUDE.

For property built under Permit No. 707 Dated 6/9/77

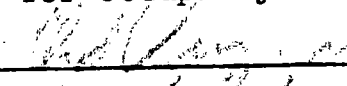
when completed in conformance with the Approved Plans.

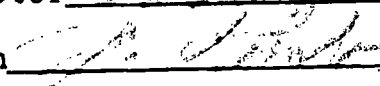

Signed _____

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	7/7/77 Slab 7/28/77	Charles Duryea
Rough plumbing	7/27/77 " 8/15/77	"
Perimeter beam	8/15/77	"
Rough electric	11/21/77	"
Close in	11/21/77	"
Final plumbing	2/27/78	"
Final electric	2/27/78	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector  2/27/78 date

Approved by Town Commission  2/27/78 date

Utilities notified Feb. 27/1978 11:10 a.m. date

Original Copy sent to Shirley Evinrude

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to _____

For property built under Permit No. 707 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	7/7/77	2/27/77
Rough plumbing		8/15/77
Perimeter beam		8/15/77
Rough electric	8/15/77	8/15/77
Close in	11/21/77	
Final plumbing		
Final electric		

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)

758

SCREEN PORCH

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

#758
Initial
707

Permit No. 707

Date 11-15-77

(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) Copy of Deed required for new home construction.

Owner S. Ennrich Present Address 3354 S. Estancia 286006

General Contractor None Address _____ Ph _____

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on S. Sewalls point rd

Subdivision Ennrich Lot No. 1 Area 3000 sqft

Building area, inside walls (excluding garage, carport, porches) Sq ft 420

Other Construction (Pools, additions, etc.) screen porch

Contract Price (excluding land, rugs, appliances, landscaping) \$ 1,500.00

Total cost of permit \$ 10.00

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

[Signature]
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.

[Signature]
Signed by Owner porch shown on #707 plan

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

TOWN RECORD

Date submitted [Signature] 11/15/77

Date approved _____

Certificate of Occupancy issued 2/27/78 Date _____

#758

899

POOL

RECEIVED
NOV 17 1978

TOWN OF
SEWALL'S POINT
FLORIDA

Permit No. 899
Date _____

APPLICATION FOR BUILDING PERMIT

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

-Owner MR & MRS JOHN BARRINGER Present Address 171 Sewalls Pt. Road South
Phone 286-2760

-General Contractor LOUDEN POOLS Address 4306 S. US #1, FT
Phone 465-2700 283-4040 FT PIERCE

Where Licensed STATE License No. CPC 010400

-Plumbing Contractor _____ License No. _____

-Electrical Contractor _____ License No. _____

Describe building or other structure, or alteration to existing structure.
15X30 pool w/ patio (screen enclosure by CLIMATROL)

Name the street on which the building, its front building line and its front yard will face.
SEWALLS PT. ROAD

Subdivision EVANRUDE ESTATES Lot No. 1 Area _____

-Building Area, inside walls (excluding garage, carport, porches, etc.)...square feet Pool 450 sq ft

-Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 7,000.00

-Total Cost of Permit \$ 35.00

-Plans approved as submitted _____ Plans approved as marked OK

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

General Contractor Robert J. Shaw
CPC 010400

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

Owner John Barringer Jr. Esq.

Note: Speculation builders will be required to sign both of the above statements

TOWN RECORD

Approved: [Signature]
Building Inspector

Date submitted 11/17/78
Date

Approved: [Signature]
Commissioner

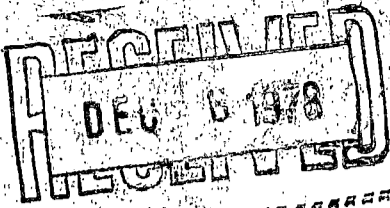
20 Nov 1978
Date

Certificate of Occupancy issued _____ Date _____

OK Patio - 12/26/78 } completed 2/5/79
OK Pool - 11/30/78 conc. P }

912

SCREEN ENCLOSURE



TOWN OF SEWALL'S POINT FLORIDA

Permit No. 912 Date 12/6/78

APPLICATION FOR BUILDING PERMIT

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

Owner John Barringer Present Address 171 Sewalls Pt. Road Phone 286-2760 General Contractor Climetrol Florida Corp Address 5295 Industrial Road Phone 727-2600 Where Licensed STATE License No. DC 001786 Plumbing Contractor License No. Electrical Contractor License No.

Describe building or other structure, or alteration to existing structure.

Pool Screen Enclosure 31x42'

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

Subdivision Furniture Est Lot No. 1 Area 1300

Building Area, inside walls (excluding garage, carport, porches, etc.)...square feet 1300

Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 2539.00

Total Cost of Permit \$

Plans approved as submitted [checked] Plans approved as marked

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

General Contractor [Signature]

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

Owner

Note: Speculation builders will be required to sign both of the above statements.

Approved: [Signature] Building Inspector Date 7/Dec/78 Approved: [Signature] Commissioner Date 7 Dec '78

Certificate of Occupancy issued work completed 1/15/79 Date

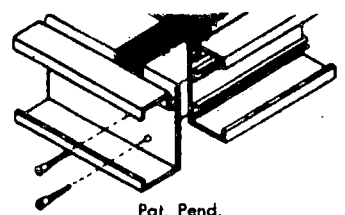
917

13-38-41-00008-0000-00001-0



CLIMATROL FLORIDA CORPORATION

529 South Industry Road
COCOA, FLORIDA 32922
Telephone: 632-0264



Pat. Pend.
Originators and Manufacturers of
Extruded Aluminum Patio, Pool,
and Screen House Enclosures.

MELBOURNE: (305) 727-2600
ORLANDO: (305) 422-2646
JACKSONVILLE: (904) 269-2201

Job No. _____

Louden
(John Barringer)

LD TO _____ PHONE 286 2760 DATE 11-16 1978
283 0662

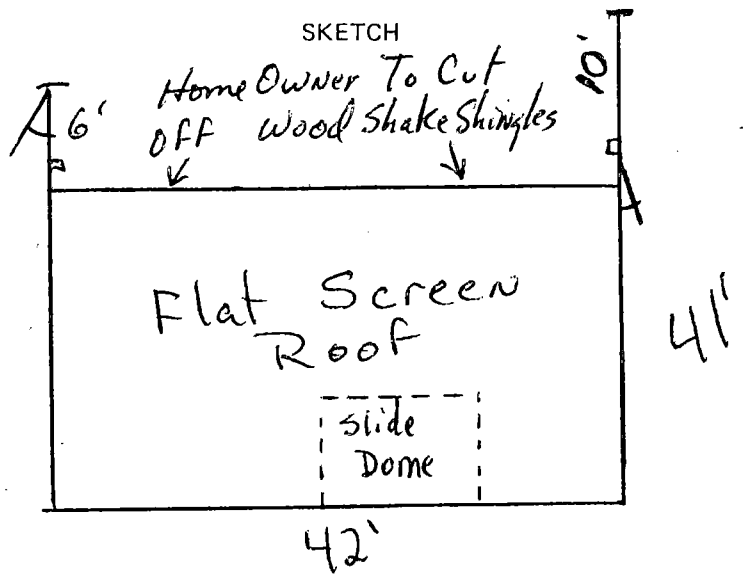
DRESS _____ CITY _____

STALLATION ADDRESS 171 Sewalls Pt. Rd CITY Sewalls Pt.

RMS & FINANCE Ba. DELIVERY DATE _____

SCREEN WALLS	COLOR:	<u>Char 18 x 14</u>
SCREEN ROOF	COLOR:	<u>Char 18 x 14</u>
LAT	GABLE	BUBBLE
LIVING DOME	<u>NO</u>	
BEAMS	<u>I-TYPE</u>	
ALUM. ROOF	<u>NO</u>	
VINYL STRIPS	<u>NO</u>	
CHAIR RAIL	16" 24" <u>36"</u>	
GLASS	<u>36"</u>	
SLICK PLATE	<u>NO SIZE</u>	
DOORS	<u>2</u>	
BUTTERS	<u>46' x 20.5</u>	
COLUMNS	<u>EXIST'</u>	
WINDOWS	TYPE	
CABLE BRACES	<u>YES</u>	
ENGINEER DRAWINGS		
PERMIT		

Fla Glass
36'



TOTAL PRICE \$ 2539⁰⁰ DEPOSIT \$ _____ BALANCE \$ _____

THIS PRICE IS BASED ON DIMENSIONS SHOWN IN THE ABOVE SKETCH

SUBDIVISION _____

MATERIAL & WORKMANSHIP GUARANTEED FOR 1 YEAR

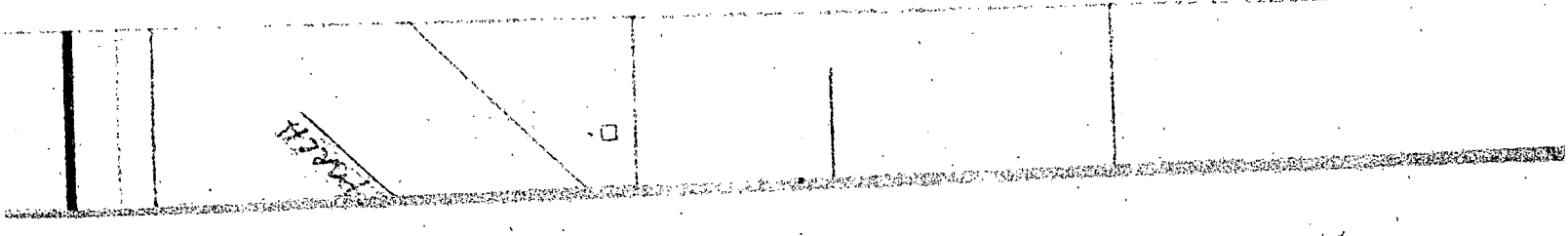
- For the total price including tax the seller agrees to fabricate, deliver and install the screen enclosure described above.
- This proposal does not become a contract until accepted and signed by an officer of the seller-company, and if not accepted, any cash payment will be returned.
- Price terms and other elements of this proposal are good for 90 days from date _____ and void thereafter at the seller's option.
- No statement, warranty, implied or expressed, representation or agreement, written or verbal, not appearing upon the face of this contract shall be binding upon the parties hereto.
- Seller expressly reserves all contractors, mechanics and material man's lien which may be asserted under any provision of law to secure payment of the contract price and may assert and fix the same as lien upon the real property on which installation is made.
- In the event payment on this contract is enforced through attorneys or by suit or in bankruptcy or probate proceedings, seller may recover and purchaser hereby agrees to pay reasonable attorney fees and costs of court.
- All sums not paid as due shall bear interest of 8% per annum and unless otherwise stated all sums become due and payable upon completion of work.
- Seller agrees to take all reasonable steps to insure the fulfillment of orders received, but our performance is subject to delays or cancellations caused by war, accident, strikes, inability to secure labor and raw materials, fires, embargoes, transportation shortages and delays, government conscription, priorities, and restraint, failure on your part to give notice of your requirements and/or proper measurements and other information and all other causes whether of the same or different class affecting the whole or any part of seller's obligation hereunder.
- Contractor or owner agrees to supply electrical power at job site.
- Climatrol Florida Corporation will retain title until full payment of obligation of indebtedness is met.

I have read the foregoing proposed contract and accept the same on the terms and conditions stated above.

PURCHASER X Sandra Hardin

CLIMATROL FLORIDA CORPORATION
By Michael J. Jovine

DATE _____



42
41
42
126

CLIMATROL FLORIDA CORPORATION

529 SOUTH INDUSTRY ROAD - COCOA, FLORIDA - 632-0264



Climatrol Florida Corporation
Salvatore Epore
State Certification No. CrC001786

To Whom it May Concern:

Please accept this letter as my authorization for the undersigned to acquire Building Permits in my behalf for Climatrol Florida Corporation.

G. BARNHART
Undersigned

For the job Located at

171 Seawis Point Road

Lot 1 Block _____

Subdivision EDINBURG EST.

Property Owner John Barninger

Sincerely,

Salvatore Epore
Salvatore Epore

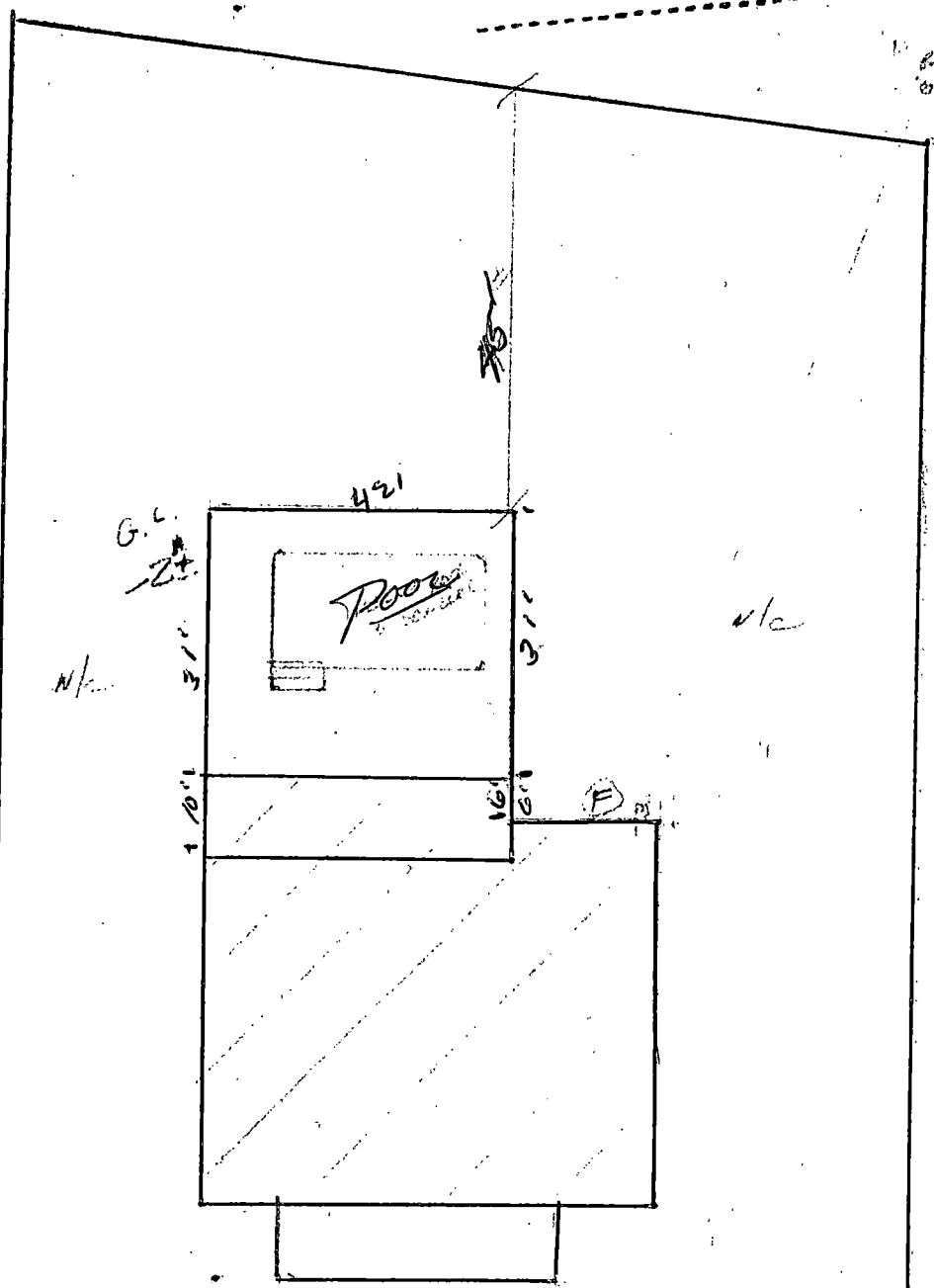
State of Florida
County of Brevard

Sworn to and subscribed before me this 20th
day of November 19 78.

(SEAL)

Grace Madison
Notary

APPROVED
DEC 6 1978
REGISTERED



10'

ENTER

APPROVED BY OWNER

Approval of these plans in NO WAY
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances and the South
Florida Building Code.

FINISHED FLOORS
MUST BE 18" ABOVE
CROWN OF ROAD.

APPROVED AS NOTED

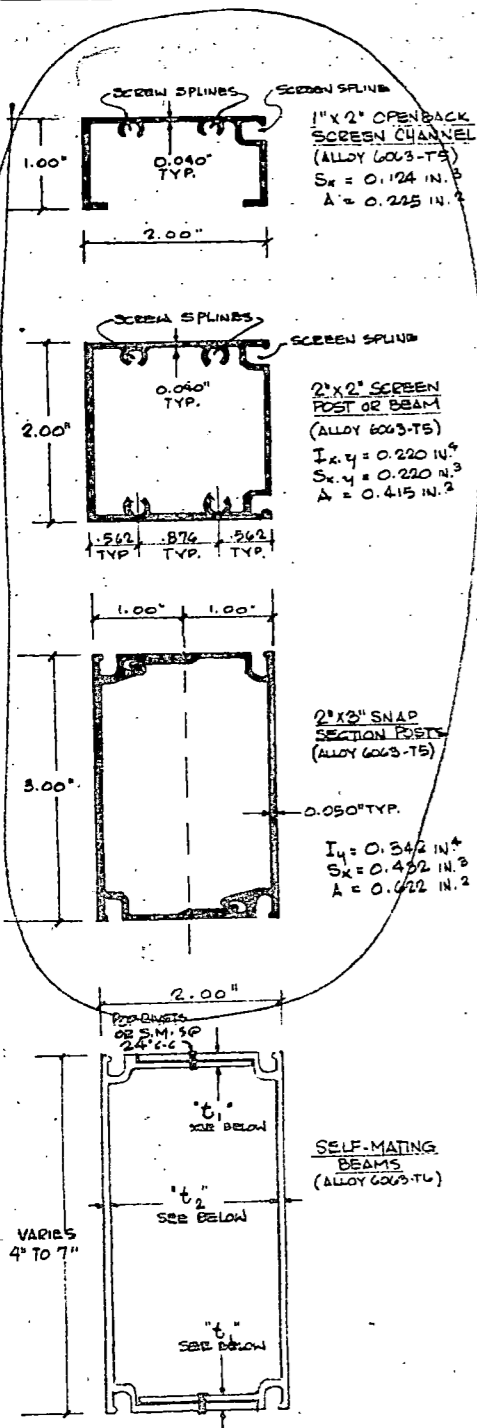
[Signature]
Building Inspector

DATE 11/29/78

SOIL TO BE TERMITE TREATED

SEWALLS PT. ROAD

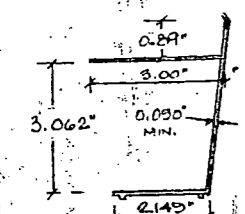
EXTRUDED POST AND BEAM SECTIONS



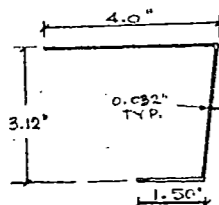
PROPERTIES OF SELF-MATING BEAMS

DEPTH	t ₁	t ₂	S _x	I _y
4"	0.115"	0.045"	1.08 in. ³	0.48 in. ⁴
6"	0.109"	0.055"	1.86 in. ³	0.75 in. ⁴
7"	0.225"	0.055"	3.69 in. ³	0.98 in. ⁴

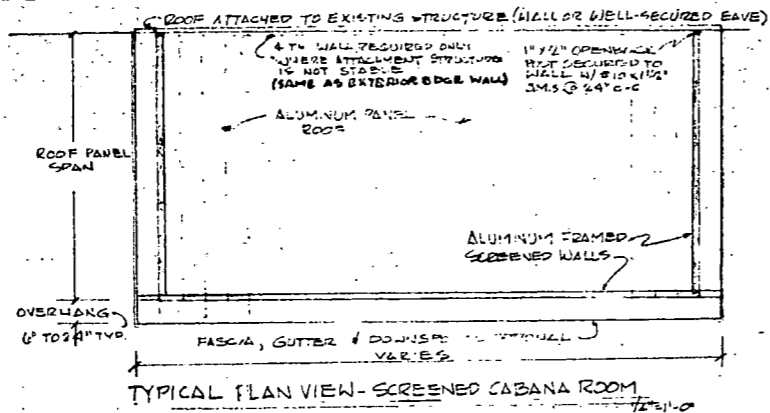
EXTRUDED WALL HEADER (ALLOY 6063-T5)



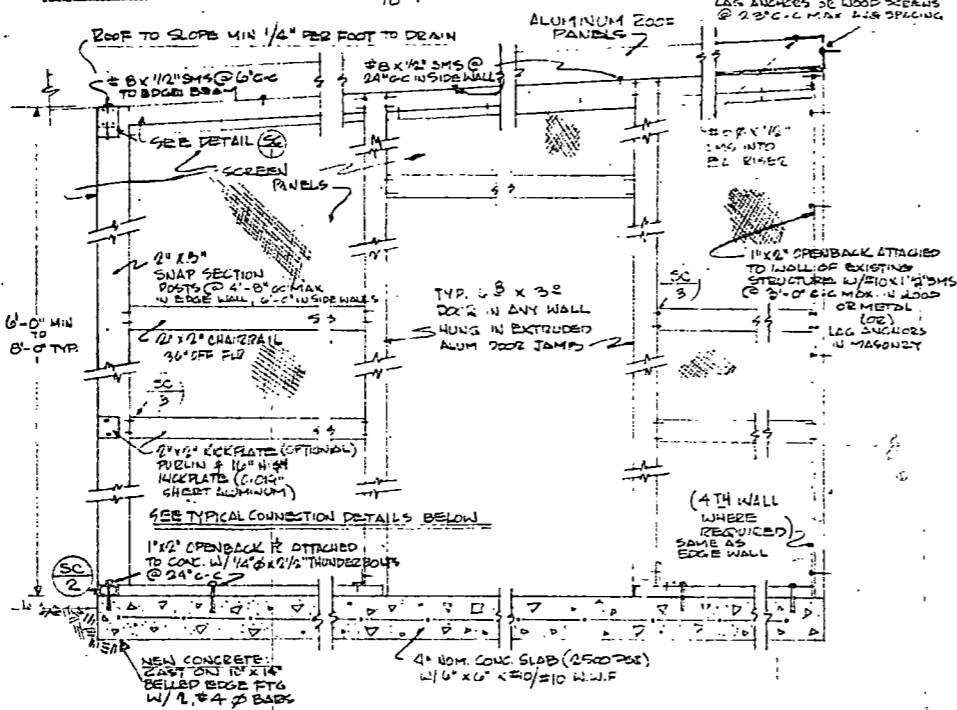
ROLL-FORMED HEADER (ALLOY 3003-H14)



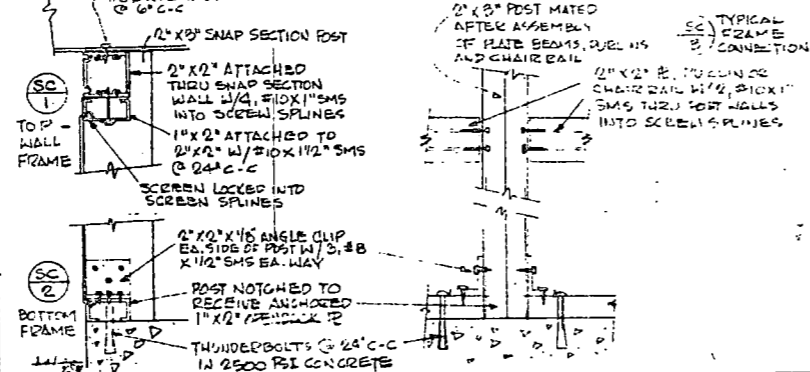
SCREENED CABANA ROOM DETAILS



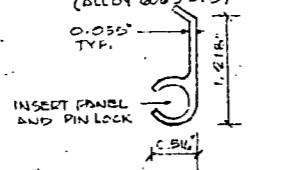
TYPICAL SECTION THRU CABANA ROOM



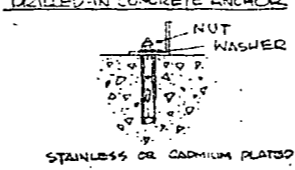
CONNECTION DETAILS



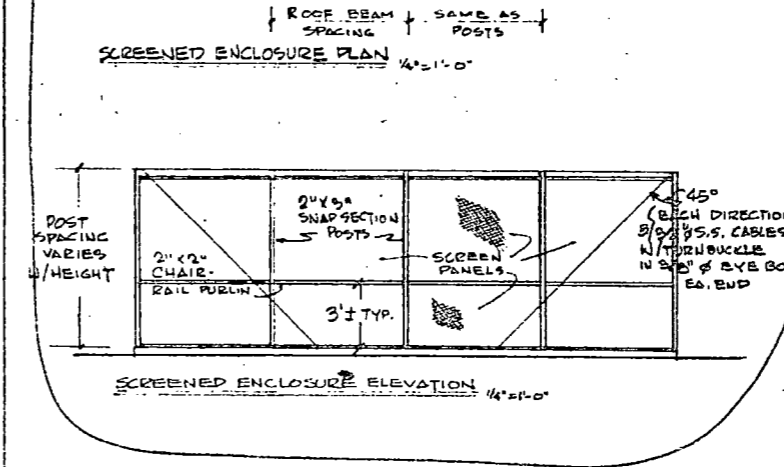
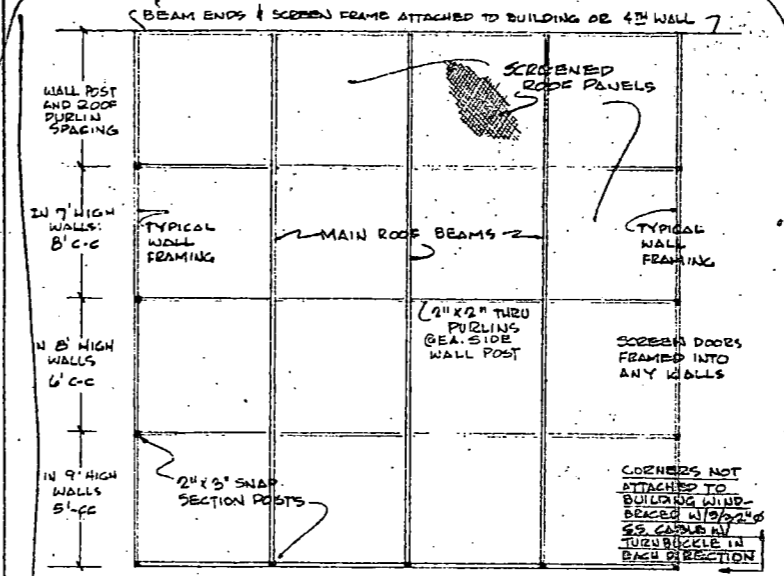
EXTRUDED AWNING RAIL (ALLOY 6063-T5)



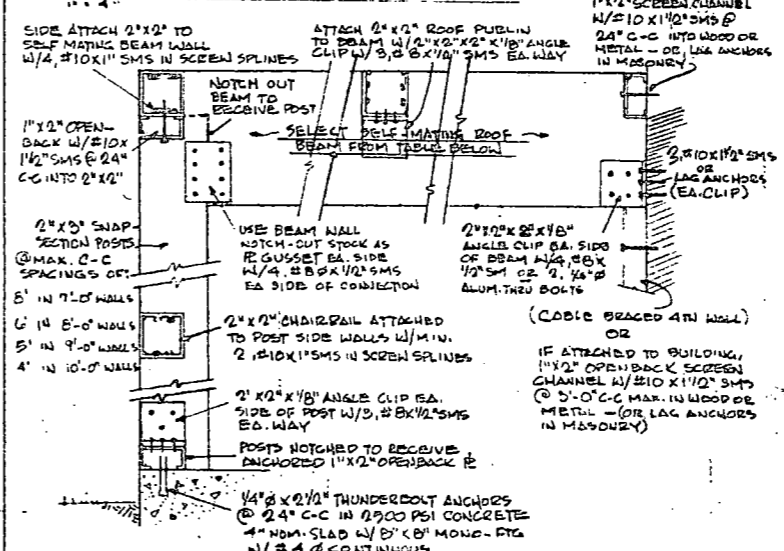
1/4\"/>



SCREEN ENCLOSURE DETAILS



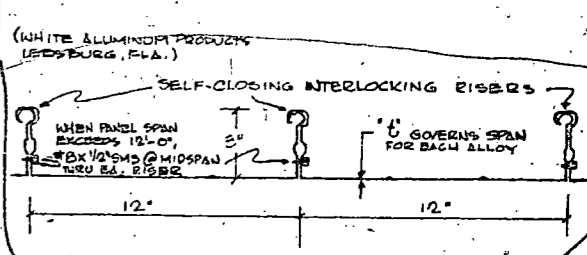
TYPICAL SCREENED ENCLOSURE SECTION DETAILS



SCREENED ROOF BEAM SPAN TABLE

BEAM SIZE	MAXIMUM CLEAR SPANS FOR BEAMS SPACED AS SHOWN, CENTER TO CENTER					
	4'-0\"/>					
2\"/>	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"
2\"/>	32'-10"	29'-6"	28'-3"	26'-0"	25'-0"	24'-4"
2\"/>	46'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"

ALUMINUM ROOF PANEL SYSTEM (ALLOY 3003-H14 OR 3003-H16)



MAXIMUM SPANS* FOR 120 MPH WIND - 20 PSF LL

ALLOY	6\"/>	
3003 H14	14'-0"	12'-0"
3003 H16	14'-9"	12'-7"

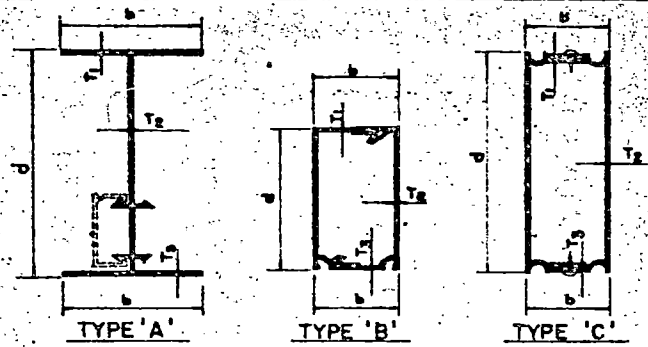
(* EXCEPT WHERE FURTHER LIMITED BY LOCAL ORDINANCE.)
SAFE LOAD-CARRYING PROPERTIES AND SPANS FOR THESE ROOF PANELS HAVE BEEN VERIFIED BY LOAD TESTS ON ROOF ASSEMBLIES CONDUCTED UNDER THE SUPERVISION OF THE UNDERSIGNED ENGINEER. DEFLECTION IS LIMITED TO 1/80 OR LESS AT 20 PSF LL IN ALL CASES.
SHEET METAL SCREWS (SMS) SHALL BE STAINLESS OR CADMIUM PLATED STEEL.
ALUMINUM BOLTS SHALL BE ALLOY 6024-T4.

ENGINEERING NOTE

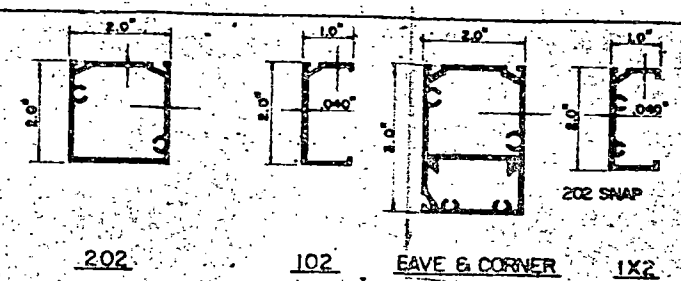
STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH SOUTHERN STANDARD BUILDING CODE 1974 AMENDMENTS.
DESIGN LOADS CONSIDERED:
DL + 20 PSF LL
120 MPH WIND VELOCITY PRESSURES
WHERE LOCAL ORDINANCES IMPOSE FURTHER LIMITATIONS OF SPANS OR PROTECTIONS, SUCH ORDINANCES SHOULD BE ADHERED TO IN APPLICATION OF THE DESIGN.

Charles D. Coline, P.E.
CHARLES D. COLINE, P.E.
FLORIDA REG. NO. 12255

HARLAN ENGINEERING LABORATORIES, INC.
P.O. BOX 5050
LAKELAND, FLORIDA 33805
MASTER PLAN FOR SCREENED CABANA ROOMS & ENCLOSURES
FOR CLIMATROL, INC.
529 SOUTH INDUSTRY ROAD
COCOA, FLORIDA 32922
DRAWN: B-75-75 REC
JOB NO: E-756-LTG
DATE: 7/17/76



BEAMS AND COLUMNS



MISCELLANEOUS COMPONENTS

BEAM AND COLUMN SCHEDULE

MARK	TYPE	SIZE			THICKNESS			MAX. BEAM SPAN SPACED E-E			REMARKS
		b	d	b'	T1	T2	T3	6'-0"	7'-0"	8'-0"	
ALL SPANS SHOWN ARE MAXIMUM OUT TO OUT.											
603	A	3.00	6.00	3.00	.094	.060	.094	26'-0"	24'-0"	22'-0"	W/2-1 X 2'S SNAPPED ON
703	A	3.00	7.00	3.00	.125	.066	.125	32'-0"	29'-9"	28'-0"	DO.
804	A	4.00	8.00	4.00	.125	.070	.125	33'-0"	33'-0"	32'-0"	DO.
1004	A	4.00	10.00	4.00	.140	.096	.140	45'-2"	43'-0"	42'-0"	DO.
302	B	2.00	3.00		.050	.050	.050	12'-0"	11'-0"	10'-0"	
202	MISC.	2.00	2.00		.040	.040	.040	8'-0"	8'-0"	7'-0"	
402	B	2.00	4.00		.060	.050	.060	14'-0"	12'-9"	12'-0"	#10 X 1/2" S.M.S. AT 24" O.C.
602	C	2.00	6.00		.070	.050	.180	26'-0"	25'-0"	23'-0"	DO.
702	C	2.00	7.00		.140	.060	.230	33'-0"	31'-0"	29'-0"	DO.

COLUMN SCHEDULE

MARK	TYPE	SIZE			THICKNESS			MAX. COLUMN HT. SPACED E-E			REMARKS
		b	d	b'	T1	T2	T3	6'-0"	7'-0"	8'-0"	
302	B	2.00	3.00			.050	.050	9'-0"	8'-6"	8'-0"	
402	C	2.00	4.00			.060	.050	18'-0"	11'-0"	10'-0"	

MISCELLANEOUS FASTENING SCHEDULE

MEMBER	DESCRIPTION	FASTENER
202	STRUT TO 102 AT BEAM	2# 10X3/4" S.M.S.
202	STRUT TO EAVE SECTION	DO.
202	CHAIR RAIL TO COLUMN	DO.
1X2	PERIMETER MEM. JOINED	DO.
1X2	PERIMETER MEM. TO COL.	DO.
1X2	PERIMETER MEM. TO CONC.	ANCHOR AT 24" C-C
1X2	PERIMETER MEM. TO WOOD	#10X2 1/2" S.M.S. 24" O.C.

DESIGN CRITERIA

WALLS:	DESIGN WIND LOAD IN & OUT	10	PS.F.
	TEST LOAD WIND IN & OUT	15	PS.F.
ROOF:	DESIGN LIVE LOAD DOWN	6	PS.F.
	DESIGN WIND LOAD UP	6	PS.F.
	TEST LOAD UP & DOWN	9	PS.F.
RECOVERY AT TEST LOAD		90% MIN.	

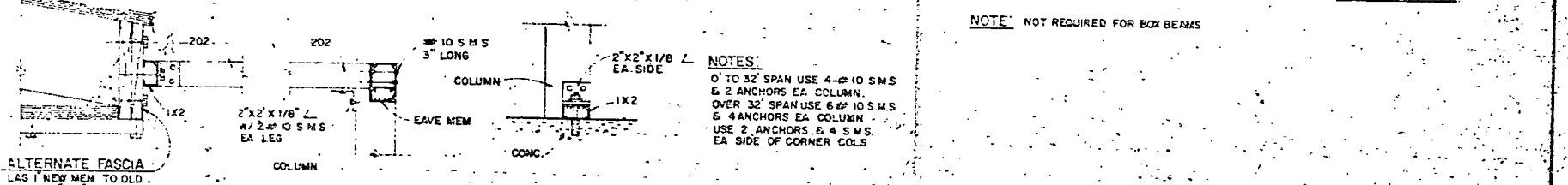
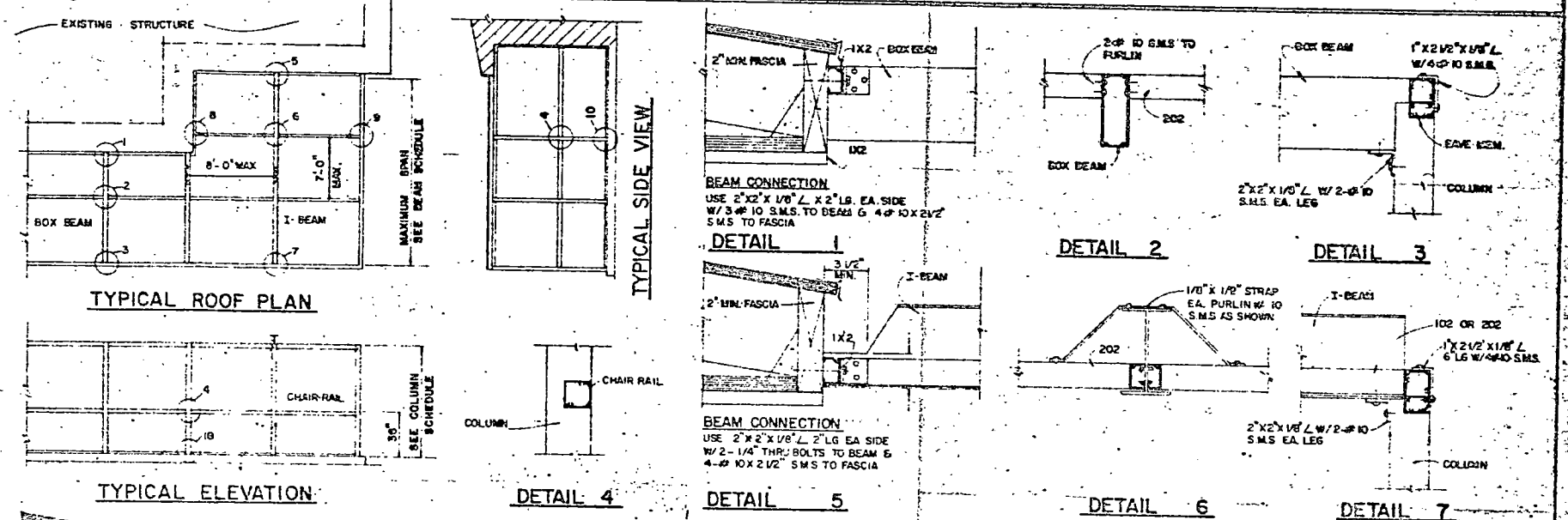
NOTES:

- 1) ROOF & SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OR GREATER OPEN. THE ADDITION OF SOLID ROOFING OR SIDING IS NOT COVERED BY THIS SHEET.
- 2) THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
- 3) 6063-T6 ALUM. ALLOY BEAMS WILL BEAR IDENTIFICATION 1-FT. FROM EACH END OF BEAM.
- 4) USE ADDITIONAL SETS OF CABLES WHERE BEAM SPANS EXCEED THOSE SHOWN IN CABLE SCHEDULE.
- 5) A TOLERANCE OF .006" ± IS ALLOWED WHERE WALL THICKNESS EXCEEDS .055".
- 6) EXPOSED FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM. EXCEPT CABLE FASTENERS MAY BE HOT-DIP GALV. STEEL.
- 7) MASONRY ANCHORS SHALL BE MADE OF NON-CORROSIVE METALIC CONST. OR OF VIRGIN P.V.C. PLASTIC.

SCREEN WALL CABLE SCHEDULE

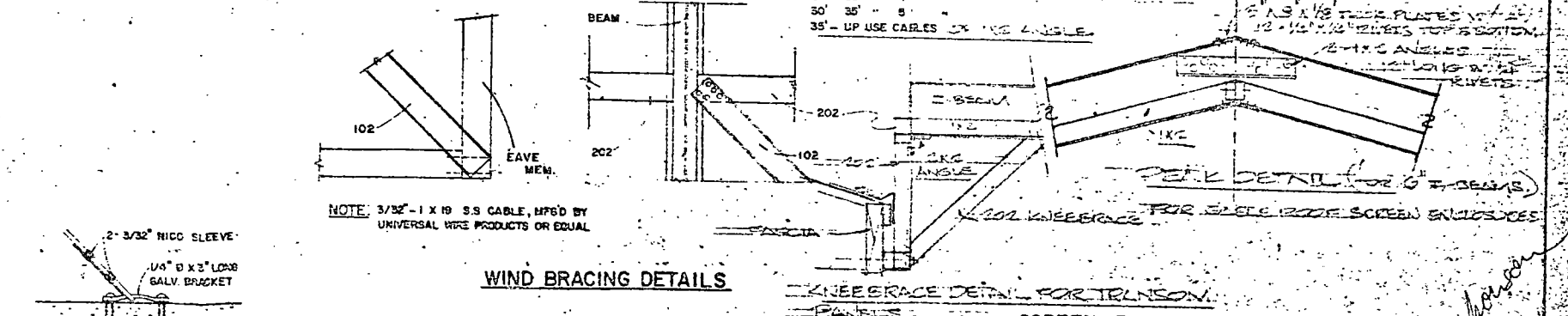
HEIGHT	SPAN	CABLES	SPAN	CABLES
8'-0"	19'-0"	1 SET (2 CABLES)	29'-0"	2 SETS (4 CABLES)
9'-0"	18'-0"	1 SET (2 CABLES)	30'-0"	2 SETS (4 CABLES)
10'-0"	17'-0"	1 SET (2 CABLES)	32'-0"	2 SETS (4 CABLES)
11'-0"	14'-0"	1 SET (2 CABLES)	28'-0"	2 SETS (4 CABLES)
12'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)

ANCHORS TO CONCRETE & MASONRY SHALL BE 1/4" X 2 1/2" THUNDERBOLTS, #10 X 2 1/2" S.M.S. IN JORDAN 1020 ANCHOR OR APPROVED EQUAL.



102 BRACING SCHEDULE

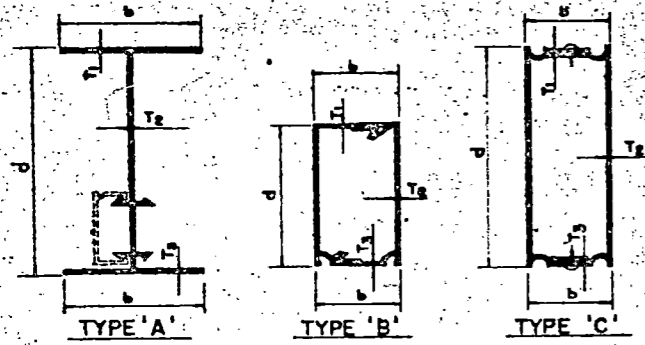
0' - 16'	USE 2# 10 S.M.S.
16' - 24'	3
24' - 30'	4
30' - 35'	5
35' - UP	USE CABLES AT 45° ANGLE.



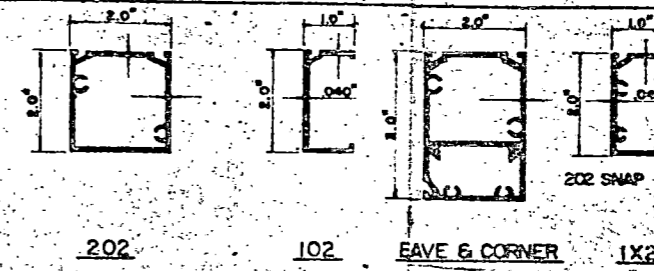
CLIMATROL FLORIDA CORP.
529 SO. INDUSTRY RD. COCOA, FLORIDA

ENGINEER: ROBERT S. MANSOUR
DATE: JAN 15 1975
REVISED: MAY 27 1975

ROOF BRACING LAYOUT (FREE STANDING & FASCIA ATTACHED ENCLOSURES)



BEAMS AND COLUMNS



MISCELLANEOUS COMPONENTS

BEAM AND COLUMN SCHEDULE											
MARK	TYPE	SIZE			THICKNESS			MAX. BEAM SPAN SPACED			REMARKS
		b	d	b'	T ₁	T ₂	T ₃	6'-0"	7'-0"	8'-0"	
ALL SPANS SHOWN ARE MAXIMUM OUT TO OUT.											
603	A	3.00	6.00	3.00	.094	.060	.094	26'-0"	24'-0"	22'-0"	W/2-1X2'S SNAPPED ON
703	A	3.00	7.00	3.00	.125	.066	.125	32'-0"	29'-0"	28'-0"	DO.
804	A	4.00	8.00	4.00	.125	.070	.125	35'-0"	33'-0"	32'-0"	DO.
1004	A	4.00	10.00	4.00	.140	.096	.140	45'-2"	42'-0"	42'-0"	DO.
302	B	2.00	3.00		.050	.050	.050	12'-0"	11'-0"	10'-0"	
202	MISC.	2.00	2.00		.040	.040	.040	8'-0"	8'-0"	7'-0"	
402	B	2.00	4.00		.060	.050	.050	14'-0"	12'-9"	12'-0"	#10X1/2" S.M.S. AT 24" O.C.
602	C	2.00	6.00		.040	.050	.150	21'-0"	25'-0"	23'-0"	DO.
702	C	2.00	7.00		.140	.060	.120	33'-0"	31'-0"	29'-0"	DO.

COLUMN SCHEDULE											
MARK	TYPE	SIZE			THICKNESS			MAX. COLUMN HT. SPACED			REMARKS
		b	d	b'	T ₁	T ₂	T ₃	6'-0"	7'-0"	8'-0"	
302	B	2.00	3.00		.050	.050		9'-0"	8'-0"	8'-0"	
402	C	2.00	4.00		.060	.050	.120	18'-0"	11'-0"	10'-0"	

MISCELLANEOUS FASTENING SCHEDULE		
MEMBER	DESCRIPTION	FASTENER
202	STRUT TO 102 AT BEAM	2# 10X3/4" S.M.S.
202	STRUT TO EAVE SECTION	DO.
202	CHAIR RAIL TO COLUMN	DO.
1X2	PERIMETER MEM. JOINED	DO.
1X2	PERIMETER MEM. TO COL.	DO.
1X2	PERIMETER MEM. TO CONC.	ANCHOR AT 24" C-C
1X2	PERIMETER MEM. TO WOOD	#10X2 1/2" S.M.S. 24" CC

DESIGN CRITERIA:

WALLS: DESIGN WIND LOAD IN & OUT 10 PS.F.
 TEST LOAD WIND IN & OUT 15 PS.F.

ROOF: DESIGN LIVE LOAD DOWN 10 PS.F.
 DESIGN WIND LOAD UP 10 PS.F.
 TEST LOAD UP & DOWN 9 PS.F.

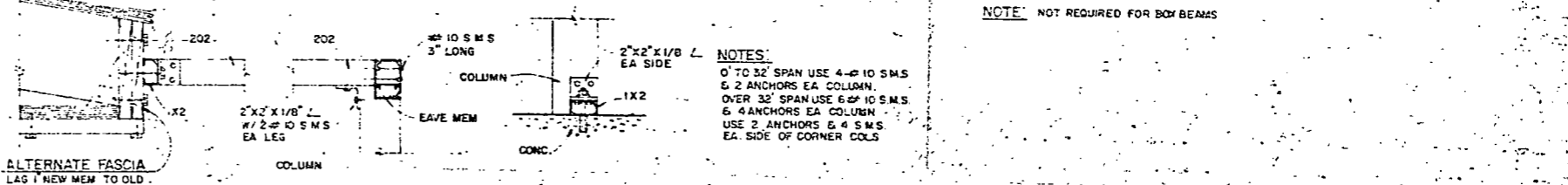
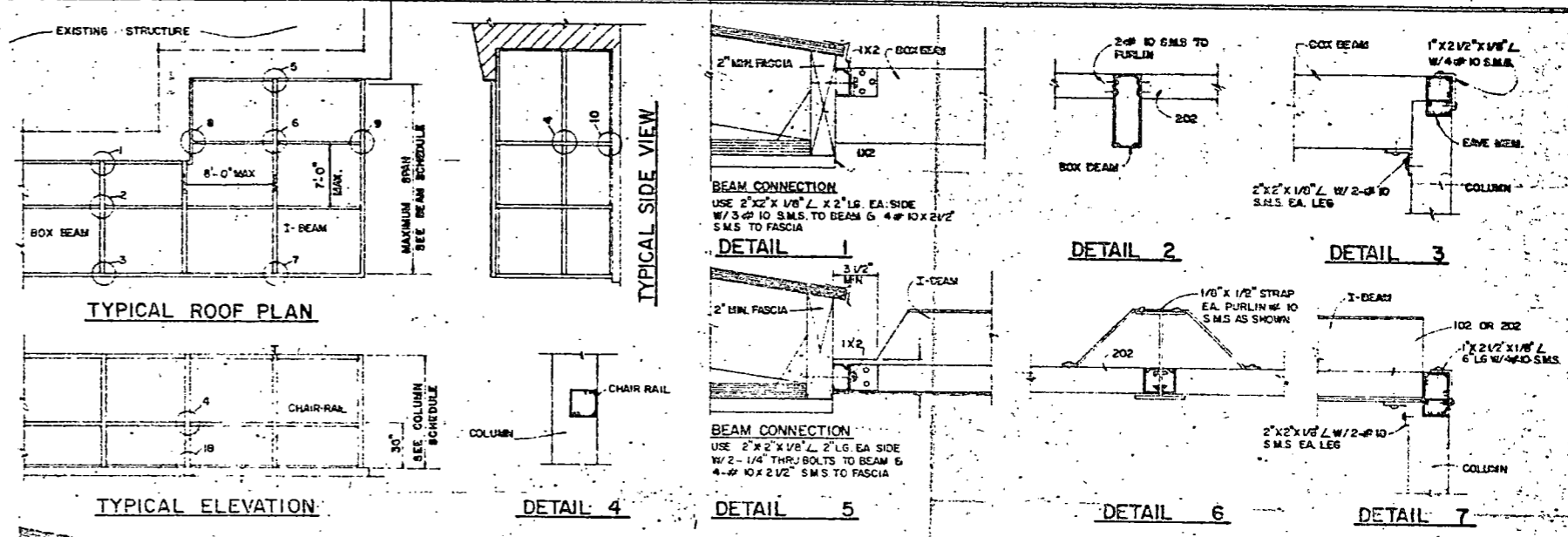
RECOVERY AT TEST LOAD 90% MIN.

NOTES:

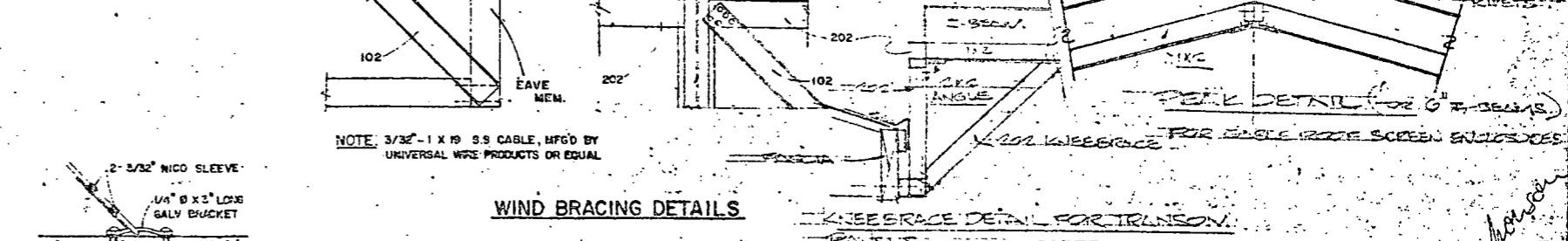
- 1) ROOF & SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OR GREATER OPEN. THE ADDITION OF SOLID ROOFING OR SIDING IS NOT COVERED BY THIS SHEET.
- 2) THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
- 3) 6063-T6 ALUM. ALLOY BEAMS WILL BEAR IDENTIFICATION 1-FT. FROM EACH END OF BEAM.
- 4) USE ADDITIONAL SETS OF CABLES WHERE BEAM SPANS EXCEED THOSE SHOWN IN CABLE SCHEDULE.
- 5) A TOLERANCE OF .006" IS ALLOWED WHERE WALL THICKNESS EXCEEDS .055"
- 6) EXPOSED FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM. EXCEPT CABLE FASTENERS MAY BE HOT-DIP GALV. STEEL.
- 7) MASONRY ANCHORS SHALL BE MADE OF NON-CORROSIVE METALIC CONST. OR OF VIRGIN P.V.C. PLASTIC.

SCREEN WALL CABLE SCHEDULE				
HEIGHT	SPAN	CABLES	SPAN	CABLES
6'-0"	19'-0"	1 SET (2 CABLES)	39'-0"	2 SETS (4 CABLES)
9'-0"	18'-0"	1 SET (2 CABLES)	30'-0"	2 SETS (4 CABLES)
10'-0"	16'-0"	1 SET (2 CABLES)	32'-0"	2 SETS (4 CABLES)
11'-0"	14'-0"	1 SET (2 CABLES)	28'-0"	2 SETS (4 CABLES)
12'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)

ANCHORS TO CONCRETE & MASONRY SHALL BE 1/4"X2 1/2" THUNDERBOLTS, #10 X 2 1/2" S.M.S. IN JORDAN 1020 ANCHOR OR APPROVED EQUAL.



102 BRACING SCHEDULE		
SPAN	BRACING	NOTES
0' - 16'	USE 2# 10 S.M.S.	
16' - 24'	3	
24' - 30'	4	
30' - 35'	5	
35' - UP	USE CABLES AT 45 DEGREE	



SCREEN ENCLOSURE DETAIL SHEET	
CLIMATROL FLORIDA CORP	
529 SO. INDUSTRY RD. COCOA, FLORIDA	
ENGINEER: ROBERT S. MANSOUR	JOB NUMBER
DATE: JAN. 15, 1975	
REVISED: MAY 27, 1975	

4623

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/4/99

BUILDING PERMIT NO. 4623

Building to be erected for JOHN JUSTAK

Type of Permit RE-ROOF; MTL.

Applied for by A & W CONST., ROOF DIV.

(Contractor) Building Fee N/A

Subdivision _____ Lot _____ Block _____

Radon Fee N/A

Address 171 S. SEWALL'S POINT ROAD

Impact Fee N/A

Type of structure S.F.R.

A/C Fee N/A

Parcel Control Number: _____

bel of permit applied to permit # 4635

Electrical Fee N/A \$/B

Plumbing Fee N/A 120.00

Roofing Fee 240.00

Amount Paid \$ 240.00 Check # 1786 Cash _____ Other Fees (_____)

Total Construction Cost \$ 9,975.00 TOTAL Fees \$ 240.00

Signed Kyleh Admerick
Applicant

Signed [Signature] 120.00
Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE 6/29/99

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction **Remodel** **Addition** **Demolition**

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

Bldg. Pmt# 4623

Town of Sewall's Point

Date _____ 6/4/99
PERMIT NO. 4623

BUILDING PERMIT APPLICATION

Owner's Name: JOHN JUSTAK Phone No. 561 283-0253
Owner's Present Address: 171 S. SEWALLS POINT RD., SEWALLS PT., FL. 34996
Fee Simple Titleholder's Name & Address if other than owner: _____

Location of Job Site: _____
TYPE OF WORK TO BE DONE: RE-ROOF
CONTRACTOR INFORMATION
Contractor/Company Name: ALW CONST. ROOF. DIV Phone No. 561 283-8100
COMPLETE MAILING ADDRESS: 3301 SE. SLATER ST., STUART, FL. 34997
State Registration _____ State License CC 057686
Legal Description of Property EVINAUDE - LOT 1
Parcel Number 13384100800000010700

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer _____ Phone No. _____
Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or improvement 9975
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

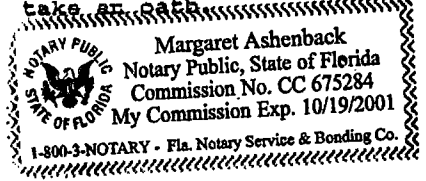
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 6 day of MAY, 1999 by John Justak who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE Kristopher Ashenback
Sworn to and subscribed before me this 6 day of MAY, 1999 by Kristopher Ashenback who is personally known to me or has produced _____ and who did (did not) take an oath.

Margaret Ashenback
Margaret Ashenback



TREE REMOVAL (Attach sealed survey)
No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
 4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
 1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturer's data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

Notice of Commencement

(PREPARE IN DUPLICATE)

To whom it may concern:

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal Description of property (include Street Address, if available)

171 S. Sewalls Point Rd.

13384100800000010700

General description of improvements

Re-Roof

Owner

John Justak

Address

171 S. Sewalls Point Rd.,

Owner's interest in site of the improvement

Fee Simple Title holder (if other than owner)

Name

Address

Contractor

A & W Const. - Roofing Division

Address

3301 Se. Slater St. Stuart, FL 34997

Surety (if any)

Address

Amount of bond \$

Any person making a loan for the construction of the improvements:

Name

Address

Person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name

Address

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (h), Florida Statutes. (Fill in at Owner's option).

Name

Address

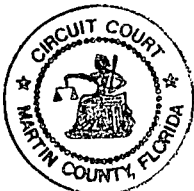
THIS SPACE FOR RECORDER'S USE ONLY

STATE OF FLORIDA
MARTIN COUNTY

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

BY Margaret Ashenback D.C.
DATE 6.4.99

DATE



John Justak
Owner

Sworn to and subscribed before me this

6 day of May 1999

Margaret Ashenback
Notary Public, State of Florida
Commission No. CC 675284
My Commission Exp. 10/19/2001
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

Attn: Cameron

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1408
MIAMI, FLORIDA 33130-1283
(305) 375-2901
FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902
FAX (305) 372-8339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32226

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

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

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

ACCEPTANCE NO.: 98-0429.09 Renews & Revises: 97-0404.05
EXPIRES: 06/23/01

[Signature]
Paul Rodriguez
Product Control Supervisor

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

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

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

APPROVED: 06/23/98

1





1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 HILLCREST CT	ROOF SHEATHING	OK	
4286	21 N. RIVER	ROOF + STAIR	FINAL	OK
4281	21 N. RIVER	ROOF SHEATHING	FINAL	
4516	6 ISLAND RD	ROOF SHEATHING	PARTIAL OK	
4628	171 S.S. PT. RD	SHEATHING	OK	
4621	51 N. RIVER RD	SLAB	OK	
4579	76 S.S. PT. RD	ALL TRADES	OK	
4626	14 S.S. PT. RD	FINAL SOFFIT-	OK	

OTHER: _____

INSPECTOR: _____

DATE: 6/16/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4623	171 S.S. Pt. RD	METAL ROOF	OK	TIN TAGS
	66 S.S. Pt. RD	FINAL ROOF	OK	
4579	76 S.S. Pt. RD	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4587	104 ABBIE CT	G.R. ROUGH	OK	
4573	19 ABBIE CT	ROOF DRY IN	OK	
4573	19 ABBIE CT.	PATIO SLAB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8 ST. LUCIE CT	STEM WALL		6/22 (PER K.W) DID NOT INSPECT COULD NOT FIND ANY FORMED WORK.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4609	Hi. POINT	DEAD MAN	OK	
4610	Hi. POINT	DEAD MAN	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4618	118 N.S. Pt RD	WEATHING	OK	RIE-ROOF
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 6-18-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4618	118 N.S. PT RD	ROOF FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4623	171 S.S. PT RD	ROOF FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	16 S.S. PT RD	ROOF NAILING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	McKINNIE	FINAL	NO	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____

DATE: 6-29-98

5276

SCREEN PORCH

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/22/01

BUILDING PERMIT NO. 5276

Building to be erected for JOHN JUSTAK

Type of Permit BALCONY - ADDN.

Applied for by WILSON BLDG'S., INC.

(Contractor) Building Fee \$48.00

Subdivision EVIORUCK Lot 1 Block _____

Radon Fee _____

Address 171 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

13-38-41-008-000-00010-70000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$52.80 Check # 13572 Cash _____

Other Fees (PLA0 REVIEW) 4.80

Total Construction Cost \$ 5,000.00

Roofing Fee _____
TOTAL Fees \$52.80

Signed [Signature]

Applicant

Signed [Signature]
Town Building Inspector OFFICER

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>2/1/01</u> <u>7/30/01</u>

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Owner or Titleholder's Name John. Justak 133841-008-000-00010-70000 Phone No. () 288-4689
Street: 171 S. SEWARS PT Rd City STUART State: FL Zip 34991

Legal Description of Property: LOT 1 Evinrude's Subdiv **RECEIVED**
Martin Co. Parcel Number: _____ FEB 14 2001
Location of Job Site: 171 S. SEWARS PT Rd STUART FL

TYPE OF WORK TO BE DONE: second floor porch
CONTRACTOR/Company Name: WILSON BUILDERS INC Phone No. () 288-2000
Street: 813 Krueger Key City STUART State: FL Zip 34991
State Registration: CGC 018396 State License: CGC 018396

ARCHITECT: ROBERT BRITT Phone No. () 287-9401
Street: EAST OCEAN Blvd City STUART State: FL Zip 34991

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

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

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

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 5,000 -
Estimated Fair Market Value (FMV) prior to improvement: \$ 275,000 -
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: Shoreline Electric State: FL License # ER0013592
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
John Justak
Owner
State of Florida, County of: Martin On this the 13th day of February, 2000, by John Justak who is personally known to me or produced _____ as identification.
Nancy K. Wilson
Notary Public

CONTRACTOR SIGNATURE (Required)
F.X. Wilson
Contractor
State of Florida, County of: Martin On this the 14th day of Feb., 2001, by F.X. Wilson who is personally known to me or produced _____ as identification.
Nancy K. Wilson
Notary Public

My Commission Expires _____
OFFICIAL NOTARY SEAL
NANCY K WILSON
MARTIN COUNTY FLORIDA
(Seal)

My Commission Expires _____
Notary Public
Joan H. Barrow
683648 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE CO
(Seal)

Number of trees to be removed: N/A Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE
 - a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).
 - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
 - a. Floor Plan
 - b. Foundation Details
 - c. Elevation Views - Elevation Certificate due after slab inspection,
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/1/00

PRODUCER
Kearns Agency of Florida, Inc.
P O Box 1849
Jensen Beach, Fl. 34958

FILE

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

INSURERS AFFORDING COVERAGE

INSURED
Wilson Builders, Inc.
813 Krueger Pkwy.
Stuart, Fl. 34996

INSURER A: Auto Owners Insurance Co.
INSURER B:
INSURER C:
INSURER D: ZCIC
INSURER E:

RECEIVED
NOV - 6 2000
BY: *[Signature]*

COPIE FILE
[Handwritten initials]

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20520469	7/05/00	7/05/01	EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95 434 944 00	7/05/00	7/05/01	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 25,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	19733481099	3/01/00	3/01/01	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
	OTHER				

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

CERTIFICATE HOLDER
Sewalls Point Building Dept.
1 South Sewalls Point Rd.
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 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]
LAWRENCE E KEARNS

AV 5986967

DATE

BATCH NUMBER LICENSE NO

No. 5986967
Holder: WILSON BUILDERS INC
Expiration date: AUG 31 2002

WILSON, FRANCIS XAVIER
WILSON BUILDERS INC
013 KRUEGER PKWY
STUART

JEB BUSH
GOVERNOR

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

FILE
he/ma

RECEIVED
BY: [Signature]

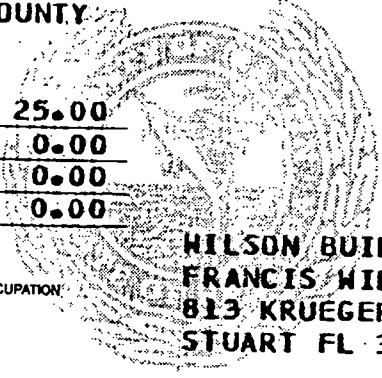
COMPUTER MEDIA - (800) 724-2424 "Conserve" Recycle

MARTIN COUNTY ORIGINAL
2000 COUNTY OCCUPATIONAL LICENSE 2001
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 1983 512 810 CERT CGC018396
PHONE 561 288 2000 SIC NO 1521
LOCATION:
2205 S COVE RD

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



HILSON BUILDERS
FRANCIS WILSON
813 KRUEGER PKWY
STUART FL 34996

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 20
AND ENDING SEPTEMBER 30. 2001 12 92102 4118 PAID

RECEIVED
BY: *[Signature]*

FILE *[Signature]*

MCBCCC FILE

RECEIVED
PAGE 01
FEB 21 2001
00010 (2/12)

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-008-000-00010

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin appl. pend.

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

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

Lot 1 Evinrude Subdivision, Martin County

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: John Justak

ADDRESS: 1111 S. Small's Rd. Stuart FL - 34996

PHONE #: 286-4689

FAX #: 283-0255

CONTRACTOR: Wilson Builders Inc

ADDRESS: 813 Krueger Pkwy, Stuart FL - 34996

PHONE #: 288-2000

FAX #: 288-2369

SURETY COMPANY (IF ANY): N/A

ADDRESS: _____

PHONE #: _____

FAX #: _____

BOND AMOUNT: _____

LENDER: N/A

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 Wilson Builders Inc OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE #: 288-2000 FAX #: 288-2369

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

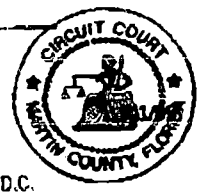
SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF February 2001

BY John Justak

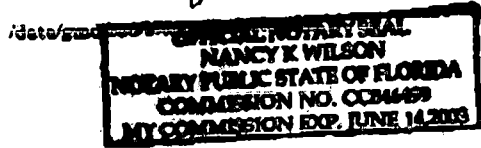
PERSONALLY KNOWN
PRODUCED IN FLORIDA
BY _____
TYPED IN COUNTY _____

[Signature]
NOTARY SIGNATURE

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



BY [Signature] D.C.
DATE 2/21/01



TOWN OF SEASIDE

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 25, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5294	LEHMAN	SLAB	Passed	
S (8)	6 RIDGELAND DR. GRIBBEN			INSPECTOR: [Signature] 4/25/01
✓ 5161	BRENNAN	DRYWALL	Passed	
S (10)	111 HENRY SEWALL ADDISON DRYWALL GC - GLEN HUTCHINS			INSPECTOR: [Signature] 4/25/01
✓ 5185	JONES	STEEL	Passed	Late as possible
S (11)	14 HERONS NEST O/B	(COL.)		INSPECTOR: [Signature] 4/25/01
✓ 5276	JUSTAK	FRAMING	Passed	AFTER 11:00
S (9)	WILSON'S SPR WILSON (NANCY 288-2000)			INSPECTOR: [Signature] 4/25/01
5300	BERCAW	FORM & STEEL	X	CANCEL BY CONTR. 4/24/01 2:23 PM
X	4 RIVERCREST CT. HARBOR BAY POOLS - 878-8806			INSPECTOR:
✓ 5229	SEELY	PLUMBING	Passed	
N (12)	37 NE LOFTING HARBOR BAY POOLS	(POOL)		INSPECTOR: [Signature] 4/25/01
✓ 5228	FREDRICKS	RET. WALL -	PASSED	ALL EXCESS FILL HAS BEEN REMOVED FROM SITE.
S (7)	32 S. SPR HARBOR BAY MARINE	FINAL		INSPECTOR: [Signature]

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri July 30, 2001; Page 2 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	Danielson	Field verif.	Passed	all marked
③	161 S. River Rd. Gardens b. Doris			INSPECTOR: <u>[Signature]</u> 7/30
✓ 5276	Justak	Parti addit.	Passed	will submit door/w
①	171 S. Sewall's Pt Rd. Wilson	Final		spcs. INSPECTOR: <u>[Signature]</u> 7/3
✓ Sol?	Dennis	BI (partial)	not ready	(AC + GFI?)
②	16 Ridgeland Dr. PL Direct	for wood floors	will call re inspector	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: _____

6295

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/12/03

BUILDING PERMIT NO. 6295

Building to be erected for JUSTAK

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision EVINEUDE Lot 1 Block _____

Radon Fee _____

Address 171 S. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
1338410080000001070000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # _____ Cash

Other Fees (_____) _____

Total Construction Cost \$ 1,020.00

TOTAL Fees 35.00

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
- GARAGE DOOR

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: JOHN JUSTAK Phone (Day) 286-4689 / 283 0253 (Fax) 283 0255

Job Site Address: 171 S. SEWALL'S POINT RD. City: STUART State: FL Zip: 34996

Legal Description of Property: EVENRUDE ESTATES Parcel Number: _____

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

Description of Work To Be Done: REPLACE EXISTING GARAGE DOOR

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$1,020.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

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

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

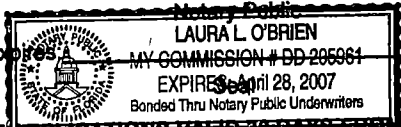
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]
State of Florida, County of: MARTIN
This the 11TH day of JUNE, 2003
by JOHN FRANCIS JUSTAK who is personally known to me or produced FLA J232-466-61325-0 as identification. [Signature]

CONTRACTOR SIGNATURE (required) _____
On State of Florida, County of: _____
This the _____ day of _____, 2003
by _____ who is personally known to me or produced _____ as identification. _____

My Commission Expires _____


Notary Public
My Commission Expires: _____
Seal

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: John J. Stak Date: 6-12-03

Signature: [Handwritten Signature]

Address: 171 S. Sewalls Pt. Rd.

City & State: STUART, FL

Permit No. _____

This form is for all permits except electrical.



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)

Amarr Garage Doors.
5931 Grassy Creek Blvd.
Winston-Salem, N.C. 27105

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' Wide.

APPROVAL DOCUMENT: Drawing No. SFC-590-009, titled "Model 950 Heritage Short Panel and Flush Panel", dated 07/25/01 sheets 1 of 1, prepared by Amarr Garage Doors, signed and sealed by t. L. Shelmerdine, P.E., 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.

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 on a town of Shell's Point Building Official.

This NOA revises NOA # 00-06 4.06, copies of this page given as approval document mentioned above.

The submitted documentation was

TOWN OF SHELL'S POINT
PRODUCT CONTROL DIVISION
REVIEWED FOR CODE COMPLIANCE

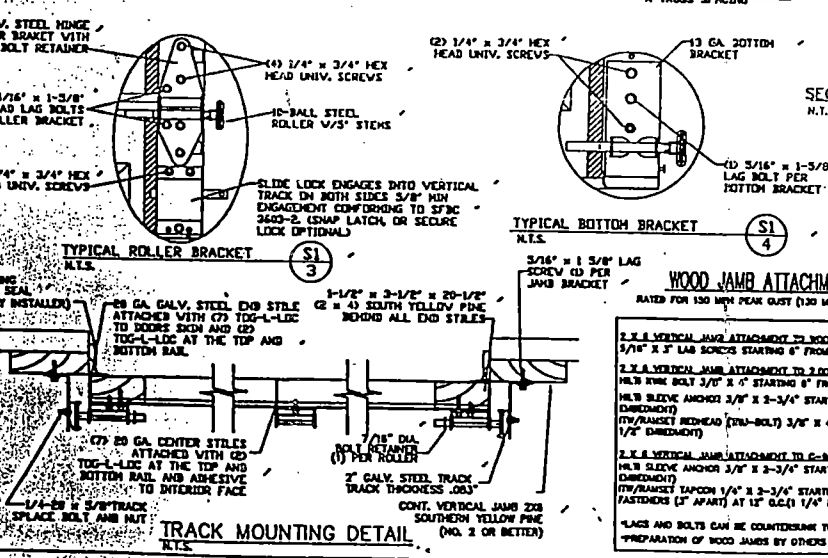
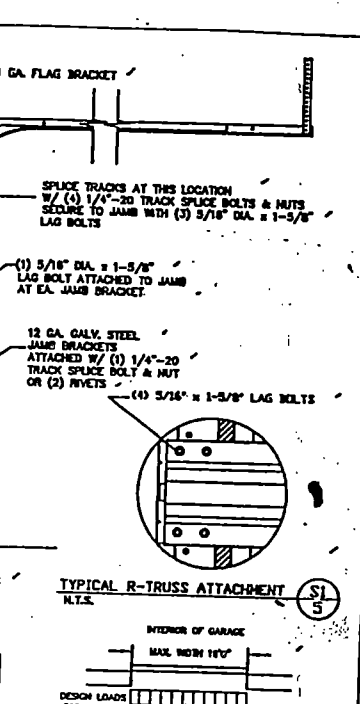
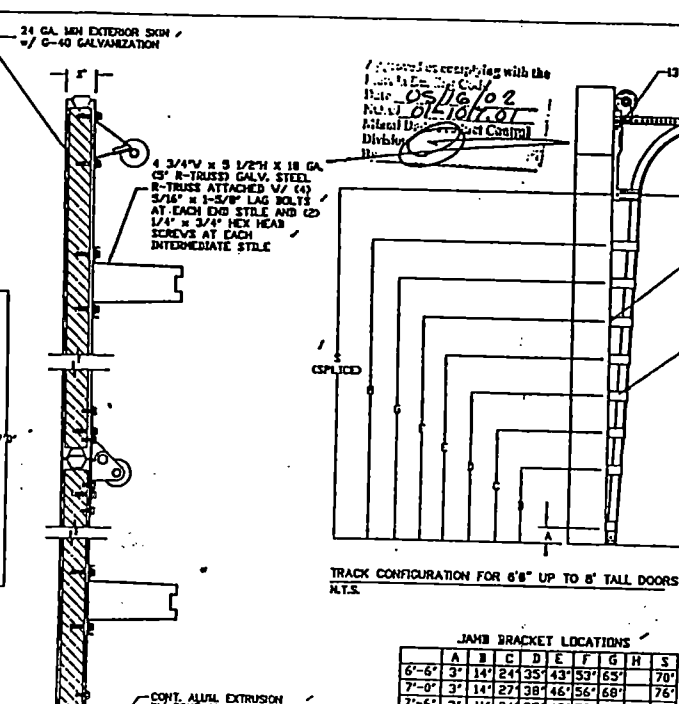
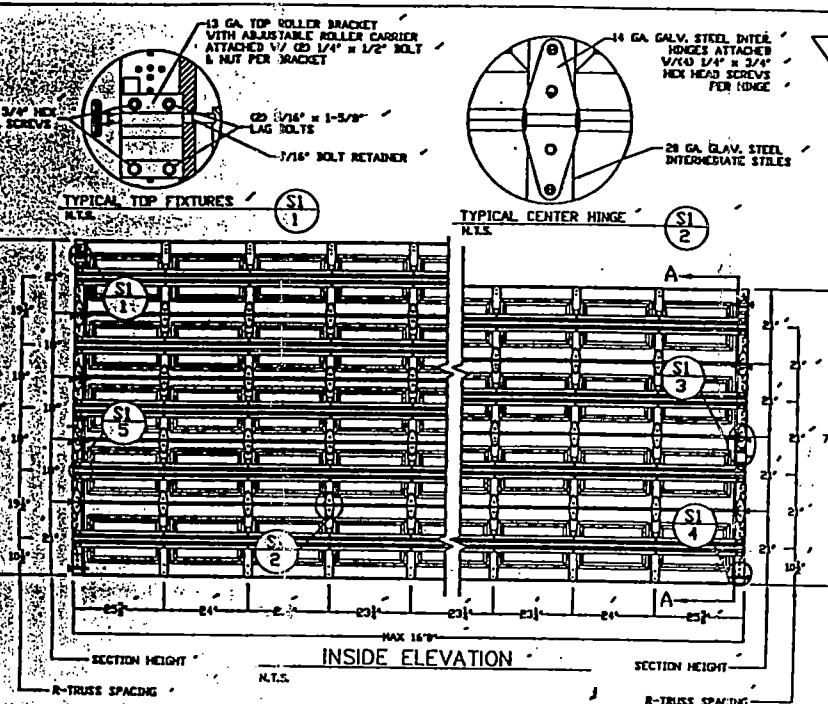
DATE: 6/11/03

Gene Simmens

BUILDING OFFICIAL
 Gene Simmens



NOA No 01-1017.01
 Expiration Date: October 9, 2003
 Approval Date: May 16, 2002
 Page 1



SPECIFICATIONS AND NOTES

- ALL THE LOAD FROM THE DOOR IS TRANSFERRED TO THE VERTICAL TRACK FROM THE TRACK THE LOAD IS TRANSFERRED TO THE VERTICAL JAMBS. THE HORIZONTAL JAMB OR HEADER RECEIVES NO PORTION OF THE LOAD TRANSFERRED FROM THE DOOR.
- EACH VERTICAL JAMB RECEIVES MAXIMUM DESIGN LOADS OF: +300.0 LBS/FT & -432.0 LBS/FT
- DOORS AND HARDWARE WILL BE DESIGNED, MANUFACTURED AND INSTALLED WITH STANDARDS AS SET FORTH BY DASHA.
- DOOR SECTIONS SHALL BE 24 GA. (0.022) MIN. EXTERIOR SKIN ROLLED FORMED, 0-40 GALVANIZATION W/ BASED ON POLYESTER FINISH.
- DOORS UP TO 70" HIGH CONSIST OF (4) SECTIONS AS SHOWN. USE (1) 3" R-TRUSS PER SECTION.
- DOORS UP TO 70" HIGH CONSIST OF (1) SECTIONS AS SHOWN. USE (1) 3" R-TRUSS PER SECTION.
- SUPPORTING STRUCTURAL ELEMENTS SHALL BE DESIGNED BY A REGISTERED PROFESSIONAL ENGINEER FOR WIND LOADS INDICATED ON THIS DRAWING IN ADDITION TO OTHER LOADINGS.
- THE METHOD OF TESTING WAS IN SUBSTANTIAL CONFORMANCE WITH THE PROCEDURES DESCRIBED IN ASTM E330-90, ASCE 7-98, AND BUILDING CODE PROVISIONS FOR WIND. BUT WIND LOAD DESIGN CRITERIA, THE PRESSURES SHOWN ON THE DRAWINGS WERE CALCULATED USING THE FOLLOWING PARAMETERS:
 - 130 MPH PEAK GUST WIND SPEED (130 MPH FASTEST MILE)
 - DOOR CAN BE INSTALLED WITH 5 FEET OF DOORSE WIDTH INSIDE THE EDGE STOP, EXCEPT FOR CURVED DOORS.
 - 25' MEAN ROOF HEIGHT AT ANY SLOPE
 - IMPORTANCE FACTOR OF 1.0
 - EXPOSURE RATING OF 2
- THIS APPROVAL REQUIRES THE MANUFACTURER TO DO TESTING OF ALL COLS USED TO FABRICATE DOOR PANELS UNDER THIS NOTICE OF ACCEPTANCE. A MINIMUM OF 3 SPECIMENS SHALL BE CUT FROM EACH COL AND TESTED ACCORDING TO E-8 BY A STATE COUNTY APPROVED LAB SELECTED AND PAID BY THE MANUFACTURER. EVERY 3 MONTHS, A TEST REPORT WITH CONFIRMATION THAT THE SPECIMENS WERE SELECTED FROM STATEMENT FROM THE MANUFACTURER THAT THE SPECIMENS WERE SELECTED FROM STATEMENT FROM THE MANUFACTURER THAT ONLY COLS WITH YIELD STRENGTH OF 31,000 PSI OR MORE SHALL BE USED TO MAKE DOOR PANELS FOR EACH COUNTY UNDER THIS NOTICE OF ACCEPTANCE.

REV	DESCRIPTION OF REVISIONS	DATE	BY
1	MAX SIZE 16" x 8"		
2	DESIGN LOADS +45.0 PSF -54.0 PSF		
3	LARGE MISSILE IMPACT RESISTANCE		

APR 2 2002

Amarr
GARAGE DOORS

3721 GRASSY CREEK BLVD WINSTON-SALEM, NC 27155

MODEL 950 "HERITAGE"
Short Panel and Flush Panel

SIZE	DRAWN BY	DLJ	DATE	02/25/01	DRAWING NUMBER	SFC-590-009
8	CHECKED BY		DATE			

SHEET 1 OF 1

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6300	Walker	21 W High Pt	retaining wall	OM 10/19/07
7942	Walker	21 W High Pt	Repair dock	OM 10/19/07
6295	Justak	171 S Sewalls	Garage door	OM 10/19/07
6562	Reib	4 Baker	Demo deck	OM 10/19/07
6175	Goodman	6 Oakwood DR.	Flood lights	OM 10/19/07
6183	Krupel	4 Rio Vista DR	Power drive	
6424	Twohey	5 Rio Vista	Fence around pool	
6460	Walker	9 Lantana Ln	Fence	
6179	Larson	11 Lantana Ln	Fence	
7044	Tschannen	15 Emarita	cover porch ceiling w/wood	
7473	Schrader	4 Emarita	Pool electric (failed)	
7171	Wilson	5 St Lucie Ct	Repair dock, boat lift fourth house electric	
7172	Wilson	5 St Lucie Ct	Repair seawall	
7227	Lopulato	4 St Lucie Ct	Fence	
6531	Bausch	20 S Sewalls Pt	Fascia repair	
6944	Bausch	20 S Sewalls	Repair dock	
6766	Rosenberg	36 S Sewalls	Fuel	
7529	DeStephan	68 S Sewalls	Riplap, retaining wall Fuel	

7800

SCREEN ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-28-05

BUILDING PERMIT NO. 7800

Building to be erected for JUSTAL

Type of Permit PATIO SCREEN ENCL

Applied for by SANDERS SCREENING (Contractor)

Building Fee 120.00

Subdivision EVINGRODE Lot 1 Block _____

Radon Fee _____

Address 171 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SCREEN ENCL

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1338410080000001070000

Plumbing Fee _____

Amount Paid 120.00 Check # 3095 Cash _____

Roofing Fee _____

Other Fees (_____) _____

Total Construction Cost \$ 2400.

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input checked="" 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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 9-16-05

OWNER/TITLEHOLDER NAME: John Justak

Phone (Day) 2156784 (Fax) _____

Job Site Address: 171 Sewall's Point Rd.

City: Stuart State: FL Zip: 349

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 1338410080000001070000

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

Description of Work To Be Done: Concrete & Screen Room.

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2400
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 2400

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

Is improvement cost 50% or more of Fair Market Value? YES NO
Method of Determining Fair Market Value: Brother

CONTRACTOR/Company: Sanders Screening

Phone: 2212116 Fax: 2191019

Street: 5799 SE Ant Ave.

City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP02908

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 B.D.Q. Lic# 8238 Phone Number: 561-9656613
Street: PO Box 20207 W.P.B. City: W.P.B. State: FL Zip: 33416

AREA SQUARE FOOTAGE -- SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 1504
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)
John Justak

CONTRACTOR SIGNATURE (required)
Robert Wesley Sanders

State of Florida, County of: MARTIN
This the 22nd day of SEPTEMBER, 2005
by JOHN FRANCIS JUSTAK who is personally known to me or produced FLD# J222-466-01-3050 as identification. 8/25/05

On State of Florida, County of: MARTIN
This the 16th day of SEPTEMBER 2005
by ROBERT WESLEY SANDERS who is personally known to me or produced FLD# SB20-379-58-218-0 as identification. 8/25/05

My Commission Expires _____
Notary Public
LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007
Bonded thru Notary Public Underwriters

My Commission Expires _____
Notary Public
LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007
Bonded thru Notary Public Underwriters

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

CERTIFICATE OF INSURANCE ISSUE DATE 8/12/05

PRODUCER NORTHEAST AGENCIES, INC 2495 MAIN ST SUITE 209 BUFFALO, NY 14214	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																
INSURED SANDERS SCREENING AND REPAIRS, INC. 5799 SE AULT AVENUE STUART FL 34997	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">COMPANY LETTER</td> <td style="width: 15%;">A</td> <td style="width: 70%;">PENN AMERICA Insurance Company</td> </tr> <tr> <td>COMPANY LETTER</td> <td>B</td> <td></td> </tr> <tr> <td>COMPANY LETTER</td> <td>C</td> <td></td> </tr> <tr> <td>COMPANY LETTER</td> <td>D</td> <td></td> </tr> <tr> <td>COMPANY LETTER</td> <td>E</td> <td></td> </tr> </table>	COMPANY LETTER	A	PENN AMERICA Insurance Company	COMPANY LETTER	B		COMPANY LETTER	C		COMPANY LETTER	D		COMPANY LETTER	E	
COMPANY LETTER	A	PENN AMERICA Insurance Company														
COMPANY LETTER	B															
COMPANY LETTER	C															
COMPANY LETTER	D															
COMPANY LETTER	E															

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	PAC6453017	01/18/2005	01/18/2005	GENERAL AGGREGATE	1,000,000
					PRODUCTS-COM/OP AGG.	\$00,000
					PERSONAL & ADV. INJURY	\$00,000
					EACH OCCURRENCE	\$00,000
					DAMAGE TO PREMISES RENTED	\$0,000
					MED. EXPENSE (Any one person)	\$,000
	AUTOMOBILE LIABILITY					
	EXCESS LIABILITY					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					

DESCRIPTION OF OPERATIONS / VEHICLES / SPECIALTY ITEMS
 SCREEN INSTALLATION & REPAIR

Town of Sewall's Point 1 South Sewall's Point Rd Sewall's Point, Fl. 34996	Should any of the above described policies be cancelled before the expiration date, the company shall 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
--	---

ACORD <small>TM</small>		CERTIFICATE OF LIABILITY INSURANCE		Date 9/12/2005
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5562 Fax: 727-937-2138		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: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562		Insurers Affording Coverage		NAIC #
		Insurer A:	Lion Insurance Company	11075
		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	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos Only. AGG.	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2005	01/01/2006	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Othe 0862076
Sanders Screening & Repair, Inc.

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

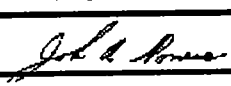
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

ADD ON DATE: 6/2/2004

COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Sanders Screening & Repair, Inc.

FAX: 772-219-1019 & 772-220-4765 / ISSUE 09-12-05 (TD)

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

CERTIFICATE HOLDER THE TOWN OF SEWELLS POINT 1 SOUTH SEWELLS POINT ROAD SEWELL 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 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. 
---	---



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

ALUMINUM/CONCRETE CONTRACTOR

License Number SP02908 Expires: 30-SEP-07

SANDERS, ROBERT W

SANDERS SCREENING & REPAIR INC

5799 SE AULT AVE

STUART, FL 34997



Panel

1x2	2x4	2x4	2x4	2x4	2x4	1x2
79.2	79.2	79.2	79.2	79.2	79.2	79.2

Panel

2x8	2x8	2x8	2x8	2x8	2x8	2x8	2x8
84"	2x40"	2x2	2x2	2x2	2x2	2x2	2x2
2x8	2x8	2x8	2x8	2x8	2x8	2x8	2x8
2x2	2x2	2x2	2x2	2x2	2x2	2x2	2x2
2x2	2x2	2x2	2x2	2x2	2x2	2x2	2x2

42

2x2	2x4	2x4	2x4	2x4	2x4	2x2
96"	96"	96"	96"	96"	96"	96"
84	84	84	84	84	84	84



1x2	2x2	2x2	2x2	2x2	1x2
79.2	79.2	79.2	79.2	79.2	79.2

504

GENERAL NOTES AND DESIGN PARAMETERS:

- THIS OVERALL DESIGN COMPLIES WITH THE GUIDELINES DEFINED IN CHAPTER 16 AND CHAPTER 20, FLA. BLDG. CODE 2001, AND IS BASED ON THE FOLLOWING PARAMETERS:
 - WIND SPEED: 140 M.P.H., 3-SECOND GUST
 - EXPOSURE CATEGORY: 'B'
 - DESIGN PRESSURES: SIMULTANEOUS LOADING WITH ROOF @ 6 P.S.F., WALLS @ 18 P.S.F. (PER TABLE 2002.4, F.B.C. 2001)
 - MAXIMUM HEIGHT: 30' 0" (LARGER JOBS REQUIRE SITE-SPECIFIC DESIGN BY THE ENGINEER OF RECORD, AND MAY BE SUBJECT TO MORE STRENGENT DESIGN PARAMETERS)
 - ALLOWABLE DEFLECTION: $l/60$ (AS SPECIFIED IN TABLE 16101, FOR NON-HIGH VELOCITY HURRICANE ZONES)
 - CONTINUOUS LOAD PATH IS PROVIDED
- MATERIALS (UNLESS OTHERWISE SPECIFIED BY THE ENGINEER OF RECORD)
 - ALL EXTRUSIONS: ALUMINUM ALLOY 6063-T6 (NOTE: SPLICE PLATE MATERIAL MAY BE EXTRUDED FROM ALUMINUM ALLOY 6061-T6, IF THIS ALLOY IS MORE READILY AVAILABLE TO THE CONTRACTOR).
 - FASTENERS: ALUMINUM ALLOYS 2024-T4 & 7075-T6, DOUBLE CAD-PLATED STEEL, HOT-DIPPED GALVANIZED STEEL, OR 300-SERIES STAINLESS STEEL. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE FOR SEPARATION OF DISSIMILAR MATERIALS AS THEY ARE DEFINED IN SECTION 2003.8.4. HE / SHE MAY IMPLEMENT ANY OF THE MEANS LISTED IN THESE SECTIONS. ANY ALTERNATE MEANS MUST BE REVIEWED AND APPROVED IN WRITING, BY THE ENGINEER OF RECORD, PRIOR TO ANY INSTALLATIONS UTILIZING THE SUBJECT METHOD.
 - SCREEN CLOTH: SHALL BE VINYL-COATED, WOVEN FIBERGLASS, MAXIMUM DENSITY OF 18 x 14 (58% OPEN, MINIMUM).
- ALL FASTENERS THAT PASS THROUGH ANY EXTRUSION INTO CONCRETE, MASONRY, WOOD, OR OTHER ALUMINUM EXTRUDED FRAME MEMBER, MUST HAVE A 5/8-INCH DIAMETER WASHER (MINIMUM), AND BE NO MORE THAN 24 INCHES CENTER-TO-CENTER SPACING (UNLESS OTHERWISE SPECIFIED BY THE ENGINEER OF RECORD).
- ALL FASTENERS ADJACENT TO COLUMNS THAT DO NOT REQUIRE REINFORCING ANGLE CLIPS, MUST BE PLACED WITHIN 4 INCHES OF THE UPRIGHT (ON BOTH SIDES). (REFER TO GENERAL NOTE #3 FOR SPACING SPECIFICATIONS)
- ANY SCREEN ROOF ENCLOSURE THAT MEETS ANY OF THE FOLLOWING PARAMETERS SHALL REQUIRE SITE-SPECIFIC ENGINEERING (MAINLY FOR PLACEMENT OF ADDITIONAL BRACING, BUT FOR REVIEW OF THE ENTIRE DESIGN AS WELL):
 - ANY SCREEN ROOF ENCLOSURE THAT CONTAINS ANY ROOF BEAMS THAT EXCEED A SPAN OF 40 FEET.
 - ANY SCREEN ROOF ENCLOSURE THAT CONTAINS WALL COLUMNS THAT EXCEED 12 FEET IN HEIGHT (AT ANY POINT ON THE ENCLOSURE)
 - ANY SCREEN ROOF ENCLOSURE THAT CONTAINS ANY ROOF BEAMS THAT ARE NOT SUPPORTED ON ONE END BY THE HOST STRUCTURE (ANY 'FREE-STANDING' BEAMS).
 - ANY SCREEN ROOF ENCLOSURE THAT UTILIZES ANY CARRIER BEAMS (BEAMS THAT SUPPORT THE ENDS OF ANY OF THE OTHER ROOF BEAMS).
 - ANY SCREEN ROOF ENCLOSURE THAT IS BEING INSTALLED ONTO AN EXISTING SOLID ALUMINUM ROOF STRUCTURE OR IN COMBINATION WITH A PROPOSED SOLID ALUMINUM ROOF STRUCTURE (IN WHICH THE EXISTING OR PROPOSED ALUMINUM ROOF STRUCTURE EITHER PARTIALLY OR WHOLLY SUPPORTS ANY PART OF THE SCREEN ROOF ENCLOSURE).
- IF A PROPOSED SCREEN ROOF ENCLOSURE IS FULLY SUPPORTED (TO ITS FULL HEIGHT) ON TWO SIDES, BY THE HOST STRUCTURE, THERE WILL BE NO LATERAL WIND BRACING (ROOF OR WALLS) REQUIRED. (PLEASE NOTE THAT ALL OF THE CRITERIA SPECIFIED IN GENERAL NOTE #5 ABOVE, STILL APPLY, EVEN WHEN THE PROPOSED ENCLOSURE IS FULLY SUPPORTED TO ITS FULL HEIGHT ON TWO SIDES)
- SCREEN DOOR(S) MAY BE LOADED INTO ANY SCREEN WALL PANEL, EXCEPT FOR THOSE THAT CONTAIN DIAGONAL 'K' BRACING (AS PER OWNER SELECTION). ALL SCREEN DOORS SHALL BE SELF-CLOSING AND SELF-LATCHING.
- COPIES OF THIS ENGINEERING DESIGN DETAIL SPECIFICATION DRAWING (ALL SHEETS) ARE ONLY TO BE VALID FOR PERMITTING PURPOSES OR FOR DESIGN CERTIFICATION PURPOSES WHEN ALL SHEETS OF ANY SUBMITTED SET BEAR THE ENGINEER'S ORIGINAL SIGNATURE (IN BLUE INK) UNDER HIS EMBOSSED SEAL. NO SETS OF THESE SPECIFICATION DRAWINGS SHOULD BE ACCEPTED, OR CONSIDERED VALID IF THE DATE UNDER THE EMBOSSED SEAL IS MORE THAN 90 DAYS OLD.
- ANY ORIGINAL SIGNED (IN BLUE INK) AND SEALED SITE-SPECIFIC DESIGN DRAWINGS, ALONG WITH ITS SITE-SPECIFIC SPECIFICATIONS, SHALL ONLY SUPERCEDE THESE DESIGN SPECIFICATION DRAWINGS, WHEN IT IS SPECIFICALLY STATED ON THE SITE DRAWING AND THAT SITE DRAWING IS DEFINED AS A 'SITE-SPECIFIC' DESIGN.

INTERNAL CONNECTION SPECIFICATION (UTILIZING SCREW BOSSES)

ALL INTERNAL CONNECTIONS UTILIZING THE EXTRUDED SCREW BOSSES SHALL HAVE A MINIMUM OF TWO (2) #10 SMS SCREWS, WITH A MINIMUM EMBEDMENT INTO THE SCREW BOSS OF 1 3/4" (UNLESS OTHERWISE SPECIFIED, ON THE CONNECTION DETAILS THAT ARE SPECIFIED ON ANY PAGE OF THIS DESIGN DOCUMENT.

SCREEN PANEL INSTALLATION SPECIFICATION:

PLEASE NOTE THAT ALL SCREEN PANEL OPENINGS (BOTH ROOF AND WALLS) SHALL BE INSTALLED ON ALL FOUR SIDES WITH SPLINE (INDEPENDANT OF ALL SURROUNDING PANELS). THE ONLY FRAMING COMPONENTS THAT ARE NOT REQUIRED TO HAVE SPLINE INSTALLED IN THEM ARE ALL OF THE DIAGONAL WALL AND ROOF BRACING.

REVISED: 03/05/05

SCREEN ROOF BEAM SPANS REVISED PER UPDATED INTERPRETATION OF DESIGN LOADS FROM TABLE 2002.4, F.B.C. 2001, FOR SIMULTANEOUS LOADING DESIGN METHODOLOGY. (SEE SHEET #2)

CONCRETE ANCHOR SPECIFICATIONS:

ALL CONCRETE ANCHORS SPECIFIED ON THIS DETAIL SHEET ARE MANUFACTURED BY 'RED HEAD' ANCHORING SYSTEMS, AS ALL LOAD CAPABILITIES ARE BASED ON TEST DATA FURNISHED BY RED HEAD IN THEIR PRODUCT AND RESOURCE BOOK. NO SUBSTITUTIONS OF ANY OTHER MANUFACTURER'S CONCRETE ANCHORS IS PERMITTED WITHOUT SUBMITTAL OF THE COMPANY'S TEST DATA (TO VERIFY EQUIVALENT LOAD CAPACITIES) AND A WRITTEN, SIGNED AND SEALED LETTER OF AUTHORIZATION FROM THE ENGINEER OF RECORD. ANY UNAUTHORIZED ANCHOR SUBSTITUTION SHALL BE DEEMED NON-COMPLIANT WITH THIS DESIGN. THE ANCHORS TO BE USED FOR APPLICATIONS SPECIFIED IN THIS ENGINEERING DESIGN PLAN ARE AS FOLLOWS:

1/4" DIA FASTENERS: RED HEAD ITU TAPCON (SEE INDIVIDUAL DETAILS FOR MINIMUM EMBEDMENT DEPTH INTO CONCRETE)

3/8" DIA. FASTENERS: (OPTIONS) 3/8" TRU BOLT WEDGE ANCHOR (SEE INDIVIDUAL DETAILS FOR QUANTITY OF FASTENERS NEEDED) (MINIMUM EMBEDMENT SHALL BE 3' INTO CONCRETE UNLESS OTHERWISE SPECIFIED IN ANY DETAIL)

3/8" LARGE DIAMETER TAPCON (LDT) (SEE INDIVIDUAL DETAILS FOR QUANTITY OF FASTENERS NEEDED) (MINIMUM EMBEDMENT SHALL BE 2 1/2' INTO CONCRETE UNLESS OTHERWISE SPECIFIED IN ANY DETAIL)

PLEASE REFER TO RED HEAD RESOURCE MANUAL FOR ACTUAL LOAD CAPABILITIES AND MINIMUM EDGE AND CENTER-TO-CENTER DISTANCES, AS THESE VALUES ARE THE BASIS FOR ALL DESIGN SPECIFICATIONS SHOWN ON THIS DESIGN DETAIL.

FOR BRICK PAVER INSTALLATION:

FOR INSTALLATION ON A BRICK PAVER DECK, THE ONLY FASTENERS THAT WILL MEET THE DESIGN CRITERIA INDICATED WITHIN THESE DESIGN SPEC'S ARE THE RED HEAD TRU BOLT WEDGE ANCHOR (3/8" x 1"), WHICH BASED ON 1/8" ANGLE, 1 x 2 O.B., 2 1/8" THICK BRICK PAVER AND A MAXIMUM MORTAR BED THICKNESS OF 3/4". THIS SCENARIO WILL STILL MEET THE MINIMUM FASTENER EMBEDMENT. IF ANY OF THESE CONTRIBUTING FACTORS EXCEED THE DIMENSIONAL BREAKDOWN INDICATED, THE JOB MUST BE PRESENTED TO THE ENGINEER OF RECORD FOR SITE-SPECIFIC ANCHORING DESIGN.

SCREW SPACING AND EDGE DISTANCE SPEC'S

THIS TABLE IS BASED ON THE PROPERTIES OF C-1022 LOW CARBON STEEL SMS AND SELF-DRILLING (TEK) SCREWS, WHICH ARE AN INDUSTRY STANDARD SCREW.

SCREW SIZE	NOMINAL SCREW DIAMETER (IN.)	MIN. EDGE DISTANCE	MIN. CENTER-TO-CENTER DISTANCE
#8	0.156	5/16"	7/16"
#10	0.188	3/8"	1/2"
#12	0.219	1/2"	5/8"
#14	0.250	5/8"	3/4"

MINIMUM FOOTER TABLES

MONO FOOTER	MAX. BM. SPAN	ISOLATED FOOTER(*)	MAX. BM. SPAN
8' x 8' WITH (1) #5 CONT.	UP TO 38'	12' x 12' WITH (2) #5 CONT.	UP TO 30'
8' x 12' WITH (1) #5 CONT.	UP TO 41'	12' x 16' WITH (2) #5 CONT.	31' TO 39'
10' x 12' WITH (1) #5 CONT.	UP TO 48'	14' x 16' WITH (2) #5 CONT.	40' TO 44'
12' x 12' WITH (2) #5 CONT.	UP TO 55'	16' x 16' WITH (2) #5 CONT.	44' TO 52'

IF A JOB EXCEEDS THESE PARAMETERS, THE FOUNDATION MUST BE SITE-SPECIFICALLY DESIGNED BY THE ENGINEER

MONOLITHIC FTG. LOAD CAPACITIES ARE BASED ON A MIN. OF 3 FEET OF CONT. CONCRETE, 2500 PSI MINIMUM, W/ WIRE OR FIBER MESH REINFORCEMENT

(*) ISOLATED FOOTERS MAY BE USED ON EDGE OF EXIST. CONC. SLAB OR UNDERNEATH THE PERIMETER OF BRICK PAVER DECK (ALL SIDES)

SNAP / LAP JOINT CONNECTION NOTE:

ALL FRAMING MEMBERS ON ANY ENCLOSURE THAT UTILIZE SNAP OR LAP JOINT IN THEM SHALL HAVE #12 TEK'S INSTALLED THRU THE SNAP OR LAP CONNECTION AT 18 INCHES ON CNTR. (TYP). THESE TEK SCREWS ARE TO BE PLACED ON BOTH EDGES OF THE UPRIGHT (BOTH THE INNER AND THE OUTER EDGE) IN ALL CASES. THIS SPECIFICATION APPLIES TO UPRIGHTS AND BEAMS BOTH.

GIRT (CHAIR RAIL) AND PURLIN SPACING SPECIFICATION NOTE:

ALL 2 x 2 H GIRTS (CHAIR RAILS) LOCATED IN THE SCREEN WALLS AND ALL PURLINS LOCATED IN THE SCREEN ROOF SHALL NOT EXCEED 8' 0" CENTER-TO-CENTER SPACING

EXIST. HOUSE FASCIA NOTES:

- THE EXISTING HOUSE FASCIA OVERHANG SHALL NOT EXCEED 2' 0" (24 INCHES) FOR THIS INSTALLATION. IF THE HOUSE OVERHANG EXCEEDS THIS DIMENSION, THE JOB MUST BE PRESENTED TO THE ENGINEER OF RECORD FOR SITE-SPECIFIC FASCIA REINFORCEMENT DESIGN.
- IT SHALL BE THE RESPONSIBILITY OF THE INSTALLING CONTRACTOR TO INSPECT AND INSURE THE CONDITION OF THE EXISTING FASCIA, TO DETERMINE IF IT IS IN GOOD ENOUGH CONDITION TO SUPPORT THE PROPOSED SCREEN ENCLOSURE (PRIOR TO ITS INSTALLATION)

D.W. E. DOWDY
DATE: 01/28/05
APPROVED:
D. A. DOWDY, P.E.
DWG. NO. 02-140-05
LAST REV. 03/05/05

NOTE TO BUILDING OFFICIALS:
THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING) (RE: GEN. NOTE #8)

POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP "B"
(SHEET 1 OF 4)

D. A. DOWDY

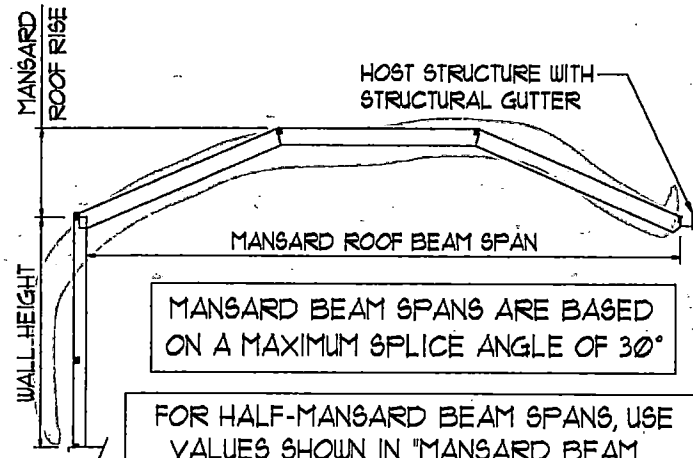
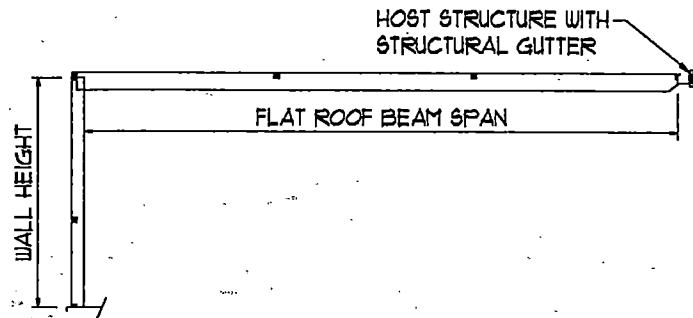
B.D.Q., INC.
P.O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

BEAM SPANS AND COLUMN SIZES ON THIS SHEET ARE BASED ON SIMULTANEOUS LOADING, AS DEFINED IN TABLE 2002.4, F.B.C. 2001, FOR 140 MPH WINDS, FOR EXPOSURE CATEGORY 'B' (18 P.S.F. WALLS AND 6 P.S.F. ROOF)

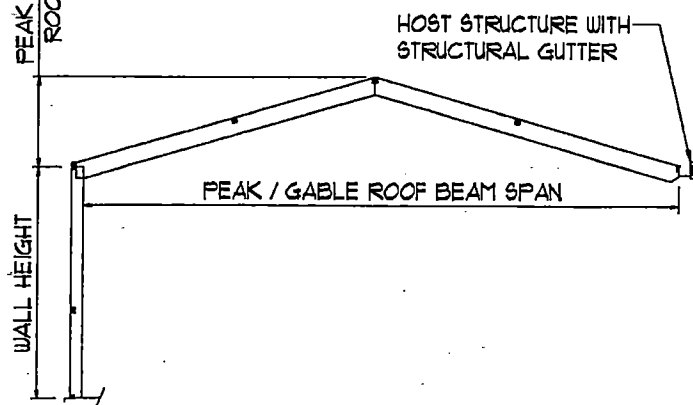
FLAT (SIMPLE) ROOF BEAM SCHEDULE FOR FLAT BEAMS, L80 MAX. (140 MPH, EXPOS. 'B')

SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 18' 0")												
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"				
2x3 SN	.055	.055	9' 3"	9' 6"	9' 10"	10' 3"	10' 7"	11' 2"	12' 4"	13' 1"	14' 0"				
2x3 L	.055	.055	9' 3"	9' 6"	9' 10"	10' 3"	10' 7"	11' 2"	12' 4"	13' 1"	14' 0"				
2x4 SN	.045	.045	10' 2"	10' 7"	11' 0"	11' 5"	11' 10"	12' 4"	13' 0"	13' 8"	14' 6"				
2x4 L	.100	.045	14' 2"	14' 6"	15' 0"	15' 7"	16' 2"	16' 11"	17' 9"	18' 9"	19' 9"				
2x5 L	.116	.050	17' 1"	17' 7"	18' 3"	18' 11"	19' 8"	20' 6"	21' 6"	22' 9"	23' 9"				
2x6 L	.120	.050	17' 8"	18' 3"	18' 11"	19' 7"	20' 5"	21' 4"	22' 3"	23' 6"	24' 11"				
2x7 L	.120	.057	19' 3"	19' 11"	20' 6"	21' 4"	22' 3"	23' 3"	24' 4"	25' 8"	27' 2"				
2x8 L	.224	.072	23' 6"	24' 3"	25' 2"	26' 1"	27' 2"	28' 4"	29' 9"	31' 4"	33' 2"				
2x9 L (L)	.209	.072	28' 6"	29' 5"	30' 5"	31' 6"	32' 9"	34' 4"	36' 0"	38' 0"	40' 2"				
2x9 L (H)	.306	.082	35' 2"	36' 3"	37' 6"	39' 0"	40' 5"	42' 5"	44' 6"	46' 9"	48' 7"				
2x10 L	.389	.092	41' 9"	43' 0"	44' 6"	46' 2"	48' 2"	50' 2"	52' 3"	54' 2"	56' 3"				

(*) REPRESENTS SPAN VALUES THAT ARE DEFLECTION-LIMITED



FOR HALF-MANSARD BEAM SPANS, USE VALUES SHOWN IN "MANSARD BEAM SPAN TABLE (SAME MAX. SPLICE ANGLE (30°) APPLIES TO HALF-MANSARD BEAMS)



BEAM SPAN CALCULATION NOTE:

THE SPANS IN THESE TABLES ARE BASED ON BOTH THE HOST STRUCTURE MOUNTING POINT AND WALL HEIGHT BEING THE SAME MEASUREMENT

MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')

THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")

SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 8' 0")												
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"				
2x4 SN	.045	.045													
2x4 L	.100	.045													
2x5 L	.116	.050													
2x6 L	.120	.050													
2x7 L	.120	.057													
2x8 L	.224	.072													
2x9 L (L)	.209	.072													
2x9 L (H)	.306	.082													
2x10 L	.389	.092													

MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')

THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")

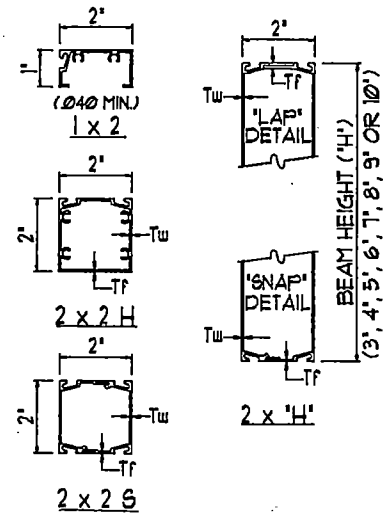
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 12' 0")												
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"				
2x4 SN	.045	.045													
2x4 L	.100	.045													
2x5 L	.116	.050													
2x6 L	.120	.050													
2x7 L	.120	.057													
2x8 L	.224	.072													
2x9 L (L)	.209	.072													
2x9 L (H)	.306	.082													
2x10 L	.389	.092													

MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')

THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")

SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 18' 0")												
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"				
2x4 SN	.045	.045													
2x4 L	.100	.045													
2x5 L	.116	.050													
2x6 L	.120	.050													
2x7 L	.120	.057													
2x8 L	.224	.072													
2x9 L (L)	.209	.072													
2x9 L (H)	.306	.082													
2x10 L	.389	.092													

MANSARD BEAM SPANS OF LESS THAN 8' 0" ARE OMITTED FROM THIS TABLE



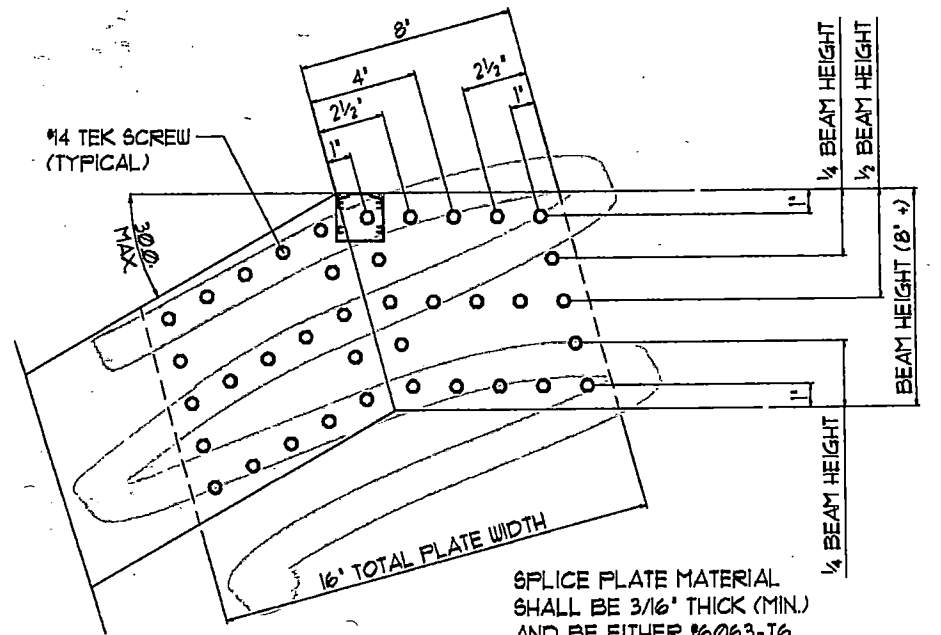
ALL 'TUBE' SHAPES SPECIFIED ON THE DETAILS WITHIN THESE DETAIL SHEETS SHALL HAVE THE SPECIFIED WALL THICKNESSES ON ALL FOUR WALLS

SECONDARY FRAMING MEMBER WALL THICKNESS
 1 x 2 O.B. @ Ø44
 2 x 2 H @ Ø44
 2 x 2 SNAP @ Ø44

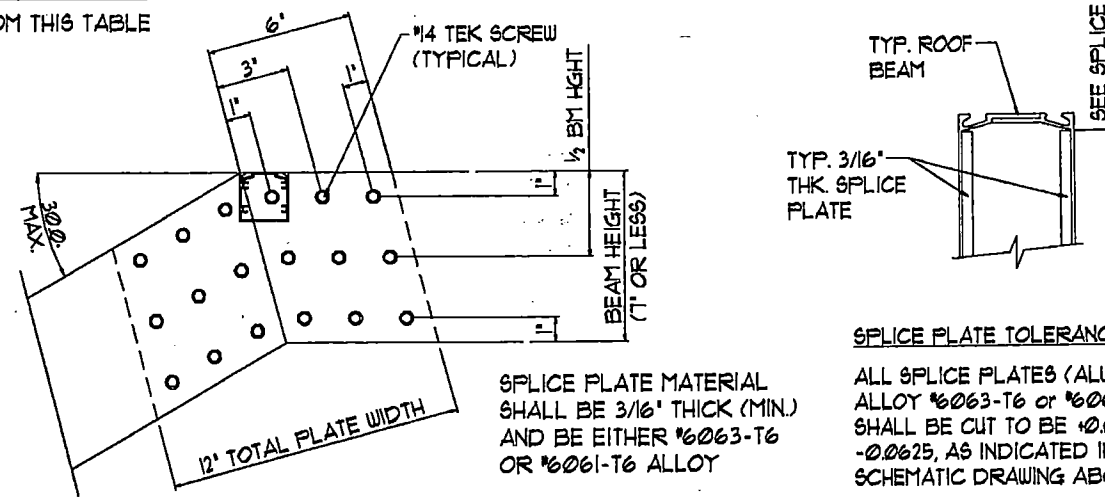
COMPONENT SHAPES

WALL COLUMN SCHEDULE (COLUMN SIZES VS. WALL PANEL WIDTH)
 L/60 MAX. ALLOWABLE DEFLECTION (140 MPH, EXP. 'B', 18 P.S.F. DESIGN LOAD)

SIZE	DIMENSION		WALL PANEL WIDTH vs COLUMN HEIGHT (DESIGN PRESSURE = 18 PSF)									
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"	
2x3 SN	.055	.055	5' 9"	5' 11"	6' 1"	6' 4"	6' 7"	6' 11"	7' 3"	7' 8"	8' 1"	
2x3 L	.055	.055	5' 9"	5' 11"	6' 1"	6' 4"	6' 7"	6' 11"	7' 3"	7' 8"	8' 1"	
2x4 SN	.045	.045	6' 4"	6' 7"	6' 10"	7' 1"	7' 4"	7' 8"	8' 1"	8' 6"	9' 0"	
2x4 L	.100	.045	8' 2"	8' 5"	8' 9"	9' 1"	9' 5"	9' 10"	10' 4"	10' 11"	11' 7"	
2x5 L	.116	.050	10' 2"	10' 6"	10' 10"	11' 3"	11' 8"	12' 3"	12' 10"	13' 6"	14' 4"	
2x6 L	.120	.050	11' 7"	12' 0"	12' 5"	12' 10"	13' 5"	14' 0"	14' 8"	15' 6"	16' 5"	
2x7 L	.120	.057	13' 2"	13' 7"	14' 1"	14' 7"	15' 2"	15' 10"	16' 8"	17' 7"	18' 7"	
2x8 L	.224	.072	14' 11"	15' 5"	15' 11"	16' 6"	17' 2"	18' 0"	18' 10"	19' 10"	21' 0"	
2x9 L (L)	.209	.072	16' 10"	17' 4"	17' 11"	18' 8"	19' 5"	20' 3"	21' 3"	22' 5"	23' 9"	
2x9 L (H)	.306	.082	22' 1"	22' 9"	23' 7"	24' 6"	25' 6"	26' 8"	27' 10"	29' 5"	31' 3"	
2x10 L	.389	.092	26' 0"	26' 10"	27' 9"	28' 10"	30' 0"	31' 4"	32' 10"	34' 8"	36' 9"	



BEAM SPLICE DETAIL (2 x 8 BEAMS AND LARGER)



BEAM SPLICE DETAIL (2 x 7 BEAMS AND SMALLER)

DWN. E. DOWDY
 DATE: 01/28/05
 APPROVED:
 D. A. DOWDY, P.E.
 DWG. NO. 02-140-XB
 LAST REV. 03/05/05

NOTE TO BUILDING OFFICIALS:
 THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING) (RE: GEN. NOTE #6)

POOL / PATIO ENCLOS. WITH SCREEN ROOF 140 MPH, EXP 'B' (SHEET 2 OF 4)

[Signature]

B.D.Q., INC.
 P. O. BOX 20207
 WEST PALM BEACH, FL 33416
 D. A. DOWDY, P.E.
 FL REG. NO. 22763
 FLA. ENG. CERT. OF AUTH. NO. 8238

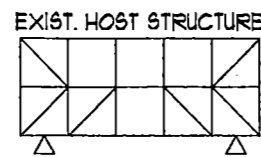
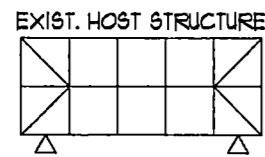
SPLICE PLATE TOLERANCE NOTE:
 ALL SPLICE PLATES (ALUMINUM ALLOY 6063-T6 or 6061-T6) SHALL BE CUT TO BE ±0.000 / -0.025, AS INDICATED IN THE SCHEMATIC DRAWING ABOVE

 -INDICATES WALL PANEL THAT SHALL HAVE DIAGONAL "K"-BRACING IN IT

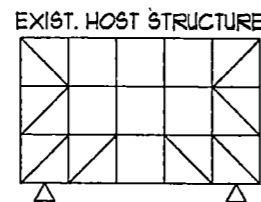
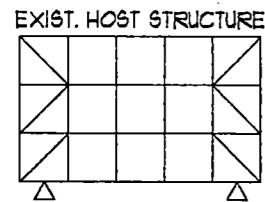
UP TO 8' WALL HGHT

8' TO 12' WALL HGHT

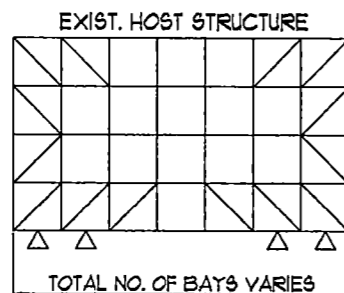
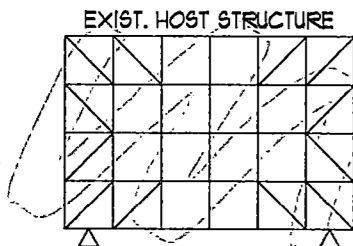
UP TO 16' BEAM SPAN



16' TO 24' BEAM SPAN

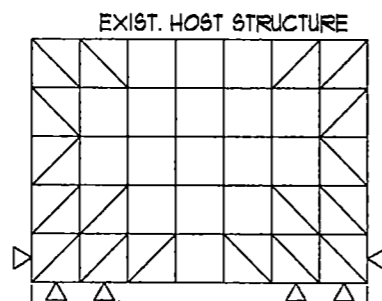
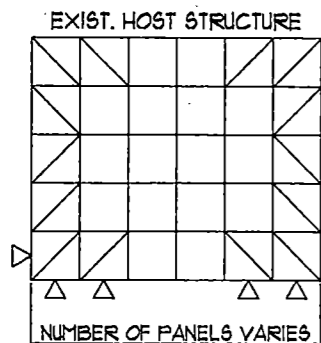


24' TO 32' BEAM SPAN



TOTAL NO. OF BAYS VARIES
THREE (3) BAYS ON EACH
END OF OUTER-MOST WALL
SHALL HAVE DIAG. BRACING

32' TO 40' BEAM SPAN

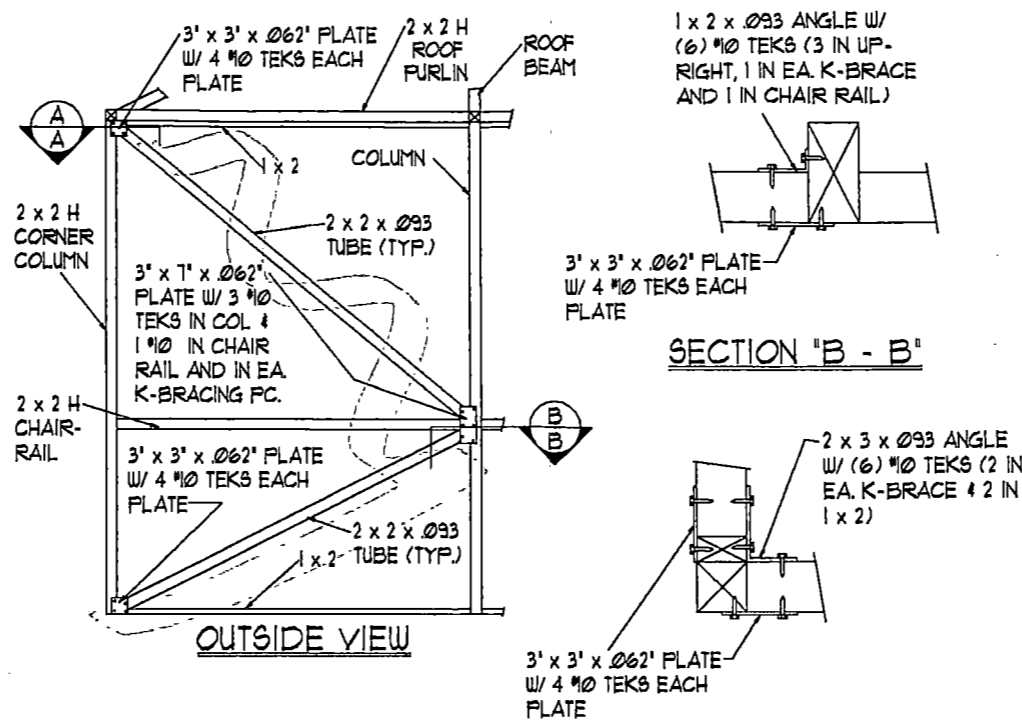


TOTAL NO. OF BAYS VARIES
THREE (3) BAYS ON EACH END OF
OUTER-MOST PANELS AND TWO (2)
PANELS IN SECOND OUTER-MOST
ROW OF PANELS SHALL HAVE THE
DIAGONAL BRACING (AS SHOWN)

DESIGN NOTES:

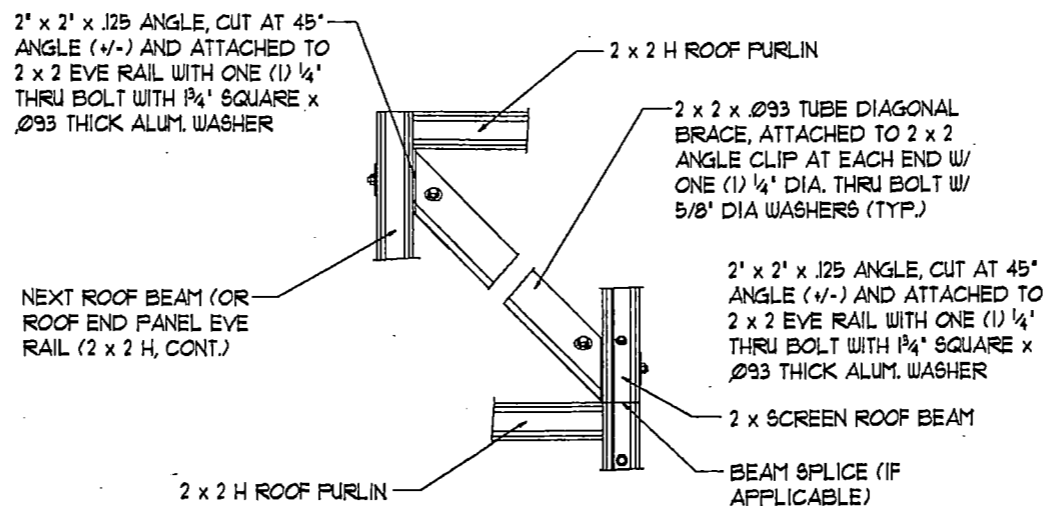
ALL DIAGONAL BRACING, USED EITHER IN THE ROOF OR AS "K"-BRACING IN THE WALLS SHALL BE 2" x 2" x .093 WALL THICKNESS TUBE, AND SHALL BE CUT TO FIT SNUG, WITH NO PLAY OR SHIFT IN THE BRACING. SEE DETAILS AT RIGHT FOR CONNECTION SPECIFICATIONS

THE BRACING SCHEMATICS SHOWN ABOVE ARE THE SAME BRACING CONFIGURATION, REGARDLESS OF ROOF TYPE (MANSARD, PEAK, DOME, FLAT, ETC.)

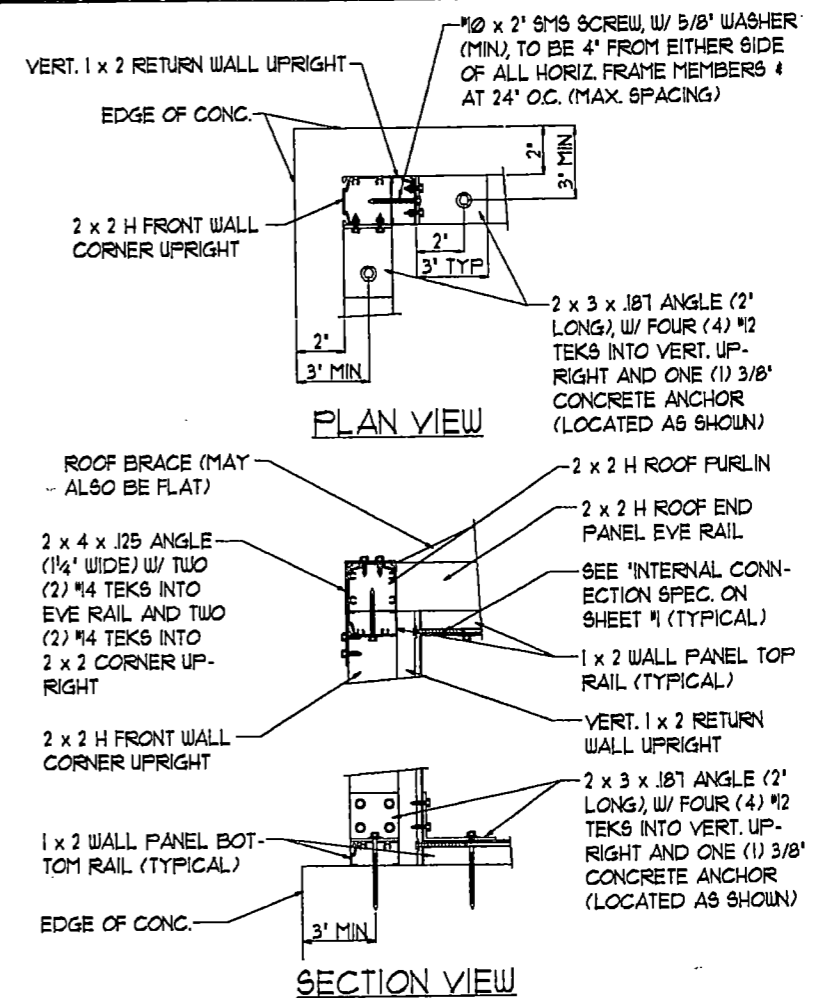


DIAGONAL "K" BRACING DETAIL

DESIGN NOTE: ALL THRU-BOLTS PASSING THROUGH ANY ALUMINUM MATL. WITH A WALL THICKNESS LESS THAN .090, SHALL HAVE EITHER A 1 1/8"-INCH (OUTSIDE DIA.) FENDER WASHER (SEE GEN. NOTE #2 ON SHT 1 REGARDING SEPARATION OF DISSIMILAR METALS) OR A 1 3/4" SQUARE x .090 THICK ALUMINUM WASHER (#6063-T6) INSTALLED ON EITHER OR BOTH ENDS, AS DETERMINED BY THE MATERIAL THICKNESS. THE EXCEPTION IS THRU-BOLTS USED TO INSTALL THE BRACE CUPS (SEE DETAIL AT RIGHT) (#3003-H14, .063 THK.) MAY BE INSTALLED (ON THE CUP SIDE OF THE BOLT ONLY) WITH A STANDARD 3/8"-INCH (OUTSIDE DIA.) WASHER, WHICH IS STRUCTURALLY ADEQUATE.

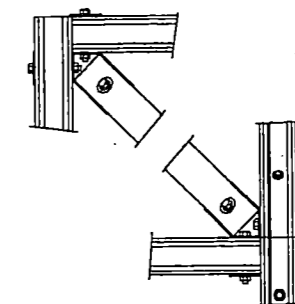


DIAGONAL ROOF BRACING DETAIL



SCREEN WALL CORNER ANCHOR DETAILS

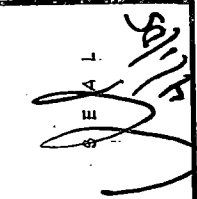
ALTERNATE ROOF BRACING CONNECTION DETAIL (APPLICABLE ONLY FOR CORNER BRACES IN A MANSARD-STYLE ROOF), UTILIZING A STAMPED DIAGONAL BRACE ATTACHMENT CUP, WHICH IS STAMPED FROM ALUMINUM ALLOY #3003 H-14 (.063 THICKNESS). THESE CUPS SHALL BE ATTACHED WITH TWO (2) 1/4" DIA. THRU BOLTS PER CUP (AS INDICATED BELOW). NOTE THAT THE SAME DESIGN NOTE FOR APPLICATION OF MINIMUM WASHER SIZE REQUIREMENTS SHALL ALSO APPLY TO THESE CUPS, AS THEY ARE LESS THAN .090 THICK. THE 2 x 2 x .093 DIAG. BRACE SHALL BE ATTACHED TO THE CUP AT EACH END WITH ONE (1) 1/4" DIA. THRU BOLT, W/ THE APPROPRIATE WASHERS



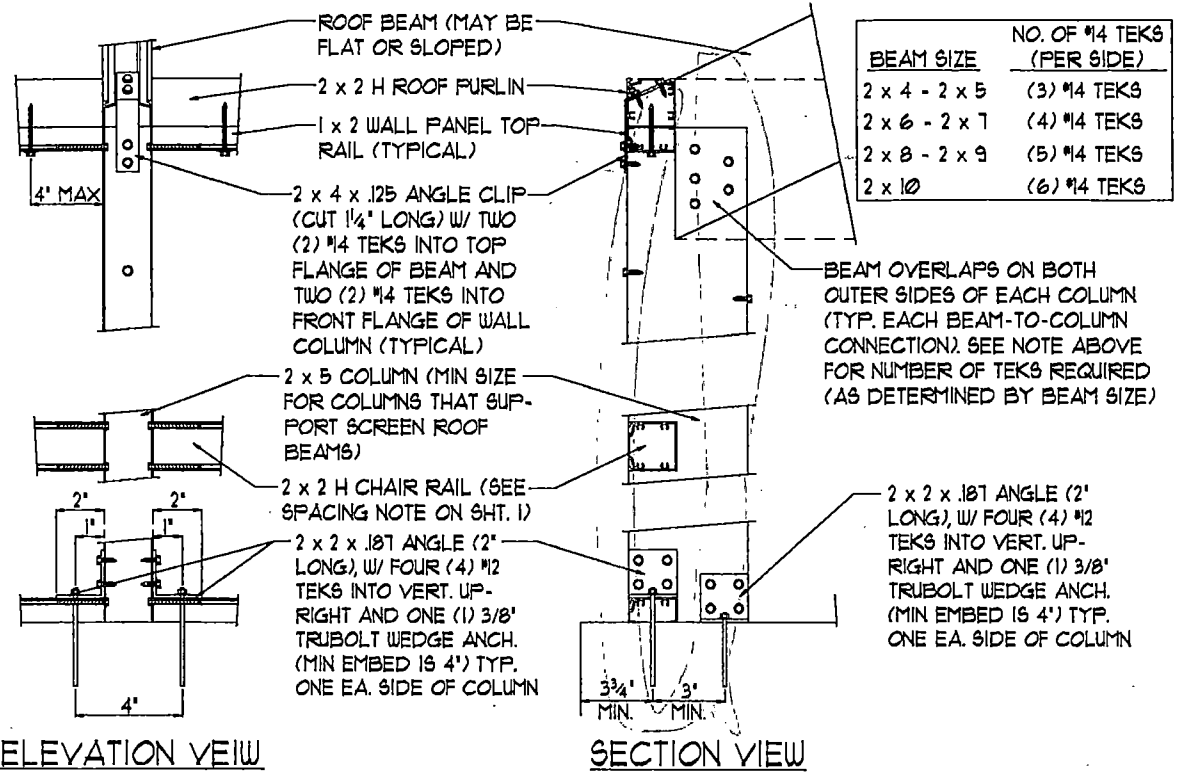
DWN: E. DOWDY
DATE: 07/28/05
APPROVED:
D. A. DOWDY, P.E.
DWG. NO. 02-140-XB
LAST REV. 03/05/05

NOTE TO BUILDING OFFICIALS:
THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING) (RE: GEN. NOTE #6)

POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP "B"
(SHEET 3 OF 4)



B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

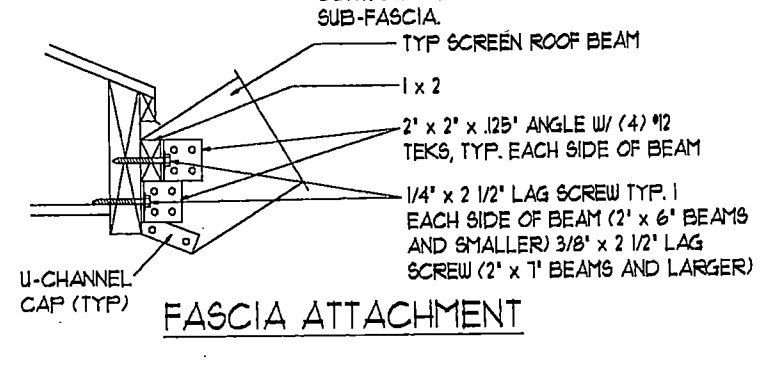
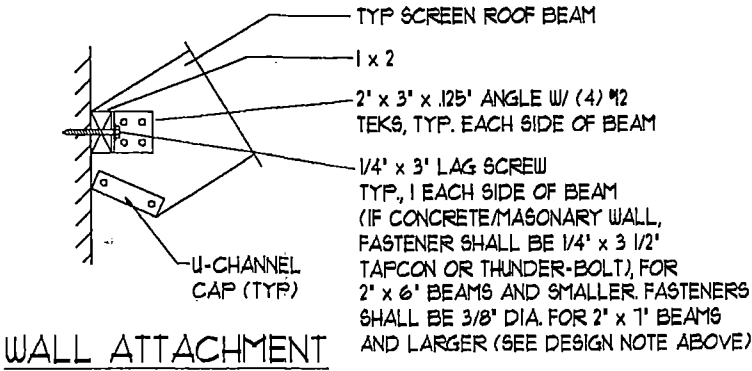


BEAM SIZE	NO. OF #14 TEKS (PER SIDE)
2 x 4 - 2 x 5	(3) #14 TEKS
2 x 6 - 2 x 7	(4) #14 TEKS
2 x 8 - 2 x 9	(5) #14 TEKS
2 x 10	(6) #14 TEKS

DESIGN NOTE: THE 3-INCH LEG OF THE ANGLE SHALL BE PLACED AGAINST THE 1 x 2. THIS ALLOWS A MIN. EDGE DISTANCE FOR THE FASTENERS (FROM THE EDGE OF THE ANGLE) OF ONE-INCH, AND MAINTAINS A SIX-INCH MIN. CENTER-TO-CENTER DISTANCE FOR THE MAX. SIZED CONCRETE ANCHORS (3/8" x 3 1/2")

NOTE: FOR WOOD FRAMING, AT LEAST ONE OF THE LAG SCREWS MUST ANCHOR INTO A STUD IN THE WALL FRAMING.

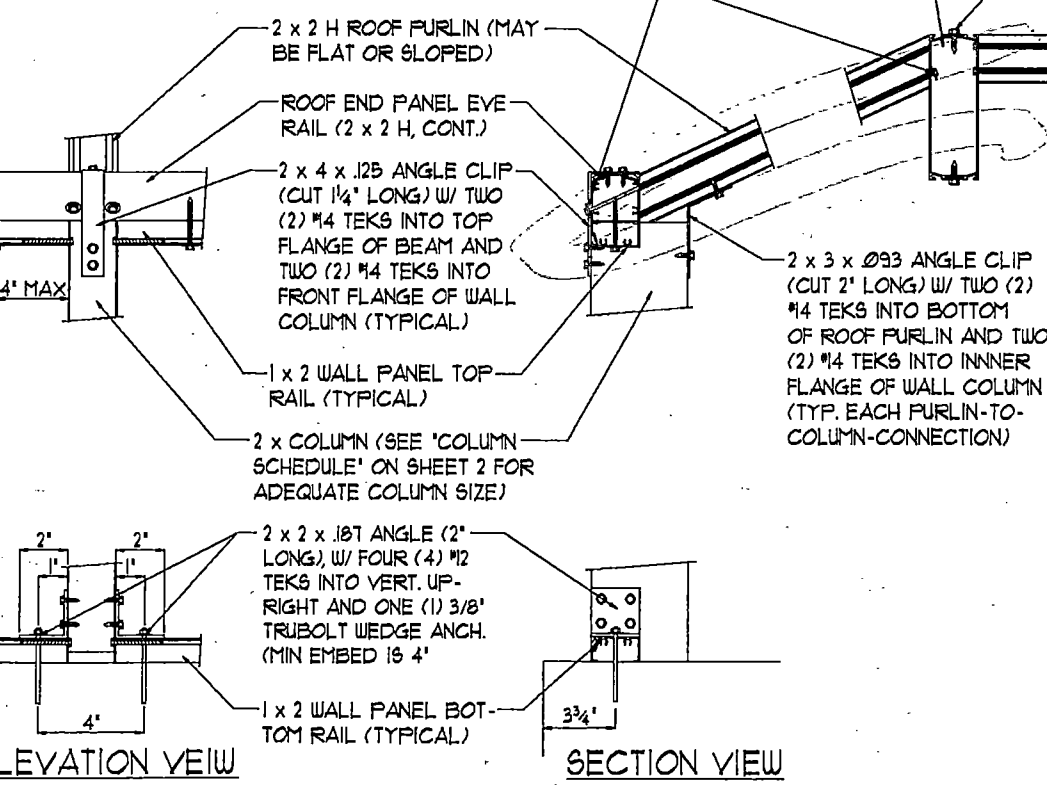
NOTE: FASCIA ATTACHMENT REQUIRES A 2 x FASCIA BOARD (MINIMUM). A 1 x FASCIA IS ONLY ADEQUATE FOR THIS INSTALLATION WHEN THERE IS A 2 x SUB-FASCIA BEHIND IT. IN THIS CASE, THE LAGS MUST PENETRATE THE SUB-FASCIA 1/2" (MIN. EMBEDMENT). IT SHALL BE THE RESPONSIBILITY OF THE SCREEN CONTRACTOR TO VERIFY THE PRESENCE OF THIS SUB-FASCIA.



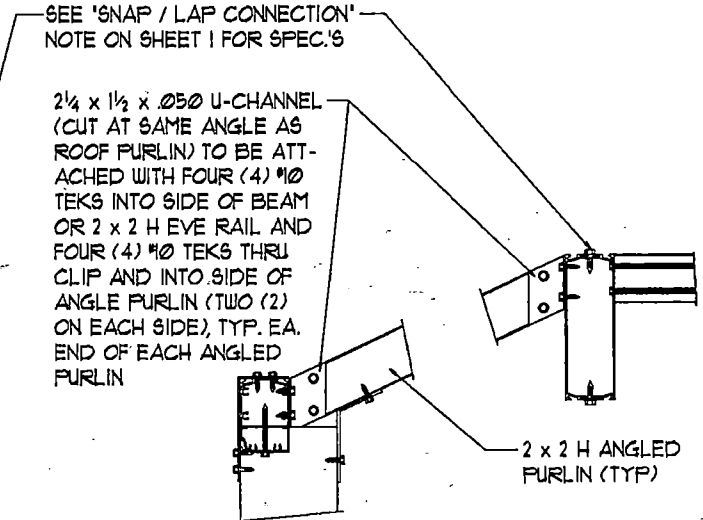
SCREEN ROOF ENCLOSURE-TO-HOST STRUCTURE ATTCHMENT DETAIL (WITH NO STRUCTURAL GUTTER)

TYPICAL MAIN BEAM-TO-COLUMN -TO-FOUNDATION DETAIL

ANY #10 S.M.S. SCREWS USED TO INTERNALLY ATTACH AN "ANGLED" ROOF FURLIN (AS SHOWN) MUST HAVE A 5/8" (MIN.) WASHER INSTALLED ON THE SCREW PRIOR TO INSTALLATION INTO THE SCREW BOSS (SEE "INTERNAL CONNECTION SPEC." ON SHEET 1 FOR EMBEDMENT REQUIREMENTS)



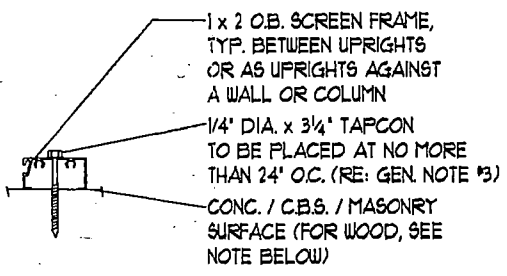
TYPICAL ROOF END PANEL-TO-RETURN WALL PANEL-TO-FOUNDATION CONNECTION DETAIL



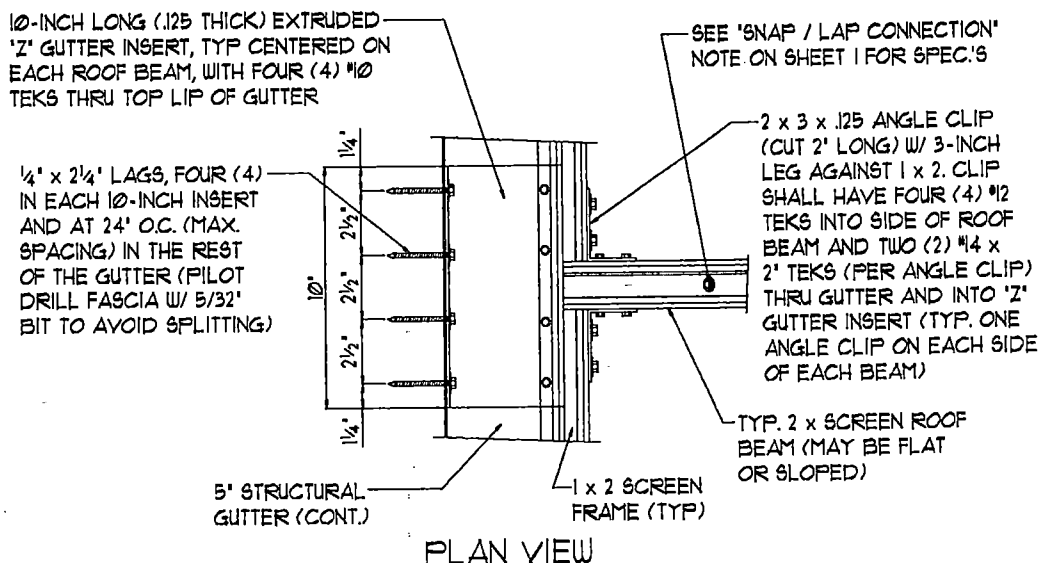
ALTERNATE ANGLED PURLIN CONNECTION DETAIL

NOTE: THIS ATTACHMENT DETAIL ALSO APPLIES TO A 2 x 2 SCREEN FRAME, W/ THE FASTENER BEING 4" IN LENGTH, TO MAINTAIN A 2" MIN. EMBED.

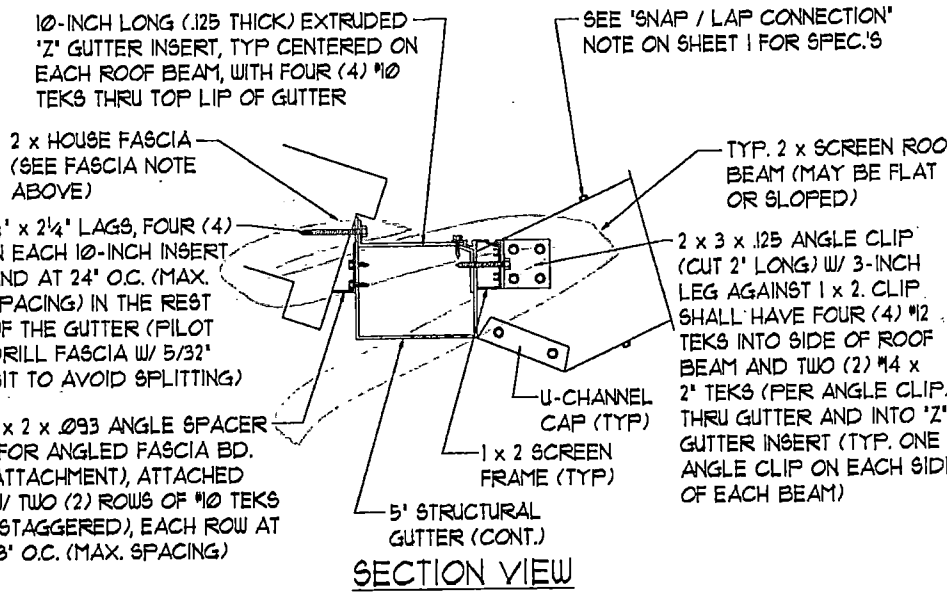
MIN. EMBEDMENT FOR ALL TAPCONS SHALL BE 2" INTO CONCRETE.



NOTE: ALL FASTENERS SPECIFIED IN 'COLUM-TO-FOUNDATION' DETAILS PERTAIN ONLY TO THE FASTENERS TO BE PLACED ON EITHER SIDE OF COLUMNS. THIS DETAIL IS FOR ALL INTERMEDIATE FASTENERS FOR 1 x 2 SCREEN FRAME TO EITHER CONC. DECK OR C.B.S. MASONRY WALL. THIS SAME DETAIL ALSO APPLIES TO WOOD FRAME WALLS, COLUMNS OR BEAMS WITH THE SUBSTITUTION OF 1/4" x 2 1/2" LAG SCREWS INSTEAD OF THE ABOVE SPECIFIED TAPCONS.



PLAN VIEW



SECTION VIEW

STRUCTURAL GUTTER CONNECTION DETAIL

D.W. E. DOWDY
DATE: 07/28/05
APPROVED:
D. A. DOWDY, P.E.
DWG. NO. 02-140-08
LAST REV. 03/05/05

NOTE TO BUILDING OFFICIALS:
THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING) (RE: GEN. NOTE #8)

POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP "B"
(SHEET 4 OF 4)

Signature: D. A. Dowdy

B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/17, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7800	JUSTAL	PRE-POUR	FAILED	
2	171 S. SEWALL SANDERS SC	SCREEN IN ADDN		INSPECTOR: <i>[Signature]</i>
7221	CLEMENTS	SEAWALL CAP	FAILED	
1	11 W. HIGH POINT WILCO CONST			INSPECTOR: <i>[Signature]</i>
3	SHUTTS 46 RIO VISTA DR	TREE	OK	INSPECTOR: <i>[Signature]</i>
6911	PREISSMAN	INGR. TANK + LINES	FAILED	\$40
4	28 RIO VISTA DR FORDEN GAS		PASSED	INSPECTOR: <i>[Signature]</i>
7351	CIFELLI	FINAL SCREEN ENCLOSURE	PASSED	
5	8 HERITAGE WAY PIONEER SCREEN		CLOSE	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
OTHER:	3/5 HERITAGE WAY - STORM DRAIN POSSIBLY COVERED W/SOD ✓			



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 171 S.S.P.R.

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

FINAL SCREEN ENCL.

SEVERAL COLUMN ANGLES
SECURING IT TO SLAB ARE
MISSING SCREWS OR HAVE
SCREWS NOT FULLY TIGHTENED.

NEEDS BONDING WIRE
ATTACHED TO ALUM. FRAMEWORK

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: 12/5

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/5, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	KENDRIGAN	COURTESY/INSP.	OK	CONFERRED BY OWNER
4	12 RIO VISTA	DRAINAGE		ABOUT DRAINAGE INSPECTOR: <i>[Signature]</i>
7800	SUSTAK	FINAL SCR. ENCL	FAIL	
2	170 S SEWALL'S SANDERS SCREEN			INSPECTOR: <i>[Signature]</i>
7575	FREDERICK	FINAL EXTEND POOL DECK	PASS	CLOSE
3	32 S SEWALL'S RD OIB			INSPECTOR: <i>[Signature]</i>
7129	DUNN	GAS TANK + LINES	PASS	
5	31 N. RIVER RD FERRELL GAS			INSPECTOR: <i>[Signature]</i>
TREE	HUDSON	TREE	PASS	
1	157 S RIVER RD			INSPECTOR: <i>[Signature]</i>
	DUNN	POWER RELEASE		CANCEL
5	31 N. RIVER RD.			INSPECTOR: <i>[Signature]</i>
6772	ELDER	STAIRWELL	CANCEL	
1A	4 MARGUERITE OIB	MINOR ELEC		INSPECTOR: <i>[Signature]</i>
OTHER: DESANTS PLAYGROUND EQUIP. IN SET BACK STOP WORK ORDER				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 171 33PR.

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

FINAL SCREEN ENCL. - REINSPECT

SEVERAL COLUMN BASE ANGLES
HAVE LOOSE AND MISSING
SCREWS -

CAN NOT LOCATE BONDING
WIRE SYSTEM.

\$140 FEE

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

DATE: 12/27

OR

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ^{TUES} Mon Wed Fri DEC 27, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7800	JUSTAL	FINAL RATION SCREEN ROOF	FAIL	
1	171 S. SEWALL'S Pt SAUNDER SCREENING			\$40 FEE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7824	DUNN	FINAL ROOF		
2	21 PALMETTO DR AN AMERICAN RFA			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

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/4, 2006 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7883	DENNISON	IN PROG - FLAT ROOF	FAIL	
5	49 W HIGH POINT	11:45		
	STUART ROOFING	(LAST PLEASE)		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7943	ELLIOTT	PREPOUR SEAWALL	FAIL	
1	25 W. HIGH POINT			
	STRUCTURE - CON	8:15 Please		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7937	FREDRICK	BACKFILL SEAWALL	PASS	CLOSE
3	32 S. SEWALLS PT	FINAL		
	O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	DINZIK	TREE	PASS	
4	LOT #38 CASTLE HILL			
	WOULD BE 5 CASTLE HILL			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7800	JUSTAL	FINAL SCREEN	PASS	CLOSE
2	171 S. SEWALLS PT	ENCLOSURE		
	SANDERS SCREENING			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7847	BABILIE	FINAL FENCE	PASS	CLOSE
2A	101 S. SEWALLS PT			
	O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9074

SECURITY SYSTEM



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:	9074	DATE ISSUED:	12/19/2008
SCOPE OF WORK:	ALARM		
CONDITIONS :			
CONTRACTOR:	CERTIFIED ALARM TECH		
PARCEL CONTROL NUMBER:	133841008107	SUBDIVISION	EVINRUDE
CONSTRUCTION ADDRESS:	171 S. SEWALL'S POINT RD.		
OWNER NAME:	JUSTAK		
QUALIFIER:	EWILL MILLER	CONTACT PHONE NUMBER:	561-752-3033

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

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

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

REQUIRED INSPECTIONS

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

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

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

Permit Number: _____

Date: 12/4/08

OWNER/TITLEHOLDER NAME: John & Luann Justak Phone (Day) 782-15-0784 (Fax) _____

Job Site Address: 1715 Sewalls Point Rd. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Evinnade 3/D Lot 1 Parcel Number: 13-38-41-008-000-0001D-7

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

Scope of work: Installation of wireless Burglar Alarm System to include: (1) self contained panel, keypad & siren, (11) contacts & (1) motion detector.

WILL OWNER BE THE CONTRACTOR?

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

Has a Zoning Variance ever been granted on this property?
Yes _____ (Year) _____ No X
(Must include a copy of all variance approvals with application)

CONSTRUCTION VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 550.00
Notice of Commencement required when over \$2500 - prior to first inspection
Is subject property located in flood hazard area? V A9 A8 X

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:

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

CONTRACTOR/Company: Certified Alarm Technicians Inc. Phone: 561-752-5555 Fax: 561-752-3033

Street: 1401 Neptune Drive City: Boynton Beach State: FL Zip: 33426

State Registration Number: FCAC002282 State Certification Number: _____ Municipal License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: 561-752-5555

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Decks/walkways: _____ 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. 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.
4. 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.

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

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.

Luann Justak
OWNER OR AUTHORIZED AGENT SIGNATURE (required)

Euseell C. Miller
CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin

On State of Florida, County of: Palm Beach

This the 9th day of December, 2008

This the 11th day of December, 2008

by Luann Barton Justak who is personally

by Euseell C. Miller who is personally

known to me or produced Florida Drivers License

known to me or produced _____

as identification. Josephine Scanna

as identification. _____

My Commission Expires: April 6 2012

My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATION MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL NOTIFICATION PER FBC 105.3.4 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS PER FBC 105.3.2 - PLEASE PICK UP YOUR PERMIT PROMPTLY!

JOSEPHINE A SCANNA
Notary Public, State of Florida
My Commission Expires April 6, 2012

PATRICIA WALKER
MY COMMISSION # DD 600990
Expires December 1, 2010
Bonded thru Notary Public Underwriters



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9074		
ADDRESS	171 S. SEWALL'S PT. RD		
DATE:	12/19/2008	SCOPE:	ALARM

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	1	\$	75.00
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	80.00'

✓ JOHN VOSTAK
177 So Sewalls R. Rd
Stuart 34996-7016

577
772-286-4689

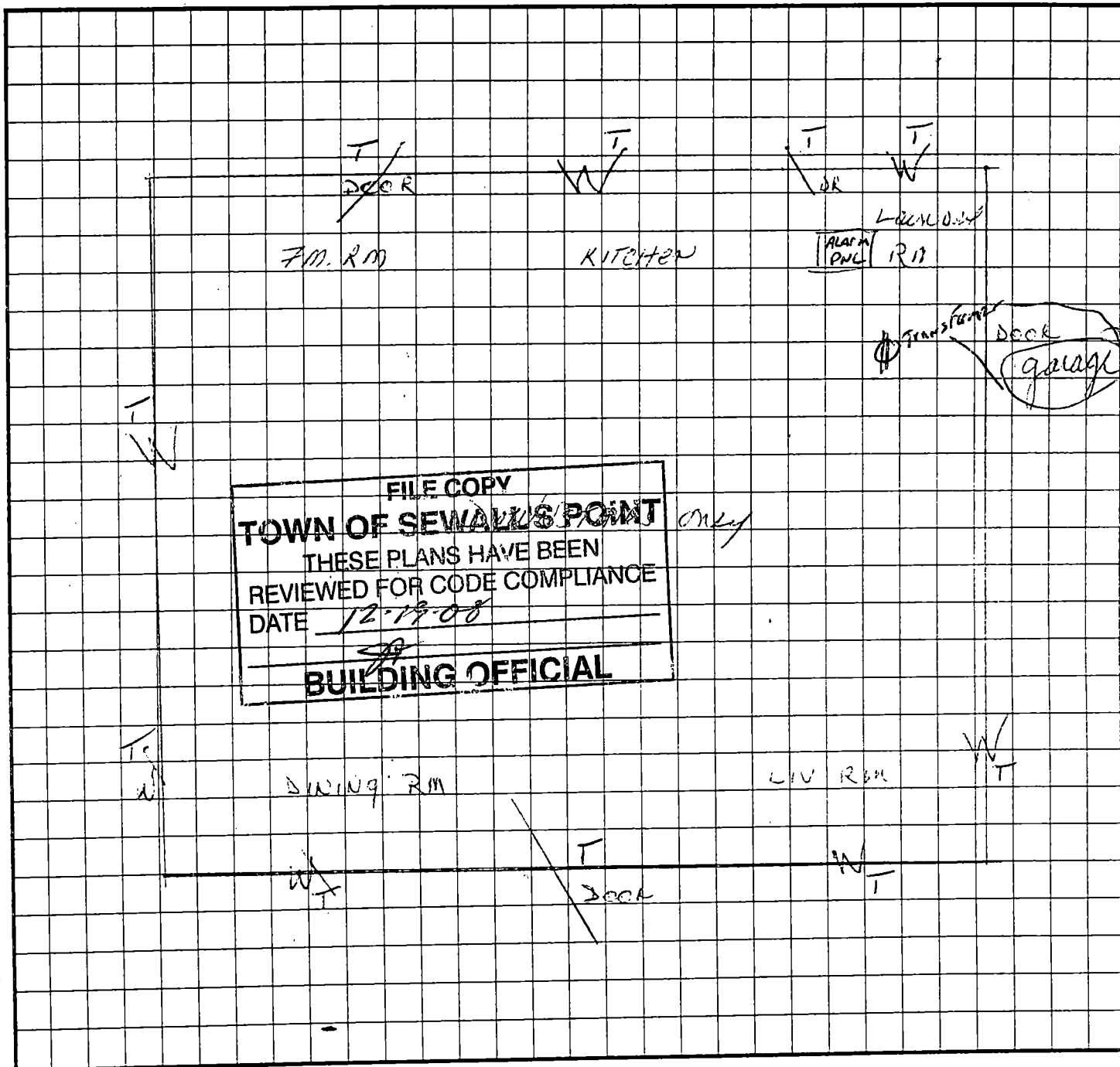


C.A.T.
CERTIFIED ALARM TECHNICIANS[®]

1.22 units
JOHN at 772-215-0784
to schedule install

Alarm System Layout

wireless



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-5 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9000	CDZ 4 River Oak Pl SDH	tie beam 2nd FL		passed BY PHIL ON INSPECTOR 3/4/09
9014	Justak 171 S Sewalls Cest Alarm	Final	Pass	close INSPECTOR <i>[Signature]</i>
9107	Armetstrong 3 Ridgeland Dr Skytigh	tin tag DRY IN & METAL	PASS	RE-NAIL AFFIDAVIT INSPECTOR <i>[Signature]</i>
8962	CDZ ? 75 N Sewalls SDH	Final entrance wall		CANCEL NOT READY INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

9293

REMODEL



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9293	DATE ISSUED:	11/13/2009
SCOPE OF WORK:	KITCHEN/BATH REMODEL		
CONDITIONS :			
CONTRACTOR:	WILSON BUILDERS		
PARCEL CONTROL NUMBER:	13384100800000107	SUBDIVISION	EVINRUDE LOT 1
CONSTRUCTION ADDRESS:	171 S. RIVER RD <i>Sewalls Pt Rd</i>		
OWNER NAME:	JUSTAK		
QUALIFIER:	FRAN WILSON	CONTACT PHONE NUMBER:	260-5133

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

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

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

REQUIRED INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9293	<i>Sewalls</i>	
ADDRESS	171 S. SEWALL RD.		
DATE:	11/13/2009	SCOPE:	KITCHEN/BATH REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	50,000
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			500.00
Total number of inspections (Value < \$200K) @\$75 ea.	5	\$	375.
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			20..
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	895.00

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
TOTAL ACCESSORY PERMIT FEE:		\$	

RECEIVED
11-9-09

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: **9293**

OWNER/TITLEHOLDER NAME: JOHN F. JUSTAK Phone (Day) 215-0784 (Fax) 283-0255

Job Site Address: 171 S. SEWALLS PT. RD City: STUART State: FL Zip: 34994

Legal Description EVINRUDE SID LOT 1 Parcel Control Number: 13-38-41-008-000-00010-7

Owner Address (if different): N/A City: _____ State: _____ Zip: _____

Scope of work (Please be specific): Interior remodel - Kitchen & bath

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: 6000 *per Nancy*
(Notice of Commencement required when over \$2500 prior to first inspection; \$7,500 on HVAC change-out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Wilson Builders Inc Phone: 288-2000 Fax: 288-2369
Street: P.O. Box 2712 City: STUART State: FL Zip: 34995

State License Number: CGC018396 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Fran Wilson Phone Number: 260-5133

DESIGN PROFESSIONAL: Kelly & Kelly Lic# _____ Phone Number: 283-3492

Street: 119 W 6th ST City: STUART State: FL Zip: 34994

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
John F. Justak
State of Florida, County of: Martin
This the 13 day of October, 2009
by John F. Justak who is personally
known to me or produced _____
as identification. _____

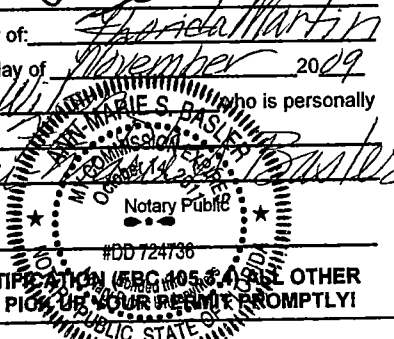
Notary Public
My Commission Expires: 05/06/2013

CONTRACTOR SIGNATURE: (required)
Francis X. Wilson
On State of Florida, County of: Florida Martin
This the 14th day of November, 2009
by Francis X. Wilson who is personally
known to me or produced _____
As identification. _____

Notary Public
My Commission Expires: _____ #DD 724736

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

NOTARY PUBLIC
STATE OF FLORIDA
Notary Public State of Florida
N K Wilson
My Commission DD887398
Expires 05/06/2013



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: John Lustrak

CONSTRUCTION ADDRESS: 171 S. Sewall's Pt. Rd Stuart

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

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

SCOPE OF WORK: Kitchen, Laundry and Master Bath Remodel

VALUE OF CONSTRUCTION \$ 2,400.00

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

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

SIGNATURE OF LICENSED CONTRACTOR P.O. Drawer "O" Port Salerno Fl. 34992
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Lloyd Johnson Electric Inc

TELEPHONE NO: 772-223-7397 FAX NO: 772-223-7145

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0003162

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

VERIFICATION OF PARCEL CONTROL NUMBER
OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: 13-38-41-008-000-00010-7

SUBDIVISION: Evinnade S/A LOT: 1 BLK: _____ PHASE: _____

SITE ADDRESS: 171 S. Sewall's Pt Rd, STUART FL

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

SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Wilson Builders BLDG. PERMIT # _____

MAILING ADDRESS P.O. Box 2712, Stuart FL 34995

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. **(NOT OCCUPATIONAL LICENSE NUMBERS)**

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISE	N/A	
BM	BLOCK MASON	N/A	
CB	COLUMNS & BEAMS	N/A	
CA	CARPENTRY ROUGH	Grannemann Const.	CBC037827
GD	GARAGE DOOR	N/A	
DE	DRYWALL - HANG		
DF	- FINISH	Wilson Builders	CGC018396
IN	INSLATION	N/A	
LA	LATHING	N/A	
FI	FIREPLACE	N/A	
PAV	PAVERS	N/A	
AL	ALUMINUM	N/A	
LP	LP GAS	N/A	
PAV	PAINING	N/A	
PL	PLASTER & STUCCO	N/A	
ST	STAIRS & RAILS	N/A	
RO	ROOFING	N/A	
TM	TILE & MARBLE	/	
WD	WINDOWS & DOORS	N/A	
PLU	* PLUMBING	PLUMBING BY BISHOP	CSC027632
AC	* HARV	N/A	
EL	* ELECTRICAL	AULT ELECTRIC	EC0001693

[Handwritten initials/signature]

[Handwritten initials/signature]

[Handwritten signature]
 @LLOYD
 JOHNSON ELEC *[Handwritten initials]* EC0003162

AL	LOW VOLTAGE BURGLAR ALARM	N/A	
VS	VACUUM SOUND	N/A	
IR	IRRIGATION	N/A	
SH	SHUTTERS	N/A	

REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

I. X. W. [Signature]

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 4th day of November, 2009

Ann-Marie S. Basler
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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

PERMIT #: 9293 TAX FOLIO #: 1303804100800000107

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):
171 S. SEWALLS PT ROAD, STUART FLORIDA 34986 EVINKRUDE LOT 1

GENERAL DESCRIPTION OF IMPROVEMENT: INTERIOR REMODEL

OWNER NAME: JOHN & LUANN JUSTAK
ADDRESS: 171 S. SEWALLS PT ROAD, STUART FL 348
PHONE NUMBER: 772 2860468 FAX NUMBER: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: WILSON BUILDERS, INC. STATE OF FLORIDA
ADDRESS: P.O. BOX 2712 STUART FLORIDA 34995 MARTIN COUNTY
PHONE NUMBER: 772 288 2000 FAX NUMBER: 772 288 2365

SURETY COMPANY (IF ANY): N/A FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
ADDRESS: _____ AND CORRECT COPY OF THE ORIGINAL.
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____ MARGIE EWING, CLERK

LENDER/MORTGAGE COMPANY: N/A BY: [Signature] D.C.
ADDRESS: _____ DATE: 12/03/09
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES WILSON BUILDERS, INC. OF _____ 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:
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 200__.

BY: John F. Justak Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

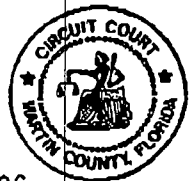
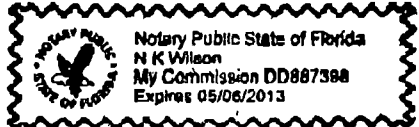
PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____

[Signature] NOTARY SIGNATURE NOTARY SEAL

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

[Signature]
(Signature of Natural Person Signing Above)



INSTR # 2179549 OR BK 02423 PG 1054 RECD 11/24/2009 08:44:56 AM
Pg 1054: (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: JUSTAK _____

CONSTRUCTION ADDRESS: 171 S. Sewall's Pt. Rd _____

PERMIT TYPE: [X] RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
[X] PLUMBING
HVAC
IRRIGATION
FUEL GAS

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

SCOPE OF WORK: Remodel plumbing _____

VALUE OF CONSTRUCTION \$ To be determined

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

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

Doug Bishop SIGNATURE OF LICENSED CONTRACTOR
1501 SE Decker Ave # 313 STUART ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Plumbing By Bishop Inc
PLEASE PRINT

TELEPHONE NO: 772-286-5872 FAX NO: 772-286-1412
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 027632

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

VERIFICATION OF PARCEL CONTROL NUMBER
OWNER'S FULL NAME AS STATED ON DEED: JUSTAK
PARCEL CONTROL #: 133841008000000107
SUBDIVISION: SEWALL'S POINT LOT: _____ BLK: _____ PHASE: _____
SITE ADDRESS: 171 S. SEWALL'S PT. ROAD

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



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) 372-6339

www.maimidade.gov/buildingcode

NOTICE OF ACCEPTANCE (NOA)

Weather Shield Manufacturing, Inc.
One Weather Shield Plaza
Medford, WI 54451

SCOPE:

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

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

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

DESCRIPTION: Series "Contempra" Aluminum Clad Outswing Wood French Door - L.M.I.

APPROVAL DOCUMENT: Drawing No. 1194, titled "1 3/4" Contempra Outswing French Door", sheets 1 through 6 of 6, dated 11/20/02, prepared by W.W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, 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 Resistant

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

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

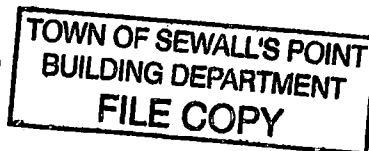
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this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

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

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

This NOA renews NOA # 03-0109.03 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



NOA No. 08-0130.02
Expiration Date: May 22, 2013
Approval Date: May 15, 2008

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **11.20** 2009 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9280 130	Nichols 17 Palmetto Dr Advantage Ac	Final Ac	PASS	INSPECTOR <i>[Signature]</i>
9216	Masterpiece 1 Marguerita Dr Schiller	Final Pool POOL	FAIL	RAIL 35" HIGH PLANTS IN POOL DECK BED INSPECTOR BABY BARNER
9279	CD2 6 River Oak Pl Harbor Bay Maine	Final Dock repair	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9240	CD2 4 River Oak Pl Harbor Bay Maine	Final DOCK	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9283	JUSTAR 17th St SPT RD WILSON BLDRS	FRAMING TRADES	UNDERWAY FRAMING LTH. A/C	INSPECTOR <i>[Signature]</i>
9281	DUDICIA 8 MIRAMAR RD SPS	FINAL WINDOWS	PASS	CLOSE INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-13-10 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9311	SUBIN			
	8 Palm Ct	ROOF SHERMAN	PASS	
	DRIFTWOOD	REAR PORCH		INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379	BALFOORD	FOOTING	PASS	
<i>AM</i>	103 HILLCREST	POND M.D.	PASS	
	BALFOORD CONST	POND STEEL	PASS	INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		NO OBVIOUS
	102 S. RIVER RD	OR TREE		PRODS
		CLOSE TO HOUSE		INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	FENCING	3		UNSANITARY
C.E	107 HILLCREST	COURT		POOL - SEND NOV
	POOL - NUISANCE			INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		EARLY ARRIVAL		
	102 & 104 N SPTR	WARNING	OK	WARNED
				INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9293	JUSTIN			
	171 S. SPTR	FENCE	PASS	Code
	WILSON BLDG			INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Tree Keplinger	Tree		
	1435 River Rd		OK	
				INSPECTOR

9300

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:	9300	DATE ISSUED:	NOVEMBER 19, 2009
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	NISAIR		
PARCEL CONTROL NUMBER:	133841008-000-000107	SUBDIVISION	EVINRUDE - LOT 1
CONSTRUCTION ADDRESS:	171 S SEWALLS PT RD		
OWNER NAME:	JUSTAK		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	772-466-8115

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

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

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

REQUIRED INSPECTIONS

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

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

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

Permit Number: 9300

Date: 11-18-09

OWNER/TITLEHOLDER NAME: JOHN JUSTAK Phone (Day) 772-286-4689 (Fax) _____

Job Site Address: 1715 Sewall's Point Rd. City: Stuart State: FL Zip: 34996

Legal Description EVINRUDE S/D LOT 1 Parcel Control Number: 13-38-41-008-000-00010-7

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

Scope of work (please be specific): Change out A/C to 3 ton 19.25 SEER

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 6800.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ N/A
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: NISAIR AIR CONDITIONING Phone: 772-466-8115 Fax: 772-468-9745
Street: 3700 S. US 1 City: FT. PIERCE State: FL Zip: 34982

State License Number: CACD-41199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: N/A Phone Number: _____

DESIGN PROFESSIONAL: N/A Lic# _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition
National Electrical Code: 2005 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]

State of Florida, County of: Martin

This the 14 day of NOVEMBER, 2009

by JOHN JUSTAK personally

known to me or produced _____

as identification. _____

My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)
[Signature]

On State of Florida, County of: ST. LUCIE

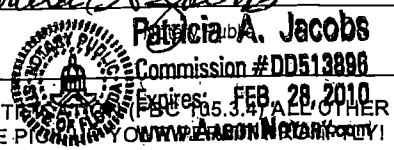
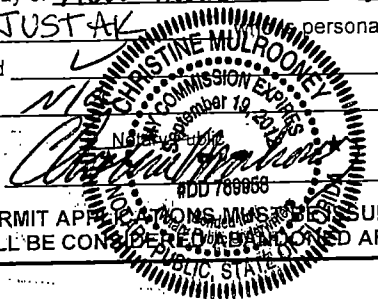
This the 18TH day of NOVEMBER 2009

by Phelan Nisa, Jr. who is personally

known to me or produced _____

As identification. [Signature]

My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION. ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT AT THE TOWN OF SEWALL'S POINT OFFICE.

Martin County, Florida

generated on 11/18/2009 8:38:54 AM EST

Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-008-000-00010-7	171 S SEWALLS POINT RD	27832	Address	0	1

Summary

Property Location 171 S SEWALLS POINT RD
Tax District 2200 Sewall's Point
Account # 27832
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.875

Legal Description

Property Information
 EVINRUDE S/D LOT 1

Owner Information

Owner Information
 JUSTAK, JOHN F & LUANN B

Mail Information

171 S SEWALL'S POINT RD
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$203,780
Market Impr Value \$351,560
Market Total Value \$555,340

Recent Sale
Sale Amount \$275,000

Sale Date 6/1/1999
Book/Page 1397 1886

Data updated on 11/09/2009

Need Permit

NAME WILSON Builders JOB # 12667
 BILLING ADDRESS P.O. Box 2712
 PHONE SWAGY R 34995 A/C PERMIT
 JOB NAME JOHN DOSTAK JOB PHONE
 JOB ADDRESS 171 S SEMMEL POINT ROAD
 DIRECTIONS TO JOB Semmel Point Right & Light to
171 on Right Before Hi Point

MODEL	SERIAL #	INSTALLED BY	DATE
1- XC21-036			
1- CBX32MV-036 (vertical)			
1- EUS29-10			
1- MERV 10			

DUCT WORK START _____

_____ HANG AIR HANDLER (NAME) _____

_____ DUCT WORK (NAME) _____

_____ INSTALL STRIP HEAT (NAME) _____

_____ DRAIN PAN _____ (NAME) _____

_____ GRILL LIST (NAME) _____

DUCT EXTRAS _____

SIGNED BY _____

VENTING _____

VENTING EXTRAS _____

PRICE: _____ SIGNED BY: _____

COPPER: SIZE 3/4 3/8

SLAB IN	NAME	DATE
ROUGH IN	NAME	DATE
A/H SET	NAME	DATE
UNIT SET	NAME	DATE
START UP	NAME	DATE

ROUGH BILLING	DATE	INV.#	AMOUNT
FINAL BILLING	DATE	INV.#	AMOUNT

TOTAL A/C PRICE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

3-15-10

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9300	Justin Ke... 171 S Sewalls	Final AC	Pass	CLOSE INSPECTOR <i>[Signature]</i>
	Nis Din			
9357	Combs 140 S Sewalls Armor Screen	Final Shutters	Pass	CLOSE INSPECTOR <i>[Signature]</i>
9334	VAN HANOT 11 CASTLE HILL Reel	PINK FENCE	Pass	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9563

A/C DUCTS



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:	9563	DATE ISSUED:	SEPTEMBER 9, 2010
SCOPE OF WORK:	AC CHANGEOUT W/NEW DUCTS		
CONDITIONS:			
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	133841-008-000-000107	SUBDIVISION	EVINDRUDE-LOT 1
CONSTRUCTION ADDRESS:	171 S SEWALLS PT RD		
OWNER NAME:	JUSTAK		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	4283-0904

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: 9.1.10

Permit Number: 9563

OWNER/TITLEHOLDER NAME: John & Luana Justak Phone (Day) 215-0784 (Fax) _____

Job Site Address: 171 S. Sewalls point Rd City: Sewalls point State: Fla Zip: 34996

Legal Description EVIN Rude S/D Lot 1 Parcel Control Number: 13-38-41-008-000-00010-7

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

Scope of work (please be specific): HVAC like for like change out of new ducts

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: \$ 6995.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Nisair Air Conditioning Phone: 283-0904 Fax: 283-7229
Street: 3700 S. US Hwy 1 City: P. piece State: Fla Zip: 34982

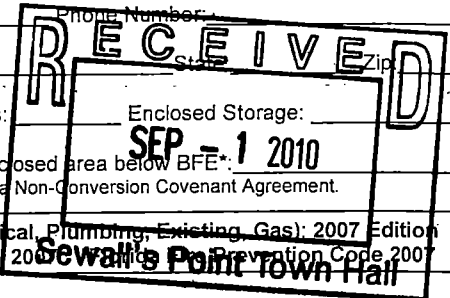
State License Number: CAC041199 OR: Municipal _____ License Number: _____

LOCAL CONTACT: phil Nisa Jr Phone Number: 283-0904

DESIGN PROFESSIONAL: _____ Lic# _____

Street: _____ City: _____

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



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing Gas): 2007 Edition
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
John Justak

State of Florida, County of: St Lucie

This the 1st day of September, 2010

by John Justak who is personally

known to me or produced Florida Drivers License

as identification. Nichole L. Simmons
Notary Public
Comm# DD0721513

My Commission Expires 10/2/2011

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

CONTRACTOR SIGNATURE: (required)
Philip Nisa Jr

On State of Florida, County of: MARTIN

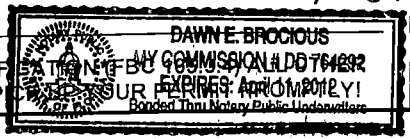
This the 3rd day of August, 2010

by Philip Nisa Jr who is personally

known to me or produced _____

As identification. Dawn E. Brocius
Notary Public DD0764092

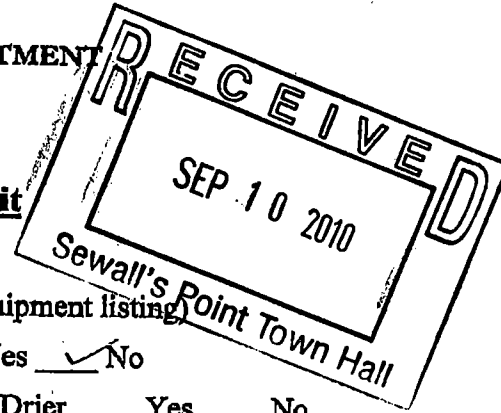
My Commission Expires: _____



Justak



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



Air Conditioning Change out Affidavit

Residential [checked] 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: LENOX Model# CBX32m-03 Condenser: Mfg LENOX Model# XC21036
Volts 208/230 CFM's 1200 Heat Strip 10 Kw Volts 208/230 SEER/EER 19.2 BTU's 36000
Min. Circuit Amps Wire gauge 6 Min. Circuit Amps 23.7 Wire gauge 8
Max. Breaker size Min. Breaker size Max. Breaker size 40 Min. Breaker size 25
Ref. line size: Liquid 3/8 Suction 7/8 Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-22 Refrigerant type 410A
Location: Existing [checked] New Left/Right/Rear/Front/Roof
Attic/Garage/Closet (specify) Attic Condensate Location SWS
Access: SCENE HDL

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: CARRIER Model# FK4CNFO05 Condenser: Mfg CARRIER Model# 38712A042330
Volts 208/230 CFM's Heat Strip B Kw Volts 208/230 SEER/EER BTU's 42600
Min. Circuit Amps Wire gauge Min. Circuit Amps Wire gauge
Max. Breaker size Min. Breaker size Max. Breaker size Min. Breaker size
Ref. line size: Liquid 7/8 Suction 3/8 Ref. line size: Liquid 7/8 Suction 3/8
Refrigerant type R-22 Refrigerant type R-22
Location: Ext. [checked] New Location: Ext. [checked] New
Attic/Garage/Closet (specify) Left/Right/Rear/Front/Roof
Access: Condensate Location

Certification:

I hereby 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

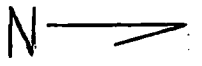
Signature [Handwritten Signature]

Date 9-8-10

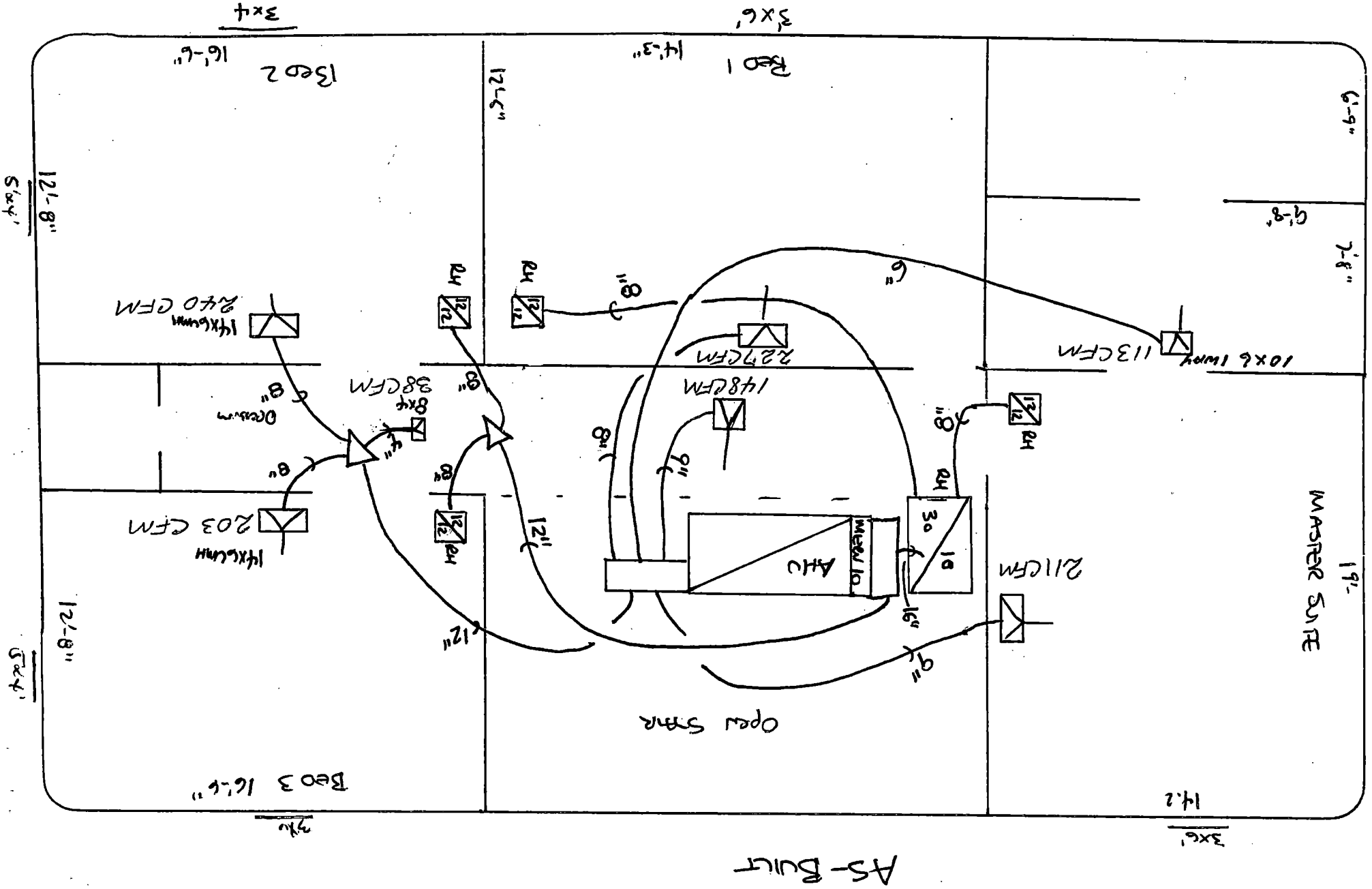
Justak 171 S. Sewalls pt. Rd.

RECEIVED
APR 11 1968
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

Window Size
+ Result
260 - CHRIS
2708



Illustrate Res
N/SAIR



Project Report

General Project Information

Project Filename: C:\Elite\Rhvacw\Projects\Justak.rhv
 Project Title: The Justak Residence
 Project Date: Tuesday, September 07, 2010
 Client Name: Mr. Justak
 Client Address: 171 S Sewall's Point Rd
 Client City: Stuart, FL
 Company Name: Nisair Air Conditioning
 Company Representative: Jose
 Company Address: 3700 S. US Hwy 1
 Company City: Ft. Pierce, FL 34982
 Company Phone: 772-466-8115

Design Data

Reference City: West Palm Beach, Florida
 Daily Temperature Range: Low
 Latitude: 26 Degrees
 Elevation: 15 ft.
 Altitude Factor: 0.999
 Elevation Sensible Adj. Factor: 1.000
 Elevation Total Adj. Factor: 1.000
 Elevation Heating Adj. Factor: 1.000
 Elevation Heating Adj. Factor: 1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel. Hum	Indoor Dry Bulb	Grains Difference
Winter:	45	0	0	72	0
Summer:	95	78	50	75	53

Check Figures

Total Building Supply CFM: 1,179 (5.1 AC/hr) CFM Per Square ft.: 0.876
 Square ft. of Room Area: 1,346 Square ft. Per Ton: 546

Building Loads

Total Heating Required With Outside Air: 23,198 Btuh 23.198 MBH
 Total Sensible Gain: 25,919 Btuh 88 %
 Total Latent Gain: 3,647 Btuh 12 %
 Total Cooling Required With Outside Air: 29,566 Btuh 2.46 Tons (Based On Sensible + Latent)

Notes

Calculations are based on 8th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

Miscellaneous Report

System 1 Upstairs Input Data	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel. Humidity	Indoor Dry Bulb	Grains Difference
Winter:	45	0	30	72	-0.42
Summer:	95	78	50	75	52.87

Duct Sizing Inputs

	Main Trunk	Runouts
Calculate:	Yes	Yes
Use Schedule:	Yes	Yes
Roughness Factor:	0.00300	0.01000
Pressure Drop:	0.1000 in.wg./100 ft.	0.1000 in.wg./100 ft.
Minimum Velocity:	650 ft./min	450 ft./min
Maximum Velocity:	900 ft./min	750 ft./min
Minimum Height:	0 in.	0 in.
Maximum Height:	0 in.	0 in.

Outside Air Data

	Winter	Summer
Infiltration:	0.300 AC/hr	0.150 AC/hr
Volume of Conditioned Space:	X 13998 Cu.ft.	X 13998 Cu.ft.
	4,199 Cu.ft./hr	2,100 Cu.ft./hr
	X 0.0167	X 0.0167
Total Building Infiltration:	70 CFM	35 CFM
Total Building Ventilation:	0 CFM	0 CFM

---System 1---

Infiltration & Ventilation Sensible Gain Multiplier:	21.99 = (1.10 X 0.999 X 20.00 Summer Temp. Difference)
Infiltration & Ventilation Latent Gain Multiplier:	35.93 = (0.68 X 0.999 X 52.87 Grains Difference)
Infiltration & Ventilation Sensible Loss Multiplier:	29.68 = (1.10 X 0.999 X 27.00 Winter Temp. Difference)

Load Preview Report

Scope	Area	Sens Gain	Lat Gain	Net Gain	Sens Loss	Win CFM	Sum CFM	Sys CFM	Duct Size
Building: 2.46 Net Tons, 2.88 Recommended Tons, 467 ft.²/Ton, 23.20 MBH Heating									
Building	1,346	25,919	3,647	29,566	23,198	301	1,179	1,179	
System 1: 2.46 Net Tons, 2.88 Recommended Tons, 467 ft.²/Ton, 23.20 MBH Heating									
System 1	1,346	25,919	3,647	29,566	23,198	301	1,179	1,179	14x16
Zone 1	1,346	25,919	3,647	29,566	23,198	301	1,179	1,179	
1-Liv Area	323	3,255	358	3,613	3,349	44	148	148	2-5
2-Bdrm 3	192	4,469	683	5,152	4,270	55	203	203	2-6
3-Bath	55	830	364	1,194	940	12	38	38	1-4
4-Bdrm 2	198	5,274	690	5,964	4,198	55	240	240	2-6
5-Bdrm 1	192	4,986	594	5,580	3,351	44	227	227	2-6
6-WIC	120	2,476	239	2,715	2,340	30	113	113	1-6
7-Mstr Ste	266	4,629	719	5,348	4,750	62	211	211	2-6

Total Building Summary Loads

Component Description	Area Quan	Sen Loss	Lat Gain	Sen Gain	Total Gain
1A-hb-o: Glazing-Single pane, operable window, heat-absorbing, metal frame with break, ground reflectance = 0.32, outdoor insect screen with 50% coverage, dark color drapes with loose weave with 25% coverage	148	4,315	0	7,942	7,942
11D: Door-Solid Core	40.8	430	0	557	557
12E-0sw: Wall-Frame, R-19 insulation in 2 x 6 stud cavity, no board insulation, siding finish, wood studs	1181.2	2,169	0	1,743	1,743
16B-19: Roof/Ceiling-Under attic or knee wall, Vented Attic, No Radiant Barrier, Dark Asphalt Shingles or Dark Metal, Tar and Gravel or Membrane, R-19 insulation	1346	1,781	0	3,891	3,891
22A-pm: Floor-Slab on grade, No edge insulation, no insulation below floor, any floor cover, passive, heavy dry or light wet soil	17	542	0	0	0
20P-0c: Floor-Over open crawl space or garage, Passive, no insulation, carpet or hardwood	1023	10,634	0	7,482	7,482
Subtotals for structure:		19,871	0	21,615	21,615
People:	8		1,600	1,840	3,440
Equipment:			250	0	250
Lighting:	0			0	0
Ductwork:		1,249	539	1,695	2,234
Infiltration: Winter CFM: 70, Summer CFM: 35		2,078	1,258	769	2,027
Ventilation: Winter CFM: 0, Summer CFM: 0		0	0	0	0
Total Building Load Totals:		23,198	3,647	25,919	29,566

Check Figures

Total Building Supply CFM:	1,179	(5.1 AC/hr)	CFM Per Square ft.:	0.876
Square ft. of Room Area:	1,346		Square ft. Per Ton:	546

Building Loads

Total Heating Required With Outside Air:	23,198 Btuh	23.198 MBH
Total Sensible Gain:	25,919 Btuh	88 %
Total Latent Gain:	3,647 Btuh	12 %
Total Cooling Required With Outside Air:	29,566 Btuh	2.46 Tons (Based On Sensible + Latent)

Notes

Calculations are based on 8th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

System 1 Room Load Summary

Room No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM
---Zone 1---										
1	Liv Area	323	3,349	44	2-5	543	3,255	358	148	148
2	Bdrm 3	192	4,270	55	2-6	518	4,469	683	203	203
3	Bath	55	940	12	1-4	433	830	364	38	38
4	Bdrm 2	198	4,198	55	2-6	611	5,274	690	240	240
5	Bdrm 1	192	3,351	44	2-6	577	4,986	594	227	227
6	WIC	120	2,340	30	1-6	574	2,476	239	113	113
7	Mstr Ste	266	4,750	62	2-6	536	4,629	719	211	211
System 1 total		1,346	23,198	301			25,919	3,647	1,179	1,179

System 1 Main Trunk Size: 14x16 in.
 Velocity: 844 ft./min
 Loss per 100 ft.: 0.087 in.wg

Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	2.46	88% / 12%	25,919	3,647	29,566

Equipment Data

	Heating System	Cooling System
Type:		
Model:		
Brand:		
Efficiency:		
Sound:		
Capacity:		
Sensible Capacity:	n/a	0 Btuh
Latent Capacity:	n/a	0 Btuh

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9490	Webb/Klingensmatt 2 St Lucie Ct Ranger A/C	Final AC	FAIL	SEE C.N. INSPECTOR <i>JA</i>
9563	Justak 1st 971 S Sewalls Nislin	Final AC	PASS	CLOSE INSPECTOR <i>JA</i>
9545	Gill 33 Rio Vista Heaton Roofing	Final roof	PASS	CLOSE INSPECTOR <i>JA</i>
9567	Mulcahy 138 S Sewalls Linden Marine	dead man + tie back	PASS	INSPECTOR <i>JA</i>
	18 Periwinkle Ln	overgrown palm fronds in yard		INSPECTOR
9540	O'Brien 36 E High Pt Am B Garage	Final garage door	PASS	CLOSE INSPECTOR <i>JA</i>
9543	Williams/Below 6 Gumbo Limbo Advanced Concepts	R. P. Umb	PASS	INSPECTOR <i>JA</i>

10871

FENCE



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:	10871	DATE ISSUED:	5/15/2014
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	13384100800000107	SUBDIVISION	EVINRUDE LOT 1
CONSTRUCTION ADDRESS:	171 S SEWALL'S POINT ROAD		
OWNER NAME:	JUSTAK		
QUALIFIER:	CHESTER RICHMON	CONTACT PHONE NUMBER:	7702 288-1151

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10871		
ADDRESS:	171 S SEWALL'S POINT ROAD		
DATE ISSUED:	5/15/2014	SCOPE OF WORK:	FENCE

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

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

ACCESSORY PERMIT	Declared Value:		\$	\$ 4,680.00
Total number of inspections: @ \$ 100.00 per insp. # insp			\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:			\$	\$ 109.00

*Pa 5/19/14
 OK 1217 for 2 permits*

stuartfence@bellsouth.net

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 10871

Date: _____

OWNER/LESSEE NAME: John Justak Phone (Day) 215 0784 (Fax) _____

Job Site Address: 171 S. Sewalls Pt Rd City: Stuart State: FL Zip: 34996

Legal Description: Exclude S/D lot 1 Parcel Control Number: 133841 008008 000 10-7

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Fence

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: \$ 4680.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

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

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

Construction Company: Stuart Fence Phone: 288-1151 Fax: 288-3035

Qualifiers name: Chester J. Richmond PO box 2636 City: Stuart State: FL Zip: 34998

State License Number: _____ OR: Municipality: _____ License Number: MCPE 3584

LOCAL CONTACT: Same as above Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License#: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

- 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.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

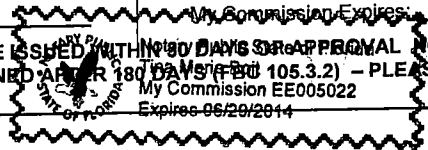
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X Contract
State of Florida, County of: _____
On This the _____ day of _____, 2011
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: Martin
On This the 7 day of May, 2011
by Chester J. Richmond who is personally
known to me or produced ✓
As identification _____
Notary Public

My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

My Commission EE005022
Expires 06/29/2014



if you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency

FENCE ERECTION - MC

License #: MCFE3584 Expires: 09/30/2014

RICHMOND, CHESTER J III
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART, FL 34995

CERTIFICATE OF LIABILITY INSURANCE

Date
1/9/2014

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

NAIC #

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurer A: Lion Insurance Company	11075
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	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 65%;">WC Statutory Limits</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">OTH-ER</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
X	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 34-65-485

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Stuart Fence Company, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

ISSUE 1-09-14 (MT)

Begin Date 5/10/2004

CERTIFICATE HOLDER

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.

John A. Brown



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013

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

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

PRODUCER RICK CARROLL INSURANCE AGENCY 2160 NE Dixie Highway PO Box 877 Jensen Beach FL 34958-0877		CONTACT NAME: Carla Green PHONE (A/C No. Ext): (772) 334-3181 FAX (A/C. No.): (772) 334-7742 E-MAIL ADDRESS: carla@rickcarroll.com	
INSURED Stuart Fence Company Inc. and Stuart Retail PO Box 2636 Stuart FL 34995		INSURER(S) AFFORDING COVERAGE INSURER A: First National Ins Co of Amer INSURER B: American States Insurance INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL13122305768 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			25CC1663017	8/18/2013	8/18/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			01CH3769388	12/20/2013	12/20/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 100,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			01SU41496650	8/18/2013	8/18/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY. GENERAL LIABILITY CONTAINS ADDITIONAL INSURED ENDORSEMENTS ON A PRIMARY/NON CONTRIBUTORY BASIS - AND A WAIVER OF SUBROGATION (TRANSFER OF RIGHTS) ENDT, SEE ATTACHED.

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

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

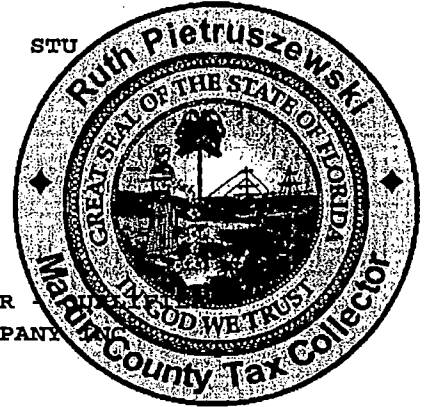
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2004-518-0003 CER CFE3584

PHONE (772)288-1151 SIC NO 238990

LOCATION:

3264 SE DIXIE HWY STU



CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>26.25</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>26.25</u>

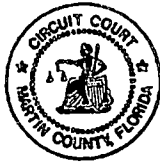
RICHMOND, CHESTER
STUART FENCE COMPANY
PO BOX 2636
STUART, FL 34995

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

29 DAY OF JULY 2013
AND ENDING SEPTEMBER 30. 2014

91 2012 03987.0001 26.25 PAID

STATE OF FLORIDA
MARTIN COUNTY



THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE

INSTR # 2452781
OR BK 2715 PG 1285
(1 Pgs)
RECORDED 05/02/2014 08:40:48 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

CAROLYN TIMMANN, CLERK
BY Michelle James
DATE 5/21/14

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

TAX FOLIO # 13-38-41-008-00010-7

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):

171 So. Sewalls Point Rd Stuart, FL 34996 Evncrude s/d lot 1

GENERAL DESCRIPTION OF IMPROVEMENT: Fence

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

Name: JOHN JUSTICE
Address: 171 So. SEWALLS POINT, Rd, STUART, FL 34996
Interest in property: OWNER
Name and address of fee simple title holder (if different from Owner listed above):

CONTRACTOR'S NAME: STUART FENCE Phone No.: 772-288-1151
Address: PO BOX 2636 STUART FL 34995

SURETY COMPANY (If applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

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: _____ Phone No.: _____
Address: _____

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 of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

[Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

[Signature]
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 10th day of APRIL, 2014

By: JOHN F. JUSTICE as OWNER for N/A
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary's Signature Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

T:\BLD\Bldg_Forms\New Applications\Forms\Notice Of Commencement.docx



STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

CFE3584

LICENSED & INSURED
BONDED

PROPOSAL - CONTRACT

P.O. Box 2636
Stuart, FL 34995

CUSTOMER'S NAME JOHN JUSTAK			DATE 4/9/14
STREET 171 S. SEWALLS POINT RD		CITY STUART	STATE FL
HOME PHONE		BUSINESS PHONE	ZIP 34996
FENCE LINE CLEARED: BY OTHERS		SURVEY: JJUSTAK@ATGI.US	MOBIL/BEEPER# 215-0784
			TOTAL FOOTAGE: 299 LF

CHAIN LINK

FENCE TYPE 4' GALV ^{BLACK}

TOP RAIL 1 3/8"

LINE POST 1 5/8"

CORNER POST 2 1/2"

GATE POST 2 1/2"

WALK GATE 1@4'

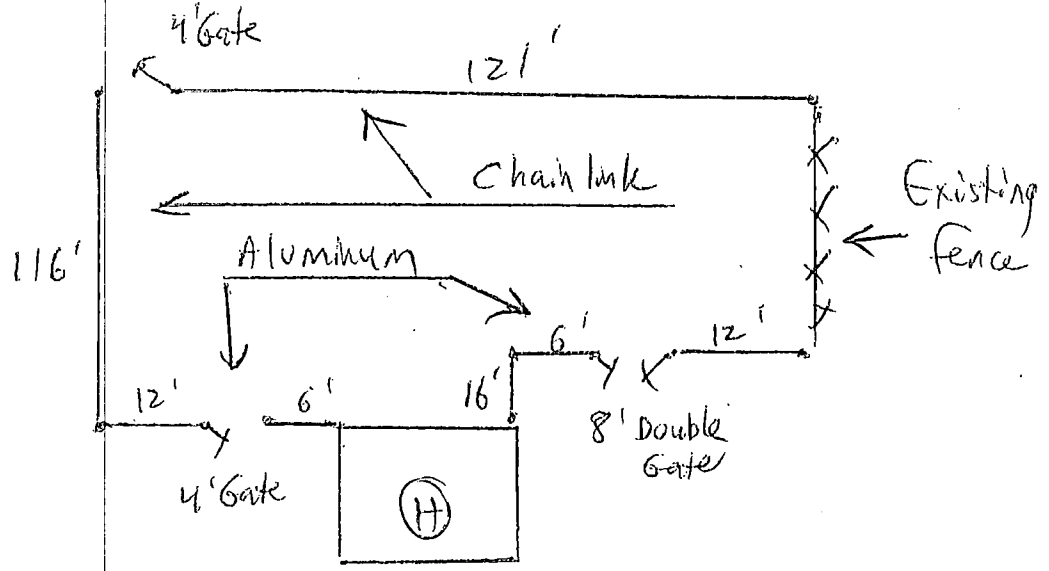
D.D. GATE 0

WIRE GAUGE 11.5

TENSION WIRE YES

FURNISH AND INSTALL 241 LF OF 4' HIGH GALVANIZED CHAINLINK FENCE WITH ONE 4' WIDE SINGLE GATE ON THE LEFT SIDE AND REAR FENCE LINES.

FURNISH AND INSTALL 64 LF OF 4' HIGH BLACK POWDER COATED THREE RAIL ALUMINUM FENCE (STYLE TO BE DETERMINED) WITH ONE 4' WIDE SINGLE GATE AND ONE 8' WIDE DOUBLE GATE. ALL POSTS SET IN CONCRETE. GATES WITH SELF CLOSING HINGES AND LOCKING LATCHES. TOTAL INCLUDES ALL MATERIAL, LABOR & PERMIT FEES.



WOOD

FENCE STYLE

HEIGHT

GOOD SIDE

WALK GATES

D.D. GATES

LINE POSTS

GATE POSTS

→ Modified Carolina style

SPECIAL INSTRUCTIONS

PVC/ALUMINUM	w/ Black c/L	w/ Galv. c/L
FENCE STYLE 3 RAIL	OPTION "B"	OPTION "A"
WALK GATES 1@4'	4680 -	4420 -
D.D. GATES 1@8'	Included	Included
	4680 -	4420 -
	PD 2500 ✓ #501 4/10/14	2500 CR # 501 4/10/14
POOL FENCE Y/N	2180 -	1980 -
	PROPOSAL/CONTRACT SALE PRICE	CONTRACT PRICE
		PERMIT
		TOTAL
		LESS DEPOSIT
		BALANCE DUE UPON COMPLETION

ACCEPTANCE OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions on reverse side are satisfactory and are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

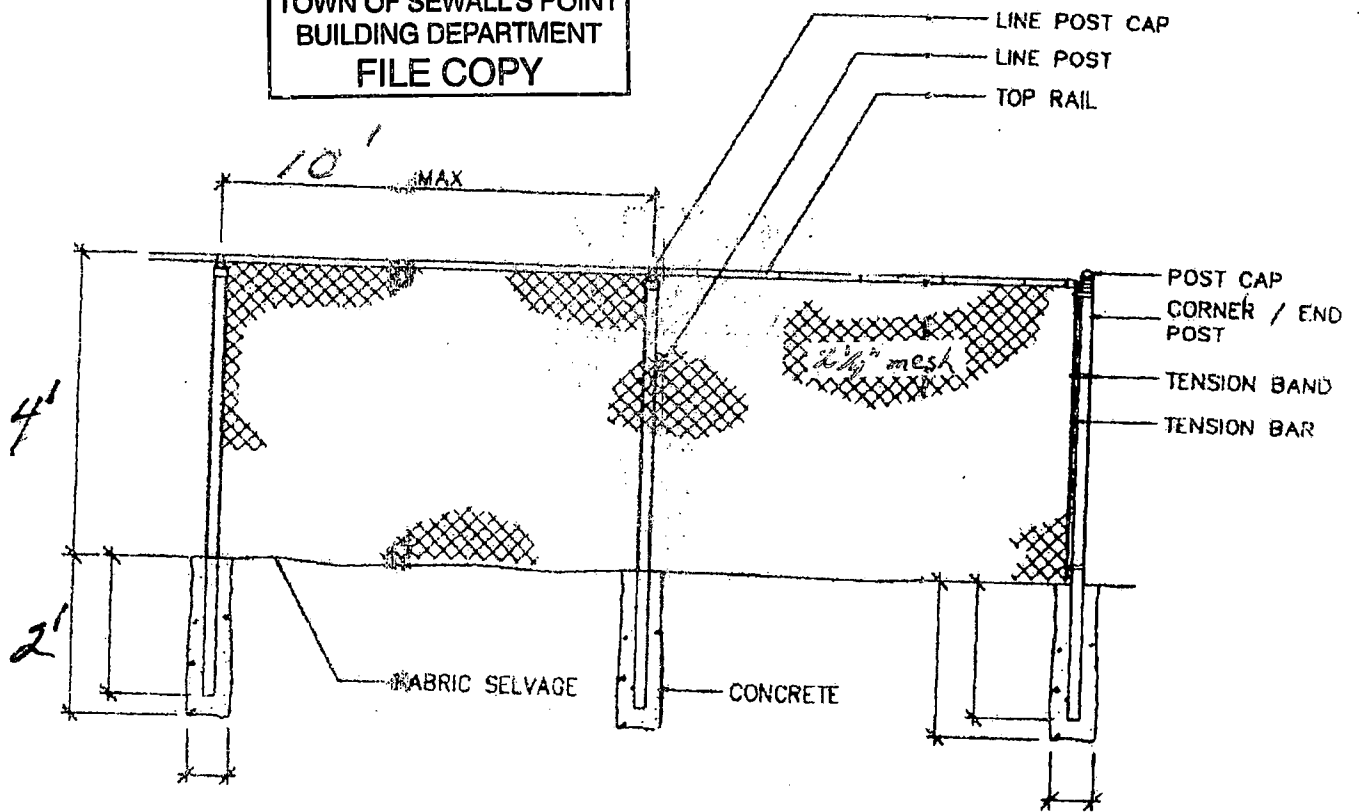
CUSTOMER'S SIGNATURE: *[Signature]*

SALES REP. Chet Kich

SEE REVERSE SIDE FOR WARRANTY INFORMATION

APPROVED AND ACCEPTED DATE _____

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



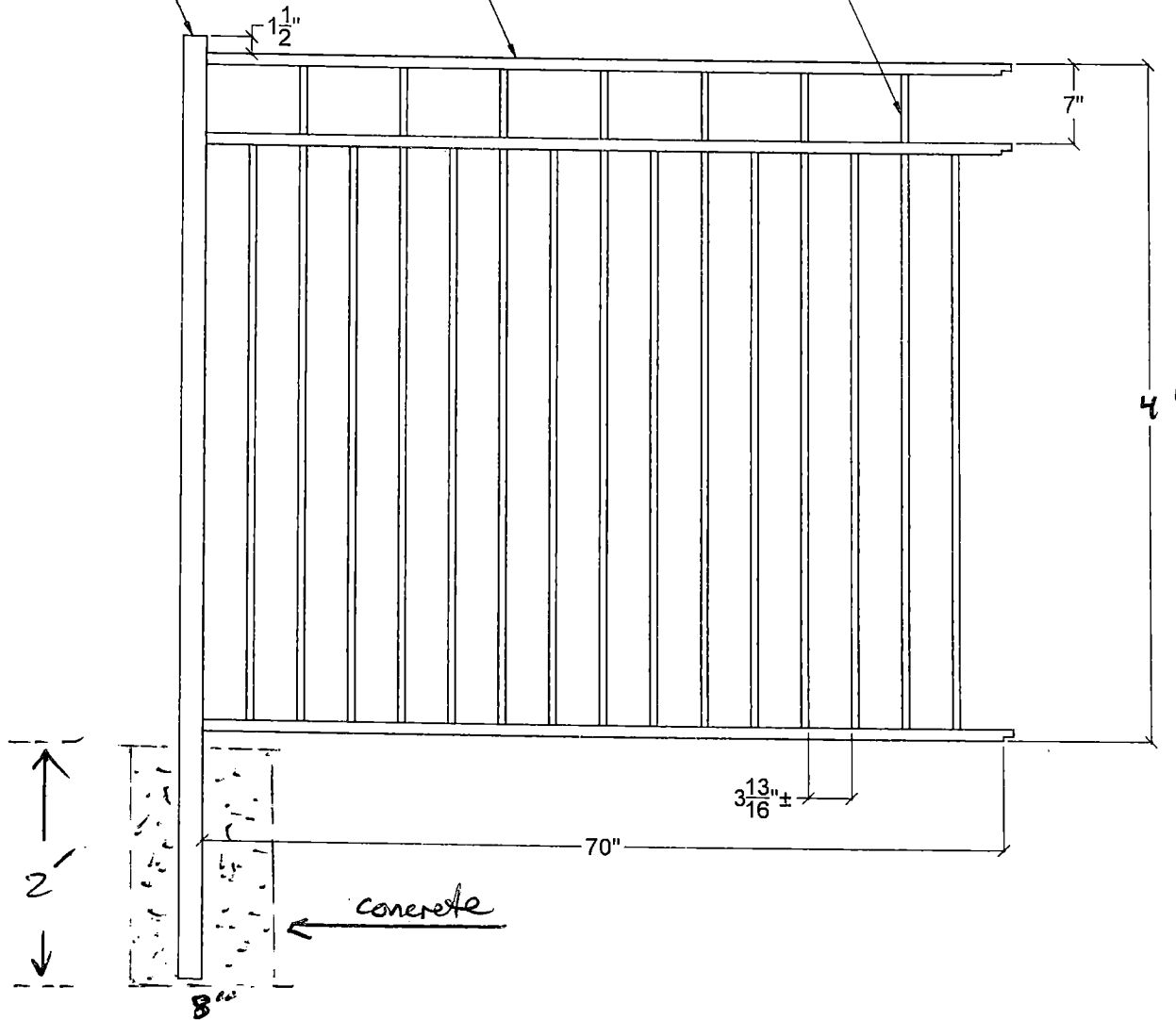
CHAIN LINK FENCING DETAIL

#403M Residential

2"sq. x 0.062" POST

1"x1"
CHANNEL

5/8"sq. PICKET



iDeal
aluminum
fence gates railing

Phone: 386-736-1700 / Fax: 386-822-4950

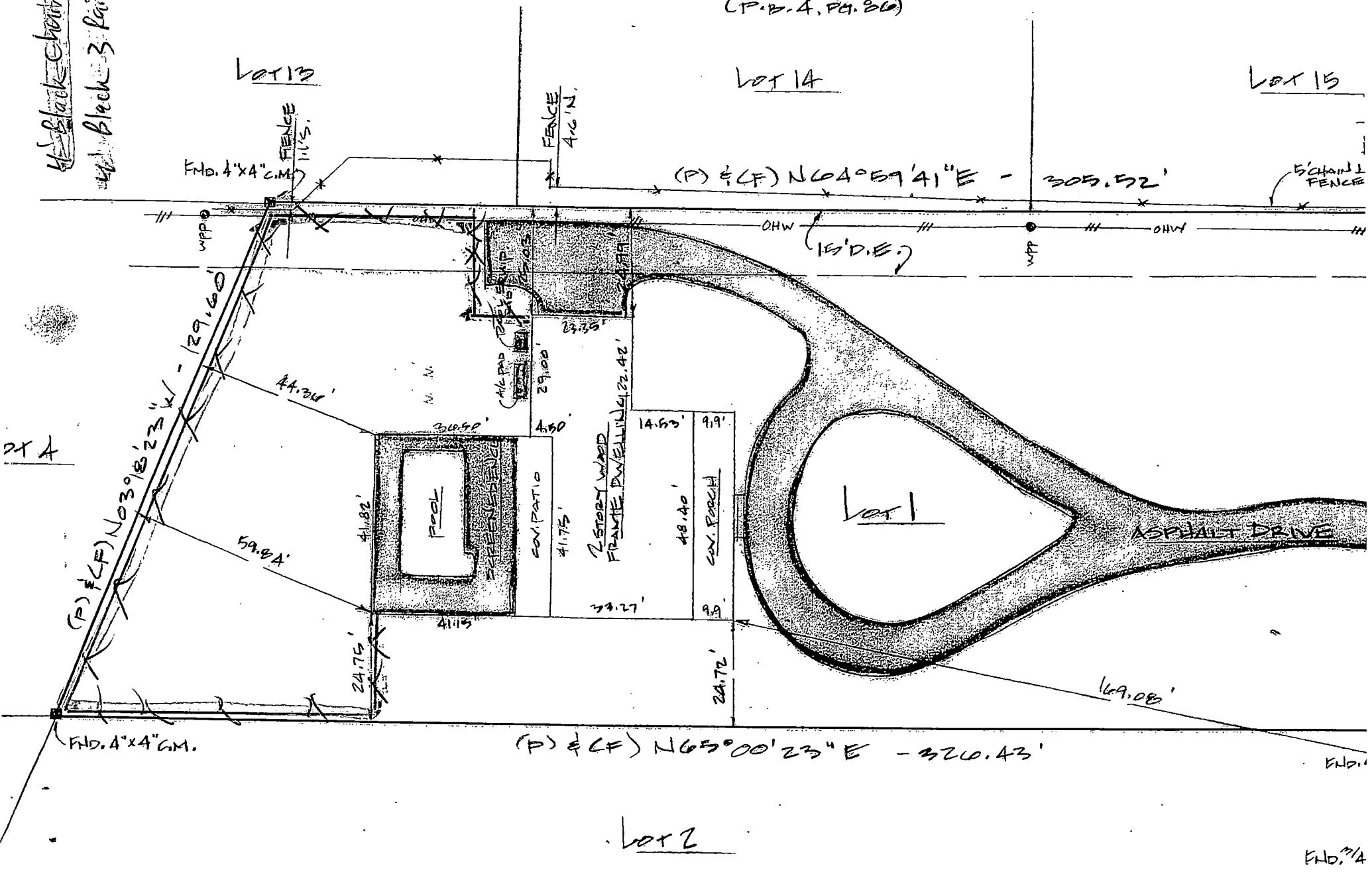
www.iDeal-ap.com

This drawing is the property of Ideal Aluminum Products.
It is not to be reproduced, copied, or traced
in whole or in part without written consent.

Moran - 4' 3 Rail Aluminum Fence

4" Black Chain Links
4" Black 3 rail Aluminum

PLAT OF MAHODALAY
(P.B. 4, PG. 26)



PT A

END. 1/4

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6/6 -14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10849	GOULD	STAIR WALK		
	48 S SP7 RD	SLAB	PASS	
	ADDAD CONST			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10881	WILLIAMS	FENCE FINAL		
	110 HENRY SEWALL		PASS	CLOSE
	A GARAGE FENCE			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10760	KAHAN	FINAL		
	85 N. SP7 RD	BOAT LIFT	PASS	CLOSE
	SCOTT HOLMES			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10061	ELDER	FRAMING		
	110 S SP7 RD	TIE DOWN	RESET	
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10871	JUSTAK	FENCE FINAL		
	171 S SP7 RD		PASS	CLOSE
	STUART FENCE			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 9/9 19 99 TREE REMOVAL PERMIT No 266

APPLIED FOR BY JOHN JUSTIAK (Contractor or Owner)

Owner 171 S. SEWALL'S POINT RD.

Sub-division EVINRUDE, Lot 1, Block _____

Kind of Trees (1) SCHLEPERA, (1) OAK (DEAD), (1) FIG (INTERFERE W/UTK)
- FEE - NO FEE - NO FEE

No. Of Trees: REMOVE 3

No. Of Trees: RELOCATE - 0 - WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE - 0 - WITHIN 30 DAYS

PD 9/9/99
25.00
CK. NO. 785

REMARKS: TREE LOCATIONS ON REVERSE OF APPLICATION.

FIELD INSPECTION/VERIFICATION 9/3/99 FEE \$ 25.00

Signed, [Signature]
Applicant

Signed, [Signature]
Town Clerk

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.

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

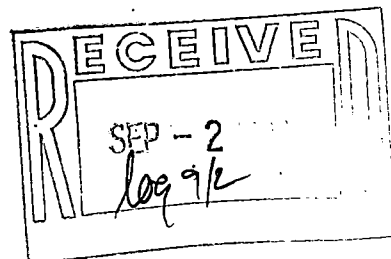
RE: ORDINANCE 103

[Empty lined box for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: JOHN F. JUSTAK 286-4689

ADDRESS: 171 S. SEWALL'S Pt Rd (w) 283-0253

NUMBER & TYPE TREES TO BE REMOVED: 1-SCHEFFLERA, 1-"DEAD" OAK, 1-STRANGLER Figs. (LOCATION ON BACK)

CONTRACTOR: _____

ADDRESS: _____

FILED INST 9/3/99

LICENSE NUMBER: _____

PHONE: _____ Owner _____ Contractor _____

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ _____ PAID: _____ Date _____

* \$25.00 1ST; 10.00 EA. ADD'L.; MAX. \$100.00.

REASON FOR RELOCATION REMOVAL, OR REPLACEMENT:

DEAD - ROOTS IN SEPTIC FIELD - ALLERGIES
IN ELECTRIC SERVICE

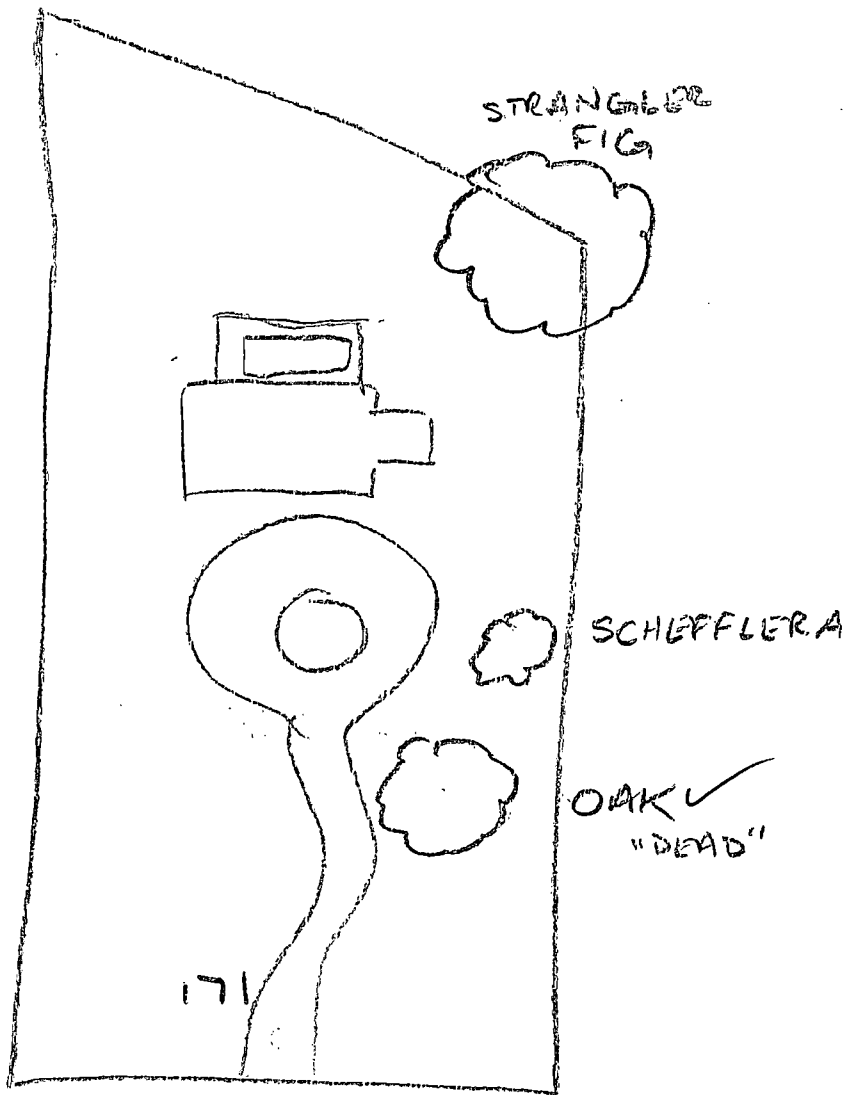
APPLICANT SIGNATURE: [Signature] DATE: 9-2-99

APPROVED: [Signature] Building Inspector Date: 9/3/99

DENIED: _____ Building Inspector Date: _____

_____ Building Commissioner Date: _____

REASON FOR DENIAL, IF APPLICABLE:



S. SEWALL'S PT Rd.

TOWN OF SEWALL'S POINT, FLORIDA

Date 4-21-06 TREE REMOVAL PERMIT No 2667

APPLIED FOR BY Shadowood Farm (Contractor or Owner)

Owner 171 S. Sewall Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 4

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

No. Of Trees: REPLACE 6 WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons
 Town Clerk
Bldg Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. Permit - No 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 single family resident see above.
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 JUSTAK Address 171 S. Sewalls Pt Phone 286 4689

Contractor SHADOWOOD FARM Address Rt 714 Phone _____

No. of Trees: REMOVE 4 Type: Cabbage PALM

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

No. of Trees: REPLACE 6 WITHIN 30 DAYS Type: Cabbage PALM (same size,

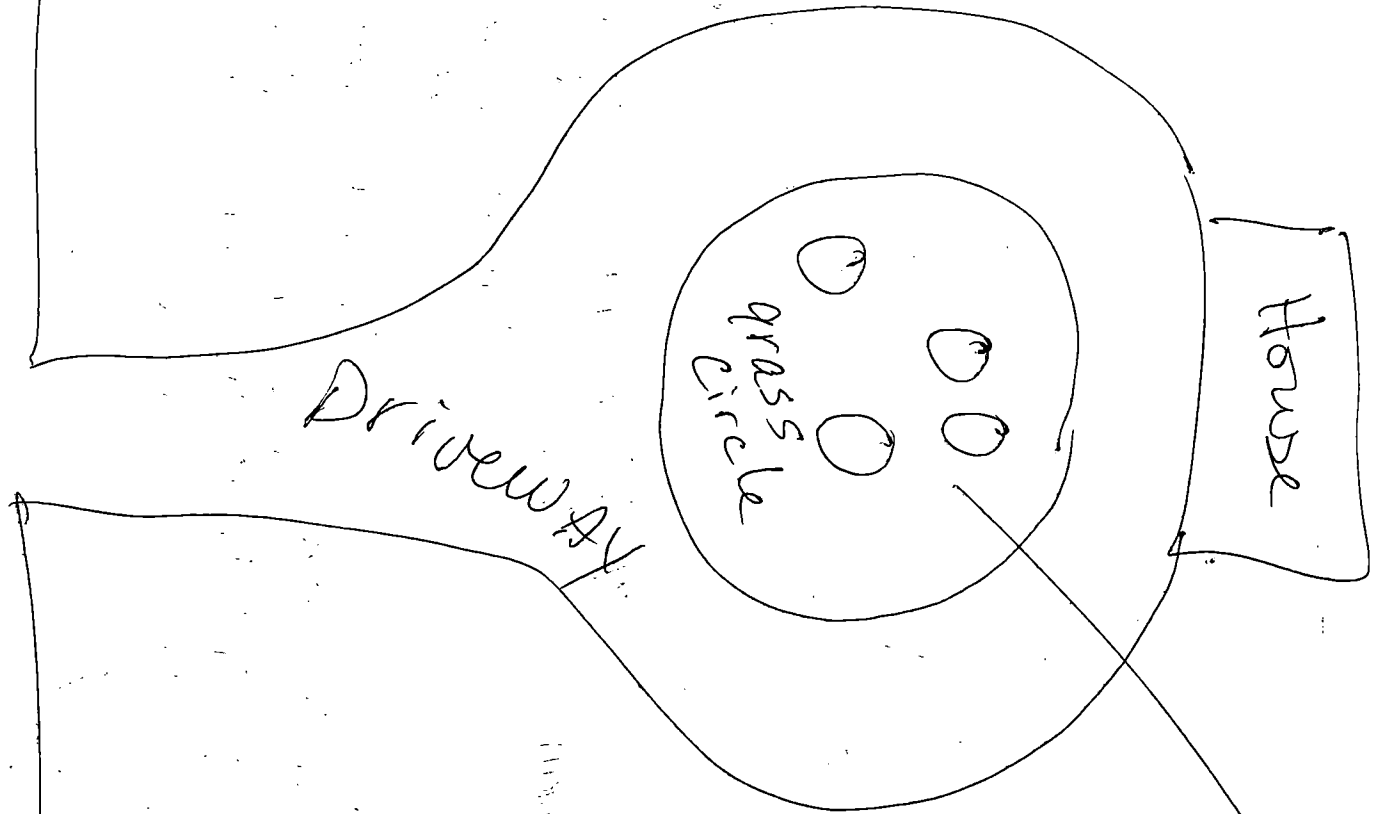
plus 3 royal, 6 FOXTAIL
 Written statement giving reasons: view obstruction, too close to driveway and RE DESIGN Landscape + Add trees AFTER hurricane loss

Signature of Property Owner Quayn Justak Date 4-20-06

Approved by Building Inspector: [Signature] Date 4/21 Fee: 0

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

replace 3
with here (new)



Driveway

House

grass circle

4 ~~circles~~ sarks
remove remove

replace 3
with more new