

173 South Sewall's Point Road

1661

POOL & DECK

#1661

RECEIVED

JAN 6 1984 TOWN OF SEWALL'S POINT FLORIDA

Permit No. Ans'd

Date 1-5-84

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

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

Owner LOUIS LINO Present address 173 SEWALLS PT RD

Phone 287-5766

Contractor BUSH POOL Address 3309 OLEANDER

Phone 287-5902

Where licensed MARTIN License number RP 0017570

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

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

173 S. SEWALLS PT RD

Subdivision EVINRUDE S/D Lot No. 2

Contract price \$ \$19,000 Cost of Permit \$ 895⁰⁰

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Erwin B Bush

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

Owner [Signature]

TOWN RECORD

Date submitted 1-5-84

Approved: [Signature] Building Inspector Date 1/6/84

Approved: [Signature] Commissioner Date 1/9/84

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

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

1661

1785

SATELLITE

ANTENNA

RECEIVED

Permit No. 1785

Date _____

AUG 3 - 1984

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

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

Owner LOUIS LINO Present Address 173 S. SEWALLS PT. RD.

Phone _____ SEWALLS PT

Contractor MORNING STAR COMM. Address 1495 NW FEDERAL HWY

Phone 692-1016 STUART, FL

Where licensed MARIN-ST. LUCE License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

SATELLITE ANTENNA

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

173 S. SEWALLS PT. RD.

Subdivision Even Rude Lot number 2 Block number _____

Contract price \$ NO COST - MOVED FROM PREVIOUS HOUSE Cost of permit \$ 5.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 8/31/84

Approved: [Signature] 8/31/84
Building Inspector Date

Approved: _____ Date Final Approval given: 2/14/85 Date

Commissioner

Date

Date

Certificate of Occupancy issued (if applicable) NO Date

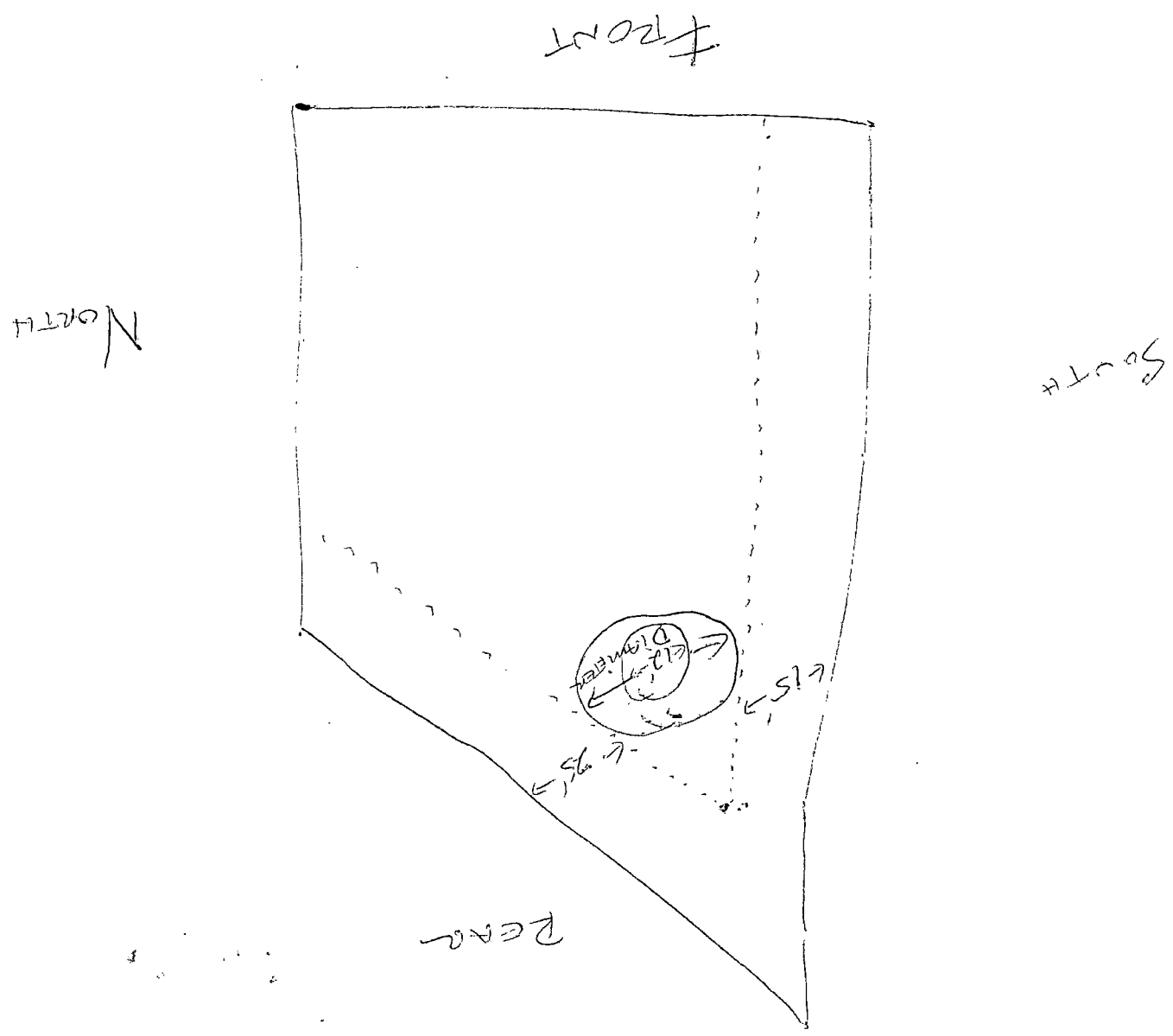
SP1282

Permit No. 1785

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

OVER →

- TEST info on fire from previous permits.
- PARACHUTE 12' GREEN
- SATELLITE INSTALLATION



LIND FILE



HOLLY & WEBER INC
ENGINEERS, PLANNERS,
SURVEYORS
 8018 Federal Highway,
 Stuart, Florida 33494
 (800) 288-7770

LEW WALTERS

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

DISH ANTENNA
 SEWALLS POINT

as per Ordinance 10-11
 of the Town of Sewall's Point

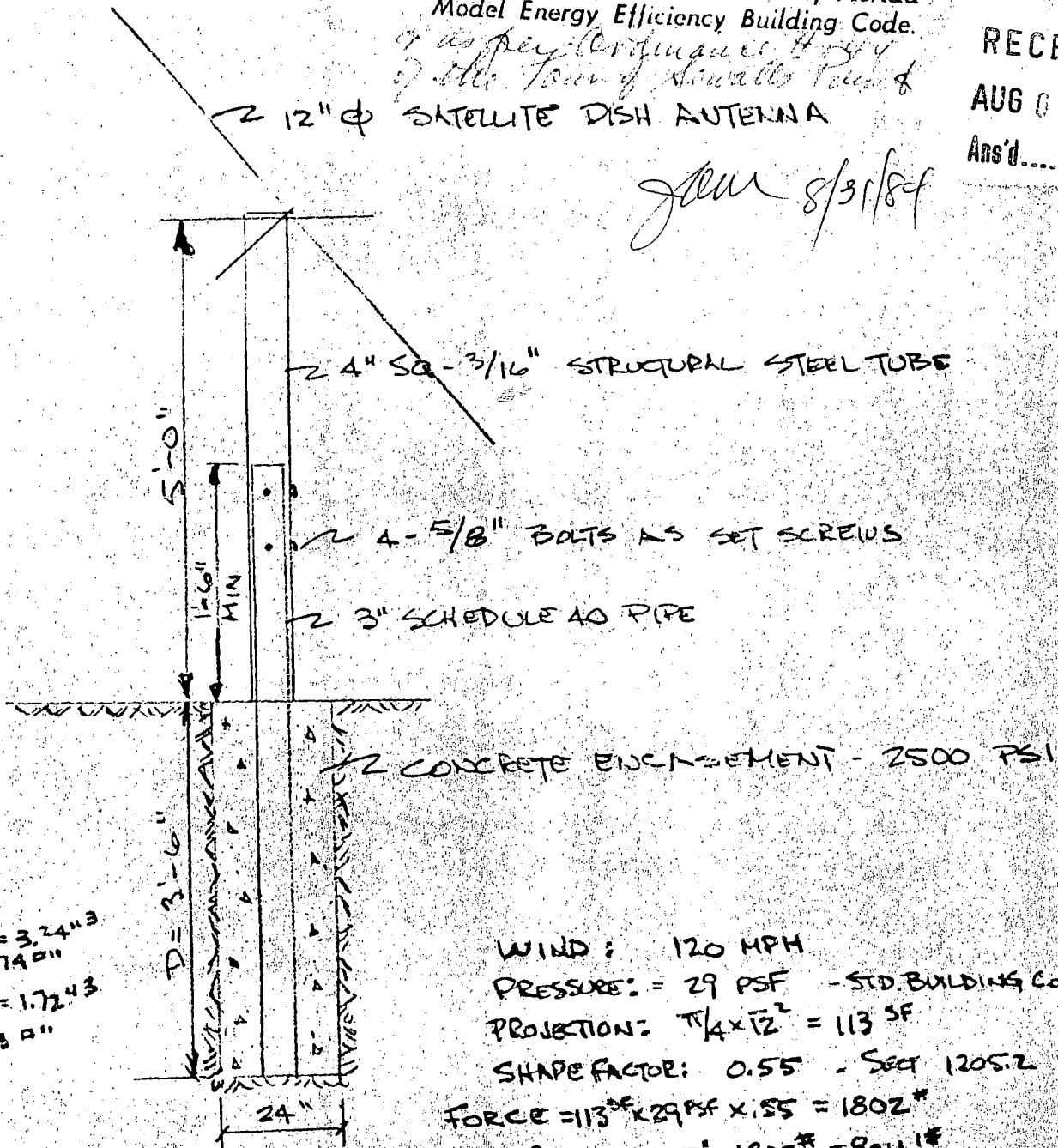
RECEIVED

AUG 06 1984

Ans'd.....

2 12" ϕ SATELLITE DISH ANTENNA

JLM 8/31/84



2 4" SQ - 3/16" STRUCTURAL STEEL TUBE

2 4 - 5/8" BOLTS AS SET SCREWS

2 3" SCHEDULE 40 PIPE

2 CONCRETE ENCLOSURE - 2500 PSI

$S_{TUBE} = 3.24 \text{ in}^3$
 $A = 2.74 \text{ in}^2$
 $S_{PIPE} = 1.72 \text{ in}^3$
 $A = 2.23 \text{ in}^2$

WIND: 120 MPH

PRESSURE: = 29 PSF - STD. BUILDING CODE

PROJECTION: $\pi/4 \times 12^2 = 113 \text{ SF}$

SHAPE FACTOR: 0.55 - Sect 1205.2 SBC

FORCE = $113 \text{ SF} \times 29 \text{ PSF} \times 0.55 = 1802 \text{ lb}$

MOM @ GROUND = $5' \times 1802 \text{ lb} = 9011 \text{ lb-ft}$

$$f_{3" \phi \text{ PIPE}} = \frac{9011 \text{ lb-ft}}{1.72 \text{ in}^3} = 5240 \text{ PSI} - \text{OK} < 24,000$$

$$V_{WIND} = \frac{1802}{2.23} = 808 \text{ PSI} - \text{NEGLECTABLE}$$

EMBEDMENT: PASSIVE EARTH PRESSURE $K_p = 3.0$ $\gamma = 110 \text{ PCF}$; DIAM. HOLE = 2.0'

$$\text{RESISTING MOM} = H \times \gamma \times \frac{H}{2} \times 2H \times 2 \times 3 = 9011 \text{ lb-ft}$$

$$220 \text{ H}^3 = 9011 \text{ lb-ft}$$

F. Peter. Webb

2024

FENCE

2024

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date _____

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

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

Owner Joan Lino Present Address 173 S Sewalls Pt Rd

Phone 286-1054 Stuart, Fla. 33494

Contractor FRANK GAUMIER Address 1526 CORVAIR CT

Phone 335-0313 P.S.L.

Where licensed _____ License number 41538

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

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

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

Subdivision EVINRUDE Lot number 2 Block number _____

Contract price \$ 2200 Cost of permits \$ 20.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

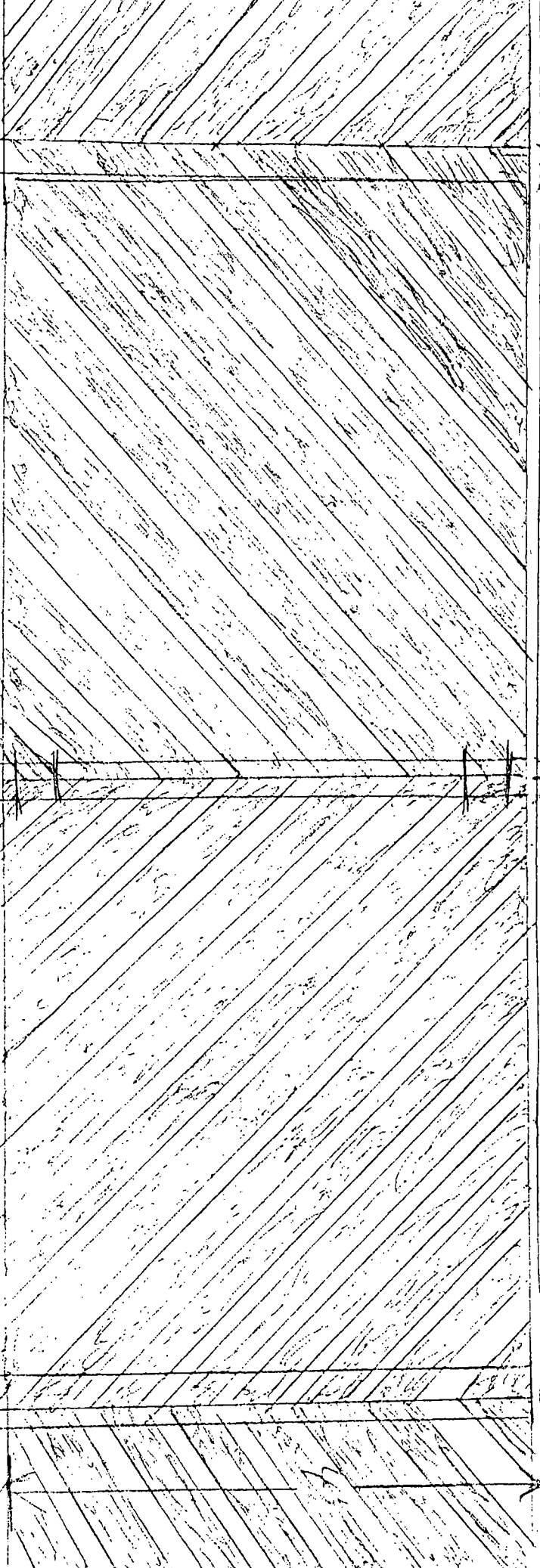
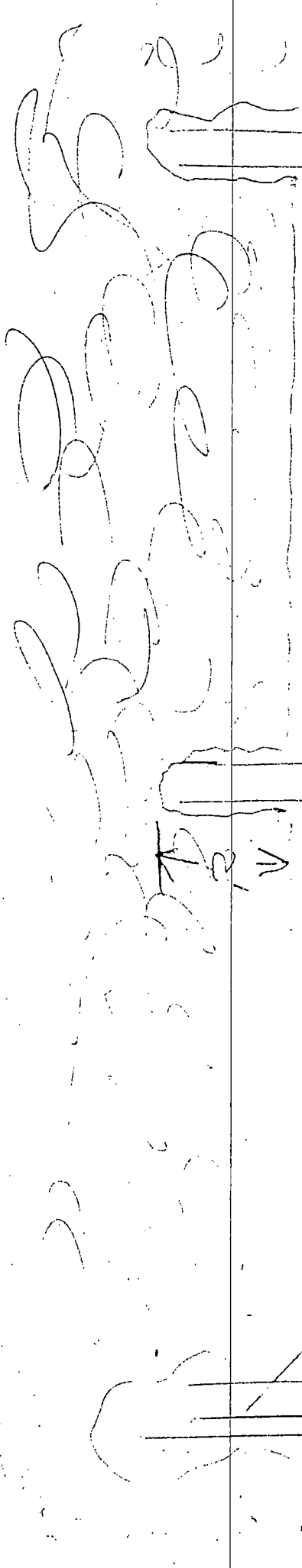
Owner Joan Lino

TOWN RECORD

Date submitted _____ Approved [Signature] Building Inspector Date _____

Approved _____ Commissioner Date _____ Final Approval given _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____



20'

1' 2' ↓

2521

REROOF

Permit No. _____

Date 3/10/89

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

2521

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

Owner Louis Lino Present Address 173 Sewalls Point Rd.

Phone 335-8863

Contractor J. A. Taylor & Assoc. Address 302 Melton Dr.

Phone 466-4040 Ft. Pierce, Fla.

Where licensed Fla. state Certified License number CCC 035624

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Put on new modified bitumen

roof system.

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

173 Sewalls Point Rd.

Subdivision Sewalls Point Lot number _____ Block number _____

Contract price \$ 5000 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor J. Bruce DeCane

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

Owner John Lino

TOWN RECORD

Date submitted _____

Approved: Dale Brown 3/10/89
Building Inspector Date

Approved: _____ Date Final Approval given: _____ Date
Commissioner

Certificate of Occupancy issued (if applicable) _____
Date

SPI282

Permit No. _____

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

2581

ADDITION

Permit No. _____

Date _____

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

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

Owner LOUIS LIND Present Address 173 S Sewall's Pt Rd

Phone (407) 286-1056

Contractor OWNER Builder Address SAME #

Phone SAME #

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Building approx square feet addition to existing

Residence, Northeast Portion of Home

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

173 S Sewall's Pt Rd Street FL 33494

Subdivision EVINRude Lot number 2 Block number _____

Contract price \$ 9,500.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

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

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

3749

REROOF

TAX FOLIO NO. 13-38-41-000-000-00021-40000

DATE 2-22-95

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

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

Owner Louis Lino Present address 173 Sewells Point Rd.

Phone 287-5766 Sewells Point FL.

Contractor Total Roofing Systems Inc Address 3600 Canike Ave

Phone 334-2725 Jensen Beach FL 33458

Where licensed _____ License number CC-C056811

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Re-roof Flat Deck

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

173 Sewells Point Rd

Subdivision _____ Lot Number 2 Block Number _____

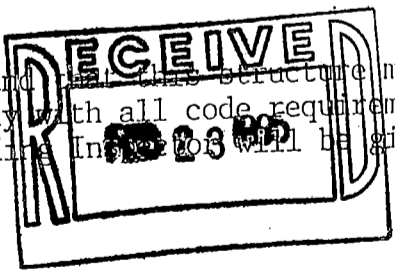
Contract price \$ 5,000.00 Cost of permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Total Roofing Systems Inc

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



Owner Robert Santomaso

TOWN RECORD

Date submitted 2-22-95

Approved: Dale Brown 2/23/95
Building Inspector Date

Approved: _____ Date _____
Commissioner Date

Final approval given: _____ Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

PERMIT NO. _____

PERMIT # _____ TAX FOLIO # 13-38-41-008-000-00021-400

NOTICE OF COMMENCEMENT

STATE OF FL.

COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS 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 KNOWN)

EVIDENCE S/A PART OF Lot 2 Desc As: Beg SE Corner Lot 2

GENERAL DESCRIPTION OF IMPROVEMENTS Re-roof Flat Deck

OWNER: Louis Lino

ADDRESS 173 S. Sewells Point Rd

OWNER'S INTEREST IN PROPERTY 100%

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) N/A

ADDRESS —

CONTRACTOR Total Roofing Systems Inc.

ADDRESS 3600 Candice Ave Jensen Beach FL 34958

SURETY CO. (IF ANY) None

ADDRESS — AMT. OF BOND —

LENDER'S NAME N/A

ADDRESS —

PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES:

NAME Total Roofing Systems Inc.

ADDRESS 3600 Candice Ave J.B. FL 34958

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

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

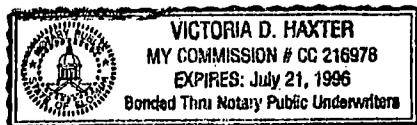
[Signature]
SIGNATURE OF OWNER

STATE OF FLORIDA

COUNTY OF MARTIN COUNTY

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21ST DAY OF FEBRUARY, 1995, BY LOUIS LINO ~~WHO IS~~ WHO IS ~~WHO IS~~ WHO PRODUCED FLORIDA DRIVERS LICENSE AND WHO DID NOT TAKE AN OATH.

Victoria D. Haxter
NOTARY SIGNATURE



MARTIN COUNTY

1994 COUNTY OCCUPATIONAL LICENSE 1995

LICENSE 91-520-028 CERT CC 8049379

PHONE 407-221-1590 SIC NO. 1721

LOCATION: 3600 NE CANDICE AVE

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.

PENALTY 10% FOR MONTH OF OCTOBER,
5% ADDITIONAL EACH MONTH THEREAFTER
UP TO 25% PLUS COLLECTION COSTS.

00000900 33 52002891 00002100 2

PREV YR.	\$ _____	LIC. FEE	\$ <u>9.00</u>
TRANSFER	\$ _____	HAZ. WST.	\$ <u>10.00</u>
DEL PEN.	\$ _____	COL. FEE	\$ <u>2.00</u>
SUBTOTAL	\$ _____	SUBTOTAL	\$ <u>21.00</u>

TOTAL _____

MAKE CHECKS PAYABLE TO:

Larry C. O'Steen, Tax Collector, P.O. Box 9013, FL 34995
(407) 288-5604

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF OCTOBER 1994 SEC. _____

AND ENDING THE 30TH DAY OF SEPTEMBER 1995

TOTAL ROOFING SYSTEMS
P O BOX 876
JENSEN BEACH FL 34958

* PAID IN FULL
TAX COLLECTOR MARTIN 61 09/07/1994
CC-00000000000000000000000000052002891-
5 19940907 12064 \$21.00

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

ORIGINAL

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/30/94

PRODUCER
 Poe & Brown, Inc.
 1401 Forum Way
 Suite 600
 West Palm Beach, FL 33401

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
 Total Roofing Systems, Inc.
 P.O. Box 876
 Jensen Beach, FL 34958

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER	A Transcontinental Insurance Co.
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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 (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. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	BINDER29067	07/03/94	05/01/95	GENERAL AGGREGATE	\$1,000,000
					PRODUCTS-COMP/OP AGG.	\$1,000,000
					PERSONAL & ADV. INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED. EXPENSE (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	BINDER29068	07/03/94	05/01/95	COMBINED SINGLE LIMIT	\$ 500,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
					STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

10 DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

Town of Sewall's Point
 # 1 Sewalls Point Road
 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Matthew Sewell



SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

Town of Sewall's Point
#1 Sewall's Point Road
Stuart, FL 34996

Total Roofing Systems, Inc.
P.O. Box 876
Jensen Beach FL 34958

This is to certify that Total Roofing Systems, Inc.
P.O. Box 876
Jensen Beach FL 34958

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

COVERAGE NUMBER: 8-70-30485

EFFECTIVE DATE: 01/01/95

EXPIRATION DATE: 01/01/96

LIMITS

Workers' Compensation Statutory - State of Florida

Employers' Liability

\$100,000 - Each Accident

\$100,000 - Disease, Each Employee

\$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice.

EMPLOYERS LIABILITY AMENDED TO 200/200/500 EFFECTIVE MAY 1, 1994.

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above.

DATE: 12/08/94

By: *Tom Drake*
Tom Drake, Administrator
FRSA-SIF

By: *Dawn D. Keck*
Dawn D. Keck - SIF Accounts Representative
FRSA-SIF

ADMIN VARIANCE

ROBERT M. WIENKE
Mayor

THOMAS P. BAUSCH
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

MARC S. TEPLITZ
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

May 9, 2001

Mr. and Mrs. Oswald W. Hoffler, Jr.
173 South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Administrative Variance

Dear Mr. and Mrs. Hoffler:

The Building Commissioner has approved your administrative variance request. Please submit a 8.5" x 11" certified copy of your survey so that I may attach it to your variance application and have the entire document package recorded in the public records of Martin County.

Sincerely,

TOWN OF SEWALL'S POINT

Joan Barrow, Town Clerk



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

ROBERT M. WIENKE
Mayor

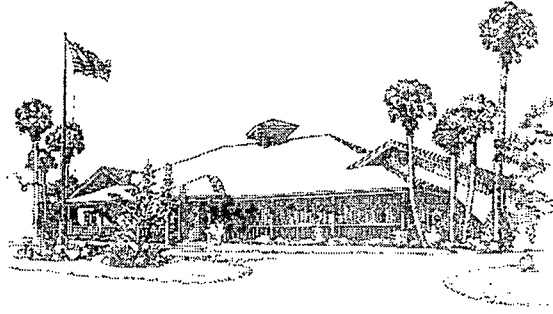
THOMAS P. BAUSCH
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

E. DANIEL MORRIS
Commissioner

MARC S. TEPLITZ
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

January 4, 2002

Mr. Oswald W. Hoffler, Jr.
173 South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Administrative Variance for a portion of Lot 2, Evinrude's Subdivision

Dear Mr. Hoffler:

Enclosed is a copy of the recorded administrative variance for the above-referenced property. This document was recorded in the public records of Martin County on 12/13/01 and was returned to the Town of Sewall's Point on 1/4/02.

The receipts and charges relating to the variance are as follows:

4/01	Received check from O. Hoffler	+\$500.00
4/01	Town of Sewall's Point filing fee	- \$250.00
6/01	Warner Fox legal fees	- \$225.00
1/02	Clerk of Circuit Court recording fees	- <u>\$ 33.00</u>
	TOTAL DUE	\$ 8.00

Kindly make your check payable to the "Town of Sewall's Point" and please do not hesitate to contact me if you require anything further.

Sincerely,

TOWN OF SEWALL'S POINT

Joan Barrow, Town Clerk/Treasurer



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

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

1. Owner of Property: Oswald W. and Tricia P. HOFFER, Jr.

2. Address of Property: 173 S. Sewalls Point Road

3. Address of Applicant: Same

4. Phone No. of Applicant: 781-9540(H) 485-9066(C) 757-466-8008(W) 757-455-8468(F)

5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):

.17' Side 1,1463%

1.5' Front AC Pod

6. Have you included the following materials with your application? _____

A. \$250.00 Filing Fee To Follow

B. \$250.00 Costs Deposit To Follow

C. Certificate of Ownership

D. Certificate of Adjacent Owners

E. Survey

F. Letters of No Objection or Proof of Mailing Notice

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

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

Oswald W. Hoffer
Applicant

Dated this 10th day of April, 1999.

tbw/tsp/admin frm

2001
Com. Tom
OK

4/12/01
Approved
By [Signature]
TO [Signature]

INSTR # 1539764

OR BK 01603 PG 2962

RECORDED 12/13/2001 08:03 AM

MARSHA EWING

MARTIN COUNTY Florida

RECORDED BY L Wood

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

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

1. Owner of Property: Oswald W. and Tricia P. HOFFLER, Jr.

2. Legal Description of Property: 173 South Sewalls Point Road

A portion of Lot 2, Evinrude's Subdivision, as recorded in Plat Book 7, Page 16, Martin County, Fl
Begin at the southeasterly corner of said Lot, Bear South 65° 01' 04" West, Along the southerly line of said
Lot a distance of 217.35'; Thence North 16° 51' 28" East a distance of 161.71' to the northerly line of said Lot; Thence
North 65° 00' 23" East, Along said line a distance of said Lot a distance of 136.43' to the northeasterly corner of said
Lot; Thence South 12° 22' 32" East, Along the easterly line of said Lot a distance of 123.47' to the Point of Begin

3. Date of Administrative Variance Application: April 10, 2001

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

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

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

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

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

Town of Sewall's Point
Administrative Variance Approval
Page Two

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

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

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

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

Dated this 12th day of April, 2001.

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

By: Thomas P. Bausch
Its: Building Commissioner

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 12th day of April, 2001
by Thomas P. Bausch, as Building Commissioner of the Town of Sewall's
Point, a Florida municipal corporation, who is personally known to me or who has produced
as identification and who did not take an oath.

Joan H. Barrow

Name: _____

I am a Notary Public of the
State of Florida and my
commission expires:

(NOTARY SEAL)

tbw/tsp/aprove.frm



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

FORM LETTER OF NO OBJECTION

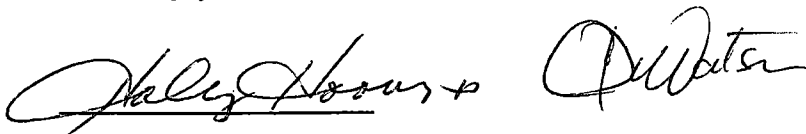
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by OSWALD W HOFFLER JR

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by OSWALD W HOFFLER JR with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance. *

Sincerely yours,



kathy1/tosp/letter/form

* PROVIDED OSWALD W HOFFLER JR +/OR ANY FUTURE PROPERTY OWNER (DEFLECT) ALLOWS THAT ANY FUTURE POOL PROPOSED ON 175 S SEWALLS PT RD BE ALLOWED W/ CODING OR DECKING WHICH MAY ENCHROACH SETBACK TO THE SAME EXTENT AS EXISTING FIREPLACE (SUBJECT) + EXIST POOL PUMP SURROUND DID NOT BE REPLACED.

FORM LETTER OF NO OBJECTION

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

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Donald J. Horrie, Jr.

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Donald J. Horrie, Jr. with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

 4/12/01

John F. JUSTAK

FORM LETTER OF NO OBJECTION

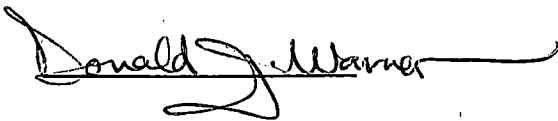
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by O. Hoffler

Dear Town of Sewall's Point:

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

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Donald J. Warner", written over a horizontal line.

FORM LETTER OF NO OBJECTION

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

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII F, Town of Sewall's Point Code of Ordinances Filed by David D. Herries, I.

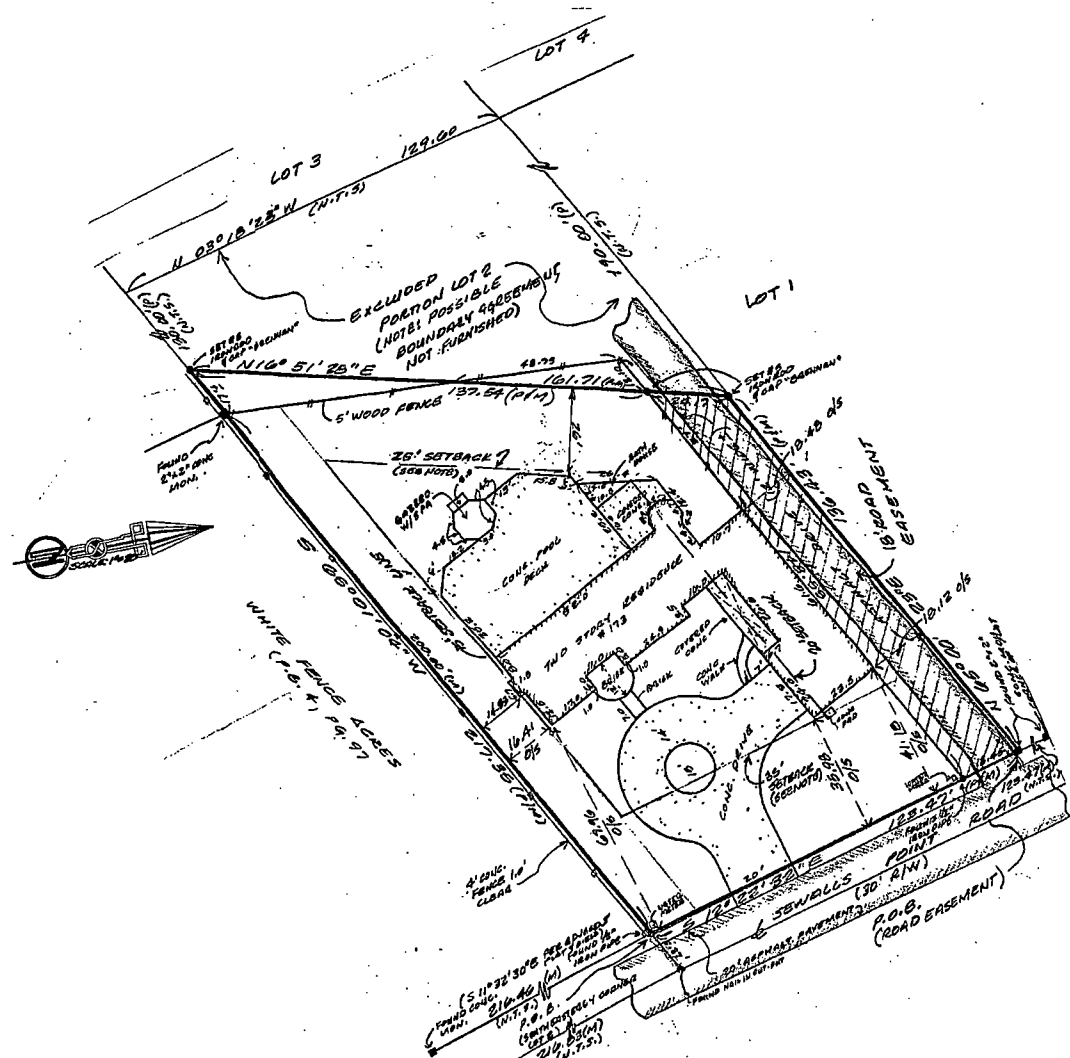
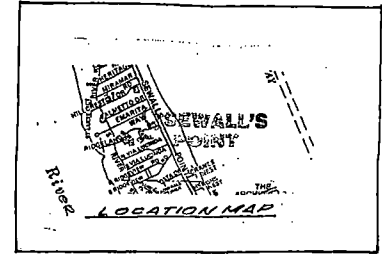
Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by David D. Herries with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

John F. Justak 4/12/01

JOHN F. JUSTAK



BOUNDARY SURVEY

CERTIFIED TO:

OSWALD W. HOFFLER, JR. AND TRICIA P. HOFFLER, HIS WIFE
 AMERICAN PIONEER TITLE INSURANCE COMPANY, D/B/A CHELSEA TITLE COMPANY
 NATIONSBANK, N.A., ITS SUCCESSORS AND/OR ASSIGNS

LEGAL DESCRIPTION:

APORTION OF LOT 2, EVDORUD'S SUBDIVISION, AS RECORDED IN PLAT BOOK 7, PAGE 14, MARTIN COUNTY, FLORIDA, PUBLIC RECORDS, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGIN AT THE SOUTHEASTERLY CORNER OF SAID LOT, BEAR SOUTH 65 DEGREES 00' WEST, ALONG THE SOUTHERLY LINE OF SAID LOT A DISTANCE OF 217.33 FEET; THENCE NORTH 16 DEGREES 51' 28" EAST A DISTANCE OF 161.71 FEET TO THE NORTHERLY LINE OF SAID LOT, THENCE NORTH 45 DEGREES 00' EAST, ALONG SAID LINE A DISTANCE OF SAID LOT A DISTANCE OF 136.43 FEET TO THE NORTHEASTERLY CORNER OF SAID LOT; THENCE SOUTH 12 DEGREES 22' EAST, ALONG THE EASTERLY LINE OF SAID LOT A DISTANCE OF 123.47 FEET TO THE POINT OF BEGINNING.

PROPERTY ADDRESS:

171 S. SEWALL'S POINT ROAD
 STUART, FLORIDA 34996

DATE FIELD WORK: 3/5/01

NOTES:

- 1) SETBACKS ARE FOR WANTED DEED AS RECORDED IN O.R.B. 555 PG 22.09
- 2) BEARING 8458: N 12° 22' 32" W ALONG THE EASTERLY BOUNDARY OF EVDORUD'S SUBDIVISION AS RECORDED IN PLAT BOOK 7, PAGE 14, MARTIN COUNTY.

THE SURVEY OF THE PROPERTY SHOWN HEREON IS IN ACCORDANCE WITH DESCRIPTION FURNISHED BY CLIENT OR CLIENTS REPRESENTATIVE. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR CURRENCY, ACCURACY OR OMISSIONS OF DESCRIPTION FURNISHED. THIS PLAT OF SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. I HEREBY CERTIFY THAT THE PLAT OF SURVEY AND BOUNDARY SURVEY SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS ADOPTED BY THE FLORIDA BOARD OF SURVEYORS AND MAPPERS PURSUANT TO SECTION 471.07 FLORIDA STATUTES AND RULES CHAPTER 61G17-5 FLORIDA ADMINISTRATIVE CODE.

Charles H. Polomba
 Charles H. Polomba
 SURVEYOR AND MAPPER
 CERTIFICATE NO. 5016, STATE OF FLORIDA

4/4/01
 DATE

DATE	REVISIONS	BY	FLOOD ELEVATION INFORMATION	
1/8/99	ORIGINAL	JH	COMMUNITY No. 120164	DATE OF FIRM 8/10/98
3/1/01	CHANGE BOUND	JH	BASE FLOOD ELEV. 9.0	FIRM ZONE AB # 2
			LOWEST FLOOR ELEV. 9.21	PANEL No. 0002
			HIGHEST ADJACENT ELEV. 8.7	SUFFIX 0

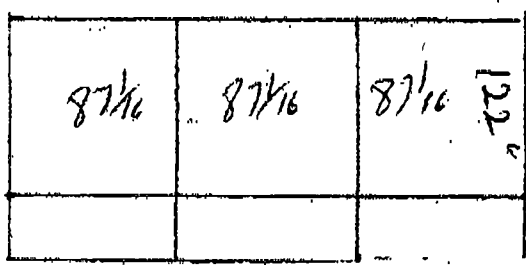
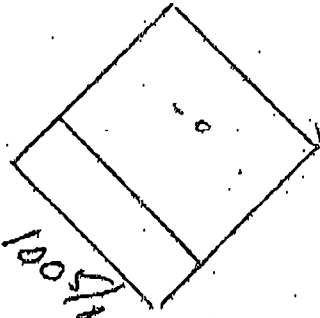
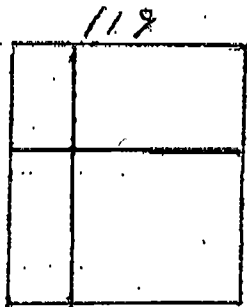
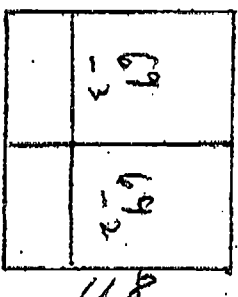
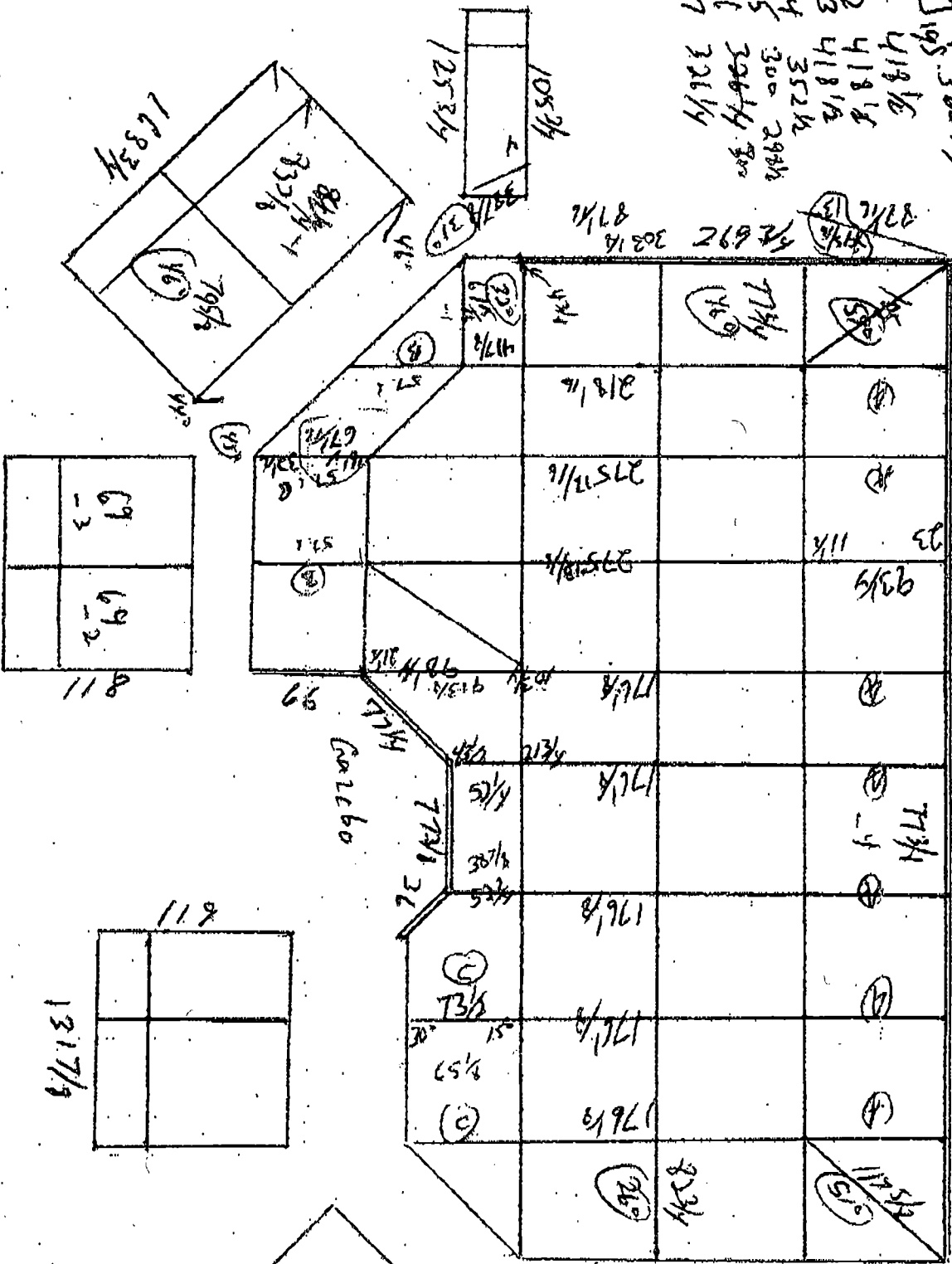
SCALE 1"=20'

SHEET 1 OF 1

0.5 ips 360 3/4
 418 1/2
 418 1/2
 418 1/2
 352 1/2
 300 298 1/2
 306 1/4 300
 326 1/4
 7
 2
 3
 4
 5
 6
 7

Rise 36 + 56"

C.R. Hoeller
173 S. Sewalls Butte Rd



57.63



212 123

-2

616

557/8 557/8

819 1/8

Call 660

128

115 7/8

150 101

60.62 57.3

-2

616

557/8 557/8

819 1/8

Call 660

128

115 7/8

150 101

60.62 57.3

5326

SCREEN ENCLOSURE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5326

Date 4/12/01

Building to be erected for OSWALD & TRACY HOFFER

Type of Permit POOL ENCL.

Applied for by COSTAL ALUMINUM CONST. (Contractor)

Subdivision EVIDENCE Lot 2 (PT) Block

Address 173 S. SEWALL'S POINT ROAD

Type of structure S.F.R.

Parcel Control Number: 13-38-41-008-00-0002.1-4000

Amount Paid \$120.00

Check # 6589

Cash

Other Fees ()

Total Construction Cost \$ 7,000.00

TOTAL Fees \$120.00

Signed Applicant

Signed Town Building Inspector

Official

SCREEN ENCLOSURE PERMIT

INSPECTIONS

SETBACKS

DATE

STEEL & BOND

FINAL

DATE

4/30

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 RETURN TO THE SIGN TO BE

TOWN OF SEWALL POINT
BUILDING PERMIT APPLICATION

BY: [Signature]
0000 8 1 2001

Owner or Titleholder's Name Tricia P Hoffer Phone No. (904) 283-8260
Street 173 S Sewalls Pt Rd. City Starbuck State: FL Zip 34998
Legal Description of Property: Evinrude S/D, Part of lot 2 desc AS BEG SE
Cor 104 Parcel Number: 13.384/008000/0002.1-

Location of Job Site: 173 S Sewalls Point Rd
TYPE OF WORK TO BE DONE: Alum. Mansard screen enclosure RECEIVED DEC 13 2000

CONTRACTOR/Company Name: Coastal Alum Const Phone No. (561) 408-0288
Street: 4205 Metzger Rd City Place State: FL Zip 34947
State Registration: _____ State License: SCC 0561060

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

ENGINEER: Bob Mansour - Ramms Engineering Phone No. (305) 822-3141
Street: 2100 W 76th St #311 City Hialeah State: FL Zip 33016

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: \$ 7000.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

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

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

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

OWNER or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Notary Public
My Commission Expires: _____
(Seal)

CONTRACTOR SIGNATURE (Required)
[Signature]
Contractor
State of Florida, County of: St Lucie On
this the 7 day of December, 2000,
by Richard L Sharp who is personally
known to me or produced _____
as identification.

Notary Public
My Commission Expires: _____
(Seal)
WILLIAM T. DRAMBLE
Notary Public - State of Florida
Commission Expires Nov 7, 2003
Commission # CC26301

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/15/00

PRODUCER
JPA Insurance
P.O. Box 857217
10778 S. Federal Hwy.
Port St. Lucie, FL 34985

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 Coastal Aluminum Construction Inc
4205 Metzger Road
Ft. Pierce, FL 34947-1769

INSURER A: ZURICH
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
JAN - 9 2001
BY: _____

FILE
FILE
Power

COPY

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	CFM24614563	12/27/00	12/27/01	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> CLAIMS MADE <input 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 \$
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

STATE OF FLORIDA

<p>CERTIFICATE HOLDER</p> <p>Town of Sewall's Point 1 S. Sewalls Point Road Sewalls Point, FL 34994</p>	<p>ADDITIONAL INSURED; INSURER LETTER:</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE <i>Jim Power</i></p>
	<p>© ACORD CORPORATION 19</p>	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/23/2000

Serial # A1531

IVE BUSINESSES CORP.
DELTONA BLVD. SUITE # 201
DELTONA, FLORIDA 32725

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
COASTAL ALUMINUM CONSTRUCTION, INC.
4205 METZGER RD
FORT PIERCE, FL 34947
FAX # 561-468-0287

INSURER A: AMCOMP PREFERRED INSURANCE COMPANY	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-weight: bold; margin: 0;">REVISED INSURANCE</p> <p style="font-size: 1.5em; margin: 5px 0;">AUG 28 2000</p> <p style="margin: 0;">BY: </p> </div>
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$																				
	EXCESS 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	WCV 7017451	07/10/2000	07/10/2001	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC STATU-TORY LIMITS</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">OTH-ER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$ 500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER			E.L. EACH ACCIDENT			\$ 100,000		E.L. DISEASE - EA EMPLOYEE			\$ 100,000		E.L. DISEASE - POLICY LIMIT			\$ 500,000
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																						
	E.L. EACH ACCIDENT			\$ 100,000																					
	E.L. DISEASE - EA EMPLOYEE			\$ 100,000																					
	E.L. DISEASE - POLICY LIMIT			\$ 500,000																					
	OTHER																								

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWN OF SEWALLS POINT
CITY HALL
1 SOUTH SEWALLS POINT RD.
SEWALLS POINT, FL 34994

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

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

FILE
Refer

RECEIVED
NOV 14 2000
BY: *[Signature]*

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

STATE OF FLORIDA AC# 59373
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
SC -C056660 08/07/2000 009003
CERT. SPECIALTY STRUCTURE CONT
SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION
IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5937390

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NO
8/07/2000	009003543	SC -C056660

The **SPECIALTY STRUCTURE CONTRACTOR**
Named Below **IS CERTIFIED**
Under the provisions of Chapter 489
Expiration date: **AUG 31, 2002**

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

TOWN OF SEAWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5300	BERCAW	FORM & STL.	Passed	
(U)	4 RIVERCREST CT. HARBOR BAY POOLS			INSPECTOR: <u>[Signature]</u> 4/30/01
5229	SEEBLEY	DECK		CANCELLED BY CONTR.
(X)	37 NE LOFTING WAY HARBOR BAY POOLS 878-2006			4/30/01 [Signature]
5335	GABRYNOWICZ	FINAL	Passed	
(G)	5 QUAIL RUN WAY (EXT. CO. REH./REPL)			INSPECTOR: <u>[Signature]</u> 4/30/01
4877	LOYLA/OSBORNE	2ND C.O. WALK-THRU	PASSED	FINAL DOCUMENTS/SURVEY
(5)	20 CASTLE HILL WAY BURROCK CONST.	* FOLLOW-UP (MP 5/2 FOR A/C BREAKER INST.		REQUIRED FOR C.O. INSPECTOR: <u>[Signature]</u>
T/R	TULLIER	FIELD VERIF.	Passed	PN 0435 ISSUED 4/30/01
(S)	39 N. RIVER RD O/B			INSPECTOR: <u>[Signature]</u> 4/30/01
5326	HOFFLER	POOL ENCL. - ?	Passed	
(7)	173 S. SEAWALLS POINT RD. COASTAL ALUM. CONST	FINAL		INSPECTOR: <u>[Signature]</u> 4/30/01
4723	KOCH	POST C.O. VERIF. -	PASSED	RAILING REVISION TO
(6)	71 N. RIVER RD. W.D. BROWN, INC. (DAVID-546-661)	BACK RAILING COMP.		REQUIRED CORR HGT (42") INSPECTOR: <u>[Signature]</u>

OTHER: _____

5949

ADDITION

TOWN OF SEWALL'S POINT

Date 9-6-02

BUILDING PERMIT NO. 5949

Building to be erected for Oswald + Tricia Hoffler Type of Permit ADDITION

Applied for by O/B (Contractor) Building Fee 384.00

Subdivision EVINRUDE Lot 2 Block _____ O/B FEE
Radon Fee 96.00

Address 173 S. Sewall's Pt Rd Impact Fee _____

Type of structure SFR A/C Fee 120.00

Parcel Control Number: _____ Electrical Fee 120.00

13-38-41-008-000 000 2140000 Plumbing Fee 120.00

Amount Paid 998.40 Check # 4247 Cash _____ Other Fees (Plan Rev) 38.40

Total Construction Cost \$ 40,000.00 TOTAL Fees 998.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Date _____

BUILDING PERMIT NO.

Building to be erected for _____ Type of Permit _____

Applied for by _____ (Contractor) Building Fee 384⁰⁰ ~~XX~~

Subdivision _____ Lot _____ Block _____ Radon Fee ~~O/B.~~ 96⁰⁰ ~~XX~~

Address _____ Impact Fee _____

Type of structure _____ A/C Fee 120⁰⁰

Parcel Control Number: _____ Electrical Fee 120⁰⁰

_____ Plumbing Fee 120⁰⁰

Amount Paid _____ Check # _____ Cash _____ Other Fees (Plan Rev) 38⁴⁰

Total Construction Cost \$ _____ Roofing Fee 120⁰⁰
TOTAL Fees 998⁴⁰ ~~XX~~

Signed _____ Signed _____

Applicant

Town Building Inspector

MASTER PERMIT NO. 5949

10-14-02 TOWN OF SEWALL'S POINT

Date 9-5-02

BUILDING PERMIT NO. 5950

Building to be erected for Oswald Hoppier

Type of Permit A/C Sub

Applied for by ~~ADVANTAGE~~ AIR G I AIR (Contractor)

Building Fee /

Subdivision EVINRUDE Lot 2 Block _____

Radon Fee /

Address 173 S. Sewall's Pt Rd

Impact Fee /

Type of structure SFR FRANK Manna

SEE PERMIT # 5949
A/C Fee

Qual: Sam Durham

Electrical Fee /

Parcel Control Number: Lic/cent CAC039664
58050

Plumbing Fee /

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

Roofing Fee /

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

TOWN OF SEWALL'S POINT

Date 9-4-02

BUILDING PERMIT NO. 5951

Building to be erected for Oswald Hopper

Type of Permit ELECTRICAL Sub

Applied for by ALBERT HINES ELECT. (Contractor)

Building Fee

Subdivision EVINRUDE Lot 2 Block

Radon Fee

Address 173 S. Sewall's Pt Rd

Impact Fee

Type of structure SFR

A/C Fee

Qual: Duke Haines

SEE PN Electrical Fee 5949

Parcel Control Number: Lic/perm: EC0003004

Plumbing Fee

Roofing Fee

Amount Paid Check # Cash Other Fees

Total Construction Cost \$

TOTAL Fees

Signed Duke Haines Applicant

Signed Gene Semmas Town Building Official

PERMIT

- Checkboxes for permit types: BUILDING, PLUMBING, DOCK/BOAT LIFT, SCREEN ENCLOSURE, FILL, TREE REMOVAL, ELECTRICAL, ROOFING, DEMOLITION, TEMPORARY STRUCTURE, HURRICANE SHUTTERS, STEMWALL, MECHANICAL, POOL/SPA/DECK, FENCE, GAS, RENOVATION, ADDITION.

INSPECTIONS

Table with two columns of inspection items and their corresponding status lines. Items include UNDERGROUND PLUMBING, UNDERGROUND MECHANICAL, STEMWALL FOOTING, SLAB, ROOF SHEATHING, TRUSS ENG/WINDOW/DOOR BUCKS, ROOF TIN TAG/METAL, PLUMBING ROUGH-IN, MECHANICAL ROUGH-IN, FRAMING, FINAL PLUMBING, FINAL MECHANICAL, FINAL ROOF, UNDERGROUND GAS, UNDERGROUND ELECTRICAL, FOOTING, TIE BEAM/COLUMNS, WALL SHEATHING, LATH, ROOF-IN-PROGRESS, ELECTRICAL ROUGH-IN, GAS ROUGH-IN, EARLY POWER RELEASE, FINAL ELECTRICAL, FINAL GAS, BUILDING FINAL.

TOWN OF SEWALL'S POINT

Date 9-4-02

BUILDING PERMIT NO. 5952

Building to be erected for Oswald Hopper

Type of Permit Plumbing Sub

Applied for by Cavalier Plumbing (Contractor)

Building Fee _____

Subdivision EVINRUDE Lot 2 Block _____

Radon Fee _____

Address 173 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Qual: Eric Foster

Electrical Fee _____

Parcel Control Number: Lic/Cert: MP00192

SEE PN 5949
Plumbing Fee _____

Roofing Fee _____

Amount Paid Check # Cash Other Fees (_____) _____

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed Gene Simmons (rgr)
Town Building Official

PERMIT

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

INSPECTIONS

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

TOWN OF SEWALL'S POINT

Date 9-6-02

BUILDING PERMIT NO. 5953

Building to be erected for Oswald Hopper

Type of Permit ROOFING Sub

Applied for by ALL American Roofing (Contractor)

Subdivision EVINRUDE Lot 2 Block _____

Address 173 S. Sewall's Pt Rd

Type of structure SFR

Parcel Control Number: Qual: _____
Lic/CERT: CC-058118

Building Fee _____
Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee SEE PN 5949

Amount Paid _____ Check # _____ Cash _____ Other Fees (_____) _____
Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature] (nfn)
Town Building Official

PERMIT

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

INSPECTIONS

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

10-11-02
9-6-02

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5953

Date _____

Building to be erected for Oswald Hopper

Type of Permit ROOFING Sub

Applied for by WILLIAM BALL ROOFING
~~ALL AMERICAN ROOFING~~

(Contractor) Building Fee _____

Subdivision EVINGRIDE Lot 2 Block _____

Radon Fee _____

Address 173 S. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number: Qual: William L. Ball
SP 002746
LIC/PERM: CC-005818

Electrical Fee _____

Plumbing Fee _____

Roofing Fee SEE PN 5949

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed Gene Simmons (nfn)
Town Building Official

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Oswald W. Hoffler, Jr. and Tricia P. Hoffler City: Stuart State: FL Zip: 34996

Legal Description of Property: 173 S. Sewall's Point Road Parcel Number: 13-38-41-008-0002.1-4

Location of Job Site: Same (Rear Patio Deck) Type of Work To Be Done: Addition
Short Legal: EVINRUDE SID, Part of Lot 2 DESC. AS BEHSE CORNER LOT 2, BEG South 65° 01' 04" West

CONTRACTOR/Company Name: OWNER Phone Number: 781-9540
Street: 173 S. Sewall's Point Road City: Stuart State: FL Zip: 34996
State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

ARCHITECT: RFM Design Phone Number: 337-4615
Street: 10872 US1, Suite 2 City: Port St. Lucie State: FL Zip: 34952

ENGINEER: Walter Karpina P.E. Phone Number: 561/743-1400
Street: 11406 172nd Place North City: Jupiter State: FL Zip: 33458

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 844 Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: City Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: AB & C Minimum Base Flood Elevation (BFE): 9.0 NGVD
Proposed First Floor Habitable Floor Finished Elevation: 9.21 NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 22,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: 320,000 If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES (NO)
EST. VALUE \$40,000

SUBCONTRACTOR INFORMATION
Electrical: TBD State: _____ License Number: To be presented prior
Mechanical: TBD State: _____ License Number: to individual permit
Plumbing: Cavalier Plumbing State: FL License Number: To be presented prior
Roofing: TBD State: _____ License Number: to individual permit
See attached

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

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

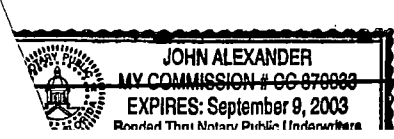
THEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) Oswald W. Hoffler
State of Florida, County of: Martin
This the 19th day of July, 2002
by [Signature] who is personally
known to me or produced
as identification. [Signature]

CONTRACTOR SIGNATURE (Required) Oswald W. Hoffler
On State of Florida, County of: _____
This the _____ day of _____, 2002
by _____ who is personally
known to me or produced _____
As identification. _____

Notary Public
My Commission Expires: September 9, 2003

Notary Public
My Commission Expires: _____



Seal Seal

Oswald W. Hoffler, Jr.

August 8, 2002

Mr. Gene Simmons
Building Official
Town of Sewall's Point

RE: Subcontractors

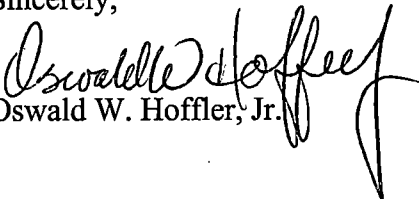
Dear Mr. Simmons:

I am pleased to provide you information on our subcontractors, which is the following:

Electrical:	Westline Electric	State: FL	Lic # ME00359
Mechanical:	Advantage Air/Con	State: FL	Lic # CAC039664
Plumbing:	Cavalier Plumbing	State: FL	Lic # MP00192
Roofing:	All American Roof	State: FL	Lic # CC-C058118

Thanks in advance for adding this to our building permit application.

Sincerely,


Oswald W. Hoffler, Jr.

NEEDS TO GO ON APPLICATION

2001-2002 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(861) 288-5604

LICENSE 998-524-001 CERT MP00192

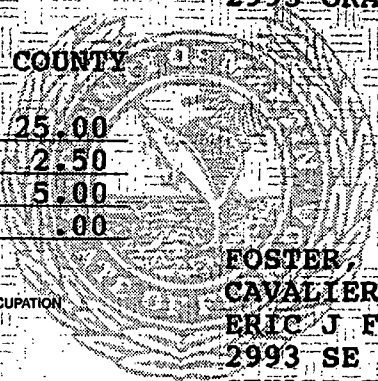
PHONE (561) 283-7167 SIC NO 01711

LOCATION: 2993 ORANGE TREE PL SE MAR

RECEIPT OF PAYMENT
LARRY C. O'STEEN
99-10/24/2001 OCT. NORMAL
19985240001000
022011024001164CK \$32.50

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 25.00
	\$.00	PENALTY	\$ 2.50
	\$.00	COL. FEE	\$ 5.00
	\$.00	TRANSFER	\$.00
TOTAL			32.50



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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **PLUMBER**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

24 DAY OF OCTOBER 2001
AND ENDING SEPTEMBER 30, 2002



STATE OF FLORIDA AC# 0138421
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

RF -0066929 08/28/2001 01900343

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

HAS REGISTERED under the provisions of Ch.489 F:
Expiration date: AUG 31, 2003 SEQ # 01082800490

DETACH HERE

DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 04/28/2001

EXPIRATION DATE 04/28/2003

EXEMPTED PERSON LAST NAME FOSTER

FIRST NAME ERIC

SOCIAL SECURITY NUMBER 589-11-5999

BUSINESS NAME CAVALIER PLUMBING INC

FEDERAL IDENTIFICATION NUMBER 650809472

BUSINESS ADDRESS PO BOX 517

PORT SALERNO FL 34992



F
O
L
D
H
E
R
E

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

CUT HERE

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER (561)546-5600
Campbell-Wilson Ins. Agency
8882 SE Bridge Road
Hobe Sound, FL 33455

FAX (561)546-1008

RECEIVED
SEP 04 2002
BY:

INSURERS AFFORDING COVERAGE

INSURER A: Owners Insurance Company
INSURER B: Auto Owners Insurance Company
INSURER C: SBU/Legion
INSURER D:
INSURER E:

INSURED Albert Nines Electric, Inc
4008 Avenue K
Ft. Pierce, FL 34947
#65 0357950

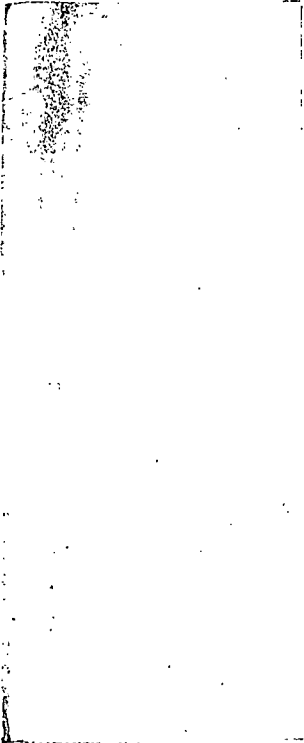
COVERAGES

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.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	932312 20505606 02	01/07/2002	01/07/2003	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> Hired/n-owned auto				GENERAL AGGREGATE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	95 423 103 00	01/14/2002	01/14/2003	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 0
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 0
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	NONE			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
	EXCESS LIABILITY	NONE			AGG	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$
	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCS-1555802	03/01/2002	03/01/2003	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 100,000	
	E.L. DISEASE - POLICY LIMIT				\$ 500,000	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
State of Florida - Electrical wiring within buildings

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Town of Sewall's Point 1 S. Sewall's Point Road Sewall's Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Joanne Wilson/JO <i>Joanne Wilson</i>



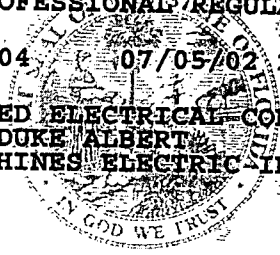
STATE OF FLORIDA

AC# 047621E

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

EC0003004 07/05/02 200002655

CERTIFIED ELECTRICAL CONTRACTOR
HINES, DUKE ALBERT
ALBERT HINES ELECTRIC INC.



IS CERTIFIED under the provisions of Ch.489 FS.

Expiration date: AUG 31, 2004 SEQ # L0207050161

DETACH HERE

Oswald W. Hoffler, Jr.

September 4, 2002

Mr. Gene Simmons
Building Official
Town of Sewall's Point

RE: Subcontractors

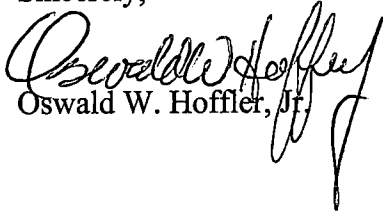
Dear Mr. Simmons:

I am pleased to provide you information on our subcontractors, which is the following:

Electrical:	Hines Electric	State: FL	Lic # EC0003004
Mechanical:	Advantage Air/Con	State: FL	Lic # CAC039664
Plumbing:	Cavalier Plumbing	State: FL	Lic # MP00192
Roofing:	All American Roof	State: FL	Lic # CC-C058118

Thanks in advance for adding this to our building permit application.

Sincerely,


Oswald W. Hoffler, Jr.

All American Roofing of The Treasure Coast, Inc.

3091 SE Waaler Street, Stuart, FL 34997

Lic. #CC-C058118

5949.

October 9, 2002

Town of Sewall's Point
1 S Sewall's Point Road
Stuart, FL 34996

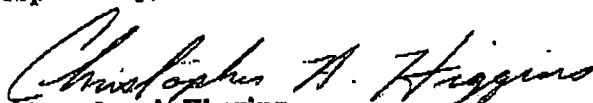
Re: Oswald Hoffler Residence
173 S Sewall's Point Road
Stuart, FL 34996

To Whom It May Concern:

Please allow this letter to serve as confirmation that All American Roofing of The Treasure Coast, Inc. will no be the Roofing Contractor for the above-mentioned property. AAR is relinquishing all responsibility for the roofing as of October 9, 2002.

Thank you for your assistance in this matter.

Respectfully,


Christopher A. Higgins
Sec./Treas.



ADVANTAGE AIR CONDITIONING OF THE TREASURE COAST, INC.

601 S. MARKET AVENUE - FT. PIERCE, FL 34982
465-1606 • STATE CERTIFICATION #CAC039664 • 335-3339
FAX No. (581) 465-4945

October 15, 2002

Town of Sewall's Point

To Whom It May Concern:

Advantage Air Conditioning of the Treasure Coast, Inc. is no longer a contractor for
Hoffler Residence.

Thank you,

A handwritten signature in cursive script that reads "Samuel T. Durham". The signature is written in black ink and is positioned above the printed name.

Samuel T. Durham
President

AC#

5878735

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/13/2000	99902153	CA -C039664

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

DURHAM, SAMUEL T
ADVANTAGE A/C OF THE TREASURE COAST INC
601 S MARKET AVE
FORT PIERCE FL 34982

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

03-13-2001

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 02/12/2001

EXPIRATION DATE 02/12/2003

EXEMPTED INDIVIDUAL NAME MANNA FRANK S

S.S. 051-48-0383

BUSINESS NAME GATEWAY INDUSTRIES INC

FEIN 650351538

BUSINESS ADDRESS 2206 SE CHARLESTON DRIVE
PORT SAINT LUCIE FL 34952

286 5491

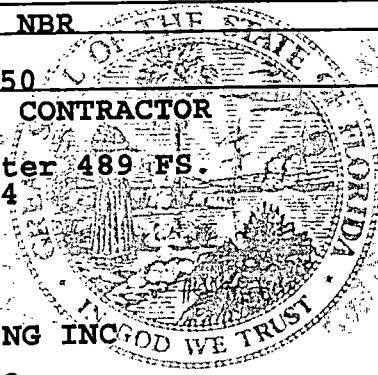
NOTE: Pursuant to Chapter 440.10(1)(g), 2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

AC# 0457866

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEQ#L02061400402

DATE	BATCH NUMBER	LICENSE NBR
06/14/2002	580922758	CAC058050

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



MANNA, FRANK S
G I AIR CONDITIONING & HEATING INC
2206 S E CHARLESTON DRIVE
PORT SAINT LUCIE FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/23/2002

PRODUCER
C & C INSURANCE AGENCY -
2014 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952
561-337-1250

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
GATEWAY INDUSTRIES & FRANK S MANN
DBA G.I. AIR COND. & HTG.
2206 SE CHARLESTON DR
PT ST LUCIE, FL 34952

INSURER A: BANKERS INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	09004842473004	04/14/02	04/14/03	EACH OCCURRENCE \$1,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000.
					PERSONAL & ADV INJURY \$1,000,000.
					GENERAL AGGREGATE \$1,000,000.
					PRODUCTS - COMP/OP AGG \$1,000,000.
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
SALES AND SERVICE OF AIR CONDITIONING AND HEATING

CERTIFICATE HOLDER
MARTIN COUNTY CONTRACTOR LICENSING
2401 SE MONTEREY 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] AD 76377

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (561)335-8804 FAX (561)335-8847
S.M. FINES INSURANCE AGENCY
 1250 S.E. PORT ST. LUCIE BLVD.
 PORT ST LUCIE, FL 34952-5392
 Rae Baumker

INSURED William Ball Roofing, Inc.
 3220 SE Cypress Street
 Stuart, FL 34997

DATE (MM/DD/YY)
10/11/2002

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

INSURERS AFFORDING COVERAGE

INSURER A: **Nautlius Insurance Co.**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

INSN 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NC188090	05/25/2002	05/25/2003	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				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

State of Florida

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Town of Sewalls Point 1 South Sewalls Point Rd. Stuart, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Susan Fines/SMF <i>Susan M. Fines</i>



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02746
 Expires September 30, 2003

BALL, WILLIAM L
 WILLIAM BALL ROOFING
 4598 S.E. MARIE WAY
 STUART, FL 34997
ROOFING CONTRACTOR

**2002-2003 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

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

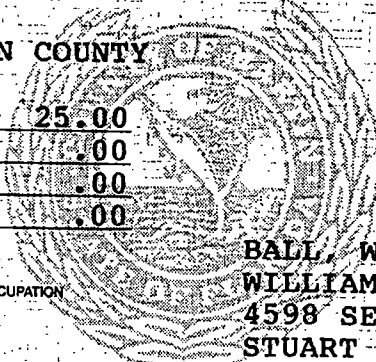
LICENSE 1999-520-010 CERT

PHONE (561) 781-7527 SIC NO 001711

LOCATION:
4598 SE MARIE WAY MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



BALL, WILLIAM
 WILLIAM BALL ROOFING, INC
 4598 SE MARIE WAY
 STUART FL 34997

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 2002
 AND ENDING SEPTEMBER 30, 2003

RECEIPT OF PAYMENT

6818
 LARRY C. O'STEEN
 99-08/26/2002 OCC. NORMAL
 19995200010000
 0220020826006102CK
 625.00

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY

CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 05/10/2002

EXPIRATION: 05/09/2004

PERSON: BALL WILLIAM

SSN: 270-50-6767

FEIN: 651003581

BUSINESS: WILLIAM BALL ROOFING INC

3220 SE CYPRESS ST
STUART

FL 34997

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Manatee

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):

EVINRUDE S/D, Part of Lot 2 DECL. AS BEG SE Corner Lot 2, Bear South 65° 01' 04" West

GENERAL DESCRIPTION OF IMPROVEMENT: Addition

OWNER: OSWALD W. HOFFLER, Jr. and Tricia P. HOFFLER

ADDRESS: 173 S. Sewall's Point Road Stuart FL 34996

PHONE #: 781-9540

FAX #: 781-5598

CONTRACTOR: Owner

ADDRESS: _____

PHONE #: _____

FAX #: _____

SURETY COMPANY(IF ANY) None

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: None

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: OSWALD W. HOFFLER, Jr.

ADDRESS: 173 S. Sewall's Pt. Road Stuart FL 34996

PHONE #: 781-9540

FAX #: 781-5598

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

PHONE #: _____

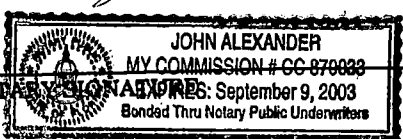
FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 19th DAY OF July
192003 BY [Signature]

OR
PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____



220-4765



Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT STUART

FROM: Just

DATE: 2-11-03

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

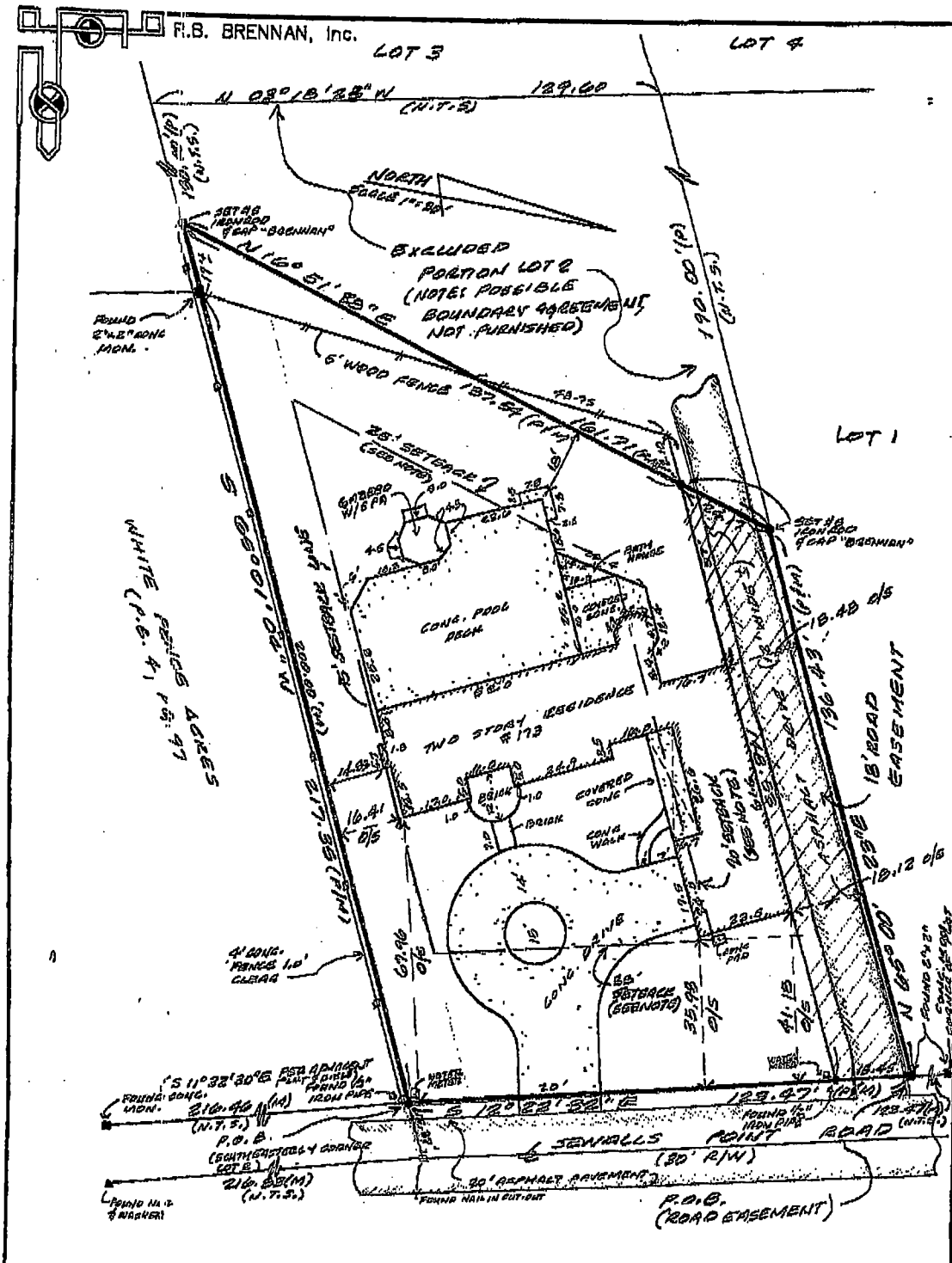
BUILDING DEPT. PERMIT

LOCATION

- 43-SS- 4657
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____

5949

173 Sewalls Pt.
Sewalls Pt.



DESCRIPTION FURNISHED BY: CLIENT FB. 199 PG. 33

LEGEND				

NOTES

- 1) SETBACKS ARE PER WARRANTIES DEED AS RECORDED IN O.R.B. 555 PG 22.09 AND SETBACK VIOLATIONS ARE AS SHOWN.
- 2) BEARING CASE: N 12° 22' 22" W ALONG THE EASTERLY BOUNDARY OF "EVINGRUBS SUBDIVISION" AS RECORDED IN PLAT BOOK 7, PAGE 16, MARTIN COUNTY.

DATE	REVISIONS	BY	CHK	JOB No.
11/15/99	0214/11/16	JH		19933

FLOOD ELEVATION INFORMATION	
COMMUNITY No. 120104	DATE OF FIRM 11/11/99
BASE FLOOD ELEV. 9.0	FIRM ZONE AB EG
LOWEST FLOOR ELEV. 9.81	PANEL No. 0002
HIGHEST ADJACENT ELEV. 8.7	SUFFIX D

SCALE 1" = 30' SHEET 2 OF 2

Oswald W. Hoffler, Jr.
1735 Seawall B+ Rd.

42.39370



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
Series SWD-101 Outswing Aluminum French Door-Impact
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0417.04
EXPIRES: 11/22/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 09/06/2001



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Pioneer Concrete Tile
1340 S.W. 34 Avenue
Deerfield Beach FL 33442

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

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

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

Your application for Product Approval of:
Rustic Shake/Slate and 9" Flat Tile

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

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

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

Acceptance No.: 97-0929.01

Expires: 12/16/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 12/16/1999

1 of 8





BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1605
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

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

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

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



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



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

**PGT Industries
1070 Technology Drive
Nokomis, FL 34275**

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

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

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

Your application for Notice of Acceptance (NOA) of:
Series PW-701 Aluminum Fixed Window - Non-Impact & Impact Resistant
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0102.01
EXPIRES: 09/13/2006

Raul Rodriguez
Chief Product Control Division

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

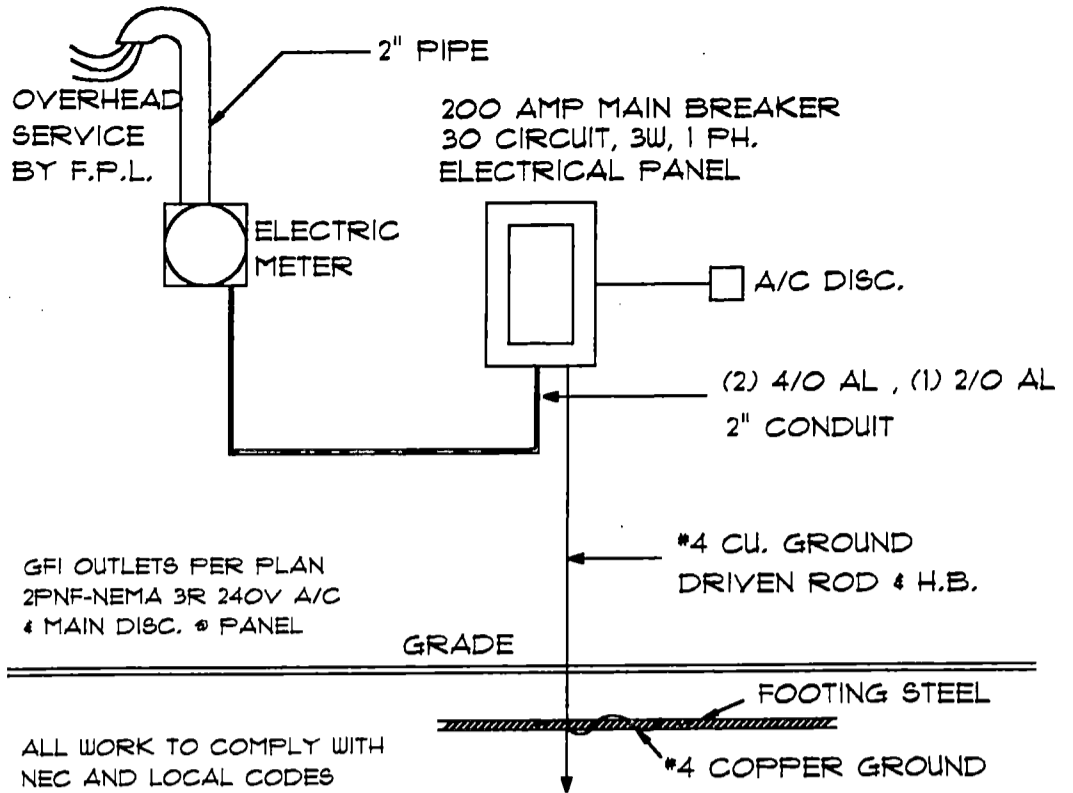
This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Miami-Dade County, Florida under the conditions set forth above.

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

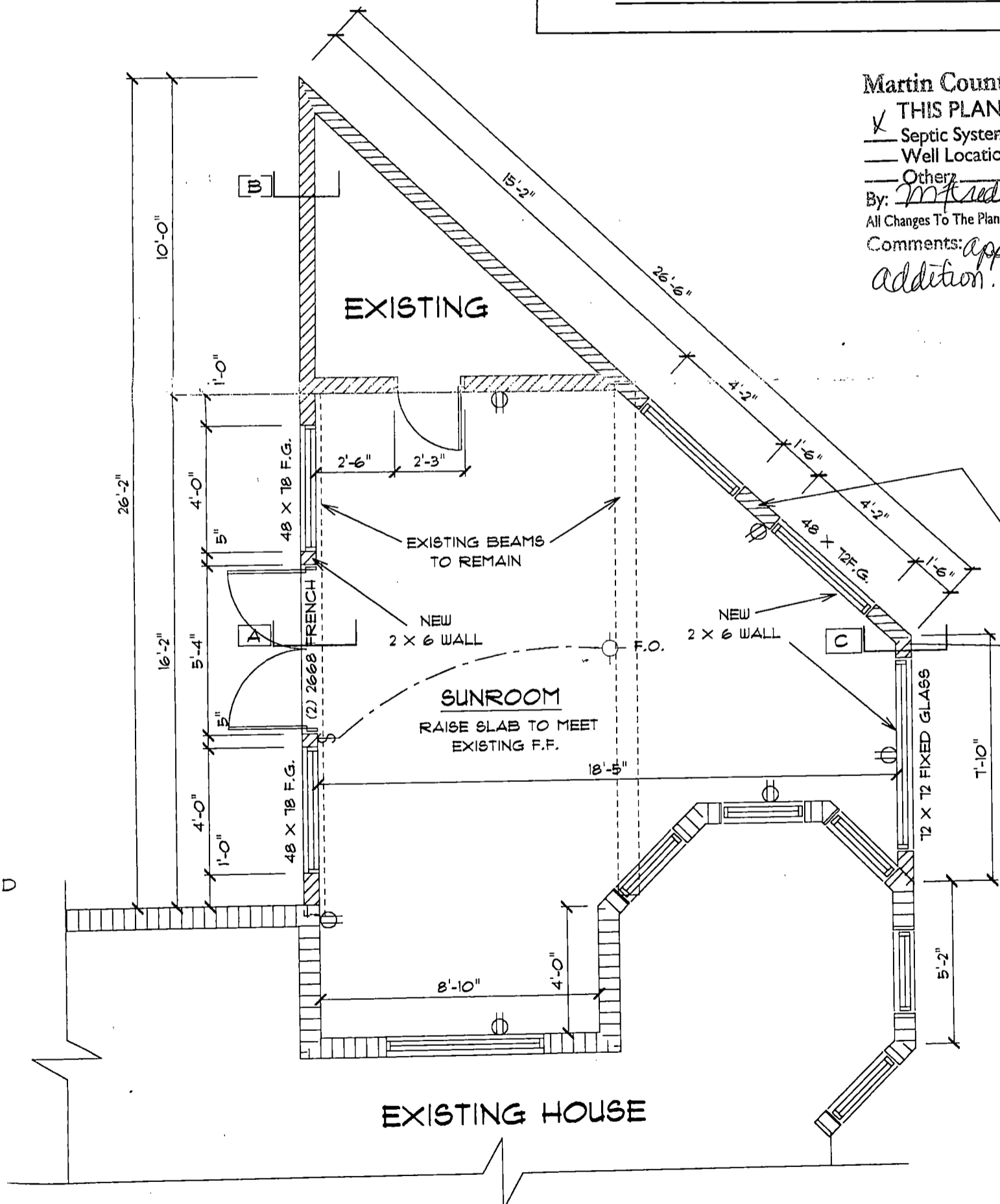
APPROVED: 09/13/2001

Electrical	
	EXHAUST 50 CFM
	FAN OUTLET
	PULL CORD LIGHT
	VAPOR LIGHT
	light
	outlet
	outlet 220v
	outlet gfi
	switch
	switch 3 way

ELECTRICAL LOAD CALCULATIONS



ELECTRICAL RISER DIAGRAM N.T.S.

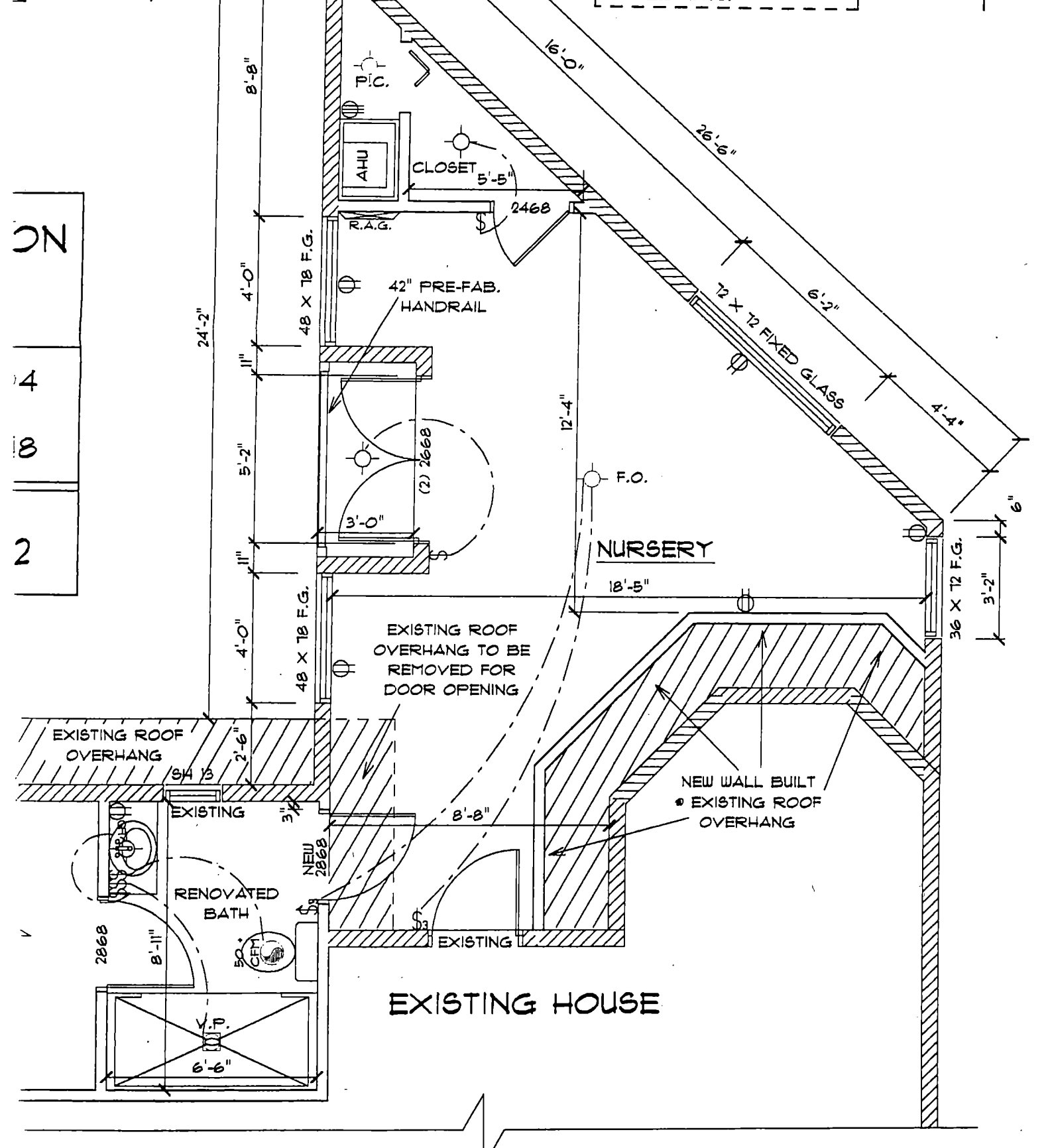
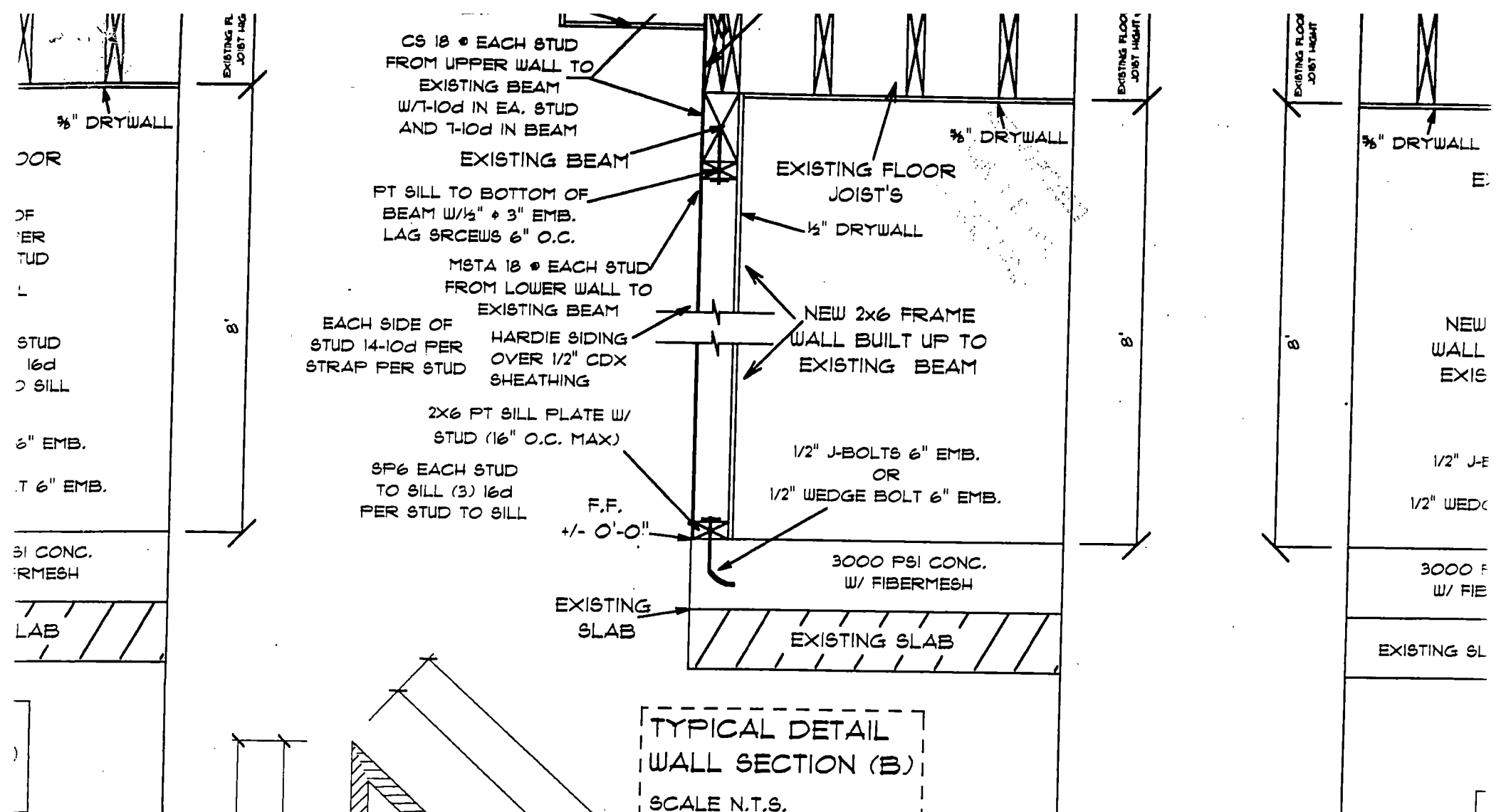


Martin County Health Department
 ✓ THIS PLAN IS APPROVED FOR:
 Septic System: Approval # 43-SS-04657
 Well Location: Approval # 43-
 Other: Approval #
 By: M. Redetzke Date: 8/20/02
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments: approved for 844 soft addition. (total of 4603)

1st FLOOR & ELECTRICAL PLAN

SCALE: 1/4" = 1'-0"

Proposed



- GENERAL**
1. ALL WORK SHALL BE DONE IN ACCORDANCE WITH ALL LOCAL AND STATE CODES.
 2. ALL CONDUCTORS SHALL BE OF THE APPROPRIATE SIZE AND SHALL HAVE T.H.W. (THIN WALL) INSULATION.
 3. ALL BATHROOM RECEPTACLES SHALL HAVE GFCI PROTECTION NOTED AS SHOWN.
 4. ALL MOTORS NOT VISIBLY IDENTIFIED SHALL HAVE NONFUSIBLE SAFETY SWITCHES.
 5. ENGINEER OF RECORD NOTED AS SHOWN.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-13-02, 2002; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5924	MENDEZ	Final Roof	Passed	
(13)	20 CRANE'S NEST ALL AMERICAN			INSPECTOR: [Signature]
5949	HOPFLER	Foundation	Passed	no compact reqd.
(10)	173 S. Sewalls Pt Rd O/B			INSPECTOR: [Signature]
5972	GRAHAME	FINAL FILL	Passed	
5959	100 N. SEWALLS Pt Rd. O/B	PLACEMENT.		INSPECTOR: [Signature]
(4)				
5908	Wilberding	Temp Pole	Passed	call FPL 1150 ✓
(3)	2 Palama Way O/B			INSPECTOR: [Signature]
5914	Abesada-Terk	Form & Steel		CANCELLED
	8 Morgan Circle	Roof		
	Harbour BAY			INSPECTOR:
5965	THOMPSON	Sheating,	NA	if possible closet 112
(8)	95 S. Sewalls Pt Rd RHODES	DRY-IN + METAL		rained out INSPECTOR: [Signature]
TREE	GUERARO	TREE	O.K.	2 out yard tree dead
(11)	104 Abbie Ct			INSPECTOR: [Signature]

OTHER: _____

TO ' ' OF SE 'ALL'S POL.'T

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-9-02, 2001; Page 1 of 2.


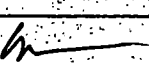



PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5811	Milord	Final Gas		
	144 N. Sewall Pt Rd			
	FLO-GAS			INSPECTOR:
5949	HOPPLER	Framing	No inspector	
	173 S. Sewall Pt Rd		need AC + Phly + Be	
	HOPPLER O/B			INSPECTOR: <i>[Signature]</i>
5978	Sadler	Final Roof	10/1 - should be down today	
	12 Middle Rd	no-inspec	430.00 fee Mon. P.M.	
	ALTEC		Passal	INSPECTOR: <i>[Signature]</i>
5844	BRUTYAN	BLDG FINAL	Passal	
	23 W. NEW POINT RD.	Plaster		
	BROWN			INSPECTOR: <i>[Signature]</i>
5755	De Graff	EXTERIOR FIRRING		3/4 + 1/2" HB + 1/4 roof sh.
	9 Castle Hill WAY			
	O/B			INSPECTOR: <i>[Signature]</i>
5880	Horte	INSULATION	Passal	(exc. 1 ceiling = below)
	3 E. High Pt Rd			
	NAVARRO			INSPECTOR: <i>[Signature]</i>
5982	REICH	Rough in Plumbg.	Passal	
	22 Middle Rd	+ Framing		
	LENEIRO			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEASIDE POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/14/02, 2001; ² Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5906	WILBORD INC	Plumbing Ground	Passed	
5911 (5)	2 PALAMA WAY WHITE	ROUGH		INSPECTOR: 
5940	Stofflor	Shedding	Failed	
(1)	173 S. Sewalls Pt. O/B	Pl/El/Food Roof/Trusses		INSPECTOR: 
5847	Bauer	Truss Eng	FAILED	FA
(2)	10 Copaire Rd. Seagate	Tie Down		INSPECTOR: 
5868	Staket	ROOF FINAL	Passed	
(3)	7 LANTANA LN MASTERPIECE BLDG'S			INSPECTOR: 
	LOWELL	TIE BEAM		Wed -
	7 WEST HAN POINT LANE 10			INSPECTOR:
6003	PROS	FINAL DOOR	Passed	
(4)	8 PALMETTO DR BROWN	INSTALLATION		INSPECTOR: 
5847	Bauer	Engineering +	Duplicate	
(2)	10 Copaire Rd Seagate	Tie down		INSPECTOR:

OTHER: 5826 / 5833 ? AC + EL



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 173 S. SEWALL'S POINT RD.

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

Rough Plumbing - PLAN REVISIONS HAVE
NOT BEEN RECEIVED -
IF NOT RECEIVED BY WEDNESDAY
IN BUILDING DEPT - STOP WORK

FEE \$ 30

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: 10/21/02

LOEWE
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-21-02, 2001; Page 1 of 1.


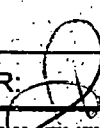
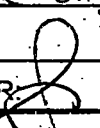
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5949	Hopler	Plumb-rough	FAILED	\$ 30
④	173 S. Sewall's Pt Rd O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		CK on large Metal		REMOVED
③	165: Via Lucinda	Core - (Back Yard)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5755	De Graft	A/C	ROUGH FAILED	\$ 60
⑤	9 Castle Hill O/B	+ Plumbing		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	MYLORD.	BLDG FINAL.	FAILED.	
①	144 N. SEWALL MYLORD.			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 10-28-02, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5967	FOWLER	plumbing Pool	Pass	
	18 FIELDWAY DR NATIONAL			INSPECTOR: 
5991	MAXON	SOUND TUBE	Pass	
	9 S. RIVER RD. KNEPPER			INSPECTOR: 
5949	HOFER	ROUGH PLUMBING ELEC.	Pass Failed	→ revise drg. & reinspect
	173 S. SEWALL PT RD O/B.	HVAC EXAMINATION	Pass Pass	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 10/30/02, 2001; Page 2 of 2.








PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5976	Barnfather	Deck Pool	Failed	Surv/sort/compact.
(6)	49 S. Sewall's Pt Rd Fleming			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	Marsh	TREE	Passed	
(5)	16 S. Sewall's Pt Rd			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5944	HORNER	Insulation	Passed	Reg 1st thing on the list - pls
(1)	173 S. Sewall's Pt Rd O/B			INSPECTOR: <i>[Signature]</i>
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 5/12, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6255	GOODMAN 6 OAKWOOD SAM CHESSE	TIN TAG + MEAL	Passed	early INSPECTOR: 
6217	PLITT 12 HERON'S NEST ALLAME	FINAL Roof only	Passed	 INSPECTOR: 
6131	PFEIFFER 10 HENRY SEWALL BUTFORD CONSTR.	PARTIAL GUMN PARTIAL EPICORS	Passed Passed	 INSPECTOR: 
5949	HOFFER 173 S. SEWALL'S PKWY O/B	FINAL ADDITION 757 695 5008	Passed	10/30/11 INSPECTOR: 
	Greene 26 Island Rd.	Delive Drgs.	Passed	 INSPECTOR: 
	Levin 41 Rio Vista	Pickup drgs.	Passed	 INSPECTOR: 
6220	Gibson 134 S. RIVER RD. Froula	286 5258	Passed	close roof INSPECTOR: 

OTHER: _____

OWNER'S AFFIDAVIT OF BUILDING COSTS

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

**STATE OF FLORIDA
MARTIN COUNTY**

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

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 65,000.00.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Oswald Hoffler

Property Address:

173 S. Sewall's Point Road

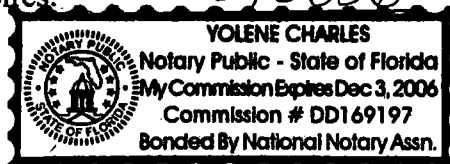
Stuart, FL 34996

SWORN TO and subscribed before me this 15th day of April, 2003, by Oswald Hoffler, who is personally known to me or produced _____ as identification.

Yolene Charles
Notary Public

My commission expires: Dec. 3, 2006

(Notary Seal)



Tested sealed ducts must be certified in this house.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.7

The higher the score, the more efficient the home.

SEWALLS POINT, FL,

1. New construction or existing	Addition	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 17.6 kBtu/hr ___
3. Number of units, if multi-family	1	___		SEER: 12.25 ___
4. Number of Bedrooms	1	___	b. N/A	___
5. Is this a worst case?	No	___	c. N/A	___
6. Conditioned floor area (ft ²)	456 ft ²	___		___
7. Glass area & type		___	13. Heating systems	
a. Clear - single pane	0.0 ft ²	___	a. Electric Strip	Cap: 15.3 kBtu/hr ___
b. Clear - double pane	0.0 ft ²	___		COP: 1.00 ___
c. Tint/other SHGC - single pane	0.0 ft ²	___	b. N/A	___
d. Tint/other SHGC - double pane	270.0 ft ²	___	c. N/A	___
8. Floor types		___	14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 122.0(p) ft	___	a. N/A	___
b. N/A		___	b. N/A	___
c. N/A		___	c. Conservation credits	___
9. Wall types		___	(HR-Heat recovery, Solar	
a. Frame, Wood, Exterior	R=19.0, 940.0 ft ²	___	DHP-Dedicated heat pump)	
b. N/A		___	15. HVAC credits	MZ-C, PT, CV, ___
c. N/A		___	(CF-Ceiling fan, CV-Cross ventilation,	
d. N/A		___	HF-Whole house fan,	
e. N/A		___	PT-Programmable Thermostat,	
10. Ceiling types		___	MZ-C-Multizone cooling,	
a. Under Attic	R=30.0, 456.0 ft ²	___	MZ-H-Multizone heating)	
b. N/A		___		
c. N/A		___		
11. Ducts(Leak Free)		___		
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.5, 50.0 ft	___		
b. N/A		___		

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: [Signature]

Date: 5/12/03

Address of New Home: 1735 Sewalls Rd

City/FL Zip: Stuart FL 34996



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

6079

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

781-5598

Date 12/31/02

BUILDING PERMIT NO. 6079

Building to be erected for Oswald Hoffer Type of Permit Fence

Applied for by _____ (Contractor) Building Fee _____

Subdivision Evinrude Lot _____ Block _____ Radon Fee _____

Address 173 S. Sewall's Point Road Impact Fee _____

Type of structure _____ A/C Fee _____

Electrical Fee _____

Parcel Control Number: 133 8410080000002140000 Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 4378 Cash _____ Other Fees (Fence) 30.00

Total Construction Cost \$ 900.00 TOTAL Fees 30.00

Signed Oswald Hoffer
Applicant

Signed [Signature]
Town Building Official

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: 6079

Owner or Titleholder Name: OSWALD W. HOFFER, Jr & Tricia P. HOFFER City: Stuart State: FL Zip: 34996

Legal Description of Property: Portion of Lot 2, Evington Subdivision, as Permitted in Parcel Number: 133841008000002140000

Location of Job Site: 173 S. Sewall's Point Road Type of Work To Be Done: FENCE

CONTRACTOR/Company Name: N/A Phone Number: Street: N/A City: State: Zip: State Registration Number: State Certification Number: Martin County License Number:

ARCHITECT: N/A Phone Number: Street: N/A City: State: Zip:

ENGINEER: N/A Phone Number: Street: N/A City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch: Carport: Total Under Roof Wood Deck: Accessory Building: Type Sewage: N/A Septic Tank Permit Number From Health Dept. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: N/A Minimum Base Flood Elevation (BFE): NGVD Proposed First Floor Habitable Floor Finished Elevation: N/A NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$900 Estimated Fair Market Value (FMV) Prior To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION Electrical: N/A State: License Number: Mechanical: N/A State: License Number: Plumbing: N/A State: License Number: Roofing: N/A State: License Number:

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

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

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

OWNER OR AGENT SIGNATURE (Required) State of Florida, County of: Martin This the 6th day of December, 2007 by who is personally known to me or produced as identification. Notary Public My Commission Expires:

CONTRACTOR SIGNATURE (Required) On State of Florida, County of: This the day of 200 by who is personally known to me or produced As identification. Notary Public My Commission Expires:

Seal

Seal

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6351	TAYLOR	FINAL PLUMBING	PASS	
3	22 E HIGH POINT NARVALLO + MAGGART	- 11 BLDG		INSPECTOR: <i>[Signature]</i>
6600	QUINN	DOOR BUCK	PASS	WILL SCHEDULE FINISHES
5	98 S. SEWALL'S Pt EAST COAST	(after 9)		INSPECTOR: <i>[Signature]</i>
6544	LANCASTER	FENCE - STAINUM	PASS	CANCELLED
2	8 PINEAPPLE MASTERPIECE BLDG			INSPECTOR: <i>[Signature]</i>
6596	DEWALT	FINAL DRIVEWAY	PASS	CLOSE
1	18 PERRIWINKLEA			INSPECTOR: <i>[Signature]</i>
6612	DELETED	FENCE	PASS	CLOSE
4	173 S. SEWALL'S Pt OIB			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
OTHER: PARADISE SILT SCREEN				
11 RIDGELAND				
BORBESS - 98 S SEWALL'S				

5 RIVERVIEW? PERMIT ON JOB WHAT WORK INSPECTION LOG.xls

6348

WINDOW

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/28/03

BUILDING PERMIT NO. 6348

Building to be erected for HOFFLER

Type of Permit D/R BZ WINDOW

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision EVINRUDE Lot Parcel 2 Block _____

Radon Fee _____

Address 173 SOUTH SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

133841008000000214000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 1150 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 250.00

TOTAL Fees 35.00

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 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 checked="" type="checkbox"/> ADDITION
<u>REPLACE WINDOW.</u> |

INSPECTIONS

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

Date: July 23, 2003

Permit Number: **RECEIVED**
JUL 24 2003

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Oswald W. HOFFLY, Jr. Phone (Day) 283-8355 (Fax) 781-5598

Job Site Address: 173 South Sewall's Point City: Stuart State: FL Zip: 34996

Legal Description of Property: EVIRUDE S/D, Part of Lot 2 Parcel Number: 13-38-41-008-000-0002-1-4

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

Description of Work To Be Done: Repair & Replace Existing NE Corner (Master bedroom) Window

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: \$ 250.00 (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: 4400 Garage: 800 Covered Patios: 200 Screened Porch: 2000
Carport: _____ Total Under Roof 5400 Wood Deck: _____ Accessory Building: _____

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

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

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

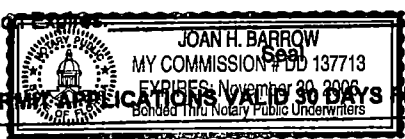
OWNER OR AGENT SIGNATURE (required)
Oswald Hoffly
State of Florida, County of: Martin
This the 24 day of July, 2003
by Oswald Hoffly who is personally known to me or produced F.I.D.I.
as identification: Joan H. Barrow
Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally known to me or produced _____
As identification: _____
Notary Public

My Commission Expires: _____ Seal



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

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

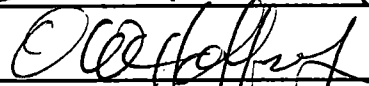
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: OSWALD HOFFLER Date: 7/28/03

Signature: 

Address: 173 S. Sewall's Pt Rd

City & State: SEWALL'S Pt, FL

Permit No. 6348

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)

PGT Industries
1070 Technology Drive
Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series "HIS 710" Aluminum Horizontal Sliding Window-Impact Resistant

APPROVAL DOCUMENT: Drawing No.4112, titled "Aluminum Horizontal Sliding Window", sheets 1 through 4 of 4, prepared, signed sealed by Robert L. Clark, P.E., dated 5/22/02 bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

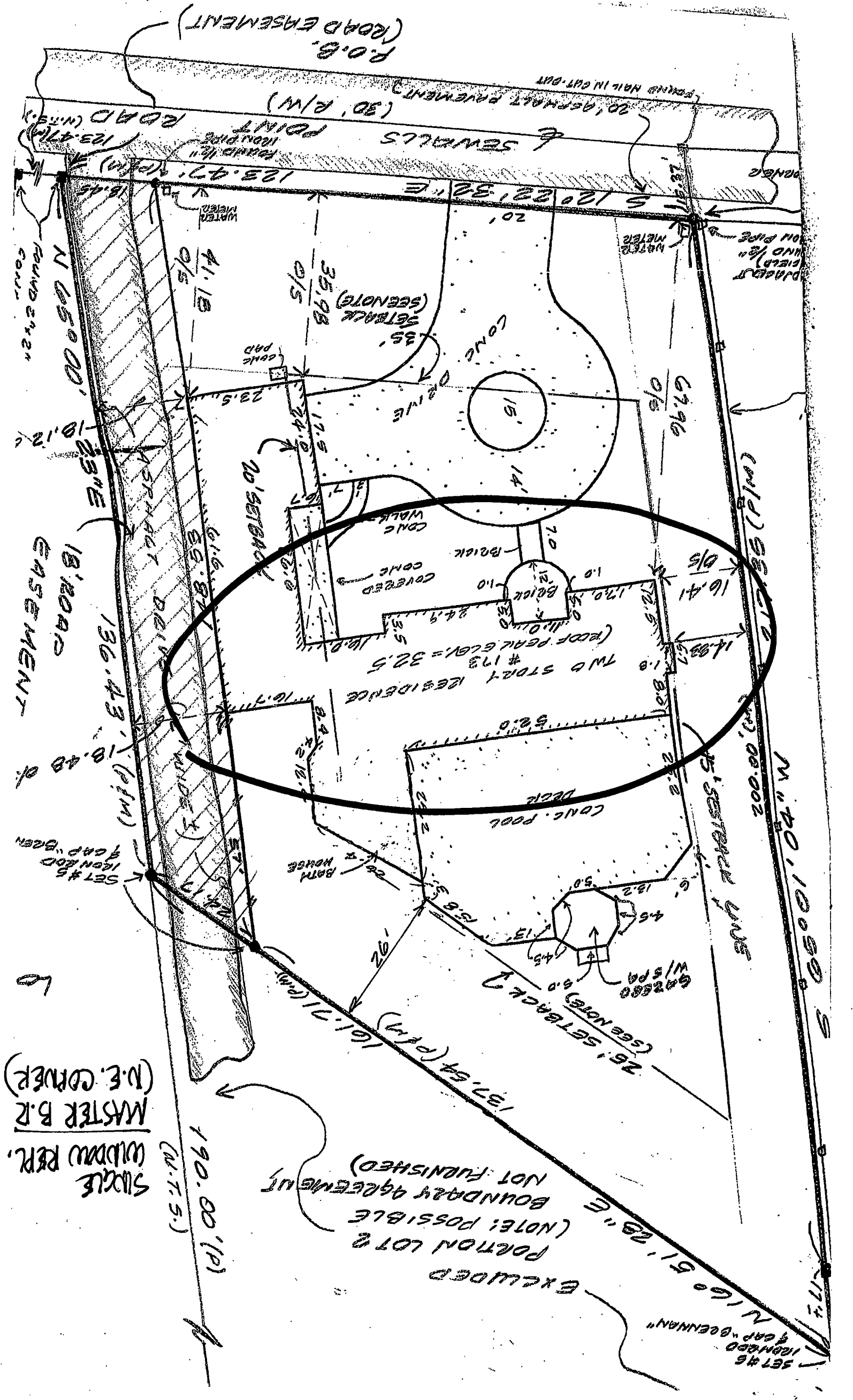
ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA revises NOA # 99-0204.03 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.

PN 6348

FILE COPY	
TOWN OF SEWALL'S POINT	
NOA # 99-02-0305.02	Expiration Date: May 20, 2007
THESE PLANS HAVE BEEN	Approved On: June 27, 2002
REVIEWED FOR CODE COMPLIANCE	
DATE: 7/25/03	
Acting BUILDING OFFICIAL	
Gene Simmons	



INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6348	HOFFLER	173 S.S.P.R.	REPLACE WINDOW.	AW 12/29/08
7661	LITCHEY	5 MIDDLE RD.	" A/C	AW 12/29/08
6788	MACRI	6 AOMINAL WALK	WORK NOT DONE	AW 12/29/08
7507	HUDSON	157 S. RIVER	REPLACE WINDOWS	AW 12/29/08
7315	COOL	22 N. RIDGEVIEW	WORK DONE	AW 12/29/08
7359	BRODERICK	44 RIO VISTA	" "	AW 12/29/08
6141	FERRARO	4 KINGSTON CT.	" "	AW 12/29/08
6749	NAUDIN	19 N. RIDGEVIEW	GAR. DONE	AW 12/29/08
6221	RUSSEL	47 S. S. P. R.	WORK DONE	AW 12/29/08
6884	MCMATHON	57 S.S. P. R.	WORK DONE	AW 12/29/08
7470	GARVIN	109 HILLCREST	" "	AW 12/29/08
7475	KNOBEL	58 S.S. P. R.	" "	AW 12/29/08
6199	CONROY	12 PALMETTO	" "	AW 12/29/08
7206	FRIBOURG	9 COPAIRE	" "	AW 12/29/08

9439

ROOF COATING



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:	9439	DATE ISSUED:	MAY 18, 2010
SCOPE OF WORK:	ROOF COATING ON FLAT ROOF		
CONDITIONS :			
CONTRACTOR:	CASTONGUAY ROOFING		
PARCEL CONTROL NUMBER:	133841-008-000-000214	SUBDIVISION	EVINRUDE - LOT PT 2
CONSTRUCTION ADDRESS:	173 S SEWALLS PT RD		
OWNER NAME:	FIFTH THIRD BANK		
QUALIFIER:	STEVEN CASTONGUAY	CONTACT PHONE NUMBER:	461-6145

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

9439

Date: 5/16/2010 Permit Number: 9439

OWNER/TITLEHOLDER NAME: FIFTH THIRD BANK Phone (Day) _____ (Fax) _____

Job Site Address: 173 S. SEWALLS PT RD City: STUART State: FL Zip: 34996

Legal Description EUNRUDE S/D LOT 2 Parcel Control Number: 13-38-41-008-000-0021-4

Owner Address (if different): 5001 KINGSLEY DR City: CINCINNATI State: OH Zip: 45263

Scope of work (please be specific): TO ROOF COAT OVER EXISTING ROOFING ON FLAT ONLY

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2400.00
(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: CASTONBUWAY ROOFING LLC Phone: 772 461-6445 Fax: SAME

Street: 3271 OLEANDER AV City: FT PIERCE State: FL Zip: 34982

State License Number: CC055573 OR: Municipality: _____ License Number: _____

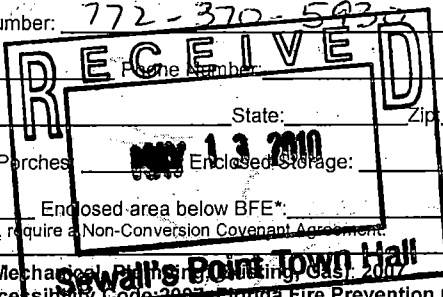
LOCAL CONTACT: BEN CARTER Phone Number: 772-370-5432

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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

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



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Electrical, Fire, and Energy), Florida Building Code, 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:

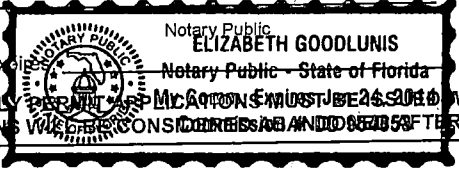
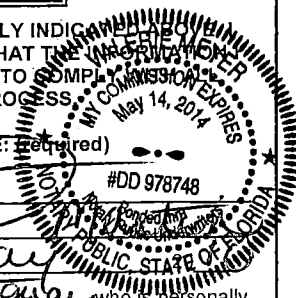
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. 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 AND THE APPLICANT CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER SIGNATURE: (required)
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Elizabeth Goodlunis
State of Florida, County of: Martin
This the 10 day of May, 2010
by ELIZABETH GOODLUNIS who is personally
known to me or produced Elizabeth Goodlunis
as identification.

CONTRACTOR SIGNATURE: (required)
Steven P. Castonbuway
On State of Florida, County of: _____
This the 6th day of May, 2010
by Steven P. Castonbuway who is personally
known to me or produced FDH#C-735-795-68-063-C
As identification: Valerie...
Notary Public



My Commission Expires: _____
SINGLE FAMILY PERMITS MUST BE APPROVED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



[Return](#)

Exclusive Authorization and Right to Sell Agreement

To: Mariane Katz

From: Toni Koch

Property Id: 178121

FC Date:

Property Address: 173 S. Sawalls Pointe Dr., Stuart, FL 34996

Due: 01/01/10

Previous Borrower:

Task Id: 6397461

LISTING AGREEMENT

The Owner of Record ("Seller"), by and through its undersigned agent, NRT REOExperts LLC ("NRT") hereby appoints RE/MAX of Stuart "Broker" and its licensee Mariane Katz ("Agent") as Seller's exclusive agent for the purpose and under the terms specified herein. Property Address: 173 S. Sawalls Pointe Dr., Stuart, FL 34996 REO# 204603906

Section 1. Purpose of Agency

The purpose of this agreement ("Listing Agreement") is to engage the best efforts of Broker to accomplish the sale of the real property described by the address above (hereinafter referred to as the "Property"). Broker and Agent shall owe NRT and Seller a fiduciary duty in carrying out the purposes of this Listing Agreement. In the event that Broker and Agent are representing a buyer who may have an interest in purchasing the Property, they may act in a dual agency capacity if permitted by, and in accordance with, state real estate brokerage law.

Section 2. Sale

As used herein and unless the context indicates otherwise, "Sale of the Property" or "Sale" means the voluntary transfer or exchange of any interest in the Property and full payment of the purchase price thereof. In the event a contract for purchase does not close for any reason and Broker is instructed by NRT to return the buyer's deposit, Broker shall promptly obtain a signed cancellation of contract and release of Broker, Agent, NRT and Seller, and return the deposit.

Section 3. Effect of this Listing Agreement

By appointing Broker and Agent as Seller's exclusive agent, NRT agrees to conduct all negotiations for the sale of the Property only through Broker, and to refer to Broker all inquiries received in any form from real estate brokers, salespersons, prospective purchasers, tenants, or any other source during the time this Listing Agreement is in effect. The parties intend that Broker be the exclusive agent of Seller, but do not intend that Broker or Agent be granted the exclusive right to sell the Property. Seller or NRT may procure a purchaser through its efforts as provided in paragraph 19 herein. NRT authorizes Broker, and Broker agrees, to disclose to any prospective purchaser(s) any material facts affecting the Property. Under no circumstances may Broker or any vendor, or an employee or agent of Broker or such vendor (or their respective family members), directly or indirectly (including through any entity in which they have any interest), submit an offer on, or purchase, the Property without first disclosing in writing the nature of the relationship and obtaining Seller's written consent. Any contract in violation of the foregoing shall be void at Seller's option.

Section 4. The Listing Period

Broker's authority shall begin 12/29/09 and shall continue through 03/29/10, unless terminated sooner in accordance with paragraph 25 below (the "The Listing Period").

Section 5. Price

The Listing Price shall be \$ 644,500.

Section 6. Title and Encumbrance

Conveyance from the Seller to any prospective purchaser shall be via Special Warranty Deed or its equivalent with covenants against grantor(s) acts. Seller authorizes the holder of any obligation secured by an encumbrance on the Property to disclose to Broker the amount owing on said encumbrance and terms thereof. All monetary encumbrances such as mortgages, deeds of trust, liens and financing statements, shall be paid by Seller and released except as Seller and any prospective purchaser may otherwise agree.

Section 7. Occupancy

Broker shall not permit possession or occupancy of the Property by any prospective purchaser or any other person or entity prior to closing and the funding of Sale proceeds.

Section 8. Marketing

Broker and Agent shall use their best efforts to effect a Sale in the shortest possible time through maximum utilization of advertising, sale promotion and buyer solicitation including, without limitation, the placement of a "For Sale" sign on the Property if allowed under applicable law or ordinance. Broker shall submit the Property promptly into the appropriate local multiple listing service for the Property location, and cooperate on a co-brokerage basis with all brokers who have a qualified prospect. Broker and Agent shall keep NRT informed of marketing activity via Monthly Status Reports and include copies of MLS brochure and all advertising done relating to the Property. NRT is not the owner of record for the Property. If Broker's local MLS requires an owner to be listed, use "Corporate Owned" as the owner and not NRT.

Section 9. Property Showing

Unless and until the Property is vacant, Broker and Agent must make appointments for showings in advance with the occupant(s) of the Property.

Section 10. Buyer's Deposit

Earnest money should be commensurate with the sale price of the Property, typically 3% of the purchase price or \$1,000, whichever is greater. Ten percent (10 %) is required on cash sales.



REALTOR Association of Martin County - IMAPP

Martin County Tax Report - 173 S SEWALLS POINT RD, STUART, FL 34996-7016

PROPERTY INFORMATION

PID # 13-38-41-008-000-00021-4
Property Type: Residential
Property Address:
173 S SEWALLS POINT RD
STUART, FL 34996-7016
Current Owner:
FIFTH THIRD BANK
Tax Mailing Address:
5001 KINGSLEY DR MAIL STOP 1MO
CINCINNATI, OH 45263-0001

Land Areas:
1. SINGLE FAMILY(0100)
Lot Size: 0.5 acres / 21,692 sf
Subdivision:
EVINRUDES
Neighborhood:
HERITAGE P, PALMTO PK, RDGLND;
(120200)
Twn: 38 / **Rng:** 41 / **Sec:** 13
Block: 000 / **Lot:** 00021
Legal Description:
EVINRUDE S/D, PART OF LOT 2 DESC
AS: BEG SE COR LOT 2, SWLY ALG S/LN
217.35; N 16 DEG E 161.71 TO NLY/LN
LOT 2; ELY ALG LN 136.43 TO NE COR &
SELY 123.47 TO POB



© Property Key, 2010
 Active Sold Pending Withdrawn Expired

TAX VALUATION INFORMATION

	2005 Final	2006 Final	2007 Final	2008 Final	2009 Final
Improved Value:	\$488,650	\$707,180	\$691,340	\$663,420	\$469,510
Land Value:	\$198,000	\$261,000	\$264,600	\$228,000	\$165,300
Just Market Value:	\$686,650	\$968,180	\$955,940	\$891,420	\$634,810
Percent Change:	- n/a -	41%	-1.26%	-6.75%	-28.79%
Total Assessed Value:	\$686,650	\$968,180	\$955,940	\$891,420	\$634,810
Total Exemptions:	\$0	\$0	\$0	\$0	\$0
Taxable Value:	\$686,650	\$968,180	\$955,940	\$891,420	\$634,810
Tax Amount:	\$10,663.83	\$14,756.70	\$13,762.38	\$12,940.56	\$9,770.37

Link To County Tax Collector

SALES INFORMATION

Deed Type	Sale Date	Price	Qualifiers	Document #	Grantor
CERTIFICATE OF TITLE	02/09/2009	\$100		Bk 2373/Pg 1489	TRICO PROPERTIES LLC
Mortgage Amount:	\$0	Terms: % / yrs		Document # Bk 2373/Pg 1489	
WARRANTY DEED	09/23/2005	\$0		Bk 2063/Pg 1319	HOFFLER OSWALD W JR ; HOFFLER TRICIA P
Mortgage Amount:	\$648,353	Terms: 0.00% / 30 yrs		Document # Bk 2063/Pg 1319	
	01/20/1999	\$419,000		Bk 1365/Pg 1088	LINO, LOUIS T. & JOAN

Sale Qualifiers: Vacant/Improved: V=Vacant, I=Improved

BUILDING INFORMATION

1. SINGLE FAMILY	Heated Area:	5,064 sf	Year Built:	1984
Beds: 4 Baths: 5 full, 1 half	Total Area:	6,053 sf	Stories:	1.0
Interior Wall: DRYWALL	Structural:	WOOD 2X4 STUD 16"OC	Fireplace:	Yes
Floor System:	Flooring:	BASE ALLOWANCE CERAMIC TILE	Exterior Wall:	BRICK BEST
Roof Type: GAMBREL	Roof Cover:	CEMENT TILE	A/C Type:	CENTRAL
Foundation:	NONE			
Building Subareas:	BASE (1984) - 5,064 sf			
GARAGE ATTACHED (2000) - 552 sf	PORCH OPEN (2000) - 437 sf			

OTHER IMPROVEMENT INFORMATION

<http://ramc.imapp.com/ilinks/search>

5/4/2010

USED BANK TO SIGN
ALSO AUTHORIZED LETTER FOR SIGNATURE FROM RAMC



[Return](#)

REO Listing Contract Extension

To: **Marlene Katz**

From: **Brian Sindell**

Property Id: **178121**

Due: **04/08/10**

Property Address: **173 S. Sewells Pointe Dr., Stuart, FL 34998**

Task Id: **7303784**

As of 03/28/10 your Listing Contract has expired. This new extension will be good thru 03/31/10.

I agree by typing my name as my electronic signature, it is acknowledged and understood that it constitutes an acceptance of all the terms and conditions contained in this agreement and is valid and enforceable in accordance with the "Electronic Signatures in Global and National Commerce Act"

I have read, understand, and agree to all the terms, disclosures, and conditions of this agreement.

By electronically signing this form I acknowledge that all the information provided by me in this form is true and correct and authorize RESNET Services to verify any and all information contained

License: **3162281**

Signature: **Marlene Katz**

[Print Contract](#)

[Submit](#)

RE: 173 S Sewalls Pt PID #148859

From: "Sindell, Brian" <brian.sindell@reoexperts.net>
To: Marlene Katz
Subject: RE: 173 S Sewalls Pt PID #148859
Date: May 6, 2010 6:20 PM

Yep please sign

Brian Sindell | REO Asset Specialist - KeyBank / Fifth-Third / Acqura / UNFCU | **NRT REOExperts LLC** | (714) 274-9400 Direct Phone | (714)274-9401 Fax brian.sindell@reoexperts.net | visit us at <http://www.reoexperts.net> | 8483 El Arroyo Dr, Huntington Beach, CA 92647

From: Marlene Katz [<mailto:isoldit@earthlink.net>]
Sent: Thursday, May 06, 2010 3:19 PM
To: Sindell, Brian
Subject: RE: 173 S Sewalls Pt PID #148859

Correct.
Marlene

-----Original Message-----

From: "Sindell, Brian"
Sent: May 6, 2010 6:14 PM
To: Marlene Katz
Subject: RE: 173 S Sewalls Pt PID #148859

Please sign on the bank's behalf. This is simply to obtain the permit so we can proceed to market with clear title, correct?

Brian Sindell | REO Asset Specialist - KeyBank / Fifth-Third / Acqura / UNFCU | **NRT REOExperts LLC** | (714) 274-9400 Direct Phone | (714)274-9401 Fax brian.sindell@reoexperts.net | visit us at <http://www.reoexperts.net> | 8483 El Arroyo Dr, Huntington Beach, CA 92647

From: Marlene Katz [<mailto:isoldit@earthlink.net>]
Sent: Thursday, May 06, 2010 3:03 PM
To: Sindell, Brian
Subject: RE: 173 S Sewalls Pt PID #148859

Please advise if you want to sign or you want me to sign for the bank.
Thanks,
Marlene

-----Original Message-----

From: "Sindell, Brian"
Sent: May 6, 2010 6:00 PM
To: Marlene Katz
Subject: RE: 173 S Sewalls Pt PID #148859

Sure send it

<http://webmail.earthlink.net/wam/printable.jsp?msgid=152131&x=1590131541>

5/13/2010



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:	9439		
ADDRESS	173 S SEWALLS PT RD		
DATE:	5/18/10	SCOPE:	ROOF COATING ON FLAT ROOF

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		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

[Handwritten signature]



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

RE-ROOF PERMIT CERTIFICATION (ROOF COATING ONLY)

PERMIT # _____

CONTRACTOR'S NAME: CASTONGUAY ROOFING PHONE #: 772 461-6145 FAX: SAME

OWNER'S NAME: FIFTH THIRD BANK

CONSTRUCTION ADDRESS: 173 S. SEWALLS PT. RD CITY SEWALLS STATE FL 34996

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)

COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO.

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE _____

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION YES NO

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 1/12 SLOPE FLAT

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK. NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: MODIFIED BITUMEN EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: ALUMINUM FIBERED ROOF COATING

MANUFACTURER GARDNER PRODUCT NAME _____ PRODUCT APPR # _____

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: _____

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR

DATE: 5/16/2010

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Steve & Phil

Castonguay Roofing LLC

40 Years Experience
State Certified Contractor
(772) 461-6145

ESTIMATES

BILLING

173 S. SEWELL POINT RD. STUART

	GENERAL DESCRIPTION OF WORK TO BE PERFORMED	
	FLAT ROOFS ONLY:	
	TO:	
	- SWEEP CLEAN ANY LOOSE DEBRIS / DIRT	
	- SEAL JOINTS ON CAP FLASHING WITH PLASTIC	
	CEMENT & MEMBRANE MESH WHERE NECESSARY	
	- APPLY A GENERAL COAT OF ALUMINUM FIBERED	
	ROOF COATING OVER TOP OF THE MODIFIED	
	BITUMEN ROOF AREAS ONLY AT A RATE OF	
	1 TO 1 1/2 GAL PER SQ	
DATE:		TOTAL:

Extras & Changes

Customer Signature

Manager Signature

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-20-10** Page **2** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9327	Woods	slub-deck		
1-130	32 E High Pt Capital Auto.	ELEVATED DECK	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Aree	White			
	15 Ridgeland Dr		OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE		overgrown debris in yard (back)		Pool Pic
	26 N Sewalls (24 NSPE is Bergman-neighbor)			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9439	14th Street	Final	PASS	Close
130	173 S. Sewalls Castonguay Roof.	roof coating	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9681

ROOF REPAIRS



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:	9681	DATE ISSUED:	JANUARY 20, 2011
SCOPE OF WORK:	ROOF REPAIRS		
CONDITIONS :			
CONTRACTOR:	ALL AREA ROOFING		
PARCEL CONTROL NUMBER:	133841008-000-000214	SUBDIVISION	EVINRUDE - LOT PT 2.
CONSTRUCTION ADDRESS:	173 S SEWALLS PT RD		
OWNER NAME:	NEAL		
QUALIFIER:	CHARLES RICHARDS	CONTACT PHONE NUMBER:	464-6800

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

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

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

REQUIRED INSPECTIONS

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

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

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

Date: 1-18-11 Permit Number: 9681

OWNER/TITLEHOLDER NAME: Whitney Neal Phone (Day) 828-423-9360 (Fax) _____

Job Site Address: 173 S Sewalls Point Rd. City: Stuart State: FL Zip: 34996

Legal Description: Einrude Part of lot 2 Parcel Control Number: 13884100800000021-4

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

Scope of work (please be specific): ReRoof/Repair

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: \$ 7,800.00
(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

Handwritten initials/signature

CONTRACTOR/Company: All Area Roofing & Waterproofing Phone: 772-464-6800 Fax: 772-464-6600

Street: 3921 S. US Hwy 1 City: Ft. Pierce State: FL Zip: 34982

State License Number: CCC1326177 OR: Municipality: _____ License Number: CCCB26177

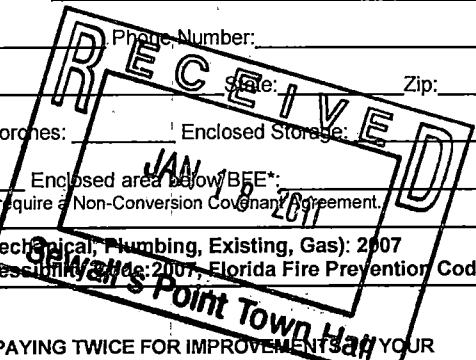
LOCAL CONTACT: Jennifer Obert Phone Number: 772-464-6800

DESIGN PROFESSIONAL: _____ 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
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

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

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. 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.

Handwritten initials/signature

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

State of Florida, County of: St. Lucie

This the 18 day of January, 2011

by Mary Neal who is personally

known to me or produced DL

as identification. Jennifer Obert

My Commission Expires _____
JENNIFER OBERT
MY COMMISSION # DD837776

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: St. Lucie

This the 18 day of January, 2011

by Charles Richards who is personally

known to me or produced _____

As identification. _____

Notary Public
JENNIFER OBERT
MY COMMISSION # DD837776

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



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

Site Provided by...
governmentmax.com 1.14

Summary

Address 1 of 1

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-008-000-00021-4	27833	173 S SEWALL'S POINT RD, SEWALL'S POINT	\$603,210	1/15/2011

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Maps →

Owner Information	
Owner(Current)	NEAL JOHN R & MARY C
Owner/Mail Address	173 S SEWALLS POINT RD STUART FL 34996
Sale Date	11/18/2010
Document Number	2244307
Document Reference No.	2487 0695
Sale Price	365000

Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Location/Description		Map Page No.	Legal Description
Account #	27833	SP6	EVINRUDE S/D, PART OF LOT 2 DESC AS: BEG SE COR LOT 2, SWLY ALG S/LN 217.35'; N 16 DEG E 161.71' TO NLY/LN LOT 2; ELY ALG LN 136.43' TO NE COR & SELY 123.47' TO POB
Tax District	2200		
Parcel Address	173 S SEWALL'S POINT RD, SEWALL'S POINT		
Acres	.4980		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information	
Market Land Value	\$148,500
Market Improvement Value	\$454,710
Market Total Value	\$603,210

Print First Previous Next Last

Legal Disclaimer / Privacy Statement

INSTR # 2254484
OR BK 02497 PG 1425
Pg 1425: (1pg)
RECORDED 01/18/2011 11:58:58 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Betteineschi

AFTER RECORDING - RETURN TO:

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 133841008000000214

SUBDIVISION Evirude BLOCK _____ TRACT _____ LOT _____ BLDG _____ UNIT _____
Part of Lot 2

2. GENERAL DESCRIPTION OF IMPROVEMENT: Flat Roof Repair

3. OWNER INFORMATION: a. Name John + Mary Neal

b. Address 173 South Sewalls Point Rd. Stuart, FL 34994 c. Interest in property 100%

d. Name and address of fee simple titleholder (if other than Owner)

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER: All Area Roofing & Waterproofing Inc.
722-464-6800 3921 S. US Hwy 1 Ft. Pierce, FL 34982

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

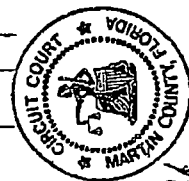
6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

7. 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 AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____, 20__

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.

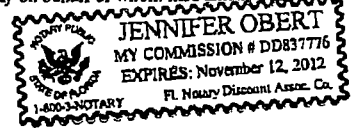


THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY Marsha Ewing
DATE 1-18-11

Mary Neal
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
State of Florida
County of _____

Mary Neal
Print Name and Provide Signatory's Title/Office

The foregoing instrument was acknowledged before me this day of 18, January, 2011
By Mary Neal as Owner
(name of person) (type of authority, ... e.g. officer, trustee, attorney in fact)
for herself
(name of party on behalf of whom instrument was executed)

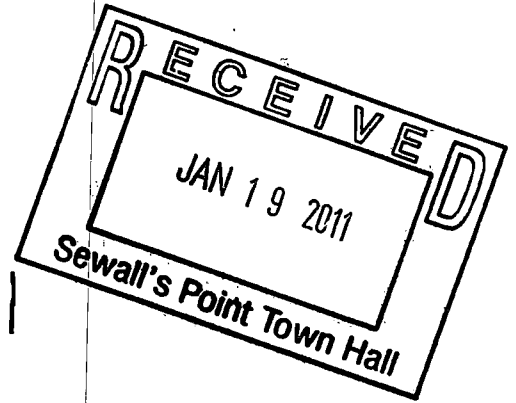


Jennifer Obert
Notary signature serial # _____

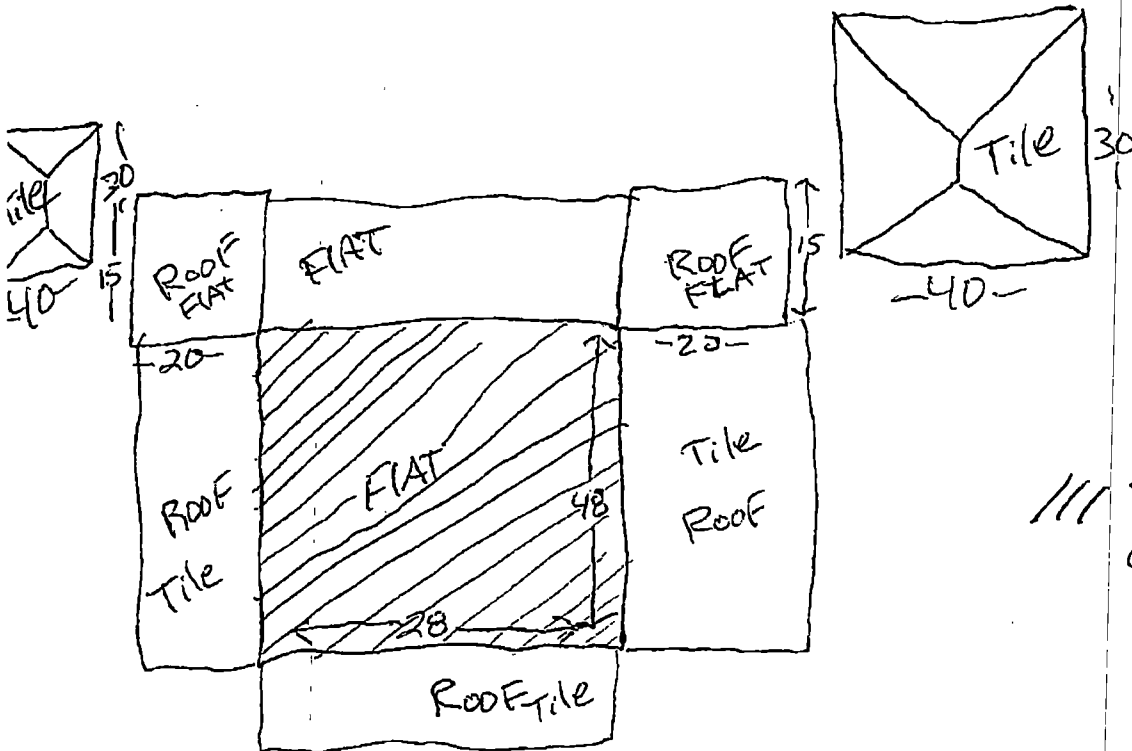
Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Mary Neal
(Signature of Natural Person Signing Above)

All Area Roofing
Job - John Neal



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 1-18-11
gn
BUILDING OFFICIAL



/// The part we
are Repairing
20%.

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
3	GAF Ruberoid	30	EIS	
	Modified Bitumen			
	5 gal Asphalt primer	3	bkts	

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: All Area Roofing + Waterproofing, Inc. PHONE #: 772-464-6800 FAX: 772-464-6680

OWNER'S NAME: John and Mary Neal

CONSTRUCTION ADDRESS: 173 S. Sewalls Point Rd. CITY: Stuart STATE: FL

RE-ROOF: RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE _____

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: _____/12 SLOPE

ROOF DECK: * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: modified bitumen EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: modified bitumen white granulated cap sheet

MANUFACTURER: GAF PRODUCT NAME: Rubersoid mod bit PRODUCT APPR # _____

torch applied

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED: YES NO

N/A

DESCRIPTION OF WORK: Install new white granulated torch applied modified bitumen

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR: Charly Helms DATE: 1-18-11

Repair



**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)

**GAF Material Corporation
1361 Alps Road
Wayne, NJ 07470**

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 the BCCO and accepted by the Building Code and Product Review Committee 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 and the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: GAF RUBEROID® Modified Bitumen Roof System for Wood Decks.

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

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

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

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

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

This NOA revises NOA No. 07-1203.01 and consists of pages 1 through 31.
The submitted documentation was reviewed by Jorge L. Acebo.

**NOA No.: 09-0224.01
Expiration Date: 11/06/13
Approval Date: 04/08/09
Page 1 of 31**





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

RE: Permit # 9681

Date 1-21-2011

Inspection Affidavit

I Charles Richards, licensed as a(n) Contractor* /Engineer/Architect, FS 468 Building Inspector*

License #: CCC1326177

On or about 1-20-2011, I did personally inspect the roof

deck nailing and/or secondary water barrier work at 173 S. Sewalls Pt. Rd. Stuart, FL 34996

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature Charles Richards

STATE OF FLORIDA
COUNTY OF

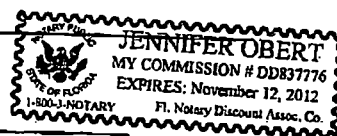
Sworn to and subscribed before me this 21 day of January, 2011

By Jennifer Obert

Notary Public, State of Florida

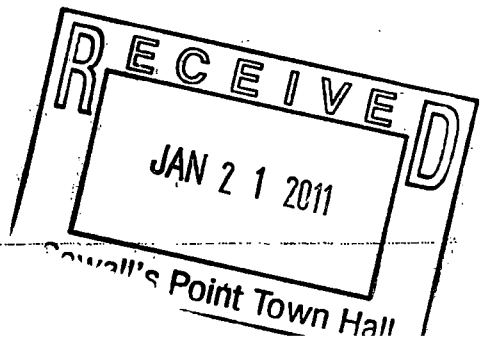
Jennifer Richards
(Print, type or stamp name)

Commission No.:



Personally known [checked] or
Produced Identification
Type of identification produced.

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.



MARK KLINGENSMITH
Mayor

JACQUI THURLOW-LIPPISCH
Vice Mayor

THOMAS BAUSCH
Commissioner

PAMELA M. BUSHA
Commissioner

PAUL SCHOPPE
Commissioner

TOWN OF SEWALL'S POINT

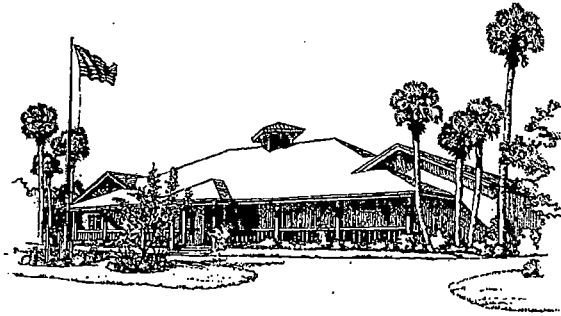
ROBERT L. KELLOGG
Town Manager

ANN-MARIE S. BASLER
Town Clerk

ERIC CERNIGLIA
Chief of Police

JOHN ADAMS
Building Official

JOSE TORRES
Maintenance



9681

MEMORANDUM

February 10, 2011

TO: All Area Roof
ATTN: Jennifer

FROM: Ann-Marie S. Basler, Town Clerk
for the Building Department *Ann-Marie*

RE: Inspection at 173 S. Sewall's Point Road

ok per John

In response to your request for a copy of the pass/fail inspection card referencing the above address, I spoke with Town Manager Robert Kellogg for confirmation of such. Because there is an issue that needs to be addressed as per the inspector's notes, "there are no scuppers for emergency overflow," Mr. Kellogg felt we should wait until Monday when Mr. Adams returns to deal with this situation.

Thank you for your attention.

cc. R. Kellogg, Town Manager
✓ J. Adams, Building Official



If any person decides to appeal any decision made by the Town Commission with regard to any matter considered at such meeting or hearing, he/she will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.martin.fl.us

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **2-10-11** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9687	Olson	dry-in/metal	PASS	
2	19 N Fever Rd All Am Roofing	Partial on garage		INSPECTOR <i>JW</i>
9674	Jordan	Final		
1ST	12 Castle Hill Coastal Const	entry stairs		Monday
9654	Jordan	Final		
1ST	12 Castle Hill Coastal Const	Garage opening floors		Monday
9643	McMahon	driveway	FAIL	NO PAPER WORK POSTED ON SITE
3	5 Melody Hill OB	(form)		INSPECTOR <i>JW</i>
9693	McMahon	driveway	PASS	
4	515 Sewalls OB	(form)		INSPECTOR <i>JW</i>
9681	NEAL	FINAL	PASS	THERE ARE NO SCORPERS FOR EMERG. OVER FU
	1735 S.P.R.			INSPECTOR <i>JW</i>
	ALL AREA ROOF			
				INSPECTOR

10749

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:	10749	DATE ISSUED:	01/30/2014
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	LEE'S A/C AND REFRIGERATION CORP.		
PARCEL CONTROL NUMBER:		SUBDIVISION	
CONSTRUCTION ADDRESS:	173 S SEWALL'S POINT ROAD		
OWNER NAME:	JOHN NEAL		
QUALIFIER:	SING HON LEE	CONTACT PHONE NUMBER:	772 349-0203

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 10749

Date: _____
OWNER/LESSEE NAME: John Neal Phone (Day) 818-423-9360 (Fax) _____
Job Site Address: 173 So Sewalls Point's Rd City: Sewall Pt State: FL Zip: 34996
Legal Description _____ Parcel Control Number: _____
Fee Simple Holder Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC):

A/C CHANGEOUT

15,801 ?

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 5200 Labor only

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

IS subject property located in flood hazard area? V-F10 A-E9 A-E6 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: Lee's A/C & Refrigeration Corp Phone: 772 364 0203 Fax: 772 221 3980

Qualifiers name: Sing Hon Lee Street: 2023 SW Danforth Cir City: Palm City State: FL Zip: 34990

State License Number: CA1057778 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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

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): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of: MARTIN
On This the 31st day of JANUARY 2014
by JOHN RICHARD NEAL who is personally known to me or produced FL DL N400-496-382450
As identification: Christine C. Bergeron
My Commission Expires: _____
CHRISTINE C. BERGERON
Notary Public
Commission # DD 982111
Expires June 21, 2014

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: MARTIN
On This the 31st day of JANUARY 2014
by SING HON LEE who is personally known to me or produced FL DL N 000-788-57-3620
As identification: Christine C. Bergeron
My Commission Expires: _____
CHRISTINE C. BERGERON
Notary Public
Commission # DD 982111
Expires June 21, 2014

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



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:	10749
ADDRESS	173 S SEWALL'S POINT ROAD
DATE 1/30/2014	SCOPE OF WORK A/C CHANGEOUT

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: (@ \$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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	15,801.72
Total number of inspections @ \$100.00 each	1		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.)		\$	6.32
TOTAL ACCESSORY PERMIT FEE:		\$	110.32

*Pd
 1-31-14
 CR 3077
 1.32 w/cash*



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

LEE, SING-HON
LEE'S A/C & REFRIGERATION CORP
 2023 SW DANFORTH CIRCLE
 PALM CITY FL 34990

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

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

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



STATE OF FLORIDA AC# 614472
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC057778 05/30/12 110404909

CERTIFIED AIR COND CONTR
 LEE, SING-HON
 LEE'S A/C & REFRIGERATION CORP

IS CERTIFIED under the provisions of Ch. 489 F.
 Expiration date: AUG 31, 2014 L12053000868

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • INEMARK™ PATENTED PAPER

AC# 6144720

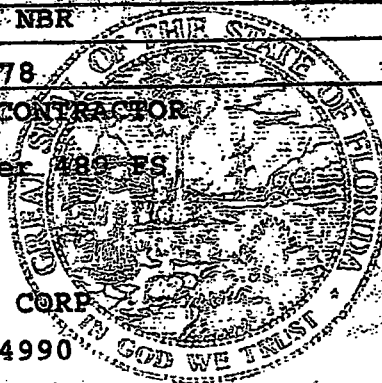
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12053000868

DATE	BATCH NUMBER	LICENSE NBR
05/30/2012	110404909	CAC057778

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

LEE, SING-HON
LEE'S A/C & REFRIGERATION CORP
 2023 SW DANFORTH CIRCLE
 PALM CITY FL 34990



RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

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 1999-508-0004 CERT _____
PHONE (772) 349-0203 SIC NO 001731

LOCATION:
2023 SW DANFORTH CIR MTR



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>
	<u>26.25</u>		
	TOTAL		

LEE, SING-HON
LEE'S A/C & REFRIGERATION
LEE SING HON
2023 SW DANFORTH CIRCLE
PALM CITY, FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
A/C & REFRIG CONTRACTOR

OF
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF JULY 2013
AND ENDING SEPTEMBER 30, 2014

11 2012 30099.0001 26.25 PAID

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

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

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



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: John Neal Contractor name: Sing Han Lee
 Street address: 173 So. Sewall Pt Rd Jurisdiction: _____
 City: Sewall Pt. Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 1/28/14

Printed Name: Sing Han Lee

Contractor License #: CAE057778

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: A/C change out

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

NAME: John Neal
ADDRESS: 173 South Sewalls Point Rd. Sewalls Point FL 34996
PHONE NUMBER: 828 423 9363 FAX NUMBER: _____
INTEREST IN PROPERTY: _____

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

CONTRACTOR: Lee's A/C & Refrigeration Corp.
ADDRESS: 2023 SW. Sanford Cir Palm City - FL 34990
PHONE NUMBER: 772 349 0203 FAX NUMBER: 772 221 3980

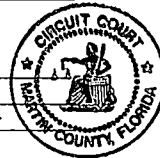
SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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



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

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

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

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

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

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

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

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

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 31ST DAY OF JANUARY, 2014

BY: JOHN RICHARD NEAL AS OWNER FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FLD/L N 400 476 38245-0

Christine C. Bergeron
NOTARY SIGNATURE/ SEAL



INSTR # 2438182 OR BK 2700 PG 839 RECD 01/31/2014 12:33:28 PM
(1 Page)
CAROLYN TIMMANN MARTIN COUNTY CLERK
RECORD DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00



Florida Department of
Business & Professional Regulation

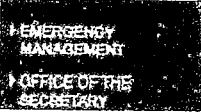
[BCIS Home](#) | [Log In](#) | [User Registration](#) | [Hot Topics](#) | [Submit Surcharge](#) | [Stats & Facts](#) | [Publications](#) | [FBC Staff](#) | [BCIS Site Map](#) | [Links](#) | [Search](#)



Product Approval
USER: Public User

License efficiently. Regulate fairly.

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL14239-R0
Application Type	New
Code Version	2007
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	BMP International Inc.
Address/Phone/Email	4710 28th Street N St. Petersburg, FL 33714 (727) 458-0544 benmeng8@yahoo.com
Authorized Signature	Xianbin Meng benmeng8@yahoo.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Structural Components
Subcategory	Anchors
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Kristina S. Daugherty, P.E.
Florida License	PE-68455
Quality Assurance Entity	National Accreditation & Management Institute,
Quality Assurance Contract Expiration Date	12/31/2013
Validated By	Steven M. Urich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL14239_R0_COI_COI_BMP.pdf
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	Chapter 22

Product Approval Method Method 2 Option B

Date Submitted 11/05/2010

Date Validated 11/05/2010

Date Pending FBC Approval 11/15/2010

Date Approved 12/07/2010

Date Revised 09/29/2011

Summary of Products

FL #	Model, Number or Name	Description
14239.1	A/C Hold Down Clip	A/C Hold Down Clip
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:		Installation Instructions FL14239 RO II BMP003.pdf Verified By: Kristina S. Daugherty, P.E. 68455 Created by Independent Third Party: Yes Evaluation Reports FL14239 RO AE PER 1196.pdf Created by Independent Third Party: Yes

[Back](#) [Print](#)

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

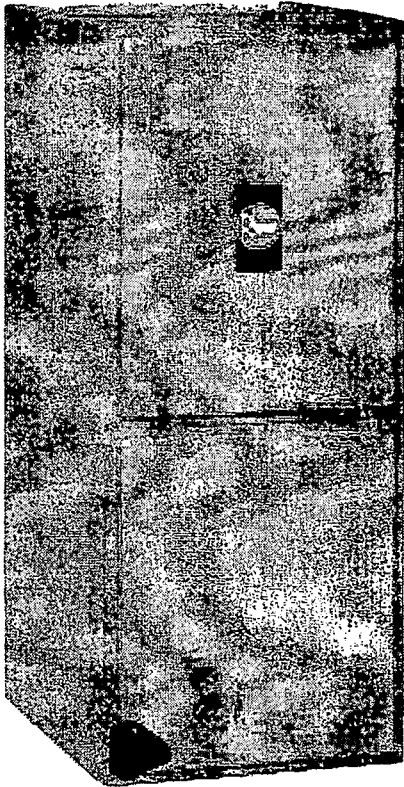
The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

Product Approval Accepts:



AIR HANDLERS



AIR HANDLERS

RHLL- High Efficiency
featuring Industry Standard
R-410A Refrigerant

R-410A

RHSL- Standard Efficiency
featuring Industry Standard
R-410A Refrigerant

R-410A

Features

- RHLA/RHLL feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1 1/2 ton [5.3 kW] through 5 ton [17.6 kW] models are between 42 1/2 to 55 1/2 inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.





This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5550388

Date: 1/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM25

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	24600*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute



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 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: Rheem Model# RHLLHM247
 Volts 230 CFM's Heat Strip 5 Kw
 Min. Circuit Amps 30 Wire gauge 6
 Max. Breaker size 30 Min. Breaker size 30
 Ref. line size: Liquid 1/4 Suction 5/8
 Refrigerant type R410
 Location: Existing New _____
 Attic/Garage/Closet (specify) Garage attic
 Access:

Condenser: Mfg Rheem Model# 14A Jm 25
 Volts 230 SEER/EER 10 BTU's 24600
 Min. Circuit Amps 30 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 30
 Ref. line size: Liquid 1/4 Suction 5/8
 Refrigerant type R410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: York Model# _____
 Volts 230 CFM's Heat Strip Kw
 Min. Circuit Amps 30 Wire gauge 6
 Max. Breaker size 30 Min. Breaker size 30
 Ref. line size: Liquid 1/4 Suction 5/8
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Garage attic
 Access:

Condenser: Mfg Trane Model# _____
 Volts 230 SEER/EER 10 BTU's _____
 Min. Circuit Amps 30 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 30
 Ref. line size: Liquid 1/4 Suction 5/8
 Refrigerant type _____
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

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]
 Signature

1/28/14
 Date



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

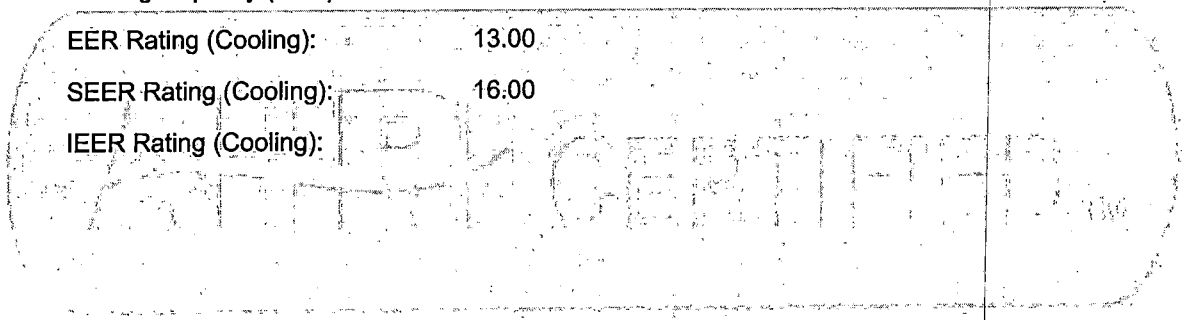
AHRI Certified Reference Number: 5550388 Date: 1/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower
Outdoor Unit Model Number: 14AJM25
Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417
Manufacturer: RHEEM SALES COMPANY, INC.
Trade/Brand name: RHEEM
Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 24600*
EER Rating (Cooling): 13.00
SEER Rating (Cooling): 16.00
IEER Rating (Cooling):



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute



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

Entry Area

Air Conditioning Change out Affidavit

Residential Commercial _____

Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No

Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No

Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Ahearn Model# RHLLHm2V1

Volts 230 CFM's _____ Heat Strip 5 Kw _____

Min. Circuit Amps 30 Wire gauge 8

Max. Breaker size 30 Min. Breaker size 30

Ref. line size: Liquid 3/8 Suction 3/4

Refrigerant type 410

Location: Existing New _____

Attic/Garage/Closet (specify) Attic

Access:

Condenser: Mfg Ahearn Model# 14A7M25

Volts 230 SEER/EER 16 BTU's 24600

Min. Circuit Amps 30 Wire gauge 10

Max. Breaker size 30 Min. Breaker size 30

Ref. line size: Liquid 3/8 Suction 3/4

Refrigerant type 410

Location: Existing New _____

Left/Right/Rear/Front/Roof _____

Condensate Location Ground

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# _____

Volts 230 CFM's _____ Heat Strip 5 Kw _____

Min. Circuit Amps 30 Wire gauge 8

Max. Breaker size 30 Min. Breaker size 30

Ref. line size: Liquid 3/8 Suction 3/4

Refrigerant type R22

Location: Ext. New _____

Attic/Garage/Closet (specify) Attic

Access:

Condenser: Mfg Trane Model# _____

Volts 230 SEER/EER _____ BTU's _____

Min. Circuit Amps 30 Wire gauge 10

Max. Breaker size 30 Min. Breaker size 30

Ref. line size: Liquid 3/8 Suction 3/4

Refrigerant type R22

Location: Ext. New _____

Left/Right/Rear/Front/Roof _____

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 [Signature]

Date 1/28/14

Sitting area

wrightsoft® Project Summary
UNIT 3
QUICK CALCS, INC.

Job:
Date:
By: *John Neal*

317 ST. LUCIE LN., FT. PIERCE, FL 34948 Phone: 772-466-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN NEAL
173 S. SEWALLS POINT RD., STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 7702 Btuh
Ducts 1960 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 9661 Btuh

Sensible Cooling Equipment Load Sizing

Structure 13372 Btuh
Ducts 3154 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh

Use manufacturer's data
Rate/swing multiplier 0.96ⁿ
Equipment sensible load 15864 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 1206 Btuh
Ducts 774 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 1980 Btuh

Equipment total load 17844 Btuh
Req. total capacity at 0.70 SHR 1.9 ton

Area (ft²) Heating 552 Cooling 552
Volume (ft³) 4416 4416
Air changes/hour 0.40 0.21
Equiv. AVF (cfm) 29 16

Heating Equipment Summary

Make
Trade
Model
AHRI ref
Efficiency 100 EFF
Heating input 2.8 kW
Heating output 9489 Btuh
Temperature rise 11 °F
Actual air flow 807 cfm
Air flow factor 0.084 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM 14AJM SERIES
Cond 14AJM25
Coil RHLL-HM2417++RCSL-H*2417
AHRI ref 5550388
Efficiency 13.0 EER, 16 SEER
Sensible cooling 16940 Btuh
Latent cooling 7260 Btuh
Total cooling 24200 Btuh
Actual air flow 807 cfm
Air flow factor 0.049 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.89

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3805983

Date: 1/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM36

Indoor Unit Model Number: RHLL-HM3821+RCSL-H*3821

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

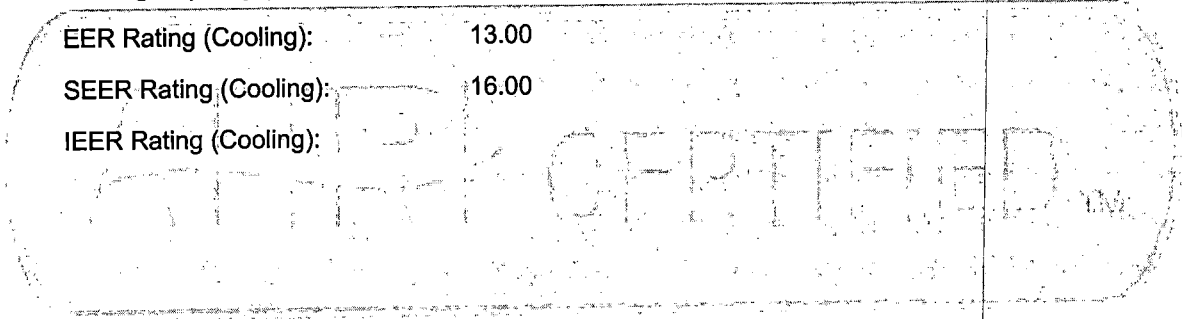
Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 36800*

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

IEER Rating (Cooling):



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130347928778186446

Master bed room

wrightsoft Project Summary UNIT 5 QUICK CALCS, INC.

Job:
Date:
By: *[Signature]*

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-468-6799 Fax: 772-468-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN NEAL
173 S. SEWALLS POINT RD., STUART, FL

Notes:

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 8325 Btuh
Ducts 4573 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 12898 Btuh

Sensible Cooling Equipment Load Sizing

Structure 18536 Btuh
Ducts 7080 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data
Rate/swing multiplier ⁿ 0.96
Equipment sensible load 24591 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1170	1170
Volume (ft ³)	9360	9360
Air changes/hour	0.29	0.15
Equiv. AVF (cfm)	45	24

Latent Cooling Equipment Load Sizing

Structure 1330 Btuh
Ducts 1836 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 3166 Btuh
Equipment total load 27757 Btuh
Req. total capacity at 0.70 SHR 2.9 ton

Heating Equipment Summary

Make
Trade
Model
AHRI ref
Efficiency 80 AFUE
Heating input 0 Btuh
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 1253 cfm
Air flow factor 0.097 cfm/Btuh
Static pressure 0 in H₂O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM 14AJM SERIES
Cond 14AJM36
Coil RHLL-HM3821++RCSL-H*3821
AHRI ref 3805983
Efficiency 13.0 EER, 16 SEER
Sensible cooling 26320 Btuh
Latent cooling 11280 Btuh
Total cooling 37600 Btuh
Actual air flow 1253 cfm
Air flow factor 0.049 cfm/Btuh
Static pressure 0 in H₂O
Load sensible heat ratio 0.89

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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

Master bed room

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No
 Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RH11HM3F2
 Volts 230 CFM's _____ Heat Strip 7 Kw
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410
 Location: Existing New _____
 Attic/Garage/Closet (specify) closet
 Access: _____

Condenser: Mfg Whelen Model# 16AJM36
 Volts 230 SEER/EER 16 BTU's 36800
 Min. Circuit Amps 35 Wire gauge 8
 Max. Breaker size 35 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Y.W Model# _____
 Volts 230 CFM's _____ Heat Strip 7 Kw
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) closet
 Access: _____

Condenser: Mfg Trane Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 35 Wire gauge _____
 Max. Breaker size 35 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

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

1/28/14
 Date



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3806012

Date: 1/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM42

Indoor Unit Model Number: RHLL-HM3821+RCSL-H*3821

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

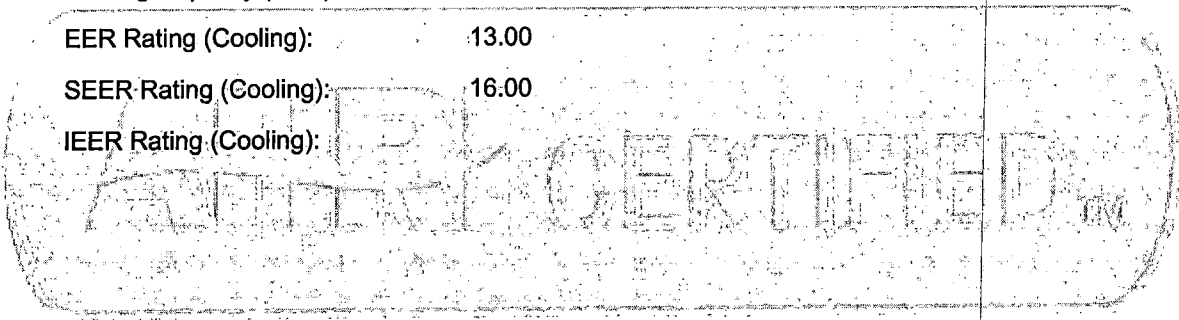
Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 40000

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

IEER Rating (Cooling):



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130347929039033494

bed room

wrightsoft Project Summary
UNIT 2
QUICK CALCS, INC.

Job:
Date:
By: *[Signature]*

317 ST. LUCIE LN., FT. PIERCE, FL 34948 Phone: 772-466-6799 Fax 772-466-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN NEAL
173 S. SEWALLS POINT RD., STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 8228 Btuh
Ducts 3701 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 11930 Btuh

Sensible Cooling Equipment Load Sizing

Structure 25198 Btuh
Ducts 5796 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.96
Equipment sensible load 29754 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0
Heating Cooling
Area (ft²) 720 720
Volume (ft³) 5760 5760
Air changes/hour 0.33 0.18
Equiv. AVF (cfm) 32 17

Latent Cooling Equipment Load Sizing

Structure 1266 Btuh
Ducts 1490 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 2756 Btuh
Equipment total load 32510 Btuh
Req. total capacity at 0.70-SHR 3.5 ton

Heating Equipment Summary

Make
Trade
Model
AHRI ref
Efficiency 80 AFUE
Heating input 0 Btuh
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 1333 cfm
Air flow factor 0.112 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM 14AJM SERIES
Cond 14AJM42
Coil RHLL-HM3821++RCSL-H*3821
AHRI ref 3806012
Efficiency 13.0 EER, 16 SEER
Sensible cooling 28000 Btuh
Latent cooling 12000 Btuh
Total cooling 40000 Btuh
Actual air flow 1333 cfm
Air flow factor 0.043 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.92

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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

Be b room c

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No
 Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RHLLHM3F21
 Volts 230 CFM's _____ Heat Strip 7 Kw
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410
 Location: Existing New _____
 Attic/Garage/Closet (specify) closet
 Access: _____

Condenser: Mfg Rheem Model# 14AJM42
 Volts 230 SEER/EER 16 BTU's 40000
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: YrW Model# _____
 Volts ___ CFM's _____ Heat Strip 7 Kw
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) closet
 Access: _____

Condenser: Mfg unbranded Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 40 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Ground

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 [Signature]

Date 1/28/14

Garage

wrightsoft Project Summary UNIT 4 QUICK CALCS, INC.

Job:
Date:
By: *John Neal*

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-8799 Fax 772-466-8796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN NEAL
173 S. SEWALLS POINT RD., STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db	45 °F
Inside db	70 °F
Design TD	25 °F

Summer Design Conditions

Outside db	91 °F
Inside db	75 °F
Design TD	16 °F
Daily range	L
Relative humidity	50 %
Moisture difference	57 gr/lb

Heating Summary

Structure	5316 Btuh
Ducts	2088 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	7404 Btuh

Sensible Cooling Equipment Load Sizing

Structure	12489 Btuh
Ducts	3354 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	15210 Btuh

Infiltration

Method		Simplified
Construction quality		Average
Fireplaces		0
	Heating	Cooling
Area (ft²)	660	660
Volume (ft³)	5280	5280
Air changes/hour	0.35	0.19
Equiv. AVF (cfm)	31	16

Latent Cooling Equipment Load Sizing

Structure	1240 Btuh
Ducts	825 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	2065 Btuh
Equipment total load	17275 Btuh
Req. total capacity at 0.70 SHR	1.8 ton

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	2.1 kW
Heating output	7204 Btuh
Temperature rise	8 °F
Actual air flow	807 cfm
Air flow factor	0.109 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Rheem
Trade	RHEEM 14AJM SERIES
Cond	14AJM25
Coil	RHLL-HM2417++RCSL-H*2417
AHRI ref	5550388
Efficiency	13.0 EER, 16 SEER
Sensible cooling	16940 Btuh
Latent cooling	7260 Btuh
Total cooling	24200 Btuh
Actual air flow	807 cfm
Air flow factor	0.051 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.88

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FLORIDA ENERGY CONSERVATION CODE FILE COPY

FLORIDA ENERGY CONSERVATION CODE FILE COPY

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: John Neal Contractor name: Sing Hon Lee
 Street address: 173 So. Sewall Pt Rd Jurisdiction: _____
 City: Sewall Pt. Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

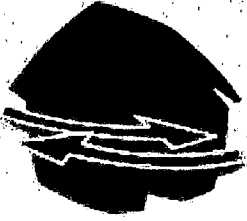
Signature: [Signature] Date: 1/28/14

Printed Name: Sing Hon Lee
 Contractor License #: CA05777f

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____



Wholesale Air Conditioning

1-866-392-1798

SOLD TO: JOHN NEIL

DATE	YOUR ORDER #	OUR ORDER #	SALES REP.	FOB	SHIP VIA	TERMS	TAX ID
1/29/14							

QUANTITY	ITEM	DESCRIPTION	TAXABLE	MODEL	TOTAL
2	Cond	Rheem 2 Ton 16 Seer Systems	Y	14AJM25/RHLL	3146.00
1	Cond	Rheem 3 Ton 16 Seer System	Y	14AJM36/RHLL	1900.00
1	Cond	Rheem 3.5 Ton 16 Seer System	Y	14AJM42/RHLL	1960.00
1	Cond	Rheem 5 Ton 16 Seer System	Y	14AJM56/RHLL	2473.00
5	SS2	Safety Switches	Y	SS2	60.00
5	SS3	Safety Switches	Y	SS3	60.00
5	Aux	Drain Pans 24x24	Y	Pans	98.15
2	Pans	Horizontal Drain Pans	Y	Pans	126.00
5	Tstat	Honywell 4000	T	4000	85.00

	9908.15
Tax	693.57
Shipping	FREE
Total	10601.72

+5200
15,807



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3799471

Date: 1/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM56

Indoor Unit Model Number: RHLL-HM6024+RCSL-H*6024

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

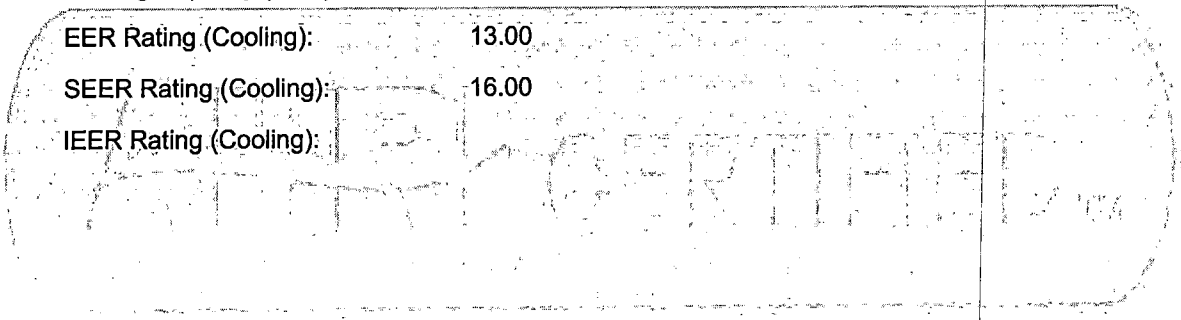
Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 54000

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

IEER Rating (Cooling):



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130347929346839251



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 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: Rheem Model# R1111m6024
 Volts 230 CFM's _____ Heat Strip 7 Kw _____
 Min. Circuit Amps 40 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 40
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410
 Location: Existing New _____
 Attic/Garage/Closet (specify) closet
 Access: _____

Condenser: Mfg Rheem Model# 14AJm56
 Volts 230 SEER/EER 16 BTU's 54000
 Min. Circuit Amps 50 Wire gauge 6
 Max. Breaker size 5 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: York Model# _____
 Volts 230 CFM's Heat Strip 7 Kw _____
 Min. Circuit Amps 40 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) _____
 Access: _____

Condenser: Mfg Goodman Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 50 Wire gauge 6
 Max. Breaker size 50 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 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 _____

Date 1/25/14

Living Area

wrightsoft Project Summary
UNIT 1
QUICK CALCS, INC.

Job:
Date:
By: *[Signature]*

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6799 Fax 772-466-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN NEAL
173 S. SEWALLS POINT RD., STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 11769 Btuh
Ducts 8201 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 19970 Btuh

Sensible Cooling Equipment Load Sizing

Structure 29209 Btuh
Ducts 12826 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

Use manufacturer's data n
Rate/swing multiplier 0.96
Equipment sensible load 40353 Btuh

Latent Cooling Equipment Load Sizing

Structure 1650 Btuh
Ducts 3440 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 5090 Btuh

Area (ft²) Heating 1904 Cooling 1904
Volume (ft³) 15232 15232
Air changes/hour 0.20 0.11
Equiv. AVF (cfm) 50 27

Equipment total load 45443 Btuh
Req. total capacity at 0.70 SHR 4.8 ton

Heating Equipment Summary

Make
Trade
Model
AHRI ref
Efficiency 100 EFF
Heating input 5.8 kW
Heating output 19870 Btuh
Temperature rise 10 °F
Actual air flow 1800 cfm
Air flow factor 0.090 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM 14AJM SERIES
Cond 14AJM56
Coil RHLL-HM6024++RCSL-H*6024
AHRI ref 3799471
Efficiency 13.0 EER, 16 SEER
Sensible cooling 37800 Btuh
Latent cooling 16200 Btuh
Total cooling 54000 Btuh
Actual air flow 1800 cfm
Air flow factor 0.043 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.89

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

BMP INTERNATIONAL, INC
4710 28th St N, St Petersburg, FL 33714
Phone: 727-458- 0544

State Approved Equipment Tie Down - FL14239

On March 23rd 2012 the governor signed HB 704 amending SECTION 16 of the 2010 FBC to the 2007 FBC. See the copy below.

HB 704 – Relating to the Florida Building Commission and the Florida Building Code

Chapter Law Number: Chapter No. 2012-1
Approved by the Governor 3/23/2012

Section 16

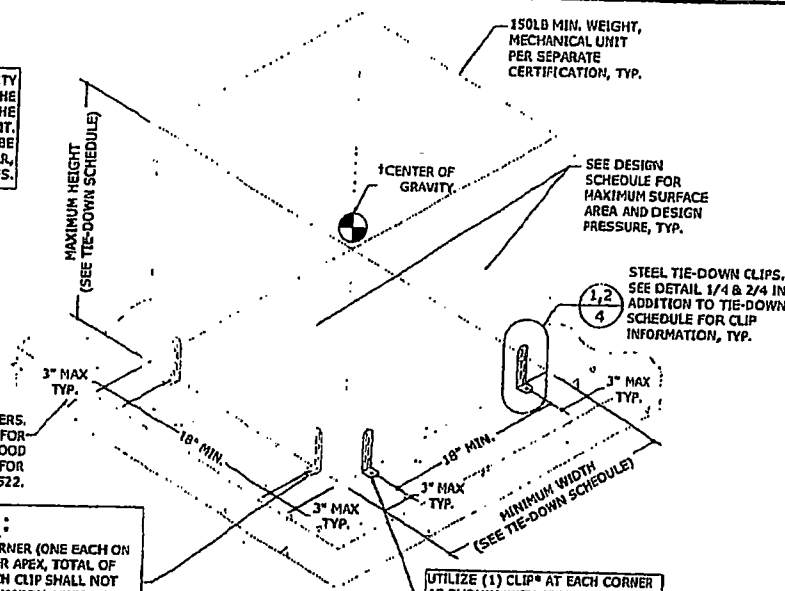
4) Notwithstanding the provisions of this section, exposed mechanical equipment or appliances fastened to a roof or installed on the ground in compliance with the code using rated stands, platforms, curbs, slabs, or other means are deemed to comply with the wind resistance requirements of the 2007 Florida Building Code, as amended. Further support or enclosure of such mechanical equipment or appliances is not required by a state or local official having authority to enforce the Florida Building Code. This subsection expires on the effective date of the 2013 ~~2010~~ Florida Building Code.

The following files from www.floridabuilding.org Code Version 2007, number FL 14239, contain the necessary compliance information for tie down clip approval. The specific information required by building departments may vary. Consult with the individual building department for what portion of the following information is needed for permit approval.

BMP INTERNATIONAL, INC.

MECHANICAL UNIT STEEL TIE-DOWN CLIP CAPACITIES: AT GRADE & ROOF-TOP MOUNTED APPLICATIONS

1 CENTER OF GRAVITY ASSUMED TO ACT AT THE GEOMETRIC CENTER OF THE MECHANICAL UNIT. MECHANICAL UNIT MUST BE SQUARE OR RECTANGULAR, NO IRREGULAR SHAPES.



150LB MIN. WEIGHT, MECHANICAL UNIT PER SEPARATE CERTIFICATION, TYP.

SEE DESIGN SCHEDULE FOR MAXIMUM SURFACE AREA AND DESIGN PRESSURE, TYP.

STEEL TIE-DOWN CLIPS. SEE DETAIL 1/4 & 2/4 IN ADDITION TO TIE-DOWN SCHEDULE FOR CLIP INFORMATION, TYP.

HOST STRUCTURE DESIGN BY OTHERS. SEE TIE-DOWN SCHEDULES FOR ALLOWABLE SUBSTRATES. NOTE: WOOD MEMBERS MAY NOT BE USED FOR ROOF-TOP APPLICATIONS PER FBC 1522.

DOUBLE CLIP OPTION:

(2) TOTAL CLIPS MAY BE USED AT EACH CORNER (ONE EACH ON OPPOSING CORNER FACES, 3" FROM CORNER APEX, TOTAL OF (0) CLIPS PER UNIT FOR THIS OPTION). EACH CLIP SHALL NOT EXCEED 3" MAX OFFSET FROM END OF MECHANICAL UNIT AS DETAILED HEREIN. DO NOT SPACE CONCRETE ANCHORS CLOSER THAN THE ALLOWED SPACING LISTED IN THE TIE-DOWN ANCHOR SCHEDULES. SEE SHEETS 2&3 FOR MORE INFORMATION.

UTILIZE (1) CLIP* AT EACH CORNER AS SHOWN WITH 3" MAX OFFSET FROM END OF MECHANICAL UNIT.

MECHANICAL UNIT TIE-DOWN ISOMETRIC

1 1" = 1'-0" ISOMETRIC

*FOR CLARITY, THIS ISOMETRIC ONLY SHOWS 1" CLIPS. THE ISOMETRIC LAYOUT IS TYPICAL FOR BOTH 1" AND 2" CLIP APPLICATIONS. 1" CLIPS ARE NOT CERTIFIED FOR ANCHORAGE TO CONCRETE.

TIE-DOWN CLIP DIRECTIVE EXAMPLE

(THE FOLLOWING EXAMPLE ILLUSTRATES THE PROCEDURE USED TO DETERMINE THE MAXIMUM ALLOWABLE WIND PRESSURE FOR ANY GIVEN MECHANICAL UNIT THAT CONFORMS TO THE DIMENSION RESTRICTIONS LISTED HEREIN. SEE SHEETS 2&3 FOR TIE-DOWN SCHEDULES.)

MECHANICAL UNIT CRITERIA:

CONSIDER THE INSTALLATION OF (1) MECHANICAL UNIT WITH THE FOLLOWING CRITERIA:
36" TALL x 36" DEEP x 24" WIDE, 150 LB WEIGHT AS VERIFIED BY OTHERS, INSTALLED TO 3192 KSI MIN. CONCRETE AT GRADE AS VERIFIED BY OTHERS.

PROCEDURE:

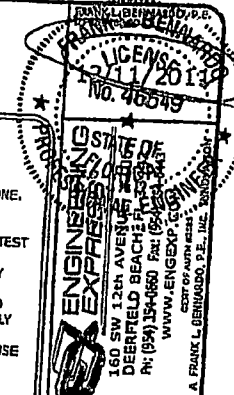
PROCEDURE STEP	RESULT
1 LOCATE THE AT GRADE TIE-DOWN SCHEDULE ON SHEET 2 AND SELECT CLIP TYPE	CONSIDER 1" STEEL CLIP
2 DETERMINE LARGEST FACE AREA OF MECHANICAL UNIT TO BE INSTALLED	36"x36" = 9FT ²
3 CHECK MAXIMUM UNIT HEIGHT RESTRICTION	UNIT HEIGHT IS 36" WHICH IS LESS THAN THE MAXIMUM ALLOWABLE HEIGHT OF 48"
4 CHECK MINIMUM UNIT WIDTH RESTRICTION	UNIT WIDTH IS 24" WHICH IS EQUIVALENT TO THE MINIMUM ALLOWABLE WIDTH OF 24"
5 DETERMINE THE NUMBER OF CLIPS TO BE USED AT EACH CORNER OF THE MECHANICAL UNIT	CONSIDER (1) CLIP AT EACH CORNER, INSTALLED TO CONCRETE SUBSTRATE

CONCLUSION: MAXIMUM ALLOWABLE LATERAL DESIGN PRESSURE = 40PSF

(COMPARE THIS VALUE TO THE SEPARATE SITE SPECIFIC REQUIRED DESIGN WIND PRESSURE PROVIDED BY A LICENSED ENGINEER OR REGISTERED ARCHITECT; NOT INCLUDED IN THIS CERTIFICATION)

GENERAL NOTES:

- THIS PRODUCT HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE, FOR USE WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE.
- NO 33-1/3% INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS SYSTEM.
- DESIGN IS BASED ON CLIENT PROVIDED PRODUCT AND DIE SHEETS FROM TEST REPORTS #TEL 01970387A, #TEL 01970387B BY TESTING EVALUATION LABORATORIES, INC. NO SUBSTITUTIONS WITHOUT WRITTEN APPROVAL BY THIS ENGINEER SHALL BE PERMITTED.
- ALLOWABLE DESIGN PRESSURES TO QUALIFY CAPACITY OF CLIPS AS LISTED HEREIN ARE DETERMINED THROUGH TESTING REPORT DATA AND RATIONALLY CHECKED FOR CONSISTENCY WITH EACH TEST PERFORMED.
- REQUIRED LATERAL AND/OR UPLIFT DESIGN PRESSURES CALCULATED FOR USE WITH THIS SYSTEM SHALL BE DETERMINED BY OTHERS ON A SITE-SPECIFIC BASIS IN ACCORDANCE WITH THE GOVERNING CODE.
- MAXIMUM & MINIMUM DIMENSIONS AND MINIMUM WEIGHT OF MECHANICAL UNIT SHALL CONFORM TO SPECIFICATIONS STATED HEREIN. ALL MECHANICAL SPECIFICATIONS (CLEAR SPACE, TONNAGE, ETC.) SHALL BE AS PER MANUFACTURER RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
- FASTENERS TO BE #12 X 1/2" OR GREATER SAE GRADE 5 UNLESS NOTED OTHERWISE. TAPCONS REFERRED TO HEREIN SHALL BE ITW BUILDEX BRAND, CARBON STEEL ONLY, INSTALLED TO 3192 KSI MIN CONCRETE. SEE ANCHOR SCHEDULE FOR ANCHOR REQUIREMENTS. ALL FASTENERS SHALL HAVE APPROPRIATE CORROSION PROTECTION TO PREVENT ELECTROLYSIS.
- ALL STEEL CLIPS SHALL BE ASTM A283 STEEL (GRADE D) WITH Fy = 33 KSI OR BETTER. ALL STEEL MEMBERS SHALL BE PROTECTED AGAINST CORROSION WITH AN APPROVED COAT OF PAINT, ENAMEL OR OTHER APPROVED PROTECTION IN ACCORDANCE WITH THE 2010 FBC SECTIONS 2203.2 AND 2220. G90-RATED COATING REQUIRED FOR ALL COASTAL INSTALLATIONS.
- ALL CONCRETE SPECIFIED HEREIN IS NOT PART OF THIS CERTIFICATION. AS A MINIMUM, ALL CONCRETE SHALL BE STRUCTURAL CONCRETE 4" MIN. THICK AND SHALL HAVE MINIMUM COMPRESSIVE STRENGTH OF 3192 PSI, UNLESS NOTED OTHERWISE.
- ALL WOOD MEMBERS SHALL BE PRESSURE TREATED SOUTHERN YELLOW PINE GRADE #2 WITH SPECIFIC GRAVITY G = 0.55 OR GREATER. DIRECT CONNECTION TO WOOD MEMBERS/SLEEPERS IS NOT PERMITTED FOR ROOF-TOP APPLICATIONS PER FBC SECTION 1522.
- THE CONTRACTOR IS RESPONSIBLE TO INSULATE ALL MEMBERS FROM DISSIMILAR MATERIALS TO PREVENT ELECTROLYSIS, I.E. ALUMINUM PER F.B.C. 2003.8.4.
- ELECTRICAL GROUND, WHEN REQUIRED, TO BE DESIGNED & INSTALLED BY OTHERS.
- THE ADEQUACY OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED BY THE ONSITE DESIGN PROFESSIONAL AND IS NOT INCLUDED IN THIS CERTIFICATION. EXCEPT AS EXPRESSLY PROVIDED HEREIN, NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.
- THE SYSTEM DETAILED HEREIN IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SPECIFIC SITE. FOR SITE CONDITIONS DIFFERENT FROM THE CONDITIONS DETAILED HEREIN, A LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE IN CONJUNCTION WITH THIS DOCUMENT.
- WATER-TIGHTNESS OF EXISTING HOST SUBSTRATE SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR. CONTRACTOR SHALL ENSURE THAT ANY REMOVED OR ALTERED WATERPROOFING MEMBRANE IS RESTORED AFTER FABRICATION AND INSTALLATION OF STRUCTURE PROPOSED HEREIN. THIS ENGINEER SHALL NOT BE RESPONSIBLE FOR ANY WATERPROOFING OR LEAKAGE ISSUES WHICH MAY OCCUR AS WATER-TIGHTNESS SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR.



BMP INTERNATIONAL, INC.
4710 28TH STREET NORTH
ST. PETERSBURG, FL 33471
PH: (727) 577-3813
MECHANICAL UNIT STEEL TIE-DOWN CLIPS
FLORIDA STATEWIDE APPROVAL

DATE	BY	FOR

11-BMP-0001
SCALE: N.T.S.
PAGE DESCRIPTION

1" STEEL CLIP TIE-DOWN SCHEDULE: AT GRADE INSTALLATIONS:

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)							
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)				(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)			
			TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD	TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD
4 FT'	48" MAX	24" MIN	81 PSF	81 PSF	91 PSF	81 PSF	100 PSF	100 PSF	100 PSF	100 PSF
8 FT'			81 PSF	81 PSF	91 PSF	81 PSF	100 PSF	100 PSF	100 PSF	100 PSF
9 FT'			81 PSF	81 PSF	91 PSF	81 PSF	100 PSF	100 PSF	100 PSF	100 PSF
12 FT'			40 PSF	40 PSF	40 PSF	40 PSF	77 PSF	77 PSF	77 PSF	77 PSF
18 FT'			30 PSF	30 PSF	30 PSF	30 PSF	58 PSF	58 PSF	58 PSF	58 PSF
20 FT'	60" MAX	48" MIN	22 PSF	22 PSF	22 PSF	22 PSF	43 PSF	43 PSF	43 PSF	43 PSF
25 FT'			28 PSF	28 PSF	28 PSF	28 PSF	39 PSF	39 PSF	39 PSF	39 PSF
30 FT'			28 PSF	28 PSF	28 PSF	28 PSF	33 PSF	33 PSF	33 PSF	33 PSF
30 FT'			27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF
30 FT'			27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS. ((5)-SHEET METAL SCREWS REQUIRED FOR LONG CLIPS, SEE DETAIL 1/4.)
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
 - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH $F_y=30$ KSI, 0.125" MIN. THICKNESS.
 - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (1=0.0299")
- MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITING CAPACITY OF THE 1" CLIP.
- A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

ANCHOR SCHEDULE:

SUBSTRATE	ANCHOR
CONCRETE: (4" THICK MIN, 3192KSI MIN.)	(1)-1/2" CARBON STEEL (TW BUILDK TAPCON, 1 1/4" FULL EMBED TO CONCRETE, 3/4" MIN. EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
SEALED WOOD: (SOUTHERN YELLOW PINE, G=0.55 OR BETTER)	(1)-#14 SAE GRADE 5 WOOD SCREW TO WOOD MEMBER, PROVIDE 1 1/4" MIN. THREAD PENETRATION, 1" MIN. EDGE DISTANCE, 1" MIN. END DISTANCE.

ANCHOR SCHEDULE NOTES:

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

TABLE LEGEND:

- DENOTES EXAMPLE VALUE FOR USE WITH COVER PAGE DIRECTIVE
- DENOTES VALUES NOT APPROVED FOR USE

2" STEEL CLIP TIE-DOWN SCHEDULE: AT GRADE INSTALLATIONS:

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)					
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)			(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)		
			SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD
4 FT'	48" MAX	24" MIN	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF
6 FT'			100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF
9 FT'			67 PSF	67 PSF	67 PSF	67 PSF	67 PSF	67 PSF
12 FT'			50 PSF	50 PSF	50 PSF	50 PSF	50 PSF	50 PSF
18 FT'			38 PSF	38 PSF	38 PSF	38 PSF	38 PSF	38 PSF
20 FT'	60" MAX	48" MIN	41 PSF	41 PSF	41 PSF	41 PSF	41 PSF	41 PSF
25 FT'			33 PSF	33 PSF	33 PSF	33 PSF	33 PSF	33 PSF
30 FT'			27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF
30 FT'			27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF
30 FT'			27 PSF	27 PSF	27 PSF	27 PSF	27 PSF	27 PSF

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS.
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
 - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH $F_y=30$ KSI, 0.125" MIN. THICKNESS.
 - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (1=0.0299")
- A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

ANCHOR SCHEDULE:

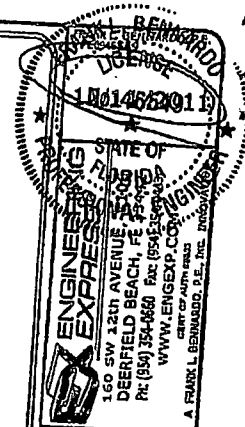
SUBSTRATE	ANCHOR
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(2)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
SEALED WOOD, 1-1/2" MIN THICKNESS: (SOUTHERN YELLOW PINE, G=0.55 OR BETTER)	(2)-#14 SAE GRADE 5 WOOD SCREW TO WOOD MEMBER, PROVIDE 1 1/4" MIN. THREAD PENETRATION, 1" MIN. EDGE DISTANCE, 1" MIN. END DISTANCE.

ANCHOR SCHEDULE NOTES:

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

TABLE LEGEND:

- DENOTES VALUES NOT APPROVED FOR USE



BMP INTERNATIONAL, INC.
 4710 28TH STREET NORTH
 ST. PETERSBURG, FL 33771
 PH: (727) 577-8613

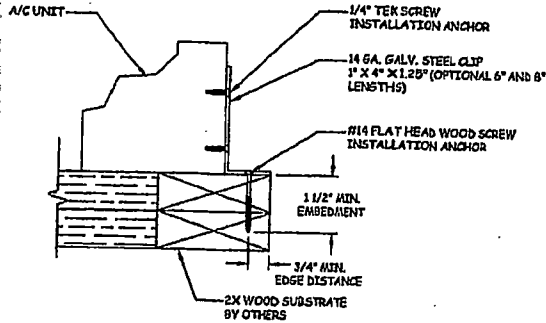
MECHANICAL UNIT STEEL TIE-DOWN CLIPS
 FLORIDA STATEWIDE APPROVAL

DATE	12/14/21
ISSUE	1
SCALE	AS SHOWN
PAGE DESCRIPTION	11-BMP-0001

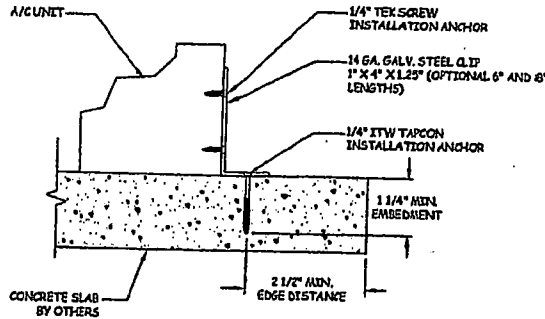
11-BMP-0001
 SCALE: N.T.S. 101
 PAGE DESCRIPTION

BMP INTERNATIONAL, INC.

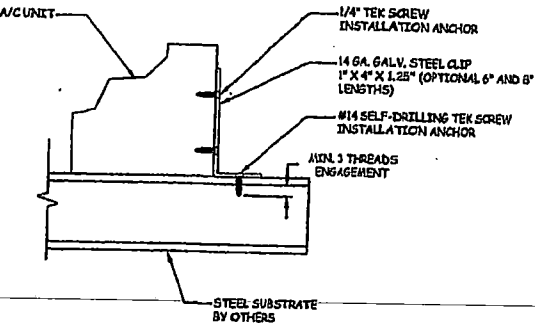
A/C HOLD DOWN CLIP



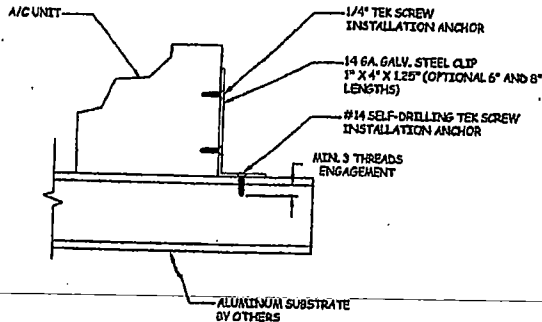
A
1 INSTALLATION DETAIL
2X WOOD BUCK SUBSTRATE



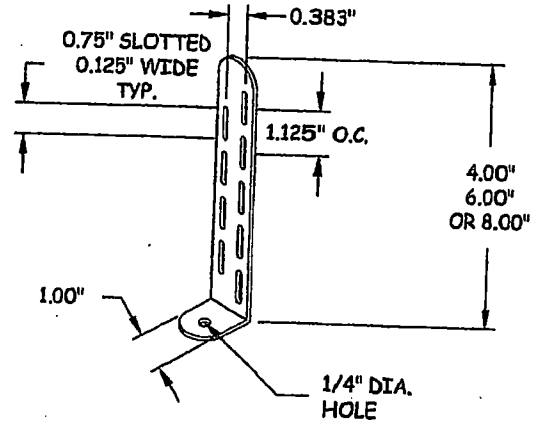
B
1 INSTALLATION DETAIL
CONCRETE SUBSTRATE



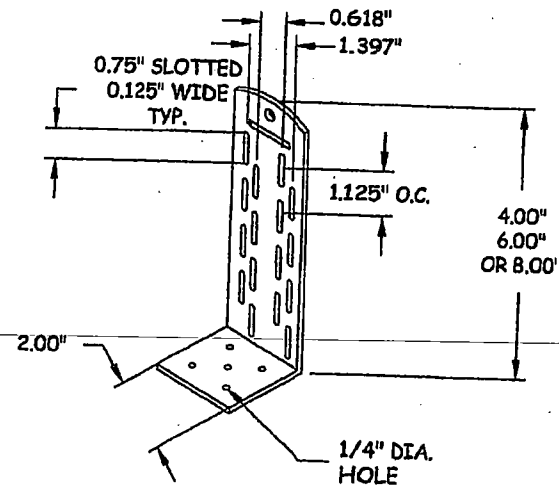
C
1 INSTALLATION DETAIL
STEEL SUBSTRATE



D
1 INSTALLATION DETAIL
ALUMINUM SUBSTRATE



1\"/>



2\"/>

BMP INTERNATIONAL, INC.

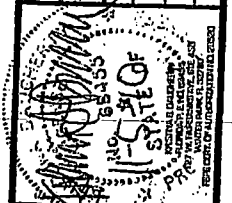
BMP INTERNATIONAL, INC.
4710 18TH STREET N.
ST. PETERSBURG, FL 33714
PH: 727.458.0344

TITLE: A/C HOLD DOWN CLIP
INSTALLATION &
GENERAL NOTES

PREPARED BY:
GERTWORKS, LLC
127 W. FATBANKS AVE., STE. 438
WINTER PARK, FL 32789
PH: (407) 644-9997 FX: (407) 644-2456

REVISIONS

NO.	DESCRIPTION	BY	DATE



DATE: 06.30.10
DRAWN BY: JLA
CHK BY: KSD
SCALE: NTS

DWG #: **BMPO03**
SHEET: **1 OF 2**

1" CLIP:

TABLE OF CLIP ATTACHMENT TO SUPPORTING STRUCTURE OR A/C UNIT (146 MPH) - 4 CLIPS PER UNIT

HEIGHT ABOVE GROUND (FT.)	NUMBER OF SCREWS PER CLIP TO HOUSING OF A/C (GALV. 1/4" TEK)	NUMBER OF SCREWS PER CLIP INTO CONCRETE (1/4" X 2" TAPCON)	NUMBER OF SCREWS PER CLIP INTO ALUM. RACK SUPPORT (1/4" X 1 3/4" TEK)
0-15	3	1	2*
20	3	1	2*
25	3	1	2*
30	3	1	2*
40	3	1	2*
50	3	1	2*
60	3	1	2*
70	2	1	1
80	2	1	1
90	2	1	1

*Place additional clips at corners for a total of 8 clips, when using the 1" clip where substrate requires 2 screws per clip. (Alternatively, use the 2" clips to maintain total 4 clips per unit.)

TABLE OF CLIP ATTACHMENT TO SUPPORTING STRUCTURE OR A/C UNIT (155 MPH) - 4 CLIPS PER UNIT

HEIGHT ABOVE GROUND (FT.)	NUMBER OF SCREWS PER CLIP TO HOUSING OF A/C (GALV. 1/4" TEK)	NUMBER OF SCREWS PER CLIP INTO CONCRETE (1/4" X 2" TAPCON)	NUMBER OF SCREWS PER CLIP INTO ALUM. RACK SUPPORT (1/4" X 1 3/4" TEK)
0-15	3	1	2*
20	3	1	2*
25	3	1	2*
30	3	1	2*
40	3	1	2*
50	4	1	2*
60	4	2*	2*
70	4	2*	2*
80	2	1	1
90	2	1	1

*Place additional clips at corners for a total of 8 clips, when using the 1" clip where substrate requires 2 screws per clip. (Alternatively, use the 2" clips to maintain total 4 clips per unit.)

2" CLIP:

TABLE OF CLIP ATTACHMENT TO SUPPORTING STRUCTURE OR A/C UNIT (146 MPH) - 4 CLIPS PER UNIT

HEIGHT ABOVE GROUND (FT.)	NUMBER OF SCREWS PER CLIP TO HOUSING OF A/C (GALV. 1/4" TEK)	NUMBER OF SCREWS PER CLIP INTO CONCRETE (1/4" X 2" TAPCON)	NUMBER OF SCREWS PER CLIP INTO ALUM. RACK SUPPORT (1/4" X 1 3/4" TEK)
0-15	3	1	2
20	3	1	2
25	3	1	2
30	3	1	2
40	3	1	2
50	3	1	2
60	3	1	2
70	2	1	1
80	2	1	1
90	2	1	1

*Place additional clips at corners for a total of 8 clips, when using 2" clips into concrete and 2 screws per clip are required. (Alternatively, use 8 total 1" clips per unit.)

TABLE OF CLIP ATTACHMENT TO SUPPORTING STRUCTURE OR A/C UNIT (155 MPH) - 4 CLIPS PER UNIT

HEIGHT ABOVE GROUND (FT.)	NUMBER OF SCREWS PER CLIP TO HOUSING OF A/C (GALV. 1/4" TEK)	NUMBER OF SCREWS PER CLIP INTO CONCRETE (1/4" X 2" TAPCON)	NUMBER OF SCREWS PER CLIP INTO ALUM. RACK SUPPORT (1/4" X 1 3/4" TEK)
0-15	3	1	2
20	3	1	2
25	3	1	2
30	3	1	2
40	3	1	2
50	4	1	2
60	4	2**	2
70	4	2**	2
80	2	1	1
90	2	1	1

*Place additional clips at corners for a total of 8 clips, when using 2" clips into concrete and 2 screws per clip are required. (Alternatively, use 8 total 1" clips per unit.)

GENERAL NOTES:

- DESIGN CALCULATIONS WERE BASED ON THE FLORIDA BUILDING CODE 2007 WITH 2009 AMENDMENTS AND ASCE 7-05 CH. 16 FOR WIND LOADS AND VELOCITIES OF 146 MPH AND 155 MPH. AN IMPORTANCE FACTOR OF I=1 AND EXPOSURE C AS CRITICAL WERE USED IN THE DESIGN.
- A/C UNIT MAXIMUM SIZE: 4 FT x 4 FT x 4 FT. MINIMUM WEIGHT OF 150 LBS.
- ALL SCREWS USED TO ATTACH CLIP SHALL BE GALVANIZED A307, SELF DRILLING WITH A MINIMUM HEAD DIAMETER OF 0.3125 IN. SCREWS SHALL BE DRILLED TIGHT, NOT OVER TIGHTENED.
- TAPCONS USED TO ATTACH CLIP TO CONCRETE SHALL BE APPROVED WITH A RATED TENSILE STRENGTH OF 460 LBS WITH A MINIMUM EMBEDMENT OF 1 3/4 IN, MINIMUM EDGE DISTANCE OF 2.5", AND MINIMUM CENTER TO CENTER DISTANCE OF 3".
- WHEN UNIT IS SUPPORTED BY WOOD USE #10 WOOD SCREWS WITH A MINIMUM 1 1/2 IN EMBEDMENT
- SCREWS AT THE BOTTOM OF CLIP ATTACHMENT TO SUPPORTING STRUCTURE REQUIRE WASHERS OF 14 GA. STEEL. MINIMUM WITH A YIELD STRENGTH OF 33 KSI.
- CLIPS SHALL BE MANUFACTURED OUT OF MINIMUM 39 KSI STEEL THAT IS G90 GALVANIZED OR STAINLESS STEEL.
- UNIT SIZES MAY INCREASE TO 6 FT x 6 FT x 6 FT AND REQUIRE TWO (2) CLIPS AT CORNERS AND MAY NOT BE HIGHER THAN 15 FT FROM GRADE.
- #12 GALV. SELF DRILLING SCREWS MAY BE USED ON UNITS WHICH ARE INSTALLED NO HIGHER THAN 40 FT FROM GRADE FOR WIND VELOCITY ZONES ARE 146 MPH OR LESS.
- INSTALLATION ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS, AND ANCHORS SHALL NOT BE USED IN SUBSTRATES WITH STRENGTHS LESS THAN THE MINIMUM STRENGTH SPECIFIED BY THE ANCHOR MANUFACTURER.
- INSTALLATION ANCHOR CAPACITIES FOR PRODUCTS HEREIN ARE BASED ON SUBSTRATE MATERIALS WITH THE FOLLOWING PROPERTIES:
 - A. WOOD - MINIMUM SPECIFIC GRAVITY OF 0.55.
 - B. CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 2700 PSI.
 - C. ALUMINUM - MINIMUM 6061-T6 ALLOY (MINIMUM WALL THICKNESS OF 0.125")
 - D. STEEL - MINIMUM YIELD STRENGTH OF 33 KSI. MINIMUM WALL THICKNESS OF 33 MILS.
- CLIPS CAN ALSO BE SUPPLIED IN A POWDER-COATED FINISH
- INSTALLATION ANCHORS AND ASSOCIATED HARDWARE MUST BE MADE OF CORROSION RESISTANT MATERIAL OR HAVE A CORROSION RESISTANT COATING. DISSIMILAR MATERIALS MUST BE SEPARATED OR COATED IN ACCORDANCE WITH FBC SECTION 2003.8.4.

NOTES:

- ABOVE CHART DENOTES NUMBER OF SCREWS PER CLIP, ASSUMING 4 CLIPS PER UNIT, EXCEPT WHERE INDICATED ABOVE. WHERE MORE THAN 1 ANCHOR PER CLIP IS REQUIRED INTO THE SUBSTRATE, USE ADDITIONAL CLIPS OR USE THE 2" CLIP.
- FOR STEEL SUPPORTING STRUCTURES, USE SELF DRILLING GALV. 1/4" x 1 1/4" SCREWS AND QUANTITIES REQUIRED ABOVE NOTED FOR ALUMINUM RACK SCREWS.
- SPACING OF SCREWS IN A/C HOUSING SHALL BE A MINIMUM OF 1 IN.
- STAINLESS STEEL SCREWS MAY BE USED WHERE REQUIRED BY GOVERNING AGENCY

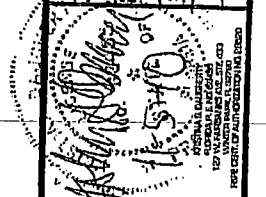
BMP INTERNATIONAL, INC.

BMP INTERNATIONAL, INC.
4710 28TH STREET N.
ST. PETERSBURG, FL 33714
PH: 727.458.0244

TITLE: A/C HOLD DOWN CLIP INSTALLATION & GENERAL NOTES
PREPARED BY: CERTWORKS, LLC
127 W. FAIRBANKS AVE. STE. 438
WINTER PARK, FL 32789
PH: (407) 644-6997 FX: (407) 644-2366

REVISIONS

NO.	DESCRIPTION	DATE



DATE: 06.30.10
DRAWN BY: JLA
CHK BY: KSD
SCALE: NTS

DWG #: **BMPO03**
SHEET: **2 OF 2**

11/2/2009 1:53:18 PM

Certworks International Inc. File: p:\06-0000\Certwork007.dwg

TREE

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 10/18/00 1900 TREE REMOVAL PERMIT No 0371

APPLIED FOR BY OSWALD HOPPER (Contractor or Owner)

Owner 173 S, SEWALL'S POINT RD (CONTR: I-DO-IT-ME)

Sub-division _____, Lot _____, Block _____

Kind of Trees BLACK OLIVE - LICENSING DAMAGE/DEAD/ DANGEROUS (@ POWER LINE)

No. Of Trees: REMOVE 1

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

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

PLBP VERIFICATION 10/18/00

REMARKS SEE APPL. FOR COEXISTION SKETCH

Signed, (SIGNATURE ON FILE)
Applicant

Signed, [Signature]
Town Clerk WILL O'CONNOR

FEE \$ 0

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for project details]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
OCT 17 2000

10/18 WSP. SCHED.

EMERGENCY

Permit #

Date Issue

0571
10/18/00

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner Tricia Hoffer Address 173 S. Sewalls Pt Phone 781-9540

Contractor Oswald Hoffer Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1

1 ~~each~~ oak(?) tree (possible black oak?) DAMAGED

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

APPROXIMATE LIGHTNING - TRUNK SPLIT; NO FOLIAGE

Number of trees to be replaced (list kinds of trees):

Tree is damaged & dangerously close to the electrical line. Children & bypassers could be at risk

Permit Fee \$ (\$25.00 - first tree, plus \$10.00 - each additional tree - not to exceed \$100.00. \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Oswald Hoffer Date submitted 10/17/00

Approved by Building Inspector [Signature] Date 10/18/00

Approved by Building Commissioner _____ Date _____

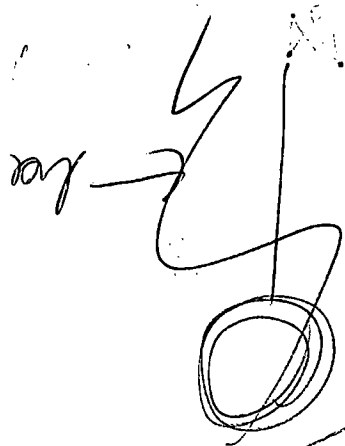
Completed _____ Date _____ Checked by _____

FEE

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

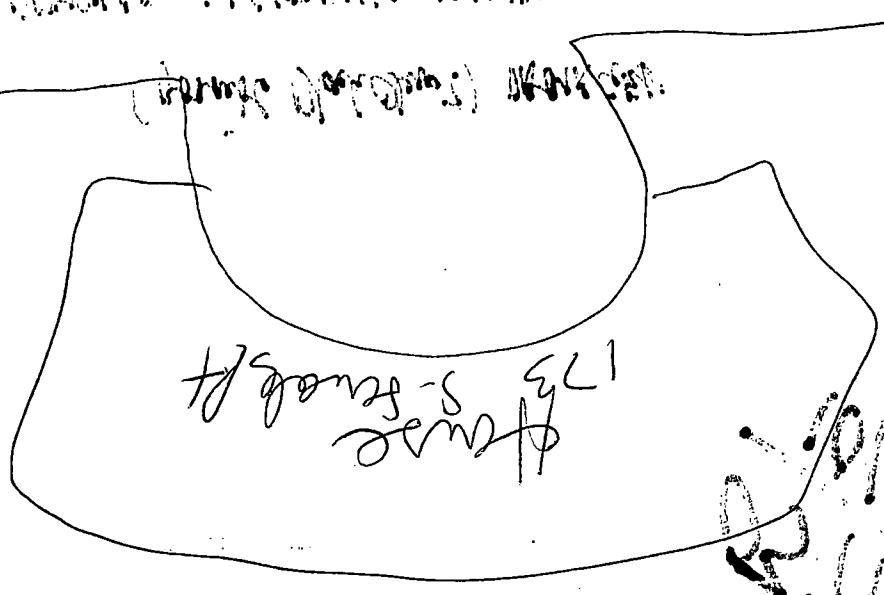
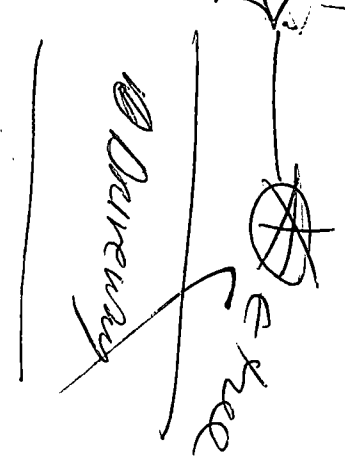
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

10/18/02
10/18/02



10/18/02
10/18/02
Pipes
Structure
Dangers

10/18/02
10/18/02
Dangers



173
5-structure
Dangers

10/18/02
10/18/02

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~10/18~~, 2000;

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4998	McGovern	fence	PASSED	4' CEILING (BLK. VINYL) W/ WOOD
⑨	2 Castle Hill Way United	final (VERIFY FROM TOWN FILE)	⚡	RETURN TO BLDG @ CORNER (NO PERMIT DOCUMENTS)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5012	Zarro	pool	PASSED	
⑦	124 N. S. P. Rd. Olympic	plumbing	⚡	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4965	Danielson	sidewalk	X	INSPECTION NOT REQUIRED (ADVISED CONTR. 10/18 8:15 AM)
③	101 S. River Rd. D. Miller			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4943	Botwinick	straps & } anchors & }	PASSED	POUD TRUSS BRACING.
⑥	27 Emerita 1st Fl.	2 stair →	NOT READY	REINSPECTION REQ. (NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4692	Bench	"in progress"	X	PENDING CORRECT. ACTION ("MISC" INSP. 12/20/90) - FB - NO PROR INSPECTORS
X	4 Morgan Circle Wilfram			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
T/R	GLUCKER	FIELD VERIF.	PASSED	REINSPECTION PER OWNER REQUEST - ORIG. 6/19/00
APPL	17 VIA LUCINDIA - SOUTH O/B		⚡	
⑤				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
T/R	HOFFLER	FIELD VERIF.	PASSED	ISSUE PERMIT TODAY
APPL	173 S. SEWALLS POINT RD.		⚡	WORKERS ON SITE
②				

OTHER: _____

INSPECTOR (Name/Signature): _____



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner MARY NEAL Address 173 S. SEWALL Phone 828 423 6571

Contractor BASIN STUMP REMOVE Address 4838 SE. WILES COURT Phone 772 834 0044

No. of Trees: REMOVE 1 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

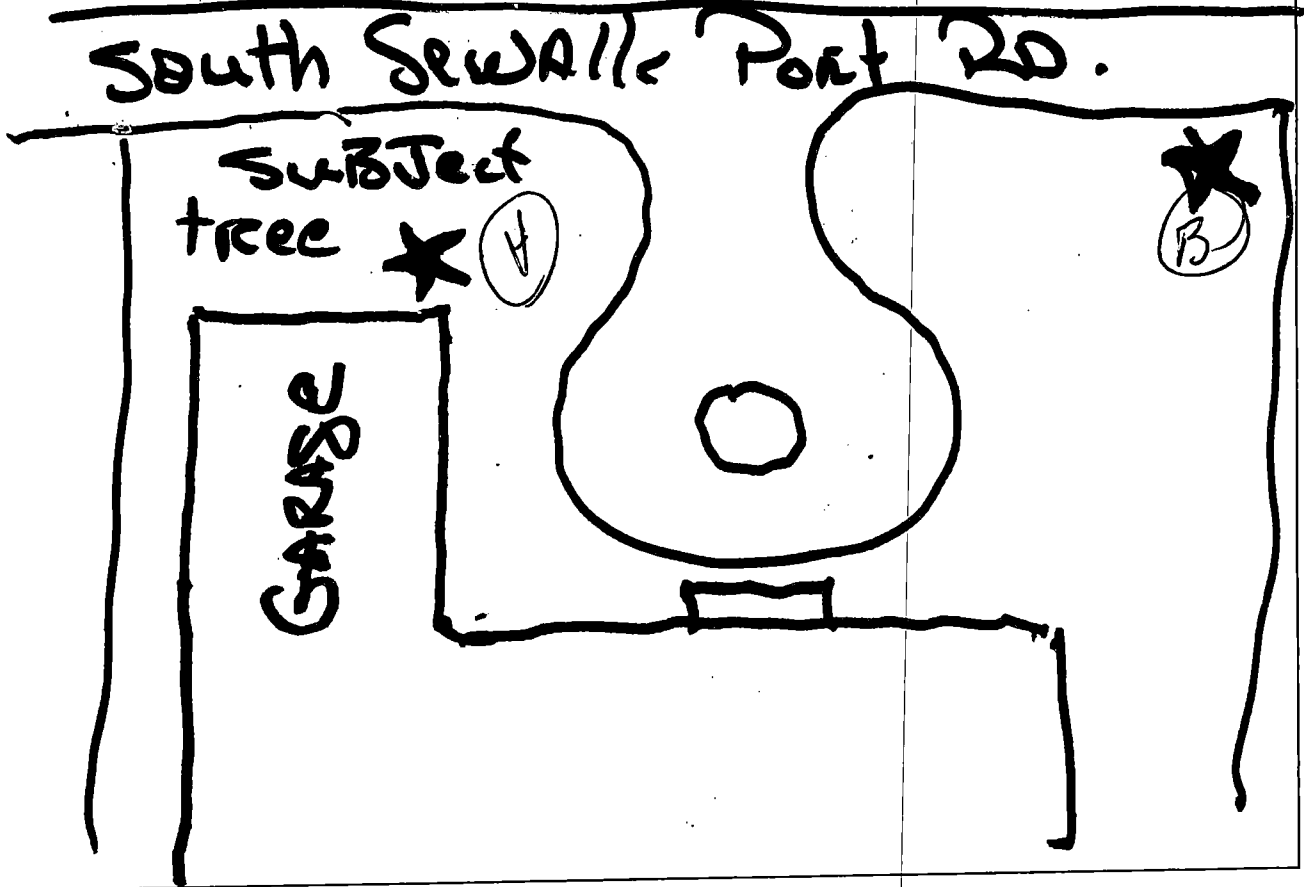
Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector [Signature] Date 1-5-11 Fee: N/C

NOTES: INVASIVE TREE "A" DEAD / DYING TREE (B)

SKETCH:



TOWN OF SEWALL'S POINT, FLORIDA

Date 6-23-06 19 _____ TREE REMOVAL PERMIT No. 353

APPLIED FOR BY Huffer (Contractor or Owner)

Owner 173 S Sewalls Pt Rd

Sub-division M-Trees, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS 1 dead Canary Palm
1 hazardous Carrotwood FEE \$ _____

Signed, _____ Applicant Signed, Phil Wintercorn ^{Town Clerk}
Bldg Inspector

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspector
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. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new 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.

~~173~~ 173 S.S.P.R.

Owner OZZIE Hoffler Address 173 Sewalls Point Phone _____

Contractor MC-TREES Address 2302 SR Calhoun Phone 201-6787

No. of Trees: REMOVE 2 Type: Dead Canary Date

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

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

Written statement giving reasons: 1 Tree is dead 1 Tree hazardous to property

Signature of Property Owner Mr O Hoffler Date 6/20/06

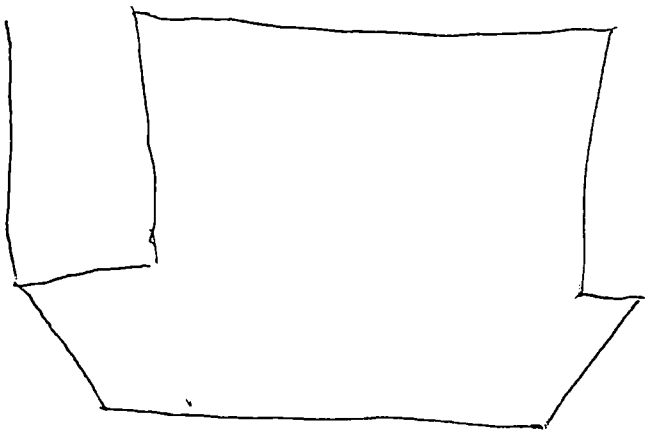
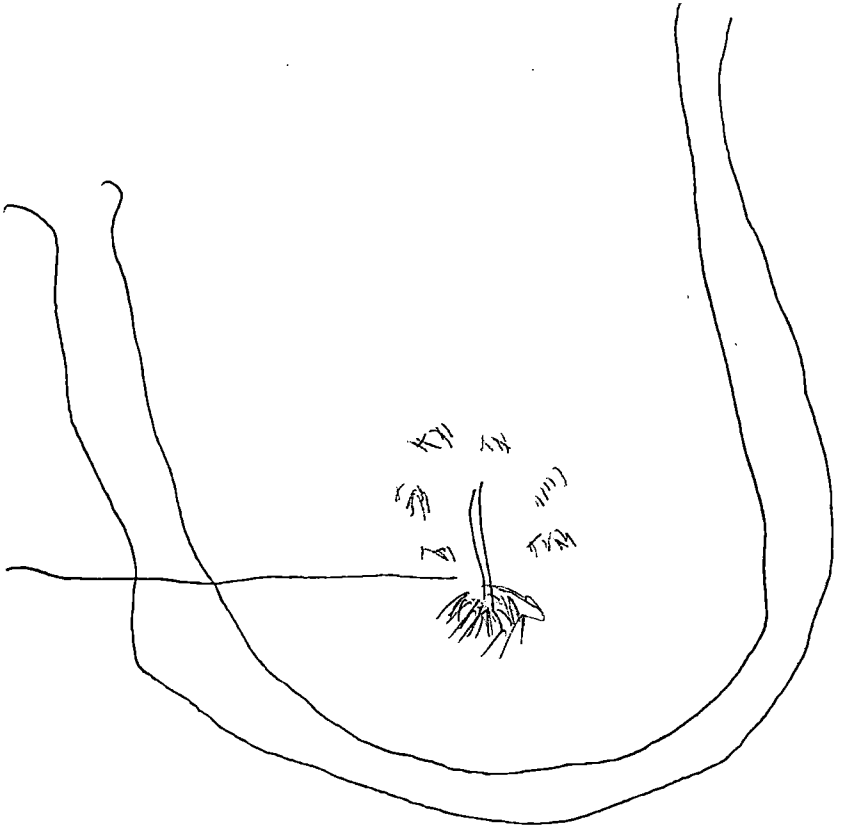
Approved by Building Inspector: [Signature] Date 6/23 Fee: 0

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

Caret wood tree



Canary date palm





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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner John Neal Address 173 S. Sewall Pt Rd Phone (828) 423-9360

Contractor N/A Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Palm Tree (Royal)

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

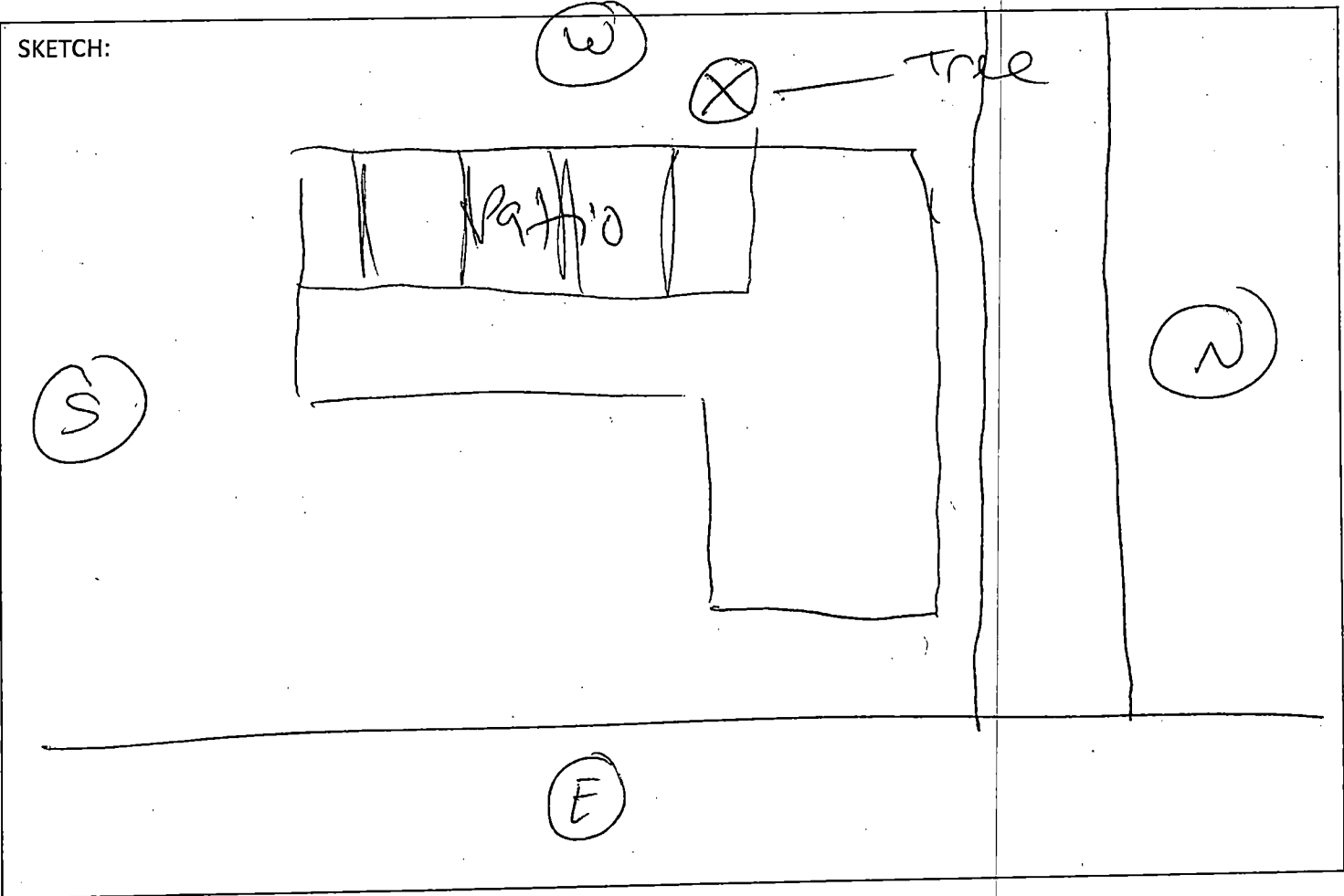
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) dead

Signature of Property Owner [Signature] Date 8/3/11

Approved by Building Inspector: [Signature] Date 8-3-11 Fee: N/C

NOTES: _____





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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner MARY NEAL Address 173 S. SEWALL Phone 828 423 6571

Contractor BASIN STUMP REMOVAL Address 4838 SE. CHILES COURT Phone 772 834 0044

No. of Trees: REMOVE 1 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 1-5-11 Fee: NIL

NOTES: INVASIVE TREE "A" DEAD / DYING TREE (B)

SKETCH:

