

175 South Sewall's Point Road

170

SFR

Application For Building PermitOwner MRS EDWARD H. BENEDICT Present Address _____ Phone 287-7400Architect Contractor Address _____General Contractor DAVID S. HENANDAA Address 604 N. COCONUT AVE Phone 461-5944 ^{FT PIERCE FLA.}Where Licensed MARTIN COUNTY License No. 44Plumbing Contractor DAVE'S PLUMBING Where Licensed MARTIN No. _____Electrical Contractor KRAUSE & CRANE Where Licensed _____ No. _____Property Location WHITE FENCE ACRES Subdivision _____ Lot No. _____Lot Dimensions 100' x 200' Lot Area _____ Sq. Ft. _____Purpose of Building RESIDENCE Type of Construction CBS & FRAMEBuilding Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches) 478 ⁴⁴⁹Outside of Walls 1848 Inside of Walls _____Street or Road building will front on SEWALLS POINT ROAD.Clearances - Front 100 ± Back 40' Side 16 Side 25' River _____Well Location NONE Septic Tank Location IN FRONTBuilding elevation (By Ordinance Definition) 32" ABOVE PRESENT GROUNDContract Price (Include Plumbing, Electrical, Air Conditioning) 30,000PERMIT FEE

New Home Additions Others

General (\$3.00 per \$1000 or Fraction) 90.00

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

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

Total (To be paid by General Contractor or Owner) ----- 110.00SIGNED: - General Contractor or Owner David S. Henandaa

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 5/3/69Date Permit approved 6/4/69Date Permit Fee paid 6/4/69

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

5560

REROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/15/01

BUILDING PERMIT NO. 5560

Building to be erected for HOLLYCE HOOVER Type of Permit RE-ROOF

Applied for by J. A. TAYLOR ROOFING (Contractor) Building Fee /

Subdivision METS & BOUND Lot 9 Block / Radon Fee /

Address 175 S. SEWALL PT RD. Impact Fee /

Type of structure SFR A/C Fee /

Parcel Control Number:

13 3841-000-000-0011-13 0000 Plumbing Fee /

Amount Paid \$120.00 Check # 19881 Cash / Other Fees (/) Roofing Fee \$120.00

Total Construction Cost \$ 5500.00 TOTAL Fees 120.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector
OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE 11/12/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

☐ New Construction ☐ Remodel ☐ Addition ☐ Demolition

This permit must be visible from the street, accessible to the inspector.

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



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

Bldg. Permit Number: _____

Owner or Titleholder's Name Holly A. Hoover Phone No. (561) 219-1769
 Street 175 S. Sewalls Point Rd. City Stuart State: FL Zip _____
 Legal Descr. of Property: Sewalls Point N. 102.83' of E 200' of S 1/2 of
Lot 9 lying - White Fence Mares Parcel Number: 13-38-41-000-000-0011.1-3
 Location of Job Site: 175 S. Sewalls Point Rd.
 TYPE OF WORK TO BE DONE: Re Roof

CONTRACTOR/Company Name: S. A. Taylor Roofing Inc. Phone No. (561) 466-3186
 Street: 302 Melton DR City Pierce State: FL Zip 34982
 State Registration: _____ State License: CCC057019

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: 2200' 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: \$ 5500.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ 144,346.00
 If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
 Method of determining Fair Market Value: Tax Appraiser print out

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

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

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

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

OWNER or AGENT SIGNATURE (Required)

[Signature]
 Owner
 State of Florida, County of: St Lucie On this the 10 day of Oct., 2000,
 by Terrence Mager who is personally known to me or produced known - Terrence Mager as identification.

[Signature] MARGARET GREENE
 MY COMMISSION # CC951146
 EXPIRES: Jun 28, 2004
 My Commission Expires: Jun 28, 2004
 (Seal)

CONTRACTOR SIGNATURE (Required)

[Signature]
 Contractor
 State of Florida, County of: St Lucie On this the 10 day of Oct., 2000,
 by Terrence Mager who is personally known to me or produced known as identification.

[Signature] MARGARET GREENE
 MY COMMISSION # CC951146
 EXPIRES: Jun 28, 2004
 My Commission Expires: Jun 28, 2004
 (Seal)

PRODUCER

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

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

INSURERS AFFORDING COVERAGE

INSURED

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

FILE
lic

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

RECEIVED

MAY 24 2001

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C144610052	01/01/01	01/01/02	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 \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	C2023169942	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input 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 \$
B	EXCESS LIABILITY	C1078976671	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC00A46147	05/19/01	05/19/02	<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
B	OTHER	C2023169942	01/01/01	01/01/02	
	Comp. Ded. - \$250 Coll. Ded - \$500				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SEWAL-1

Town of Sewalls Point
Fax: 561 220 4765
1 South Sewalls Point Road
Stuart FL 34996

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

Cindy McCall

Cindy McCall / mm

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE 30/2000 BATCH NUMBER 99902396 LICENSE-NBR CC -C057019

ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489
Expiration date: AUG 31, 2002

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

FILE
he/mr

RECEIVED
MAY 11 2001
BY: *ea*

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

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

TERM: OCTOBER 1, 20 TO SEPTEMBER 30, 20



CITY OF LAKE WORTH

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

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

CATEGORY

FEE \$

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

Egbert R. Garcia

NON-TRANSFERABLE

2000-2001

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1761-00930004

EXPIRES SEP 30, 2001

FACILITIES
OR
MACHINES
TYPE OF
BUSINESS

ROOMS

SEATS

EMPLOYEES 11-20

1761 ROOFING CONSTRCTOR

BUSINESS
LOCATION

302 MELTON DRIVE
C - ST LUCIE COUNTY

X RENEWAL
NEW LICENSE
TRANSFER-
ORIGINAL TAX

18.

NAME
MAILING
ADDRESS

MAGER, TERRENCE AFFIL
J A TAYLOR ROOFING INC
MAGER, TERRENCE
302 MELTON DRIVE
FORT PIERCE FL 34982

CC C057019

AMOUNT
PENALTY
COLLECTION COST
TOTAL

18.

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

SUBJECT TO SUSPENSION OR REVOCATION IN
ACCORDANCE WITH ORDINANCES OF SAID COUNTY
PAID, PAID, D J CONRAD, TAX COLLECTOR
MAY 10, 2001 reg10 8/22/00 4:09PM

NOTICE OF COMMENCEMENT

STATE OF FL COUNTY OF _____

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

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

Sewall's Point N 102.83' of E 200' of S 1/2 of lot 9 Lying

GENERAL DESCRIPTION OF IMPROVEMENT: Re Roof

OWNER: Hollyce Hoover

ADDRESS: 175 S. Sewalls Point Rd.

PHONE#: _____ **FAX#:** _____

CONTRACTOR: J. A. TAYLOR ROOFING, INC.

ADDRESS: 302 MELTON DRIVE FORT PIERCE, FLORIDA 34982

PHONE#: (561) 466-4040 **FAX#:** (561) 468 -8397

SURETY COMPANY (IF ANY): NA

ADDRESS: _____

PHONE#: _____ **FAX#:** _____

BOND AMOUNT: _____

LENDER: NA

ADDRESS: _____

PHONE#: _____ **FAX#:** _____

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

NAME: _____

ADDRESS: _____

PHONE#: _____ **FAX#:** _____

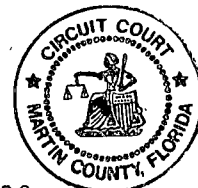
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE#: _____ **FAX#:** _____

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

STATE OF FLORIDA
MARTIN COUNTY

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

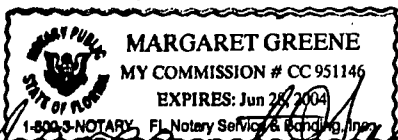


BY [Signature] D.C.
Oct. 10. 11. 01

[Signature]
SIGNATURE OF OWNER Hollyce Hoover

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF Oct. 10. 11. 01

2001
2000, BY Hollyce Hoover



PERSONALLY KNOWN ✓
OR
PRODUCED ID _____
TYPE OF ID _____

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) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Your application for Notice of Acceptance (NOA) of:


5-V Crimp Metal Roofing Panels

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.: 01-0313.19
EXPIRES: 06/14/2006


Raul Rodriguez
Chief Product Control Division

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

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


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

APPROVED: 06/14/2001



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri OCT 17, , 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5551	WOODWARD (CONTR.)	ROUGH ELEC.	Failed	will reschedule
(6)	602 S. RIVER RD. SMALL (OWNER)			INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5063	ROBINSON	FOOTING	Passed	EARLY AS POSSIBLE
(1)	173 S. RIVER RD. DRIFTWOOD			INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5560	HOOVER	SHEATHING	Passed.	Need to replace some plywood!
(4)	175 S. SPR J.A. TAYLOR RFG.			INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5515	WALKER	FTG + PIER	Passed	Need to lift steel grid
(5)	6 CRANES NEST.			3" above bottom
		(971-2164)		INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5550	MAIRA	FINAL.	Passed	
(7)	3720 S.E. OCEAN BVD. HUFNAGEL	(ITALIAN REST.)		INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5234	M' CARTHY	SHEATHING.	Passed	(Partial)
(2)	45 W. HIGH POINT RD. WILSON			INSPECTOR: <u>8/10/17</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5234.	M' CARTHY.	ELEC. UPPER FL	Passed	
(2)	45 W. HIGH POINT RD WILSON			INSPECTOR: <u>8/10/17</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri Oct 26, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0509	FLAUGH	TREE REMOVE	Passed	
⑦	6 INDIALUCIE PKWY. FLAUGH			INSPECTOR: <u>8/10/26</u>
5345	BARON	GARAGE ADDN.		PLS. CALL BEFORE COMING OUT - hm. 223-7162
⑧	25 FIELDWAY O/B (220-1388)	FINAL		INSPECTOR:
	Wyckoff	TREE REMOVAL	Passed	
①	26 N. RIVER RD. O/B	OWNER SAYS IS DEAD		INSPECTOR: <u>8/10/26</u>
5352	CLIMENTS	SHEATHING	Passed	
⑤	11. W. HIGH POINT RD MOLTER	(partial)		INSPECTOR: <u>8/10/26</u>
5540	HOOVER	TIN TAG	Passed	
④	175 S. SEWALLS PT RD. TAYLOR ROOFING			INSPECTOR: <u>8/10/26</u>
5123	PICCO	Slab (porch)	Passed	
③	65 S. RIVER RD SEA GATE RUDS'			INSPECTOR: <u>8/10/26</u>
5560	Stanton	TT+Metal	Passed	
②	6 Sabal Ct. O/B			INSPECTOR: <u>8/10/26</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri Oct 26, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0509	FLAUGH	TREE REMOVE	Passed	
(7)	6 INDIALUCIE PKWY. FLAUGH			INSPECTOR: <u>8/6/26</u>
5345	BARON	GARAGE ADDN.		PLS. CALL BEFORE COMING OUT - hm. 223-7162
(8)	25 FIELDWAY O/B (220-1388)	FINAL		INSPECTOR:
	Wyck off	TREE REMOVAL	Passed	
(1)	26 N. RIVER RD. O/R	OWNER SAYS IS DEAD		INSPECTOR: <u>8/6/26</u>
5352	CLEMENTS	SHEATHING	Passed	
(5)	11. W. HIGH POINT RD MOLTER	(partial)		INSPECTOR: <u>8/6/26</u>
5540	HOOVER	TIN TAG	Passed	
(4)	175 S. SEWALLS PT RD. TAYLOR ROOFING			INSPECTOR: <u>8/6/26</u>
5123	PICCO	Slab (porch)	Passed	
(3)	65 S. RIVER RD. SEA GATE BLDS'			INSPECTOR: <u>8/6/26</u>
5560	Stanton	TT + Metal	Passed	
(2)	6 Sabal Ct. O/T			INSPECTOR: <u>8/6/26</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 11/12/13, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5560	Hoover	final inspect	PASSED.	
	175 S.S Pt Rd	roof		
				INSPECTOR: <u>[Signature]</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

5713

ADDITION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINTDate 3/12/02BUILDING PERMIT NO. 5713Building to be erected for HOLLYCE HOOVER Type of Permit ADDITION/REPAIRApplied for by O/B (Contractor) Building Fee 148.50Subdivision WHITE FENCE Lot 9 Block _____ Radon Fee _____Address 175 S. SEWALL'S POINT RD. Impact Fee _____Type of structure SFR A/C Fee _____

Parcel Control Number:

133841000000001130000Amount Paid \$324.50 Check # 28 Cash _____ Other Fees (PLAN REV) 19.00
O/B 37.00Total Construction Cost \$ 15,000.00 TOTAL Fees 324.50Signed [Signature]

Applicant

Signed Mene Simmons Inc

Town Building Official

PERMIT

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

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

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

INSPECTIONS

UNDERGROUND PLUMBING	<u>N/A</u>	UNDERGROUND GAS	<u>N/A</u>
UNDERGROUND MECHANICAL	<u>N/A</u>	UNDERGROUND ELECTRICAL	<u>N/A</u>
1 STEMWALL FOOTING		1 FOOTING	
4 SLAB		2/3 TIE BEAM/COLUMNS	
ROOF SHEATHING	<u>N/A</u>	6 WALL SHEATHING	
TRUSS ENG/WINDOW/DOOR BUCKS		9 LATH	
ROOF TIN TAG/METAL	<u>N/A</u>	ROOF-IN-PROGRESS	<u>N/A</u>
PLUMBING ROUGH-IN	<u>N/A</u>	7 ELECTRICAL ROUGH-IN	
MECHANICAL ROUGH-IN	<u>N/A</u>	GAS ROUGH-IN	<u>N/A</u>
5 FRAMING		EARLY POWER RELEASE	<u>N/A</u>
FINAL PLUMBING	<u>N/A</u>	8 FINAL ELECTRICAL	
FINAL MECHANICAL	<u>N/A</u>	FINAL GAS	<u>N/A</u>
FINAL ROOF	<u>N/A</u>	10 BUILDING FINAL	

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: HOLLYCE L HOOPER City: SEWALLS POINT State: FL Zip: 34996
 Legal Description of Property: ATTACHED Parcel Number: 1338410000000111,30000
 Location of Job Site: 175 S SEWALLS POINT RD Type of Work To Be Done: MASONRY REPAIR +
REPLACEMENT OF SCREENS + WD SUPPORTS W/ STD FRAMING + STEEL SUPPORTS
REPLACEMENT OF SIDING W/ STUCCO + REPL SOFFIT OF DRWALL
 CONTRACTOR/Company Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____
 State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

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

ENGINEER: HOLLYCE L HOOPER FL PE No. 52666 Phone Number: 561 219 1769
 Street: 175 S SEWALLS POINT RD City: SPARTAN State: FL Zip: 34996

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: ENCLOSED
 Carport: _____ Total Under Roof 400 Wood Deck: _____ Screened Porch: 400
 Accessory Building: _____
 Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: A8 Minimum Base Flood Elevation (BFE): 9 NGVD
 Proposed First Floor Habitable Floor Finished Elevation: EXISTING NGVD (Minimum 1 Foot Above BFE)
EXISTING, WORK TO SUPPORT + ENCL 2ND FLOOR ONLY EL =

COST AND VALUES Estimated Cost of Construction or Improvements: \$15,000* Estimated Fair Market Value (FMV) Prior
 To Improvements: 187,000 If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO ✓
*\$8500 REPAIR OF EXISTING, \$6500 NEW CONSTRUCTION

SUBCONTRACTOR INFORMATION * LABOR \$8000 / MATERIALS \$7000
 Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: _____ 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. * SUBS WILL OUL PERMITS AS REQ.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
 National Electrical Code 1999 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) Hollyce L Hooper
 State of Florida, County of: Martin
 This the 8th day of March, 200 2
 by H. Hooper who is personally
 known to me or produced H. L. I.
 as identification. David Barrow

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. _____

My Commission Expires _____
 Notary Public John H. Barrow
 MY COMMISSION # CC765445 EXPIRES
November 30, 2002
 BONDED THRU TROY FAIR INSURANCE, INC.

Notary Public _____
 My Commission Expires: _____

Seal

Seal

Date _____

BUILDING PERMIT NO.

Building to be erected for _____ Type of Permit _____

Applied for by _____ (Contractor) Building Fee 148.50

Subdivision _____ Lot _____ Block _____ ~~Raden Fee~~ 37.00

Address _____ Impact Fee 5.50

Type of structure _____ A/C Fee _____

Electrical Fee 120⁰⁰
xx

Parcel Control Number: _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid _____ Check # _____ Cash _____ Other Fees (PLAN 2A / O/B) 19.00
37.00

Total Construction Cost \$ _____ TOTAL Fees 324.50

Signed _____ Signed _____

Applicant

Town Building Inspector



STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 2 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY Charlotte Buley D.C.
DATE 3-12-02

LEGAL DESCRIPTION:

START AT THE NORTHEAST CORNER OF LOT 1, HIGH POINT SUBDIVISION, PLAT BOOK 3, PAGE 108, MARTIN COUNTY, FLORIDA PUBLIC RECORDS; THENCE RUN N.64°59'E. ALONG THE NORTHERLY LINE OF SAID HIGH POINT SUBDIVISION, A DISTANCE OF 31.12 FEET TO THE CENTERLINE OF SEWALL'S POINT ROAD; THENCE RUN N.11°32'30"W. ALONG THE CENTERLINE OF SAID ROAD A DISTANCE OF 216.83 FEET; THENCE RUN S.64°59'W. A DISTANCE OF 15.42 FEET TO THE RIGHT OF WAY OF ROAD FOR THE POINT OF BEGINNING; THENCE CONTINUE TO RUN S.64°59'W. A DISTANCE OF 200.00 FEET; THENCE RUN S.11°32'30"E. A DISTANCE OF 102.83 FEET; THENCE RUN N.64°59'E. A DISTANCE OF 200.00 FEET TO THE RIGHT OF WAY OF SAID ROAD; THENCE RUN N.11°32'30"W. ALONG SAID RIGHT OF WAY A DISTANCE OF 102.83 FEET TO THE POINT OF BEGINNING.

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: BOUNCE C HOOPER Date: 3/8/02

Signature: 

Address: 175 S SEWALLS PT RD

City & State: SEWALL'S PT, FL 34996

Permit No. _____

This form is for all permits except electrical.

✓

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

Design Certification for Windload Compliance By Architect or Engineer of Record
(To be submitted with application and construction drawing for permit)

PROJECT NAME AND ADDRESS

HOLLYCE HOOVER RESIDENCE
175 S SEWALLS PT RD
SEWALLS PT, FL 32996

BUILDING DEPARTMENT USE ONLY

BLDG. PERMIT # _____
OCCUPANCY TYPE RESIDENTIAL
CONSTRUCTION TYPE RESIDENTIAL

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specification have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced the Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

BUILDING PARAMETERS AND ANALYSIS

2001 FLORIDA BUILDING CODE

CODE EDITIONS: 1994 SOUTH FLORIDA BUILDING CODE WITH CURRENT AMMENDMENTS
CHAPTER 6 OF ASCE 7-98 OK

Building Design as: Partially Enclosed ☒ Enclosed ☒ Open ☐ Wind Tunnel Test ☐
Basic Wind Speed: 140 MPH 3 Second Gusts ☒ Importance/Use Factor 1.0
Velocity Pressure: 45 psf Garage Door Design Pressure N/A +(psf) (End Zone) _____ +psf _____ +psf
Door Design Pressure (Int. Zone) 50.1 +psf 54.5 -psf (End Zone) _____ +psf _____ -psf
Window Design Pressure (Int. Zone) 50.1 +psf 54.5 -psf (End Zone) 50.1 +psf 65.2 -psf
Minimum Soil Bearing Pressure 2000 psf Exposure 0 Mean Building Height 18
Floor Loads 40 psf Roof Dead Load 17 psf Shear Wall Considered ☒ Yes ☐ No
Continuous Load Path Provided ☒ Yes ☐ No
Components and Cladding Details Provided ☒ Yes ☐ No
Impact Protection (Exterior Openings): Approved Shutters _____ Impact Resistance Glass PGF WINDGUARD
(Must be indicated on permit documents for all residential/commerical buildings, alterations and 35 renovations)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME: HOLLYCE HOOVER
CERTIFICATION# FL PE 52666
DATE: 3/8/02
DESIGN FIRM: HL HOOVER, PE

SEAL

HLH-PE
3/8/02

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # 5713

TAX FOLIO # 13-38-41-000-000-0011

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

ATTACHED - 175 S SEWALLS PT RD

GENERAL DESCRIPTION OF IMPROVEMENT: MASONRY REPAIR w/ REPL OF SCREENS + WD COLUMNS w/ STD WALLS + STEEL COLUMNS - WD SIDING + SPCCO - REPL VINYL SIDING w/ SPCCO

OWNER: HOWICE L HOOPER

ADDRESS: 175 S SEWALLS PT RD, SEWALLS PT, FL 34996

PHONE #: 772 219 1769

FAX #: 772-219-1757

CONTRACTOR: OWNER/BUILDER

ADDRESS: ABOVE

PHONE #: "

FAX #: "

SURETY COMPANY (IF ANY): N/A

ADDRESS: "

PHONE #: "

FAX #: "

BOND AMOUNT: "

LENDER: N/A

ADDRESS: "

PHONE #: "

FAX #: "

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

NAME: N/A

ADDRESS: "

PHONE #: "

FAX #: "

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

PHONE #: 561 288 6052

FAX #: 561 288 6011

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 12th DAY OF March 2002 BY H. Hooper

PERSONALLY KNOWN "

PRODUCED BY "

MY COMMISSION OF 176445 EXPIRES

November 30, 2002

BONDED THRU TROY FAIN INSURANCE, INC.



[Signature]
NOTARY SIGNATURE



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) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Stanley Door Systems
7300 Reames Rd.
Charlotte, NC 28216

Your application for Notice of Acceptance (NOA) of:
Series "Sta-Tru" S/E 6' 8" Outswing Glazed Residential Insulated Steel Door w / wo Sidelites
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.: 01-0129.18
EXPIRES: 10/05/2001

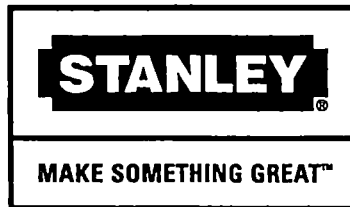
Raul Rodriguez
Chief Product Control Division

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: 05/03/2001



HURRICANE DOOR SYSTEM

STA-TRU S/E 6'8" OUTSWING & INSWING
GLAZED RESIDENTIAL INSULATED STEEL
DOOR WITH AND WITHOUT SIDELITES

DESIGN PRESSURE RATING: OUTSWING AND INSWING GLAZED		
UNIT TYPE	WHERE WATER INFILTRATION REQUIREMENT IS NEEDED	
SINGLE	+50.0 PSF	-50.0 PSF
SINGLE W/SIDELITES	+50.0 PSF	-50.0 PSF
DOUBLE	+50.0 -44.0 PSF W/IMPERIAL AST.	+50.0 -50.0 PSF W/WINDJAMMER II AST.
DOUBLE W/ SIDELITES	+50.0 -44.0 PSF W/IMPERIAL AST.	+50.0 -50.0 PSF W/WINDJAMMER II AST.

SISTEMA PARA PUERTAS HURRICANE

**NOTICE OF ACCEPTANCE
AND
APPROVAL / INSTALLATION
DRAWINGS**

SAVE FOR BUILDER AND INSPECTOR

PART NO. 48423



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

Stanley Door Systems
7300 Reames Rd.
Charlotte, NC 28216

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 "Sta-Tru" S/E 6' 8" Inswing Glazed Residential Insulated Steel Door w / wo Sidelites

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.: 01-0129.19
EXPIRES: 10/05/2001

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: 05/03/2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This approves a residential insulated steel door, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1 The Series "Sta-Tru" S/E 6' 8" Inswing Glazed Residential Insulated Steel Door w / wo Sidelites and its components shall be constructed in strict compliance with the following documents: Drawing No. 43970 titled "Stanley Inswing Glazed 11-4 x 6-8 Steel Edge Door-W/ & W/O Sidelites" Sheets 1 through 7 of 7, dated 01/11/01, prepared by R.W Building Consultants, Inc., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications of pair of doors and single door with or without sidelites, as shown in approved drawings. Single door units shall include all components described in the active leaf of this approval.
- 3.2 Unit shall be installed only at locations protected by a canopy or overhang such that the angle between the edge of canopy or overhang to sill is less than 45 degrees. Unless unit is installed in non-habitable areas where the unit and the area are designed to accept water infiltration.

4. INSTALLATION

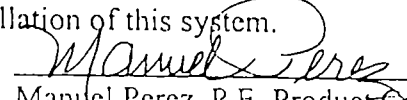
- 4.1 The residential insulated steel door and its components shall be installed in strict compliance with the approved drawings.
- 4.2 Hurricane protection system (shutters): the installation of this unit will require a hurricane protection system.

5. LABELING

- 5.1 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".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance
- 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Manuel Perez, P.E. Product Control Examiner
Product Control Division



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

Binnings Pan American
2805 N.E. 185 St.
Miami

FL 33163

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:

Series PA-20 Aluminum Single Hung Window - Impact & Non-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 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.: 00-0225.04

Expires: 03/13/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.

Director
Miami-Dade County
Building Code Compliance Office

Approved: 05/05/2000

1 of 3

Post-it® Fax Note	7671	Date	03/12/02	# of pages	7
To	HOME DEPOT	From	ENGINEERING		
Co./Dept.	Attn: DOUG	Co.			
Phone #		Phone #	305.681.0045		
Fax #	561-223-3290	Fax #			

Internet :

age: <http://www.buildingcodeonline.com>



DOOR

#5713 175 S SEWALLS

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDINGBUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2968PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339**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.

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

ACCEPTANCE NO.: 01-0417.04EXPIRES: 11/22/2006Raul Rodriguez
Chief Product Control Division**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS****BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance OfficeAPPROVED: 09/06/2001



WINDOWS

#5713 175 S SEWALLS (HOOVER)

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) 375-6319

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:
SH-701 Aluminum Single Hung Window 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.: 01-0629.08
EXPIRES: 11/01/2006

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.

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

APPROVED: 11/01/2001

DATE: 5/9/02

BUILDING OFFICIAL
Gene Simmons

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



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 175 S. Sewalls Pt.

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

Footers

- No Drawing on Site

- Footer steel at column pad
below

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

DATE: 3/13/12








INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri MARCH 13, 2001; Page 2 of 2.

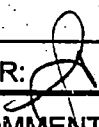

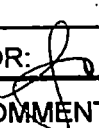
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5669	<u>DRUCKER</u>	<u>FINAL ROOF</u>	<u>Passed</u>	
(6)	<u>1 PINEAPPLE</u>			
	<u>STUART ROOFING</u>			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5381	<u>NALPORA BAY PLACE</u>		<u>Passed</u>	
(1)		<u>CALL</u>		
	<u>HAR ROOFMAN</u>	<u>778 8737</u>		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	<u>HOOVER</u>	<u>FTG.</u>	<u>Failed</u>	
(4)	<u>175 S. SEWALLS PT RD</u>		<u>Passed</u>	<u>3/14</u>
	<u>0/13</u>			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5573	<u>FLAUCH</u>	<u>STRAPS</u>	<u>Passed</u>	<u>→ change: need letter</u>
(2)	<u>6 LINDALUCHE</u>			
	<u>HOFFNAGEL</u>	<u>260 9618</u>		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5636	<u>Francis</u>	<u>Tie Beam</u>	<u>Passed</u>	
(12)	<u>T S. River Rd.</u>			
	<u>Wilberdome</u>			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5585	<u>PERRON</u>	<u>POOL FINAL</u>	<u>Passed</u>	
	<u>4 PALAMA WAY</u>			
	<u>ORANGEWOOD</u>			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 MARCH 27, 2001, Page 2 of 2.

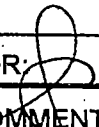

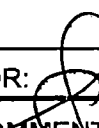
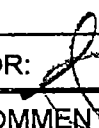
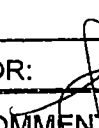
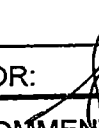
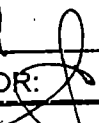
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOPER	TIE BEAM	Passed	
(10)	175 S. SEWALL'S PT RD.			
	O/R	2191769		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5728	DOYLE	POCK ELEC.	called	for Thursday
(6)	42 S. SEWALL'S PT RD.			
	ACE ELECTRIC			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Davis	Tree rem.		
	5 Palmer Rd.			
	O/R			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Miraglia	Tree rem.		
	66 S. Sewalls Pt.			
	O/R			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Garrillo	Tree rem.	Passed	
(5)	19 Rio Vista Dr.			
	Atlantic Nursery			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 APRIL 5, 2004 Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	ROOF SHEATHING	Passed	
	133 S. RIVER	(GUEST HOUSE)		
	MACARI			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5700	D'ALESSANDRO	FOOTING - STEM	Passed	later
	107 ABBIE CT.	WALL		
	FRAZER	263-1159		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5573	FLAUGH	FRAMING +	Failed	
(1)	6 INDIALUXIE	ALL TRADES	Failed	
	HUFNAGEL			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOVER	FRAMING	Passed	(in progress)
	175 S. SPR			
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5731	FERRARO	RE-INSPECT	Passed	
(2)	3601 SE OCEAN BLVD	ROUGH IN		
	GULICK	+ ALL TRADES		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	DEGARMO	PARTIAL LATH.	Passed	
	24 W. HAN POINT			
	DEGARMO			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5663	HORBIT	INSULATION	Passed	
	11 PERRIWINKLE		Plumbj.	passed
	DECOR			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri MAY - 10, 2007 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	LATH	PASSED	
	133 S. RIVER RD.	(PARTIAL)		
	MACARI. BLDG.	OVERHANGS MAIN HOUSE.		INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	HART.	ROOF SHEATHING	FAILER	FEE #30
	61 S. RIVER RD.			
	WINCHP.			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5767	CLEMENTS	FENCE +	FAILED	
	6 MIDDLE RD.	RETAINING WALL		
	O/B	215-9876		INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5675	ATEN	SCREEN ENCL.	CANCELLED	
	103 OBIE CT.	FINAL		
	IONEER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5787	CORNELL	SHEATHING / FIN TAB.	PASSED	
	1 BANYAN RD.			
	SEASIDE			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOVER	WINDOWS / DOORS	PASSED	
	175 S. SEWALL A RD			
	O/B			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5483	VITALE	FINAL. ELEC, PLUMB.	FAILED	
	13 KNOWLES.	MECH, GAS, ROOF		
	DEZOR	BLDG.		INSPECTOR: <u>h</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri May 16th, 2004, Page 2 of 2.



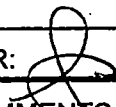
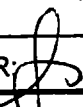
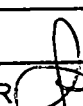
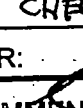
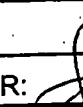
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	Hoppers	LATH	PASSED	
③	175 S. Sewalls Rd J.A. Taylor Roofing			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5755	DeGraff, Roger	Underground Plumbing	PASSED	
	9 Castle Hill Way (C/B)	Elect + A.C.		INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5793	WAKEFIELD.	HANDRAIL	PASSED	
④	19 SIMARA WENDELL			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	DE GALMO.	SEWER	PASSED	
	24 W HIGH POINT DE GALMO.			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5489	STRACUZZI	SWALE.	PASSED	
②	12 RIO VISTA DR STRACUZZI			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5799	PICOU	FENCE FINAL	PASSED	
	US S. RIVER RD. QUALITY			INSPECTOR: <u>h</u>
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 7/20/19, 20019 Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5188	HART.	POOL PLUMBING.	PASS	
(4)	61 S. RIVER RD. JACKSON POOL	(PAM) 561-746-4910		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	128 N. Sewall Pt. Rd 1 BRAZ Pepper			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	JONES	Tree rem.	PASS	
(3)	17419 Palmetto Dr. Harris Land Dev.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOPER	Final Footings		
(2)	175 S. Sewall Pt Rd O/B	Block and rough	PASS	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5822	DAVIS.	SHEATHING.	PASS	
(1)	5 PALM RD. OR ALUMA TILE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5380	GIFFORD.	POOL FINAL.	Failed	Need safety syst. NEEDS TO CHECK RESULTS
(4)	85 N. SEWALL PT RD. A+G CONCRETE POOLS.	TRACY. 878 7752		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TR	ThurLOW	Tree rem.	PASS	
(5)	18 Banyan Rd. G/B			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri JUNE 28., 2007 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOPER	INSULATION	PASSED	
4	175 S. SEWALLS PT RD			
	HOOPER			INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5814	ABESADA-TERK	Dock Final	PASSED	
5	8 Morgan Ct.			
	Bella Marino			INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5825	Shewbridge	Electrical &	FAILED	(Nonday)
3	126 S. Sewalls Pt. Rd	Holddown &		
	DIFTWOOD	TIN TAG		INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5743	GIFFORD	Final		(Monday)
	85 N. Sewalls			
				INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	Hart	Stem Wall	FAIL -	NO COMPACTION
2	61 S. River Rd	Pool		
	Winchip			INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5663	HORVITS	THE C.O. FINAL	FAILED.	
6	511 PERRIN WILKE			
	DECOR			INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5681	CRIST	FIREPLACE	PASSED	
1	10 EMBUTA	8:30 Framing &		
	O/B	SHEATHING		INSPECTOR: <u> </u>

OTHER: _____

TO 'I' OF CE 'ALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 1/31, 2007 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5247	W H ELL	FENCE FINAL		
	6 N RIDGEVIEW DR			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5508	GLOVER	FINAL	Passed	
(1)	16 RIVERVIEW RD	REPAIRS		
	SWAT 24			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5955	KNUDSON	FINAL POOL	Passed	
(2)	13 S. Via LUCINDIA	+ Deck	Passed	
	Almar JACKSON POOLS	+ Enclosure	Passed	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5734	ABESSA TUCK	Plumbing	Passed	
(3)	8 MORGAN CIRCLE	before slab		
	STEVE CONWAY GC (lay out change)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOVER	FINAL	Passed	wind to sign
(5)	175 S. SEWALLS PR RD	Addition/repair		eng. stamped
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6101	BONING	FINAL-	Passed	
(4)	5 ST. LUCIE COURT	REAR RAILING		
	CUSTOM DECKS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT



TOWN OF SEWALL'S POINT DRAINAGE CERTIFICATE OF COMPLIANCE

PERMIT NUMBER 5713

CERTIFICATION

Based upon field review under my responsible charge and review of the final survey as required by the Building Department, I certify the lot grading has been constructed in substantial accordance with the approved drainage plan for the subdivision and/or the drainage control points referenced on the individual lot site plan or construction layout survey on file with the Building Department.

Howice Hoover
Professional's Name

[Signature]
Signature

52606
Registration Number

1/31/03
As of this Date

175 S SEWALLS PT RD
Address

772 219 1769
Telephone Number



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

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 \$ 20,000.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

[Signature]

Property Address:

175 S SEWALLS PT RD

SEWALLS POINT, FL 34996

SWORN TO and subscribed before me this 4th day
of Feb., 2003, by H. Hoover
_____, who is personally known to me or
produced H.d.l. as identification.

[Signature]

Notary Public

My commission expires: _____

(Notary Seal)



STATEMENT OF INSPECTION

(To be submitted at final inspection for Certification of Occupancy)

COMPLIANCE WITH SECTION 0307.2 OF THE SOUTH FLORIDA BUILDING CODE

To: Building Official, Town of Sewall's Point
From: Architect or Engineer of Record
Re: Subject Structure Described As Follows:

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, a "**Statement of Inspection**", executed by the Architect or Engineer who sealed and signed the plans, shall be issued and dated following completion of the work, and delivered as a condition precedent to the issuance by the Building Official of any temporary or final Certificates of Occupancy or Certificates of Completion.

Owner: HOLLYCE L. HOOPER Address: 175 S SEWALLS PT RD
 Project Address: SAME Legal Description: Lot ATTACHED Blk Subdivision
 General Contractor: OWNER / BUILDER Lic/Cert No.
 Address: Tel: Fax:
 Architect or Engineer: HOLLYCE HOOPER Lic/Reg No. 52666
 Address: 175 S SEWALLS PT RD Tel: 219 1769 Fax: 219 1757
 Permit No: 5713 Date of Issue: 3/12/02 Date of This Statement: 1/31/03

1. I am the Architect or Engineer who sealed and signed the plans for the subject structure.
2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at Sewall's Point, FL this 4th day of Feb, 2003

Name: HOLLYCE HOOPER; Signature: [Signature] Lic. No: H160 332 57 729

STATE OF FLORIDA
 COUNTY OF MARTIN

Sworn to and subscribed before me this 4th day of Feb, 2003 by H. Hooper, who is

Personally known to me or who has produced FL d.l. as identification and who did not take an oath.

(NOTARY SEAL)

[Signature]

Name: Joan H. Barrow

I am an Notary Public of the State of Florida and

