

177 South Sewall's Point Road

650

SFR, POOL, SCREEN

ENCLOSURE

RECEIVED
NOV 22 1976

N OF SEWALL'S POINT, FLO.
APPLICATION FOR BUILDING PERMIT

Permit No. 650
Date Nov. 22, 1976

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

Owner BENNIE B. CARSON Present Address _____ Ph 334 787

General Contractor SILVESTER CONST, INC Address Box C Stuart Ph 283 2200

Where licensed Martin County License No. 66

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

Street building will front on 50' ^(1.77) Sewall's Pt. Road

Subdivision WHITE PINE ACRES Lot No. 6 Area 22,000 +

Building area, inside walls (excluding garage, carport, porches) Sq ft 3900

Other Construction (Pools, additions, etc.) Pool & SCREEN ENCLOSURE

Contract Price (excluding land, rugs, appliances, landscaping) (Calculated) 5/5/77 \$100,000.00

Total cost of permit \$ 520.00 1500.00
10.00

Plans approved as submitted _____ Plans approved as marked

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

[Signature]
Signed by General Contractor

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

[Signature]
Signed by Owner

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

TOWN RECORD

Date submitted 11/29/76 J. R. Rawls

Date approved 11/24/76 [Signature]

Certificate of Occupancy issued 5/24/77 J. R. Rawls Date _____

#650

256451

Warranty Deed

(STATUTORY FORM — SECTION 689.02 F.S.)

RECORDED
NOV 22 1976

This instrument was prepared by:

William F. Crary

of the Law Offices of
CRARY, BUCHANAN & MEGINNISS
P. O. Drawer 24
STUART, FLORIDA 33494

This Indenture. Made this 24th day of September 1976, **Between**

LOUIS L. DELANO and LUCY ANN DELANO, his wife,

of the County of Martin : State of Florida

, grantor*, and

BENNIE B. CARSON

whose post office address is

of the County of _____, State of _____

grantee*.

Witnesseth. That said grantor, for and in consideration of the sum of Ten (\$10.00)

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

Lot 6, Revised Plat of WHITE FENCE ACRES, according to the Plat thereof recorded in Plat Book 4, Page 97, Martin County, Florida, public records.

SUBJECT to easements, restrictive covenants and zoning of public record.

THIS IS NOT HOMESTEAD PROPERTY.

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

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

In Witness Whereof. Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

Barbara H. ...

Patricia S. ...

Louis L. Delano by his attorney-in-fact

Lucy Ann Delano (Seal)
Lucy Ann Delano

Lucy Ann Delano (Seal)

(Seal)

STATE OF Florida
COUNTY OF Martin

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared LUCY ANN DELANO, individually and as attorney-in-fact for Louis L. Delano

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

WITNESS my hand and official seal in the County and State last aforesaid this 24th day of September 1976.

My commission expires:

Patricia S. ...

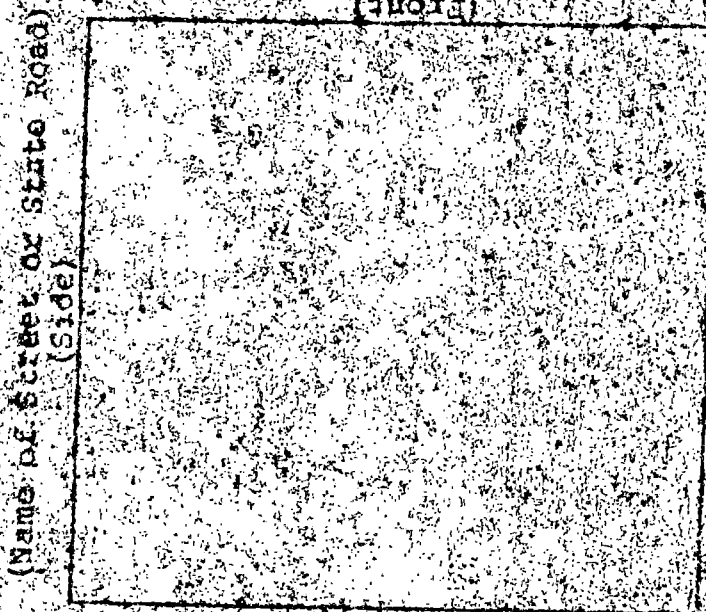
NOTARY PUBLIC STATE OF FLORIDA AT LARGE Notary Public
MY COMMISSION EXPIRES OCT. 2 1978
BONDED THRU GENERAL INSURANCE UNDERWRITERS

#650

#69

SWN 428

Section II - Information
 1. Property address (street & house no.) 1050 1/2 St. Road
 2. Lot & block subdivision 1/2 St. Road
 3. Name of applicant John D. Smith
 4. Name of engineer John D. Smith
 5. Date 9-13-76

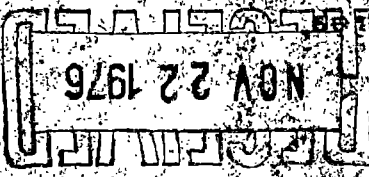


Section I - Information
 1. Proposed location of septic tank (use block on this sheet or attached plan)
 2. Existing buildings and proposed location of proposed location of system (draw to scale at least 1/4" = 1'-0")
 3. Proposed location of septic tank (use block on this sheet or attached plan)
 4. Any pond or stream areas must be indicated on the plan

Section II - Information
 1. Property address (street & house no.) 1050 1/2 St. Road
 2. Lot & block subdivision 1/2 St. Road
 3. Name of applicant John D. Smith
 4. Name of engineer John D. Smith
 5. Date 9-13-76

Section I - Information
 1. Proposed location of septic tank (use block on this sheet or attached plan)
 2. Existing buildings and proposed location of proposed location of system (draw to scale at least 1/4" = 1'-0")
 3. Proposed location of septic tank (use block on this sheet or attached plan)
 4. Any pond or stream areas must be indicated on the plan

Section II - Information
 1. Property address (street & house no.) 1050 1/2 St. Road
 2. Lot & block subdivision 1/2 St. Road
 3. Name of applicant John D. Smith
 4. Name of engineer John D. Smith
 5. Date 9-13-76



THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE
 APPLICATION AND PERMIT
 DEPARTMENT OF HEALTH AND ENVIRONMENTAL SERVICES
 STATE OF TEXAS

INDIVIDUAL WASTE DISPOSAL FACILITIES

DATA SHEET

Application

COUNTY

Polk County, Florida

Polk County, Florida

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

Public water supply within 100 feet of the public water supply

SOIL DATA

REAR 1/2

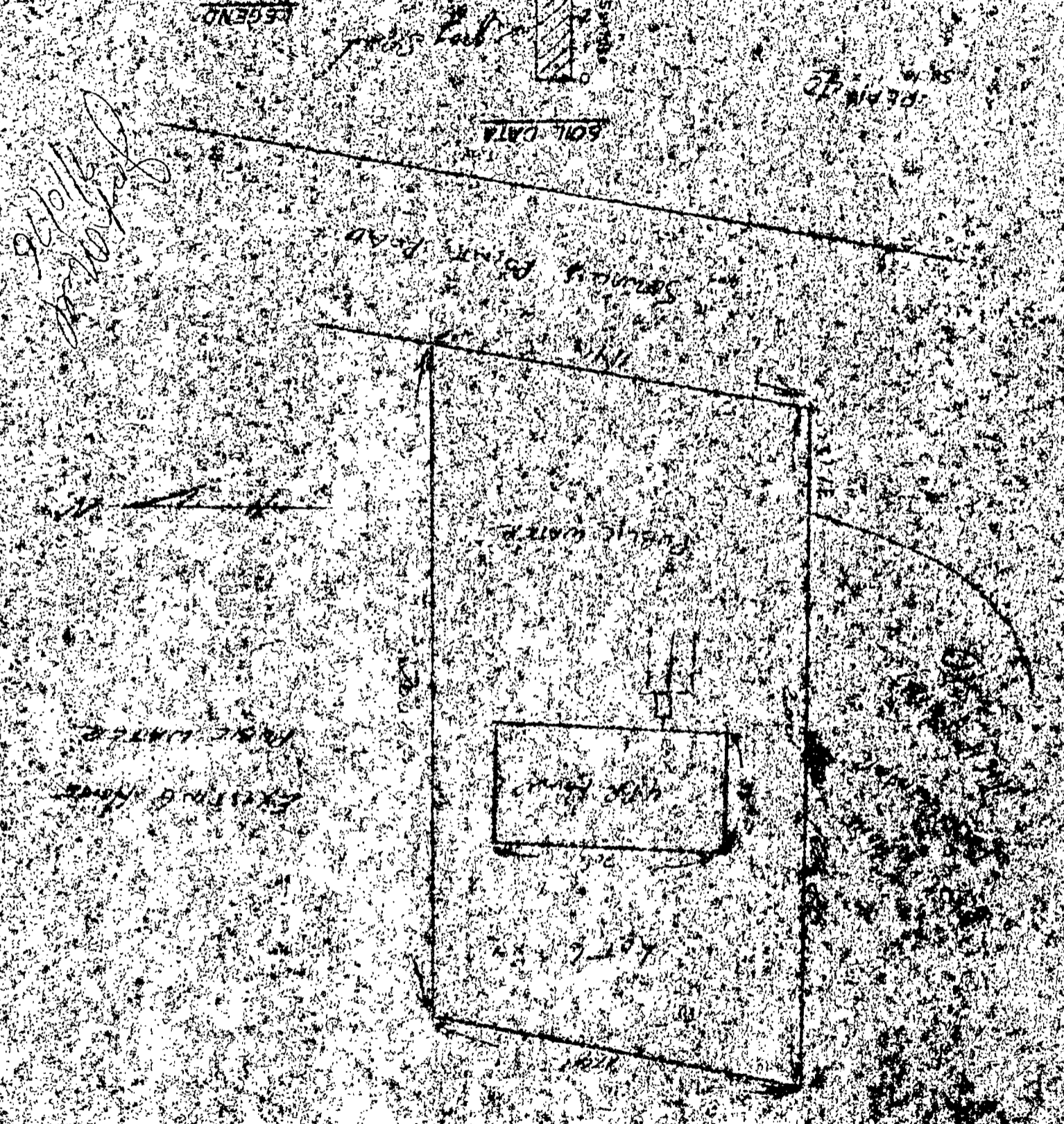
LEGEND



9/10/16
[Handwritten signature]

CEITIFIED BY
[Handwritten signature]

FLORIDA PROFESSIONAL ENGINEERING BOARD
[Handwritten notes]



EXISTING HOME
PUBLIC WATER
[Additional handwritten notes and labels]

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11/24/76

This is to request that a Certificate of Approval for Occupancy be issued to CARSON what line area
For property built under Permit No. 650 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	12/2/76	✓
Rough plumbing	12/23/76	✓ 12/29/76 SLAB
Perimeter beam	1/4/77	
Rough electric	3/14/77	
Close in		POOL 3/28/77
Final plumbing		POOL 3/31/77
Final electric	5/26/77	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Dwyer 5/26/77 date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

CORRESPONDENCE

FILE

May 20, 1977

Mr. Tom Sylvester,
Sylvester Construction, Inc.,
6 Delano Lane,
Jensen Beach, Florida 33457.

Dear Tom: Re: Carson C/O - Lot 6 White Fence Acres

Following up our telephone conversation of yesterday, the Building Department is withholding a final inspection of the above property for a certificate of occupancy.

On Friday, May 13th, Building Inspector Duryea, your son Mark, your paving contractor, you and I, came to an agreement on the grading of the concrete driveway. We were all in agreement to the inclusion of a swale and dry well to minimize flooding on the adjacent property of Edward Benedict.

On May 17th, the concrete was poured, but only in partial conformity to our agreed specifications.

In the opinion of the Building Department, a serious drainage problem still exists and we must insist that this problem be corrected before we issue a certificate of occupancy.

Sincerely,

TOWN OF SEWALL'S POINT

John Rossiter
Commissioner - Building

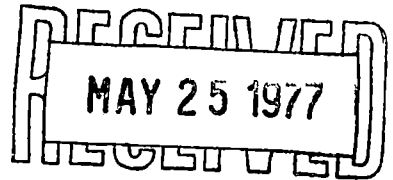
JR:M

Copy to: Bennie B. Carson
Attorney Thurlow
All Commissioners

EDWARD H. BENEDICT

175 Sewall's Point South • Jensen Beach, Fla. 33457

May 25, 1977



Mr. John Rossiter, Building Commissioner
Town of Sewall's Point
One Sewall's Point Road South
Jensen Beach, Florida 33457

Dear Commissioner:

This will confirm our telephone conversation of May 23, 1977, in which I advised you that an agreement had been reached with Mr. Tom Sylvester with respect to the drainage problem associated with the driveway of Mr. Ben Carson, located adjacent to my lot line. The protective wood panel butting the side of the driveway for a distance of approximately 60 feet, with a height of approximately $1\frac{1}{2}$ inches above the driveway surface should confine drainage to the Carson property. This was Mr. Sylvester's recommendation, of which I approved.

However, subject to the above approval, I am retaining the right to take any action deemed necessary in the future if the proposed solution does not adequately contain drainage originating within the Carson property.

In view of the fact that you as Building Commissioner of the Town approved this solution there is also a responsibility on the part of the Town to require any future corrective measures for adequate drainage retention if necessary. Flooding from extreme rain storms is obviously excepted. Hopefully this will not occur.

Sincerely yours,

Edward Benedict

#650

2370

FENCE

2370

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 8-16-88

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 ED Bracken Present address 177 So Sewalls Pt

Phone 288-1473

Contractor Martin Fence Co Address 1125 Old Dixie Hwy Lake Park

Phone 8334-0000

Where licensed Martin County License number 00056

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: 147' x 4' chain link fence

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

Subdivision White Fence Acres ^{Sewall} ~~Point~~ Lot No. 6

Contract price \$ 710 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 a 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 ED Bracken [Signature]

TOWN RECORD

Date submitted _____

Approved: [Signature]
Building Inspector

Date _____

Approved: _____
Commissioner

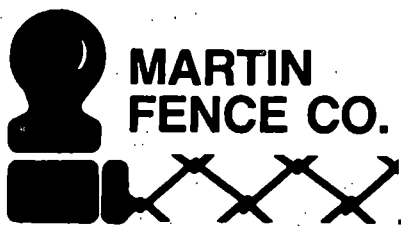
Date _____

Final Approval given: _____

Date

Certificate of Occupancy issued _____

Date



**MARTIN
FENCE CO.**

1125 OLD DIXIE HWY.
LAKE PARK, FLORIDA
33403

LICENSES

FL: RX0053868
Palm Beach: U10591
Martin: 00056
St. Lucie: 1467

TELEPHONE

Ft. Pierce: 465-0000
Martin/St. Lucie: 334-0000
Palm Beach: 848-2666

Date 2/10/88

SOLD TO: Name ED BRACKEN

SHIP TO: NOT CLEAN ROAD

Address 177 SO SEWELLS RD

SEWELLS POINT RD

City SEWELLS POINT

ON ST. LUCIE CO

Phone 28-1473 Business residential

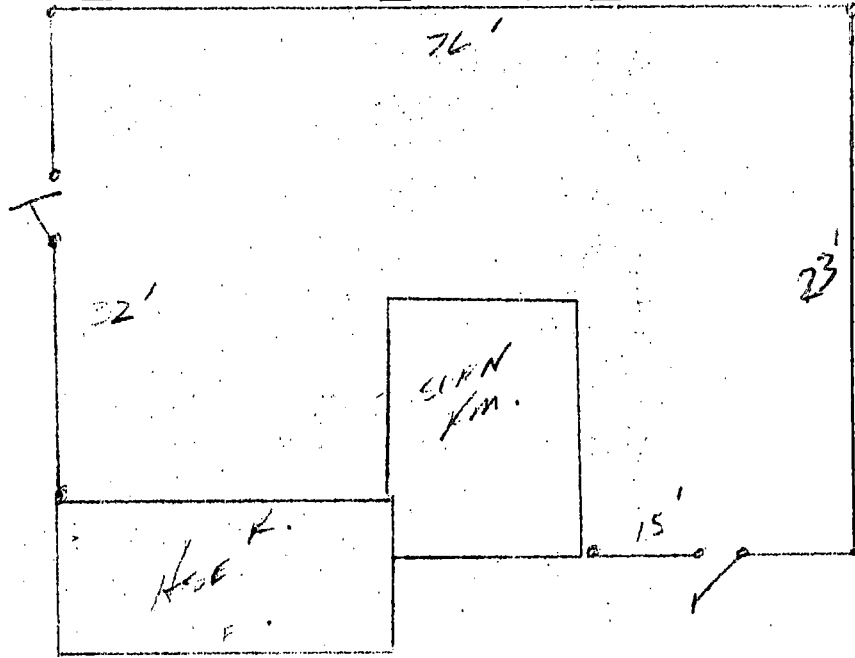
Total Footage 148

Lot: 6 Block: _____ Plat: _____ Page: _____

Subdivision: WHITE FENCE RINGS
SEWELLS POINT

Fence 1 1/2" 1601 DIP
Top Rail 1 3/8"
Line Posts 1 5/8"
Cor. Posts 2 1/2"
Gate Posts 2 1/2"
Wk Ga No 2 Size 4x4
DD Ga No ✓ Size _____
Raw Ga No ✓ Size _____
Tension Wire ✓
Core Drills ✓
Panelweave ✓

Top Rail Level Follow Contour Barb Up Knuckle Up



I hereby authorize the installation of the fence in accordance with the sketch and any attached specifications and I agree to assume all liability and responsibility for accuracy of sketches.

8/1/88

All fence lines must be cleared by customer or a fee will be charged - \$40 per hour/minimum of 1 hour.

Subtotal 4710.00
Sales Tax 41.00 15.00
Total Price 4767.00
Less Deposit 0
C.O.D. on Completion 4767.00

Approx. Delivery Date _____
Week of: Feb 22

I have read this agreement and understand its terms. Oral representation's cannot be relied on. No modifications to this contract will be honored unless in writing and signed by both parties.

Customer _____
Salesman W. J. Moore

I hereby acknowledge the satisfactory completion of the above described work.
Customer _____

PER _____

This Contract is subject to Terms and Conditions on reverse side.

White copy/Office Canary copy/installer Green copy/permit Pink copy/customer

7612

SIDING AND

DRYWALL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/7/05

BUILDING PERMIT NO. 7612

Building to be erected for COTTEN

Type of Permit EXT. SIDING REPAIR (NE. DRAW)

Applied for by DEMAREST CONSTR. (Contractor)

Building Fee 35.00

Subdivision WHITE FENCE ACRES Lot 6 Block _____

Radon Fee _____

Address 177 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410060000006080000

Roofing Fee _____

Amount Paid 35.00 Check # 5008 Cash _____

Other Fees (_____)

Total Construction Cost \$ 900.00

TOTAL Fees 35.00

Signed Mahad Sanyal
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Date: 05/02/05

Permit Number: _____



Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: GREG COTTEN Phone (Day) _____ (Fax) _____

Job Site Address: 177 S. SEWALL'S PT. City: S. POINT State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: MISC HURRICANE REPAIR: SHEETROCK + SIDING REPAIR

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

CONTRACTOR/Company: DEMAREST + CONST. Phone: 220-0065 Fax: 220-0227

Street: 800 S.E. INDIAN ST. City: SMART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CBCA5454 Martin County License Number: 2004-513-070

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 900.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: NONE State: _____ License Number: _____

Mechanical: NONE State: _____ License Number: _____

Plumbing: NONE State: _____ License Number: _____

Roofing: NONE State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) Gregory Cotten

State of Florida, County of: Martin
This the 2nd day of May 2005

by Gregory Cotten who is personally known to me or produced by Veronica L Taylor

as identification. _____ My Commission DD219784 Expires June 04, 2007



Notary Public My Commission Expires: Veronica L Taylor 6/4/07

Seal

CONTRACTOR SIGNATURE (required) Robert P. Demarest

On State of Florida, County of: Martin
This the 2nd day of May 2005

by Robert P. Demarest who is personally known to me or produced by Veronica L Taylor

as identification. _____ My Commission DD219784 Expires June 04, 2007



Notary Public My Commission Expires: Veronica L Taylor 6/4/07

Seal

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

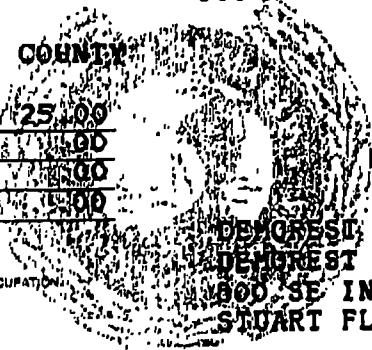
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-6604

LICENSE 2004-513-030 CERT CBCA52954
PHONE (772)220-0065 SIC NO 233210

LOCATION
800 SE INDIAN ST 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>	



**ROBERT
DEMAREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34997**

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **OFFICE LOCATION ONLY**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 20 04
AND ENDING SEPTEMBER 30, 2005

12 04082501 000444



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

08/10/2004

DEMAREST, ROBERT PAUL
DEMAREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34997

STATE OF FLORIDA AC# 1530797
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CBCA52954 040121942
 CERTIFIED BUILDING CONTRACTOR
 DEMAREST, ROBERT PAUL
 DEMAREST CONSTRUCTION GROUP INC
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04081003207

DETACH HERE

AC# 1530797 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04081003207

DATE	BATCH NUMBER	LICENSE NBR
08/10/2004	040121942	CBCA52954

The BUILDING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter
 Expiration date: AUG 31, 2006

DEMAREST, ROBERT PAUL
 DEMAREST CONSTRUCTION GROUP INC
 92 S RIVER ROAD
 STUART FL 34996

JEB BUSH
 GOVERNOR

DIANE CARR
 SECRETARY

DISPLAY AS REQUIRED BY LAW

03/28/2005 08:58 FAX 1122002271





TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 05/06/2004 ** EXPIRATION DATE: 05/06/2006

PERSON: DEMOREST ROBERT P

FEIN: 1028817

MEETS REISSUANCE REQUIREMENTS

BUSINESS NAME AND ADDRESS: DEMOREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34996

SCOPE OF BUSINESS OR TRADE: CERTIFIED BUILDING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 408-2333

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 05/06/2004 ** EXPIRATION DATE: 05/06/2006</p> <p>PERSON: DEMOREST ROBERT P</p> <p>FEIN: 1028817</p> <p>BUSINESS NAME AND ADDRESS: DEMOREST CONSTRUCTION GROUP INC 800 SE INDIAN STREET STUART FL 34996</p> <p>SCOPE OF BUSINESS OR TRADE: CERTIFIED BUILDING CONTRACTOR</p> <p>MEETS REISSUANCE REQUIREMENTS</p>	<p>F O L D H E R E</p> <p>IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>QUESTIONS? (850) 408-2333</p>
---	--

CUT HERE

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
4/13/2005

PRODUCER Bayside Insurance Group 11400 Fourth Street North #1115 St. Petersburg, FL 33716 727-577-9872	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 Demorest Construction Group 800 SE Indian Street Stuart, FL 34997-5605 772-220-0065	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: Mt.Hawley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: Mt.Hawley Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: Mt.Hawley 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	ADD'L INSRD	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"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MCF0001643	4/20/04	4/20/05	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 1,000,000								
		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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">WC STATUTORY LIMITS</td> <td style="width:30%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

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

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT BUILDING DEPT.
 1 SOUTH SEWALLS POINT ROAD
 STUART FL. 34996
 772-220-4765 FAX#

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

Michael Zivich

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/05

PRODUCER

Providence Property & Casualty Insurance Company
12300 Ford Rd Ste 400
Dallas, TX 75234

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Certified H.R. Services Co. ETAL
5101 NW 21st Ave #350
Ft. Lauderdale, FL 33309
L/C/F
TriStaff Inc/Demarest Construction Group

INSURER A: Providence Property & Casualty Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

28711

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	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> INCL <input type="checkbox"/> EXCL If yes, describe under SPECIAL PROVISIONS below	WC010089	12/1/2004	12/1/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,010,000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Workers' compensation coverage is provided by contract to all employees of Certified H.R. Services Co. ETAL & TriStaff Inc/Demarest Construction Group. Any employees working under the directive of the mentioned companies are covered by the referenced policy effective 12/1/2004.

CERTIFICATE HOLDER

Town of Seawalls Point Building Dept
1 South Seawalls Point Rd
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE: 

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.

- 1. Legal description of property (include street address, if available):
13-38-41-006-000-00060-8
- 2. General description of improvement: RTR DAMAGED SIDING + SHEET ROOF
- 3. Owner information - name and address: GREG COTTEN
177 S. SEWALL'S PT RD. SEWALL'S PT. FL. 34996

Interest in property: _____
Name and address of fee simple titleholder (if other than Owner): _____

4. Contractor - name and address: **DEMOREST CONSTRUCTION GROUP INC.**
800 S.E. Indian Street
Stuart, Florida 34997-5605

Phone number _____

5. Surety - name and address: N/A

Phone number _____ Fax number _____ Amount of bond: \$ _____

6. Lender - name and address: N/A

Phone number _____ Fax 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(i)(a)7., Florida Statutes (name and address): _____

Phone number _____ Fax number _____

8. 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.

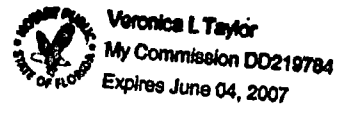
Phone number _____ Fax number _____

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Greg Cotten
Signature of Owner

Sworn to and subscribed before me this 28th day of April, 2005.

Veronica P Taylor My Commission Expires: 6/4/07
Notary Public





BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: _____
BUILDING OFFICIAL
Gene Simmons

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)

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

BUILDING OFFICIAL
Gene Simmons

SCOPE:

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

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

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

DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

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

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

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



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

7612



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 177 S. SPR

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.

SIDING / SOFFIT

- RECEPTACLE AT POOL DECK HAS GAP WHICH NEEDS TO BE SEALED
- RENEW CAULKING @ WINDOW ~~FRAME~~ SILL.
- ASSURE BOTTOM EDGE OF PLYWOOD SIDING IS PROPERLY SEALED.

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

DATE: 7/8

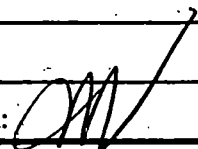

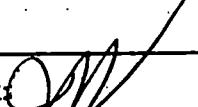
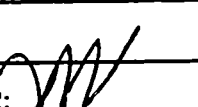
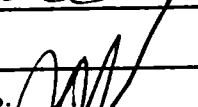

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/8, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7613	PREISSMAN	FOOTER	PASS	
8	28 RIO VISTA WINCHIP			INSPECTOR: 
7565	KUHNS	FRAMING	PASS	
5	94 S. RIVER RD O/B	(BBQ GRILL/WALL)		INSPECTOR: 
7612	COTTEN	FINAL EXTERIOR SIDING	FAIL	
2	177 S. SEWALL ST DEMAREST CONST.	REPAIR INT. DENIAL		INSPECTOR: 
7641	MADER	FOOTER	FAIL	
1	106 ABBIE CT BUFORD CONST.			INSPECTOR: 
7513	ROBERTS	FINAL ROOF	PASS	CLOSE
	12 N. RIDGEVIEW CARDINAL ROOFING			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

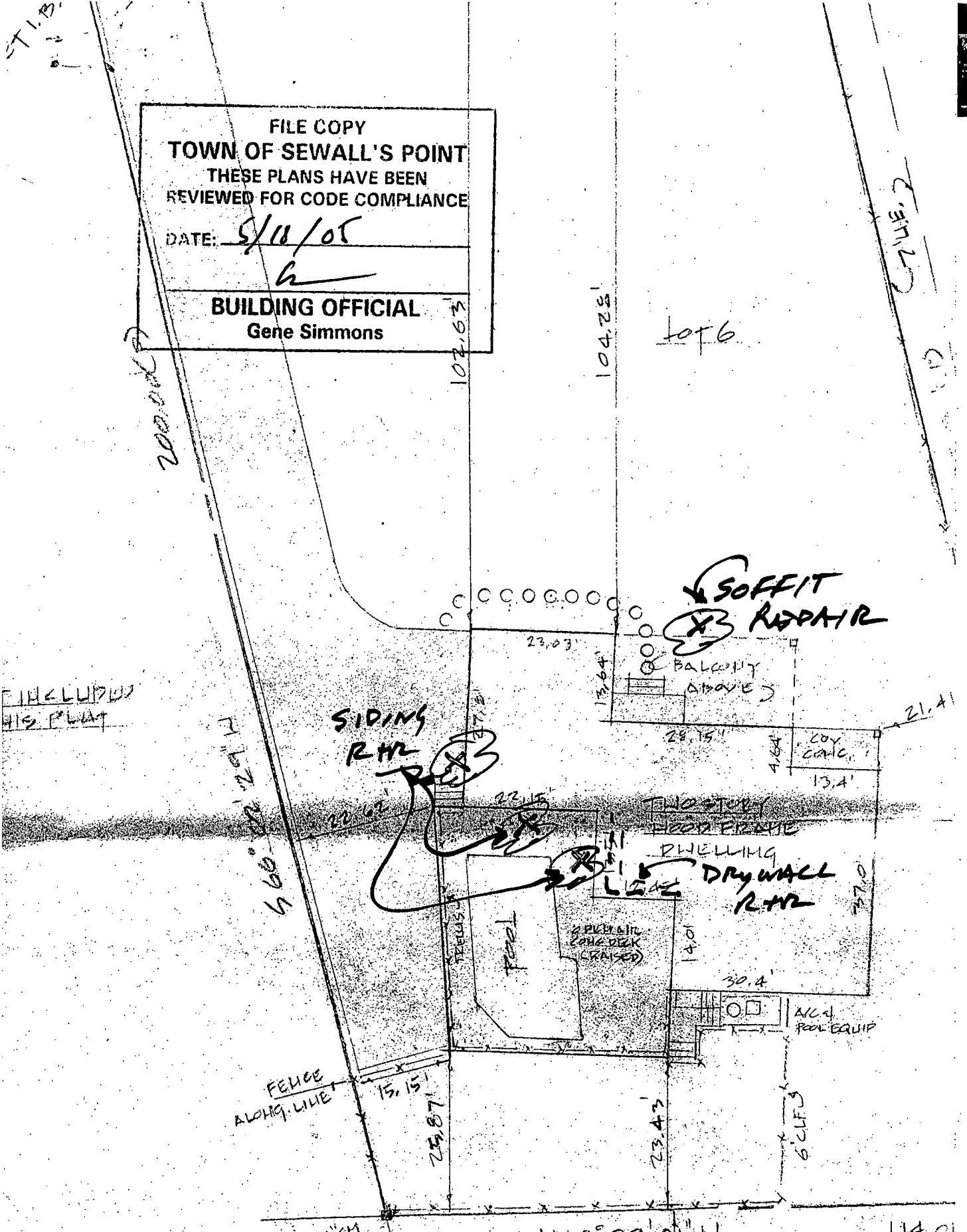
Date of Inspection: Mon Wed Fri 7/29, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6998	RIMER	FINAL DOCK	FAIL	\$40 FEE
9	29 S. RIVER RD OIB	REPAIR		INSPECTOR: <i>OM</i>
7306	RIMER	FINAL RETAINING WALL	FAIL	
9	29 S. RIVER RD LEAR DEVELOPMENT			INSPECTOR: <i>OM</i>
7612	COTTEN	SOFFIT & SIDING	PASS	CLOSE
5	177 S SEWALL ST Demolish			INSPECTOR: <i>OM</i>
7565	KUHNS	ELEC. ROUGH	PASS	
7	94 S. RIVER RD.			INSPECTOR: <i>OM</i>
6903	BRUNER	FINAL FENCE	PASS	CLOSE
10	19 RIVERVIEW			INSPECTOR: <i>OM</i>
7043	SWEENEY/COUNICK	FINAL ROOF	PASS	CLOSE
12	4 S. VIA LUCINDIA			INSPECTOR: <i>OM</i>
7685	GILLEN	DRY-IN	PASS	
12A	5 PALMETTO DR PACIFIC ROOF			INSPECTOR: <i>OM</i>
OTHER:	CARRICO	FINAL ROOF	PASS	CLOSE
	7682 La Gumer Limbo CARCO BLDGS			<i>OM</i>

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

DATE: 5/18/05

BUILDING OFFICIAL
 Gene Simmons



- LINK FENCE
- D DISTANCE
- RETE
- BLOCK & STUCCO
- RETE MONUMENT
- D NOT READ
- RETE POWER POLE
- RETE SLAB
- RETE VALLEY CURB
- ER
- UGATED METAL PIPE
- IT
- ETER BREAST HEIGHT
- VAGE EASEMENT
- NFIELD
- MENT

- E EAST
- EP EDGE OF PAVEMENT
- EW EDGE OF WATER
- EM ELECTRIC METER
- ES ELECTRIC SERVICE
- ELEV ELEVATION
- ENCL ENCLOSURE
- ENCRO ENCROACHMENT
- X 17.00 EXISTING ELEVATION
- FT FEET
- F FIELD MEASUREMENT
- FFE FINISH FLOOR ELEVATION
- FH FIRE HYDRANT
- FPL FLORIDA POWER & LIGHT
- FND FOUND
- GOVT GOVERNMENT
- HW HEADWALL

- HSE HOUSE
- I & E INGRESS & EGRESS EASEMENT
- INV INVERT
- IB IRON BAR
- IP IRON PIPE
- IB & C IRON BAR & CAP
- L ARC LENGTH
- LE LANDSCAPE EASEMENT
- LB LICENSE BUSINESS
- LP LIGHT POLE
- LAE LIMITED ACCESS EASEMENT
- LFE LOWEST FLOOR ELEVATION
- ME MAINTENANCE EASEMENT
- MH MANHOLE
- MHWL MEAN HIGH WATER LINE
- N & TT NAIL & TIN TAB
- N & W NAIL & WASHER

- NGVD
- NIC
- NTS
- N
- NO
- ORB
- O/S
- OH
- OE
- OHPL
- OHW
- PG
- PK
- PK & W
- PVMT
- POP
- PRM

7 SOUTH SEWALL'S POINT ROAD

NOT VALID WITHOUT THE SIGNATURE
 ORIGINAL RAISED SEAL OF A FLORIDA
 SURVEYOR AND MAPPER.

BY JANET A. COTTEN,
 SEWELL & SOPKO, P.A.,
 TITLE INSURANCE FUND INC.,
 TRUST BANK OF FLORIDA,

STEPHEN J. BROWN



ELEVATION
CERTIFICATE

Job #

2727-01-01

ELEVATION CERTIFICATEFEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No 3067-0077
Expires May 31, 1993

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	GREGORY COTTEN	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	177 S. SEWALL'S POINT ROAD	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)	LOT 6, WHITE FENCE ACRES	
CITY	SEWALL'S POINT	STATE FLA.
		ZIP CODE

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
120164	0002	D	6/16/92	A-3	ELEV. 9.00

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____