

~~1 Marguerita Drive~~

8 Marguerita Dr

changed from 1 Marguerita Dr from
property appraiser

9064

LAND CLEARING



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9064	DATE ISSUED:	DECEMBER 1, 2008
SCOPE OF WORK:	LAND CLEARING		
CONDITIONS:			
CONTRACTOR:	MASTERPIECE BUILDERS		
PARCEL CONTROL NUMBER:	133841011000000905	SUBDIVISION	MARGUERITA-LOT 9
CONSTRUCTION ADDRESS:	1 MARGUERITA DR		
OWNER NAME:	MASTERPIECE SYSTEMS		
QUALIFIER:	JEFFERY BOWERS	CONTACT PHONE NUMBER:	283-2096

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 11-26-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number: _____
Date: 11/25/08
OWNER/TITLEHOLDER NAME: MASTERPIECE SYSTEMS Phone (Day) 283-2096 (Fax) 283-2770
Job Site Address: [REDACTED] City: STUART State: FL Zip: 34996
Legal Desc. Property (Subd/Lot/Block) MARGUERITA S/D LOT 9 Parcel Number: 13-38-41-011-000-0090-5
Owner Address (if different): 408 COLORADO AVENUE City: STUART State: FL Zip: 34994
Scope of work: LAND CLEARING & FILL FOR PREPARATION OF RESIDENCE CONST.

WILL OWNER BE THE CONTRACTOR?
If yes, Owner Builder questionnaire must accompany application
YES _____ NO ✓
Has a Zoning Variance ever been granted on this property?
Yes _____ (Year) _____ No ✓
(Must include a copy of all variance approvals with application)

CONSTRUCTION VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 15,000.00
Notice of Commencement required when over \$2500 - prior to first inspection
Is subject property located in flood hazard area? V A9 ✓ A8 X
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
Estimated Fair Market Value prior to improvement: _____
(Fair Market Value of the Primary Structure only, Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

CONTRACTOR/Company: MASTERPIECE BUILDERS Phone: 283-2096 Fax: 283-2770
Street: 408 COLORADO AVENUE City: STUART State: FL Zip: 34994
State Registration Number: _____ State Certification Number: CGC 048543 Municipal License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____
ARCHITECT MA CORSON & ASSOCIATES Lic.# AR 91665 Phone Number: 223-8227
Street: 844 EAST OCEAN BLVD, SUITE C City: STUART State: FL Zip: 34994
ENGINEER _____ Lic# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

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

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

Jeffery A. Bowers
OWNER OR AUTHORIZED AGENT SIGNATURE (required)
State of Florida, County of: MARTIN
This the 25th day of NOVEMBER 2008
by JEFFERY A. BOWERS who is personally
known to me or produced
as identification [Signature]
My Commission Expires: 3/22/10
SINGLE FAMILY PERMIT APPLICATION MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION PER FBC 105.3.4 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS PER FBC 105.3.2 - PLEASE CHECK YOUR PERMIT STATUS!
Commission # DD531755
Expires: MAR. 22, 2010
Bonded Thru Atlantic Bonding Co., Inc.

Jeffery A. Bowers
CONTRACTOR SIGNATURE (required)
On State of Florida, County of: MARTIN
This the 25th day of NOVEMBER 2008
by JEFFERY A. BOWERS who is personally
known to me or produced
As identification [Signature]
My Commission Expires: 3/22/10
Commission # DD531755
Expires: MAR. 22, 2010
Bonded Thru Atlantic Bonding Co., Inc.



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

Site Provided by...
governmentmax.com T1.13

Summary

print Owner 1 of 2

- Parcel Info**
- Summary
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
13-38-41-011-000-00090-5		27870	Owner	0	0

Summary
Property Location
Tax District 2200 Sewall's Point
Account # 27870
Land Use 100 0000 Vacant Residential
Neighborhood 120200
Acres 0.350

Legal Description
Property Information
 MARGUERITA S/D LOT 9

Search By

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

Owner Information
Owner Information
 MASTERPIECE SYSTEMS INC

Mail Information
 408 COLORADO AV
 STUART FL 34994

Assessment Info
Front Ft. 0.00

Market Land Value \$218,500
Market Impr Value \$0
Market Total Value \$218,500

Site Functions

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

Recent Sale
Sale Amount \$320,000

Sale Date 2/28/2005
Book/Page 1985 2926

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 10/13/2008



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-15 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	Masterpiece	Home all	FAIL	
1	1 Marguerita	Plumbing	↓	
	Masterpiece	gas electric		
				INSPECTOR <i>[Signature]</i>
9078	Masterpiece	Final	PASS	Close
1	1 Marguerita	Final		
	Masterpiece			INSPECTOR <i>[Signature]</i>
8812	CONWAY	FINAL	FAIL	
	16 S. VIA LUCINDIA			
	O.B.			INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

9078

SFR



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9078	DATE ISSUED:	JANUARY 6, 2009
SCOPE OF WORK:	NEW SFR		
CONDITIONS :			
CONTRACTOR:	MASTERPIECE BUILDERS		
PARCEL CONTROL NUMBER:	133841011000000905	SUBDIVISION	MARGUERITA - LOT 9
CONSTRUCTION ADDRESS:	1 MARGUERITA DR		
OWNER NAME:	MASTERPIECE SYSTEMS		
QUALIFIER:	JEFF BOWERS	CONTACT PHONE NUMBER:	283-2096

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

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REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

283-2096
2770

9078

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	
ADDRESS	1 Marguerita, DR
DATE:	SCOPE: New SFR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$ Pd 12-12-08
(No plan submittal fee when value is less than \$100,000)		
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)	3150	s.f. 347,287.50
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)	954	s.f. 49,226.40
Total Construction Value:	410,417	\$ 1,396,513.90
Building fee: (2% of construction value SFR or >\$200K)		\$ 79,302.27
Building fee: (1% of construction value < \$200K + \$75 per insp.)		
Total number of inspections (Value < \$200K) @\$75 ea.		\$
Radon Fee (\$.005 per sq. ft. under roof):		\$ 20.52
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$ 20.52
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$ 158.60
Martin County Impact Fee:		\$ 6,084.69 8,129.91
TOTAL BUILDING PERMIT FEE:		\$ 14,214.60
	less \$500	\$ 13,714.60 - Land clearing

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

RECEIVED
DATE: 12-12-08
TOWN OF SEWALL'S POINT

Marguerita Dr.

Date: 12/15/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 9070

OWNER/TITLEHOLDER NAME: MASTERPIECE SYSTEMS Phone (Day) 283-2096 (Fax) 283-2770

Job Site Address: MARGUERITA DRIVE, LOT #9 City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) MARGUERITA S/D LOT 9 Parcel Number: 13.38.41.011.000.0090.5

Owner Address (if different): 408 COLORADO AVENUE City: STUART State: FL Zip: 34994

Scope of work: NEW CONSTRUCTION OF SINGLE FAMILY RESIDENCE

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

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

CONSTRUCTION VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 250,000.00 396,513.90
Notice of Commencement required when over \$2500 - prior to first inspection
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:
Estimated Fair Market Value prior to improvement: _____
(Fair Market Value of the Primary Structure only, Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

CONTRACTOR/Company: MASTERPIECE BUILDERS Phone: 283-2096 Fax: 283-2770

Street: 408 COLORADO AVENUE City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: GGC 048543 Municipal License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT MA CORSON Lic.#: AR91665 Phone Number: 223-8227

Street: 844 EAST OCEAN BLVD, SUITE C City: STUART State: FL Zip: 34994

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE: Living: 3150 Garage: 610 Covered Patios: 344 Screened Porch: NONE

Carport: NONE Total Under Roof 4104 Wood Decks/walkways: NONE Accessory Building: NONE

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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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 AUTHORIZED AGENT SIGNATURE (required)
Jeffery A Bowers

State of Florida, County of: MARTIN

This the 12TH day of DECEMBER, 2008

by JEFFERY A BOWERS who is personally

known to me or producer

as identification. *Jeffery A Bowers*

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
Jeffery A Bowers

On State of Florida, County of: MARTIN

This the 12TH day of DECEMBER, 2008

by JEFFERY A BOWERS who is personally

known to me or producer

As identification. *Jeffery A Bowers*

My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION PER FBC 105.4.1.1. OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS PER FBC 105.3.2 - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Commission # DD531755
Expires: MAR. 22, 2010
Bonded Thru Atlantic Bonding Co., Inc.

NOTARY PUBLIC STATE OF FLORIDA
Commission # _____
Expires: MAR. 22, 2010
Bonded Thru Atlantic Bonding Co., Inc.

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

NEIL SUBIN
Mayor

DON OSTEEEN
Vice Mayor

MARK KLINGENSMITH
Commissioner

PAUL SCHOPPE
Commissioner

JACQUI THURLOW-
LIPPISCH
Commissioner

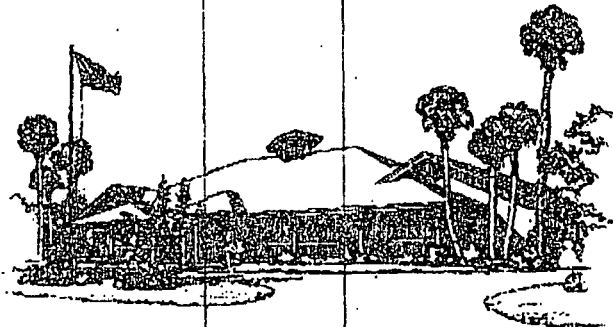
ROBERT KELLOGG
Town Manager

JOHN R. ADAMS
Building Official

ERIC CERNIGLIA
Chief of Police

ANN-MARIE
SULLIVAN BASLER
Town Clerk

JOSE TORRES, JR.
Maintenance



*Masterpiece
Fax 283-2770*

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 12/12/2008

DATE: 12/15/2008

APPLICATION DESCRIPTION: SINGLE FAMILY RESIDENCE

APPLICATION ADDRESS: 1 MARGUERITA DR. SEWALL'S POINT, FL

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. PROVIDE SITE PLAN WITH STORMWATER RETENTION CALCULATION AND LOCATION WITH EROSION CONTROL REQUIREMENTS SHOWN.
2. SURVEY MUST BE CERTIFIED TO THE TOWN OF SEWALL'S POINT.
3. PROVIDE SMOKE DETECTOR AND EMERGENCY EGRESS FOR DEN/GUEST ROOM
4. SMOKE DETECTOR ALSO REQUIRED AT TOP OF STAIRCASE
5. CONSTRUCTION VALUE WILL BE BASED ON CURRENT ICC BUILDING VALUATION PUBLICATION \$110.25/SQ. FT. A/C SPACE, \$51.60/SQ. FT. NON-A/C SPACE

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS, -

JOHN R. ADAMS
BUILDING OFFICIAL

RECEIVED
DATE: 12-17-08
TOWN OF SEWALL'S POINT



One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

NEIL SUBIN
Mayor

DON OSTEN
Vice Mayor

MARK KLINGENSMITH
Commissioner

PAUL SCHOPPE
Commissioner

JACQUI THURLOW-
LIPPISCH
Commissioner

ROBERT KELLOGG
Town Manager

JOHN R. ADAMS
Building Official

ERIC CERNIGLIA
Chief of Police

ANN-MARIE
SULLIVAN BASLER
Town Clerk

JOSE TORRES, JR.
Maintenance



*Masterpiece
Fax 283-2770*

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 12/12/2008

DATE: 12/15/2008

APPLICATION DESCRIPTION: SINGLE FAMILY RESIDENCE

APPLICATION ADDRESS: 1 MARGUERITA DR. SEWALL'S POINT, FL

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WITH REGARDS, -

JOHN R. ADAMS
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us

Local Name :
Company Logo :
Total Pages Scanned : 1
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0045	2832770	12-15:19:09	35*	1/1	ECM		Done

The documents were sent.

NEIL SUBIN
Mayor

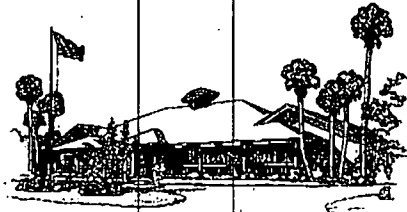
DON OSTEEEN
Vice Mayor

MARK KLINGENSMITH
Commissioner

PAUL SCHOPPE
Commissioner

JACQUI THURLOW-
LIPPISCH
Commissioner

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT



ROBERT KELLOGG
Town Manager

JOHN R. ADAMS
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ERIC CERNIGLIA
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Fax 283-2770*

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DATE: 12/15/2008

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4. SMOKE DETECTOR ALSO REQUIRED AT TOP OF STAIRCASE
5. CONSTRUCTION VALUE WILL BE BASED ON CURRENT ICC BUILDING VALUATION PUBLICATION \$110.25/SQ. FT. A/C SPACE, \$51.60/SQ. FT. NON-A/C SPACE

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS, -

[Signature]
JOHN R. ADAMS
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name MASTERPIECE BUILDERS #2855-40		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 MARGUERITA ROAD		Company NAIC Number
City STUART State FL ZIP Code 34996		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, MARGUERITA SUBDIVISION		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 21°55'53"N Long. 80°11'22"W		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft		a) Square footage of attached garage 610 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b 675 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number TOWN OF SEWALL'S POINT 120164		B2. County Name MARTIN		B3. State FLORIDA	
B4. Map/Panel Number 12085C0162	B5. Suffix F	B6. FIRM Index Date 10/4/02	B7. FIRM Panel Effective/Revised Date 10/4/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
 Benchmark Utilized **N/A** Vertical Datum **NGVD 1929**
 Conversion/Comments **NONE**

Check the measurement used.

- | | |
|--|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 10.03 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor 21.73 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) 6.46 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 9.18 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) 4.5 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG) 6.4 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name STEPHEN J. BROWN	License Number #4049
Title SURVEYOR & MAPPER	Company Name STEPHEN J. BROWN, INC.
Address 619 E 5TH STREET	City STUART State FL ZIP Code 34994
Signature _____	Date 10/29/09 Telephone (772) 288-7176

RECEIVED

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number

1 MARGUERITA ROAD

City STUART State FL ZIP Code 34996

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments C2 e IS THE AC UNIT

Signature STEPHEN J. BROWN

Date 10/29/09

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 MARGUERITA ROAD	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

DATE OF ALL PHOTOS: 10/23/09



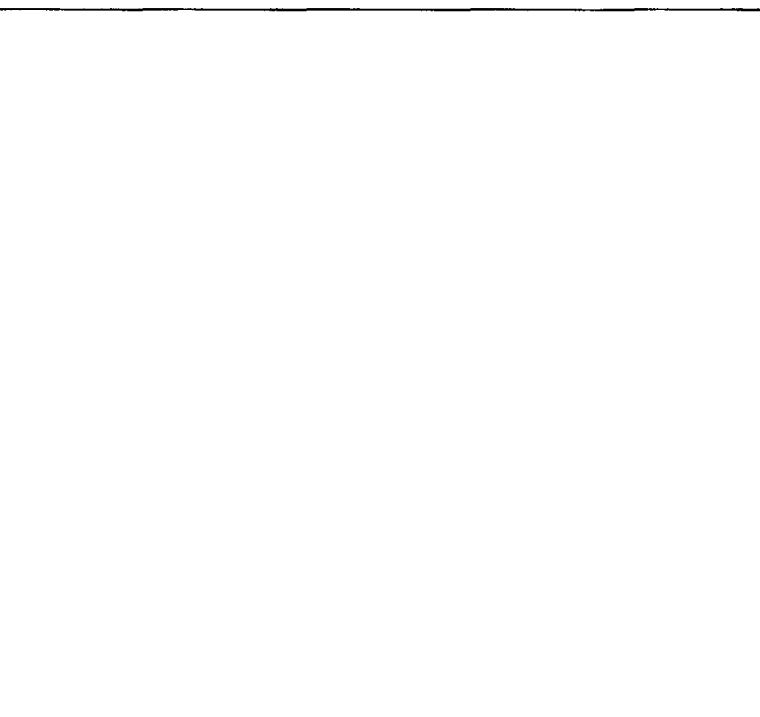
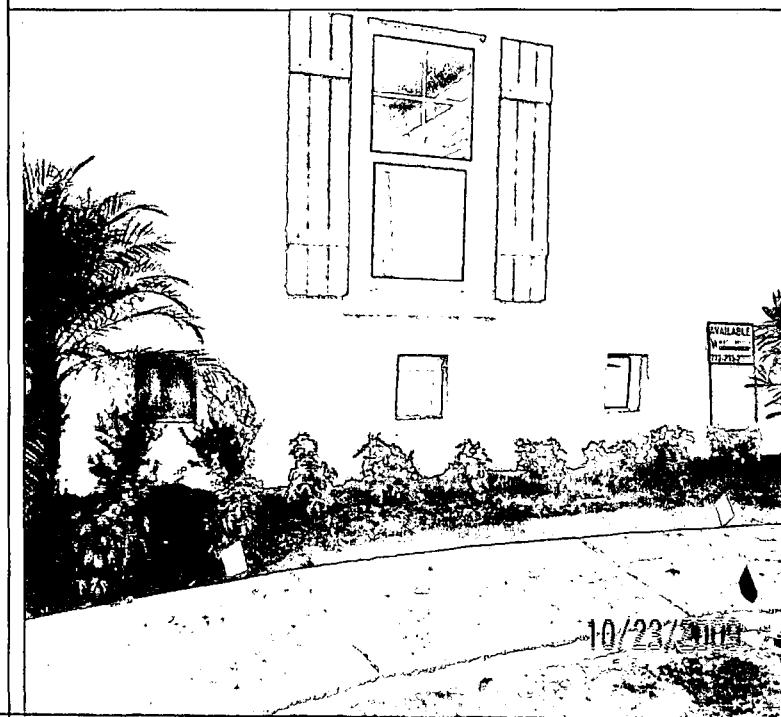
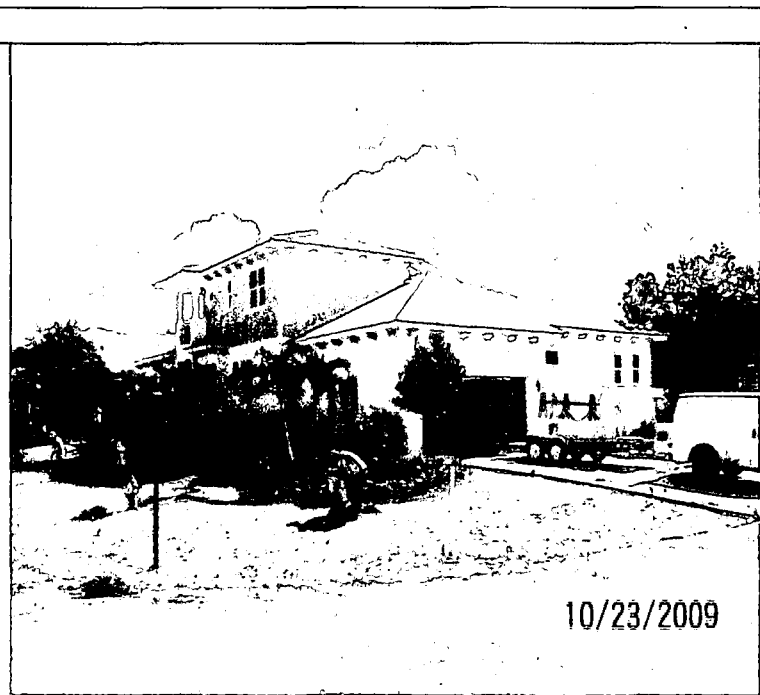
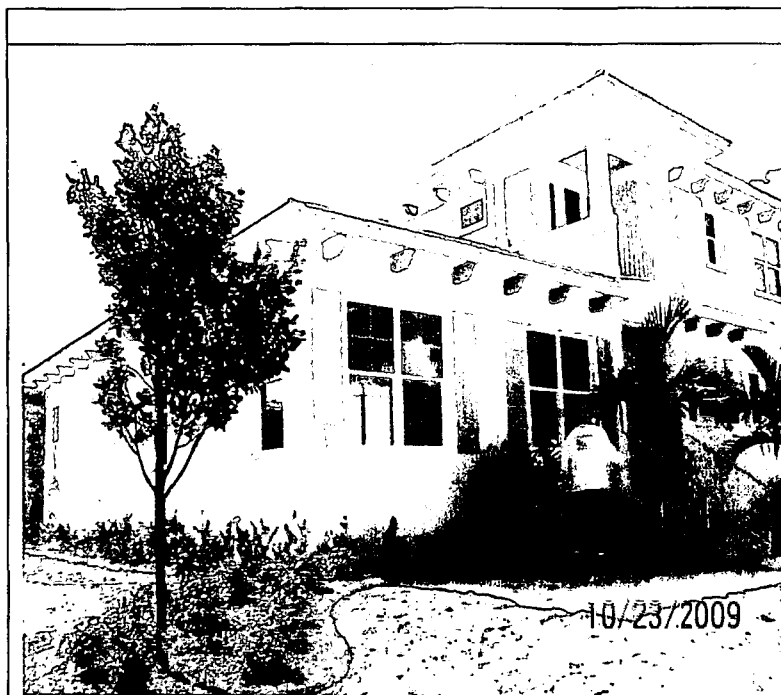
Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 MARGUERITA ROAD	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

DATE OF ALL PHOTOS: 10/23/09



NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

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

MARGUERITA 5D LOT 9

GENERAL DESCRIPTION OF IMPROVEMENT: NEW CONSTRUCTION - SINGLE FAMILY RESIDENCE

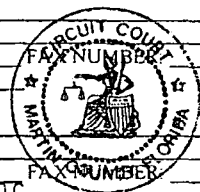
OWNER NAME: MASTERPIECE SYSTEMS, INC.
ADDRESS: 408 COLORADO AVENUE, STUART, FL 34994
PHONE NUMBER: 283-2096 FAX NUMBER: 283-2770

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

CONTRACTOR: MASTERPIECE BUILDERS
ADDRESS: 408 COLORADO AVENUE, STUART, FL 34994
PHONE NUMBER: 283-2096 FAX NUMBER: 283-2770

SURETY COMPANY (IF ANY):
ADDRESS:
PHONE NUMBER: THIS IS TO CERTIFY THAT THE
BOND AMOUNT: FOREGOING PAGES IS A TRUE

AND CORRECT COPY OF THE ORIGINAL.
LENDER/MORTGAGE COMPANY:
ADDRESS: MARSHA EWING, CLERK
PHONE NUMBER: BY: J. HOLLAND D.C.



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

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

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

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

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

SIGNATORY'S TITLE/OFFICE: PRESIDENT

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 29 DAY OF OCT, 20 08

BY: JEFFERY A BOWERS AS PRESIDENT FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN [checked] OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/SEAL

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

(Signature of Natural Person Signing Above)

NOTARY PUBLIC-STATE OF FLORIDA
Michael E. Haag
Commission # DD531755
Expires: MAR. 22, 2010
Bonded Thru Atlantic Bonding Co., Inc.

INSTR # 2118063 OR BK 02361 PG 2511 RECD 11/25/2008 04:02:38 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME MASTERPIECE BUILDERS BLDG. PERMIT # _____
 MAILING ADDRESS 408 COLORADO AVENUE, STUART, FL 34994

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

	TYPE	COMPANY NAME	LICENSE NUMBER
ok	CFO CONCRETE - FORM	CERTIFIED	
	CFI - FINISH	BUILDING CONTRACTORS	CGC 016291
	BM BLOCK MASON	✓	✓
	CB COLUMNS & BEAMS	✓	✓
	CA CARPENTRY ROUGH	✓	✓
ok	GD GARAGE DOOR	AM PALM BEACH	SPO 1904
	DH DRYWALL - HANG	NORM MALCOLM	
	DF - FINISH	ENTERPRISES	CRC 052278
	IN INSULATION	PROFESSIONAL INSULATORS	RC0052013
	LA LATHING		
	FI FIREPLACE		
	PAV PAVERS		
	AL ALUMINUM		
stacy-	LP LP GAS	ELITE GAS	18361
	PAV PAINTING	TORRES PAINTING	SPO 2817
ok	PL PLASTER & STUCCO	GRIFFIN & KILSON	CGCA 04421
	ST STAIRS & RAILS	ELEVATION STAIR CO	CNS 5500
	RO ROOFING	PROFESSIONAL RFG	RC0052013
stacy wc	TM TILE & MARBLE		
	WD WINDOWS & DOORS		
✓	PLU * PLUMBING	MASTER PLUMBING	MPO 2158
✓	AC * HARV	PARAGON INDOOR AIR	CACO 49289
✓	EL * ELECTRICAL	ELECTRIC CONNECTIONS	EC0002938



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

Get - Cert of Comp

AL	* LOW VOLTAGE BURGLAR ALARM	<i>SVI</i>	<i>EF000076</i>
VS	VACUUM SOUND	<i>SVI</i>	<i>EF000076</i>
IR	* IRRIGATION	<i>Southern Irrigation</i>	<i>SPO 073A</i>
SH	SHUTTERS	<i>ADVANCED HURRICANE</i>	<i>CHS 4615</i>

* REQUIRES SEPARATE VERIFICATION FORMS.

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

Jeffrey Bawles


 SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF FLORIDA
 COUNTY OF MARTIN

SWORN TO AND SUBSCRIBED before me this 9th day
 of DEC 2008

Michael Haag

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: 3/22/10

NOTARY PUBLIC-STATE OF FLORIDA
 Michael E. Haag
 Commission # DD531755
 Expires: MAR. 22, 2010
 Bonded Thru Atlantic Bonding Co., Inc.

St
City



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: MASTERPIECE SYSTEMS

CONSTRUCTION ADDRESS: MARGUERITA DRIVE, Lot # 9

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Propane Tank and gas lines

VALUE OF CONSTRUCTION \$ 4,100.00

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

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

[Signature] Propane Tank and Gas
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR
PO BOX 1245 Palm City FL 34991

COMPANY OR QUALIFIER'S NAME: CHEYENNE ELISON

TELEPHONE NO: 220-9678 PLEASE PRINT FAX NO: 220-1829

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: 18361

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: MASTERPIECE SYSTEMS

CONSTRUCTION ADDRESS: Lot #9 Marguerita dr. Sewalls Point, FL

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: SINGLE RESIDENCE

VALUE OF CONSTRUCTION \$ 11,000.00

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

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

SIGNATURE OF LICENSED CONTRACTOR _____ ADDRESS OF CONTRACTOR 1100 Barnett dr. Suite 4, Lake Worth FL 33461

COMPANY OR QUALIFIER'S NAME: Electric Connection

TELEPHONE NO: (561) 586-6499 PLEASE PRINT FAX NO: (561) 586-9889

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0002938

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: MASTERPIECE SYSTEM

CONSTRUCTION ADDRESS: MARGUERITA DEWE, Lot # 9

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: General Plumbing

VALUE OF CONSTRUCTION \$ 16,347.00

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

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

Peter Van Etten
SIGNATURE OF LICENSED CONTRACTOR

Master Plumbing
2551 Seclayton St. Stuart, FL 34997
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Peter van Etten

TELEPHONE NO: 772-287-2366 FAX NO: 772-287-0694

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 057528

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

ak



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: MASTERPIECE SYSTEMS

CONSTRUCTION ADDRESS: MARGUERITA DRIVE, LOT #9

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS


TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: 3 HVAC Systems

VALUE OF CONSTRUCTION \$ 15,500

<input type="checkbox"/> LOW VOLTAGE TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER SCOPE OF WORK: _____ VALUE _____

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

 Paragon
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR 7846 SW Ellipse Way Stuart, FL 34997

COMPANY OR QUALIFIER'S NAME: Kevin Sharkey

TELEPHONE NO: 772-220-2487 FAX NO: 772-220-3787

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CACO 49289

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9078

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

OWNERS NAME: Masterpiece

CONSTRUCTION ADDRESS: 1 Marguerita Drive

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
 - PLUMBING
 - HVAC
 - IRRIGATION
 - FUEL GAS
- Roofing

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: new metal roof

VALUE OF CONSTRUCTION \$ _____

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER	
SCOPE OF WORK: _____	VALUE _____

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

Connie Scott 280 W. Copan S
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Latite Roofing / Connie Scott

TELEPHONE NO: (954) 772-3416 FAX NO: (954) 9389158

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CC1326510

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ B.L.K.: _____ PHASE: _____

SITE ADDRESS: _____

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



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536513

DATE 1.6, ²⁰⁰⁹~~19~~

Legal Svc SCHOOL

RECEIVED FROM Masterpiece Builders \$ 4700.11
(NAME OR ORGANIZATION)

FOR Imp. fee - 1 Margarita Drive

FOR DEPOSIT IN _____ FUND(S)

D. Falls
PRINCIPAL OR RESPONSIBLE OFFICER



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

Site Provided by...
governmentmax.com T1.13

Summary

print Owner 1 of 2

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-011-000-00090-5		27870	Owner	0	0

Summary

Property Location

Tax District 2200 Sewall's Point
Account # 27870
Land Use 100 0000 Vacant Residential
Neighborhood 120200
Acres 0.350

Legal Description

Property Information

MARGUERITA S/D LOT 9

Search By

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

Owner Information

Owner Information
MASTERPIECE SYSTEMS INC

Mail Information

408 COLORADO AV
STUART FL 34994

Assessment Info

Front Ft. 0.00

Market Land Value \$218,500

Market Impr Value \$0

Market Total Value \$218,500

Site Functions

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

Recent Sale

Sale Amount \$320,000

Sale Date 2/28/2005

Book/Page 1985 2926

Print | Back to List | << First < Previous Next > Last >>

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Data updated on 10/13/2008

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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

Requirements Residential Structures

Based on FBC 2004 Edition with 2005/6 Revisions

Application Date 12-12-08 Address 1 MARGUERITA DR

WIND BORNE DEBRIS AREA		Items to be Included - Each Box Shall be Circled as Applicable		
1.	Option 1: Building may be designed as partially opened. This means that the building's design allows it to withstand the internal pressure build-up when an opening is breached. Plans include a note stating: "This structure has been designed as partially opened structure in accordance with Florida Building Code section 1606."	Yes	No	N/A
2.	Option 2: Plywood shutters may be used but must be a minimum 7/16 inch thick, precut with anchorage system in place before the final building inspection. Plans include shutter details and anchoring details.	Yes	No	N/A
3.	Option 3: Approved shutters with a Florida Product Approval. Plans include manufacturer, model number, installation instructions, and copy of Florida Product Approval installation data for proposed shutters.	Yes	No	N/A
4.	Option 4: Approved impact resistant windows and doors with a Florida Product Approval. Plans include manufacturer, model number, installation instructions, and copy of Florida Product Approval installation data for proposed impact resistant windows.	Yes	No	N/A
SPECIAL FLOOD HAZARD AREA		Items to be Included - Each Box Shall be Circled as Applicable		
<p style="text-align: center;">Is the proposed structure located in a special flood hazard area (SFHA)? YES NO</p> <p style="text-align: center;">If YES, the following requirements apply:</p>				
1.	Flood Protection: Flood Damage Control Regulations and minimum standards under the National Flood Insurance Program require new construction, substantial improvements and remodeling projects to be protected from flood damage. Pursuant to these regulations, the following information must be included with plans submitted for approval for structures built within the Special Flood Hazard Area: verification of grade and structural related elevations; certification of materials, ventilation and floodproofing techniques, area identified for remodeling and the value of construction; and added engineer certifications for construction within a floodway or velocity zone and for commercial construction below the base flood elevation.	Yes	No	N/A
2.	If any portion of a structure is located in a SFHA, the entire structure shall be deemed to be located in the SFHA and must meet all the requirements of the Town of Sewall's Point Flood Damage Control Regulations. Alternatively, the applicant may submit a sealed survey, which clearly delineates the special flood hazard area. If the sealed survey indicates that the entire structure is located outside of the SFHA, the Flood Damage Control Regulations will not apply.	Yes	No	N/A
3.	Structure is located in a special flood hazard area, an elevation certificate must be submitted to the Building Department prior to pouring concrete or the framing of floor trusses that establish FFE	Yes	No	N/A
4.	Foundation drawings must include the floor elevation of all areas of the building including attached garage.	Yes	No	N/A
5.	If any portion of the structure is located within the designated floodway or within a velocity zone, sealed engineering studies (V-Zone Certification) must be submitted prior to issuing the building permit.	Yes	No	N/A
REQUIRED DOCUMENTS MUST BE SUBMITTED AT TIME OF PERMIT APPLICATION		Items to be Included - Each Box Shall be Circled as Applicable		
1.	Copy of the recorded deed (if metes and bounds) or legal description.	Yes	No	N/A
2.	Florida Energy Efficiency Forms: Provide one (1) complete set of Form 600A or 600B and two (2) additional copies of the front sheets. All front sheets shall contain the signature of the person who performed the calculations and the signature of the owner/agent, two (2) copies of manual "J" short form, and one (1) energy guide.	Yes	No	N/A
3.	Survey: Provide two (2) copies of single line drawings to scale showing property boundaries, lot dimensions, location of proposed and existing structures on the lot, street in front of the property and street name. If located on a corner lot, indicate the names of both streets, all easements, conservation and/or wetland areas.	Yes	No	N/A
4.	Site plans: 2 Copies of land alteration, tree removal/relocation & planting and stormwater retention and erosion plan.	Yes	No	N/A
5.	Martin County Health Department Septic System Permit.	Yes	No	N/A
6.	Owner/Builder affidavit if applicable under Florida Statue 489.103(7). Affidavits available at the permitting offices.	Yes	No	N/A
PLANS AND SPECIFICATIONS New 1 & Family Residential Structures		Items to be Included - Each Box Shall be Circled As Applicable		
1.	Two (2) copies of drawings at a scale that provides sufficient clarity and detail to indicate the nature and scope of work (recommend 1/4" = 1'). Such drawings shall contain information, in the form of notes or otherwise, as to the quality of materials, where the quality is essential to conforming with the technical codes of the 2004 (W/ 2006 Revisions) Florida Building, Plumbing, Mechanical, Fuel Gas, Energy Efficiency, Accessibility, and 2005 National Electrical Codes. Such information shall be specific, and the technical codes shall not be cited as a whole or in part, nor shall the term "legal" or its equivalent be used as a substitute for specific information. All drawings, specifications, and accompanying data shall bear the name and signature of the person/persons responsible for the design. NOTE: All structural plans shall be signed and sealed by a design professional or be accompanied by an approved alternative design method authorized by the Building Commission.	Yes	No	N/A
GENERAL PLAN REQUIREMENTS Plans shall have the structural design criteria clearly indicated (i.e., wind loading, floor and roof live and dead loads)		Items to be Included - Each Box Shall be Circled As Applicable		
1.	STRUCTURAL DESIGN CRITERIA CLEARLY INDICATED (i.e., wind loading, floor and roof live and dead loads).	Yes	No	N/A
The following information related to wind loads shall be shown on the construction plans:				
1.	Basic wind speed, mph, (km/hr).	Yes	No	N/A
2.	Wind importance factor (I) and building category.	Yes	No	N/A
3.	Wind exposure - if more than one (1) wind exposure is utilized, the wind exposure and applicable wind direction shall be indicated.	Yes	No	N/A
4.	The applicable internal pressure coefficient.	Yes	No	N/A
5.	Components and Cladding. The design wind pressures in terms of psf, (kN/m2) to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional.	Yes	No	N/A

EXTERIOR WINDOWS & DOORS		Items to be Included – Each Box Shall Be Circled As Applicable		
Exterior windows and doors are required to meet the design wind load pressures of Chapter 16: FBC 1707.4.1 & 1707.4.3				
1.	Plans illustrate that all exterior windows and glass doors are required to be tested in accordance with ANSI/AMMA/NWDA 101/IS2 Standard and bear an AMMA or WDMA label identifying the manufacturer, performance characteristics and approved product testing entity. FBC 1707.4.2.1	<input checked="" type="radio"/> Yes	No	N/A
2.	Plan details illustrate that all exterior windows and doors, shall be anchored per published manufacturer's recommendations to achieve the design pressure specified. FBC 1707.4.4.1	<input checked="" type="radio"/> Yes	No	N/A
3.	Plan details illustrate that all exterior windows and doors where buck thickness is less than 1 ½ inches, shall be anchored through the jamb into the structural substrate. FBC 1707.4.4.2	<input checked="" type="radio"/> Yes	No	N/A
4.	Plan details illustrate that all exterior windows and doors where buck thickness is 1-½ inches or greater, the buck must be attached in a manner that transfer the load directly to the structure. Windows and doors shall be anchored through the jamb into the wood buck. FBC 1707.4.4.2	<input checked="" type="radio"/> Yes	No	N/A
5.	Plan details illustrate that the window buck shall extend beyond the interior lip of the window. FBC 1707.4.4.2	<input checked="" type="radio"/> Yes	No	N/A
6.	Plan details illustrate that mullions and adjacent door assemblies are required to be tested or engineered to transfer 1.5 times the designed loads to the rough opening substrate. FBC 1707.4.5.1 – 1707.4.5.4	<input checked="" type="radio"/> Yes	No	N/A
7.	A complete door and window schedule including manufacturer and model number has been included as part of the construction drawings.	<input checked="" type="radio"/> Yes	No	N/A
8.	Garage door installation details and data indicating compliance with the wind load requirements of Section 1606 has been included as part of the construction drawings.	<input checked="" type="radio"/> Yes	No	N/A

TERMITE PROTECTION – PLANS MUST SPECIFY TYPE OF TERMITE TREATMENT		Items to be Included – Each Box Shall Be Circled As Applicable		
<ul style="list-style-type: none"> Soil Chemical Barrier Method (Complete #1 through 15 below). Other Treatment – Must specify proposed method and submit documentation, which substantiates the proposed method is an approved termite protection system or method. 		CERTIFICATE TO BE SUBMITTED		
1.	Included a plan note which states: "A permanent sign which identifies the termite treatment provider and need for re-inspection and treatment contract renewal shall be provided. The sign shall be posted near the water heater or electric panel." FBC 104.2.6	<input checked="" type="radio"/> Yes	No	N/A
2.	Included a plan note which states: "Condensate and roof downspouts shall discharge at least 1'-0" away from building side walls." FBC 1503.4.4	<input checked="" type="radio"/> Yes	No	N/A
3.	Included a plan note which states: "Irrigation/sprinkler systems including all risers and spray heads shall not be installed within 1'-0" of the building side walls." FBC 1503.4.4	<input checked="" type="radio"/> Yes	No	N/A
4.	Included a plan note, which states: "To provide for inspection for termite infestation, between wall covering and final earth grade shall not be less than 6 inches." Exception: Paint or decorative cementitious finish less than 5/8" thick adhered directly to the foundation wall. FBC 1403.1.6	<input checked="" type="radio"/> Yes	No	N/A
5.	Included a plan note, which states: "Initial treatment shall be done after all excavation and backfill is complete." FBC 1816.1.1	<input checked="" type="radio"/> Yes	No	N/A
6.	Included a plan note, which states: "Soil disturbed after the initial treatment shall be retreated including spaces boxed or formed." FBC 1816.1.2	<input checked="" type="radio"/> Yes	No	N/A
7.	Included a plan note, which states: "Boxed areas in concrete floors for subsequent installation of traps, etc., shall be made with permanent metal or plastic forms. Permanent forms must be of a size and depth that will eliminate the disturbance of soil after the initial treatment." FBC 1816.1.3	<input checked="" type="radio"/> Yes	No	N/A
8.	Included a plan note, which states: "Minimum 6 mil vapor retarder must be installed to protect against rainfall dilution. If rainfall occurs before vapor retarder placement, retreatment is required." FBC 1816.1.4	<input checked="" type="radio"/> Yes	No	N/A
9.	Included a plan note, which states: "Concrete overpour and mortar along the foundation perimeter must be removed before exterior soil treatment." FBC 1816.1.5	<input checked="" type="radio"/> Yes	No	N/A
10.	Included a plan note, which states: "Soil treatment must be applied under all exterior concrete or grade within 1'-0" of the structure sidewalls." FBC 1816.1.6	<input checked="" type="radio"/> Yes	No	N/A
11.	Included a plan note, which states: "An exterior vertical chemical barrier must be installed after construction is complete including landscaping and irrigation. Any soil disturbed after the vertical barrier is applied, shall be retreated." FBC 1816.1.6	<input checked="" type="radio"/> Yes	No	N/A
12.	Included a plan note, which states: "All buildings are required to have pre-construction treatment." FBC 1816.1.7	<input checked="" type="radio"/> Yes	No	N/A
13.	Included a plan note, which states: "A certificate of compliance must be issued to the building department by a licensed pest control company before a certificate of occupancy will be issued. The certificate of compliance shall state: 'The building has received a complete treatment for the prevention of subterranean termites. The treatment is in accordance with the rules and laws of the Florida Department of Agriculture and Consumer Services.'" FBC 1816.1.7	<input checked="" type="radio"/> Yes	No	N/A
14.	Included a plan note, which states: "After all work is completed, loose wood and fill must be removed from below and within 1'-0" of the building. This includes all grade stakes, tub trap boxes, forms, shoring or other cellulose containing material." FBC 2303.1.3	<input checked="" type="radio"/> Yes	No	N/A
15.	Included a plan note, which states: "No wood, vegetation, stumps, cardboard, trash, etc., shall be buried within 15'-0" of any building or proposed building." FBC 2303.1.4	<input checked="" type="radio"/> Yes	No	N/A

Floor plans shall include the following:		Items to be Included – Each Box Shall Be Circled As Applicable		
1.	Size and arrangement of all rooms with intended use for each room.	<input checked="" type="radio"/> Yes	No	N/A
2.	All plumbing fixtures.	<input checked="" type="radio"/> Yes	No	N/A
3.	Attic access (22" x 36" min.).	<input checked="" type="radio"/> Yes	No	N/A
4.	Emergency egress windows in all bedrooms.	Yes	<input checked="" type="radio"/> No	N/A
5.	Location of air handler.	<input checked="" type="radio"/> Yes	No	N/A
6.	Location of electrical panel.	<input checked="" type="radio"/> Yes	No	N/A
7.	Location of fireplaces.	Yes	No	<input checked="" type="radio"/> N/A
8.	Location and dimensions of all interior and exterior shear walls.	<input checked="" type="radio"/> Yes	No	N/A
9.	Location of all interior bearing walls, and columns.	<input checked="" type="radio"/> Yes	No	N/A

10.	All header and lintel sizes, types, ratings, and locations.	<input checked="" type="radio"/> Yes	No	N/A
Foundation plans shall include the following:				
1.	Interior and exterior footing size and reinforcement, minimum concrete strength in psi, including lapping of reinforcement, location and dimensions of foundation dowels, vertical steel, and anchor bolt sizes.	<input checked="" type="radio"/> Yes	No	N/A
2.	Column pad sizes and reinforcement.	<input checked="" type="radio"/> Yes	No	N/A
3.	Slab thickness, minimum concrete strength in psi, vapor barrier, slab reinforcing or fiber additive, clean compacted fill under all slabs (soil compaction tests may also be required).	<input checked="" type="radio"/> Yes	No	N/A
WALL SECTIONS - ONE STORY WOOD FRAME WALLS				
Provide a detailed cross-section of each wall type from the foundation through the roof, including the following: <i>2ND FLOOR</i>				
1.	Plan details illustrate a continuous load path from the foundation to the roof structure. Manufacturer and model number of all required connectors are specified on the plans.	<input checked="" type="radio"/> Yes	No	N/A
2.	Foundation with reinforcement. (Bottom of all footings is at least 12" below finish grade).	<input checked="" type="radio"/> Yes	No	N/A
3.	Pressure treated plate with anchor bolt size, spacing, embedment, and washer size or approved alternate anchor.	<input checked="" type="radio"/> Yes	No	N/A
4.	Size, grade and species of all structural lumber.	<input checked="" type="radio"/> Yes	No	N/A
5.	Stud size and spacing, top and bottom connection for bearing walls.	<input checked="" type="radio"/> Yes	No	N/A
6.	Double top plate, show splicing for shear walls.	<input checked="" type="radio"/> Yes	No	N/A
7.	Wall sheathing size and type with nailing schedule, special blocking and nailing for shear walls.	Yes	No	<input checked="" type="radio"/> N/A
8.	Ceiling and eave height and overhang projections.	<input checked="" type="radio"/> Yes	No	N/A
WALL SECTIONS - MASONRY WALLS				
1.	Plan details illustrate a continuous load path from the foundation to the roof structure. Manufacturer and model number of all required connectors are specified on the plans.	<input checked="" type="radio"/> Yes	No	N/A
2.	Foundation with reinforcement. (Bottom of all footings is at least 12" below finish grade).	<input checked="" type="radio"/> Yes	No	N/A
3.	Size of vertical reinforcement showing laps dimensions and embedment into footing, and bond beam.	<input checked="" type="radio"/> Yes	No	N/A
4.	Wall thickness, ceiling, and eave height and overhang projection.	<input checked="" type="radio"/> Yes	No	N/A
5.	Bond beam size, type, and size reinforcement indicating lap.	<input checked="" type="radio"/> Yes	No	N/A
6.	Lintel type dimensions and reinforcement.	<input checked="" type="radio"/> Yes	No	N/A
7.	Size and grade of top plates, including dimensions and spacing of anchor bolts and washers, or size, type and spacing of truss anchors.	<input checked="" type="radio"/> Yes	No	N/A
8.	Exteriors finishes and wall coverings. Brick veneer, additional footing width, tie schedule, and flashing.	<input checked="" type="radio"/> Yes	No	N/A
9.	Roof structure (truss or conventional wall) wall connections. Nailing schedule for roof sheathing and roof covering.	<input checked="" type="radio"/> Yes	No	N/A
10.	Window and door anchorage details.	<input checked="" type="radio"/> Yes	No	N/A
WALL SECTIONS - TWO STORY				
1.	Plans illustrate a continuous load path from the foundation to the roof structure. Manufacturer and model number of all required connectors are specified on the plans.	<input checked="" type="radio"/> Yes	No	N/A
2.	All of the one-story information plus floor framing draftstopping.	<input checked="" type="radio"/> Yes	No	N/A
3.	Connections to wall above and below.	<input checked="" type="radio"/> Yes	No	N/A
4.	Nailing schedule for wall sheathing.	<input checked="" type="radio"/> Yes	No	N/A
5.	Continuous load path from the roof truss to the foundation.	<input checked="" type="radio"/> Yes	No	N/A
INTERIOR BEARING WALLS				
1.	Plans illustrate a continuous load path including a wall section which shows the foundation, wall attachment to the foundation, and wall attachment to roof structure.	<input checked="" type="radio"/> Yes	No	N/A
GABLE END WALLS				
1.	All sheathing, lateral bracing, nailing schedules for sheathing, and connections to wall below.	<input checked="" type="radio"/> Yes	No	N/A
2.	Gable truss diaphragm installation, and method of horizontal bracing at wall/gable joint.	<input checked="" type="radio"/> Yes	No	N/A

3.	Roof sheathing attachment.	<input checked="" type="radio"/> Yes	No	N/A
4.	Connections for uplift and lateral load.	<input checked="" type="radio"/> Yes	No	N/A
5.	Masonry – Gable endwalls adjacent to cathedral ceilings are required to be continuous from floor to ceiling or roof diaphragm. FBC 2117.1.2	<input checked="" type="radio"/> Yes	No	N/A
6.	Wood – Gable endwalls adjacent to cathedral ceilings are required to be continuous from floor to ceiling or roof diaphragm. FBC 2313.4.2	<input checked="" type="radio"/> Yes	No	N/A

POSTS, COLUMNS, AND BEAMS

1.	All materials and connections from the foundation to the roof structure with anchorage and connection details.	<input checked="" type="radio"/> Yes	No	N/A
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SECOND STORY FLOOR FRAMING PLAN

1.	Type and size or pre-engineered members and/or size, grade, and species of conventional framing.	<input checked="" type="radio"/> Yes	No	N/A
2.	Direction, span, and spacing of floor structural members.	<input checked="" type="radio"/> Yes	No	N/A
3.	Engineering and specifications for pre-engineered floor systems shall be on the job site for the inspectors.	<input checked="" type="radio"/> Yes	No	N/A
4.	Type and thickness of floor sheathing including nailing schedule.	<input checked="" type="radio"/> Yes	No	N/A
5.	Required hangers, connectors, and fasteners of structural members.	<input checked="" type="radio"/> Yes	No	N/A

ROOF FRAMING PLAN

All roof construction and roof coverings, including asphalt shingles, shall meet the structural and wind load requirements of Chapter 16. Construction plans must specify manufacturer and type of roof covering to be installed. Manufacturer's installation instructions and supporting test data shall show that all proposed roof covering, including asphalt roof shingles, will meet the wind loads submitted with the permit application.

1.	Direction, span, and spacing of roof structure.	<input checked="" type="radio"/> Yes	No	N/A
2.	Size, grade, and species of all framing lumber.	<input checked="" type="radio"/> Yes	No	N/A
3.	Hold down connector sizes for all headers.	<input checked="" type="radio"/> Yes	No	N/A
4.	Roof framing layout plan indicating truss locations, specifications of connectors (manufacturer's designation and load capacity) and nailing schedule.	<input checked="" type="radio"/> Yes	No	N/A
5.	When pre-engineered trusses are being used, the signed and sealed engineered truss shop drawings shall be provided on the job site for the inspectors.	<input checked="" type="radio"/> Yes	No	N/A
6.	Type and thickness of roof sheathing, including nailing schedule.	<input checked="" type="radio"/> Yes	No	N/A
7.	Roof covering specified on the submitted construction drawings.	<input checked="" type="radio"/> Yes	No	N/A
8.	Roof covering manufacturer's installation instructions have been submitted with construction drawings.	<input checked="" type="radio"/> Yes	No	N/A
9.	Roof covering fastening has been specified on the submitted drawings.	Yes	<input checked="" type="radio"/> No	N/A
10.	Roof covering test data certifying wind load compliance submitted with construction drawings.	<input checked="" type="radio"/> Yes	No	N/A
11.	Roof flashings have been specified on the submitted construction drawings.	<input checked="" type="radio"/> Yes	No	N/A
12.	Plan details illustrate required attic cross ventilation of each space with weather protected openings.	<input checked="" type="radio"/> Yes	No	N/A

EXTERIOR ELEVATION PLAN SHALL INCLUDE THE FOLLOWING:

1.	Front, rear, and side elevations including windows, doors, roof slopes, and chimneys.	<input checked="" type="radio"/> Yes	No	N/A
2.	Roof overhangs and attic ventilation.	<input checked="" type="radio"/> Yes	No	N/A
3.	Porch guardrails and stair handrails.	<input checked="" type="radio"/> Yes	No	N/A
4.	Crawl space ventilation and access panels.	<input checked="" type="radio"/> Yes	No	N/A
5.	Complete stair, handrail, and guardrail details including tread, riser, and handrail/guardrail dimensions.	<input checked="" type="radio"/> Yes	No	N/A

PLUMBING PLAN – NOT TYPICALLY REQUIRED

MECHANICAL PLAN SHALL INCLUDE THE FOLLOWING:

1.	Designer name and registration number shall be on all plans.	<input checked="" type="radio"/> Yes	No	N/A
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2.	Duct lay out and insulation R-value.	<input checked="" type="radio"/> Yes	No	N/A
3.	Dryer vents and bathroom exhausts.	<input checked="" type="radio"/> Yes	No	N/A
4.	Equipment schedule including energy efficiency, supply cfm's, and power requirements.	<input checked="" type="radio"/> Yes	No	N/A
5.	Show location of all equipment.	<input checked="" type="radio"/> Yes	No	N/A
6.	Show size of all tri-boxes, register outlets, and reducers.	<input checked="" type="radio"/> Yes	No	N/A
7.	Indicate all tapes, connectors, and mastic shall be UL-181 listed.	<input checked="" type="radio"/> Yes	No	N/A

ELECTRICAL PLANS SHALL INCLUDE THE FOLLOWING:

1.	Designer name and registration number shall be on all plans.	<input checked="" type="radio"/> Yes	No	N/A
2.	Provide riser diagram, including size and type of service entrance conductors.	<input checked="" type="radio"/> Yes	No	N/A
3.	Provide panel schedule including service size.	<input checked="" type="radio"/> Yes	No	N/A
4.	Provide electrical layout plan showing location of receptacles, switches, and distribution panel.	<input checked="" type="radio"/> Yes	No	N/A
5.	Provide smoke detectors in accordance with Florida Building Code, Section 905.2.	Yes	<input checked="" type="radio"/> No	N/A
6.	Provide AFCIs (arc-fault circuit interrupters) in all dwelling unit bedrooms per NEC, Section 210-12.	<input checked="" type="radio"/> Yes	No	N/A

Plan Reviewer AS Date conditions and deficiencies submitted to contractor 12/15/06

Date that conditions and above deficiencies corrected 12-22-08 Initial AS

Notes _____

1. PROVIDE SURVEY CERTIFIED TO TOWN OF SEWALLS POINT
2. " SIDE PLAN w/ STORM WATER/EROSION CONTROL PLAN
3. " SMOKE DETECTION & EGRESS FOR DEN/GUEST RM
4. " SMOKE " @ TOP OF STAIRS



SPECIFICATIONS AND PRODUCT APPROVALS

SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN. ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.

**IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER
F.B.C. 2004 W/2006 REVISIONS 1609.1.4 (IMPACT RESISTANT GLASS OR APPROVED SHUTTERS)**

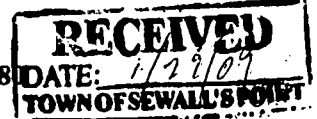
MANDATORY PLAN REQUIREMENTS: A - Y MUST BE PROVIDED

- A. Product Approval Affidavit _____
- B. Energy Code Form 600A-Version 04 - verify square footage _____
- C. Manual "J"-91° summer/45° winter- South area weather, equip. size, & type _____
- D. Health Department permit or Utilities verification _____
- E. High/low lots must comply with Town ordinance Sect. 50-176 (b) (2) _____
- F. Lowest habitable floor slab elevation _____
- G. Foundation Plan:**
 - 1. Footing sizes and reinforcing steel _____
 - 2. Interior bearing wall footings _____
 - 3. Porch footings/pads _____
 - 4. Column pads _____
 - 5. Posts/columns locations and vertical reinforcement _____
 - 6. Frame construction – min. 18" deep footings. _____
 - 7. Structural concrete subject to salt spray (min. 5000 p.s.i.) _____
- H. Roof Framing Plan _____
- I. Truss Connector Schedule-address girders _____
- J. Typical Wall Sections-frame and CBS _____
- K. Roof assembly described - type, materials, fasteners, flashing, wind resistance rating. _____
- L. Interior Bearing Wall Section _____
- M. Exterior elevations, indicate overall building height AFF or NGVD (VE Zone) _____
- N. Design Pressures – check exposure and end zones _____
- O. Gable End Detail _____
- P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing? _____
- Q. Porch Framing-post and beam connectors, top & bottom _____
- R. Correct Codes listed _____
- S. Floor framing plan _____
- T. Design wind load information:**
 - 1. Basic wind speed – verify _____
 - 2. Importance factor _____
 - 3. Exposure – verify _____
 - 4. Internal pressure coefficient _____
- U. Tile roof installation _____
- V. Rated separation between residence and garage. _____
- W. A/C duct layout plan in ¼" scale. _____
- X. Plumbing riser diagram _____



A. M. ENGINEERING AND TESTING, INC.

590 N.W. MERCANTILE PLACE
 PORT ST. LUCIE, FLORIDA 34986
 OFFICE: (772) 924-3575 FAX: (772) 924-3580



REPORT OF STEM WALL FOOTING COMPACTION

Client: **Masterpiece Builders**
408 Colorado Avenue
Stuart, Florida 34994

Site: **1 SE Marguerita Drive**
Sewall's Point, Martin County, Florida
Stem Wall Footing

Report Date: **January 12, 2009**
 Project No: **1000**
 Lab No: **58**
 Technician: **W. Hissong**
 Permit No.: **9078**

Density tests and Hand Cone Penetrometer (HCP) readings were made below footing grade to a depth of one foot at a minimum of three locations. At the time of our testing no information was available regarding the foundation setbacks. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	1/12/09	North Footing, Center	0 - 1	106.6	106.3	100.3
2		East Footing, Center	0 - 1	105.8	106.3	99.5
3		West Footing, Center	0 - 1	107.1	106.3	100.8
4		South Footing, Center	0 - 1	106.8	106.3	100.5

* Elevations are below bottom of footing.

In the locations and depths that were tested, the soil beneath the footings has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Additional compaction tests are required for the stem wall backfill beneath the slab.

Distribution:
 Client - 2

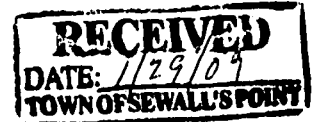
PCM/ah

Reviewed by: *Paul C. Martin*
 A. M. ENGINEERING AND TESTING, INC.
 Paul C. Martin, P.E.
 Florida Registration No. 65051
 1/12/09



A. M. ENGINEERING AND TESTING, INC.

590 N.W. MERCANTILE PLACE
 PORT ST. LUCIE, FLORIDA 34986
 OFFICE: (772) 924-3575 FAX: (772) 924-3580



REPORT OF INTERIOR STEM WALL FOOTING COMPACTION

Client: **Masterpiece Builders**
408 Colorado Avenue
Stuart, Florida 34994

Site: **1 SE Marguerita Drive**
Sewall's Point, Martin County, Florida
Interior Stem Wall Footing

Report Date: **January 29, 2009**
 Project No: **1000**
 Lab No: **59**
 Technician: **W. Hissong**
 Permit No: **9078** *FILE*

Density tests and Hand Cone Penetrometer (HCP) readings were made below footing grade to a depth of one foot at a minimum of three locations. At the time of our testing no information was available regarding the foundation setbacks. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	1/27/09	East End Footing, Center	0 - 1	113.8	114.6	99.3
2		Center of Footing	0 - 1	114.4	114.6	99.8
3		West End Footing, Center	0 - 1	115.1	114.6	100.4

* Elevations are below bottom of footing.

In the locations and depths that were tested, the soil beneath the footings has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Additional compaction tests are required for the stem wall backfill beneath the slab.

Distribution:
 Client - 2

PCM/ah

Reviewed by: *G. MARTIN*
 A. M. ENGINEERING AND TESTING, INC.
1/29/09
 Paul C. Martin, P.E.
 Florida Registration No. 65051



A. M. ENGINEERING AND TESTING, INC.

590 N.W. MERCANTILE PLACE
PORT ST. LUCIE, FLORIDA 34986

OFFICE: (772) 924-3575 FAX: (772) 924-3580

REPORT OF STEM WALL FOOTING COMPACTION

Client: **Masterpiece Builders**
408 Colorado Avenue
Stuart, Florida 34994

Site: **1 SE Marguerita Drive**
Sewall's Point, Martin County, Florida
Stem Wall Footing

Report Date: **January 12, 2009**
Project No: **1000**
Lab No: **58**
Technician: **W. Hissong**
Permit No.:

9078 FILE

Density tests and Hand Cone Penetrometer (HCP) readings were made below footing grade to a depth of one foot at a minimum of three locations. At the time of our testing no information was available regarding the foundation setbacks. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	1/12/09	North Footing, Center	0 - 1	106.6	106.3	100.3
2		East Footing, Center	0 - 1	105.8	106.3	99.5
3		West Footing, Center	0 - 1	107.1	106.3	100.8
4		South Footing, Center	0 - 1	106.8	106.3	100.5

* Elevations are below bottom of footing.

In the locations and depths that were tested, the soil beneath the footings has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Additional compaction tests are required for the stem wall backfill beneath the slab.

Distribution:
Client - 2

PCM/ah

Reviewed by:

A. M. ENGINEERING AND TESTING, INC.

Paul C. Martin, P.E.

Florida Registration No. 65051

Paul C. Martin 1/12/09

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Masterpiece-Marguerita Address: Lot #9 City, State: Sewalls Pt., Fl Owner: Marguerita Climate Zone: South	Builder: Paragon Indoor Air Quality Permitting Office: Permit Number: Jurisdiction Number:
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<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3151 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 20px;">(or Single or Double DEFAULT) 7a. (Dble, U=0.5) 832.5 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC: 7b. (SHGC=0.36) 440.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">(or Clear or Tint DEFAULT)</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 305.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=4.0, 1706.5 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=19.0, 1123.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 2310.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts(Leak Free)</p> <p style="margin-left: 20px;">a. Sup: Con. Ret: Con. AH: Attic Sup. R=6.0, 200.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others 400.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 47.5 kBtu/hr <input type="checkbox"/> SEER: 15.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 24.6 kBtu/hr <input type="checkbox"/> SEER: 15.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit Cap: 24.6 kBtu/hr <input type="checkbox"/> SEER: 15.00 <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip Cap: 33.7 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 14.5 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip Cap: 16.6 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Natural Gas Cap: 40.0 gallons <input type="checkbox"/> EF: 0.60 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	---

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

Glass/Floor Area: 0.29	Total as-built points: 28646 Total base points: 36032	PASS
------------------------	--	------

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

PREPARED BY: *Kevin M. Shuck*


DATE: 12-5-08

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

OWNER/AGENT: *Jeffrey A. Powers*

DATE: 12-5-08

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: *[Signature]*

DATE: 12-12-08

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.5.2)

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: Lot #9, Sewalls Pt., Fl,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points			
.18	3151.0	30.53	17316.0	1.Double,U=0.49,SHGC=0.26	N	2.0	9.0	24.0	9.66	0.95	221.0
				2.Double,U=0.47,SHGC=0.36	N	2.0	7.0	42.0	16.07	0.92	622.0
				3.Double,U=0.49,SHGC=0.26	N	6.0	11.0	24.0	9.66	0.82	190.0
				4.Double,U=0.47,SHGC=0.32	N	2.0	8.0	166.0	13.59	0.94	2121.0
				5.Double,U=0.47,SHGC=0.36	E	2.0	5.0	18.0	35.82	0.81	521.0
				6.Double,U=0.47,SHGC=0.32	E	2.0	8.0	176.5	31.14	0.92	5042.0
				7.Double,U=0.47,SHGC=0.36	E	11.0	9.0	58.0	35.82	0.48	996.0
				8.Double,U=0.47,SHGC=0.36	S	2.0	7.0	58.0	30.40	0.84	1472.0
				9.Double,U=0.49,SHGC=0.26	S	2.0	11.0	24.0	20.05	0.94	454.0
				10.Double,U=0.47,SHGC=0.3	S	2.0	8.0	18.0	30.40	0.87	478.0
				11.Double,U=0.47,SHGC=0.3	S	11.0	9.0	72.0	30.40	0.49	1072.0
				12.Double,U=0.47,SHGC=0.3	W	2.0	8.0	50.0	27.83	0.92	1277.0
				13.Double,U=0.47,SHGC=0.3	E	11.8	9.0	58.0	35.82	0.47	974.0
				14.Double,U=0.47,SHGC=0.3	S	2.0	7.0	58.0	30.40	0.84	1479.0
				15.Double,U=0.47,SHGC=0.3	S	2.0	7.0	58.0	30.40	0.84	1479.0
				As-Built Total:			904.5		18398.0		
WALL TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Adjacent	0.0	0.00	0.0	1. Concrete, Int Insul, Exterior	4.0		1706.5	2.35		4010.3	
Exterior	2829.5	2.70	7639.7	2. Frame, Wood, Exterior	19.0		1123.0	1.60		1796.8	
Base Total:				As-Built Total:			2829.5		5807.1		
DOOR TYPES											
Area X BSPM = Points				Type	Area X SPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:				As-Built Total:			0.0		0.0		
CEILING TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM X SCM = Points				
Under Attic	2310.0	2.80	6468.0	1. Under Attic	30.0		2310.0	2.77 X 1.00		6398.7	
Base Total:				As-Built Total:			2310.0		6398.7		
FLOOR TYPES											
Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Slab	305.0(p)	-20.0	-6100.0	1. Slab-On-Grade Edge Insulation	0.0		305.0(p)	-20.00		-6100.0	
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:			305.0		-6100.0		

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Lot #9, Sewalls Pt., Fl,** PERMIT #:

BASE			AS-BUILT					
INFILTRATION	Area X BSPM = Points			Area X SPM = Points				
	3151.0 18.79 59207.3			3151.0 18.79 59207.3				
Summer Base Points: 84530.9			Summer As-Built Points: 83711.1					
Total Summer Points	X System Multiplier	= Cooling Points	Total Component (System - Points)	X Cap. Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier = Cooling Points	
			(sys 1: Central Unit 47500btuh, SEER/EFF(15.0) Ducts:Con(S),Con(R),Att(AH),R6.0(INS)					
			83711	0.49 (1.00 x 1.000 x 1.08)	0.227	0.950	9590.9	
			(sys 2: Central Unit 24600btuh, SEER/EFF(15.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS)					
			83711	0.25 (1.07 x 1.000 x 1.08)	0.227	0.950	5329.7	
			(sys 3: Central Unit 24600btuh, SEER/EFF(15.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0(INS)					
			83711	0.25 (1.07 x 1.000 x 1.08)	0.227	0.950	5329.7	
84530.9	0.3250	27472.6	83711.1	1.00	1.133	0.227	0.950	20475.3

WINTER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: Lot #9, Sewalls Pt., Fl,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X WPM X WOF = Points			
.18	3151.0	3.60	2042.0	1.Double,U=0.49,SHGC=0.26	N	2.0	9.0	24.0	2.76	0.99	65.0
				2.Double,U=0.47,SHGC=0.36	N	2.0	7.0	42.0	2.60	0.99	107.0
				3.Double,U=0.49,SHGC=0.26	N	6.0	11.0	24.0	2.76	0.98	64.0
				4.Double,U=0.47,SHGC=0.32	N	2.0	8.0	166.0	2.62	0.99	431.0
				5.Double,U=0.47,SHGC=0.36	E	2.0	5.0	18.0	2.03	1.04	37.0
				6.Double,U=0.47,SHGC=0.32	E	2.0	8.0	176.5	2.12	1.02	381.0
				7.Double,U=0.47,SHGC=0.36	E	11.0	9.0	58.0	2.03	1.14	134.0
				8.Double,U=0.47,SHGC=0.36	S	2.0	7.0	58.0	1.95	1.03	116.0
				9.Double,U=0.49,SHGC=0.26	S	2.0	11.0	24.0	2.30	1.00	55.0
				10.Double,U=0.47,SHGC=0.3	S	2.0	8.0	18.0	1.95	1.02	35.0
				11.Double,U=0.47,SHGC=0.3	S	11.0	9.0	72.0	1.95	1.38	193.0
				12.Double,U=0.47,SHGC=0.3	W	2.0	8.0	50.0	2.46	1.00	122.0
				13.Double,U=0.47,SHGC=0.3	E	11.8	9.0	58.0	2.03	1.15	135.0
				14.Double,U=0.47,SHGC=0.3	S	2.0	7.0	58.0	1.95	1.03	116.0
				15.Double,U=0.47,SHGC=0.3	S	2.0	7.0	58.0	1.95	1.03	116.0
As-Built Total:				904.5 2107.0							
WALL TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points					
Adjacent	0.0	0.00	0.0	1. Concrete, Int Insul, Exterior	4.0	1706.5		1.05		1791.8	
Exterior	2829.5	0.60	1697.7	2. Frame, Wood, Exterior	19.0	1123.0		0.30		336.9	
Base Total:	2829.5	1697.7		As-Built Total:		2829.5				2128.7	
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:	0.0	0.0		As-Built Total:		0.0				0.0	
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM X WCM = Points					
Under Attic	2310.0	0.10	231.0	1. Under Attic	30.0	2310.0		0.10 X 1.00		231.0	
Base Total:	2310.0	231.0		As-Built Total:		2310.0				231.0	
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points					
Slab	305.0(p)	-2.1	-640.5	1. Slab-On-Grade Edge Insulation	0.0	305.0(p)		-2.10		-640.5	
Raised	0.0	0.00	0.0								
Base Total:	-640.5			As-Built Total:		305.0				-640.5	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #9, Sewalls Pt., Fl,	PERMIT #:
--	-----------

BASE			AS-BUILT				
INFILTRATION	Area X BWPM = Points			Area X WPM = Points			
	3151.0	-0.06		3151.0	-0.06		-189.1
Winter Base Points: 3141.1			Winter As-Built Points: 3637.2				
Total Winter Points	X System Multiplier	= Heating Points	Total Component (System - Points)	X Cap Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier = Heating Points
			(sys 1: Electric Strip 33700 btuh ,EFF(1.0) Ducts:Con(S),Con(R),Att(AH),R6.0				
			3637.2	0.520	(1.000 x 1.000 x 1.14)	1.000	0.950 2048.5
			(sys 2: Electric Strip 14500 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0				
			3637.2	0.224	(1.099 x 1.000 x 1.14)	1.000	0.950 968.7
			(sys 3: Electric Strip 16600 btuh ,EFF(1.0) Ducts:Unc(S),Unc(R),Att(AH),R6.0				
			3637.2	0.256	(1.099 x 1.000 x 1.14)	1.000	0.950 1109.0
3141.1	0.5540	1740.2	3637.2	1.00	1.215	1.000	0.950 4199.0

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #9, Sewalls Pt., Fl,	PERMIT #:
--	-----------

BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Total	Volume		Bedrooms		Ratio			Multiplier		
3		2273.00	=	6819.0	40.0	0.60	3		1.00		1323.80	1.00		3971.4
													As-Built Total:	3971.4

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
27473		1740		6819		36032	20475		4199		3971		28646

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #9, Sewalls Pt., Fl,	PERMIT #:
--	-----------

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

Tested sealed ducts must be certified in this house.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 88.9

The higher the score, the more efficient the home.

Marguerita, Lot #9, Sewalls Pt., Fl,

1. New construction or existing	New	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 47.5 kBtu/hr ___ SEER: 15.00 ___
3. Number of units, if multi-family	1	___	b. Central Unit	Cap: 24.6 kBtu/hr ___ SEER: 15.00 ___
4. Number of Bedrooms	3	___	c. Central Unit	Cap: 24.6 kBtu/hr ___ SEER: 15.00 ___
5. Is this a worst case?	No	___	13. Heating systems	
6. Conditioned floor area (ft ²)	3151 ft ²	___	a. Electric Strip	Cap: 33.7 kBtu/hr ___ COP: 1.00 ___
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)			b. Electric Strip	Cap: 14.5 kBtu/hr ___ COP: 1.00 ___
a. U-factor:	Description Area		c. Electric Strip	Cap: 16.6 kBtu/hr ___ COP: 1.00 ___
(or Single or Double DEFAULT)	7a. (Dble, U=0.5) 832.5 ft ²	___	14. Hot water systems	
b. SHGC:	7b. (SHGC=0.36) 440.0 ft ²	___	a. Natural Gas	Cap: 40.0 gallons ___ EF: 0.60 ___
(or Clear or Tint DEFAULT)			b. N/A	
8. Floor types			c. Conservation credits	
a. Slab-On-Grade Edge Insulation	R=0.0, 305.0(p) ft	___	(HR-Heat recovery, Solar	
b. N/A		___	DHP-Dedicated heat pump)	
c. N/A		___	15. HVAC credits	MZ-C, MZ-H ___
9. Wall types			(CF-Ceiling fan, CV-Cross ventilation,	
a. Concrete, Int Insul, Exterior	R=4.0, 1706.5 ft ²	___	HF-Whole house fan,	
b. Frame, Wood, Exterior	R=19.0, 1123.0 ft ²	___	PT-Programmable Thermostat,	
c. N/A		___	MZ-C-Multizone cooling,	
d. N/A		___	MZ-H-Multizone heating)	
e. N/A		___		
10. Ceiling types				
a. Under Attic	R=30.0, 2310.0 ft ²	___		
b. N/A		___		
c. N/A		___		
11. Ducts(Leak Free)				
a. Sup: Con. Ret: Con. AH: Attic	Sup. R=6.0, 200.0 ft ²	___		
b. 2 Others	400.0 ft	___		

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

Builder Signature: _____ Date: _____

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



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

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4. EnergyGauge® (Version: FLRCSB v4.5.2)

Energy Code Compliance

Duct System Performance Report

Project Name: Masterpiece-Marguerita Address: Lot #9 City, State: Sewalls Pt., FL Owner: Marguerita Climate Zone: South	Builder: Paragon Indoor Air Quality Permitting Office: Permit Number: Jurisdiction Number:
---	---

Total Duct System Leakage Test Results

CFM25 Total Duct Leakage Test Values			
Line	System	Duct Leakage Total	Duct Leakage to Outdoors
1	System1	_____ cfm25(tot)	_____ cfm25(out)
2	System2	_____ cfm25(tot)	_____ cfm25(out)
3	System3	_____ cfm25(tot)	_____ cfm25(out)
4	System4	_____ cfm25(tot)	_____ cfm25(out)
5	Total House Duct System Leakage	Sum lines 1-4 _____ Divide by _____ (Total Conditioned Floor Area) = _____ (Q _{n,tot}) <input type="checkbox"/> Receive credit if Q _{n,tot} ≤ 0.03	Sum lines 1-4 _____ Divide by _____ (Total Conditioned Floor Area) = _____ (Q _{n,out}) <input type="checkbox"/> Receive credit if Q _{n,out} ≤ 0.03 AND Q _{n,tot} ≤ 0.09

I hereby certify that the above duct testing performance results demonstrate compliance with the Florida Energy Code requirements in accordance with Section 610.1.A.1, Florida Building Code, Building Volume, Chapter 13 for leak free duct system credit.

Signature: _____
Printed Name: _____
Florida Rater Certification #: _____
DATE: _____

Florida Building Code requires that testing to confirm leak free duct systems be performed by a Class 1 Florida Energy Gauge Certified Energy Rater. Certified Florida Class 1 raters can be found at: <http://energygauge.com/search.htm>



BUILDING OFFICIAL: _____
DATE: _____

**Load Short Form
Entire House
Paragon Indoor Air Quality**

Job:
Date: Dec 02, 2008
By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Project Information

For: Marguerita, Masterpiece Builders
Lot #9, Sewalls Pt., Fl
Phone: 772-283-2096

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	47	91	Method	Average
Inside db (°F)	68	74	Construction quality	0
Design TD (°F)	21	17	Fireplaces	
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	13	59		

HEATING EQUIPMENT

Make n/a
Trade n/a
Model n/a
GAMA ID n/a

Efficiency n/a
Heating input
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 0 cfm
Air flow factor 0 cfm/Btuh
Static pressure 0 in H2O
Space thermostat n/a

COOLING EQUIPMENT

Make n/a
Trade n/a
Cond n/a
Coil n/a
ARI ref no. n/a

Efficiency n/a
Sensible cooling 0 Btuh
Latent cooling 0 Btuh
Total cooling 0 Btuh
Actual air flow 0 cfm
Air flow factor 0 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Master Suite	691	13850	15862	800	800
Common Area	1619	29912	35309	1600	1600
Secind Floor	841	5306	8544	800	800
Entire House	3151	49068	59716	3200	3200
Other equip loads		0	0		
Equip. @ 0.96 RSM			57327		
Latent cooling			6708		
TOTALS	3151	49068	64035	3200	3200

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

**Load Short Form
Common Area
Paragon Indoor Air Quality**

Job:
Date: Dec 02, 2008
By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Project Information

For: Marguerita, Masterpiece Builders
Lot #9, Sewalls Pt., Fl
Phone: 772-283-2096

Design Information

	Htg	Clg	Method	Infiltration
Outside db (°F)	47	91		Simplified
Inside db (°F)	68	74	Construction quality	Average
Design TD (°F)	21	17	Fireplaces	0
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	13	59		

HEATING EQUIPMENT

Make
Trade
Model
GAMA ID n/a

Efficiency 100 EFF
Heating input 0 Btuh
Heating output 33861 Btuh
Temperature rise 19 °F
Actual air flow 1600 cfm
Air flow factor 0.053 cfm/Btuh
Static pressure 0.10 in H2O
Space thermostat

COOLING EQUIPMENT

Make Frigidaire
Trade
Cond FS4BE048K
Coil B5VMX49KC
ARI ref no. 1181841

Efficiency 15 EER
Sensible cooling 33250 Btuh
Latent cooling 14250 Btuh
Total cooling 47500 Btuh
Actual air flow **1600** cfm
Air flow factor 0.045 cfm/Btuh
Static pressure 0.10 in H2O
Load sensible heat ratio 0.79

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Great Room	440	10713	13519	573	613
Bath-Hall	90	1561	1746	83	79
Den	168	4387	5516	235	250
Foyer	91	2222	2277	119	103
Dn-Br-Kt	726	9274	10650	496	483
Laundry	104	1755	1601	94	73
Common Area	1619	29912	35309	1600	1600
Other equip loads		3949	3197		
Equip. @ 0.96 RSM			36966		
Latent cooling			10351		
TOTALS	1619	33861	47317	1600	1600

Bold/italic values have been manually overridden

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Load Short Form
Master Suite
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	47	91	Method	Average
Inside db (°F)	68	74	Construction quality	0
Design TD (°F)	21	17	Fireplaces	
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	13	59		

HEATING EQUIPMENT

Make
 Trade
 Model
 GAMA ID n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 14497 Btuh
 Temperature rise 16 °F
 Actual air flow 800 cfm
 Air flow factor 0.058 cfm/Btuh
 Static pressure 0.10 in H2O
 Space thermostat

COOLING EQUIPMENT

Make Frigidaire
 Trade
 Cond FS4BE024K
 Coil B5VMX25KB
 ARI ref no. 1181921

Efficiency 15 EER
 Sensible cooling 17220 Btuh
 Latent cooling 7380 Btuh
 Total cooling 24600 Btuh
 Actual air flow 800 cfm
 Air flow factor 0.050 cfm/Btuh
 Static pressure 0.10 in H2O
 Load sensible heat ratio 0.87

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Master Bath	260	6028	6291	348	317
WICs	160	2806	2793	162	141
Master BR	271	5016	6778	290	342
Master Suite	691	13850	15862	800	800
Other equip loads		647	523		
Equip. @ 0.96 RSM			15730		
Latent cooling			2416		
TOTALS	691	14497	18145	800	800

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**Load Short Form
Secind Floor
Paragon Indoor Air Quality**

Job:
Date: Dec 02, 2008
By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Project Information

For: Marguerita, Masterpiece Builders
Lot #9, Sewalls Pt., Fl
Phone: 772-283-2096

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	47	91	Method	Average
Inside db (°F)	68	74	Construction quality	0
Design TD (°F)	21	17	Fireplaces	
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	13	59		

HEATING EQUIPMENT

Make
Trade
Model
GAMA ID n/a

Efficiency 100 EFF
Heating input 0 Btuh
Heating output 6487 Btuh
Temperature rise 7 °F
Actual air flow 800 cfm
Air flow factor 0.151 cfm/Btuh
Static pressure 0.10 in H2O
Space thermostat

COOLING EQUIPMENT

Make Frigidaire
Trade
Cond FS4BE024K
Coil B5VMX025KB
ARI ref no. 502989

Efficiency 15 EER
Sensible cooling 17220 Btuh
Latent cooling 7380 Btuh
Total cooling 24600 Btuh
Actual air flow 800 cfm
Air flow factor 0.094 cfm/Btuh
Static pressure 0.10 in H2O
Load sensible heat ratio 0.70

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Bedroom 2 Area	300	1434	2376	216	222
Bedroom 3 Area	233	1376	2608	208	244
Game & Stairs	308	2495	3560	376	333
Secind Floor	841	5306	8544	800	800
Other equip loads		1181	956		
Equip. @ 0.96 RSM			9121		
Latent cooling			4025		
TOTALS	841	6487	13145	800	800

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7846 Ellipse Way, Stuart, FL 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Project Information

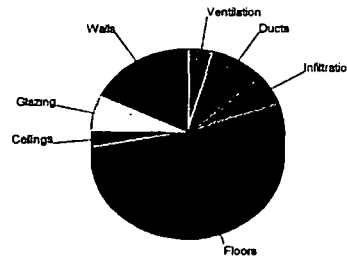
For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N	Heating	Cooling	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	47 - - 15.0	91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces	Simplified Average 0	

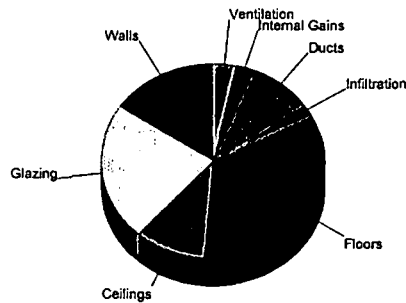
Heating

Component	Btuh/ft ²	Btuh	% of load
Walls	3.0	2584	17.8
Glazing	9.9	1031	7.1
Doors	0	0	0
Ceilings	0.7	465	3.2
Floors	10.9	7563	52.2
Infiltration	1.0	948	6.5
Ducts		1259	8.7
Piping		0	0
Humidification		0	0
Ventilation		647	4.5
Adjustments		0	0
Total		14497	100.0



Cooling

Component	Btuh/ft ²	Btuh	% of load
Walls	3.0	2553	15.6
Glazing	36.0	3762	23.0
Doors	0	0	0
Ceilings	2.4	1669	10.2
Floors	8.0	5564	34.0
Infiltration	0.4	411	2.5
Ducts		1442	8.8
Ventilation		523	3.2
Internal gains		460	2.8
Blower		0	0
Adjustments		0	0
Total		16385	100.0



Overall U-value = 0.236 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden

Project Information

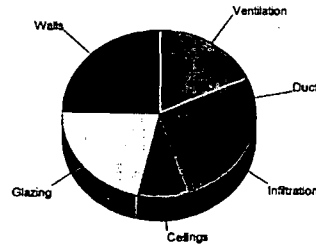
For: Marguerita, Masterpiece Builders
Lot #9, Sewalls Pt., FL
Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N		Indoor: Indoor temperature (°F) 68 Design TD (°F) 21 Relative humidity (%) 50 Moisture difference (gr/lb) 12.8	Heating	Cooling
Outdoor: Dry bulb (°F) 47 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5		
		Infiltration: Method Simplified Construction quality Average Fireplaces 0		

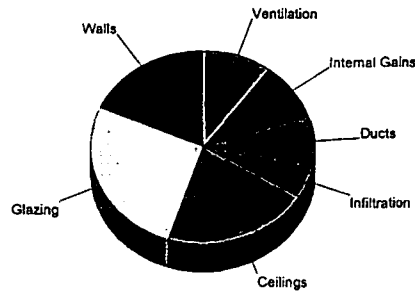
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	1.4	1604	24.7
Glazing	9.9	1412	21.8
Doors	0	0	0
Ceilings	0.7	565	8.7
Floors	0	0	0
Infiltration	1.0	1243	19.2
Ducts		482	7.4
Piping		0	0
Humidification		0	0
Ventilation		1181	18.2
Adjustments		0	0
Total		6487	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	1.6	1745	18.4
Glazing	17.8	2534	26.7
Doors	0	0	0
Ceilings	2.4	2030	21.4
Floors	0	0	0
Infiltration	0.4	539	5.7
Ducts		777	8.2
Ventilation		956	10.1
Internal gains		920	9.7
Blower		0	0
Adjustments		0	0
Total		9501	100.0



Overall U-value = 0.081 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden

Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., FL
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces
		Simplified Average 0	

Construction descriptions

Walls

	Or	Area ft²	U-value Btuh/ft²·°F	Insul R ft²·°F/Btuh	Htg HTM Btuh/ft²	Loss Btuh	Clg HTM Btuh/ft²	Gain Btuh
12E-0sw: Frm wall, stucco ext, 1/2" wood shth, r-19 cav ins, 1/2" gypsum board int fnsh, 2"x4" wood frm	n	396	0.068	19.0	1.43	565	1.55	615
	e	234	0.068	19.0	1.43	334	1.55	364
	w	220	0.068	19.0	1.43	314	1.55	342
	all	850	0.068	19.0	1.43	1214	1.55	1321
13A-4ocs: Blk wall, stucco ext, r-4 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	n	187	0.143	4.0	3.00	562	2.97	555
	e	463	0.143	4.0	3.00	1389	2.97	1372
	s	543	0.143	4.0	3.00	1631	2.97	1611
	w	514	0.143	4.0	3.00	1544	2.97	1525
	all	1707	0.143	4.0	3.00	5125	2.97	5064
12E-0sw: Frm wall, stucco ext, 1/2" wood shth, r-19 cav ins, 5/8" gypsum board int fnsh, 2"x4" wood frm	s	273	0.068	19.0	1.43	390	1.55	424

Partitions

(none)

Windows

10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (8 ft window ht, 1 ft sep.)	n	24	0.490	0	10.3	247	10.5	253
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (4 ft window ht, 3 ft sep.)	n	42	0.470	0	9.87	415	14.5	609
	s	58	0.470	0	9.87	572	16.5	956
	all	100	0.470	0	9.87	987	15.6	1565
10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = new concrete (0.32); 6 ft overhang (8 ft window ht, 3 ft sep.)	n	24	0.490	0	10.3	247	10.5	253
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 50% outdoor insect screen; foreground = green grass (0.23); 2 ft overhang (5 ft window ht, 3 ft sep.)	n	166	0.470	0	9.87	1638	13.0	2165
	e	177	0.470	0	9.87	1742	36.0	6354
	w	50	0.470	0	9.87	494	36.0	1800
	all	393	0.470	0	9.87	3874	26.3	10319
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (2 ft window ht, 3 ft sep.)	e	18	0.470	0	9.87	178	39.8	716

10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = new concrete (0.32); 2 ft overhang (8 ft window ht, 3 ft sep.)	s	24	0.490	0	10.3	247	20.5	493
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 2 ft overhang (5 ft window ht, 3 ft sep.)	s	18	0.470	0	9.87	178	14.5	261
4A5-2ovd: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 11 ft overhang (8 ft window ht, 1 ft sep.)	s	72	0.470	0	9.87	711	14.5	1043

Doors
(none)

Ceilings

16A-30ml: Attic ceiling, mtl roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		3151	0.032	30.0	0.67	2117	2.41	7608
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Floors

20P-0t: Fir floor, 140 lb/ft³ concrete flr, 6" thkns, tile flr fnsh, amb ovr		2310	0.521	0	10.9	25276	8.05	18596
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Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N	Indoor: Indoor temperature (°F) 68 Design TD (°F) 21 Relative humidity (%) 50 Moisture difference (gr/lb) 12.8	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) 47 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Simplified Construction quality Average Fireplaces 0

Construction descriptions

	Or	Area ft²	U-value Btu/h-ft²-°F	Insul R ft²-°F/Btu/h	Htg HTM Btu/h-ft²	Loss Btu/h	Clg HTM Btu/h-ft²	Gain Btu/h
Walls								
13A-4ocs: Blk wall, stucco ext, r-4 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	n	187	0.143	4.0	3.00	562	2.97	555
	e	258	0.143	4.0	3.00	775	2.97	766
	s	215	0.143	4.0	3.00	646	2.97	638
	w	186	0.143	4.0	3.00	559	2.97	552
	all	846	0.143	4.0	3.00	2541	2.97	2510
Partitions (none)								
Windows								
10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = new concrete (0.32); 6 ft overhang (8 ft window ht, 3 ft sep.)	n	24	0.490	0	10.3	247	10.5	253
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 50% outdoor insect screen; foreground = green grass (0.23); 2 ft overhang (5 ft window ht, 3 ft sep.)	n	166	0.470	0	9.87	1638	13.0	2165
	e	96	0.470	0	9.87	948	36.0	3456
	w	26	0.470	0	9.87	257	36.0	936
	all	288	0.470	0	9.87	2843	22.8	6557
10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = new concrete (0.32); 2 ft overhang (8 ft window ht, 3 ft sep.)	s	24	0.490	0	10.3	247	20.5	493
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 2 ft overhang (5 ft window ht, 3 ft sep.)	s	18	0.470	0	9.87	178	14.5	261
4A5-2ovd: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 11 ft overhang (8 ft window ht, 1 ft sep.)	s	72	0.470	0	9.87	711	14.5	1043
Doors (none)								
Ceilings								
16A-30ml: Attic ceiling, mtl roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		1619	0.032	30.0	0.67	1088	2.41	3909

Floors

20P-0t: Flr floor, 140 lb/ft ³ concrete flr, 6" thkns, tile flr fnsh, amb ovr	1619	0.521	0	10.9	17713	8.05	13032
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Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N			Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces	Simplified Average 0	

Construction descriptions

	Or	Area ft²	U-value Btu/h/ft²·°F	Insul R ft²·°F/Btu/h	Htg HTM Btu/h/ft²	Loss Btu/h	Clg HTM Btu/h/ft²	Gain Btu/h
Walls								
13A-4ocs: Blk wall, stucco ext, r-4 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	e	205	0.143	4.0	3.00	614	2.97	607
	s	328	0.143	4.0	3.00	985	2.97	973
	w	328	0.143	4.0	3.00	985	2.97	973
	all	861	0.143	4.0	3.00	2584	2.97	2553
Partitions (none)								
Windows								
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; 50% outdoor insect screen; foreground = green grass (0.23); 2 ft overhang (5 ft window ht, 3 ft sep.)	e	81	0.470	0	9.87	795	36.0	2898
	w	24	0.470	0	9.87	237	36.0	864
	all	105	0.470	0	9.87	1031	36.0	3762
Doors (none)								
Ceilings								
16A-30ml: Attic ceiling, mtl roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		691	0.032	30.0	0.67	465	2.41	1669
Floors								
20P-0t: Fir floor, 140 lb/ft³ concrete flr, 6" thkns, tile flr fnsh, amb ovr		691	0.521	0	10.9	7563	8.05	5564

Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., FL
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces
		Simplified Average 0	

Construction descriptions

	Or	Area ft²	U-value Btuh/ft²·°F	Insul R ft²·°F/Btuh	Htg HTM Btuh/ft²	Loss Btuh	Clg HTM Btuh/ft²	Gain Btuh
Walls								
12E-0sw: Frm wall, stucco ext, 1/2" wood shth, r-19 cav ins, 1/2" gypsum board int fnsh, 2"x4" wood frm	n	396	0.068	19.0	1.43	565	1.55	615
	e	234	0.068	19.0	1.43	334	1.55	364
	w	220	0.068	19.0	1.43	314	1.55	342
	all	850	0.068	19.0	1.43	1214	1.55	1321
12E-0sw: Frm wall, stucco ext, 1/2" wood shth, r-19 cav ins, 5/8" gypsum board int fnsh, 2"x4" wood frm	s	273	0.068	19.0	1.43	390	1.55	424
Partitions (none)								
Windows								
10D-v: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (8 ft window ht, 1 ft sep.)	n	24	0.490	0	10.3	247	10.5	253
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (4 ft window ht, 3 ft sep.)	n	42	0.470	0	9.87	415	14.5	609
	s	58	0.470	0	9.87	572	16.5	956
	all	100	0.470	0	9.87	987	15.6	1565
4A5-2ov: 2 glazing, clr low-e outr, air gas, vnl frm mat, clr innr, 1/4" gap, 1/8" thk; foreground = green grass (0.23); 2 ft overhang (2 ft window ht, 3 ft sep.)	e	18	0.470	0	9.87	178	39.8	716
Doors (none)								
Ceilings								
16A-30ml: Attic ceiling, mtl roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		841	0.032	30.0	0.67	565	2.41	2030
Floors (none)								

Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., FL
 Phone: 772-283-2096

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 68 °F
 Design TD 21 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 74 °F
 Design TD 17 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 44232 Btuh
 Ducts 4837 Btuh
 Central vent (250 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 49068 Btuh

Sensible Cooling Equipment Load Sizing

Structure 54287 Btuh
 Ducts 5429 Btuh
 Central vent (250 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 57327 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 6418 Btuh
 Ducts 289 Btuh
 Central vent (250 cfm) 0 Btuh
 Equipment latent load 6708 Btuh
 Equipment total load 64035 Btuh
 Req. total capacity at 0.70 SHR 6.8 ton

	Heating	Cooling
Area (ft ²)	3151	3151
Volume (ft ³)	31937	31937
Air changes/hour	0.28	0.15
Equiv. AVF (cfm)	149	80

Heating Equipment Summary

Make n/a
 Trade n/a
 Model n/a
 GAMA ID n/a
 Efficiency n/a
 Heating input
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat n/a

Cooling Equipment Summary

Make n/a
 Trade n/a
 Cond n/a
 Coil n/a
 ARI ref no. n/a
 Efficiency n/a
 Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0

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Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 68 °F
 Design TD 21 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 74 °F
 Design TD 17 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 26817 Btuh
 Ducts 3095 Btuh
 Central vent (171 cfm) 3949 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 33861 Btuh

Sensible Cooling Equipment Load Sizing

Structure 32100 Btuh
 Ducts 3210 Btuh
 Central vent (171 cfm) 3197 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 36966 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 3169 Btuh
 Ducts 289 Btuh
 Central vent (171 cfm) 6893 Btuh
 Equipment latent load 10351 Btuh
 Equipment total load 47317 Btuh
 Req. total capacity at 0.70 SHR 4.4 ton

	Heating	Cooling
Area (ft ²)	1619	1619
Volume (ft ³)	16358	16358
Air changes/hour	0.20	0.11
Equiv. AVF (cfm)	54	29

Heating Equipment Summary

Make
 Trade
 Model
 GAMA ID n/a
 Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 33861 Btuh
 Temperature rise 19 °F
 Actual air flow 1600 cfm
 Air flow factor 0.053 cfm/Btuh
 Static pressure 0.10 in H2O
 Space thermostat

Cooling Equipment Summary

Make Frigidaire
 Trade
 Cond FS4BE048K
 Coil B5VMX49KC
 ARI ref no. 1181841
 Efficiency 15 EER
 Sensible cooling 33250 Btuh
 Latent cooling 14250 Btuh
 Total cooling 47500 Btuh
 Actual air flow **1600** cfm
 Air flow factor 0.045 cfm/Btuh
 Static pressure 0.10 in H2O
 Load sensible heat ratio 0.79

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Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 68 °F
 Design TD 21 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 74 °F
 Design TD 17 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 12591 Btuh
 Ducts 1259 Btuh
 Central vent (28 cfm) 647 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 14497 Btuh

Sensible Cooling Equipment Load Sizing

Structure 14420 Btuh
 Ducts 1442 Btuh
 Central vent (28 cfm) 523 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 15730 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	691	691
Volume (ft ³)	7704	7704
Air changes/hour	0.32	0.17
Equip. AVF (cfm)	41	22

Latent Cooling Equipment Load Sizing

Structure 1287 Btuh
 Ducts 0 Btuh
 Central vent (28 cfm) 1129 Btuh
 Equipment latent load 2416 Btuh
 Equipment total load 18145 Btuh
 Req. total capacity at 0.70 SHR 1.9 ton

Heating Equipment Summary

Make
 Trade
 Model
 GAMA ID n/a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	14497 Btuh
Temperature rise	16 °F
Actual air flow	800 cfm
Air flow factor	0.058 cfm/Btuh
Static pressure	0.10 in H2O
Space thermostat	

Cooling Equipment Summary

Make Frigidaire
 Trade
 Cond FS4BE024K
 Coil B5VMX25KB
 ARI ref no. 1181921

Efficiency	15 EER
Sensible cooling	17220 Btuh
Latent cooling	7380 Btuh
Total cooling	24600 Btuh
Actual air flow	800 cfm
Air flow factor	0.050 cfm/Btuh
Static pressure	0.10 in H2O
Load sensible heat ratio	0.87

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Project Information

For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 68 °F
 Design TD 21 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 74 °F
 Design TD 17 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 4823 Btuh
 Ducts 482 Btuh
 Central vent (51 cfm) 1181 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 6487 Btuh

Sensible Cooling Equipment Load Sizing

Structure 7768 Btuh
 Ducts 777 Btuh
 Central vent (51 cfm) 956 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 9121 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	841	841
Volume (ft ³)	7875	7875
Air changes/hour	0.41	0.22
Equip. AVF (cfm)	54	29

Latent Cooling Equipment Load Sizing

Structure 1963 Btuh
 Ducts 0 Btuh
 Central vent (51 cfm) 2062 Btuh
 Equipment latent load 4025 Btuh
 Equipment total load 13145 Btuh
 Req. total capacity at 0.70 SHR 1.1 ton

Heating Equipment Summary

Make
 Trade
 Model
 GAMA ID n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 6487 Btuh
 Temperature rise 7 °F
 Actual air flow 800 cfm
 Air flow factor 0.151 cfm/Btuh
 Static pressure 0.10 in H2O
 Space thermostat

Cooling Equipment Summary

Make Frigidaire
 Trade
 Cond FS4BE024K
 Coil B5VMX025KB
 ARI ref no. 502989

Efficiency 15 EER
 Sensible cooling 17220 Btuh
 Latent cooling 7380 Btuh
 Total cooling 24600 Btuh
 Actual air flow 800 cfm
 Air flow factor 0.094 cfm/Btuh
 Static pressure 0.10 in H2O
 Load sensible heat ratio 0.70

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Project Information

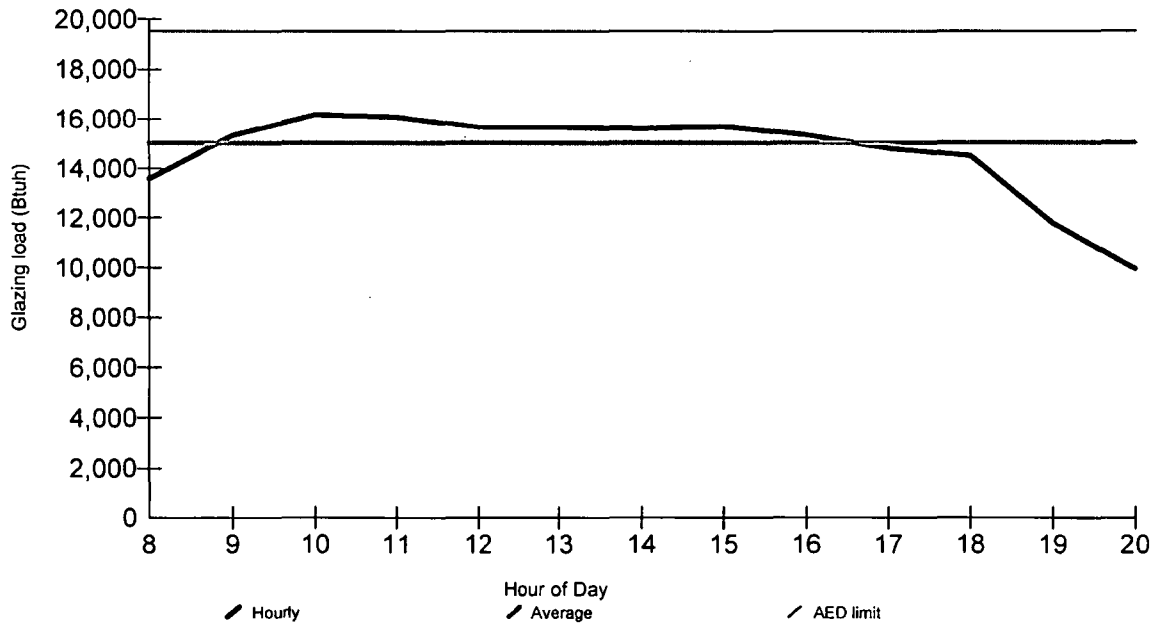
For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., FL
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N		Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration:	

Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 7.6%.

House has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh

Bold/italic values have been manually overridden

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Project Information

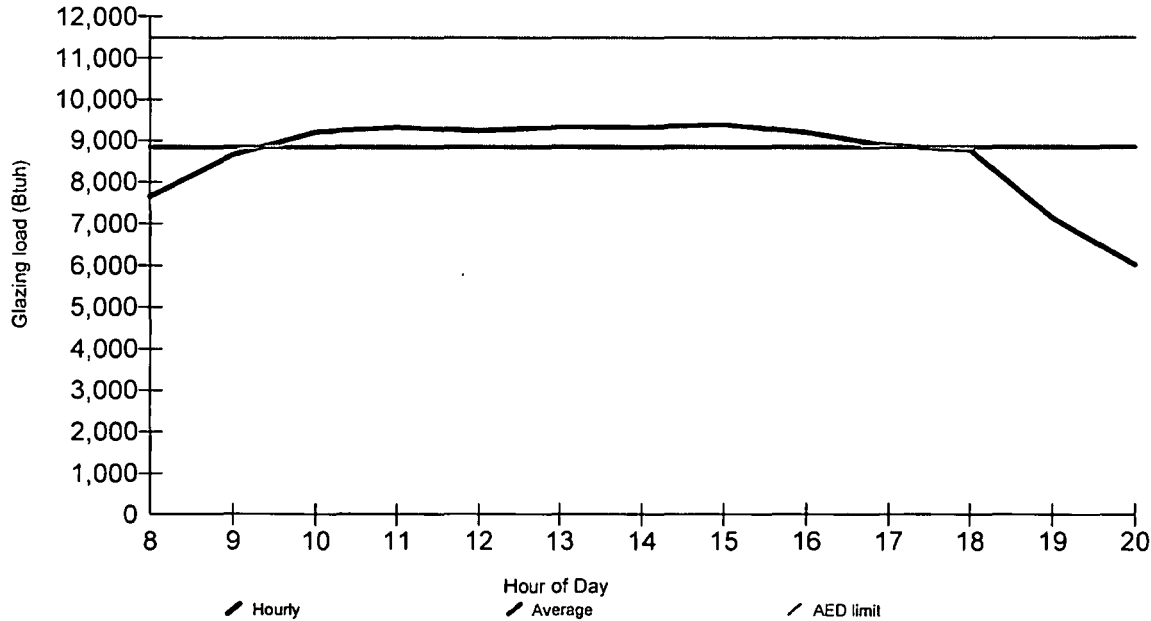
For: Marguerita, Masterpiece Builders
Lot #9, Sewalls Pt., FL
Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N		Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration:	

Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 6.3%.

Zone has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh

Bold/italic values have been manually overridden

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Project Information

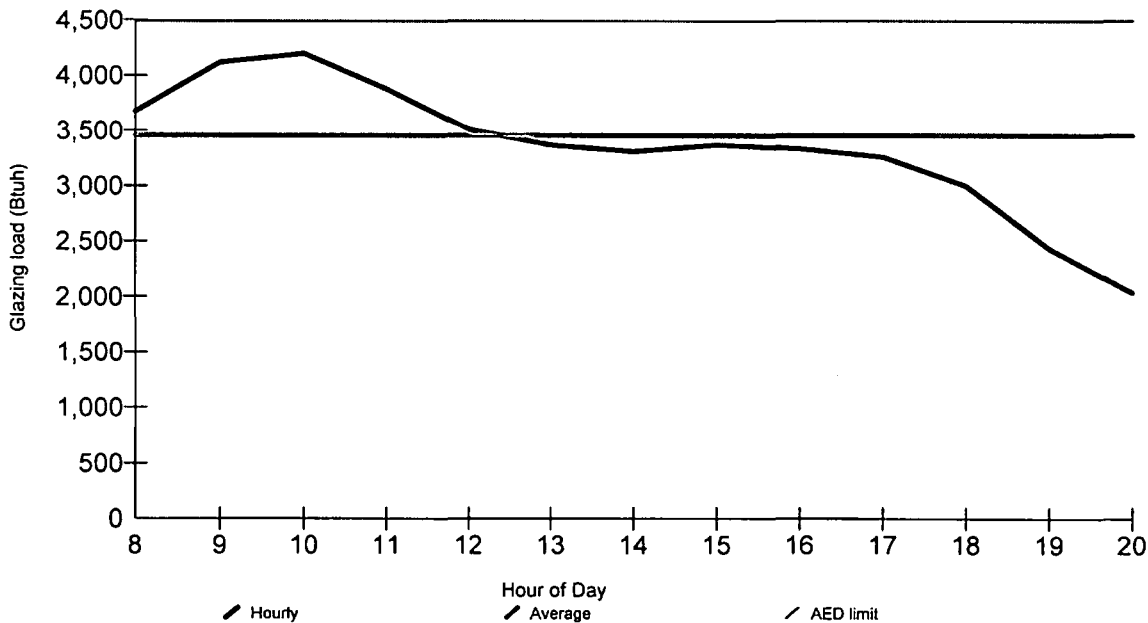
For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Conditions

Location:		Indoor:		Heating	Cooling
West Palm Beach, FL, US		Indoor temperature (°F)		68	74
Elevation: 10 ft		Design TD (°F)		21	17
Latitude: 27°N		Relative humidity (%)		50	50
		Moisture difference (gr/lb)		12.8	59.3
Outdoor:	Heating	Cooling	Infiltration:		
Dry bulb (°F)	47	91			
Daily range (°F)	-	13 (L)			
Wet bulb (°F)	-	78			
Wind speed (mph)	15.0	7.5			

Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 21.5%.

Zone has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh

Bold/italic values have been manually overridden

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Project Information

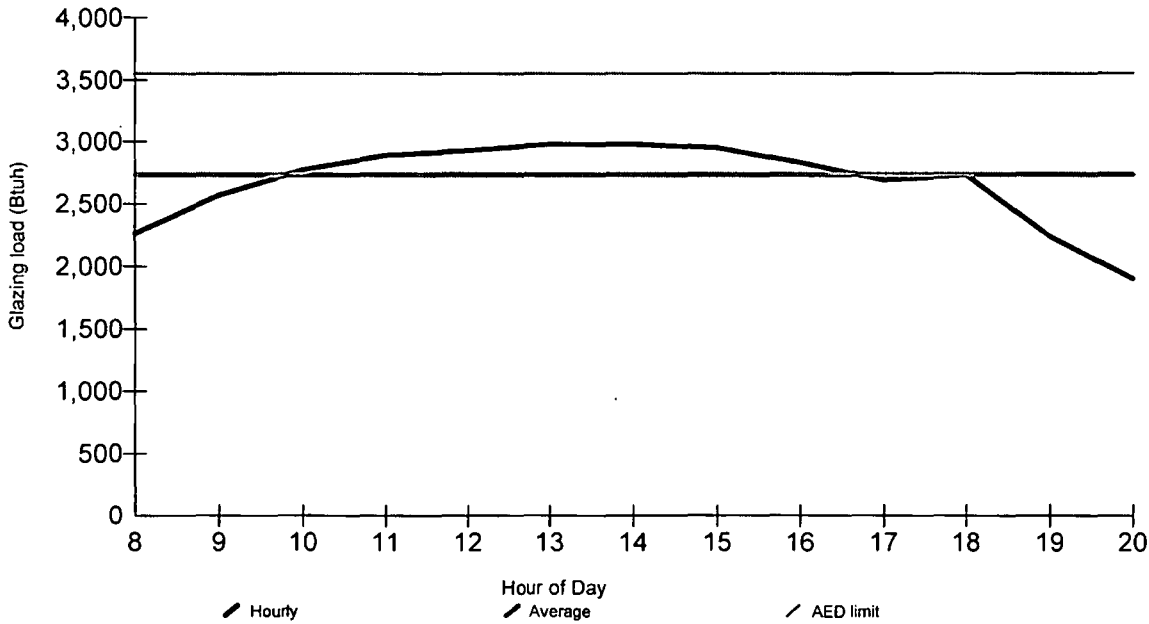
For: Marguerita, Masterpiece Builders
 Lot #9, Sewalls Pt., Fl
 Phone: 772-283-2096

Design Conditions

Location: West Palm Beach, FL, US Elevation: 10 ft Latitude: 27°N		Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 68 21 50 12.8	Cooling 74 17 50 59.3
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 47 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration:	

Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 9.0%.
Zone has adequate exposure diversity (AED), based on AED limit of 30%.
AED excursion: 0 Btuh

Bold/italic values have been manually overridden

Right-J® Worksheet

Entire House

Paragon Indoor Air Quality

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 Room name		Entire House						Master Suite							
2 Exposed wall		401.0 ft						85.0 ft							
3 Ceiling height		10.1 ft						11.1 ft							
4 Room dimensions		3151.0 ft²						691.3 ft²							
5 Room area															
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	12E-0sw	0.068	n	1.43	1.55	462	396	565	615	0	0	0	0	
	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	0	0	0	0	
	G	4A5-2ov	0.470	n	9.87	14.49	42	0	415	609	0	0	0	0	
	W	13A-4ocs	0.143	n	3.00	2.97	377	187	562	555	0	0	0	0	
11	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	0	0	0	0	
	G	4A5-2ov	0.470	n	9.87	13.04	166	0	1638	2165	0	0	0	0	
	W	12E-0sw	0.068	e	1.43	1.55	252	234	334	364	0	0	0	0	
	G	4A5-2ov	0.470	e	9.87	39.78	18	0	178	716	0	0	0	0	
	W	13A-4ocs	0.143	e	3.00	2.97	639	463	1389	1372	285	205	614	607	
	G	4A5-2ov	0.470	e	9.87	36.00	177	0	1742	6354	81	0	795	2898	
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	s	1.43	1.55	331	273	390	424	0	0	0	0	
	G	4A5-2ov	0.470	s	9.87	16.49	58	116	572	956	0	0	0	0	
	W	13A-4ocs	0.143	s	3.00	2.97	657	543	1631	1611	328	328	985	973	
	G	10D-v	0.490	s	10.29	20.53	24	48	247	493	0	0	0	0	
	G	4A5-2ov	0.470	s	9.87	14.49	18	36	178	261	0	0	0	0	
	G	4A5-2ovd	0.470	s	9.87	14.49	72	144	711	1043	0	0	0	0	
	W	12E-0sw	0.068	w	1.43	1.55	220	220	314	342	0	0	0	0	
	W	13A-4ocs	0.143	w	3.00	2.97	564	514	1544	1525	352	328	985	973	
	L	4A5-2ov	0.470	w	9.87	36.00	50	0	493	1800	24	0	237	864	
	C	16A-30ml	0.032	-	0.67	2.41	3151	3151	2117	7608	691	691	465	1669	
	F	20P-0t	0.521	-	10.94	8.05	2310	2310	25276	18596	691	691	7563	5564	
6	c) AED excursion									0				0	
	Envelope loss/gain								40790	47914			11643	13549	
12	a) Infiltration								3442	1492			948	411	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230			16			3680	2			460	
			Appliances @	1200			1			1200	0			0	
	Subtotal (lines 6 to 13)								44232	54287			12591	14420	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								44232	54287			12591	14420	
15	Duct loads							11%	10%	4837	5429	10%	10%	1259	1442
	Total room load								49068	59716			13850	15862	
	Air required (cfm)								3200	3200			800	800	

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
Entire House
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 2 3 4 5	Room name				Common Area				Secind Floor					
	Exposed wall				192.0 ft				124.0 ft					
	Ceiling height				10.1 ft				9.4 ft					
Room dimensions				1619.0 ft²				840.8 ft²						
Room area														
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	1.43	1.55	0	0	0	0	462	396	565	615
	G	10D-v	0.490	n	10.29	10.53	0	0	0	0	24	0	247	253
	G	4A5-2ov	0.470	n	9.87	14.49	0	0	0	0	42	0	415	609
	W	13A-4ocs	0.143	n	3.00	2.97	377	187	562	555	0	0	0	0
11	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	0	0	0	0
	G	4A5-2ov	0.470	n	9.87	13.04	166	0	1638	2165	0	0	0	0
	W	12E-0sw	0.068	e	1.43	1.55	0	0	0	0	252	234	334	364
	G	4A5-2ov	0.470	e	9.87	39.78	0	0	0	0	18	0	178	716
	W	13A-4ocs	0.143	e	3.00	2.97	354	258	775	766	0	0	0	0
	G	4A5-2ov	0.470	e	9.87	36.00	96	0	948	3456	0	0	0	0
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	1.43	1.55	0	0	0	0	331	273	390	424
	G	4A5-2ov	0.470	s	9.87	16.49	0	0	0	0	58	118	572	956
	W	13A-4ocs	0.143	s	3.00	2.97	329	215	646	638	0	0	0	0
	G	10D-v	0.490	s	10.29	20.53	24	48	247	493	0	0	0	0
	G	4A5-2ov	0.470	s	9.87	14.49	18	36	178	261	0	0	0	0
	G	4A5-2ovd	0.470	s	9.87	14.49	72	144	711	1043	0	0	0	0
	W	12E-0sw	0.068	w	1.43	1.55	0	0	0	0	220	220	314	342
	W	13A-4ocs	0.143	w	3.00	2.97	212	186	559	552	0	0	0	0
	G	4A5-2ov	0.470	w	9.87	36.00	26	0	257	936	0	0	0	0
	C	16A-30ml	0.032	-	0.67	2.41	1619	1619	1088	3909	841	841	565	2030
	F	20P-0t	0.521	-	10.94	8.05	1619	1619	17713	13032	0	0	0	0
6	c) AED excursion									0				0
	Envelope loss/gain								25587	28057			3580	6308
12	a) Infiltration								1250	542			1243	539
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			10			2300	4			920
			Appliances @	1200			1			1200	0			0
	Subtotal (lines 6 to 13)								26817	32100			4823	7768
14	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
15	Subtotal								26817	32100			4823	7768
	Duct loads						12%	10%	3095	3210	10%	10%	482	777
	Total room load								29912	35309			5306	8544
	Air required (cfm)								1600	1600			800	800

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

**Right-J® Worksheet
Common Area
Paragon Indoor Air Quality**

Job:
Date: Dec 02, 2008
By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 Room name					Common Area					Great Room				
2 Exposed wall					192.0 ft					42.0 ft				
3 Ceiling height					10.1 ft					10.0 ft				
4 Room dimensions					1619.0 ft²					22.0 x 20.0 ft				
5 Room area					1619.0 ft²					440.0 ft²				
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	n	3.00	2.97	377	187	562	555	220	64	192	190
11	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	0	0	0	0
	G	4A5-2ov	0.470	n	9.87	13.04	166	0	1638	2165	156	0	1540	2034
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	e	3.00	2.97	354	258	775	766	200	122	366	362
	G	4A5-2ov	0.470	e	9.87	36.00	96	0	948	3456	78	0	770	2808
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	s	3.00	2.97	329	215	646	638	120	48	144	142
	G	10D-v	0.490	s	10.29	20.53	24	48	247	493	0	0	0	0
	G	4A5-2ov	0.470	s	9.87	14.49	18	36	178	261	0	0	0	0
	G	4A5-2ovd	0.470	s	9.87	14.49	72	144	711	1043	72	72	711	1043
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	w	3.00	2.97	212	186	559	552	0	0	0	0
	G	4A5-2ov	0.470	w	9.87	36.00	26	0	257	936	0	0	0	0
	C	16A-30ml	0.032	-	0.67	2.41	1619	1619	1088	3909	440	440	296	1062
	F	20P-0t	0.521	-	10.94	8.05	1619	1619	17713	13032	440	440	4814	3542
6	c) AED excursion									0				-44
	Envelope loss/gain								25567	28057			8833	11140
12	a) Infiltration								1250	542			531	230
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230		10				2300	4			920
			Appliances @	1200		1				1200	0			0
	Subtotal (lines 6 to 13)								26817	32100			9363	12290
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								26817	32100			9363	12290
15	Duct loads						12%	10%	3095	3210	14%	10%	1350	1229
	Total room load								29912	35309			10713	13519
	Air required (cfm)								1600	1600			573	613

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
Common Area
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 2 3 4 5	Room name				Bath-Hall				Den					
	Exposed wall				9.0 ft				38.0 ft					
	Ceiling height				10.0 ft				11.0 ft					
Room dimensions				9.0 x 10.0 ft				12.0 x 14.0 ft						
Room area				90.0 ft²				168.0 ft²						
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	n	3.00	2.97	0	0	0	0	0	0	0	0
11	G	10D-v	0.490	n	10.29	10.53	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	9.87	13.04	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.00	2.97	0	0	0	0	154	136	408	404
	G	4A5-2ov	0.470	e	9.87	36.00	0	0	0	0	18	0	178	648
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.00	2.97	0	0	0	0	132	114	342	338
	G	10D-v	0.490	s	10.29	20.53	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	9.87	14.49	0	0	0	0	18	18	178	261
	G	4A5-2ovd	0.470	s	9.87	14.49	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.00	2.97	80	72	216	214	132	114	342	338
	G	4A5-2ov	0.470	w	9.87	36.00	8	0	79	288	18	0	178	648
	C	16A-30ml	0.032	-	0.67	2.41	90	90	60	217	168	168	113	406
	F	20P-0t	0.521	-	10.94	8.05	90	90	985	724	168	168	1838	1352
6	c) AED excursion									110				-18
	Envelope loss/gain								1340	1553			3577	4377
12	a) Infiltration								79	34			411	178
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	2			460
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								1419	1587			3988	5015
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1419	1587			3988	5015
15	Duct loads						10%	10%	142	159	10%	10%	399	501
	Total room load								1561	1746			4387	5516
	Air required (cfm)								83	79			235	250

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Right-J® Worksheet
Common Area
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

		Foyer		Dn-Br-Kt										
		14.0 ft		81.0 ft										
		10.0 ft x 7.0 ft		10.0 ft x 22.0 ft										
		heat/cool		heat/cool										
		91.0 ft²		726.0 ft²										
1	Room name													
		Exposed wall		10.0 ft										
2	Ceiling height													
		Room dimensions		22.0 x 33.0 ft										
3	Room area													
		91.0 ft²		726.0 ft²										
4	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/R²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	n	3.00	2.97	77	53	159	157	0	0	0	0
11	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	0	0	0	0
	G	4A5-2ov	0.470	n	9.87	13.04	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.00	2.97	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	9.87	36.00	0	0	0	0	0	0	0	0
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.00	2.97	77	53	159	157	0	0	0	0
	G	10D-v	0.490	s	10.29	20.53	24	24	247	493	0	0	0	0
	G	4A5-2ov	0.470	s	9.87	14.49	0	0	0	0	0	0	0	0
	G	4A5-2ovd	0.470	s	9.87	14.49	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.00	2.97	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	w	9.87	36.00	0	0	0	0	0	0	0	0
	C	16A-30ml	0.032	-	0.67	2.41	91	91	61	220	726	726	488	1753
	F	20P-0t	0.521	-	10.94	8.05	91	91	996	733	726	726	7943	5844
6	c) AED excursion									-7				-35
	Envelope loss/gain								1869	2005			8431	7562
12	a) Infiltration								151	66			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230	0					0	4			920
			Appliances @	1200	0					0	1			1200
	Subtotal (lines 6 to 13)								2020	2070			8431	9682
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								2020	2070			8431	9682
15	Duct loads						10%	10%	202	207	10%	10%	843	968
	Total room load								2222	2277			9274	10650
	Air required (cfm)								119	103			496	483

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Right-J® Worksheet
Common Area
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 Room name				Laundry										
2 Exposed wall				8.0 ft										
3 Ceiling height				10.0 ft				heat/cool						
4 Room dimensions				8.0 x 13.0 ft										
5 Room area				104.0 ft²										
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0				
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0				
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	n	3.00	2.97	80	70	210	208				
11	G	10D-v	0.490	n	10.29	10.53	0	0	0	0				
	G	4A5-2ov	0.470	n	9.87	13.04	10	0	99	130				
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0				
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	e	3.00	2.97	0	0	0	0				
	G	4A5-2ov	0.470	e	9.87	36.00	0	0	0	0				
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0				
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0				
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	s	3.00	2.97	0	0	0	0				
	G	10D-v	0.490	s	10.29	20.53	0	0	0	0				
	G	4A5-2ov	0.470	s	9.87	14.49	0	0	0	0				
	G	4A5-2ovd	0.470	s	9.87	14.49	0	0	0	0				
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	w	3.00	2.97	0	0	0	0				
	G	4A5-2ov	0.470	w	9.87	36.00	0	0	0	0				
	C	16A-30ml	0.032	-	0.67	2.41	104	104	70	251				
	F	20P-0t	0.521	-	10.94	8.05	104	104	1138	837				
6	c) AED excursion									-5				
	Envelope loss/gain								1517	1421				
12	a) Infiltration								79	34				
	b) Room ventilation								0	0				
13	Internal gains:		Occupants @	230			0			0				
			Appliances @	1200			0			0				
	Subtotal (lines 6 to 13)								1595	1455				
	Less external load								0	0				
	Less transfer								0	0				
	Redistribution								0	0				
14	Subtotal								1595	1455				
15	Duct loads						10%	10%	160	146				
	Total room load								1755	1601				
	Air required (cfm)								94	73				

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
Master Suite
Paragon Indoor Air Quality

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

		Master Suite		Master Bath										
1	Room name	85.0 ft		46.0 ft										
2	Exposed wall	11.1 ft		12.0 ft										
3	Ceiling height			13.0 x 20.0 ft										
4	Room dimensions			heat/cool										
5	Room area	691.3 ft ²		260.0 ft ²										
	Ty	Construction number	U-value (Btuh/ft ² -°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	e	3.00	2.97	285	205	614	607	120	98	294	291
	G	4A5-2ov	0.470	e	9.87	36.00	81	0	795	2898	22	0	217	792
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	s	3.00	2.97	328	328	985	973	240	240	721	712
	G	10D-v	0.490	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ovd	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4occs	0.143	w	3.00	2.97	352	328	985	973	192	176	529	522
	G	4A5-2ov	0.470	w	9.87	36.00	24	0	237	864	16	0	158	576
	C	16A-30ml	0.032	-	0.57	2.41	691	691	465	1669	260	260	175	628
	F	20P-0t	0.521	-	10.94	8.05	691	691	7563	5564	260	260	2845	2093
6	c) AED excursion									0				-130
	Envelope loss/gain								11643	13549			4938	5483
12	a) Infiltration								948	411			542	235
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230		2				460	0			0
			Appliances @	1200		0				0	0			0
	Subtotal (lines 6 to 13)								12591	14420			5480	5719
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								12591	14420			5480	5719
15	Duct loads						10%	10%	1259	1442	10%	10%	548	572
	Total room load								13850	15862			6028	6291
	Air required (cfm)								800	800			348	317

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Right-J® Worksheet
Master Suite
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

1 2 3 4 5	Room name				WICs				Master BR												
	Exposed wall				16.0 ft				23.0 ft												
	Ceiling height				10.0 ft				11.0 ft												
Room dimensions				16.0 x 10.0 ft				15.5 x 17.5 ft													
Room area				160.0 ft²				271.3 ft²													
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)								
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool							
6	W	12E-0sw	0.068	n	0.00	0.00	0	0	0	0	0	0	0	0							
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0							
	W	13A-4occs	0.143	n	0.00	0.00	0	0	0	0	0	0	0	0							
11	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0							
	W	12E-0sw	0.068	e	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0							
	W	13A-4occs	0.143	e	3.00	2.97	0	0	0	0	165	107	320	316							
	G	4A5-2ov	0.470	e	9.87	36.00	0	0	0	0	59	0	577	2106							
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0							
	W	12E-0sw	0.068	s	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0							
	W	13A-4occs	0.143	s	3.00	2.97	0	0	0	0	88	88	264	261							
	G	10D-v	0.490	s	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0							
	G	4A5-2ovd	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0							
	W	12E-0sw	0.068	w	0.00	0.00	0	0	0	0	0	0	0	0							
	W	13A-4occs	0.143	w	3.00	2.97	160	152	456	451	0	0	0	0							
	G	4A5-2ov	0.470	w	9.87	36.00	8	0	79	288	0	0	0	0							
	C	16A-30ml	0.032	-	0.67	2.41	160	160	108	386	271	271	182	655							
	F	20P-0t	0.521	-	10.94	8.05	160	160	1751	1288	271	271	2968	2183							
6	c) AED excursion													58	73						
	Envelope loss/gain													2393	2471	4312	5594				
12	a) Infiltration													157	68	249	108				
	b) Room ventilation													0	0	0	0				
13	Internal gains:		Occupants @	230	0	0	0	0	2	0	0	0	460	0							
			Appliances @	1200	0	0	0	0	0	0	0	0	0	0							
	Subtotal (lines 6 to 13)													2551	2539	4560	6162				
	Less external load													0	0	0	0				
	Less transfer													0	0	0	0				
	Redistribution													0	0	0	0				
14	Subtotal													2551	2539	4560	6162				
15	Duct loads													10%	10%	255	254	10%	10%	456	616
	Total room load													2806	2793	5016	6778				
	Air required (cfm)													162	141	290	342				

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Right-J® Worksheet Secind Floor Paragon Indoor Air Quality

Job:
Date: Dec 02, 2008
By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

		Secind Floor		Bedroom 2 Area										
1	Room name	124.0 ft		34.0 ft										
2	Exposed wall	9.4 ft		9.0 ft										
3	Ceiling height	840.8 ft²		20.0 x 15.0 ft										
4	Room dimensions			300.0 ft²										
5	Room area													
	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/R²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12E-0sw	0.068	n	1.43	1.55	462	396	565	615	162	126	180	196
	G	10D-v	0.490	n	10.29	10.53	24	0	247	253	24	0	247	253
	G	4A5-2ov	0.470	n	9.87	14.49	42	0	415	609	12	0	118	174
	W	13A-4ocs	0.143	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	12E-0sw	0.068	e	1.43	1.55	252	234	334	364	144	138	197	214
	G	4A5-2ov	0.470	e	9.87	39.78	18	0	178	716	6	0	59	239
	W	13A-4ocs	0.143	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	s	1.43	1.55	331	273	390	424	0	0	0	0
	G	4A5-2ov	0.470	s	9.87	16.49	58	116	572	956	0	0	0	0
	W	13A-4ocs	0.143	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	10D-v	0.490	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ovd	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	12E-0sw	0.068	w	1.43	1.55	220	220	314	342	0	0	0	0
	W	13A-4ocs	0.143	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	4A5-2ov	0.470	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16A-30ml	0.032	-	0.67	2.41	841	841	565	2030	300	300	202	724
	F	20P-0t	0.521	-	0.00	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									0				0
	Envelope loss/gain								3580	6308			1003	1800
12	a) Infiltration								1243	539			301	130
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230	4					920	1			230
			Appliances @	1200	0					0	0			0
	Subtotal (lines 6 to 13)								4823	7768			1304	2160
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								4823	7768			1304	2160
15	Duct loads						10%	10%	482	777	10%	10%	130	216
	Total room load								5306	8544			1434	2376
	Air required (cfm)								800	800			216	222

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Right-J® Worksheet
Secind Floor
Paragon Indoor Air Quality

Job:
 Date: Dec 02, 2008
 By:

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

		Bedroom 3 Area 31.0 ft						Game & Stairs 59.0 ft												
		9.0 ft heat/cool 19.0 x 12.3 ft						10.0 ft heat/cool 22.0 x 14.0 ft												
		232.8 ft²						308.0 ft²												
1	2	3	4	5	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)			
									Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	G	12E-0sw	0.068	n	1.43	1.55	0	0	0	0	300	270	386	420					
		G	10D-v	0.490	n	10.29	10.53	0	0	0	0	0	0	0	0					
		G	4A5-2ov	0.470	n	9.87	14.49	0	0	0	0	30	0	296	435					
	W	G	13A-4ocs	0.143	n	0.00	0.00	0	0	0	0	0	0	0	0					
		G	10D-v	0.490	n	0.00	0.00	0	0	0	0	0	0	0	0					
		G	4A5-2ov	0.470	n	0.00	0.00	0	0	0	0	0	0	0	0					
	W	G	12E-0sw	0.068	e	1.43	1.55	108	96	137	149	0	0	0	0					
		G	4A5-2ov	0.470	e	9.87	39.78	12	0	118	477	0	0	0	0					
	W	G	13A-4ocs	0.143	e	0.00	0.00	0	0	0	0	0	0	0	0					
		G	4A5-2ov	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0					
		G	4A5-2ovd	0.470	e	0.00	0.00	0	0	0	0	0	0	0	0					
	W	G	12E-0sw	0.068	s	1.43	1.55	171	133	190	207	160	140	200	218					
		G	4A5-2ov	0.470	s	9.87	16.49	38	38	375	627	20	20	197	330					
	W	G	13A-4ocs	0.143	s	0.00	0.00	0	0	0	0	0	0	0	0					
		G	10D-v	0.490	s	0.00	0.00	0	0	0	0	0	0	0	0					
		G	4A5-2ov	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0					
		G	4A5-2ovd	0.470	s	0.00	0.00	0	0	0	0	0	0	0	0					
	W	G	12E-0sw	0.068	w	1.43	1.55	0	0	0	0	220	220	314	342					
	W	G	13A-4ocs	0.143	w	0.00	0.00	0	0	0	0	0	0	0	0					
	L	G	4A5-2ov	0.470	w	0.00	0.00	0	0	0	0	0	0	0	0					
	C		16A-30ml	0.032	-	0.87	2.41	233	233	156	562	308	308	207	744					
	F		20P-0t	0.521	-	0.00	0.00	0	0	0	0	0	0	0	0					
6	c) AED excursion																0	0		
	Envelope loss/gain																977	2022	1600	2487
12	a) Infiltration																274	119	668	290
	b) Room ventilation																0	0	0	0
13	Internal gains:		Occupants @	230	1			230	2			460								
			Appliances @	1200	0			0	0			0								
	Subtotal (lines 6 to 13)																1251	2371	2268	3237
	Less external load																0	0	0	0
	Less transfer																0	0	0	0
	Redistribution																0	0	0	0
14	Subtotal																1251	2371	2268	3237
15	Duct loads																10% 125	10% 237	10% 227	10% 324
	Total room load																1376	2608	2495	3560
	Air required (cfm)																208	244	376	333

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Paragon Indoor Air Quality

7846 Ellipse Way, Stuart, Fl. 34997 Phone: 772-220-2487 Fax: 772-220-3787 Email: kevinsharkeyac@bellsouth.net

Infiltration Summary

ZONE NAME	Heating				Cooling			
	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²
Master Suite	7704	0.32	41	1.0	7704	0.17	22	0.4
Common Area	16358	0.20	54	1.0	16358	0.11	29	0.4
Secind Floor	7875	0.41	54	1.0	7875	0.22	29	0.4
Entire House	31937	0.28	149	1.0	31937	0.15	80	0.4

Load and AVF Summary

ROOM NAME	Area ft²	Htg load Btuh	Clg load Btuh	Htg AVF cfm	Clg AVF cfm
Master Bath	260	6028	6291	348	317
WICs	160	2806	2793	162	141
Master BR	271	5016	6778	290	342
Master Suite	691	13850	15862	800	800
Great Room	440	10713	13519	573	613
Bath-Hall	90	1561	1746	83	79
Den	168	4387	5516	235	250
Foyer	91	2222	2277	119	103
Dn-Br-Kt	726	9274	10650	496	483
Laundry	104	1755	1601	94	73
Common Area	1619	29912	35309	1600	1600
Bedroom 2 Area	300	1434	2376	216	222
Bedroom 3 Area	233	1376	2608	208	244
Game & Stairs	308	2495	3560	376	333
Secind Floor	841	5306	8544	800	800
Entire House	3151	49068	59716	3200	3200

Bold/italic values have been manually overriden

Agent



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

PERMIT #: 43-SS-960234
APPLICATION #: AP901086
DATE PAID: 11/05/2008
FEE PAID: \$55.00
RECEIPT #: 43-PID-1078056
DOCUMENT #: PR755882

CONSTRUCTION PERMIT FOR: OSTDS New

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

APPLICANT: (Masterpiece Builders)

PROPERTY ADDRESS: lot 9 Marguerita Dr Stuart, FL 34996

LOT: 9 BLOCK: _____ SUBDIVISION: MARGUERITA

PROPERTY ID #: 13-38-41-011-000-00090-5 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
(OR TAX ID NUMBER)

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD _____ Septic _____ CAPACITY
A [] GALLONS / GPD _____ N/A _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [500] SQUARE FEET _____ Trench _____ SYSTEM
R [615] SQUARE FEET _____ Bed _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nat'l Disk in Rd @ 456 NCVD

I ELEVATION OF PROPOSED SYSTEM SITE [9.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [5.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L D FILL REQUIRED: [32.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.
T
H All attached general and special conditions must be met prior to final approval.
E
R

SPECIFICATIONS BY: Doug McCoy TITLE: -Legacy

APPROVED BY: Jeffrey C Gorfido TITLE: Environmental Specialist II Martin CHD

DATE ISSUED: 11/10/2008 EXPIRATION DATE: 05/10/2010

- ____ REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL.
- ____ RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS.
- ____ P.E. SYSTEM DESIGN REQUIRED.
- ____ MAXIMUM DOSE CYCLE = 6 TIMES PER DAY. __ PUMP(S) REQUIRED. DOSE ENTIRE DRAINFIELD EACH CYCLE. PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT.
- ____ AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL.
- ____ EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE.
- ____ EXISTING SYSTEM RE-APPROVAL. PROPOSED ADDITION/ REMODELING DOES NOT REPRESENT AN INCREASE IN SEWAGE FLOW – NO CHANGES TO OSTDS IS REQUIRED.
- ____ SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD.
- ____ AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER. CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 05-010).
- ____ SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT.
- A LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWED ON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS.
- A VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE HEALTH DEPARTMENT OR STATE HEALTH OFFICE.
- ____ PUMP SEPTIC TANK (DONE BY CERTIFIED COMPANY); CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION.
- A ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL.

OTHER: _____

NAME: [Signature] DATE: 11/10/08 PAGE 2 OF 2



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

RECEIVED NOV 05 2008

PERMIT NO. 435-9002 DATE PAID: 11-05-0 FEE PAID: 2602 RECEIPT #: 1078052 AP 901086

APPLICATION FOR:

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

APPLICANT: MASTERPIECE BUILDERS

AGENT: STEPHEN J. BROWN, INC.

FAX 288-9995 TELEPHONE: 288-7776

MAILING ADDRESS: 619 EAST 5th STREET STUART FL 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 9 BLOCK: SUBDIVISION: MARGUERITA S/D PLATTED: 9/24/05

PROPERTY ID #: B-38 A-011-000-00090-5 ZONING: I/M OR EQUIVALENT: [X] / []

PROPERTY SIZE: 0.35 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [X] / [] DISTANCE TO SEWER: 1000 FT

PROPERTY ADDRESS: MARGUERITA DRIVE STUART / SEWALL'S POINT

DIRECTIONS TO PROPERTY: STUART - EAST OLEAH BLVD. EAST TO SEWALL'S POINT ROAD SOUTH TO MARGUERITA ROAD EAST TO VALENT LOT ON THE CORNER OF MARGUERITA ROAD AND MARGUERITA DRIVE

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Table with 4 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC. Row 1: 1, SINGLE FAMILY, 4, 3150, RENEW PERMIT # 7494

[] Floor/Equipment Drains [X] Other (Specify) DISPOSAL

SIGNATURE: STEPHEN J. BROWN DATE: 10/30/08

APPLICANT'S NAME: MASTERPIECE BUILDERS

LEGAL DESCRIPTION: LOT 9 MARGUERITA S/D

PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER

CERTIFIED BY: STEPHEN J. BROWN
FLORIDA PROFESSIONAL NO.: 4049
DATE: 12/30/08 JOB NO.: 2855-40-01



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

RECEIVED
 DATE: 10-6-09
 TOWN OF SEWALL'S POINT

REVISIONS & CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 10/6/09 PERMIT NUMBER: [REDACTED]

JOB ADDRESS: 1 Marquisita Dr. Masterpiece

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISIONS: [REDACTED]

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 1500⁰⁰
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: CHEYENNE ELKSON SIGNATURE: [Signature]

PHONE NUMBER: 220 9678 FAX NUMBER: 220-1829
Gary 260-4728

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 10-7-09 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. x 2% = _____

Other declared value increase (must be based on value not cost) 1500⁰⁰ x 2% = 30⁰⁰

Other additional fees: _____ Revision review fee: 1 Pages @ \$25.00/Page 25⁰⁰

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 55⁰⁰ PAID ✓ # 1134

Applicant notified by: Valerie 10-7-09 Date: 10-12-09

N 24° 0' 0" W .00' 80" 1

10' 0" UTILITY EASEMENT

75' 0" REAR SETBACK

N 66° 0' 0" E L170

15' 0" UTILITY EASEMENT

PROPOSED 2-STORY RESIDENCE

LOT AREA: 8,203.81
BUILDING FOOTPRINT: 2,862 S.F. (71.9 %)
POOL, SPA, P.A.D., DRIVE, 2,095 S.F. (73.1 %)
TERRAZZO AREA: 538 S.F. (13.1 %)

2 CAR GARAGE

15' 0" SIDE SETBACK

35' 0" SETBACK

35' 0" SETBACK

10' 0" UTILITY EASEMENT

L-61.01' S 25° 22' E

MARGUERITA DRIVE

N 66° 0' 0" E L143.53

350 Gallon underground Propane Tank w/ the Drains

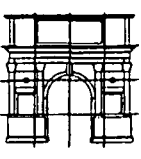
- GENERAL NOTES:
1. VERIFY LOCATION OF UTILITIES IN ADJACENT.
 2. BEFORE PROCEEDING WITH WORK.
 3. CONTRACTOR TO HAVE CERTIFIED FLORIDA SURVEYOR LAYOUT BUILDING ON LOT TO ASSURE THAT NO SETBACKS OR EASEMENTS ARE ENCROACHED.
 4. PROVIDE ACCESS TO ALL COVERED PLUMBING AND SUMP PUMPS.
 5. PROVIDE EXTERIOR WINDUP UNIT AT BEDROOMS.
 6. DO NOT USE CONCRETE AT THE INTERSECTIONS.
 7. AND ADJUSTABLE NON LAMINATING LIGHTING AND REGULATION.
 8. 1-SPRINKLER UNIT WITH EXHAUST COOL.
 9. USE TYPICAL REBAR DETAIL AT SET AREAS.
 10. CONTACT ARCHITECT'S ENGINEER OR CONSULTANT FIRST.

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

R-15.00' L-61.01' S 25° 22' E

MARGUERITA ROAD

MASTERPIECE BUILDERS
LOT #9 MARGUERITA DR.
 SEWALL'S POINT, FLORIDA



M.A. CORSON & ASSOCIATES, INC.
 ARCHITECTURE STRUCTURAL DESIGN
 844 East Ocean Blvd. Suite C Stuart, FL. 34994
 (772) 223-8227 - Fax 223-8234
 Visit us on the web @: elstreesnorcoast.com/macoofwa.html

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 a wholly owned subsidiary

12/1/10

Latite Roofing & Sheet Metal LLC
2280 W. Copans Road
Pompano Beach, Fl 33069
Phone: (954) 772-3446 Ext. ~~388~~ 389
Fax # (954) 938-9158

RECEIVED
DATE: 2-2-09
TOWN OF SEWALL'S POINT

FACSIMILE TRANSMISSION ONLY

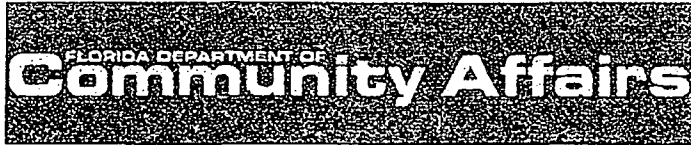
TOTAL PAGES: (Including this cover page)
DATE:
TO: Sewalls Point
FROM: Pam Kitchen
LOCATION:
TELEPHONE:
FACSIMILE: 772 220 4765
Re:

Message:

~~Product Approval changed~~
~~from # 9078~~

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TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
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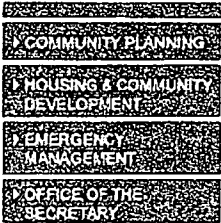


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Product Approval Menu > Product or Application Search > Application List > Application Detail

MASTER permit
9078
Latite Roofing



FL #	FL5218
Application Type	New
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>

Product Manufacturer	Thompson Architectural Metals Company, Inc.
Address/Phone/Email	5015 E. Hillsborough Avenue Tampa, FL 33610 (813) 248-3456 fvalidation@yahoo.com

Authorized Signature	James L. Buckner, P.E. @ CBUCK, Inc. jimmy@cbuckinc.net
----------------------	--

Technical Representative	
Address/Phone/Email	

Quality Assurance Representative	
Address/Phone/Email	

Category	Roofing
Subcategory	Metal Roofing

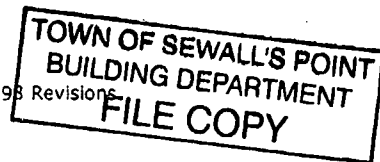
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
-------------------	--

Florida Engineer or Architect Name who developed the Evaluation Report	James L. Buckner
Florida License	PE-31242
Quality Assurance Entity	Keystone Certifications, Inc.
Quality Assurance Contract Expiration Date	
Validated By	Warren W. Schaefer, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received

Certificate of Independence

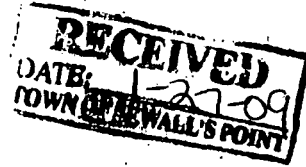
Referenced Standard and Year (of Standard)	Standard	Year
	UL 580 with 1998 Revisions	1994

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



REVISIONS - CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: _____ PERMIT NUMBER: 1437

JOB ADDRESS: 1 Marguerita Dr

PLEASE CHECK:

MASTERPIECE BUILDERS
 408 COLORADO AVE.
 STUART, FL 34994
 (772) 283-2096 • CGC 048543

First Peoples Bank
 1301 S.E. Port St. Lucie Boulevard
 Port St. Lucie, FL 34952
 63-1461-670

1437

1437

FIFTY DOLLARS AND 00 CENTS

DATE

02/02/2009

AMOUNT

\$50.00

REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): ADD CABINETS for Dining, Range & Grill (Interior)
Cabins only

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES _____ NO VALUE \$
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: FRANK MILLER SIGNATURE: Jeffrey Bowers
 PHONE NUMBER: 215-9810 FAX NUMBER: 283-2773

FOR OFFICE USE ONLY:

Reviewed by: JA Date: 1-27-09 Approve Deny _____

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: 2 Pages @ \$25.00/Page 50⁰⁰

Radon Fee Professional Regulation Fee Road impact assessment

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 50⁰⁰

Applicant notified by: Valerie 1-27-09 Date: 1-23-09 OK# 1437



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

GAS CHECKLIST

COMPLIANT TO 2004 FBC W/2006 REVISIONS/FUEL GAS CODE & NFPA 54 & 58

USE:

RESIDENTIAL: COMMERCIAL:

HOOK UP:

TANK METERED UTILITY GAS: OTHER:

TANK SPECS: 1-1/2"

SIZE: GALS ABOVE GROUND: UNDERGROUND:

TANK TYPE: D.O.T. ASME: OTHER:

TANK DISTANCE: (MINIMUM)

SOURCE OF IGNITION: FT. BUILDING OPENINGS: FT. BUILDING: FT.

PROPOSED SETBACKS FROM LOT LINE:

FRONT: FT. SIDE 1: FT. SIDE 2: FT. REAR: FT.

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)

NATURAL: LP: OTHER:

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 1.0

BASED ON A 1.5 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON SCH. 40 SEMI-RIGID CSST COPPER

POLYETHYLENE PLASTIC S. S.: OTHER:

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

COMBUSTION AIR:

REQUIRED: YES: NO:

METHOD FOR SUPPLYING COMBUSTION AIR: See Mechanical drawings

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD: GAS COMPANY:

OTHER:

GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1: DRYER 20K BTU 1/2 *DIA. PIPE 7 FT.-LENGTH

APPLIANCE #2: RANGE 30K BTU 1/2 *DIA. PIPE 7 FT.-LENGTH

APPLIANCE #3: GRILL 35K BTU 1/2 *DIA. PIPE 7 FT.-LENGTH

APPLIANCE #4: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

APPLIANCE #5: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

APPLIANCE #6: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

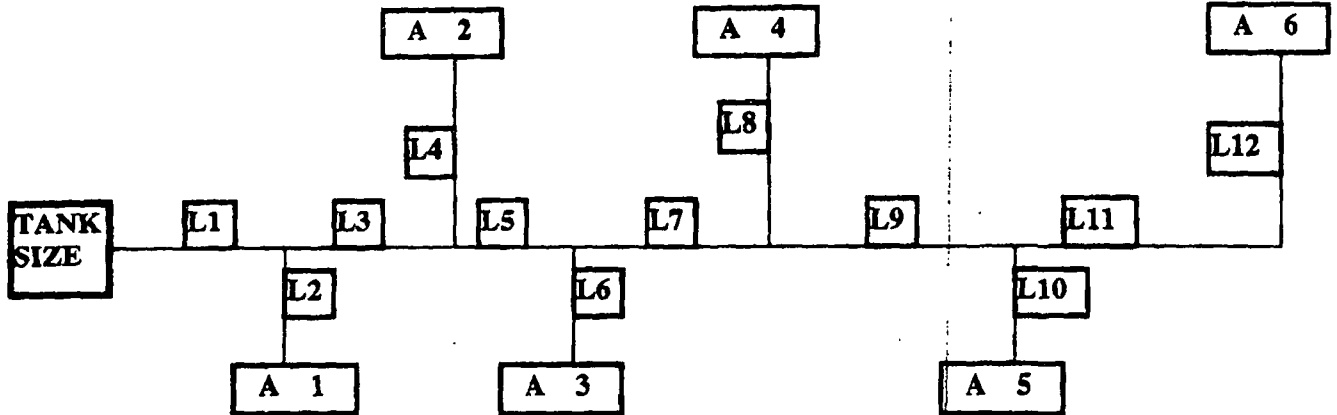
(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

*THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC W/2006 REVISIONS/FUEL GAS TABLE NO. _____



MARTIN COUNTY BUILDING DEPARTMENT
 900 SE RUHNKE STREET
 STUART, FL 34994
 (772) 288-5916
 FAX (772) 288-5911

GAS PIPING SCHEMATIC



TANK SIZE _____ GALS *N/A*

APPLIANCE - TYPE/SIZE

A1	<i>Deer</i>	<i>20,000</i>	BTU
A2	<i>RANGE TOP Burners</i>	<i>35,000</i>	BTU
A3	<i>Grill</i>	<i>35,000</i>	BTU
A4	_____	_____	BTU
A5	_____	_____	BTU
A6	_____	_____	BTU

PIPING LENGTH & SIZE

L1	<i>45</i> FT.	<i>3/4"</i> INCH DIA.
L2	<i>7</i> FT.	<i>1/2"</i> INCH DIA.
L3	<i>2'</i> FT.	<i>3/4"</i> INCH DIA.
L4	<i>7'</i> FT.	<i>1/2"</i> INCH DIA.
L5	<i>45</i> FT.	<i>1/2"</i> INCH DIA.
L6	<i>7'</i> FT.	<i>1/2"</i> INCH DIA.
L7	_____ FT.	_____ INCH DIA.
L8	_____ FT.	_____ INCH DIA.
L9	_____ FT.	_____ INCH DIA.
L10	_____ FT.	_____ INCH DIA.
L11	_____ FT.	_____ INCH DIA.
L12	_____ FT.	_____ INCH DIA.

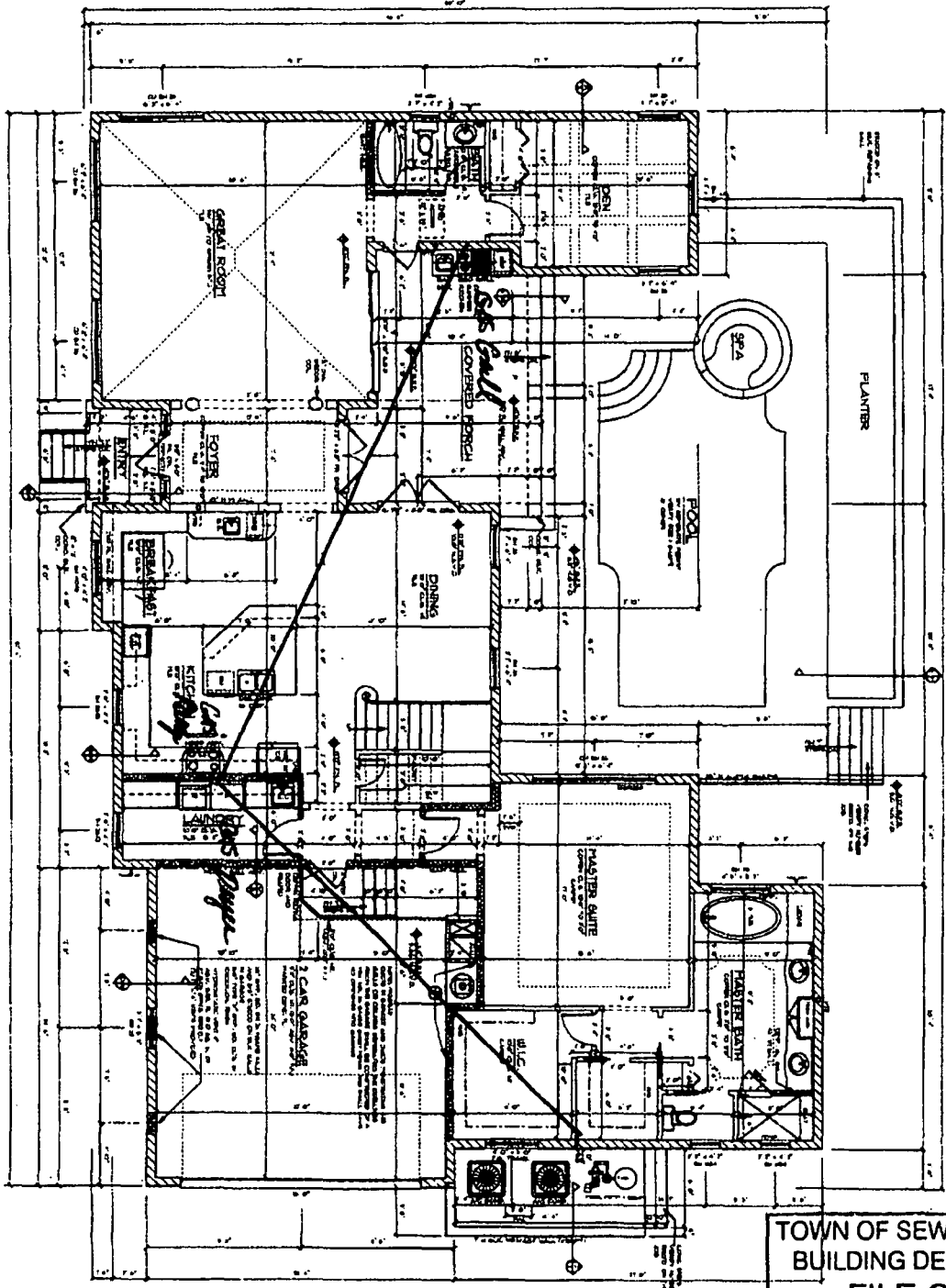
PIPE SIZE WAS TAKEN FROM THE 2004 FBC W/2006 REVISIONS/FUEL GAS CODE - TABLE 402 ()

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

JOB INFORMATION	
Job No.	2003-01
Job Name	SEWALL
Job Address	SEWALL
Job City	SEWALL
Job State	FL
Job Zip	32586
Job Date	03/10/03
Job Status	03/10/03
Job Type	03/10/03
Job Description	03/10/03
Job Notes	03/10/03

BUILDING DATA	
General Notes	1. ALL DIMENSIONS UNLESS OTHERWISE NOTED ARE TO FACE.
Foundation	2. FOUNDATION SHALL BE CONCRETE ON GRADE.
Structure	3. STRUCTURE SHALL BE CONCRETE ON GRADE.
Roofing	4. ROOFING SHALL BE AS SHOWN OR AS NOTED.
Exterior	5. EXTERIOR FINISHES SHALL BE AS SHOWN OR AS NOTED.
Interior	6. INTERIOR FINISHES SHALL BE AS SHOWN OR AS NOTED.
MEP	7. MECHANICAL, ELECTRICAL AND PLUMBING SHALL BE AS SHOWN OR AS NOTED.
Other	8. ALL OTHERS SHALL BE AS SHOWN OR AS NOTED.

DOOR BRICK ANCHORS	
Anchor Size	1/2" x 6"
Anchor Spacing	48" o.c.
Anchor Embedment	3" into concrete
Anchor Protection	Protect with 1/2" x 1/4" x 6" angle iron
Anchor Installation	Install in concrete before pouring
Anchor Location	At all door thresholds
Anchor Detail	See detail on page 10



1ST FLOOR PLAN 1/4"=1'0"

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

1

MASTERPIECE BUILDERS
LOT #9 MARGUERITA DR.
SEWALL'S POINT, FLORIDA



M.A. CORSON & ASSOCIATES, INC.
ARCHITECTURE STRUCTURAL DESIGN
844 East Ocean Blvd. Suite C Stuart, FL 34994
(773) 223-8227 - Fax 223-8234

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1/4"=1'0"

Elite Gas Contractors
200 SE Seville St. Unit 1
Stuart, FL 34997

Combustion Air Requirements

Job Name: Masterpiece Builders Spec House
Location: Marguerita Rd.

Gas Appliances:

1. Dryer 20,000 BTU,
CFM T Fin duct of 4" delivering 80 CFM, no static pressure.
2. Range with top Gas burners and electric oven BTU of 30,000
CFM T Fin duct of 4" delivering 80 CFM, no static pressure.

Note: CFM of T Fin Ducts, no static pressure
4" 80 CFM
6" 120 CFM
7" 160 CFM
8" 240 CFM

Elite Gas Contractors
Gary Kernan
Cell # 260-4728
Fax # 334-8518

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



P/N: 9078

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 1. MALBORITA

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.

- TEND. POWER - AND ADDITIONAL
BRACE TO HEAD OF POLE,
OK TO INSTALL METER -
FOOTING. - RETAINING WALL
- o FOOTING STEEL NOT POSITIONED
PER DETAIL J/2 & F/2.
- o FTB @ ENTRY NOT PER
PLAN.

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

DATE: 1/14

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-14-2009

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8940	Demouest	final	FAIL	
5	925 River Rd Demouest			INSPECTOR <i>OM</i>
9073	Cooper	final	PASS	close
2 ST	33 W High Pt Total Roofing			INSPECTOR <i>OM</i>
8441	Dressler	46 gas tank	FAIL	
3	12 Solana Rd Harbor Course			INSPECTOR <i>OM</i>
9068	Taylor		PASS	
EARLY AM PLS.	22 E. High Pt SENATE	SLAB		INSPECTOR <i>OM</i>
9072	Mistral	TEMP POLE	PASS	CONTACT FPL FOR METER INSTALLATION
4	1 MARGRITH DR	STEEL WIRE FTR	FAIL	INSPECTOR <i>OM</i>
		drainage erosion		
	4 Morgan Circle			INSPECTOR
9084	Stark	Frame-deck	PASS	
6	925 River Rd Emil Lattiola			INSPECTOR <i>OM</i>

Valerie Meyer

From: Valerie Meyer [vmeyer@sewallspoint.martin.fl.us]
Sent: Wednesday, January 14, 2009 2:59 PM
To: 'FPL (tc_inspections@fpl.com)'
Subject: 1 Marguerita Dr

Inspection completed and passed for temporary power pole – please install meter for

Masterpiece Systems
1 Marguerita Dr
Sewall's Point, FL

Thank you,

Valerie Meyer
Town of Sewall's Point
Building Department
772-287-2455 Ext. 13

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur Fri **1-15** 2009 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE 1st	9 Simara			INSPECTOR
CE	20 Ridgeland			INSPECTOR
1801	Cummings 83 S River	Eup permit - 12/29/08		INSPECTOR
	Hardin 27 S River	Eup permit since 12/1/08 Eup Temp C.O.		INSPECTOR
9078	MASTEL/NEE 1 MAKLEVERITA	FOOTING	PASS	INSPECTOR <i>[Signature]</i>
8867	BELLER 10 PALMETTO K. WENDALL	FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-23 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9086	Dressler	Final	PASS	CLOSE
2	12 Island Rd Hurricane Guard			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9064	Masterpiece Sys	stem wall	PASS	
1st	1 Marguerita Dr Masterpiece Bld			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE	vacant lot	overgrown	—	OVERGROWN AREA IS IN AN UNBROKEN SEA GRADES
3	36 SSPR	in rear		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-28 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9089	Pfeiffer 104 Henry Sewall Buford	footer	PASS	
11:00- 11:30				INSPECTOR <i>[Signature]</i>
7801	Cummings 83 Skiver Rd Edias Mgmt	Final <u>10:00</u>	FAIL	
2				INSPECTOR <i>[Signature]</i>
8902	Cummings 83 Skiver Rd Wilco	Final (boast + etc)	CANCEL	WILL RESCHEDULE
3				INSPECTOR <i>[Signature]</i>
8821	Cummings 83 Skiver Rd Olympic tools	Final	CANCEL	WILL RESCHEDULE
4				INSPECTOR <i>[Signature]</i>
9000	CD2 4 River Oak SDH	reinspect slab/footer	PASS	
830 1st				INSPECTOR <i>[Signature]</i>
CE	HERONS 18 Crane Nest (Lot 12) near 11255 PR	measure damage to seagrapes		
7				INSPECTOR
9018	Masterpiece i Marguerita Dr Masterpiece	plum all foot	PASS	
last			1:00 P.M.	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

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Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE		lumber in driveway		
	167 SSPR			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE		australian pines		
	19 Samara St			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	Masterpiece	31mural	Photo	
	1 Margueta			
	Masterpiece			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-12 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9028	Hinners 4 Morgan Cir Gibben	roof sheathing	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9098	Masterpiece	UG plumbing	Pass	
AFTER 10:00	1 Marguerita Dr Masterpiece	UG mechanical	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9000	[scribble]	[scribble]		
	[scribble]	[scribble]		
	[scribble]	[scribble]		
		(Tri)		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **2-18** 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8766	Dressler	Final	PASS	CLOSE
1	12 Island Rd AAG Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Greene	Tree	PASS	
4	113 Hillcrest Dr			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9100	Lulub	UG electric	PASS	
2	20 E High Pt Annual Elec			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	Masterpiece	UG electric	PASS	
3	1 Marguerita Rd Masterpiece	UG gas	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Masterpiece	Tree	PASS	
3	1 Marguerita			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9101	Smith	slab		
	2 Morgan Cir Keith Holberg		PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	1 MARQUETTA MARTENIKE	SLAB	PASS	RECEIVED COPY OF TEST INSPECTOR [Signature]
CE	32 N River Rd	stagnant water right near corner		MUNICIPALITY IS GETTING ESTIMATES TO CORRECT DRAINAGE - INSPECTOR [Signature]
CE	6 Indialucie	fence NO Permit		INSPECTOR
8968	NELSON 3 MARQUERITA KLINE POOLS	E.P. BOND	PASS	INSPECTOR [Signature]
9050	Town of SP 2 SSPR JDL	Footers	PASS	INSPECTOR [Signature]
				INSPECTOR
				INSPECTOR



P/N: 9078

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 1 MARGUERITA

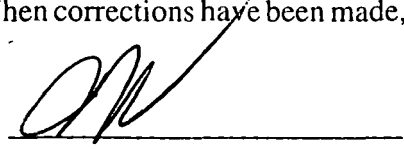
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

SLAB - OK TO POUR

WAITING ON COMP. TEST.

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

DATE: 2/23



INSPECTOR

DO NOT REMOVE THIS TAG


A. M. ENGINEERING AND TESTING, INC.

 590 N.W. MERCANTILE PLACE
 PORT ST. LUCIE, FLORIDA 34986
 OFFICE: (772) 924-3575 FAX: (772) 924-3580

REPORT OF STEM WALL BACKFILL COMPACTION

Client: **Masterpiece Builders**
 408 Colorado Avenue
 Stuart, Florida 34994

Site: **1 SE Marguerita Drive**
 Sewall's Point, Martin County, Florida
 Stem Wall Backfill (Slab Area)

Report Date: February 20, 2009
 Project No: 1000
 Lab No: 60
 Technician: W. Hissong
 Permit No.: 9078

FILE

Density tests and Hand Cone Penetrometer (HCP) readings were made in the stem wall backfill (slab area) to a depth of four feet at a minimum of three locations. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade through the depth of fill. At the time of our testing no information was available regarding the foundation setbacks.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (psf)		Percent Compaction
				In Place	Proctor	
1	2/20/09	Southeast Corner	0 - 1	113.1	114.6	98.7
2		Center Area	0 - 1	111.7	114.6	97.5
3		Northwest Corner	0 - 1	111.5	114.6	97.3

* Elevations are below slab grade.

In the locations and depths that were tested, the stem wall backfill (slab area) has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Distribution:

Client - 2

PCM/ah

Submitted by:

A. M. ENGINEERING AND TESTING, INC.

Paul C. Martin 2/20/09

Paul C. Martin, P.E.

Florida Registration No. 65051

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

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3-10 2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9019	Masterpiece	Roof	Pass	
	1 Marquerita Dr Masterpiece			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9108	ARMSTRONG	TILE IN		
	3 RIDGELAND	PROGRESS	CANCEL	
	SKYHIGH			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9114	Olney	stem wall		
	108 Henry Sewalls	footer	FAIL	
	Parks Co			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9107	Armstrong	Final		
	3 Ridgeland	Shutters	PASS	Close
	Skyhigh			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-1 2009 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9062	Siegel 116 Island Rd Knauss & Crane	Final AC	PASS	Close INSPECTOR <i>[Signature]</i>
9111	CD2 33N Sewalls SDH	Final Demo	PASS	CLOSE INSPECTOR <i>[Signature]</i>
8210	MADDEN 100 S. RIVER O.B.	GAS HOOK UP TO GENERATOR FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9078	Masterpiece Sys 1 MARQUETTA MASTERPIECE	ROOF STEERING	PASS	INSPECTOR <i>[Signature]</i>
8999	Raskin 144 N.S.P.R. COR Bldg	FINAL MAILBOX	PASS	CLOSE INSPECTOR <i>[Signature]</i>
8865	HOBLE 22. N.S.P.R. C.D.R.	FINAL	FAIL	INSPECTOR <i>[Signature]</i>
8763	HOBLE 22 N.S.P.R. C.D.R.	PASS FINAL	PASS	CLOSE Pending renewal INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	Masterpiece	Framing		
10AM	1 Marguerita Masterpiece	Handyman	Pass	
		Trusts & Etc		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-15 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9135	BENI BANA			
	3602 SE OCEAN	FINAL	Pass	
		WALL REPAIR		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
91078	M. SALDICE	WINDOWS PARTS	PASS	
1	1 MARCURITA	REPAIR	PASS	
		STAIRS, DR	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



P/N: 9078

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 1 MARGUERITA

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.

LATHES

NEED ENGR. LETTER ADDRESSING
CLOSED ATTIC SPACE (NO VENTS)
W/ BATT INSULATION @
BOTTOM CHORD OF TRUSS -

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

5/20

INSPECTOR

DO NOT REMOVE THIS TAG



P/N: 9078

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: _____

*MARGUERITA
1 MANABALCA*

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.

FRAME ALL

*ISOLATE CABLES FROM CONTACT
w/ DRYER VENT -*

A/C - NOT READY

*SHOWER PAN IS NOT IN
CORRECTLY.*

TIGHTEN ALL NUTS -

*METER CAN NEEDS AIR SPACE
WHERE IN CONTACT w/ WALL.*

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

6/15


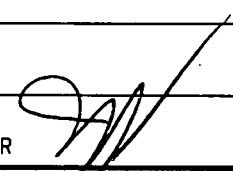
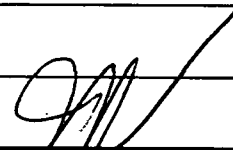
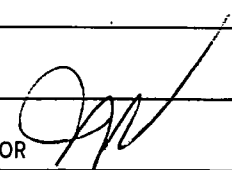
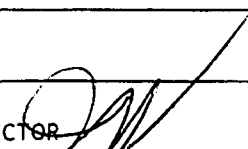
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-20 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9150	Skee	Final	PASS	CLOSE
AF 3	30 Fieldway Seneca A/C			INSPECTOR 
9113	Olney	tie beam gusset	PASS	
<u>1st</u>	108 Henry Sewalls Parbo Co.			INSPECTOR 
1078	Masterpiece	Deck	FAIL	
<u>2nd</u>	1 Marguerita Masterpiece			INSPECTOR 
9000	CD2	2nd fl window	PASS	
4#	4 River Oak P SDH	4 door bucks		INSPECTOR 
Tree	Wienke	Tree	PASS	
	10 Heritage Way			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



P/N: 9078

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 1 MARGUERITA

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.

- FRAME ALL
- PLC - CORRECT SH. PAN
INSTALLATION
- ISOLATE COPPER PIPE
@ BALU. STRAN.
- A/C - RAISE DUCTS TO ALLOW
12" INSUL.
- ELEC. - PASS
- WAS - ISOLATE EXHAUST
DUCT & CABLES -

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: 6/22/09



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection



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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9149	Marsh	Final electric	PASS	CLOSE
11:30	16 S Sewalls TCB			INSPECTOR <i>DM</i>
9163	Coverdale	Final	FAIL	NO ACCESS
8:30-9:00	51 N River Rd Hymns AC		FAIL	2 ND TIME INSPECTOR <i>DM</i>
9076	WASTEWATER	PLUMBING	FAIL	
2	1 WASTEWATER	ELECTRICAL		
	WASTEWATER	Mech		INSPECTOR
		PLUMBING		
		GAS		INSPECTOR <i>DM</i>
9176	Malone	Final	FAIL	NO ACCESS
3	14 S Via Lucinda Brinks		PASS	REINSPECTED (CLOSE) INSPECTOR <i>DM</i>
9160	TULLIEN	FINAL	FAIL	CLOSE
10:45	39 N. S. R. O/B. RIVER	283-0832	PASS	INSPECTOR <i>DM</i>
9000	CDZ LLC	PLUMBING		
	4 River Oak Pl	ROUGH	Pass	INSPECTOR <i>DM</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-24 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8199	Kissling	Final AC	PASS	CLOSE
<u>150</u>	7 Meadow St Nislin	(at 6/16/09 @ meat removed)		INSPECTOR <i>AM</i>
9178	Karr	Final	PASS	CLOSE
<u>11AM</u>	1 Palama Way Nislin			INSPECTOR <i>AM</i>
9149	Marsh	Final 1st lift	PASS	CLOSE
<u>2</u>	16 S Sewalls TCBI			INSPECTOR <i>AM</i>
2A	126 N. SPR	WORK w/o PERMIT (CALL KIT)		INSPECTOR
9078	MASTERPIECE	RUE ROUGH	PASS	
	1 MARGUERITA MASTERPIECE	ELEC CONS	PASS	INSPECTOR <i>AM</i>
		MISC FRAMING	PASS	INSPECTOR <i>AM</i>
9000	CO2	ELEC. / PORCH	PASS	
	4 RIVER OAK PL	(FRONT 1ST & 2ND FL)		INSPECTOR <i>AM</i>
	SDH +			

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9073	Masterpiece Sy. Mountain	mountain	PASS	
2	1 Marguerita Masterpiece			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9189	Hooker	framing	FAIL	
1st	6 Morgan Duffwood	electric (on balcony)	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9190	Braid	Boatlift	FAIL	
	84 N Sewalls Hammerhead Marine	Final		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLEES POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-26 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9188	Lerner	lathe		
1 st	37 E High Pt		PASS	
	OB			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9193	Allen	Final		No Permit Pasted
34	171 S River Rd	Roof	FAIL	REMOVE DEBRIS
	Onshore Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9114	Olney	Final Roof		
33	108 Henry Sewall Way		PASS	
	Fenko Co			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9210	Roue	Final shutter		Permit too wet
6	5 S River Rd	(1033) code	PASS	TO SIGN
	Gulfstream Alum	be careful house alarm is on		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9070	Masterpiece	Masterpiece	FAIL	Not Ready
#2	1 Marguerita			INSPECTOR <i>[Signature]</i>
	Masterpiece			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	tie beam		
after 10 AM	275 River Rd		PASS	
5	Stratium			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-28 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9223	Akers 38 W High Pt Rd. Munks	Final alarm	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9018	Comcast Tuscan La	Final CATV Facility	PASS	CLOSE INSPECTOR
9133	Comcast 125 Sewalls	Final UG CATV	PASS	CLOSE INSPECTOR
9219	Braunstein 11 N River Rd all shutters	through wall FINAL SHUTTERS	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9224	Debenian 3725 SE Ocean 2 Family Guys	FINAL LETTING Final wall Fire wall Final Elec	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9077	MARGURITA 1 MARGURITA DR	Water FINAL IN PROGRESS Roof FINAL	PASS "	READY FOR FIN INSPECTOR <i>[Signature]</i>
				INSPECTOR

Valerie Meyer

From: Valerie Meyer [/o=SEWALLSPOINT/ou=first administrative group/cn=Recipients/cn=vmeyer]
Sent: Friday, August 28, 2009 3:47 PM
To: 'FPL (tc_inspections@fpl.com)'
Subject: 1 Marguerita Drive

Inspection complete and passed – Please install meter at the following:

Masterpiece Systems
1 Marguerita Drive
Sewall's Point, FL 34996

If you have any questions, please contact me.

Thank you,

Valerie Meyer
Building Dept
Town of Sewalls Point
772-287-2455 Ext 13

Valerie Meyer

From: Ika_M_Wojcieszak@fpl.com
Sent: Friday, August 28, 2009 3:58 PM
To: Valerie Meyer
Subject: 1 Marguerita Drive

Return Receipt

Your 1 Marguerita Drive
document:
was Ika M Wojcieszak/PS/FPL
received by:
at: 08/28/2009 03:58:29 PM

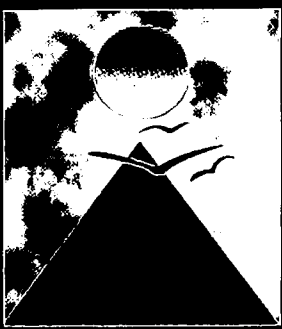
PN9078

September 11th, 2009

RECEIVED
DATE: 9-11-09
TOWN OF SEWALL'S POINT

OK J 9-11-09
FWP

Mr. John R. Adams
Town of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, Florida 34996



PARAGON
INDOOR AIR QUALITY

Subject: Duct sealing and inspection access at the Masterpiece Builders Home on Margarita Dr. Lot #9

Dear Mr. Adams,

This letter is to assure you that the duct joints and duct attachments to the air handler were sealed to the Florida Energy State Energy Code requirements and the Florida State Mechanical Code.

In areas where access for inspection is limited we sealed those areas internally with Low Voc Airseal #33 which is a Polymer Adhesive (UL 181 A-M & B-M listed) and UL 181 Silver Tape. I have attached both material safety data sheets to this letter for your review and file.

Thank you for working with us in this difficult situation!

Sincerely,

Kevin M. Sharkey



Polymer Adhesives
Sealant Systems, Inc.

MATERIAL SAFETY DATA SHEET

SECTION I									
DISTRIBUTOR OR MANUFACTURER: Polymer Adhesives Sealant Systems, Inc.						EMERGENCY TELEPHONE NO. CHEMTREC (800) 424-9300			
ADDRESS (Number, Street, City, State and ZIP Code) 501 Garrett Morris Parkway Mineral Wells, TX 76067									
CHEMICAL FAMILY: Acrylic Emulsion				PRODUCT NAME AND SYNONYMS Airseal #33					
PRODUCT USE Duct Sealant / Mastic				FORMULA Proprietary					
SECTION II - HAZARDOUS INGREDIENTS									
HAZARDOUS INGREDIENTS	CAS NUMBER	%	TLV	PEL (ppm)	CEILING	SKIN DESIGNATION	LD50 OF INGREDIENT (SPECIFY SPECIES AND ROUTE)		LD50 OF INGREDIENT (SPECIFY SPECIES)
Methyl Alcohol	67-58-1	<3	50ppm	250 ppm	50ppm	Yes	145,000 ppm /Rats		15,840 ppm/kg Skin Rabbits
Ammonium Hydroxide	1336-21-6	<0.4	25ppm	50ppm	N/A	NO	Oral rat -350 mg/kg		Inhalation Rat 2,000ppm/4hr
SECTION III - PHYSICAL DATA									
PHYSICAL STATE Paste		ODOR AND APPEARANCE White or gray with slight paint odor				VOC (g/gallon) (See Water & Emulsion Columns)		ODOR THRESHOLD (ppm)	
						35		N/A	
VAPOR PRESSURE Not established	VAPOR DENSITY Not established	EVAPORATION RATE Less than 1		BOILING POINT (°C) 100° C		FREEZING POINT 0° C			
PH 8.0 - 9.5		SPECIFIC GRAVITY 1.30 - 1.40		COEFF. WATER/OL. DISP. Not available		SOLUBILITY IN WATER Soluble		VOLATILES BY WT. (%) <3	
SECTION IV - FIRE AND EXPLOSION DATA									
FLAMMABILITY NO <input type="checkbox"/> YES UNDER WHICH CONDITIONS? <input checked="" type="checkbox"/>									
FLASHPOINT (°C) AND METHOD N/A		AUTOIGNITION TEMPERATURE (°C) Not established		LOWER FLAMMABLE LIMIT (% BY VOLUME) Not applicable		UPPER FLAMMABLE LIMIT (% BY VOLUME) Not applicable			
HAZARDOUS COMBUSTION PRODUCTS None									
EXPLOSION DATA N/A		SENSITIVITY TO IMPACT Not sensitive to impact				SENSITIVITY TO STATIC DISCHARGE Not sensitive to static discharge			
NFPA CODE (REPRESENTATIVE OF THE MOST VOLATILE COMPONENTS IN THE SYSTEM) Health - 0 Flammability -0 Reactivity - 0 Protection -1									
EXTINGUISHING MEDIA None needed in liquid state. In dry state use water, foam, carbon dioxide, or dry chemical									
SPECIAL FIRE FIGHTING PROCEDURES None, however firefighters should always use self contained breathing apparatus as nitrogen oxides and carbon monoxide may be involved.									
UNUSUAL FIRE AND EXPLOSION HAZARDS None									

PRODUCT NAME: Airseal #33

SECTION V - REACTIVITY DATA					
CHEMICAL STABILITY	UNSTABLE		HAZARDOUS POLYMERIZATION	MAY OCCUR	
	STABLE	X		WILL NOT OCCUR	X
COMPATIBILITY (Materials to avoid)					CONDITIONS TO AVOID
Materials that react with water					N/A
HAZARDOUS DECOMPOSITION PRODUCTS					
Carbon monoxide & carbon dioxide					

SECTION VI - TOXICOLOGICAL PROPERTIES			
ROUTE OF ENTRY: SKIN CONTACT [] SKIN ABSORPTION [] EYE CONTACT [] INHALATION [] INGESTION []			
EFFECTS OF ACUTE EXPOSURE TO PRODUCT			
No evidence			
EFFECTS OF CHRONIC EXPOSURE TO PRODUCT			
No evidence			
EXPOSURE LIMITS	IRRITANCY OF PRODUCT	SENSITIZATION TO PRODUCT	CARCINOGENICITY
See PEL	No evidence	None known	No evidence
TERATOGENICITY	REPRODUCTIVE TOXICITY	MUTAGENICITY	SYNERGISTIC PRODUCTS
No evidence	No evidence	No evidence	None known

SECTION VII - PREVENTATIVE MEASURES			
PERSONAL PROTECTIVE EQUIPMENT			
GLOVES (SPECIFY)	RESPIRATOR (SPECIFY)	EYE (SPECIFY)	
No significant concern	None required in ventilated area	Follow good industrial practices by wearing safety glasses.	
FOOTWEAR (SPECIFY)	CLOTHING (SPECIFY)	OTHER (SPECIFY)	
Follow good industrial practices.	Follow good industrial practices.	N/A	
ENGINEERING CONTROLS (SPECIFY, E.G., VENTILATION, ENCLOSED PROCESS)			
General good ventilation is recommended			
LEAK OR SPILL PROCEDURE			
In poor ventilation, a NIOSH approved respirator should be worn.			
WASTE DISPOSAL			
In accordance with Federal, State, and local regulations.			
HANDLING PROCEDURES AND EQUIPMENT			
Wash hands with soap and water before eating or drinking, launder clothing.			
STORAGE REQUIREMENTS			
Keep containers cool, dry, and away from heat. Store with adequate ventilation. Do not pressurize, cut, grind, or weld containers.			
SPECIAL SHIPPING INFORMATION			
Class 55, Item number 4620, Sub 5			

SECTION VIII - FIRST AID MEAS	
EFFECTIVE MEASURES	
<p>Eye Contact: Flush eyes with running water for 15 minutes, get medical attention.</p> <p>Skin Contact: Flush skin with running water, wash with soap and water.</p> <p>Inhalation: Remove to well ventilated area.</p> <p>Ingestion: Do not induce vomiting. Get medical attention immediately.</p>	

SECTION IX - SARA Section 131 SUPPLIER NOTIFICATION					
CAS NUMBER	CHEMICAL NAME	PERCENT BY WEIGHT	CAS NUMBER	CHEMICAL NAME	PERCENT BY WEIGHT
67-56-1	Methyl Alcohol	<3			
1336-21-6	Ammonium Hydroxide	<0.4			

SECTION X - PREPARATION INFORMATION				
PREPARED BY (GROUP, DEPARTMENT, ETC)	PHONE NUMBER	DATE	CHANGE NO.	SUPERSEDES ALL PREVIOUS PUBLICATIONS
Research and Development	(940) 328-9500	2/2/2008	4	

MATERIAL SAFETY DATA SHEET

AVERY DENNISON
 SPECIALTY TAPE DIVISION
 205 CHESTER STREET
 PAINESVILLE, OHIO 44077
 TELEPHONE # 440-358-2600

SECTION I PRODUCT IDENTIFICATION

CHEMICAL NAME:	Pressure Sensitive Adhesive Tape	PRODUCT NAME:	FASSON® 0810
PRINCIPAL USE:	Bonding Materials to Various Substrates	PRODUCT SPECIFICATION:	87412

SECTION II HAZARDOUS INGREDIENTS

This product is not hazardous as defined under OSHA 1900.1200

SECTION III PHYSICAL DATA

BOILING POINT:	N/A	WEIGHT PER GALLON:	N/A
VAPOR PRESSURE (MM HG.):	N/A	% VOLATILE BY WEIGHT:	<1.0 wt%
VAPOR DENSITY (AIR = 1):	N/A	EVAPORATION RATE:	N/A
% SOLUBILITY IN WATER:	<1%	PH:	N/A
PHYSICAL FORM:	Solid	ODOR:	None

SECTION IV FIRE AND EXPLOSION HAZARD DATA

FLASH POINT:	N/A	FLAMMABLE LIMITS	LEL	UEL
METHOD USED:			N/A	N/A

EXTINGUISHING MEDIA:
 WATER OR DRY CHEMICAL

SPECIAL FIRE FIGHTING PROCEDURES:
 TREAT AS ORDINARY COMBUSTIBLE

UNUSUAL FIRE AND EXPLOSION HAZARDS:
 ORDINARY PRODUCTS OF COMBUSTION

THE INFORMATION AND RECOMMENDATIONS CONTAINED HEREIN ARE BASED UPON DATA BELIEVED TO BE CORRECT. HOWEVER, NO GUARANTEE OR WARRANTY OF ANY KIND EXPRESSED OR IMPLIED IS MADE WITH RESPECT TO THE INFORMATION CONTAINED HEREIN. THIS DOCUMENT IS FURNISHED FOR PRODUCT INFORMATION. THIS PRODUCT IS CONSIDERED AN ARTICLE WHICH IS EXEMPT UNDER THE OSHA HCS 1900.1200.

SECTION V HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE:
N/A

EFFECTS OF OVEREXPOSURE:
N/A

EMERGENCY AND FIRST AID PROCEDURES:
FOR EYES - MECHANICAL INJURY ONLY. CHECK FOR EVIDENCE OF CORNEAL INJURY.
INGESTION UNLIKELY DUE TO PHYSICAL FORM.

SECTION VI REACTIVITY DATA

STABILITY: (X) STABLE () UNSTABLE

CONDITIONS TO AVOID: NONE KNOWN

INCOMPATIBILITY: (MATERIALS TO AVOID)
NONE KNOWN

HAZARDOUS POLYMERIZATION: () MAY OCCUR (X) WILL NOT OCCUR

SECTION VII SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:
N/A

WASTE DISPOSAL METHOD:
INCINERATE OR LANDFILL IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS.

SECTION VIII SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION:
NONE REQUIRED

VENTILATION: (X) LOCAL EXHAUST () MECHANICAL
NORMAL VENTILATION ADEQUATE FOR MOST OPERATIONS

OTHER PROTECTIVE EQUIPMENT: () GLOVES () EYES () OTHER

SECTION IX SPECIAL PRECAUTIONS

RECOMMENDED STORAGE CONDITIONS:
KEEP AWAY FROM HIGH HEAT AND FLAMES.

OTHER:
NONE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-30

2009

Page

1

of

1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9188	Kerner	insulation	Pass	
1st	31 E High Pt OB			INSPECTOR <i>[Signature]</i>
9238	Larica	Final roof	Pass	close
	35 Sewall St Code Red		<i>[Signature]</i>	INSPECTOR <i>[Signature]</i>
9078	Masterpiece	driveway	Pass	
930	1 Marquerita Masterpiece			INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-13

2009

Page

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1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9134	OLNEY 108 N. S. WAY PARADES/OLYMPIC	BONDING WIRE	PASS	INSPECTOR <i>[Signature]</i>
9078	Masterson 1 Marguerita Masterson	Concrete	PASS	INSPECTOR <i>[Signature]</i>
9240	Wilson 5 St Lucie Ct MR Hustle	Piling-steel Partial	PASS PARTIAL	EAST SIDE PILING JACKETS INSPECTOR <i>[Signature]</i>
9259	Moscateello 1 Worth Ct OB	Slab Plastic liner FOOTER/SLAB	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-13 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9292	8 S. SPT RD GALFOND	A/C FINAL	PASS	Close
	Jim Keebler Ac			INSPECTOR <i>[Signature]</i>
9078	1 MARGURITA DR	PRO FINISH	PASS	Close
	1 MARGURITA DR MASTO DIECK			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



RECEIVED 11-12-09

Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

MARTIN COUNTY: FAX 419-6934, PHONE 288-5489

CITY OF STUART: Fax 288-5388 Phone 288-5326

JUPITER ISLAND: Fax 545-0188 Phone 545-0150

SEWALLS POINT: Fax 220-4765 Phone 2872455

FROM: Ray Cross

DATE: 11/09/09

SEPTIC SYSTEMS (SS)

LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #

BUILDING DEPT. PERMIT #

LOCATION

43-SS- 960234

9078

1 MARGUERITA DR

43-57-

MASTER PIECE BUILDERS

43-SS-

43-57-

43-SS-

43-57-

43-SS-

43-57-

43-SS-

43-57-

environmental health/ostds/forms

21-09

copy original in Town file

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	Masterpiece-Marguerita	Builder:	Paragon Indoor Air Quality
Address:	Lot #9	Permitting Office:	
City, State:	Sewalls Pt., FL	Permit Number:	
Owner:	Marguerita	Jurisdiction Number:	
Climate Zone:	South		

1. New construction or existing	New	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 47.5 kBtu/hr ___ SEER: 15.00 ___
3. Number of units, if multi-family	1	___	b. Central Unit	Cap: 24.6 kBtu/hr ___ SEER: 15.00 ___
4. Number of Bedrooms	3	___	c. Central Unit	Cap: 24.6 kBtu/hr ___ SEER: 15.00 ___
5. Is this a worst case?	No	___	13. Heating systems	
6. Conditioned floor area (ft ²)	3151 ft ²	___	a. Electric Strip	Cap: 33.7 kBtu/hr ___ COP: 1.00 ___
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		___	b. Electric Strip	Cap: 14.5 kBtu/hr ___ COP: 1.00 ___
a. U-factor: Description Area		___	c. Electric Strip	Cap: 16.6 kBtu/hr ___ COP: 1.00 ___
(or Single or Double DEFAULT) 7a. (Dble, U=0.5)	832.5 ft ²	___	14. Hot water systems	
b. SHGC: (or Clear or Tint DEFAULT) 7b. (SHGC=0.36)	440.0 ft ²	___	a. Natural Gas	Cap: 40.0 gallons ___ EF: 0.60 ___
8. Floor types		___	b. N/A	___
a. Slab-On-Grade Edge Insulation	R=0.0, 305.0(p) ft	___	c. Conservation credits	___
b. N/A	___	___	(HR-Heat recovery, Solar	___
c. N/A	___	___	DHP-Dedicated heat pump)	___
9. Wall types		___	15. HVAC credits	MZ-C, MZ-H ___
a. Concrete, Int Insul, Exterior	R=4.0, 1706.5 ft ²	___	(CF-Ceiling fan, CV-Cross ventilation,	___
b. Frame, Wood, Exterior	R=19.0, 1123.0 ft ²	___	HF-Whole house fan,	___
c. N/A	___	___	PT-Programmable Thermostat,	___
d. N/A	___	___	MZ-C-Multizone cooling,	___
e. N/A	___	___	MZ-H-Multizone heating)	___
10. Ceiling types		___		
a. Under Attic	R=30.0, 2310.0 ft ²	___		
b. N/A	___	___		
c. N/A	___	___		
11. Ducts(Leak Free)		___		
a. Sup: Con. Ret: Con. AH: Attic	Sup. R=6.0, 200.0 ft ²	___		
b. 2 Others	400.0 ft	___		

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Glass/Floor Area: 0.29	Total as-built points: 28646	PASS
	Total base points: 36032	

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

PREPARED BY: *Kevin M. Shuck*

DATE: 12-5-08

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


OWNER/AGENT: *Jeffrey A. Cowles*

DATE: 12-5-08

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: *[Signature]*

DATE: 12-12-08



1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4. EnergyGauge® (Version: FLRCSB v4.5.2)

PERMIT # 9078

 COPY



4016 SW Moore Street, Palm City, FL 34990
772-286-2924 / 772-286-1417 fax
floridaexotic@hughes.net

Reference: ~~1 Marguerite Drive~~
Sewalls Pointe, FL

To whom it may concern, Florida Exotic Landscape / Irrigation used low volume irrigation heads with rain sensors for the irrigation system for the project listed above.

Irrigation License # SP01681

Florida Exotic Landscape / Irrigation

Reuben Turner



Notice of Preventative Treatment for Termites

(as required by Florida Building Code (FBC) 104.2.6 and Broward County Chapter FBC 105.2.2)

PEST PREVENTION | LAWN & ORNAMENTAL CARE | TERMITE SERVICES | MOSQUITO ABATEMENT | RODENT & NUISANCE WILDLIFE EXCLUSION & REMOVAL

SERVICE ORDER NUMBER _____ SERVICE DATE 11/4/09 TIME 1:30 SUNNY CLOUDY

DEVELOPMENT NAME (PROJECT) <u>Spec House</u>		CONTRACTOR'S NAME <u>Masterpiece</u>		CONTACT PERSON <u>Frank</u>	
STRUCTURE ADDRESS (LOT/BLOCK) <u>1 Marguerita Drive</u>			CITY, STATE, ZIP CODE <u>Sewall's Point Fl. 34996</u>		COUNTY <u>Martin</u>
CONTACT PHONE NUMBER <u>772-215-9010</u>		NOTES			

TREATMENT TYPE/AREA

- FLOATING MONOLITHIC PATIO GARAGE DRIVEWAY STEM WALL ADDITION
 CUTOUTS FOOTERS FRONT ENTRY EXTERIOR PERIMETER FOR RENEWAL OTHER Exterior Perimeter for Final

TREATMENT TYPE

- TAMP & TREAT TREAT ONLY FINAL RETREAT BORA CARE TREATMENT BAIT STATION

PRODUCT

- BASELINE PROBUILD TC DRAGNET DEMON TC TERMIDOR TC BORACARE OTHER _____

ACTIVE INGREDIENT Bifen thrin

CONCENTRATION

- .06% .12% .25% .5% .23% OTHER _____ GALLONS APPLIED 104

SQUARE FOOTAGE _____ LINEAR FOOTAGE 260

SQUARE FOOTAGE VERIFIED

- YES NO MEASURED OR VERIFIED PER PLANS

JOB READY CONDITIONS MET

- YES NO DETAILS _____

SAFETY CONDITIONS

As per 104.2.6 FBC - If soil chemical barrier method for termite prevention is used. Final exterior treatment shall be completed prior to final building approval.

Certificate of Compliance: The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code.)

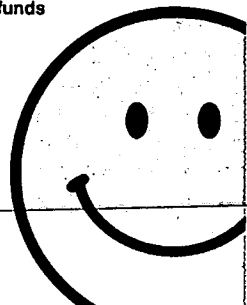
If this notice is for the final exterior treatment, initial and date this line DAP 11/4/09 (TERMITE MONITOR INSTALLED YES NO)

FINAL STICKER

- ELECTRICAL PANEL WATER HEATER OTHER _____

Payment Terms: Customer's payment in full is due at time of initial service. Customer agrees that a finance charge in the amount of 18% per annum will be assessed on all unpaid balances that are not satisfied by the due date. In the event a collection process becomes necessary to recover an unpaid balance the following fees will be assessed including but not limited to: collection service fee, attorney's fee, finance charges and non-sufficient funds payment fee. Customer will be responsible for paying all costs associated with any collection process.

Date 11/4/09 [Signature]
 Date 11/4/09 [Signature]
 Date _____ Applicator (Diligent Lawn and Pest Control, Inc.)
 Date _____ Customer (Property Owner or Agent)





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



CERTIFICATE OF: OCCUPANCY COMPLETION

Single Family Residence Other _____

Temporary: Expiration Date _____

Partial (Area description) _____

BUILDING PERMIT NO: 9078 DATE OF ISSUE: _____

OWNER(S): MASTERPIECE BUILDERS PROPERTY ADDRESS: 1 SE MARGUERITA DR

LEGAL DESCRIPTION: LOT 9 BLOCK _____ SUBDIVISION MARGUERITA

GENERAL CONTRACTOR: MASTERPIECE BUILDERS LIC/CERT NO: _____

ARCHITECT OR ENGINEER: _____ LIC/CERT NO: _____

CODE EDITION: FBC 2004/06 CONST. TYPE: TIL B USE: SFR OCCUPANCY: —

OCCUPANT LOAD: — SPRINKLERS REQUIRED: — SPRINKLERS USED: —


INSPECTION RECORDS

Inspection Type	Date Approved	Inspection Type	Date Approved
UNDERGROUND PLUMBING	<u>2-12-09</u>	UNDERGROUND GAS	<u>2-18-09</u>
UNDERGROUND MECHANICAL	<u>2-12-09</u>	UNDERGROUND ELECTRICAL	<u>2-18-09</u>
STEM-WALL FOOTING	<u>1-15-09, 1-28-09</u>	STEMWALL	<u>1-23-09, 2-3-09</u>
SLAB	<u>2-23-09</u>	TIE BEAM/COLUMNS	<u>3-10-09</u>
ROOF SHEATHING	<u>4-1-09</u>	WALL SHEATHING	<u>—</u>
TIE DOWN / TRUSS ENG	<u>4-2-09</u>	INSULATION	<u>6-29-09</u>
WINDOW/DOOR BUCKS	<u>4-15-09</u>	LATH	<u>6-29-09</u>
ROOF DRY-IN/METAL	<u>4-15-09</u>	ROOF TILE IN-PROGRESS	<u>—</u>
PLUMBING ROUGH-IN	<u>6-24-09</u>	ELECTRICAL ROUGH-IN	<u>6-24-09</u>
MECHANICAL ROUGH-IN	<u>6-24-09</u>	GAS ROUGH-IN	<u>6-24-09</u>
FRAMING	<u>6-24-09</u>	METER FINAL	<u>8-28-09</u>
FINAL PLUMBING	<u>11-13-09</u>	FINAL ELECTRICAL	<u>11-13-09</u>
FINAL MECHANICAL	<u>11-13-09</u>	FINAL GAS	<u>11-13-09</u>
FINAL ROOF	<u>11-13-09</u>	BUILDING FINAL	<u>11-13-09</u>

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

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

Entered at Sewall's Point, Florida, this 16th day of NOVEMBER, 2009.


 John R. Adams, CBO
 Building Official, Town of Sewall's Point

9216

POOL, SPA & DECK



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9216	DATE ISSUED:	JULY 29, 2009
SCOPE OF WORK:	POOL, SPA & DECK		
CONDITIONS :			
CONTRACTOR:	SCHILLER POOLS.		
PARCEL CONTROL NUMBER:	133841-011-000-000905	SUBDIVISION	MARGUERITA - LOT 9
CONSTRUCTION ADDRESS:	1 MARGUERITA DR		
OWNER NAME:	MASTERPIECE SYSTEMS		
QUALIFIER:	ROBERT DEAN SCHILLER	CONTACT PHONE NUMBER:	287-0768

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 7-27-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: MASTERPIECE SYSTEMS INC Phone (Day) 283-2096 (Fax) _____

Job Site Address: 1 MARGUERITA DR. City: SEWALL'S POINT State: FL Zip: 34994

Legal Description LOT 9 MARGUERITA S/D Parcel Control Number: 13-38-41-011-000-00090-S

Owner Address (if different): 408 COLORADO AVE City: STUART State: FL Zip: 34994

Scope of work (please be specific): SWIMMING POOL/SPA & DECK

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 30,000
(Notice of Commencement required when over \$2500 prior to first inspection. \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: R.D. SCHILLER POOLS Phone: 287-0768 Fax: 287-9970
Street: 3590 SE. DIXIE HWY City: STUART State: FL Zip: 34997

State License Number: CPL057114 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: ROBERT DEAN SCHILLER Phone Number: 323-1126

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
Carport: _____ Total under Roof _____ Elevated Deck: POOL DECK 900sq Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2004 W/ 2006 REV.
National Electrical Code: 2005 Florida Energy Code: 2004/6 Florida Accessibility Code: 2004/6 Florida Fire Prevention Code 2004/6

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Jeffery Bowers
State of Florida, County of: Martin
This the 14 day of July, 2009
by Jeffery Bowers who is personally
known to me or produced self
as identification. Theresa Grabowski
Notary Public
My Commission Expires: July 12, 2013

TERESA GRABOWSKI
MY COMMISSION # DD 895583
EXPIRES: July 12, 2013
Bonded Thru Notary Public Underwriters

CONTRACTOR SIGNATURE: (required)
Robert Dean Schiller
On State of Florida, County of: Martin
This the 14 day of July, 2009
by Robert Dean Schiller who is personally
known to me or produced self
as identification. Theresa Grabowski
Notary Public
My Commission Expires: July 12, 2013

TERESA GRABOWSKI
MY COMMISSION # DD 895583
EXPIRES: July 12, 2013
Bonded Thru Notary Public Underwriters

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



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name ROBERT DEAN SCHILLER Permit # _____

Mailing Address 3890 SE. DIXIE WAY City STUART State FL Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
<u>WC</u> CONCRETE POOL DECK	<u>R.D. SCHILLER POOLS</u>	<u>CPC057114</u>
DECK FINISH	<u>R.D. SCHILLER POOLS</u>	<u>CPC057114</u>
<u>of</u> MASTER ELECTRICIAN	<u>ELECTRIC CONNECTION</u>	<u>EC0002938</u>
<u>City</u> POOL GUNITE	<u>PRESTIGE GUNITE</u>	<u>CPL056953</u>
INTERIOR POOL FINISH	<u>R.D. SCHILLER POOLS</u>	<u>CPC057114</u>
POOL STEEL	<u>R.D. SCHILLER POOLS</u>	<u>CPC057114</u>
BARRIER/ALARM	<u>R.D. SCHILLER POOLS</u>	<u>CPC057114</u>

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

RDS
 Signature of applicant

Sworn to and subscribed before me this 14, July day of 2009 by

Robert Dean Schiller
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Theresa Grabowski

Type of ID Produced: self





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

Site Provided by...
 governmax.com T1.12

Summary

print [navigation icons] Owner 1 of 2

- Parcel Info**
Summary
 Land
 Residential
 Improvement
 Commercial
 Image
 Sales & Transfers
 Assessments →
 Taxes →
 Exemptions →
 Parcel Map →
 Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-011-000-00090-5		27870	Owner	0	0

Summary
Property Location
Tax District 2200 Sewall's Point
Account # 27870
Land Use 100 0000 Vacant Residential
Neighborhood 120200
Acres 0.350

Legal Description
Property Information
 MARGUERITA S/D LOT 9

- Search By**
 Parcel ID
Owner
 Address
 Account #
 Use Code
 Legal Description
 Neighborhood
 Sales
 Map →

Owner Information
Owner Information
 MASTERPIECE SYSTEMS INC

Mail Information
 408 COLORADO AV
 STUART FL 34994

Assessment Info
 Front Ft. 0.00

Market Land Value \$218,500
Market Impr Value \$0
Market Total Value \$218,500

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

Recent Sale
 Sale Amount \$320,000

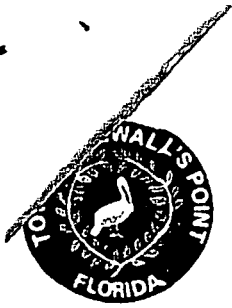
Sale Date 2/28/2005
Book/Page 1985 2926

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 6/22/2009





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

PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (**Print street address**) 1 MARGUERITA RD. LOT 9, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2004 Florida Building Code (FBC) effective October 1, 2005. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet one of the following requirements relating to pool safety features:

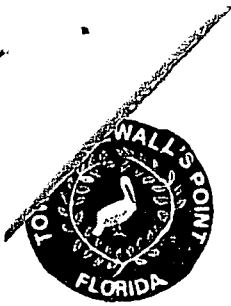
Please note that if the alarm option is selected, this affidavit must be accompanied by a letter of certification from a Florida licensed alarm contractor, architect, or engineer stating full compliance with 2004 FBC R4101.17.1.9. Please initial one of the following:

- (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
 - 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))



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

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

[Signature]
 CONTRACTOR'S SIGNATURE & DATE

[Signature]
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF Florida

COUNTY OF Martin

ON THIS 14 DAY OF July '09

BEFORE ME PERSONALLY APPEARED:

Robert Dean Schaller

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) [Signature]



NOTARY AS TO OWNER:

STATE OF Florida

COUNTY OF Martin

ON THIS 14 DAY OF July '09

BEFORE ME PERSONALLY APPEARED:

Jeffery Bowers

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) [Signature]



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.



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

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

Robert Dean Schiller
 CONTRACTOR'S SIGNATURE & DATE

Jeffery A Bowers
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

NOTARY AS TO OWNER:

STATE OF Florida

STATE OF Florida

COUNTY OF Martin

COUNTY OF Martin

ON THIS 14 DAY OF July '09

ON THIS 14 DAY OF July '09

BEFORE ME PERSONALLY APPEARED:

BEFORE ME PERSONALLY APPEARED:

Robert Dean Schiller

Jeffery Bowers

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) Theresa Grabowski

SEAL (SIGNED) Theresa Grabowski



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-011-000-00090-5

STATE OF FLORIDA COUNTY OF MARTIN

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

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

MARGUERITA RD. LOT 9 MARGUERITA S/D. SEWALL'S POINT, FL

GENERAL DESCRIPTION OF IMPROVEMENT: SWIMMING POOL & PATIO

OWNER NAME: MASTERPECE SYSTEMS INC.

ADDRESS: 408 COLORADO AVE STUART, FL 34994

PHONE NUMBER: 283-2096 FAX NUMBER: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: R.D. SCHILLER POOLS

ADDRESS: 3590 56 DIXIE HWY STUART FL. 34997

PHONE NUMBER: 287-0268 FAX NUMBER: 287-9970

SURETY COMPANY (IF ANY):

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

STATE OF FLORIDA, MARTIN COUNTY

THIS IS TO CERTIFY THAT THE

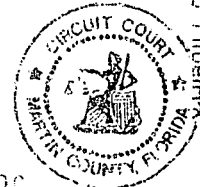
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES COPY OF THE ORIGINAL

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: DATE: 7-27-09

MARSHA EWING, CLERK



IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____

TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B).

FLORIDA STATUTES:

PHONE NUMBER: _____ FAX NUMBER: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

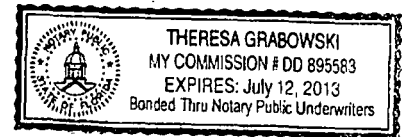
(EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

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

X Jeffrey A Powers

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

SIGNATORY'S TITLE/OFFICE



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 14 DAY OF July 20 09

BY: Jeffrey Powers AS owner FOR self NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

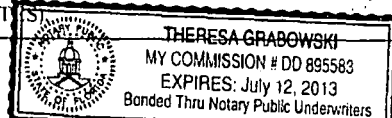
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED self

Theresa Grabowski NOTARY SIGNATURE/SEAL

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

X Jeffrey A Powers (Signature of Natural Person Signing Above)



INSTR # 2159057 DR BK 02403 PG 0623 RECD 07/24/2009 01:27:59 PM MARSHA EWING MARTIN COUNTY DEPUTY CLERK 5 Phoenix



32" Channel Drain Flat Grate Anti-Entrapment Suction Outlet Cover and Three-Port Manufactured Sump

VGB Series

Product Specification Sheet

Features

A single, unblockable suction outlet that exceeds the new VGB mandate and ASME/ANSI A112.19.8a-2008 standard

For single or multiple drain use (see installation instructions for plumbing, hydrostatic valve/drain pipe and single or multi-pump connections)

Single

Floor: 316 GPM at 3.9 fps
Wall: 208 GPM at 2.6 fps

Dual

Floor: 632 GPM at 3.9 fps
Wall: 416 GPM at 2.6 fps
Floor/wall: 242 GPM at 1.5 fps

25.9 square inch opening

#316 stainless steel screws

Manufactured from superior UV-resistant engineered polymers

Three ports: bottom 2 1/2" OD, 2" ID S/S; inside 2" threaded FPT; two 2" threaded plugs included

Meets or exceeds NSF 50/ASME/ANSI A112.19.8a-2008 national standards and ASTM G154 UV testing

Listed with IAPMO R&T

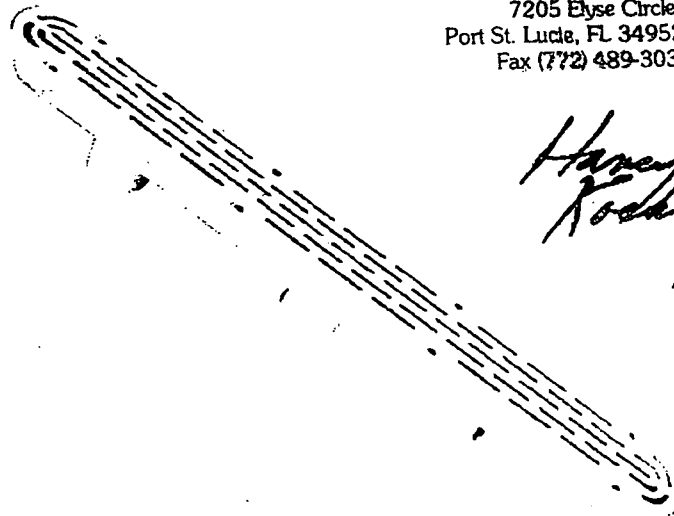
4 per case

The AquaStar line of suction outlet covers, compliant with the new Virginia Graeme-Baker Pool and Spa Safety Act (ASME/ANSI A112.19.8a-2008)

The Unblockable!™

HARVEY E. KOEHNEN
Professional Engineer PE-32831
7205 Elyse Circle
Port St. Lucie, FL 34952-3212
Fax (772) 489-3035

Harvey Koehnen
7/29/09



With sump (concrete pools)*
Model # 32CDFLxxx

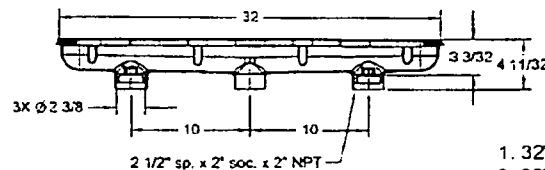
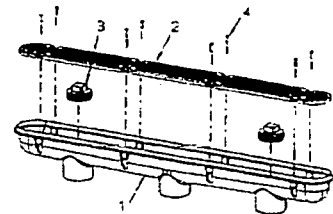
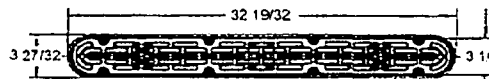
Two Drains in One!

*Also available for vinyl/fiberglass model # 32CDFLVxxx

Part Numbers / Colors

- 32CDFL101 White*
- 32CDFL102 Black*
- 32CDFL103 Lt. Gray*
- 32CDFL104 Blue*
- 32CDFL105 Dk. Gray*
- 32CDFL106 Bone*
- 32CDFL107 Taupe*
- 32CDFL108 Tan*

VGB 2008 Compliant



1. 32" channel drain, frame
2. 32" channel drain, cover, flat
3. 32" channel drain, plug
4. #10 flat head phillips screw, qty 8

P 877-768-2171 F 877-276-PCOL P Outside the US: +1-949-459-1202 info@aquastarpoolproducts.com www.aquastarpoolproducts.com

Reviewed
HK
7/29/09

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



ANSI/APSP-7 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

Simplified Total Dynamic Head (TDH) Calculation Worksheet

Determine Maximum System Flow Rate:

Minimum Flow Rate Required: 35 gpm Per Skimmer (Required: 1 skimmer per 800 sf of surf. area)

- Calculate Pool Volume: $\frac{\text{Surf. Area}}{\text{Avg. Depth}} \times 7.48 \text{ (gal./cubic foot)} = \frac{\text{Vol. in gal.}}{\text{Vol. in gal.}}$
- Determine preferred Turnover Time in hours: $\frac{\text{Hours}}{\text{Turnover in Min.}} \times 60 \text{ (min. / hr.)} = \frac{\text{Turnover in Min.}}{\text{Turnover in Min.}}$
- Determine Max Flow Rate: $\frac{\text{Vol. in gal.}}{\text{Turnover Mins.}} = \text{Pool Flow Rate} + \text{Feature Flow Rate} = \text{System Flow Rate} = 113$
- Spa Jets: $\frac{\text{No. of Jets}}{\text{Jet Flow}} \times \text{gpm per jet} = \text{flow rate}$

(For single pump pool/spa combo, use the higher of No. 3 or No. 4 in the following calculations for the pool & spa)

Determine Pipe Sizes:

- Branch Piping to be NONE inch to keep velocity @ 6 fps max. at _____ gpm Maximum System Flow Rate.
- Trunk Piping to be 2 1/2 inch to keep velocity @ 8 fps max. at 117 gpm Maximum System Flow Rate.
- Return Piping to be 2 1/2 inch to keep velocity @ 10 fps max. at 146 gpm Maximum System Flow Rate.

Determine Simplified TDH:

- Distance from pool to pump in feet: _____
- Friction loss (in suction pipe) in _____ inch pipe per 1 ft @ _____ gpm = _____ (from pipe flow/friction loss chart)
- Friction loss (in return pipe) in _____ inch pipe per 1 ft @ _____ gpm = _____ (from pipe flow/friction loss chart)
- $\frac{\text{Length of Suct. Pipe}}{\text{Ft of head/1 ft of Pipe}} = \text{TDH Suct. Pipe}$
- $\frac{\text{Length of Return Pipe}}{\text{Ft of head/1 ft of Pipe}} = \text{TDH Return Pipe}$

TDH in Piping: _____

Filter loss in TDH (from filter data sheet): _____

Heater loss in TDH (from heater data sheet): _____

Total all other loss: _____

Total Dynamic Head (TDH): _____

Selected Pump and Main Drain Cover:

Pump selection WHISPERFLO WFDS-26 using pump curve for TDH & System Flow Rate
(Pump model and size in Horsepower)

Main Drain Cover AQUASTAR VGB SERIES 32CDFLXX (System Flow Rate must not exceed approved cover flow rates)
(Make and Model)

Notes: Minimum system flow based on min. flow per skimmer of 35 gpm.

Determine the Number and Type of Required In-Floor Suction Outlets:

- Check all that apply.
- 3'-0" suction outlets @ _____ gpm max. flow (see note 2).
- 3 suction outlets @ _____ gpm max. flow (see note 3).
- 1/2 SPA 1/2 Pool AQUASTAR VGB channel drain @ 632 gpm w/ 2 ports (see note 4).

TDH Calculation Options

For each pump

- Check one.
- Simplified Total Dynamic Head (STDH)
Complete STDH Worksheet - Fill in all blanks.
- Total Dynamic Head (TDH)
Complete Program or other calcs. Fill in required blanks on worksheet & attach calculations.
- Maximum Flow Capacity
of the new or replacement pump.

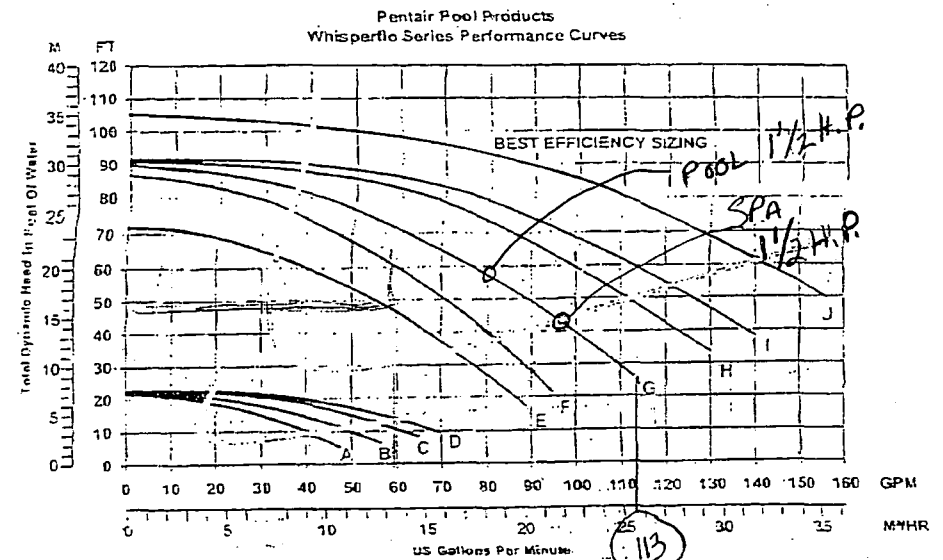
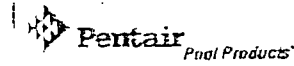
Notes

- If a variable speed pump is used, use the max. pump flow in calculations.
- For side wall drains, use appropriate side wall drain flow as published by manufacturer.
- Insert manufacturer's name and approved maximum flow
- See installation instructions for number of ports to be used.
- In-Floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval.
- Pump, Filter & Heater make and model cannot be changed, and equipment location cannot be moved closer to pool without submitting a revised plan and TDH calculation worksheet for approval.

Flow and Friction Loss Per Foot Schedule 40 PVC Pipe

Pipe Size	Velocity - Feet Per Second		
	6 fps	8 fps	10 fps
1"	16 gpm 0.14'	21 gpm 0.23'	26 gpm 0.35'
1.5"	37 gpm 0.08'	50 gpm 0.14'	62 gpm 0.21'
2"	62 gpm 0.06'	82 gpm 0.10'	103 gpm 0.16'
2.5"	88 gpm 0.05'	117 gpm 0.09'	146 gpm 0.13'
3"	136 gpm 0.04'	181 gpm 0.07'	227 gpm 0.10'
4"	234 gpm 0.03'	313 gpm 0.05'	392 gpm 0.07'
6"	534 gpm 0.02'	712 gpm 0.03'	

WhisperFlo® High Performance Pumps



SCHILLER POOLS
SPA

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Swimming Pool Specification For:
MASTERPIECE SYS.
1 MARGUERITA DR LOT #9
SEWALLS POINT

Date: 7/20/09

Contractors Signature: Harvey Koehnen

Contractors Printed Name: HARVEY E. KOEHNEN

Contractors Cert. No.: PE-32831

Contractors Telephone No.: 7205 Elyse Circle, Port St. Lucie, FL 34952-3212, Fax (772) 489-3035

ANSI/APSP-7 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

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- Calculate Pool Volume: $\frac{290}{(\text{Surf. Area})} \times \frac{4}{(\text{Avg. Depth})} \times 7.48 (\text{gal./cubic foot}) = \frac{8700}{(\text{Vol. in gal.})}$
- Determine preferred Turnover Time in hours: $\frac{1.77}{(\text{Hours})} \times 60 (\text{min. / hr.}) = \frac{113}{(\text{Turnover in Min.})}$
- Determine Max Flow Rate: $\frac{8700}{(\text{Vol. in gal.})} \times \frac{1.77}{(\text{Turnover Min.})} = \frac{113}{(\text{System Flow Rate})}$
- Spa Jets: $\frac{\text{No. of Jets}}{(\text{Jet Flow})} \times \text{gpm per jet} = \text{flow rate.}$

(For single pump pool/spa combo, use the higher of No. 3 or No. 4 in the following calculations for the pool & spa)

Determine Pipe Sizes:

- Branch Piping to be NONE inch to keep velocity @ 6 fps max. at _____ gpm Maximum System Flow Rate.
- Trunk Piping to be 2 1/2 inch to keep velocity @ 8 fps max. at 117 gpm Maximum System Flow Rate.
- Return Piping to be 2 1/2 inch to keep velocity @ 10 fps max. at 146 gpm Maximum System Flow Rate.

Determine Simplified TDH:

- Distance from pool to pump in feet: _____
- Friction loss (in suction pipe) in _____ inch pipe per 1 ft. @ _____ gpm = _____ (from pipe flow/friction loss chart)
- Friction loss (in return pipe) in _____ inch pipe per 1 ft. @ _____ gpm = _____ (from pipe flow/friction loss chart)
- $\frac{\text{Length of Suct. Pipe}}{(\text{Length of Suct. Pipe})} \times \frac{\text{Ft of head/1 ft of Pipe}}{(\text{Ft of head/1 ft of Pipe})} = \text{TDH Suct. Pipe}$
- $\frac{\text{Length of Return Pipe}}{(\text{Length of Return Pipe})} \times \frac{\text{Ft of head/1 ft of Pipe}}{(\text{Ft of head/1 ft of Pipe})} = \text{TDH Return Pipe}$

TDH in Piping: _____

Filter loss in TDH (from filter data sheet): _____

Heater loss in TDH (from heater data sheet): _____

Total all other loss: _____

Total Dynamic Head (TDH): _____

Selected Pump and Main Drain Cover:

Pump selection WHISPERFLO WFDS-26 using pump curve for TDH & System Flow Rate
(Pump model and size in Horsepower)

Main Drain Cover AQUASTAR VGB SERIES 32CDFLXX (System Flow Rate must not exceed approved cover flow rates)
(Make and Model)

Notes: Minimum system flow based on min. flow per skimmer of 35 gpm.

Determine the Number and Type of Required In-Floor Suction Outlets:

Check all that apply.

- 3'-0" suction outlets @ _____ gpm max. flow (see note 2).
- suction outlets @ _____ gpm max. flow (see note 3).
- 1 AQUASTAR VGB channel drain @ 316 gpm w/ 1 ports (see note 4).

TDH Calculation Options

For each pump

- Check one.
- Simplified Total Dynamic Head (STDH)
Complete STDH Worksheet - Fill in all blanks.
 - Total Dynamic Head (TDH)
Complete Program or other calcs. Fill in required blanks on worksheet & attach calculations.
 - Maximum Flow Capacity
of the new or replacement pump.

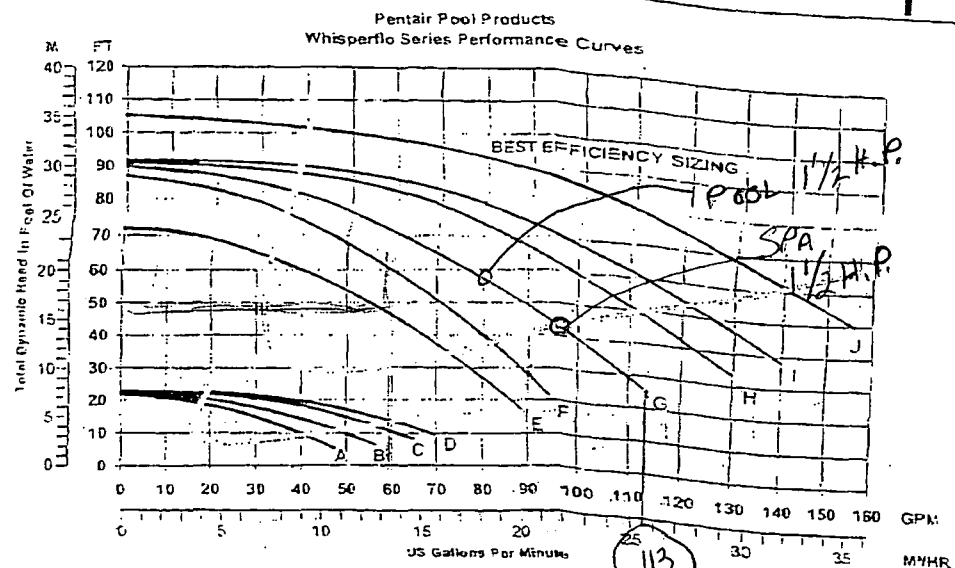
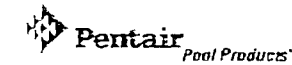
Notes

- If a variable speed pump is used, use the max. pump flow in calculations.
- For side wall drains, use appropriate side wall drain flow as published by manufacturer.
- Insert manufacturer's name and approved maximum flow
- See installation instructions for number of ports to be used.
- In-Floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval.
- Pump, Filter & Heater make and model cannot be changed, and equipment location cannot be moved closer to pool without submitting a revised plan and TDH calculation worksheet for approval.

Flow and Friction Loss Per Foot Schedule 40 PVC Pipe

Pipe Size	Velocity - Feet Per Second		
	6 fps	8 fps	10 fps
1"	16 gpm	0.14'	0.23'
1.5"	37 gpm	0.08'	0.14'
2"	62 gpm	0.06'	0.10'
<u>2.5"</u>	88 gpm	0.05'	<u>0.09'</u>
3"	136 gpm	0.04'	0.07'
4"	234 gpm	0.03'	0.05'
6"	534 gpm	0.02'	0.03'

WhisperFlo® High Performance Pumps



SCHILLER

Pool

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Swimming Pool Specification For:
MASTERPIECE Sys.
1 MARGUERITA DR. LOT #9
SEWALLS POINT

Date: 7/20/09

Contractors Signature: Harvey E. Koehnen

Contractors Printed Name: HARVEY E. KOEHNEN

Contractors Cert. No.: FE-32831

Contractors telephone No.: 7205 Elyse Circle, Port St. Lucie, FL 34952-3212, Fax (772) 489-3035



P/N: 9216

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 1 MARGUERITA

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.

PLUMBING IS OK

ELECTRICAL - FAIL - 4 - 90°

BENDS MAX. PERMITTED

5 ARE VISIBLE W/ 6" AT
NICHE?

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: _____

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-16 2009 Page 1 of 1

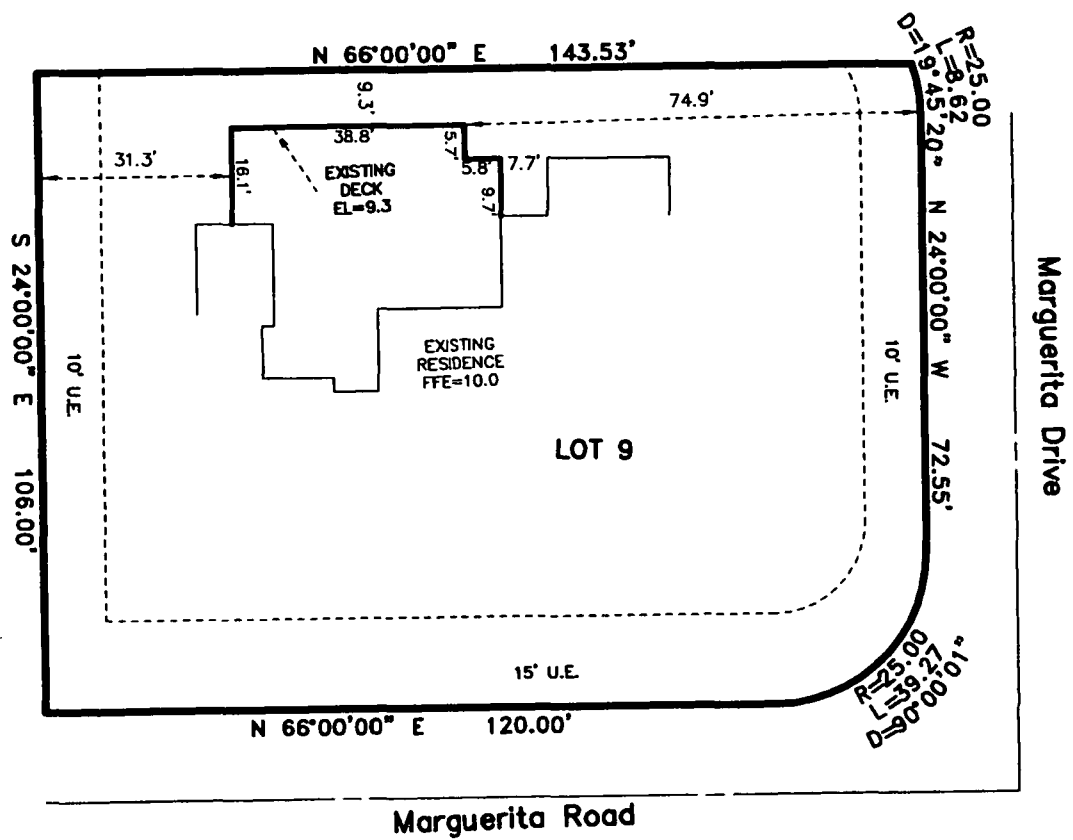
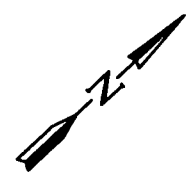
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9211	Marguerita Schuler Pools	Pool	Pass	Inspector
	1 Marguerita Schuler Pools			INSPECTOR <i>[Signature]</i>
9250	Brekeny 6 Riverside OB	tyvek	Pass	NEED BEST PERMIT INSPECTOR <i>[Signature]</i>
9251	Martin 2 Palm Co Louie's	ATTACK WINDOWS	PARTIAL PASS	INSPECTOR <i>[Signature]</i>
9000	CD2 4 River Oak Rd Riverview Const	Final roof	Pass	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

RECEIVED
 DATE: Sept 21-25 09
 OFFICE OF SEAWALLS POINT

LEGEND

- DUE = DRAINAGE & UTILITY EASEMENT
- FIRC = FOUND 5/8 IRON ROD & CAP
- OHE = OVERHEAD UTILITY LINES
- IR = 5/8 IRON ROD
- SIRC = SET 5/8 IRON ROD & CAP
- R/W = RIGHT-OF-WAY
- UE = UTILITY EASEMENT
- DE = DRAINAGE EASEMENT
- FND = FOUND
- CL = CENTERLINE
- EP = EDGE OF PAVEMENT
- D = DELTA ANGLE
- L = ARC LENGTH
- R = RADIUS
- ⊙ = FND 5/8" IRON REBAR
- ⊙ = SPOT ELEVATION

DECK TIE-IN



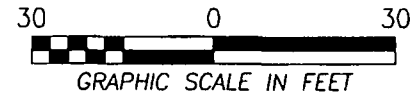
LEGAL DESCRIPTION:

All of LOT 9, MARGUERITA SUBDIVISION, as recorded in Plat Book 10, at Page 3, of the public records of Martin County, Florida.

STREET ADDRESS: 1 Marguerita Drive, Sewalls Point, Florida.

SURVEYORS' NOTES:

1. Survey of description as furnished by client.
2. Lands shown hereon were not abstracted or researched by this office for easements and/or rights-of-way record.
3. There are no above ground encroachments, unless otherwise shown.
4. No underground improvements were located.
5. Bearings shown hereon are based on the centerline of xxxxxxxx as platted and bears xxxxxxxx.
6. Property lies in Flood Zone AE=9.0. Map 12085C0162F, Dated 10.04.02. Elevation based on NGVD 1929.
7. No search of the public records was performed for encumbrances or other matters of title.
8. Elevation shown hereon are NGVD 1929.
9. This document, together with the concepts and designs presented herein, as an instrument of service, is intended only for the specific purpose and client for which it was prepared. Reuse of and/or improper reliance on this document without written authorization and adaptation by Hughes and Associates, shall be without liability to Hughes and Associates.
10. All values and measurements are per plat unless otherwise indicated.



CERTIFICATION

I hereby certify that the survey represented hereon was performed under my supervision and it complies with the minimum technical standards, as set forth by the Florida Board of Surveyors & Mappers in Chapter 61G17-6 of the Florida Administrative Code, pursuant to Section 472.027, Florida Statutes, and further that there are no visible, above ground encroachments unless shown or noted.

Christopher D. Golding

CHRISTOPHER D. GOLDING
 Professional Surveyor & Mapper
 Florida Certificate No. 6090

CERTIFIED TO:
 R.D. SCHILLER POOLS

PERMIT# 9216

File Number marguerita
Date: 09.11.2009
Drawn By: ALH

CHRISTOPHER D. GOLDING
LAND SURVEYING, INC.
 PMB 159-265 PORT ST. LUCIE BOULEVARD
 PORT ST. LUCIE, FL 34984
 PHONE 800.990.1293

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772.220.6688

COMPACTION TEST REPORT

ASTM D 6938-08A

DATE : September 02, 2009

JOB NUMBER : 09-0902

PERMIT NUMBER : 9216

CLIENT : R. D. Schiller Pools

CONTRACTOR : R. D. Schiller Pools

JOB LEGAL : N/A

JOB ADDRESS : ~~11200 SE 10th St~~
Sewalls Point, FL

SOIL CLASSIFICATION & REMARKS : A4 Fine brown sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	103.0	103.6	99.4
2)	102.6	103.6	99.0
3)	102.8	103.6	99.2

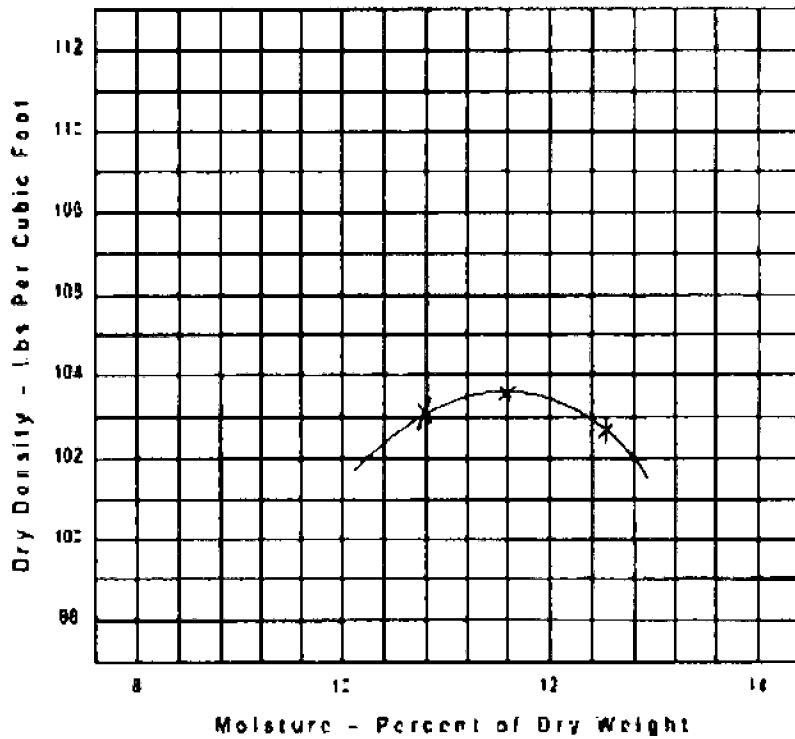
RESPECTFULLY SUBMITTED:

Ernesto Velasco
ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772.220.6688

MOISTURE DENSITY RELATIONSHIP
ASTM D 1557-07

DATE : September 02, 2009
CONTRACTOR : R. D. Schiller Pools
JOB NUMBER : 09-0902
PERMIT NUMBER : 9216



TOWN OF SEWALLE'S POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-22

2009

Page

1 of

1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9051	BENNETT			
WILL CALL	3602 SE OCEAN	TRUSS REPAIR	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9239	HELFMAN	ROOF TILE		
1:00	8 RIDGLAND	IN PROGRESS	PASS	
	SKYLINE			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9211	MARQUERITA	POOL	PASS	
9m	1 MARQUERITA	POOL	PASS	
	SMALLER POOLS	POOL	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8823	SEBASTIANO	METER		OK TO PUT
11:00	6 W. HIGH PT	FINAL	PASS	FURNITURE IN
	0/13			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9280 130	Nichols 17 Palmetto Dr Advantage Ac	Final Ac	Pass	INSPECTOR <i>[Signature]</i>
9216	Mostepiece 1 Marguerita Dr Schiller	Final Pool Pool	Fail	REPAIRS IN POOL DECK BED INSPECTOR BABY BAMAIE
9279	CD2 6 River Oak Pl Harbor Bay Maine	Final Dock repair	Pass	Close INSPECTOR <i>[Signature]</i>
9240	CD2 4 River Oak Pl Harbor Bay Maine	Final Dock	Pass	Close INSPECTOR <i>[Signature]</i>
9293	JUSTAR 171 S. SPDRD WILSON BLDRS	FRAMING & TRADES	TRADES OK FRAMING NEEDED LTA AREA	INSPECTOR <i>[Signature]</i>
9281	DUDICHA 8 MIRAMAR RD SPS	FINAL WINDOWS	Pass	Close INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur Fri 12-9 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9216	Marquitta	Pool	Pass	Close
1PM	Marquerita Schiller		Pass	INSPECTOR <i>[Signature]</i>
9191	FRAN TOM 102 N SPT RD RESORT CONST	BEAMS	FAIL	NEED ON SITE w/ CONT - ENG INSPECTOR <i>[Signature]</i>
9200	Kiplinger 21 ISLAND RD Glass Plus	CHECK POOL FENCE	OK	NEEDS WORK INSPECTOR <i>[Signature]</i>
9304	Kiplinger 143 SPANER RD Glass Plus	back	Pass	INSPECTOR <i>[Signature]</i>
	2 CASTLE HILL			INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

9625

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9625	DATE ISSUED:	NOVEMBER 5, 2010
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	REEL FENCE		
PARCEL CONTROL NUMBER:	133841011-000-000905	SUBDIVISION	MARGUERITA-LOT 9
CONSTRUCTION ADDRESS:	1 MARGUERITA DR		
OWNER NAME:	KURZMAN		
QUALIFIER:	KIMBERLY BIANCARDI	CONTACT PHONE NUMBER:	286-9969

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

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

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

REQUIRED INSPECTIONS

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

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

INSTR # 2241066 OR BK 02484 PG 0289 RECD 11/02/2010 02:24:12 PM
Pg 0289 (1 of 1)
MARSHA ENING MARTIN COUNTY DEPUTY CLERK S Phoenix

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-011-000-00090-5

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
1 SE Marguerita Dr. Marguerita 510 Lot 9

GENERAL DESCRIPTION OF IMPROVEMENT: Fence

OWNER NAME: Kurzman David
ADDRESS: 1 SE Marguerita Dr. Stuart
PHONE NUMBER: 772-260-3637 FAX NUMBER: _____

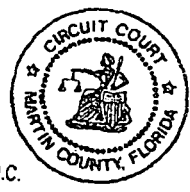
INTEREST IN PROPERTY: _____
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Reel Fence Inc
ADDRESS: 4119 SE Salerno Rd. Stuart, FL 34997 STATE OF FLORIDA
PHONE NUMBER: 772-260-0969 FAX NUMBER: 772-260-0969 MARTIN COUNTY

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA ENING, CLERK
BY: [Signature]
DATE: 11-2-10 D.C.



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

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

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

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

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

X [Signature]
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 26 DAY OF October, 2010

BY: David Kurzman AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED Dr. veris license [Signature]
NOTARY SIGNATURE/ SEAL

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

X [Signature]
(Signature of Natural Person Signing Above)

JILLIAN WILLIAMS
Notary Public
State of New Jersey
My Commission Expires Apr 12, 2015

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

Date: 10/27/10

Permit Number: 9625

OWNER/TITLEHOLDER NAME: Kurzman Phone (Day) _____ (Fax) _____

Job Site Address: 1 SE Marguerita Dr. City: Sewalls Point State: FL Zip: _____

Legal Description Marguerita S/D Lot 9 Parcel Control Number: 13-38-41-011-000-00090-5

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

Scope of work (please be specific): FENCE

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2725.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

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

CONTRACTOR/Company: Reel Fence, Inc. Phone: 772-286-9969 Fax: 772-286-9116

Street: 4149 SE Salerno Rd. City: Stuart State: FL Zip: 34997

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

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

Street: _____ City: _____

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

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) - 2007
National Electrical Code: 2005 (2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

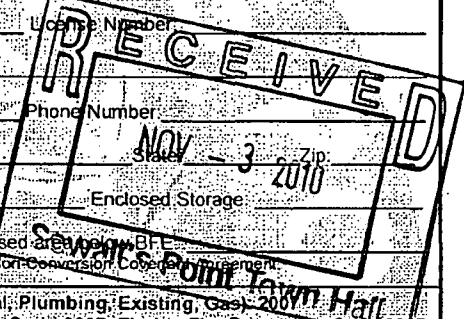
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE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

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

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

OWNER SIGNATURE: (required)
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of State of NJ County Mercer
This the 26th day of October, 2010
by David Kurzman who is personally
known to me or produced FL State DL
as identification. [Signature]
Notary Public
My Commission Expires: April 12, 2015

CONTRACTOR SIGNATURE: (required)
[Signature]
On State of Florida, County of: Martin
This the 2nd day of November, 2010
by Kimberly J. Biancardi who is personally
known to me or produced _____
as identification. [Signature]
Notary Public
My Commission Expires: _____



WILLIAM WILLIAMS
Notary Public
State of New Jersey
My Commission Expires Apr 12, 2015

COMMISSION # DD873352
EXPIRES MAR 23, 2013
www.AARONNOTARY.com

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



INSTR # 2240183
 OR BK 02483 PG 0376
 Pgs 0376 - 377 (2pgs)
 RECORDED 10/26/2010 04:19:19 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 DEED DOC TAX 3,710.00
 RECORDED BY C Oliveri

Prepared by and return to:
 Terence P. McCarthy, Esq.

McCarthy, Summers, Bobko, Wood, Norman, Bass & Taylor, P.A.
 2400 S.E. Federal Highway Fourth Floor
 Stuart, FL 34994
 772-286-1700
 File Number: 02336209
 Will Call No.: 50

Parcel Identification No. 13-38-41-011-000-00090-50000

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 28th day of September, 2010 between Masterpiece Systems, Inc., a Florida corporation doing business as Masterpiece Builders whose post office address is 408 Colorado Avenue, Stuart, FL 34994 of the County of Martin, State of Florida, grantor*, and Michele Kurzman, as Trustee of the Michele Kurzman Revocable Trust dated February 17, 2009 whose post office address is 9 Cherry Lane, Clarksburg, NJ 08510 of the County of Monmouth, State of New Jersey, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$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 9, Marguerita Subdivision, according to the map or plat thereof, as recorded in Plat Book 10, Page 3, of the Public Records of Martin County, Florida.

Subject to taxes for 2010, and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

The Grantee, as trustee, has the full power and authority to protect, conserve, sell, convey, lease, encumber, and to otherwise manage and dispose of said real property pursuant to F.S. 689.071.

and said grantor does hereby fully warrant the title to said land, and will defend the same against 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.

DoubleTimes

Signed, sealed and delivered in our presence:

Angela Scerenscho
Witness Name: ANGELA Scerenscho
Pam Heiges
Witness Name: Pam Heiges

Masterpiece Systems, Inc. d/b/a Masterpiece Builders, a Florida corporation

By: Jeffery A. Bowers - President
Jeffery A. Bowers, President

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 28th day of September, 2010 by Jeffery A. Bowers, President of Masterpiece Systems, Inc. d/b/a Masterpiece Builders, a Florida corporation, on behalf of the company. He [X] is personally known to me or has produced a driver's license as identification.

[Notary Seal]



PAM HEIGES
MY COMMISSION # DD 769303
EXPIRES: July 16, 2012
Bonded Thru Budget Notary Services

Pam Heiges
Notary Public

Printed Name: _____

My Commission Expires: _____



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

Site Provided by...
governmentmax.com 1.11

Summary

print Address 2 of 2

Tabs

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

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-011-000-00090-5	27870	1 SE MARGUERITA DR, STUART	\$520,470	10/23/2010

Searches

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

Owner Information

Owner(Current)	MASTERPIECE SYSTEMS INC
Owner/Mail Address	408 COLORADO AV STUART FL 34994
Sale Date	02/28/2005
Document Number	1817617
Document Reference No.	1985 2926
Sale Price	320000

Location/Description			
Account #	27870	Map Page No.	SP-05
Tax District	2200	Legal Description	MARGUERITA S/D LOT 9
Parcel Address	1 SE MARGUERITA DR, STUART		
Acres	.3500		

Functions

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

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

Assessment Information	
Market Land Value	\$165,000
Market Improvement Value	\$355,470
Market Total Value	\$520,470

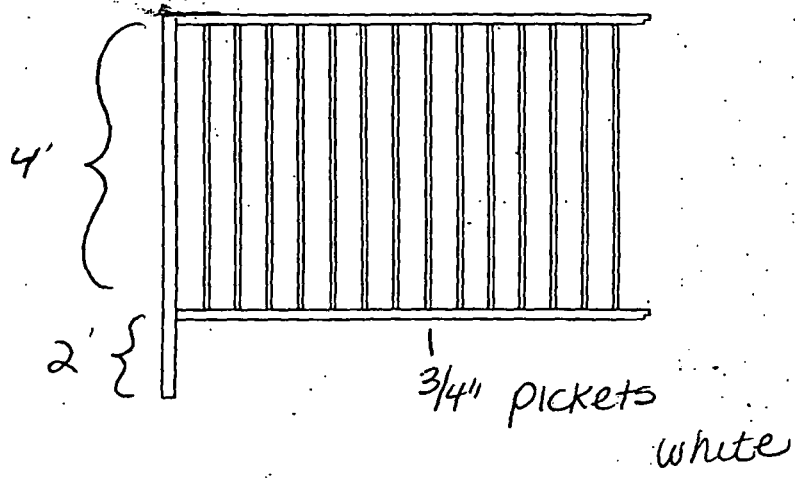
Print Back to List First Previous Next Last

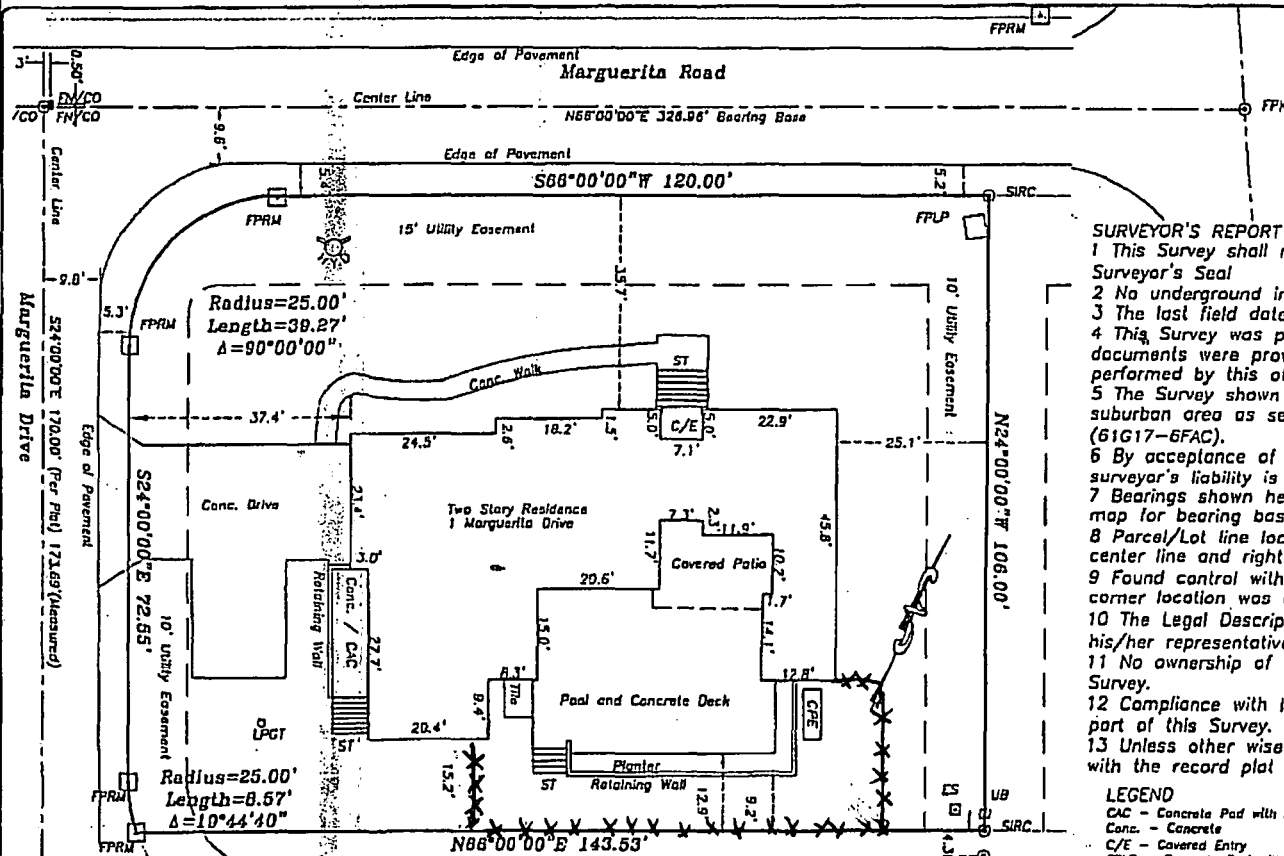
Legal Disclaimer / Privacy Statement





TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY





LEGAL DESCRIPTION
 Lot 9, MARGUERITA SUBDIVISION,
 according to the Plat thereof, as
 recorded in Plat Book 10, page 3, Public
 Records of Martin County, Florida.

SURVEYOR'S REPORT
 1 This Survey shall not be valid unless sealed with an embossed Surveyor's Seal
 2 No underground improvements have been located as part of this Survey.
 3 The last field date of this Survey was: 9.30.10
 4 This Survey was prepared using the Plat of Record only. No other documents were provided and no search of the public records was performed by this office.
 5 The Survey shown hereon meets the requirement for field accuracy in a suburban area as set forth by the Minimum Technical Standards (61G17-6FAC).
 6 By acceptance of this survey all parties agree that the signing surveyor's liability is limited to the amount paid for said Survey.
 7 Bearings shown hereon are in accordance with the Record Plat. See map for bearing base.
 8 Parcel/Lot line locations have been based on found control along the center line and right of way line of Marguerita Road
 9 Found control within 0.10 feet or less of the calculated parcel/lot corner location was accepted to be the true corner.
 10 The Legal Description shown hereon was provided by the client and/or his/her representatives.
 11 No ownership of fence lines has been determined as part of this Survey.
 12 Compliance with local zoning requirements has not been verified as part of this Survey.
 13 Unless other wise noted all bearing and distances are in accordance with the record plat and have been verified by field measurements

LEGEND
 CAC - Concrete Pad with Air Conditioning CBS - Concrete Block Structure
 Conc. - Concrete CTV - Cable TV Box
 C/E - Covered Entry ES - Electric Service
 FPLP - Concrete Pad, with Florida Power & Light Transformer
 HYD - Fire Hydrant LPT - LP Gas Tank
 NCBPLI - Not covered by professional liability insurance
 O/L - Overhead Utility Line PP - Power Pole
 PRM - Permanent Reference Monument ST - Steps
 TCB - Telephone Communications Box UB - Utility Box
 WM - Water Meter PRM - Found 4"x4" Concrete Monument stamped PRM
 FIRC - Found #3 Iron Rod with Cap SRC - Set #5 Iron Rod with Cap LB#7357
 FPK - Found PK Nail

PREPARED for:
 David S. Kurzman and Michelo Kurzman
 McCarthy, Summers, Bobko, Wood P.A.
 Commonwealth Land Title Insurance Company
 East Coast Mortgage Lenders, Inc., its successors and/or assigns
 Flagstar Bank, FSB, its successors and/or assigns
 By: Regina C. Karner, PSM Florida Registration #4363
 Karner Surveying LB#7357

Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.
 Flood Zone: AE Base Flood Elevation 9
 Community #: 120164 Panel #: 0162
 Suffix: F Date: 10.04.2002

Prepared For:
Mr. & Mrs. Kurzman
 Martin County Florida

KARNER SURVEYING, INC.
 Residential & Commercial Surveying Services
 2740 SW Martin Downs Blvd.#333, Palm City, FL 34900
 Phone: 1-772-288 7200 Fax: 1-772-223 8181

DATE	BY	REVISION

Sheet Title		Sheet No.	
Boundary Survey		1 of 1	
Scale	1" = 10'	Plat No.	

MC_Marguerita/Marguerita09

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-3-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9051	Bonihana 3602 SE Ocean Comm Conte.	Final	Pass	STILL NEED SCREENING INSPECTOR <i>gt</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9311	Stalmet	Final	Pass	See Monday INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9559	Stalmet	Final	Pass	See Monday INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9165	Reel Fence	Final	Pass	Close INSPECTOR <i>gt</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9519	Miller 110 N Sewalls Stuart Fence	Final Fence Gate	Pass	Close INSPECTOR <i>gt</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11176

AC CHANGEOUT



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11176	DATE ISSUED:	February 9, 2015
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Honest Air, Inc		
PARCEL CONTROL NUMBER:	13-38-41-011-000-00090-5	SUBDIVISION:	Marguerita S/D Lot 9
CONSTRUCTION ADDRESS:	1 Marguerita Drive		
OWNER NAME:	Kurzman		
QUALIFIER:	Mitch Mazzilli	CONTACT PHONE NUMBER:	232-1114

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11176		
ADDRESS:	1 Marguerita Drive		
DATE ISSUED:	2/9/2015	SCOPE OF WORK:	A/C Change Out

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

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp.	1	\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11176

Date: 2-9-15

OWNER/LESSEE NAME: KURZMAN MICHELE TR Phone (Day) 732-207-6580 (Fax)

Job Site Address: 1 MARGUERITA DR. City: STUART State: FL Zip: 34996

Legal Description: MARGUERITA S/D LOT 9 Parcel Control Number: 13-38-41-011-000-00090-5

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC):

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 2856.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: HONEST AIR, INC Phone: 772-232-1114 Fax: 232-1118

Qualifiers name: MITCH MAZZILLI Street: 1265 SW 34th Ave City: Palm City State: FL Zip: 34990

State License Number: CAC058508 OR: Municipality: License Number:

LOCAL CONTACT: PENNY MAZZILLI Phone Number: 232-1114

DESIGN PROFESSIONAL: N/A Fla. License#

Street: City: State: Zip: Phone Number:

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

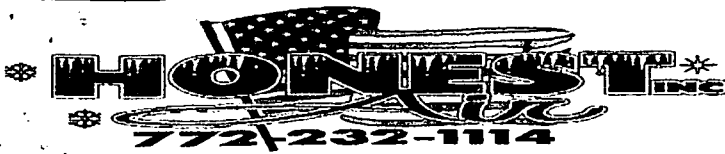
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: X [Signature] State of Florida, County of: On This the [Signature] day of [Signature] 20 [Signature] by [Signature] who is personally known to me or produced As identification. My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X [Signature] State of Florida, County of: Martin On This the 9 day of Feb. 20 15 by MITCH MAZZILLI who is personally known to me or produced As identification. My Commission Expires: 4.24.17

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





www.honestairinc.com

PH: 772-232-1114

FAX: 772-232-1118

20032

Client Name: Kurzmann
 Address: 1 Marguerita Way
Smallwood Pointe, FL
34996
 Phone: 732-207-6580

Email: _____
 Date: 2/10/2015
 C.A. Carl Dosi

Replacement Equipment Estimate	
Brand: <u>Aheem</u>	Air Handler Mod# <u>RBHP21D11SH2-3A0</u>
Tonnage: <u>2.5</u>	Condenser Mod# <u>14ATM30A01</u>
SEER: <u>16</u>	Heater Mod # _____
Equipment Investment: \$ <u>2,856.00</u>	
Warranty: _____	Parts: <u>5</u> Labor: <u>1</u>

Additional Investments	
Attic/Ceiling Mount Air Handler	\$ 450.00
10 Year Labor Warranty	\$ 1,152.00
Re-Surface Air Handler Stand	\$ 185.00
Re-Insulate Air Handler Stand	\$ 146.83
Replace Disconnect Switch	\$ 168.34
Add Disconnect Switch	\$ 212.36
Add Electrical Whip	\$ 87.91
T-Stat (Non-Programmable)	\$ 110.46
T-Stat (Programmable)	\$ 156.82
Re-route Drain Line (upto 25')	\$ 127.49
Condensate Pump W/ Line	\$ 603.71
Replace Condensate Pump	\$ 387.46
Replace Supply Plenum	\$ 326.84
Replace Return Plenum	\$ 326.84
Replace Both Plenums	\$ 586.00
Seal Entire Duct System	\$ 642.68
Filter Rack	\$ 132.06
Washable Filter	\$ 8.50
Add Supply Duct W/Grille	\$ 326.46
Add Return Duct W/ Grille	\$ 326.46
Thru The Wall (by pass) Grille	\$ 265.00
Line Voltage Wire (upto 25')	\$ 201.75
Low Voltage Wire (upto 25')	\$ 168.52
Condenser Pad	\$ 202.57
Crane Service	\$ 450.00
Replace Refrigerant Line Set	\$ 985.65
2 Preventative Maint.	\$ 120.00
Gas Pipe Extension	\$ 78.92
Indoor Air Quality Products	
MicroPower Guard Filter	\$ 627.19
OxyQuantum LED	\$ 847.80
Sentry Air Cleaner	\$ 832.50
Oxine Duct Sanitizer	\$ 292.50
Direct Ship Filters (4PK)	Call For Price
Sensi WIFI T-Stat	\$ 315.00
Equipment Total:	\$ 2,856.00
Additional Investments:	\$ 0
Total I.A.Q.	\$ 0
Sub Total:	\$ 2,856.00
FPL Rebate:	\$ (0)
Other Rebates:	\$ (0)
Total Investment:	\$ 2,856.00

Additional Materials Needed:

By signing this contract you are entering into a binding agreement between yourself and Honest Air, inc. The amount stated in "total investment" is the amount to be paid upon completion of the work described above. Failure to pay the full amount will result in removal of equipment and any fees associated with such work as well as any legal fees.

Client Signature: _____
 I, the Client, agree to pay the full amount stated for the work described above.

Comfort Advisor: _____
 I, the Comfort Advisor, agree to oversee the work stated above and to insure proper installation thereof.

Monthly Payment _____

Total investment includes: Taxes, Permit, Breakers, Installation, Disposal of existing equipment, Labor, and all additional items listed.

Date: _____
 Date: 2/10/2015

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU !!!!

2014-2015

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

ACCOUNT 2001-520-0066 CERT CAC058508

PHONE (772) 232-1114 SIC NO 333319

LOCATION:
1465 SW 34TH ST PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL			26.25

MAZILLI, MITCHELL
HONEST AIR, INC.
1265 SW 34TH ST
PALM CITY, FL 34990

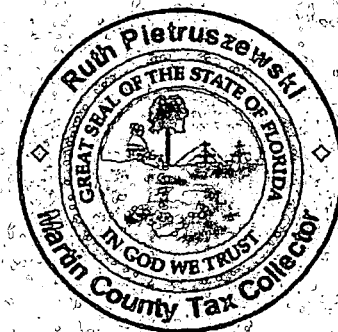
IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **HVAC CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

31 DAY OF JULY, 2014

AND ENDING SEPTEMBER 30, 2015

201 2013 04960.0001 PAID



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
CAC058508	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

MAZZILLI, MITCHELL
HONEST AIR INC
1265 SW 34TH TERRACE
PALM CITY FL 34990



ISSUED: 06/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406040001472



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/17/2013

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

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

PRODUCER PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620	CONTACT NAME: Paychex Insurance Agency Inc PHONE (A/C, NO. EXT): 877-266-6850 E-MAIL ADDRESS: Certs@paychex.com	FAX (A/C, No): 585-389-7426	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Paychex Business Solutions, Inc. Honest Air Inc 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625-0397	INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY		23817
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR MVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			013255888	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.
 Client Inception Date with PBS is 09/25/2013

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



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

Site Provided by...
 governmax.com 1.13

Summary



Owner
 1 of 1

Tabs
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-011-000-00090-5	27870	1 MARGUERITA DR, STUART	\$564,790	2/7/2015

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes ➡
- NEW: Navigator
- Parcel Map ➡
- Notice of Prop. Taxes ➡

Owner Information	
Owner(Current)	KURZMAN MICHELE TR
Owner/Mail Address	9 CHERRY LN CLARKSBURG NJ 08510
Sale Date	9/28/2010
Document Book/Page	<u>2483 0376</u>
Document No.	2240183
Sale Price	530000

Searches

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

Location/Description			
Account #	27870	Map Page No.	SP-05
Tax District	2200	Legal Description	MARGUERITA S/D LOT 9
Parcel Address	1 MARGUERITA DR, STUART		
Acres	.3500		

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

Functions

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

Assessment Information

Market Land Value	\$160,000
Market Improvement Value	\$404,790
Market Total Value	\$564,790

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[Legal Disclaimer](#) / [Privacy Statement](#)



~~DUPLICATE~~

FWP

FLORIDA ENERGY CONSERVATION CODE
Mandatory Duct Inspection Certification for HVAC change-out
 For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: <u>DAVID KURZMAN</u>	Contractor name: <u>HOMPT AIR, INC</u>
Street address: <u>1 MARGUERITA DR</u>	Jurisdiction: <u>SEWALLS PT</u>
City: <u>SEWALLS PT (SUMMIT)</u>	Permit No.: _____
Zip: <u>34996</u>	Final inspection date: _____

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

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

Signature: *[Signature]* Date: _____

Printed Name: Mitch Mazzei

Contractor License #: CAC 058508

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

Signature: _____ Date: _____

Printed Name: _____

#10112

FWP

FLORIDA ENERGY CONSERVATION CODE
Mandatory Duct Inspection Certification for HVAC change-out
 For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: <u>DAVID KURZMAN</u>	Contractor name: <u>HAMPST AIR, INC</u>
Street address: <u>1 MARGUERITA DR</u>	Jurisdiction: <u>STUART PT</u>
City: <u>STUART</u>	Permit No.: _____
Zip: <u>34996</u>	Final inspection date: _____

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

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

Signature: *Mitch Mazzilli* Date: _____

Printed Name: Mitch Mazzilli

Contractor License #: CAC 058508

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

Signature: _____ Date: _____

Printed Name: _____



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>RBHP21311SHD</u>	Condenser: Mfg: <u>Rheem</u> Model# <u>14AJM30A01</u>
Volts <u>240</u> CFM's <u>1000</u> Heat Strip <u>10</u> Kw <u>30A01</u>	Volts <u>240</u> SEER/EER <u>16/13</u> BTU's <u>28600</u>
Min. Circuit Amps <u>50</u> Wire gauge <u>#6</u>	Min. Circuit Amps <u>25</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>RIGHT</u>
Access: _____	Condensate Location _____

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>York</u> Model# <u>UNKNOWN</u>	Condenser: Mfg: <u>York</u> Model# <u>UNKNOWN</u>
Volts <u>240</u> CFM's <u>1000</u> Heat Strip <u>10</u> Kw _____	Volts <u>240</u> SEER/EER <u>UNKNOWN</u> BTU's <u>UNKNOWN</u>
Min. Circuit Amps <u>50</u> Wire gauge <u>#6</u>	Min. Circuit Amps <u>25</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>RIGHT</u>
Access: _____	Condensate Location _____

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

[Signature]
 Signature

2.9.15
 Date



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: DAVID KURZMAN Contractor name: HOWEST AIR, INC.
 Street address: 1 MARGUERITA DR Jurisdiction: SEWALLS POINT
 City: STUART Permit No.: _____
 Zip: 34996 Final inspection date: _____

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

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

Signature: [Signature] Date: 7.9.15
 Printed Name: MICHEL MAZZILLI
 Contractor License #: CAC058508

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

Signature: _____ Date: _____

Printed Name: _____



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

Certificate of Product Ratings

AHRI Certified Reference Number: 3412342 Date: 10/7/2014

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

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RBHP-21+RCHL-36A1

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM; RUUD; WEATHERKING

Series name: RHEEM 14AJM SERIES

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

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

Cooling Capacity (Btuh):	28600
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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

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AIR-CONDITIONING, HEATING, & REFRIGERATION INSTITUTE

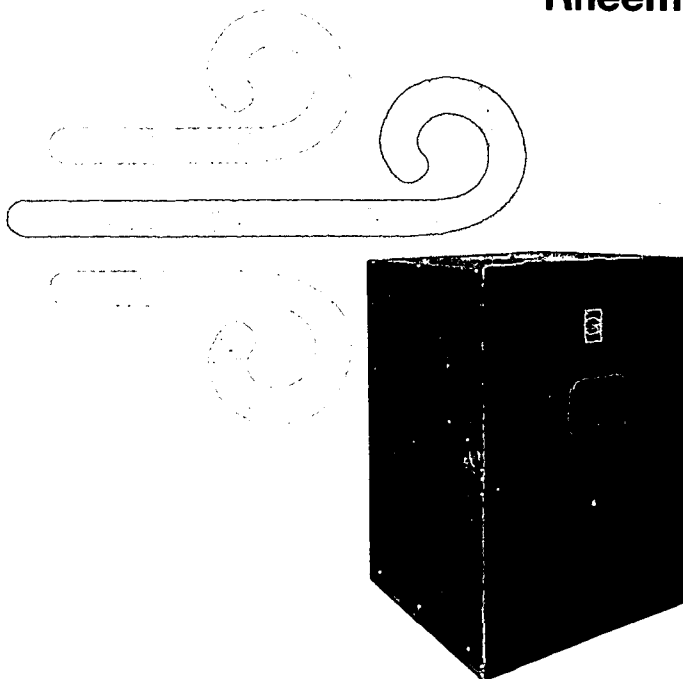
we make life better™

CERTIFICATE NO.: 130571701473539522



The new degree of comfort.™

Rheem High Efficiency Air Handler



RBHP- Series

X-13 (ECM) Motor

Efficiencies up to 16 SEER



- Industry Standard R-410A Refrigerant also Suitable for R-22 Applications
- Models featuring Electric Heat without Indoor Cooling Coil
- Quiet and efficient X-13 (ECM) motor technology
- Only 35" tall and 4-way convertible for all those tight spaces
- Available from factory in upflow and horizontal configurations
- Nominal airflow up to 0.5" external static pressure with reduced airflow up to 1.0" external static pressure
- Factory installed MultiFlex® coils
- Sturdy steel construction with 1 inch [25.4 mm] of foil faced insulation for excellent sound and insulating characteristics
- Permanent, easily accessible and washable filter furnished standard
- Circuit breaker (standard on units with more than 11 kW) meets U.L. and cUL requirements for service disconnect
- Factory installed auxiliary electric heat provides exact heat for indoor comfort over a variety of applications
- Watt restrictors, standard on RBHP-17 models above 6 kW and on RBHP-21, RBHP-24 & RBHP-25 models above 11 kW, stage supplemental heat so that only the necessary amount is engaged to maintain comfort in the conditioned space
- Fan settings for selectable, customized cooling airflow over a wide variety of applications

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Engineering Features

RBHP- Series

- Quiet, efficient X-13 (ECM) motor technology providing nominal airflow to 0.5 inch [12 kPa] of external static pressure.
- Field selectable airflow to meet the requirements of particular applications.
- Low continuous fan speed.
- The most compact unit design available.
- Attractive pre-painted cabinet exterior.
- Rugged steel cabinet construction, designed for added strength and versatility.
- 1" foil faced insulation mechanically retained in blower compartment.
- Four leg rubber insulated wire motor mount.
- Circuit breakers standard on models above 11 kW and optional on models with 11 kW or less.
- Models supplied with circuit breakers meet UL and cUL requirements as a service disconnect switch.
- Provisions for field electrical connections from either side of air handler cabinet.
- Tab lock blower housing with integrated electric heaters, controls, motor and blower. Slide out design for service and maintenance convenience.
- Exclusive dependable Incoloy sheath type electric heating elements located in the blower housing provide mixed warm air.
- Field convertible for vertical upflow, vertical downflow, horizontal left hand or right hand air supply.
- Common combustible floor base accessory fits all model sizes when required for downflow installations on combustible floors.
- Durable framed cleanable air filter provided as standard in unit filter rack.
- MultiFlex® indoor coil design provides low air side pressure drop, high performance and extremely compact size. All coils come with PVC condensate elbow standard.
- All indoor coils have copper tubing and aluminum fins.
- Molded polymer corrosion resistant condensate drain pan is provided on all indoor coils.
- Both supply and return duct flanges provided as standard on air handler cabinet.
- Connection points for both high voltage and low voltage control wiring inside air handler cabinet.
- Concentric knockouts are provided for power connection to cabinet. Installer may pull desired hole size up to 2 inches [51 mm] for 1½ inch [38 mm] conduit.
- Patented watt restrictor on heat pump models to control electric heat during heating operation.
- Internal checked TX valves are used on the RCHJ & RCHL Heat Pump indoor coil for more quiet refrigerant metering.
- Front refrigerant and drain connections.

[] Designates Metric Conversions

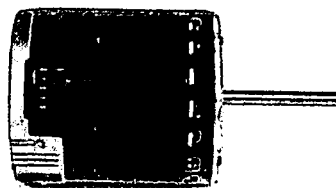
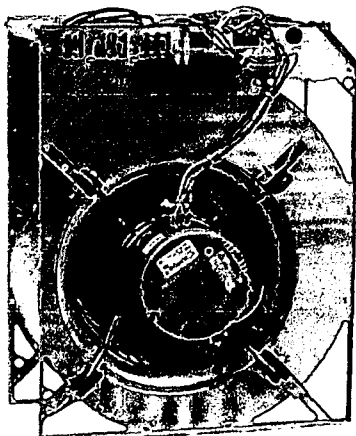
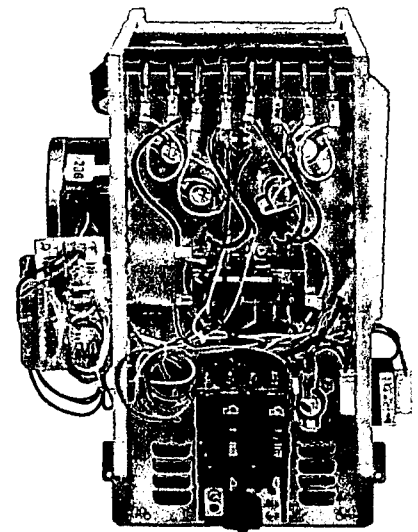
Watt-restrictor

Supplemental heat, provided by electric heating elements may be necessary in some areas when heating requirements for indoor comfort exceed the capacity of the heat pump system. When supplemental heat is required, units with the Watt Restrictor will restrict the amount of supplemental electric heat that can be energized dependent on the heat output of the heat pump (temperature of the air leaving the indoor heat pump coil).

The Watt-restrictor utilizes sensing devices in the unit to sense the air temperature leaving the indoor coil and disengage unnecessary heating elements when that temperature is at least 85°F [29°C]. (In this mode your system is controlled by the first stage of the wall thermostat.) This occurs only when the second stage of the wall thermostat calls for heat.

Since the heat output of the heat pump is dependent upon the outdoor air temperature, this control performs the same function as a field installed outdoor thermostat.

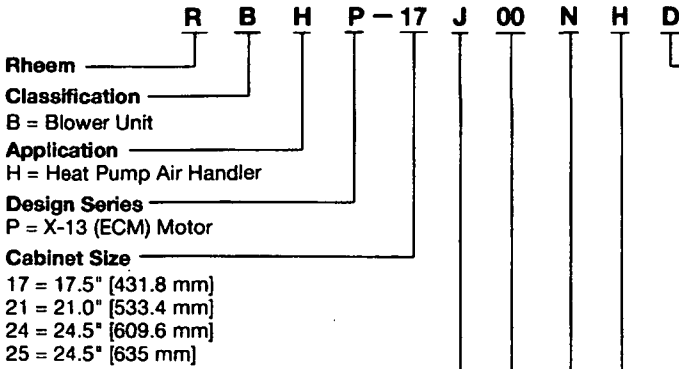
An additional benefit of the Watt Restrictor is that it can sense a degradation in heat pump performance due to causes other than outdoor temperature and react accordingly to bring on more supplemental electric heat.



**X-13 (ECM)
MOTOR**

**BLOWER
SECTION**

Model Number Identification



Coil Code
A = No Coil

Coil Code	Refrigerant Type	Cabinet Width			
		17	21	24	25
D	R-22	RCHJ-24A1GH17	RCHJ-36A1GH21	RCHJ-48A1GH24	
E	R-22				RCHJ-60A1GH24
1	R-410A	RCHL-24A2GH17			
2	R-410A		RCHL-36A1GH21		
4	R-410A			RCHL-48A1GH24	
7	R-410A				RCHL-60A1GH24

[] Designates Metric Conversions

Airflow
Horizontal Multi-Position

Control
N = No Circuit Protection (Single Circuit)
S = Circuit Breaker (Single Circuit)

Electric Heat
00 = No Heat 14 = 14.0 kW
06 = 4.9 kW 18 = 17.5 kW
07 = 7.0 kW 21 = 21.0 kW
11 = 10.0 kW

Voltage
A = 115V-1-60
J = 208/240V-1-60

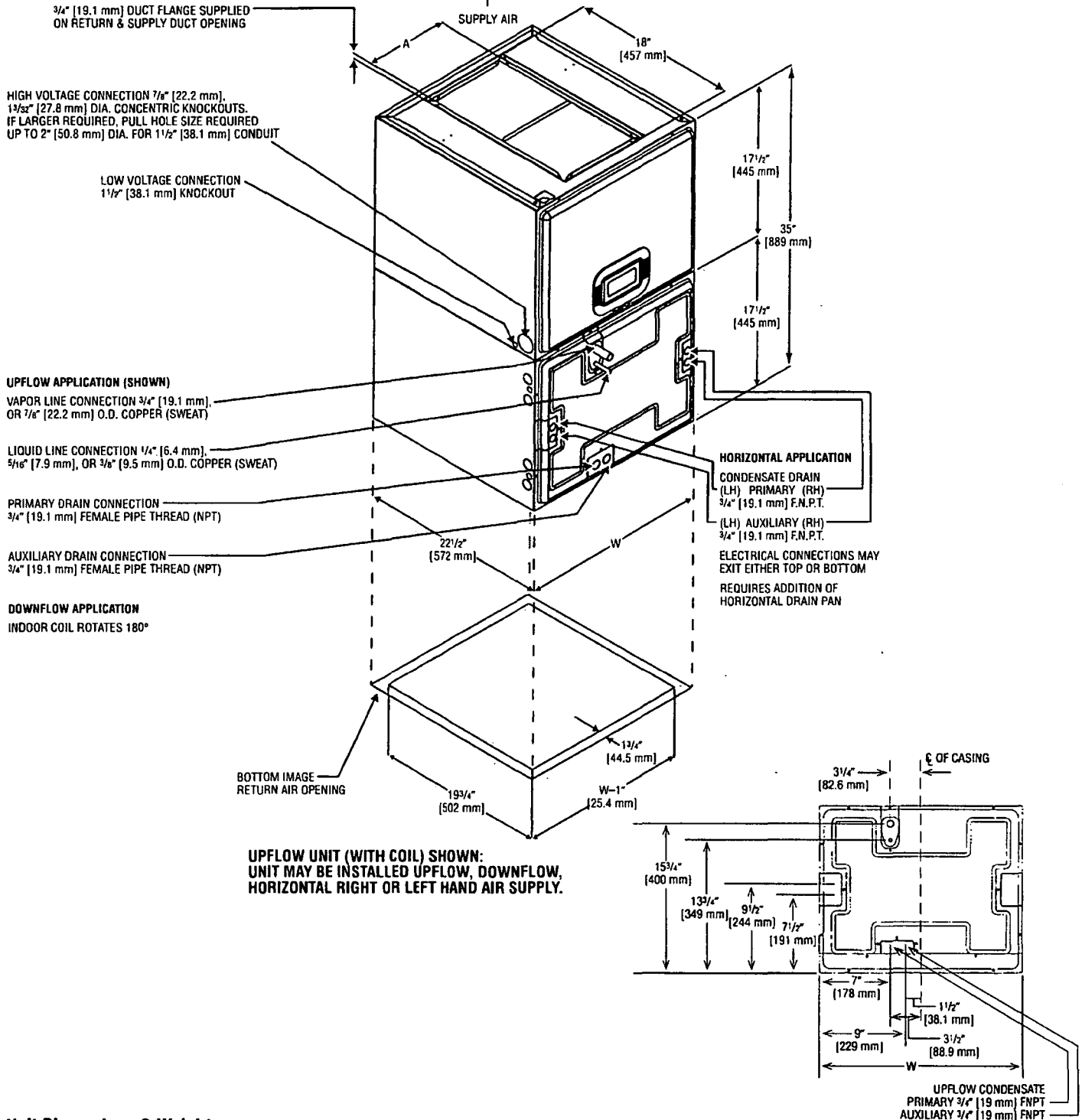
Available Models (Without Coil)
RBHP-17J11SHA
RBHP-21J14SHA
RBHP-24J18SHA
RBHP-25J21SHA

Available Models featuring R-22 Refrigerant
RBHP-17A00NHD
RBHP-17J06SHD
RBHP-17J07SHD
RBHP-17J11SHD
RBHP-21A00NHD
RBHP-21J06SHD
RBHP-21J07SHD
RBHP-21J11SHD
RBHP-21J14SHD
RBHP-24A00NHD
RBHP-24J06SHD
RBHP-24J07SHD
RBHP-24J11SHD
RBHP-24J14SHD
RBHP-24J18SHD
RBHP-25A00NHE
RBHP-25J11SHE
RBHP-25J14SHE
RBHP-25J18SHE
RBHP-25J21SHE

Available Models featuring R-410A Refrigerant
RBHP-17A00NH1
RBHP-17J06SH1
RBHP-17J07SH1
RBHP-17J11SH1
RBHP-21A00NH2
RBHP-21J06SH2
RBHP-21J07SH2
RBHP-21J11SH2
RBHP-21J14SH2
RBHP-24A00NH4
RBHP-24J06SH4
RBHP-24J07SH4
RBHP-24J11SH4
RBHP-24J14SH4
RBHP-24J18SH4
RBHP-25A00NH7
RBHP-25J11SH7
RBHP-25J14SH7
RBHP-25J18SH7
RBHP-25J21SH7

Unit Dimensions

NOTE: 24" CLEARANCE REQUIRED IN FRONT OF UNIT FOR FILTER AND COIL MAINTENANCE.



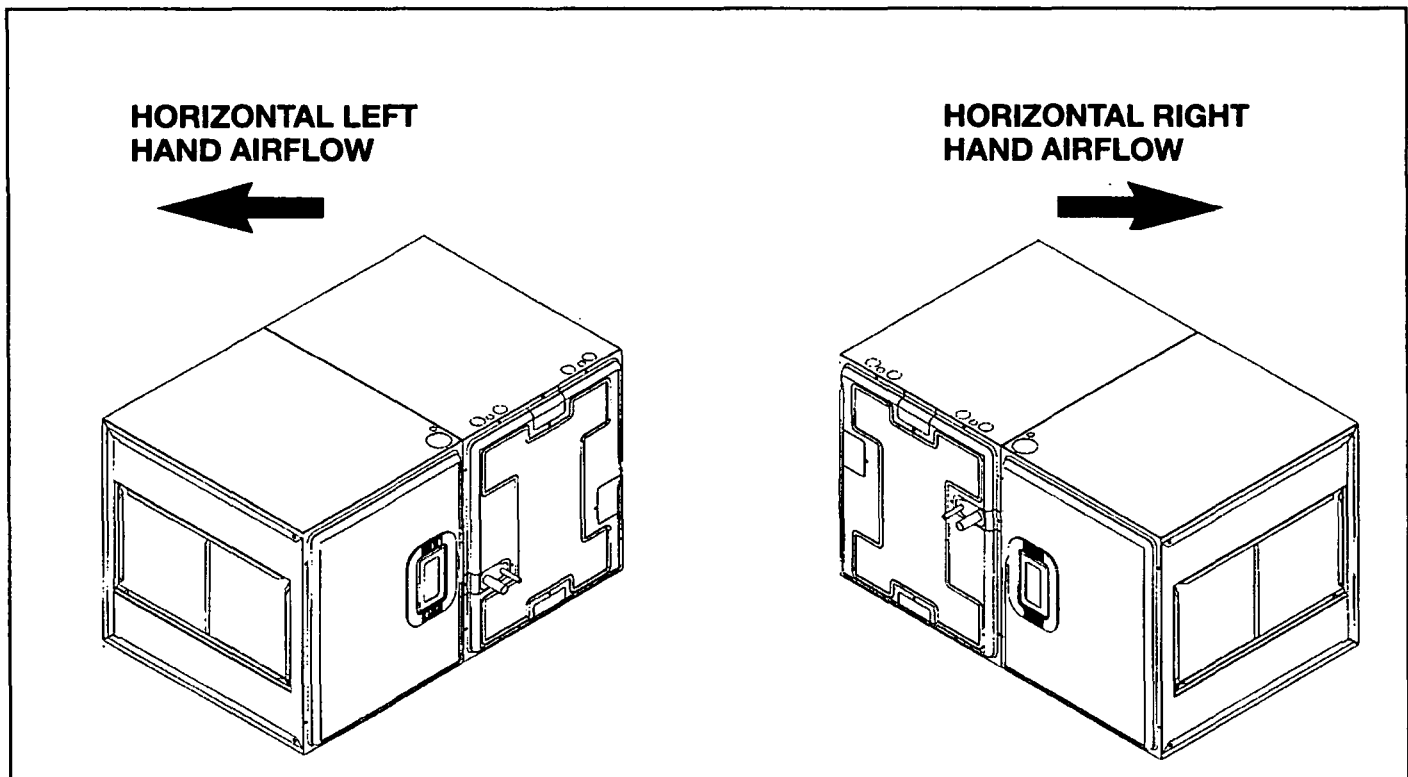
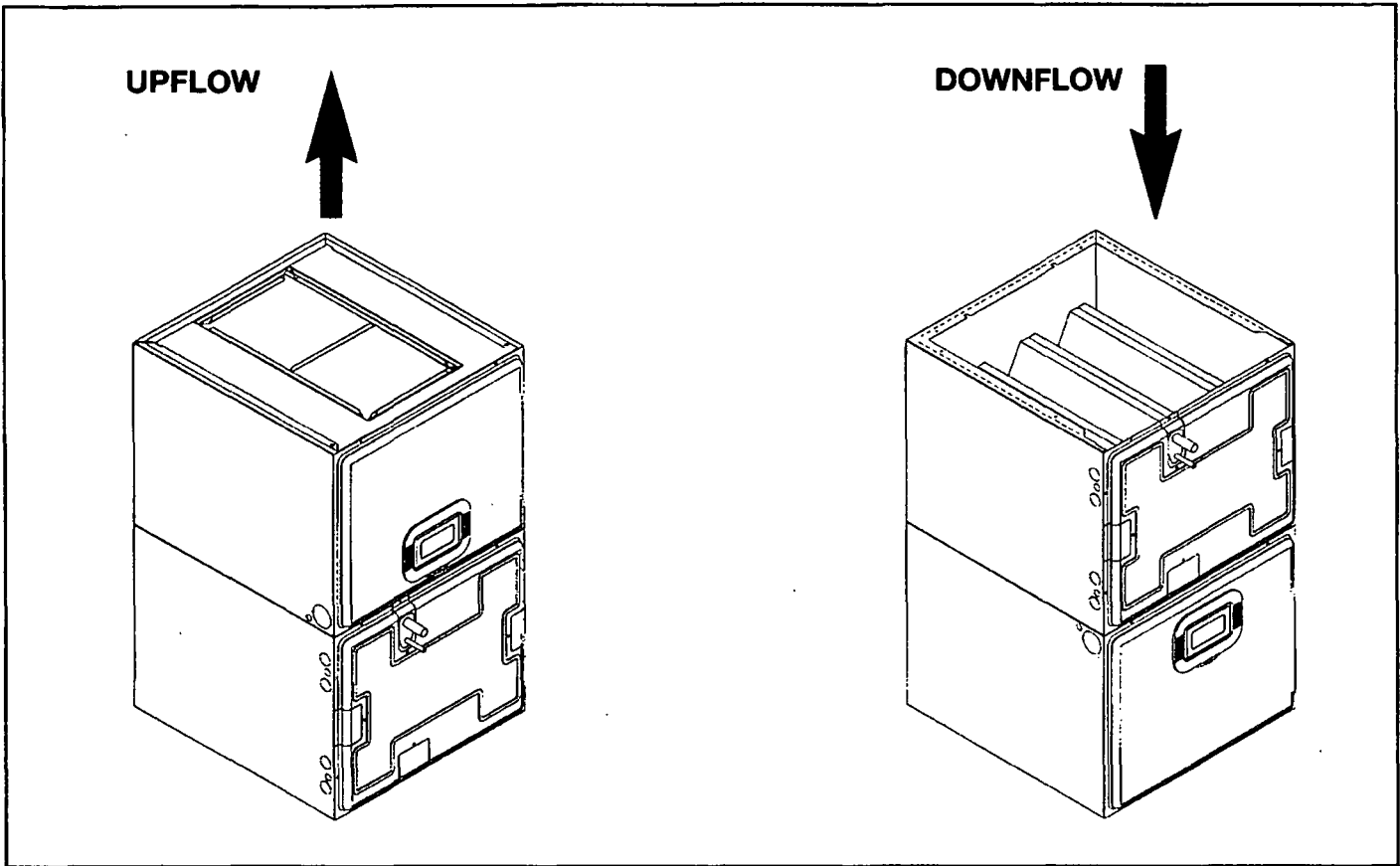
Unit Dimensions & Weights

Model Number Cabinet Size	Unit Width "W" In. [mm]	Supply Duct "A" In. [mm]	Unit Weight/Shipping Weight (Lbs.) [kg]	
			Unit With Coil (Max. kW)	Unit Without Coil (Max. kW)
17	17 1/2 [445]	7 9/16 [192]	92/99 [42/45]	66/75 [30/31]
21	21 [533]	9 7/16 [240]	109/117 [49/53]	79/87 [36/39]
24	24 1/2 [622]	11 3/4 [298]	125/134 [57/61]	88/97 [40/44]
25	24 1/2 [622]	11 3/4 [298]	125/134 [57/61]	88/97 [40/44]

[] Designates Metric Conversions



Airflow Directional Data



NOTE: Coil and blower section are always in a draw through configuration.





Air

Airflow Performance Data
RBHP Series

Airflow Performance

Airflow performance data is based on cooling performance with a coil and filter in place. Select performance table for appropriate unit size, voltage and number of electric heaters to be used. Make sure external static applied to unit allows operation within the minimum and maximum limits shown in table below for both cooling and electric heat operation. For optimum blower performance, operate the unit in the .2" to .5" in.

W.C. external static range. In general, the indoor motor speed tap should be as shown in table for the appropriate cooling capacity shown. Always check to make sure proper motor speed tap is connected as units are shipped from the factory connected for high speed operation (Speed Tap 5).

Airflow Operating Limits

Model Cabinet Size	17		21		24		25	
Cooling BTUH	18,000	24,000	30,000	36,000	42,000	48,000	60,000	60,000
Cooling Tons Nominal	1.5	2	2.5	3	3.5	4	5	5
Heat Pump or Air Conditioning Maximum Heat/Cool CFM [L/s] (37.5 CFM [18 L/s]/1,000 BTUH) (450 CFM [212 L/s]/Ton Nominal)	675 [319]	900 [425]	1125 [531]	1350 [637]	1575 [743]	1800 [850]	2025 [956]	2250 [1062]
Heat Pump or Air Conditioning Nominal Heat/Cool CFM [L/s] (33.3 CFM [16 L/s]/1,000 BTUH) (400 CFM [189 L/s]/Ton Nominal)	600 [283]	800 [378]	1000 [472]	1200 [566]	1400 [661]	1600 [755]	1800 [850]	2000 [944]
Heat Pump or Air Conditioning Minimum Heat/Cool CFM [L/s] (30.0 CFM [14 L/s]/1,255 BTUH) (360 CFM [170 L/s]/Ton Nominal)	540 [255]	720 [330]	900 [425]	1080 [510]	1260 [595]	1440 [680]	1620 [765]	1800 [850]
Maximum KW Electric Heating & Minimum Electric Heat CFM [L/s]	11 560 [264]	11 560 [264]	14 900 [425]	14 900 [425]	18 1220 [576]	18 1220 [576]	21 1460 [689]	21 1460 [689]
Maximum Electric Heat Rise °F [°C]	85 [29]	85 [29]	70 [21]	70 [21]	65 [18]	65 [18]	65 [18]	65 [18]

NOTE: See Airflow Performance Data for Recommended Blower Motor Speed.

[] Designates Metric Conversions



Airflow Performance Data

Model Cabinet Size	Tonnage	Electric Heaters	Blower Motor		CFM [L/s] (Watts)/External Static Pressure—Inches W.C. [kPa] with filter and Indoor Coil										
			Nominal Speed Tap	Volts	.10 [.02]	.20 [.05]	.30 [.07]	.40 [.10]	.50 [.12]	.60 [.15]	.70 [.17]	.80 [.20]	.90 [.23]	1.0 [.25]	
-17	1.5 Ton Air Flow	none	2	208/240	659 [311] (74)	625 [294] (80)	581 [274] (84)	539 [254] (88)	—	—	—	—	—	—	
		none	3	208/240	790 [372] (98)	759 [358] (105)	722 [340] (113)	687 [324] (119)	650 [306] (126)	615 [290] (131)	573 [270] (139)	552 [260] (145)	507 [239] (150)	460 [217] (155)	
		3 (max.)	2	208/240	649 [306] (79)	615 [290] (84)	571 [269] (88)	529 [249] (92)	—	—	—	—	—	—	
		3 (max.)	3	208/240	773 [365] (110)	736 [347] (113)	699 [330] (118)	677 [320] (126)	640 [302] (132)	605 [286] (141)	563 [266] (146)	542 [256] (154)	497 [235] (157)	450 [212] (162)	
		none	2	115	651 [307] (76)	627 [295] (82)	583 [275] (86)	541 [255] (90)	—	—	—	—	—	—	
		none	3	115	776 [366] (105)	743 [351] (109)	724 [342] (118)	687 [324] (122)	658 [311] (131)	617 [291] (136)	595 [281] (144)	555 [262] (148)	517 [244] (152)	460 [217] (162)	
	2.0 Ton Air Flow	none	4	208/240	844 [398] (141)	819 [386] (146)	799 [377] (155)	764 [360] (160)	—	—	—	—	—	—	
		none	5	208/240	958 [452] (162)	934 [440] (172)	914 [431] (176)	888 [419] (186)	855 [403] (189)	816 [380] (210)	785 [370] (204)	760 [358] (214)	708 [334] (223)	672 [317] (226)	
		3 (max.)	4	208/240	834 [393] (146)	809 [381] (150)	789 [372] (159)	754 [355] (164)	—	—	—	—	—	—	
		3 (max.)	5	208/240	946 [446] (179)	922 [435] (189)	902 [426] (193)	876 [413] (203)	843 [398] (206)	804 [380] (216)	773 [365] (221)	748 [353] (231)	696 [328] (240)	660 [311] (243)	
		none	4	115	846 [399] (143)	821 [387] (148)	801 [378] (157)	766 [361] (162)	—	—	—	—	—	—	
		none	5	115	964 [455] (167)	945 [446] (178)	914 [431] (181)	888 [419] (191)	861 [406] (196)	821 [387] (205)	787 [372] (210)	761 [359] (218)	726 [342] (220)	690 [326] (230)	
	-21	2.5 Ton Air Flow	none	2	208/240	1068 [504] (138)	1041 [491] (147)	1001 [472] (153)	972 [458] (161)	—	—	—	—	—	—
			none	3	208/240	1187 [560] (180)	1162 [548] (188)	1125 [530] (192)	1099 [518] (200)	1058 [499] (208)	1013 [478] (215)	982 [463] (223)	951 [448] (232)	899 [424] (234)	855 [403] (237)
4 (max.)			2	208/240	1035 [488] (143)	1007 [475] (152)	966 [455] (158)	936 [441] (169)	—	—	—	—	—	—	
4 (max.)			3	208/240	1157 [546] (182)	1132 [534] (192)	1095 [517] (198)	1069 [505] (209)	1028 [485] (218)	983 [464] (228)	952 [449] (239)	921 [435] (250)	869 [410] (255)	825 [389] (262)	
none			2	115	1070 [504] (138)	1043 [492] (147)	1004 [473] (153)	974 [459] (161)	—	—	—	—	—	—	
none			3	115	1138 [537] (175)	1113 [525] (186)	1075 [507] (191)	1053 [497] (203)	1004 [474] (210)	957 [451] (216)	932 [440] (226)	901 [425] (231)	855 [404] (242)	800 [378] (252)	
3.0 Ton Air Flow		none	4	208/240	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—	
		none	5	208/240	1397 [659] (287)	1377 [649] (307)	1346 [635] (317)	1318 [622] (320)	1291 [609] (322)	1264 [596] (319)	1234 [582] (312)	1190 [561] (326)	1155 [545] (351)	1126 [531] (368)	
		4 (max.)	4	208/240	1241 [585] (222)	1208 [570] (234)	1174 [554] (241)	1149 [542] (251)	—	—	—	—	—	—	
		4 (max.)	5	208/240	1366 [645] (302)	1346 [635] (313)	1315 [621] (323)	1287 [608] (331)	1260 [595] (341)	1233 [582] (346)	1203 [568] (358)	1159 [547] (371)	1124 [530] (381)	1095 [517] (387)	
		none	4	115	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—	
		none	5	115	1370 [646] (292)	1343 [634] (302)	1309 [618] (309)	1285 [607] (319)	1258 [594] (330)	1221 [576] (336)	1182 [558] (348)	1147 [542] (357)	1117 [527] (366)	1080 [510] (375)	

NOTES:
X-13 (ECM) NOTES (X-13 (ECM) Motor Speed Changes)
X-13 (ECM) Motors require no voltage change between 208 and 240 volts.
If application exceeds 0.5" of static, adjust the motor speed to the high static speed as described below:
All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed 2 (Low Static) and speed tab 3 (High Static) are lower tonnage. Speed tab 4 (Low Static) and Speed tab 5 (High Static) are for higher tonnage.
The lower static speed 2 (lower tonnage) and speed tab 4 (Higher tonnage) are used for external static below 0.5".
For external static exceeding 0.5", move the blue wire from the X-13 (ECM) motor to appropriate high static speed tab 3 (Lower tonnage) or speed tab 5 (Higher tonnage)

[] Designates Metric Conversions



Airflow Performance Data (con't.)

Model Cabinet Size	Tonnage	Electric Heaters	Blower Motor		CFM [L/s] (Watts)/External Static Pressure—Inches W.C. [kPa] with filter and Indoor Coil									
			Nominal Speed Tap	Volts	.10 [.02]	.20 [.05]	.30 [.07]	.40 [.10]	.50 [.12]	.60 [.15]	.70 [.17]	.80 [.20]	.90 [.23]	1.0 [.25]
-24	3.5 Ton Air Flow	none	2	208/240	1438 [678] (205)	1409 [664] (217)	1375 [648] (229)	1341 [632] (252)	—	—	—	—	—	—
		none	3	208/240	1568 [740] (279)	1538 [725] (290)	1507 [711] (303)	1471 [694] (313)	1435 [677] (333)	1403 [662] (338)	1362 [642] (358)	1318 [622] (365)	1287 [607] (374)	1250 [589] (405)
		5 (max.)	2	208/240	1414 [667] (230)	1384 [653] (242)	1350 [637] (254)	1315 [620] (277)	—	—	—	—	—	—
		5 (max.)	3	208/240	1548 [730] (304)	1518 [716] (316)	1487 [701] (328)	1451 [684] (338)	1415 [667] (358)	1383 [653] (368)	1342 [633] (388)	1298 [612] (395)	1267 [597] (409)	1230 [580] (455)
		none	2	115	1448 [683] (205)	1419 [669] (217)	1385 [653] (229)	1351 [637] (252)	—	—	—	—	—	—
		none	3	115	1559 [735] (294)	1527 [720] (308)	1497 [706] (322)	1466 [691] (335)	1431 [675] (349)	1378 [650] (367)	1349 [636] (379)	1306 [606] (393)	1271 [599] (406)	1250 [589] (417)
	4.0 Ton Air Flow	none	4	208/240	1640 [773] (311)	1604 [757] (326)	1587 [748] (335)	1559 [735] (376)	—	—	—	—	—	—
		none	5	208/240	1789 [844] (413)	1762 [831] (427)	1731 [816] (433)	1699 [801] (449)	1667 [786] (462)	1635 [771] (482)	1602 [756] (498)	1546 [729] (516)	1515 [715] (529)	1465 [691] (542)
		5 (max.)	4	208/240	1613 [761] (331)	1574 [742] (346)	1557 [734] (355)	1529 [721] (396)	—	—	—	—	—	—
		5 (max.)	5	208/240	1759 [830] (433)	1732 [817] (447)	1701 [802] (453)	1669 [787] (469)	1637 [772] (482)	1605 [757] (502)	1572 [741] (518)	1516 [715] (536)	1485 [700] (549)	1435 [677] (562)
		none	4	115	1642 [774] (311)	1606 [757] (326)	1589 [749] (335)	1561 [736] (376)	—	—	—	—	—	—
		none	5	115	1811 [854] (423)	1791 [845] (436)	1760 [830] (451)	1730 [816] (464)	1700 [802] (479)	1669 [787] (492)	1606 [757] (516)	1573 [742] (529)	1538 [725] (542)	1462 [689] (555)
-25	5.0 Ton Air Flow	none	2	208/240	1872 [883] (373)	1837 [866] (393)	1798 [848] (407)	1763 [832] (419)	—	—	—	—	—	
		none	3	208/240	2075 [979] (497)	2036 [960] (511)	2017 [951] (533)	1984 [936] (553)	1944 [917] (563)	1910 [901] (582)	1889 [891] (599)	1846 [871] (617)	1805 [851] (626)	1783 [841] (638)
		5 (max.)	2	208/240	1831 [854] (393)	1795 [847] (413)	1756 [828] (427)	1720 [811] (439)	—	—	—	—	—	
		5 (max.)	3	208/240	2043 [964] (517)	2004 [945] (531)	1985 [936] (553)	1951 [920] (573)	1912 [901] (583)	1878 [886] (602)	1857 [876] (619)	1814 [856] (637)	1773 [836] (646)	1751 [826] (658)
		none	2	115	1872 [883] (373)	1837 [866] (393)	1798 [848] (407)	1763 [832] (419)	—	—	—	—	—	—
		none	3	115	2075 [979] (497)	2036 [960] (511)	2017 [951] (533)	1984 [936] (553)	1944 [917] (563)	1910 [901] (582)	1889 [891] (599)	1846 [871] (617)	1805 [851] (626)	1783 [841] (638)
		none	4 or 5	208/240	2102 [992] (550)	2072 [977] (568)	2042 [963] (584)	2011 [949] (593)	1974 [931] (610)	1949 [919] (631)	1916 [904] (644)	1884 [889] (662)	1851 [873] (669)	1810 [854] (692)
		5 (max.)	4 or 5	208/240	2070 [976] (560)	2040 [962] (578)	2010 [948] (594)	1979 [933] (613)	1942 [916] (620)	1917 [904] (641)	1884 [889] (654)	1852 [874] (672)	1819 [858] (679)	1778 [839] (702)
		none	4 or 5	115	2102 [992] (550)	2072 [977] (568)	2042 [963] (584)	2011 [949] (593)	1974 [931] (610)	1949 [919] (631)	1916 [904] (644)	1884 [889] (662)	1851 [873] (669)	1810 [854] (692)

NOTES:

X-13 (ECM) NOTES (X-13 (ECM) Motor Speed Changes).

X-13 (ECM) Motors require no voltage change between 208 and 240 volts.

If application exceeds 0.5" of static, adjust the motor speed to the high static speed as described below:

All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed 2 (Low Static) and speed tab 3 (High Static) are lower tonnage. Speed tab 4 (Low Static) and Speed tab 5 (High Static) are for higher tonnage.

The lower static speed 2 (lower tonnage) and speed tab 4 (Higher tonnage) are used for external static below 0.5".

For external static exceeding 0.5", move the blue wire from the X-13 (ECM) motor to appropriate high static speed tab 3 (Lower tonnage) or speed tab 5 (Higher tonnage)

[] Designates Metric Conversions

Blower Motor Electrical Data: A Voltage (115V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17A00NH*	115	1	60	1/3 [249]	300-1100	5	3.3	5.0	15
RBHP-21A00NH**	115	1	60	1/2 [373]	300-1100	5	5.0	7.0	15
RBHP-24A00NH*	115	1	60	3/4 [559]	300-1100	5	5.8	8.0	15
RBHP-25A00NH*	115	1	60	3/4 [559]	300-1100	5	7.7	10.0	15

Blower Motor Electrical Data: J Voltage (208/240V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17A00NH*	115	1	60	1/3 [249]	300-1100	5	3.3	5.0	15
RBHP-21A00NH*	115	1	60	1/2 [373]	300-1100	5	5.0	7.0	15
RBHP-24A00NH*	115	1	60	3/4 [559]	300-1100	5	5.8	8.0	15
RBHP-25A00NH*	115	1	60	3/4 [559]	300-1100	5	7.7	10.0	15

Electric Heat Electrical Data

Model Elec./KW Designation	Heater KW Volts 208/240	PH/HZ	Heater No./KW & 240V	Type Supply Circuit Single Circuit Multiple Circuit	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	19.8/22.4	25/29	25/30
RBHP-17J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	27.5/31.2	35/39	40/40
RBHP-17J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	38.1/43.7	48/55	50/60
RBHP-21J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	20.9/23.5	27/30	30/30
RBHP-21J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	28.6/32.3	36/41	40/45
RBHP-21J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	39.2/44.8	49/56	50/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	54.1/61.4	68/77	70/80
	5.3/7.0		2/3.5	Multiple Ckt. 1	28.6/32.3	36/41	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-24J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	22.0/24.6	28/31	30/35
RBHP-24J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	29.7/33.4	38/42	40/45
RBHP-24J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	40.3/45.9	51/58	60/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	55.2/62.5	69/79	70/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-21J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	67.7/77.1	85/97	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	41.8/47.4	53/60	60/60
RBHP-25J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	56.7/64.0	71/81	80/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/50
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-25J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	69.2/78.6	87/99	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J21SH*	15.0/20.0	1/60	6/3.3	Single Circuit	77.8/89.0	98/112	100/125
	7.5/10.0		3/3.3	Multiple Ckt. 1	41.8/47.4	53/60	60/70
	7.5/10.0		3/3.3	Multiple Ckt. 2	36.1/41.7	46/53	50/60

Supply circuit protective devices may be fuses or "HACR" type circuit breakers. Largest motor load is included in single circuit and circuit 1 multiple circuit. If non-standard fuse size is specified, use next size larger standard fuse size. [] Designates Metric Conversions

Electrical Wiring

Power Wiring

- Field wiring must comply with the National Electrical Code (C.E.C. in Canada) and any applicable local ordinance.
- Supply wiring must be 75°C minimum copper conductors only.
- See electrical data for product Ampacity rating and Circuit Protector requirement.

Grounding

- This product must be sufficiently grounded in accordance with National Electrical Code (C.E.C. in Canada) and any applicable local ordinance.
- A grounding lug is provided.

Combustible Floor Base for Downflow Installations

Model Cabinet Size	Combustible Floor Base Model Number	Opening Front of Unit "W" Width-Inches [mm]	Opening Side of Unit "D" Depth-Inches [mm]
All Models	RXBB-AA	143/8" [365]	205/8" [524]

ACCESSORIES—KITS—PARTS

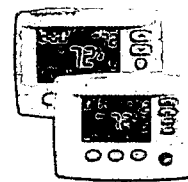
- **Combustible Floor Base RXBB-AA** for downflow applications.
- **Jumper Bar Kit 3 Ckt. to 1 Ckt. RXBJ-A31** is used to convert single phase multiple three circuit units to a single supply circuit. Kit includes cover and screw for line side terminals.
- **Jumper Bar Kit 2 Ckt. to 1 Ckt. RXBJ-A21** is used to convert single phase multiple two circuit units to a single supply circuit. Kit includes cover and screw for line side terminals.
Note: No jumper bar kit is available to convert three phase multiple two circuit units to a single supply circuit.
- **Finger Safe Circuit Breaker Cover**—Part Number 45-23203-01. One is required for each circuit breaker pole, if jumper bar is removed to provide multiple supply circuits.
- **Evaporator Horizontal Drain Pan Model RXBD-CB:** all unit sizes.
- **External Auxiliary Horizontal Drain Pan. RXBM-AA06**—Fits all models.

Replacement Filters

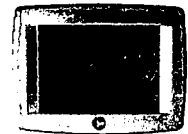
Model Cabinet Size	Filter Size In. [mm]	Part Number
17	16.25 x 21 [413 x 533]	54-23217-02
21	19.75 x 21 [502 x 533]	54-23217-03
24	23.25 x 21 [591 x 533]	54-23217-04
25	23.25 x 21 [591 x 533]	54-23217-04

[] Designates Metric Conversions

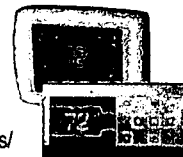
THERMOSTATS



200-Series *
Programmable



300-Series *
Deluxe Programmable



400-Series *
Special Applications/
Programmable

500-Series *
Communicating/
Programmable

Brand	Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	TST	213	UN	MS
RHC=Rheem	TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gas/Electric UN=Universal (AC/HP/GE) MD=Modulating Furnace DF=Dual Fuel CM=Communicating	SS=Single-Stage MS=Multi-Stage

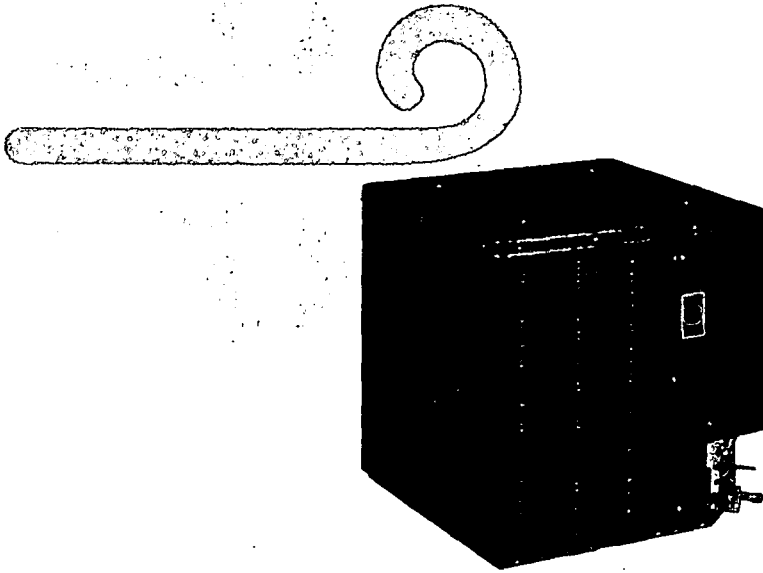
* Photos are representative. Actual models may vary.

For detailed thermostat match-up information, see specification sheet form number T11-001.



The new degree of comfort.™

Rheem Value Series Air Conditioners



14AJM- Series

Efficiencies up to 16 SEER/13 EER
Nominal Sizes 1½-5 Ton [5.28 to 17.6 kW]
Cooling Capacities 17.3 to 60.5 kBTU
[5.7 to 17.7 kW]



"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit www.energystar.gov."

Note: Above image does not show deep drawn basepan.

- Outdoor air conditioner designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)



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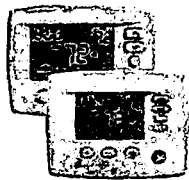
Model Number Identification

<u>14</u>	<u>A</u>	<u>J</u>	<u>M</u>	<u>18</u>	<u>A</u>	<u>01</u>
14.5 SEER	A = AIR CONDITIONER	<u>VOLTAGE</u> J = 208-230 SINGLE PHASE	<u>DESIGN SERIES</u> M = 1ST DESIGN R-410A	<u>NOMINAL COOLING CAPACITY</u> 19 = 18,000 BTU/HR [5.28 kW] 25 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	<u>CABINET</u> A = FULL METAL JACKET	<u>RHEEM VALUE SERIES</u>

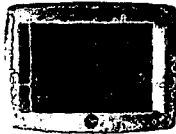
Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure

Thermostats

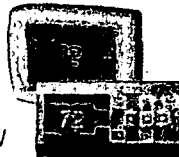


200-Series *
Programmable



300-Series *
Deluxe
Programmable

400-Series *
Special Applications/
Programmable



500-Series *
Communicating/
Programmable

Brand	Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	TST	213	UN	MS
RHC=Rheem	TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gas/Electric UN=Universal (AC/HP/GE) MD=Modulating Furnace DF=Dual Fuel CM=Communicating	SS=Single-Stage MS=Multi-Stage

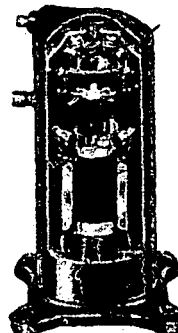
* Photos are representative. Actual models may vary.

For detailed thermostat match-up information,
see specification sheet form number T11-001.

Scroll® Compressor

The reliable scroll compressor is the key to efficiency for this Rheem model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The scroll compressor also has low start torque, reducing start problems in the field. And its unique design enables air conditioners to perform efficiently and quietly.

[] Designates Metric Conversions



Performance Data @ AHRI Standard Conditions—Cooling (con't.)

Outdoor Unit 14AJM	Model Numbers Indoor Coil and/or Air Handler	80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM (L/s)
		Total Capacity BTU/H (kW)	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER		
Rev. 4/5/13	RCFL-H*3824(RGFG-09EZCMS)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGFG-10EZCMS)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	16.00	76	900 [425]
	RCFL-H*3824(RGFG-10NZCMS)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	16.00	76	900 [425]
	RCFL-H*3824(RGFG-12NRCMS)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGFG-12ERCMS)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGGE-09?ZCM?)	28,800 [8.4]	20,900 [6.1]	7,900 [2.3]	13.00	16.00	76	1,000 [472]
	RCFL-H*3824(RGGE-10?ZCM?)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGGE-12?RCM?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGJF-09?ZCM?)	28,800 [8.4]	21,000 [6.2]	7,800 [2.3]	13.00	16.00	76	1,025 [484]
	RCFL-H*3824(RGJF-10?ZCM?)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGJF-12?RCM?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGLE-07?BRQ?)	28,800 [8.4]	21,000 [6.2]	7,800 [2.3]	13.00	16.00	76	1,025 [484]
	RCFL-H*3824(RGLE-10?BRM?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGLE-12?ARM?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	925 [437]
	RCFL-H*3824(RGLT-07?BRQ?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGLT-10?BRM?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGLT-12?ARM?)	28,800 [8.4]	20,900 [6.1]	7,900 [2.3]	13.00	16.00	76	1,000 [472]
	RCFL-H*3824(RGPE-07?BRQ?)	28,800 [8.4]	21,000 [6.2]	7,800 [2.3]	13.00	16.00	76	1,025 [484]
	RCFL-H*3824(RGPE-10?BRM?)	28,800 [8.4]	21,200 [6.2]	7,600 [2.2]	13.00	16.00	76	1,075 [507]
	RCFL-H*3824(RGPE-12?ARM?)	28,800 [8.4]	21,200 [6.2]	7,600 [2.2]	13.00	16.00	76	1,075 [507]
	RCFL-H*3824(RGPT-07?BRQ?)	28,800 [8.4]	21,100 [6.2]	7,700 [2.3]	13.00	16.00	76	1,050 [495]
	RCFL-H*3824(RGPT-10?BRM?)	28,800 [8.4]	21,200 [6.2]	7,600 [2.2]	13.00	16.00	76	1,075 [507]
	RCFL-H*3824(RGPT-12?ARM?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	975 [460]
	RCFL-H*3824(RGRM-07?YBG?)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	15.50	76	850 [401]
	RCFL-H*3824(RGRM-09?RAJ?)	29,800 [8.7]	21,600 [6.3]	8,200 [2.4]	13.00	16.00	76	925 [437]
	RCFL-H*3824(RGRM-09?ZAJ?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	950 [448]
	RCFL-H*3824(RGRM-10?RAJ?)	29,400 [8.6]	21,000 [6.2]	8,400 [2.5]	13.00	16.00	76	900 [425]
	RCFL-H*3824(RGRM-10?ZAJ?)	28,800 [8.4]	20,500 [6.0]	8,300 [2.4]	13.00	16.00	76	875 [413]
	RCFL-H*3824(RGRM-12?RAJ?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	925 [437]
	RCFL-H*3824(RGTM-07?RBG?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	950 [448]
	RCFL-H*3824(RGTM-09?RAJ?)	29,400 [8.6]	21,000 [6.2]	8,400 [2.5]	13.00	16.00	76	900 [425]
	RCFL-H*3824(RGTM-09?ZAJ?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	975 [460]
	RCFL-H*3824(RGTM-10?RBJ?)	28,800 [8.4]	20,800 [6.1]	8,000 [2.3]	13.00	16.00	76	975 [460]
	RCFL-H*3824(ROCA-070E03)	28,600 [8.4]	20,100 [5.9]	8,500 [2.5]	13.00	16.00	76	800 [378]
	RCFL-H*3824(ROCA-070E04)	28,600 [8.4]	20,100 [5.9]	8,500 [2.5]	13.00	16.00	76	800 [378]
	RCFL-H*3824(ROLA-070E03)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	16.00	76	900 [425]
	RCFL-H*3824(ROLA-070E04)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	16.00	76	900 [425]
	RCFL-H*3824(ROLA-115E05)	28,800 [8.4]	20,600 [6.0]	8,200 [2.4]	13.00	16.00	76	900 [425]
	RCFL-H*3824+RXMD-C04	28,600 [8.4]	20,600 [6.0]	8,000 [2.3]	12.00	14.50	76	950 [448]
	RBHP-21(RCHL-36A1)	28,600 [8.4]	21,500 [6.3]	7,100 [2.1]	13.00	16.00	76	1,000 [472]
RCQD-3621(RGFE-06?MCK?)	29,000 [8.5]	21,150 [6.2]	7,850 [2.3]	13.00	16.00	76	875 [413]	
RCQD-3621(RGFE-07?MCK?)	29,000 [8.5]	20,950 [6.1]	8,050 [2.4]	13.00	16.00	76	825 [389]	
RCQD-3621(RGFE-09?ZCM?)	29,800 [8.7]	22,350 [6.5]	7,450 [2.2]	13.00	16.00	76	975 [460]	
RCQD-3621(RGFE-10?ZCM?)	29,800 [8.7]	22,350 [6.5]	7,450 [2.2]	13.00	16.00	76	1,000 [472]	
RCQD-3621(RGFG-06NMCKS)	29,400 [8.6]	21,700 [6.4]	7,700 [2.3]	13.00	16.00	76	875 [413]	
RCQD-3621(RGFG-06EMCKS)	29,400 [8.6]	21,700 [6.4]	7,700 [2.3]	13.00	16.00	76	875 [413]	
RCQD-3621(RGFG-07EMCKS)	29,400 [8.6]	21,600 [6.3]	7,800 [2.3]	13.00	16.00	76	850 [401]	
RCQD-3621(RGFG-07NMCKS)	29,400 [8.6]	21,600 [6.3]	7,800 [2.3]	13.00	16.00	76	850 [401]	
RCQD-3621(RGFG-09NZCMS)	29,600 [8.7]	21,850 [6.4]	7,750 [2.3]	13.00	16.00	76	875 [413]	
RCQD-3621(RGFG-09EZCMS)	29,600 [8.7]	21,850 [6.4]	7,750 [2.3]	13.00	16.00	76	875 [413]	

Ⓢ Highest sales volume tested combination required by D.O.E. test procedures.

[] Designates Metric Conversions



Electrical and Physical Data

Model Number 14AJM	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Capacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. (g)	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. (m ²)	No. Rows	CFM (L/s)		Net Lbs. (kg)	Shipping Lbs. (kg)
Rev. 4/5/2013													
19	1-60-208/230	9/9	46	0.5	12/12	15/15	20/20	11.80 [1.1]	1	2805 [1324]	87 [2466]	140 [63.5]	157 [63.5]
25	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [69.9]
30	1-60-208/230	12.8/12.8	64	0.68	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [71.2]
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [82.1]
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [93]
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [112.9]
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6039]	249 [112.9]	269 [112.9]
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [115.2]
60	1-60-208/230	26.4/26.4	134	1.7	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [115.2]

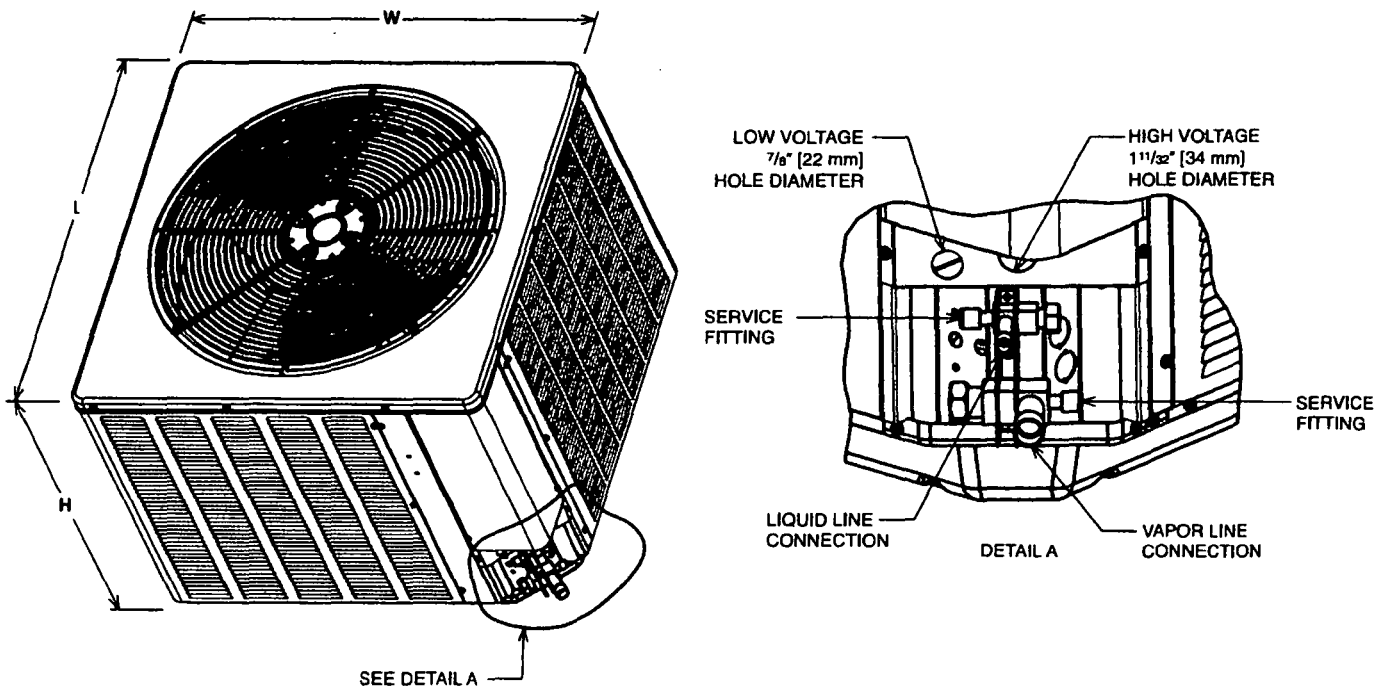
NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

[] Designates Metric Conversions

Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches (mm)	Length "L" Inches (mm)	Height "H" Inches (mm)
19, 25	27 ⁵ / ₈ [702]	27 ⁵ / ₈ [702]	24 ¹ / ₄ [616]
30	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ³ / ₈ [695]
36, 42, 48, 49, 56, 60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ³ / ₈ [899]

[] Designates Metric Conversions



NOTE: Illustrations show the deep drawn basepan.

Condensing Unit Refrigerant Line Size Information

Liquid Line Sizing (R-410A)														
System Capacity	Liquid Line Connection Size (Inch I.D.)	Line Size (Inch O.D.) (mm)	Liquid Line Size – Outdoor Unit Above Indoor Coil (Cooling Only—Does not apply to Heat Pumps)						Liquid Line Size – Outdoor Unit Below Indoor Coil					
			Total Equivalent Length—Feet [m]						Total Equivalent Length—Feet [m]					
			25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
			Minimum Vertical Separation—Feet [m]						Maximum Vertical Separation—Feet [m]					
1½ Ton	3/8" [9.53]	1/4 [6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
2 Ton	3/8" [9.53]	1/4 [6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	72 [21.95]	70 [21.34]	68 [20.73]	65 [19.81]
2½ Ton	3/8" [9.53]	1/4 [6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	49 [14.94]	38 [11.58]	27 [8.23]	17 [5.18]	6 [1.83]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	65 [19.81]	62 [18.90]	58 [17.68]
3 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	0	0	9 [2.74]	25 [7.62]	50 [15.24]	37 [11.28]	22 [6.71]	7 [2.13]	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	63 [19.20]	58 [17.68]	53 [16.15]
3½ Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]	25 [7.62]	23 [7.01]	4 [1.22]	N/A	N/A	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	43 [13.11]	36 [10.97]	30 [9.14]	24 [7.32]
4 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	46 [14.02]	38 [11.58]	30 [9.14]	22 [6.71]	15 [4.57]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	55 [16.76]	53 [16.15]	52 [15.85]
5 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	44 [13.41]	32 [9.75]	20 [6.10]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	81 [24.69]	79 [24.08]	76 [23.16]

NOTES: *Standard line size
N/A = Application not recommended.

Suction Line Length/Size versus Capacity Multiplier (R-410A)								
Unit Size	1½ Ton	2 Ton	2½ Ton	3 Ton	3½ Ton	4 Ton	5 Ton	
Suction Line Connection Size	3/4" [19.05] I.D.				7/8" [22.23] I.D.			
Suction Line Run—Feet [m]	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard*		5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard* 7/8" [22.23 mm] O.D. Optional		3/4" [19.05 mm] O.D. Optional 7/8" [22.23 mm] O.D. Standard*		7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard*	
25' [7.62]	Optional Standard Optional	1.00 1.00 —	1.00 1.00 —	1.00 1.00 1.00	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —
50' [15.24]	Optional Standard Optional	.98 .99 —	.98 .99 —	.96 .98 .99	.98 .99 —	.99 .99 —	.99 .99 —	.99 .99 —
100' [30.48]	Optional Standard Optional	.95 .96 —	.95 .96 —	.94 .96 .97	.96 .97 —	.96 .98 —	.96 .98 —	.97 .98 —
150' [45.72]	Optional Standard Optional	.92 .93 —	.92 .94 —	.91 .93 .95	.94 .95 —	.94 .96 —	.95 .96 —	.94 .97 —

NOTES: *Standard line size
Using suction line larger than shown in chart will result in poor oil return and is not recommended.
3 Ton Suction Line Connection is 3/4"






[] Designates Metric Conversions



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/11/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11176	Kurzman			
AM Requested	Marguerita Honest Air	A/c Final	Pass	Pass INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11105	Madris			
AM Requested	34 E High Pt. Rd Dean Schiller Pools	Rough. Plumbing	Pass	INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11152	Rappa port			
	9 Rivercrest Ct Commercial Contracting Div.	Slab	Pass	INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11172	Pawluc	Concrete		
PM Requested	102 Hillcrest Drive o/B	Pre. Bur Patio/Walk	Pass	INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11168	Kennedy			
PM Requested	65 S River Rd Sharkey Air	A/c Final	RESCHEDULE FOR 9/15	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10693	Bailey	Gas		NOT LEVEL
	117 N. Sewall's Pt Rd Driftwood Homes	tank + lines	FAIL	LISTING INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

REMOVE, REPLACE, RELOCATE

OK



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

FREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner " " Address 408 Colorado Phone "

Contractor Master-piece Bldg. Address 408 Colorado Phone 283-2098

No. of Trees: REMOVE 1 Species: Oak

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) to close to building line

Signature of Property Owner Jeffrey Sawyer Date 1/8/09

Approved by Building Inspector: [Signature] Date 2/18 Fee: -

NOTES: CONTRACTOR IS REQUIRED TO MITIGATE LOSS OF 12" Ø OAK W/ OAK TREE CALIPERS EQUAL TO 12" -

SKETCH: TO BE PLANTED AT HOUSE FINAL -

