

LAND FEATURES		LAND COMPUTATIONS						AMOUNT		ASSESSMENT RECORD											
WATER	✓	AC'S @			SQ. FT. @					YEAR	LAND	BUILDINGS	TOTAL	Exemptions	TAXABLE VALUE	REASONS FOR CHANGES					
GAS	✓	AC'S @			SQ. FT. @					1938											
ELECTRICITY	✓	FRONT	DEPTH	FACTOR	UNIT	CORNER TRIANGLE	F. FOOT VALUE			1939											
TELEPHONE	✓									1940											
PAVED ST.	✓									1941											
IMPROVED ST.										1942											
UNIMPROVED ST.										1943	600.	2500.	3100.								
ALLEY										1944	750	2500	3250	H							
SIDEWALK	✓	LOT DIAGRAM								1945											
CURB	✓									1946											
WHITE WAY								1947													
ST. LIGHTING	✓							1948													
SANITARY SEWER	✓							1949													
STORM SEWER	✓							1950													
SEPTIC TANK								1951													
OUTSIDE TOILET								1952													
TOPOGRAPHY	L							1953													
LANDSCAPING	A							1954													
WELL		1955								2500											
LAWN SPRINKLER	✓	1956																			
PATIO		1957																			
WALLS		1958																			
		1959																			
		1960																			
		1961																			
		1962																			
		1963																			
		1964																			
		1965																			
		1966																			
		1967																			
		1968																			
		1969																			
		1970																			
FACILITIES		REGULAR	IRREGULAR	TRIANGLE	CORNER	MERGER															
SCHOOLS	✓	SUMMARY		1940 AMT.	AMT.	AMT.	AMT.	AMT.	AMT.	AMT.											
CHURCHES	✓	Gross Land Value																			
SHOPS	✓	Enhancing		%																	
TRANSPORTATION	✓	Deducting		%																	
RECREATION	✓	Net Land Value																			
BUILDING		Item	Amount																		
ZONED FOR	A																				
	B																				
	C																				
OBSOLESCENCE																					
	Enhancing	%																			
	Deducting	%																			
DIST. TREND	S	Net Building Value																			
	Total Value																				
Income & Market Data		YR.	YR.	YR.	YR.	YR.	BUILDING PERMITS														
Fair Annual Gross							NO.	DATE	KIND	AMT.											
Fair Annual Net																					
Rate							4246	3/54	AWN	1073											
Capitalized Value							4321	4/54	AWN	262											
Sale—Legitimate																					
Sale—Otherwise																					
Owner's Estimate																					
Other Appraisal																					
Fair Market Value																					
Mortgage																					
Fire Insurance																					
										RECORDED NAME	DEED	MTG.	DATE	AMOUNT	REMARKS						

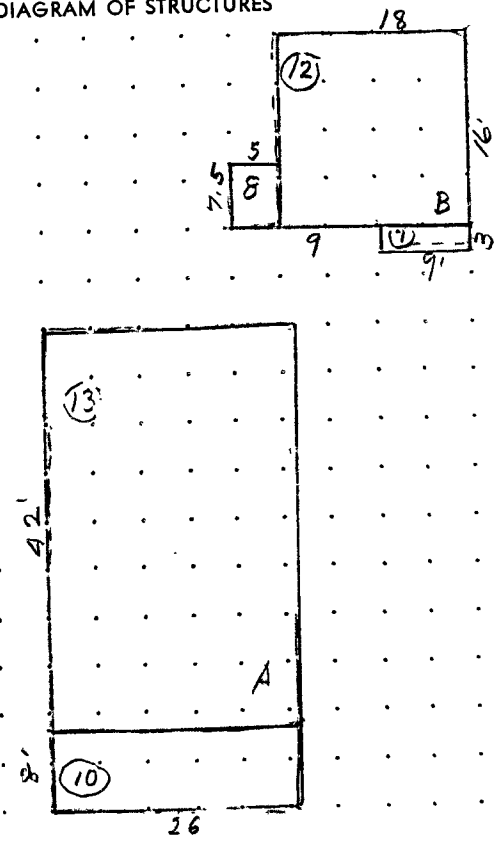
DESCRIPTION
 ADDRESS 215 South Federal
 SEC. TWP. RGE. A 11
 Ethel Newlon
 Lot 12 Block 93 Townsite

CITY OF LAKE WORTH, FLORIDA

INDEX No.

	KIND OF STRUCTURE	CONSTRUCTION	USE	Cond.	Class
A	COTTAGE	FRANIL	RESIDENCE	A	B
B	GARAGE	FRANIL	GARAGE	A	A
C					

DIAGRAM OF STRUCTURES



	Foundation	Basement	EXTERIOR WALLS	ROOF TYPE	ROOF MATERIAL	EXT. FINISH	WINDOWS DOORS	PORCHES
A	CONC. PIER GRADE COND. A	GRADE COND. X	WOOD GRADE COND. A	GABLE GRADE COND. X	ASB. SH GRADE COND. A	SIDING GRADE COND. A	WOOD GRADE COND. A	2 GRADE COND.
B	CONC GRADE COND. A	GRADE COND. X	WOOD GRADE COND. A	GABLE GRADE COND. X	SLATE SURF GRADE COND. A	SIDING GRADE COND. A	WOOD GRADE COND. A	GRADE COND.
C	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.

INTERIOR FEATURES							EQUIPMENT
	Floor Type	Floor Material	INTERIOR WALLS	FINISH	TRIM	ATTIC	ELEVATORS
A	Double-Single GRADE COND.	PINE GRADE COND. A	PLASTER GRADE COND. A	PAINT GRADE COND. A	WOOD GRADE COND. A	UNF. FIN. NO. ROOMS	SPRINKLER SYS. SOLAR HEATER
B	Double-Single GRADE COND.	CEM. GRADE COND. A	GRADE COND.	GRADE COND.	GRADE COND.	UNF. FIN. NO. ROOMS	LAUNDRY TRAYS Air Conditioning
C	Double-Single GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	GRADE COND.	UNF. FIN. NO. ROOMS	STORM SHUTTERS INSULATED WALLS

INTERIOR FEATURES					EQUIPMENT
	PLUMBING TYPE	PLUMB. FIXTURES	HEATING	LIGHTING	
A	GAL. GRADE COND. A	NO. 4 GRADE COND. A	FIRE PIPING GRADE COND.	NO. FIXT'S. 6 GRADE COND. A	GUTTER & Dn.-Spout
B	GRADE COND.	NO. GRADE COND.	GRADE COND.	NO. FIXT'S. GRADE COND.	TYPE OF WIRING 0 C
C	GRADE COND.	NO. GRADE COND.	GRADE COND.	NO. FIXT'S. GRADE COND.	REFRIGERATION

BUILDING COMPUTATIONS								ROOMS		
No.	SIZES	SQ. FT.	HT.	CU. F.	Rate	COST	% COND.	AMOUNT	LIVING	
A	8 x 26 x 1/2	104	10	1040	23				1	
A	26 x 42	1092	13	14196	15236	3500			1	
B	5 x 7.5	38	4	304				2500	1	
B	2 x 7	27	7	189					2	
B	16 x 11	288	12	3456					1	
				3949	10	345				
						31845	65			

STORIES	FLOORS	HT. IN FT.	YR. BUILT	YEAR REMODELED	ORIGINAL COST	ADDED COST	EST. LIFE	RATE NEW	Physical Deterioration	Obsolescence	Total Depreciation %	CONDITION
A	1	13	22									
B	1	12	22									
C												

UNITS
 STORES
 OFFICES
 APARTMENTS
 GARAGES 2
 FIELD BY: J.W.M. DATE
 APPRAISED BY DATE

PLEASE TYPE OR PRINT LEGIBLY.

OWNER'S NAME(S) 215 1/2 DOROTHY CHAPPELL
OWNER'S MAILING ADDRESS 215 So FED L.W FLA 33460
NUMBER/STREET CITY STATE ZIP CODE
OWNER'S RESIDENCE ADDRESS Same So FED L.W FLA 33460
NUMBER/STREET CITY STATE ZIP CODE

I AM THE OWNER OF THE PROPERTY LOCATED AT 215 1/2 So FED IN THE CITY OF LAKE WORTH AND I UNDERSTAND THAT A CITY LICENSE IS REQUIRED BECAUSE THE PROPERTY IS UTILIZED FOR RENTAL PURPOSES. I HAVE RECEIVED A COPY OF THE CITY'S RENTAL GUIDELINE BOOKLET, HAVE READ IT CAREFULLY, AND AM HEREWITH RETURNING THIS CARD TO INDICATE RECEIPT THEREOF.

Sworn and subscribed before me this 22 day of September, 1989.
Maria H. Kilgore
NOTARY PUBLIC (Seal & Signature)
My Commission Expires: _____
NAME OF BUSINESS, NAME OF PROJECT (if applicable)
Dorothy Chappell
OWNER'S SIGNATURE
9/22/89
DATE

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES OCT. 6, 1992.
BONDED THROUGH NOTARY PUBLIC UNDERWRITERS

PLEASE RETURN THIS CARD TO:

LICENSING DIVISION
BUILDING & ZONING DEPARTMENT
7 NORTH DIXIE HIGHWAY
LAKE WORTH, FLORIDA 33460

THIS CARD MUST BE FILLED OUT COMPLETELY.

POST OFFICE BOXES ARE NOT ACCEPTABLE FOR ADDRESS; NUMBER AND STREET NAME IS REQUIRED.

NUMBER OF UNITS 1 NUMBER OF SLEEPING ROOMS 1

City of Lake Worth
Building Department
1900 2nd Ave N
Lake Worth, FL 33461

TOLW LT 12 B/W 93

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number 19-00000524 Date 2/21/19
Property Address 215 S FEDERAL HWY
PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
Application type description RESIDENTIAL PLUMBING
Subdivision Name
Property Use SINGLE FAMILY
Application valuation 500

Description of Work
make repairs to exist wtr htr to bring up to code

Property owner STAPLES & STAPLES, INC
Owner address 8000 WEST DR # 217
MIAMI
NORTH BAY VILLAGE FL 331415596
(561) 727-0084
Contractor POTTY DOCTOR PLUMBING DBA

Permit RESIDENTIAL PLUMBING
Additional desc . . MAKE REPAIRS TO EXIST WTR HTR
Permit pin number . 706663
Issue Date 2/21/19 Valuation 500
Expiration Date . . 8/20/19

Special Notes and Comments
Public Services Department requires an inspection for all work within City limits. To be scheduled 48 hours in advance of work being performed.

Inspections must be scheduled by 4:00 pm the previous day.
Building Inspections 586-1691. Fire Inspections 561-233-0050
Landscape Inspections (561) 586-7433
Public Services Inspections (561) 586-1720
Safety is everybody's job!

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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.

Asbestos Disclosure Statement:

Disclosure Statement: This building permit has been issued for demolition or renovation of an existing structure. The structure may contain asbestos. It is the owners or operator's responsibility to comply with the provisions of Section 469.003, Florida Statute, and to notify the Department of Environmental Protection of his or her intention to remove asbestos, when applicable, in accordance with state and federal law. State law requires asbestos abatement to be done by licensed contractors. Work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinance.

Association Approval:

If the permit is for renovations to a structure in a home owner's association, approval may be needed from the association before works begins.

City of Lake Worth
Building Department
1900 2nd Ave N
Lake Worth, FL 33461

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number 19-00000524 Page 2
Property Address 215 S FEDERAL HWY Date 2/21/19
PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
Application description . . . RESIDENTIAL PLUMBING
Subdivision Name
Property Use SINGLE FAMILY

Permit RESIDENTIAL PLUMBING

Additional desc . . MAKE REPAIRS TO EXIST WTR HTR
Permit pin number . 706663

Required Inspections

Seq	Insp Code	Description	Initials	Date
10	706	PL TOP OUT		
10	702	PL UNDERGR WATER	_____	___/___/___
10	701	PL UNDERGROUND SAN SEW	_____	___/___/___
1000	703	PL FINAL	_____	___/___/___

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Plumb

OK PD
2-19-19

BUILDING DIVISION
DEPARTMENT FOR COMMUNITY SUSTAINABILITY
CITY OF LAKE WORTH
1900 2ND AVENUE NORTH
LAKE WORTH, FL 33461
561.586.1647

PERMIT APPLICATION

MASTER PERMIT NUMBER

PERMIT NUMBER (FOR OFFICE USE ONLY)
19-524

WORK LOCATION
ADDRESS 215 So. FEDERAL Hwy
FLOOR/BAY/SUITE/APT # _____
SUBDIVISION _____ BLOCK _____ LOT _____
PARCEL ID# 38-43-44-21-15-09B-0120

CONTRACTOR
QUALIFIER NAME BERNARD GOTHRIE
COMPANY NAME POTTY DOCTOR
ADDRESS 424 No DIXIE Hwy
CITY LAKE WORTH STATE FL. ZIP 33460
STATE LIC. OR COMPETENCY # CFC026562
PHONE# 562-0334 CELL# 719-6696
E-MAIL SAL@POTTYDOCTOR.COM

- PERMIT TYPE
- STRUCTURE
 - ADDITION
 - ALTERATION
 - REPAIR
 - FIRE SPRINKLER
 - FIRE ALARM
 - DRIVEWAY
 - APPROACH
 - RESIDENTIAL
 - WINDOW
 - DEMOLITION
 - RELOCATION
 - ROOFING
 - FENCE
 - SIGN
 - SIDEWALK
 - GAS
 - FUEL
 - COMMERCIAL
 - SHUTTER
 - ELECTRICAL
 - MECHANICAL
 - PLUMBING
 - POOL
 - IRRIGATION
 - BACKFLOW
 - CHANGE OF CONTRACTOR
 - GENERATOR
 - DOOR
 - OTHER

RECEIVED
FEB 15 2019
City of Lake Worth
Building Division

OWNER OF RECORD
NAME LAST STAPLES FIRST STAPLES MI
ADDRESS 18000 West Dr. # 217
CITY MIAMI BCH STATE FL ZIP 33141
PHONE _____ CELL _____
TENANT NAME _____

DESCRIBE PROJECT IN DETAIL
MAKE REPAIRS TO EXISTING WATER HEATER, PREVIOUSLY INSTALLED, TO BRING UP TO CODE
VALUE \$ 500.00 SQUARE FOOTAGE _____ CHANGE OF OCCUPANCY OR USE YES NO

PRIMARY PERMIT FEES SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK. FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.

Building Contractor: Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	BUILDING PERMIT # _____
Electrical Contractor: Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	ELECTRICAL PERMIT # _____
Mechanical Contractor: Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	MECHANICAL PERMIT # _____
Plumbing Contractor: <u>POTTY DOCTOR</u> Qualifier/Agent Signature <u>[Signature]</u>	DATE <u>2-15-19</u>	STATE LIC./CERT. OF COMPETENCY <u>CFC026562</u>	PLUMBING PERMIT # _____
Roofing Contractor: Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	ROOFING PERMIT # _____

NOTICE TO PROPERTY OWNERS

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.

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR AND RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE CITY CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).

<p>FEE SIMPLE TITLEHOLDER (if other than owner).</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>MORTGAGE LENDER</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>BONDING COMPANY</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>ARCHITECT/ENGINEER/RESIDENTIAL PLANS CERTIFIER</p> <p>I CERTIFY THAT THE PLANS ACCOMPANYING THIS DOCUMENT MEET ALL REQUIREMENTS PERTAINING TO BUILDING CONSTRUCTION IN THE CITY OF LAKE WORTH</p> <p>Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone () _____ Cell () _____ Fax () _____</p>

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE ACQUIRED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING AND AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION & ZONING.

ALL SIGNATURES MUST BE ORIGINAL

<p>Owner (Signature) _____</p> <p>Print Name <u>BERNARD GUTHRIE</u></p>	<p>Contractor/Agent (Signature) _____</p> <p>Print Name <u>BERNARD GUTHRIE</u></p>
-------------------------------------------------------------------------	------------------------------------------------------------------------------------

STATE OF FL

COUNTY OF PBC

Sworn to (or affirmed) and subscribed to before me this _____ day of _____

_____ 20____ by Owner or Agent, who has produced the following identification _____ or who is personally known to me.

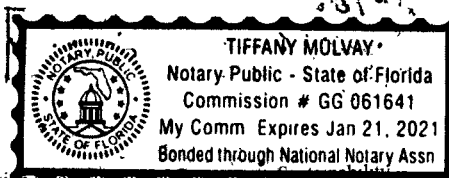
Sworn to (or affirmed) and subscribed to before me this 15th day of Feb 2019 by Contractor, who has produced the following identification Bernard Guthrie who is personally known to me.

Signature of Notary _____

Print Name of Notary _____

Signature of Notary _____

Print Name of Notary _____



PROPERTY ADDRESS
 HSE - BOX NO. 215 S FEDERAL HWY
 TOWN OF LAKE WORTH
 LT 12 BLK 93

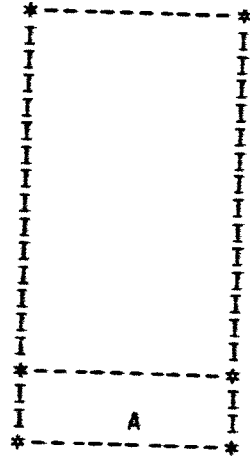
BATCH NO. 9999

PALM BEACH COUNTY FLORIDA

38 43 44 21 15 093 012-0
 CITY RG. TWP. SEC. SUBD. BLOCK LOT

PARCEL IDENTIFICATION NUMBER
 12/10/79 1 OF 2
 APPRAISED VALUE RECAP
 THIS CARD THIS PARCEL
 IMPR. 9557
 LAND 6750
 TOTAL 16307

FOUNDATION PIERS
 FLOOR SYSTEM WOOD W / SUB FLR HF1.00
 EXT WALL SIDING AVERAGE PWF1.00
 STRUCT FRAME NONE
 ROOF FRAMING GABLE / HIP
 ROOF COV-DEC ASBESTOS/WOOD SHINGLE
 CAB-MILLWORK AVERAGE
 FLOOR FINISH HARDWOOD / PARQUE
 INTER FINISH PLASTERED FURRED
 PAINT-DECOR AVERAGE
 HTG/AIR COND NONE
 PLUMBING NO. OF FIXTURES 3
 BATH TILE 1/2 WALL
 ELECTRICAL AVERAGE
 QUAL FACTOR AVERAGE



BUILDING DIMENSIONS
 BASE-127*243*227*243
 A-BSF-18*227

96	100	100	96	14.35	13.78	01	26	39
TOTAL UNITS	SHAPE	SIZE	ADJ'D UNITS	BASE RATE	ADJ'D. BASE RATE	IMPR. TYPE	ACTUAL YEAR BUILT	EFF.

AREA DESC.	% OF RATE	ADJ'D SQ FOOT RATE	AREA RATE	NO OF SQ. FEET	REPL COST NEW
BASE	100	13.78	13.78	1161	15999
BSF	80	13.78	11.02	216	2380

TOTAL AREAS ->		AUX. -	216	BASE -	1161	
DEPRECIATION				% COND.	REPL. COST NEW	DEPR. REPL. COST
AGE	NOR PHYS.	OTHER PHYS.	FUNC. ECON.	52	18379	9557

DESCRIPTION OF EX. FEAT./SPEC. BLDG	SIZE DIM - RATING	UNIT PRICE	UNITS	VALUE
1				
2				
3				
4				
5				
6				
7				
8				

MO/YR	PRICE	BOOK	PAGE	V/I	INST	Q	NO. OF STORIES
77	39500	2655	1555				1
73	23500	2186	0399	I	WD	0	
74	36000	2286	0215	I	WD	0	

GENERAL PARCEL DATA									
LAND APPRAISAL DATE	BY	PARC. STATUS	DIST. TREND	TOPO.	TYPE OWNER	ROAD NUMBER	TYPE		
03 14 78	47	2	0	0	0	0	6		
LOCATION CODE	CODE	CODE	CODE	SUBD./TRACT NUMBER	N-S COORD.	E-W COORD.			
CENSUS IDENTIFICATION									
TRACT	BLOCK	BLK. FACE	AREA	CONG. DIST.	OPTIONAL				

TOTAL CALCULATED EX. FEAT./SPEC. BLDG. VALUE ->										
0 9557										
LAND DESCRIPTION										
TYPE	SIZE - DIMENSION AREA	SOIL/USE CODES	FACTORS		UNIT LAND PRICE	ADJ'D. UNIT LAND PRICE	LAND UNITS	LAND VALUE		
1 MULTI-FAM			DEPTH	COND.	1.00	1.00	6750.00	6750		
2										
3										
4										
5										
6										
TOTAL CALCULATED							LAND	VALUE	6750	

GENERAL CARD DATA									
LAND USE	BUILDING APPRAISAL DATE	BY	SOURCE	NO DWELL UNITS					
111	03 15 77	26	IN	1					
UTILITIES	W	S	E	G	ZONING	BUILDING OCC. COND.			
	1	1	1	24	RP	0	0		
PERMIT NO.	F.N.A. NUMBER								
INCOME DATA									
SOURCE	RENTAL	SCHEDULE							

PROPERTY ADDRESS
 HSE. - BOX NO. STREET NAME - RURAL ROUTE NO.
 2155 S FEDERAL HWY

BATCH NO. 9999

PALM BEACH COUNTY FLORIDA

38 43 44 21 15 093 012-0
 CITY RG TWP SEC SUBD. BLOCK LOT

PARCEL IDENTIFICATION NUMBER		
12/10/79	2	OF 2
APPRAISED VALUE RECAP		
THIS CARD	THIS PARCEL	
IMPR.	7046	16603
LAND	0	6750
TOTAL	7046	23353

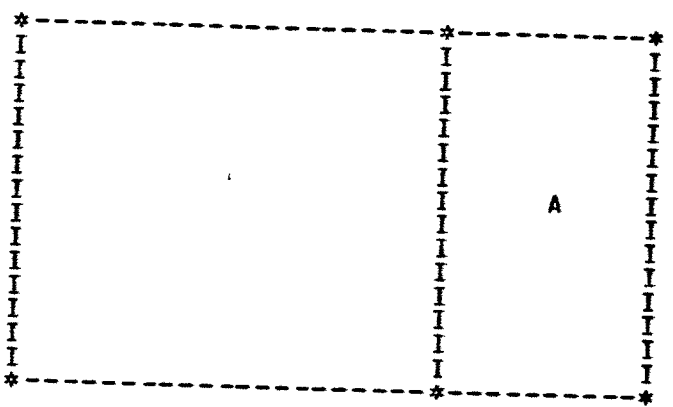
FOUNDATION CONTINUOUS FOOTING
 FLOOR SYSTEM WOOD W / SUB FLR HF1.00
 EXT WALL CONCRETE BLK/STU PWF1.00
 STRUCT FRAME NONE
 ROOF FRAMING FLAT
 ROOF COV-DEC BUILT-UP / WOOD
 CAB-MILLWORK AVERAGE
 FLOOR FINISH ASPHALT TILE
 INTER FINISH PLASTERED FURRED
 PAINT-DECOR AVERAGE
 HTG/AIR COND NONE
 PLUMBING NO. OF FIXTURES 3
 BATH TILE 1/2 WALL
 ELECTRICAL AVERAGE
 QUAL FACTOR AVERAGE

86	100	105	90	14.35	12.92	01	56	56
TOTAL UNITS	SHAPE	SIZE	ADJ'D. UNITS	BASE RATE	ADJ'D. BASE RATE	IMPR. TYPE	ACTUAL YEAR BUILT	EFF.

AREA DESC.	% OF RATE	ADJ'D. SQ FOOT RATE	AREA RATE	NO OF -Q. FEET	REPL. COST NEW
BASE	100	12.92	12.92	594	7674
GRF	50	12.92	6.46	286	1848

TOTAL AREAS	AUX. -	286	BASE -	594
AGE	DEPRECIATION			
22	NOR. PHYS. 26	OTHER PHYS. 0	FUNC. ECON. 0	% COND. 74
	REPL. COST NEW 9522		DEPR. REPL. COST 7046	

DESCRIPTION OF EX FEAT./SPEC. BLDG.	COND.	SIZE DIM. RATING	UNIT PRICE	UNITS	VALUE
1					
2					
3					
4					
5					
6					
7					
8					

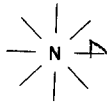


MARKET DATA									
MO/YR	PRICE	BOOK	PAGE	V/I	INST.	Q	NO OF STORIES		
							1		
GENERAL PARCEL DATA									
LAND APPRAISAL DATE		BY	PARC STATUS	DIST. TREND	TOPO.	TYPE OWNER	ROAD NUMBER	TYPE	
LOCATION			SUB'D./TRACT NUMBER		N-S COORD.		E-W COORD.		
CODE	CODE	CODE	CODE						
TRACT IDENTIFICATION									
TRACT	BLOCK	BLK. FACE	AREA	CONG. DIST.	OPTIONAL				

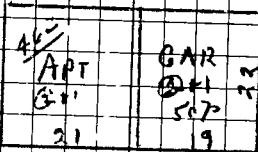
TOTAL CALCULATED EX. FEAT./SPEC. BLDG. VALUE										0	7046						
LAND DESCRIPTION										SOIL/USE CODES		FACTORS		UNIT LAND PRICE	ADJ'D. UNIT LAND PRICE	LAND UNITS	LAND VALUE
TYPE	CD	SIZE - DIMENSION AREA	SOIL CLASS	OTHER	CLEAR	UN-CLEARED	SWAMP WASTE	DEPTH	COND.								
1																	
2																	
3																	
4																	
5																	
6																	
TOTAL CALCULATED										LAND		VALUE		0			

GENERAL CARD DATA									
LAND USE		BUILDING APPRAISAL DATE		BY	SOURCE	NO DWELL UNITS			
1		03	15	77	26	IN	1		
UTILITIES		ZONING		BUILDING OCC. COND.					
2	W S E G			0 0					
3	1 1 1 24								
PERMIT NO.		F.H.A. NUMBER							
4									
INCOME DATA									
SOURCE		RENTAL		DATA		SCHEDULE			
5									
6									

RESIDENTIAL
PROPERTY RECORD CARD
LAKE WORTH, FLORIDA



SCALE 1" = 30'



1066

171 0

14

AP 80' x 4'

155 Federal Hwy

PLOTTED _____ DRAWN BY W. J. W. DATE 2/1/56
RANDOM _____ CLASSED BY _____ DATE _____

HUNNICUTT AND ASSOCIATES, VALUATION ENGINEERS AND CONSULTANTS STANDARD RPRC-1

CONSTRUCTION DATA																																															
BUILDING			BUILDING			BUILDING			CARDS	MAP NO	SEC.	TWP.	RNG.	PARCEL NO.																																	
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4																																
1. RES			ROOF			ROOMS			1/1	7/5	27	44	43	14																																	
2. GAR ANT			Shingles 0			Res Rooms 53			SUBDIVISION																																						
3.			Metal 0			Rental Units			TOWNSHIP																																						
4.			Wood 0			Efficiency Apts			BLOCK																																						
SUB-STRUCTURE			Asbestos 0			Rm Apts			93																																						
Slab			Slate 0			Rm. Apts.			LOTS OR DESCRIPTION																																						
Piers			Tile 0			No's			12																																						
Continuous Wall			Notes			PLUMBING			NOTES																																						
Conc. Bsm't Floor			None			1 Fixture Toilet			NOH BLOG # 2 PER 1-3902 - 26,500																																						
Semifinished Bsm't			None			2 Fixture Toilet																																									
Bsm't Living Qts.			None			2 Fixture Bath																																									
WALL FRAME			None			3 Fixture Bath																																									
Wood			None			4 Fixture Bath																																									
Conc Block			None			Tile Floor																																									
Tile			None			1/2 Tile Walls																																									
Brick			None			Full Tile Walls																																									
Stone			None			Notes																																									
Rf Concrete			None			HEATING																																									
SHEATHING			None			None																																									
Yes			None			Chimney																																									
None			None			Fireplace																																									
EXTERIOR WALLS			None			Steam																																									
Unfinished			None			Hot Water																																									
Wood			None			Forced Hot Air																																									
Ro			None			Hot Air																																									
Sheet			None			ELECTRICITY																																									
Shingles			None			Yes																																									
Composition			None			No																																									
Metal			None			EQUIPMENT																																									
Asbestos			None			Vent Fan																																									
Stucco			None			Air Condition																																									
Com Brick			None			Insulation																																									
Face Brick			None			FURRING																																									
Stone			None			Yes																																									
Notes			None			No																																									
<table border="1"> <thead> <tr> <th>NO.</th><th>STYS.</th><th>SH.</th><th>CLASS</th><th>AREA</th><th>RATE</th><th>FLATS</th><th>REPL. COST</th><th>DATE BUILT</th><th>COND.</th><th>ADJ.</th><th>VALUE</th> </tr> </thead> <tbody> <tr> <td>1</td><td>1</td><td>1</td><td>1A</td><td>1253</td><td>3.25</td><td></td><td>4072</td><td>1955</td><td>55</td><td></td><td>2240</td> </tr> <tr> <td>2</td><td>1</td><td>1</td><td>1A</td><td>671</td><td>3.35</td><td></td><td>2918</td><td>1955</td><td>13</td><td></td><td>2860</td> </tr> </tbody> </table>												NO.	STYS.	SH.	CLASS	AREA	RATE	FLATS	REPL. COST	DATE BUILT	COND.	ADJ.	VALUE	1	1	1	1A	1253	3.25		4072	1955	55		2240	2	1	1	1A	671	3.35		2918	1955	13		2860
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LAND	2200	2750																																													
IMPRS.	16200	12750																																													
TOTAL	12400	15500																																													

15003



RUTH ANN SHEFFY, GRI
 BROKER - SALES • CIPS
 WOMEN'S COUNCIL REALTORS® • Int'l Section, NAR

Office: (561) 582-9037
 Residence: 683-1030
 Pager: 854-1251

Joe Fearnley Real Estate, Inc.
 1203 N Dixie Highway
 Lake Worth, FL 33460
 Fax (561) 582-8041



Web Site- <http://RuthAnnSheffy.Realtor.Com> • E-Mail: RuthAnnSheffy@Realtor.com

Genia -
 are you aware
 of anything
 here? -
 change of occupancy
 Bill

Kathy
 Please process
 refund for
 \$30.00
 Per Genia

No, However, Parcel
is in appropriate zone
for "office" use. Must
upgrade accordingly for
change of occupancy -
parking must also be
upgrade 1/300 sqft
office area. i 2 spaces
for dwelling unit.

2/15/60 Parker ✓

CITY OF LAKE WORTH BUILDING & ZONING DEPARTMENT
ELECTRICAL PERMIT
PERMIT DESK 586-1691
ELECTRICAL INSPECTOR 536-1691

DATE: 04/10/00

PERMIT # 00-00886

Job Location: 215 S FEDERAL HWY

B #

Lot: 12 Block: 93 Subdivision: TOWN OF LAKE WORTH

Parcel Control #38434421150930120

Occupancy Type: 08

Owner Name: MARLOW STEVEN & LINDA

Contractor Name: LICHTNING ELECTRIC INC

Contractor Lic. # EC0001110

Phone #: (561)965-2323

Valuation: 2100.00

Fee Paid: 31.50

Work Description: NEW 150AMP SERVICE FOR FRONT HOUSE

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. Contractor/Owner shall be responsible for removal of construction waste. FINAL INSPECTION MANDATORY, 24 hour notice required for all inspections. In consideration of granting of the requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the permitted plans and all applicable codes. This permit may be revoked at any time upon the violation of any of the rules and regulations or upon any change in the plans and specification unauthorized by this department. permit void if work is not commenced within 6 months from date of issue, or if work is suspended or abandoned for 6 months.

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.

Contractor/Owner Signature *Norman D. Quilley*
Issued by *Wash Richard*

NOTICE OF COMMENCEMENT NEEDED: YES NO

1st Rough _____ 2nd Rough _____ Final *Pass 4/12/00*

COMMENTS _____

Hy-Byrd Inspections, Inc.

P.O. Box 3107 Lantana, Fl. 33465-3107 Tel. No. (561)968-0050

Residential & Commercial

Fax No. (561) 968-7006

BN-002689

BU-0000324

CG-C024817

CONTRACTOR Grace 965-2325

JOB ADDRESS OR LOT# 315 S. Federal Hwy

PERMIT # 00-00888

DATE 4-12-00

TIME IN _____

TYPE OF INSPECTION(S) Final Electric

RESULTS OF INSPECTIONS (S) Passed

COMMENTS

John DeWitt
INSPECTOR'S SIGNATURE

RECEIVED
 APR 07 2000
 By *WMA*

INFORMATION SUBMITTAL SHEET

REVISION / PRODUCT APPROVAL / REQUESTED INFO
 (Circle One)

DATE: 4/7/2000

NAME: Lightning Elec.

JOB ADDRESS: 215 So. Fed.

PHONE #: 965-2323

PERMIT TYPE#: Electric PERMIT #:

DESCRIPTION: Changes to Plan

NOTE: IF REVISION IS BEING SUBMITTED FOR MORE THAN THREE (3) PAGES OF AN APPROVED SET OF DRAWINGS, A LETTER FROM THE ARCHITECT/ENGINEER OF RECORD OUTLINING ALL REVISIONS MUST BE SUBMITTED WITH THE REVISED SHEETS.

OFFICE USE APPROVALS

<p>ZONING DIVISION <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>	<p>PUBLIC WORKS <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>
<p>FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>	<p>PROJECTS MANAGER <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>
<p>WATER UTILITIES <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>	<p>PLANS EXAMINER <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>
<p>LINE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>	<p>BUILDING OFFICIAL <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____</p>

INSPECTION HISTORY

CITY OF LAKE WORTH

Page 1

CASE NO : CE00010174
ADDRESS : 215 S FEDERAL HIGHWAY
OWNER : ED RIECK
DATE : Feb 11, 2000
DESCRIP : occupational license application #9903968

DATE	TIME	TYPE	INSP	COMMENTS
01/31/00	08:25:22	INS	FF	COMPLAINT RECORDED BY robertap
02/09/00	08:26:17	LI1	FF	

CASE LISTINGS

DATE : Fri Feb 11 2000

```
-----C A S E   I N F O-----+-----P R O P E R T Y   I N F O-----
NBR : CE00010174 DATE: 12/30/99 | PARCEL : 434421150930120
TYPE: LIC          OPER: robertap | ADDRESS: 215 S FEDERAL HIGHWAY
DESC: LICENSE DEPARTMENT          | CSZ   : LAKE WORTH, FL 33460
COMPLAINANT:                | OWNER  : ED RIECK
COMPL. PH #                  | ADDRESS: 10350 SE JUPITER NARROWS DR
STATUS: A ACTIVE            ON 01/31/00 | CSZ   : HOBE SOUND, FL 33455
OFFICER: FF                NOTES: 0   | PHONE  :
-----+-----
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-----+-----
COMPLAINT CODES          1: LIA
COMPLAINT TEXT:          occupational license application #9903968
TENANT   :S W MARLOW GENERAL CONTRACTOR PRIORITY :
```

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-----+-----
NOTES:
```

PLAN REVIEW COMMENT SHEET
BUILDING, PLANNING & ZONING DEPT. USE ONLY

Address: 215 S. Fed Hwy
Legal Description: _____
Project Name: _____

The following items are required before further plan review:

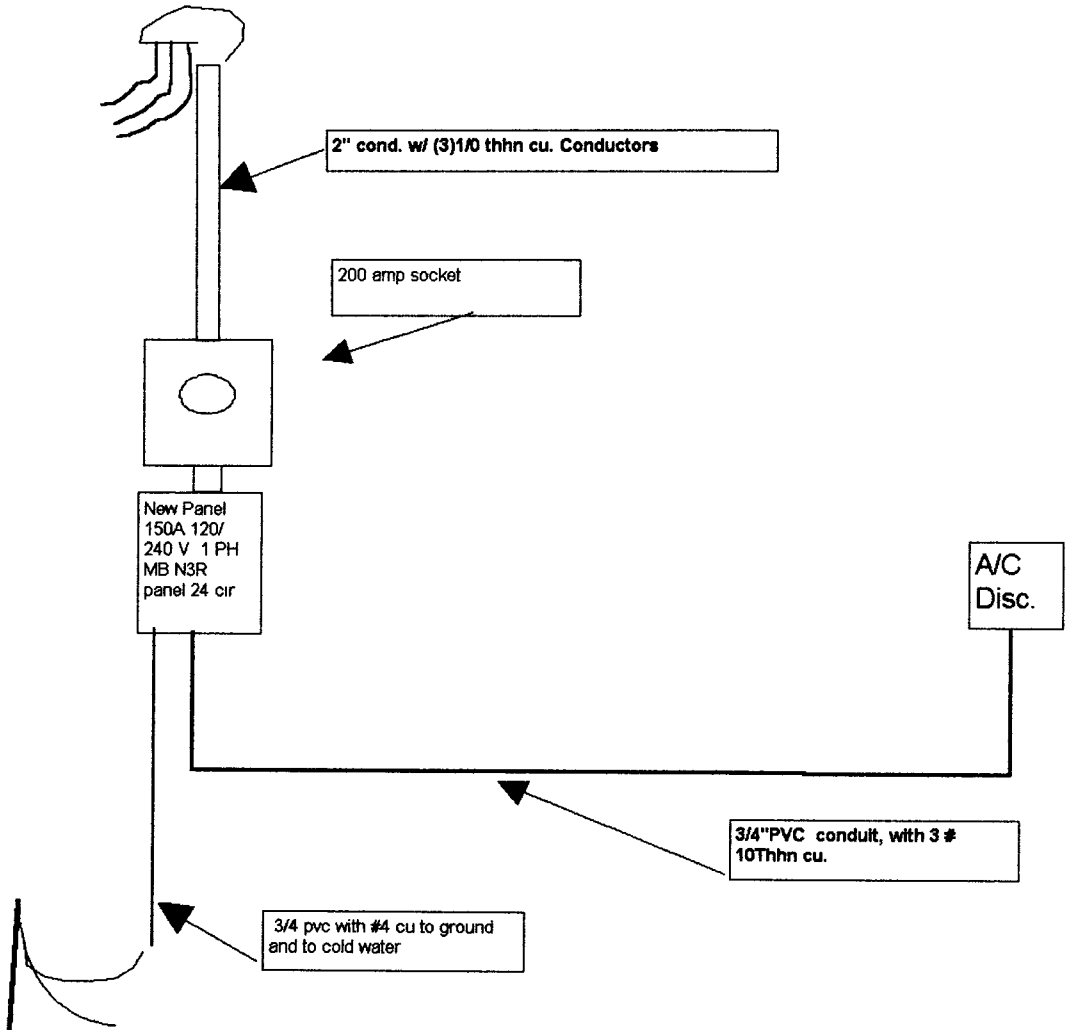
- ① Building LABELED AS "OFFICE" ON Plan IS A RESIDENTIAL STRUCTURE - No permit HAS BEEN ISSUED FOR Occupancy Change
- ② Reference TO "OFFICE" IN PANEL SCHEDULE IS NOT CORRECT - IT IS CURRENTLY A S/F STRUCTURE.

NOTE: UNLESS CHANGES ARE MADE TO DRAWINGS PERMIT CANNOT BE ISSUED UNTIL BLDG PERMIT FOR CHANGE OF OCCUPANCY IS APPLIED FOR AND APPROVED

Plan Review Date: 2-15-00 Plan Reviewer: W. Buehler
Date & Time applicant/architect/engineer notified of denial 2/22/00
Telephone called: called IN Person Notified: Grace

Plans returned to applicant for corrections:

Received by: _____ Date: _____
(Applicant's signature)



CITY OF LAKE WORTH

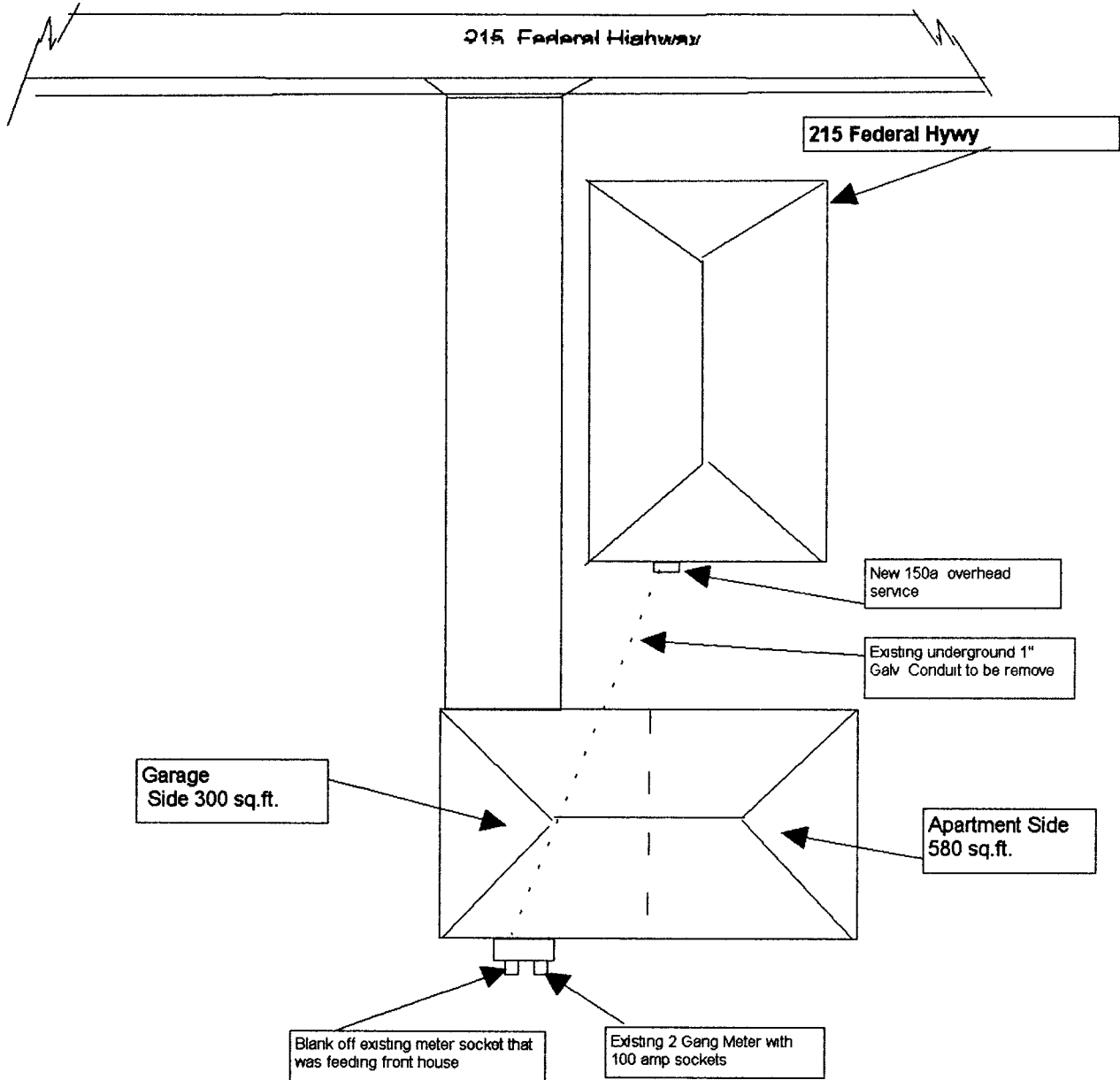
REVIEWED, TO THE BEST OF MY KNOWLEDGE AND BELIEF, FOR STANDARD BUILDING CODES COMPLIANCE.

REVIEWED BY W. B. Buck

DATE 4-2-04

BUILDING OFFICIAL Dean F. Dues

ISSUANCE OF THIS PERMIT SHALL NOT CONSTITUTE PERMISSION TO VIOLATE BUILDING, ZONING OR LICENSING REQUIREMENTS



CITY OF LAKE WORTH

REVIEWED, TO THE BEST OF MY KNOWLEDGE AND BELIEF, FOR STANDARD BUILDING CODES COMPLIANCE.

REVIEWED BY W. R. Bush

DATE 4-2-09

BUILDING OFFICIAL Dean F. Duen

ISSUANCE OF THIS PERMIT SHALL NOT CONSTITUTE PERMISSION TO VIOLATE BUILDING, ZONING OR LICENSING REQUIREMENTS

Panel Label		A	Location		R	<i>Residence</i>					Mounting		Surface			
ce Voltage		120/240	AIC Rating			10,000					Panel Type		Nema 3R			
Main Breaker		150	Phase			1					Panel Type		Loadcenter			
Buss Amps		150	Panel Circuits			24					Neutral		Full	Ground	Full	
WATTS												WATTS				
A	B	CIRCUIT			WIRE	POLE	AMP	NO.	NO.	AMP	POLE	WIRE	CIRCUIT		A	B
		Lighting (see Calc. below)			12	1	20	1	2	20	1	12	Kitchen		1500	
1200		Receptacle 5 * 180 VA			12	1	20	3	4	20	1	12	Refrigerator			1200
	1200	Receptacle 5 * 180 VA			12	1	20	5	6	20	2	12	Receptacle 5 * 180 VA		1200	
		Airconditioner see Calc. Below			10	2	30	7	8	20	1	12	Receptacle 5 * 180 VA			1200
		"			"	"	"	9	10	60	2	6	Airhandler (see calc. below)			
								11	12	"	"	"	"			
								13	14							
								15	16							
1200	1200	0	Total Watts Left									Total Watts Right		2700	2400	
Load		7500	Voltage		240	1										
Sq Ft 1317 x 3.5 watt * 1.25%		5761														
Sub Total		13261														
A/C or A/H #1		10000														
Total wattage		23261														
Total connected Amps====		97														
Feeder Size		(3) #4thhn														
Conduit		1"														

CITY OF LAKE WORTH

REVIEWED, TO THE BEST OF MY KNOWLEDGE
AND BELIEF FOR STANDARD BUILDING CODES
COMPLIANCE.

REVIEWED BY *Walter Bruck*

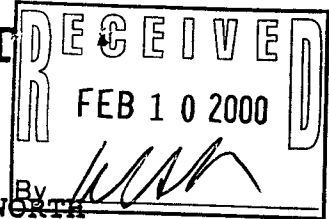
DATE *4-7-20*

BUILDING OFFICIAL *Deane F. Jones*

ISSUANCE OF THIS PERMIT SHALL NOT
CONSTITUTE PERMISSION TO VIOLATE
BUILDING, ZONING OR LICENSING REQUIREMENTS



ELECTRICAL PERMIT APPLICATION



CITY OF LAKE WORTH
 BUILDING, PLANNING &
 ZONING DEPARTMENT
 PERMIT DESK: (561) 586-1691

Must Be Completed by Applicant

LOCATION OF IMPROVEMENTS	OWNER INFORMATION
If metes & Bounds Attach Legal Desc _____	
Address <u>215 So. Federal Hwy</u>	Owner <u>Marlow Const.</u>
Lot _____ Block _____	Address <u>580 S. Dixie Hwy</u>
Subdivision _____	City <u>Lantana</u>
Parcel I.D.# _____	State <u>Fl</u> Zip <u>33462</u>
Bay or Suite# _____	Phone (H) () _____
	Phone (W) <u>(561) 586-0363</u>

CONTRACTOR INFORMATION	MISCELLANEOUS INFORMATION
Contractor <u>Lightning Elec. Inc.</u>	Building Permit#: <u>0000080</u>
Company Name <u>Lightning Elec. Inc.</u>	Code Case <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <u>3826 10th Ave No,</u>	Reference Permit#: _____
City <u>Lake Worth</u>	Change of Occupancy Yes <input type="checkbox"/> No <input type="checkbox"/>
State <u>Fl</u> Zip <u>33466</u>	Previous Occp. _____
Phone (561) <u>965-2323</u>	
License #: _____ <u>EC0001110</u>	

TYPE OF IMPROVEMENTS

DESCRIPTION OF WORK: _____	<input checked="" type="checkbox"/> Install	<input type="checkbox"/> Repair			
<u>Install new 150A Service / remove Knob + Tube replace w/ mc.</u>					
New Serv. _____ Amp / Temporary Serv. _____ Amp / Upgrade <u>150</u> Amp					
DESCRIPTION	QTY	DESCRIPTION	QTY	DESCRIPTION	QTY
APPLIANCE OUTLETS	<input checked="" type="checkbox"/>	FIRE ALARMS BELLS	<input type="checkbox"/>	OUTLETS	<u>20</u>
A/C HEAT KW <u>5</u>	<input checked="" type="checkbox"/>	FIRE ALARM CAB.	<input type="checkbox"/>	OVEN	<input type="checkbox"/>
C/A/C _____ TON	<input type="checkbox"/>	FIXTURES	<input type="checkbox"/>	DETECTOR	<input type="checkbox"/>
COMPUTER/TV	<input type="checkbox"/>	FULL RANGE	<input type="checkbox"/>	SIGN	<input type="checkbox"/>
DRYER	<input type="checkbox"/>	MOTOR H.P.	<input type="checkbox"/>	POOL/SPA	<input type="checkbox"/>
DUCT HEAT KW <u>6</u>	<input checked="" type="checkbox"/>	MOTOR H.P.	<input type="checkbox"/>	WATER HEATER	<input type="checkbox"/>
OTHER: _____					
Project Value: \$ <u>2,100⁰⁰</u>					

ACKNOWLEDGEMENTS

"NOTICE: In addition to the requirements of this permit, there may be additional restriction applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies" F.S. 533.79(10).

It is the owner's or contractor's responsibility to comply with the provision of Section 455.302, F.S., and to notify the Department of Environmental Regulation of his intentions to remove asbestos, when applicable, in accordance with State and Federal Laws.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be acquired for ELECTRICAL WORK, PLUMBING, SIGNS, FENCES, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING and AIR CONDITIONERS, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

WHEREAS the City of Lake Worth has granted a permit for work at the above address, as Contractor and/or Owner-Builder responsible for work under this permit I hereby acknowledge and agree to the following:

1. The City of Lake Worth is not responsible for the removal of any waste or debris generated as a result of work in conjunction with the above permit. (Lake Worth Code of Ordinance 12-12 a,b)
2. As contractor and/or Owner-Builder I am fully responsible for the removal from the above permitted premises any and all construction wastes generated by work in conjunction with the granted permit.
3. Failure to remove such construction waste or debris within twenty-four (24) hours of notification can result in cancellation of construction inspection and Code Enforcement Citation action resulting in a court appearance and fine of up to \$500.00.

(If an Owner/Builder permit is to be pulled, owner of property must sign the application and permit, if a contractor is going to be pulling the permit, the Qualifier of the company must sign the application.)

Signature: [Signature]
Owner*

Signature: [Signature]
Contractor

Stephen R. Faldini

* Owner/Builder Affidavit Required

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledge before me the 2/10/2000 date by the above person, who is personally known to me or who has produced DL# M 436-796 77-296-0 (type of ID) as identification and who did/did not take an oath.

(Signature of person taking acknowledgement)

OFFICE USE ONLY

PROJECT VALUE: \$ _____
MINIMUM ENGINEER'S DRAINAGE PLAN REVIEW FEE \$ _____
(\$150.00 NOTE: ADDITIONAL FEES MAY BE REQUIRED.)

PLAN REVIEW FEES ARE BASED ON THE PROJECT VALUE

FIRE DEPT. PLAN REVIEW FEE (\$20.00 MINIMUM) \$ _____

\$ 0 - \$10,000 = .005 X VALUE
\$10,000 - \$100,000 = \$50 + .0025 X VALUE OVER \$10,000
\$100,000 - \$500,000 = \$275 + .00125 X VALUE OVER \$100,000
\$500,000 - \$1,000,000 = \$775 + .000625 X VALUE OVER \$500,000
\$1,000,000 AND UP = \$1,087.50 + .0003165 X VALUE OVER \$1,000,000
(Based on above project value)

ABOVE FEES DUE UPON APPLICATION Rec.#: _____

BUILDING PERMIT FEE:
\$ 0 TO \$9,999 = .015 X VALUE, PLUS \$ 31.50
\$10,000 AND UP = .009 X VALUE \$ _____
TOTAL ESTIMATED PERMIT FEE (MINIMUM \$30.00) DUE \$ _____

MINIMUM 30% FILING FEE (MINIMUM \$30.00) DUE \$ _____ \$ _____

TOTAL AMOUNT PAID \$ 31.50 Rec.# 2/254

TO BE FILLED OUT BY PLANS REVIEWER

RADON TAX (_____ SQ. FT. X \$.01) \$ _____

LAKE WORTH UTILITIES WATER CAPACITY CHARGES \$ _____

* THE LISTED PROJECT VALUE, IN MY OPINION IS CORRECT INCORRECT
AND THE VALUE NEEDS TO BE ADJUSTED TO \$ _____. CORRECTED PERMIT FEE: _____

TOTAL BALANCE DUE FOR ABOVE ITEMS \$ _____ Rec.# _____

[Signature]
APPROVED BY:

4-7-04
DATE:

RECEIVED BY:

OFFICE USE ONLY

ADDITIONAL PARCEL INFORMATION

Owner: <u>Same</u> Location: <u>Same</u> Lot: <u>12</u> Block: <u>93</u> Sub: <u>T/S</u> Permit Type: <u>New Elec. Service</u>	ZONING DISTRICT _____ <input type="checkbox"/> Special Land Use <input type="checkbox"/> Rezoning <input type="checkbox"/> Variance Case # _____ CONDITIONS <input type="checkbox"/> Yes <input type="checkbox"/> No MIN. _____ SETBACKS front side _____ rear side _____ st. _____ LEGAL ADDRESS _____ STREET _____
-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BUILDING CHARACTERISTICS

FLOOD ZONE _____	WELL ZONE _____	FIRE ZONE _____	
OCCUPANCY TYPE Group _____ # Units _____ DIMENSIONS # of Stories _____ Height _____ Area _____	MIXED OCCUPANCY Separation Req. _____ Principle Type Group _____ Accessory Type Group _____	CONST. TYPE Type _____ Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinklered <input type="checkbox"/>	AREA MOD. <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT ISSUED FOR

New 150 Amp Service for Front House

APPROVALS

CODE COMPLIANCE Code Case # <u>CE00010174</u> Date: <u>2-11-00</u> Signature <u>[Signature]</u>	PUBLIC WORKS <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
ZONING DIVISION <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PROJECTS MANAGER <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PLANS EXAMINER <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature <u>[Signature]</u>
WATER UTILITIES <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	BUILDING OFFICIAL <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
LINE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PROJECT VALUE: _____ PERMIT FEE: _____

CANCEL

Permit Expired

Application Expired

PLAN REVIEW COMMENT SHEET
BUILDING, PLANNING & ZONING DEPT. USE ONLY

Address: 215 SOUTH FEDERAL HWY.

Legal Description: _____

Project Name: _____

The following items are required before further plan review:

- NEED SURVEY INDICATING: SETBACKS, 2 OFF-STREET PARKING SPACES FOR RESIDENTIAL UNIT AND 1 PARKING SPACE PER EACH 300 SQ. FT. OF OFFICE SPACE, DISTANCE TO ADJACENT STRUCTURES ON SAME AND ADJACENT PROPERTIES.
- NEED SITE PLAN INDICATING: H/C PARKING AND ACCESSIBILITY TO OFFICE BUILDING, LANDSCAPING TO CURRENT DAY CODE, PERVIOUS AREA CALCULATIONS, DRAINAGE PLANS & CALCULATIONS.
- APPLY FOR SIGN PERMIT WITH APPROPRIATE DRAWINGS.
- FIRE RATING OF EXTERIOR WALLS.
- VARIANCE REQUIRED FROM COST. BOARD OF ADJUSTMENT & APPEALS.

Plan Review Date: 3-3-00

Plan Reviewer: [Signature]

Date & Time applicant/architect/engineer notified of denial 3/2/00

Telephone called: 586-0363

Person Notified: Machine

Plans returned to applicant for corrections:

Received by: _____

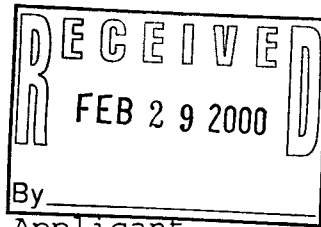
(Applicant's signature)

Date: _____

586-6343 Faxed
3/10/00



BUILDING PERMIT APPLICATION



CITY OF LAKE WORTH
BUILDING, PLANNING &
ZONING DEPARTMENT
PERMIT DESK: (561) 586-1691

Must Be Completed by Applicant

LOCATION OF IMPROVEMENTS	OWNER INFORMATION
If metes & Bounds Attach Legal Desc _____	
Address <u>215 S. Federal Hwy</u>	Owner <u>S.W. Marlow</u>
Lot _____ Block _____	Address <u>215 S. Federal Hwy</u>
Subdivision _____	City <u>LAKE WORTH</u>
Parcel I.D.# _____	State <u>FL</u> Zip <u>33460</u>
Bay or Suite# _____	Phone (H) (S) <u>586-0363</u>
	Phone (W) () _____

CONTRACTOR INFORMATION	DESIGNER INFORMATION
Contractor <u>S.W. MARLOW G.C.S.</u>	Name _____
Company Name <u>same</u>	Address _____
Address <u>215 S. Federal Hwy</u>	City _____
City <u>LAKE WORTH</u>	State _____ Zip _____
State <u>FL</u> Zip <u>33460</u>	Phone () _____
Phone (S) <u>586-0363</u>	
License #: <u>CGC 043229</u>	

TYPE OF IMPROVEMENTS

<input type="checkbox"/> New Building	<input type="checkbox"/> Enclose	<input type="checkbox"/> Repair	<input type="checkbox"/> Attached	<input type="checkbox"/> Other
<input type="checkbox"/> Addition	<input type="checkbox"/> Install	<input type="checkbox"/> Alteration	<input type="checkbox"/> Detached	
<hr/>				
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Spa			
Change of Occupancy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previous Occp. <u>RESIDENTIAL</u> Proposed Occp. <u>COMMERCIAL</u>				
Written Description of Work: _____ _____ _____				
Square Footage: _____ Job Value: \$ _____				

ADDITIONAL LIEN INFORMATION

Fee Simple Titleholder's Name _____ Address _____ City _____ St. _____ Zip _____ Phone () _____	Mortgage Company Name _____ Address _____ City _____ St. _____ Zip _____ Phone () _____
--------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

ACKNOWLEDGEMENTS

"NOTICE: In addition to the requirements of this permit, there may be additional restriction applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies" F.S. 533.79(10).

It is the owner's or contractor's responsibility to comply with the provision of Section 455.302, F.S., and to notify the Department of Environmental Regulation of his intentions to remove asbestos, when applicable, in accordance with State and Federal Laws.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be acquired for ELECTRICAL WORK, PLUMBING, SIGNS, FENCES, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING and AIR CONDITIONERS, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

WHEREAS the City of Lake Worth has granted a permit for work at the above address, as Contractor and/or Owner-Builder responsible for work under this permit I hereby acknowledge and agree to the following:

1. The City of Lake Worth is not responsible for the removal of any waste or debris generated as a result of work in conjunction with the above permit. (Lake Worth Code of Ordinance 12-12 a,b)
2. As contractor and/or Owner-Builder I am fully responsible for the removal from the above permitted premises any and all construction wastes generated by work in conjunction with the granted permit.
3. Failure to remove such construction waste or debris within twenty-four (24) hours of notification can result in cancellation of construction inspection and Code Enforcement Citation resulting in a court appearance and fine of up to \$500.00.

(If an Owner/Builder permit is to be pulled, the owner of the property must sign the application and permit, if a contractor is going to be pulling the permit, the Qualifier of the company must sign the application.)

pot waste

Signature: _____
Owner*

Signature: _____
Contractor

* Owner/Builder Affidavit Required

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledge before me the _____ date by the above person, who is personally known to me or who has produced _____ (type of ID) as identification and who did/did not take an oath.

(Signature of person taking acknowledgement)

OFFICE USE ONLY

PROJECT VALUE: \$ _____
MINIMUM ENGINEER'S DRAINAGE PLAN REVIEW FEE \$ _____
(\$150.00 NOTE: ADDITIONAL FEES MAY BE REQUIRED.)

PLAN REVIEW FEES ARE BASED ON THE PROJECT VALUE

FIRE DEPT. PLAN REVIEW FEE (\$20.00 MINIMUM) \$ _____

\$ 0 - \$10,000 = .005 X VALUE
\$10,000 - \$100,000 = \$50 + .0025 X VALUE OVER \$10,000
\$100,000 - \$500,000 = \$275 + .00125 X VALUE OVER \$100,000
\$500,000 - \$1,000,000 = \$775 + .000625 X VALUE OVER \$500,000
\$1,000,000 AND UP = \$1,087.50 + .0003165 X VALUE OVER \$1,000,000
(Based on above project value)

ABOVE FEES DUE UPON APPLICATION Rec.#: _____

BUILDING PERMIT FEE:
\$ 0 TO \$9,999 = .015 X VALUE, PLUS \$ _____
\$10,000 AND UP = .009 X VALUE \$ _____
TOTAL ESTIMATED PERMIT FEE (MINIMUM \$30.00) DUE \$ _____
MINIMUM 30% FILING FEE (MINIMUM \$30.00) DUE \$ _____ \$ _____
TOTAL AMOUNT PAID \$ _____ Rec.# _____

TO BE FILLED OUT BY PLANS REVIEWER

RADON TAX (_____ SQ. FT. X \$.01) \$ _____
LAKE WORTH UTILITIES WATER CAPACITY CHARGES \$ _____

* THE LISTED PROJECT VALUE, IN MY OPINION IS CORRECT [] INCORRECT []
AND THE VALUE NEEDS TO BE ADJUSTED TO \$ _____. CORRECTED PERMIT
FEE: _____

TOTAL BALANCE DUE FOR ABOVE ITEMS \$ _____ Rec.# _____

APPROVED BY: _____ DATE: _____

FEE-REC'.T

RECEIVED BY: _____

OFFICE USE ONLY

ADDITIONAL PARCEL INFORMATION

Owner: _____ Location: <u>215 So. Fed.</u> Lot: <u>12</u> Block: <u>93</u> Sub: <u>T/S</u> Permit Type: <u>Bldg.</u>	ZONING DISTRICT _____ <input type="checkbox"/> Special Land Use <input type="checkbox"/> Rezoning <input type="checkbox"/> Variance Case # _____ CONDITIONS <input type="checkbox"/> Yes <input type="checkbox"/> No MIN. _____ SETBACKS front side rear side st. LEGAL ADDRESS _____ STREET _____
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BUILDING CHARACTERISTICS

FLOOD ZONE _____	WELL ZONE _____	FIRE ZONE _____	
OCCUPANCY TYPE Group _____ # Units _____ DIMENSIONS # of Stories _____ Height _____ Area _____	MIXED OCCUPANCY Separation Req. _____ Principle Type Group _____ Accessory Type Group _____	CONST. TYPE Type _____ Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinklered <input type="checkbox"/>	AREA MOD. <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB DESCRIPTION FOR PERMIT

APPROVALS

CODE COMPLIANCE Case #: _____ Date: _____ Signature _____	PUBLIC WORKS <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
ZONING DIVISION <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PROJECTS MANAGER <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PLANS EXAMINER <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
WATER UTILITIES <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	BUILDING OFFICIAL <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____
LINE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments <input type="checkbox"/> Denied Date _____ Signature _____	PROJECT VALUE: _____ PERMIT FEE: _____

CITY OF LAKE WORTH
APPLICATION FOR MISCELLANEOUS PERMIT

TO BUILDING INSPECTOR, LAKE WORTH, FLORIDA

Date 5-28-85

The undersigned requests that you grant a permit to:

- Install
- Replace
- Repair
- Roofing
- Asbestos Siding
- Jalousies
- Stormstops
- Awnings
- T.V. Antenna
- Lower during hurricane
- Other WINDOWS

Owners Name CHappel Address 215 So. Federal Hwy

Lot 12 Block 93 Addition T/S

Estimated Cost 4950 Permit Fee 82

Now, therefore, in consideration of the granting of this permit, the owner and builder agree to construct this building in full compliance with the Building Code of the City of Lake Worth, and, further agree that if any question may arise as to the meaning of said code, that, they will accept the Inspector's interpretation of said code and be governed accordingly.

The undersigned applicant for a building permit does hereby represent that all persons, firms or corporations who shall perform work under this permit hereby applied for have agreed to comply with and abide by each and every one of the provisions of the Florida Workman's compensation Act, being Sec. 5956, Complied General Laws of Florida, Permanent Supplement, which may be applicable to the work to be performed under said permit.

Signed [Signature]
Company Name CHD WINDOW & DOOR

Use reverse side for Antenna

REQUEST FOR PUBLIC RECORDS

RESEARCH LOG

DATE REQUESTED: 9/28/98 for Family R. & S.
REQUESTED BY: ROTH FUN STAFFY - 582-9037

RESEARCH CONCERNED: o's separate requirements & his
last will (written with hand drawn clauses) to
withdraw to grant to Art the same requirements
as provided in the will executed

DATE COMPLETED: _____

TIME (half-hour increments) _____ hour(s)

BY: Michael W. Hill / Jan Feeney R. & S.

GARAGE ART & EMILIE FAMILY RESIDENCE
B# 3902 Real Property Records 1966-1975, NO OUTSTANDING RECORDS
10 5 99

REQUEST FOR PUBLIC RECORDS

RESEARCH LOG

DATE REQUESTED: 9/28/98

Joe Fearnley P.E. blue

REQUESTED BY: Heather Ann Sheffy -

582-9037

RESEARCH CONCERNED: also update requirements & also
catalog (apt) in rear legal & can a review be
obtained to rent to another any requirements
expected of the new owner?

DATE COMPLETED: _____

TIME (half-hour increments) _____ hour(s)

BY: Heather Ann Sheffy / Joe Fearnley P.E. blue

GARAGE Apt & SINGLE FAMILY RESIDENCE
B# 3902 Real Property Records 1966-1978 / NO OUTSTANDING VIOLATIONS
10.5.99

MISCELLANEOUS PERMIT

CITY OF LAKE WORTH INSPECTION DEPARTMENT

No 3852 D

DATE 5/28/85

OWNER Chappell

ADDRESS 215 So. Federal

LOT 12 BLOCK 99 ADDITION Townsite

CONTRACTOR CED Windows Inc LICENSE NO. 413631

FIRE DIST. NO. ZONE TYPE OCCUPANCY APT.

VALUE \$ 495 FEE \$ 8-

REMARKS:

replace 3 windows

SIGNED CONTRACT [Signature]
FINAL DATE 8/8/85 cd
ISSUED BY [Signature]

(Form LW 167-7-74-5M)

NOTICE OF PROPOSED PROPERTY TAXES AND PROPOSED OR ADOPTED NON-AD VALOREM ASSESSMENTS

PROPERTY CONTROL NO. **38-43-44-21-15-093-0120**

LEGAL DESCRIPTION OF PROPERTY:
**TOWN OF LAKE WORTH
 LT 17 BLK 93**
215 S. Federal

2002 PROPOSED AD VALOREM TAXES

The taxing authorities which levy property taxes against your property will soon hold **PUBLIC HEARINGS** to adopt budgets and tax rates for the next year
 The purpose of these **PUBLIC HEARINGS** is to receive opinions from the general public and to answer questions on the proposed tax change and budget **PRIOR TO TAKING FINAL ACTION.**
 Each taxing authority may **AMEND OR ALTER** its proposal at the hearing

**DO NOT
 PAY
 THIS IS
 * NOT
 A BILL**

TAXING AUTHORITY	YOUR PROPERTY TAXES LAST YEAR	YOUR TAXES THIS YEAR IF PROPOSED BUDGET CHANGE IS MADE	A PUBLIC HEARING ON THE PROPOSED TAXES AND BUDGET WILL BE HELD:	YOUR TAXES THIS YEAR IF NO BILL CHANGE IS MADE
PB COUNTY	344.20	351.79	PALM BEACH COUNTY (561) 355-3996 9/05 7:00 PM 301 N OLIVE AVE 6TH FL WEST PALM BEACH 33401	328
PUBLIC SCHOOLS BY STATE LAW	448.97	449.91	PBC SCHOOL BOARD (561) 434-8837 9/09 5:20 PM 3300 FOREST HILL BLVD WEST PALM BEACH 33406	427
PUBLIC SCHOOLS BY LOCAL BOARD	197.59	201.64		188
CITY	676.84	691.77	CITY OF LAKE WORTH (561) 586-1654 9/10 6:00PM 7 NORTH DIXIE HWY LAKE WORTH 33460	626
SFWMDC	45.16	46.16	SO FLA WTR MGT DIST (561) 686-8800 9/10 5:15PM 3301 GUN CLUB ROAD WEST PALM BEACH 33406	42
EVERGLADES CONST. PROJ. Independent Special Districts	7.56	7.73		7
F.I.N.D.	2.91	2.98	FL INLAND NAVIG DIST (561) 627-3386 9/05 5:30PM 247 EDWARDS LANE PALM BCH SHORES 33404	2
CHILD SERV	43.14	48.15	CHILDRENS SV COUNCIL (561) 655-1010 9/12 6:00PM 1919 N FLAGLER DR WEST PALM BEACH 33407	41
HEALTH	87.00	88.91	PBC HEALTH CARE DIST (561) 659-1270 9/10 6:01 PM 324 DATURA ST STE 401 WEST PALM BEACH 33401	82
Voter approved Debt payment				
COUNTY DEBT	29.13	23.84		23
SCHOOL DEBT	30.33	27.22		27
CITY DEBT	179.29	150.96		150
TOTAL AD VALOREM PROPERTY TAXES	2092.12	2091.06		1948
	COLUMN 1	COLUMN 2	*FOR DETAILS ON INDEPENDENT SPECIAL DISTRICTS AND VOTER APPROVED DEBT, CONTACT YOUR TAX COLLECTOR AT (561) 355-2264	COLUMN 3
	SEE REVERSE SIDE	FOR EXPLANATION		SEE REVERSE SIDE FOR EXPLANATION

YOUR PROPERTY VALUE LAST YEAR	MARKET VALUE	YOUR PROPERTY VALUE THIS YEAR
75648	MARKET VALUE	77317
75648	ASSESSED VALUE	77317
NONE	EXEMPTIONS	NONE
75648	TAXABLE VALUE	77317



IF YOU FEEL THE MARKET VALUE OF YOUR PROPERTY IS INACCURATE OR DOES NOT REFLECT FAIR MARKET VALUE, CONTACT YOUR PROPERTY APPRAISER AT:

GOVERNMENTAL CENTER - 5th FLOOR
 301 N. OLIVE AVE.
 WEST PALM BEACH, FLORIDA 33401

Agriculture (561) 355-31
 Commercial (561) 355-41
 Condominium (561) 355-21
 Exemptions (561) 355-21
 Residential (561) 355-21

IF THE PROPERTY APPRAISER'S OFFICE IS UNABLE TO RESOLVE THE MATTER AS TO MARKET VALUE, YOU MAY FILE A PETITION. PETITION FORMS ARE AVAILABLE FROM THE COUNTY PROPERTY APPRAISER'S OFFICE. YOUR PETITION MUST BE FILED WITH THE CLERK OF THE VALUE ADJUSTMENT BOARD ON OR BEFORE:

13-SEP-02 5:00 PM
 AT 301 N. OLIVE AVENUE, WEST PALM BEACH, FLORIDA 33401

2002 PROPOSED AND/OR ADOPTED NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	TELEPHONE NUMBER	RATE	ASSESSED AM
SOLID WASTE AUTHORITY	(561) 697-2700	157.00	157

DO NOT PAY --- THIS IS NOT A BILL

TOTAL NON-AD VALOREM 157

38-43-44-21-15-093-0120 38983
 MARLOW STEVEN
 MARLOW LINDA
 215 S FEDERAL HWY
 LAKE WORTH FL 33460 4230

38-43-44-21-15-093-0120

CONTRACTOR U P U P

JOB ADDRESS OR LOT# 215 So. Federal

PERMIT # _____

DATE 9-30-99

TIME IN _____ TIME OUT _____ INSPECTOR ID# _____

TYPE OF INSPECTION(S) Turn on

RESULTS OF INSPECTIONS (S) N.Y.

COMMENTS Correction notice

✓
12/9/99
LS

John DeLuca
INSPECTOR'S SIGNATURE

Hy-Byrd Inspections, Inc.

P.O. Box 3107 Lantana, Fl. 33465-3107 Tel. No. (561)968-0050

Residential & Commercial

Fax No. (561) 968-7006

BN-002089

BU-0000324

CG-C024817

CONTRACTOR

Donnet 9/6 4-13 08

Oct 01 99 08:22

JOANNE DICKINSON

1-561-283-7680

p.4

NOT APPROVED

CITY OF LAKE WORTH
Building, Planning and Zoning Department

Address 215 S. FED.

Contractor
Owner

CORRECTIONS MUST BE MADE AS NOTED BELOW

BLDG.
 ELEC.
 MECH.
 PLBG.

NO ACCESS FOR METER
INSTALLATION

- REINSPECTION FEE MUST BE PAID AT CITY HALL
- CALL 586-1691 FOR REINSPECTION

INSPECTORS NAME(S) J.D. DATE: 9-30-99

[Handwritten mark]

Hy-Byrd Inspections, Inc.

P.O. Box 3107 Lantana, Fl. 33465-3107 Tel. No. (561)968-0050

Residential & Commercial

Fax No. (561) 968-7006

BN-002689

BU-0000324

CG-C024817

CONTRACTOR Vanette 9641366

JOB ADDRESS OR LOT# 215 S. Federal

PERMIT # _____

DATE 10-6-99

TIME IN _____ TIME OUT _____ INSPECTOR ID# _____

TYPE OF INSPECTION(S) Turn-On

RESULTS OF INSPECTIONS (S) Pass

COMMENTS

[Handwritten Signature]
INSPECTOR'S SIGNATURE



ELECTRICAL RELEASE

BUILDING, PLANNING
AND ZONING

Date: 10/7/99

Address: 215 South Federal Hwy

Apt./Bay: _____ Meter(s): _____

Meter #: _____

Type: _____

Code Compliance Release: _____

TYPE OF SERVICE

Permanent: Temporary: _____

Temp./Perm. for _____ days.

SEND TO LINE DEPARTMENT

Pole: _____ Weatherhead: _____

New Service: _____ Underground: _____

Metershop: _____ Serviceman:

Additional Information: _____

Turn ON

K Miller
Ok Elect. Insp.

Cust. Ser. Rep.

BPZ

Date sent:

12/93
15

Hy-Byrd Inspections, Inc.

P.O. Box 3107 Lantana, FL. 33465-3107 Tel. No. (561) 968-0050
Residential & Commercial Fax No. (561) 968-7006

EN-002689

BU-000324

CG-C024817

Contractor ANG-2/A

Job Address or Lot # 215 So. Fed. Hwy.

Permit # 00-00110

Date 1-18-00

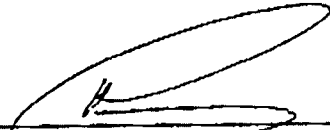
Time In _____ Time Out _____ Inspector ID# _____

Type of Inspection(s) FINAL MECHANICAL

Results of Inspection (s) FAIL

Comments:

Notice ON SITE



Inspector's Signature

NOT APPROVED

CITY OF LAKE WORTH
Building, Planning and Zoning Department

Address 215 S Federal

Contractor OWNER

CORRECTIONS MUST BE MADE AS NOTED BELOW

BLDG. ELEC. MECH. PLBG. _____

A/C FORMAL

1) NEED Electrical Permit + Inspection

2) ATTIC provide outlet + Light

3) Incomplete Inspection

REINSPECTION FEE MUST BE PAID AT CITY HALL

CALL 586-1691 FOR REINSPECTION

INSPECTORS NAME(S) J. J. Grew DATE: 01-18-00

CITY OF LAKE WORTH

10/7/02 SPECIAL CHECK REQUEST

93919

Name and Address of Payee		Vendor Number	
SW Marlow GC's 215 S. Federal Hwy Lake Worth FL 33460		Amount of Check	\$30 ⁰⁰
		Finance Use Only	
Description of Request		Amount Approved	
Permit not required Per G. Baker Request application fee		Date Approved	
		Approved By	
Special Handling Instructions		Account Charged	Amount
Please mail		0013220055	\$30 ⁰⁰
		Req. By: 10/7/02 Date: <i>[Signature]</i>	Approved By: <i>[Signature]</i> Date: 10-7-02

~~10/9/03~~

CITY OF LAKE WORTH

PERMIT RECEIPT

OPERATOR: 1121
COPY # : 1

SECTION: 1 TRP: 11 FRM: 13 SUB: TOWNSITE PLN: 23 Lot: 11
 PLAN#: 13-1121160-301

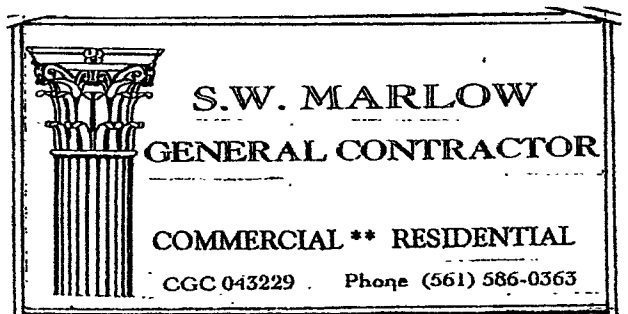
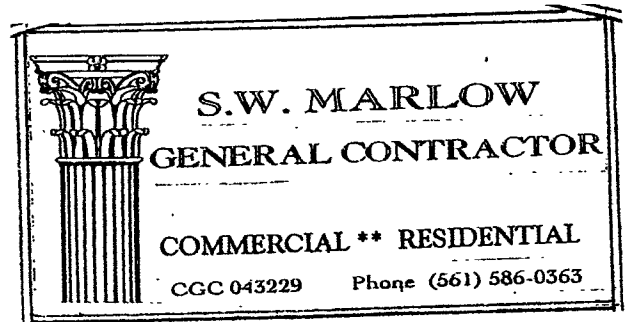
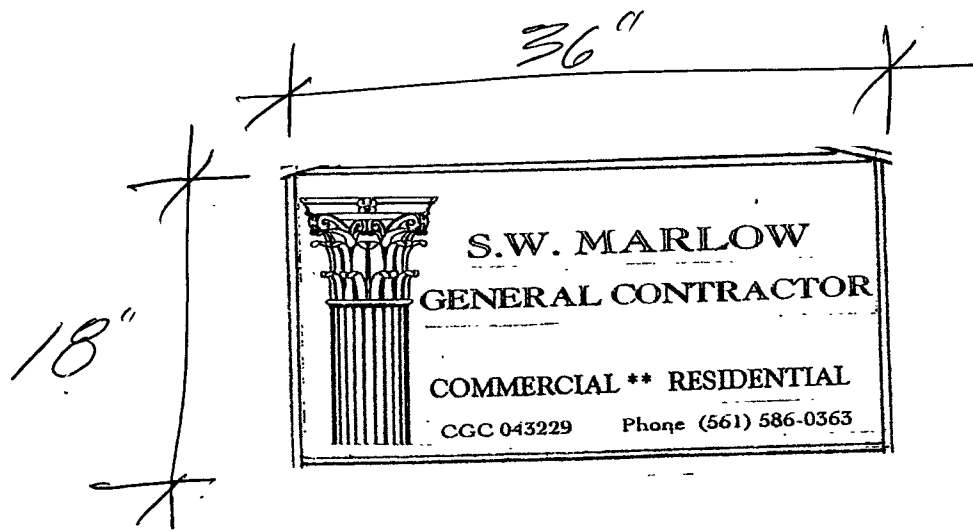
DATE ISSUED.....: 09/30/2001
 RECEIPT #.....: 1121
 REFERENCE ID #: 01090471

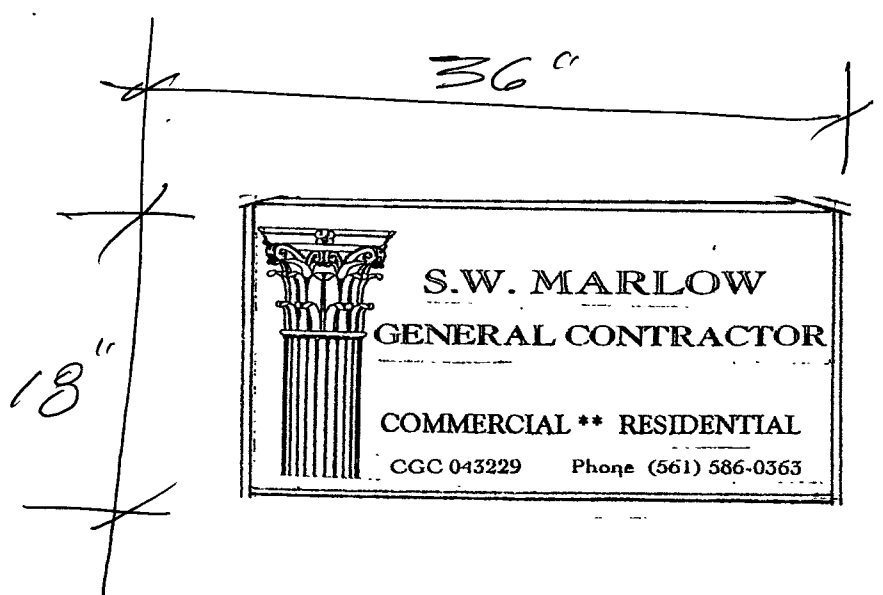
STATE ADDRESS: 115 S FEDERAL HIGHWAY
 COUNTY.....: LAKE WORTH
 CITY.....: LAKE WORTH
 IMPACT AREA.....:

OWNER.....: STEVEN & LINDA MARLOW
 ADDRESS.....: 115 SOUTH FEDERAL HIGHWAY
 CITY/STATE/ZIP.....: LAKE WORTH, FL 33461

RECEIVED FROM.....: MARLOW STEVEN L
 CONTRACTOR.....: MARLOW STEVEN L
 COMPANY.....: MARLOW GENERAL CONTRACTORS
 ADDRESS.....: 115 S FEDERAL HWY
 CITY/STATE/ZIP.....: LAKE WORTH, FL 33461
 TELEPHONE.....: 561-536-0803

LINE ID	UNIT	QUANTITY	AMOUNT	FL-TC-ET	THIS REC	NEW BAL
PERM_VALUATION		30.00	30.00	0.00	30.00	0.00
TOTAL PERMIT :			30.00	0.00	30.00	0.00
METHOD OF PAYMENT		AMOUNT	NUMBER			
CHECK		30.00	1121			
TOTAL RECEIPT :		30.00				





36"

18"

 **S.W. MARLOW**
GENERAL CONTRACTOR
COMMERCIAL ** RESIDENTIAL
CGC 043229 Phone (561) 586-0363



02090471

SIGN PERMIT APPLICATION

CITY OF LAKE WORTH
BUILDING, PLANNING &
ZONING DEPARTMENT
PERMIT DESK: (561) 586-1691

Must Be Completed by Applicant

LOCATION OF IMPROVEMENTS If metes & Bounds Attach Legal Desc	OWNER INFORMATION
Address <u>215 S. Federal Hwy</u> Lot _____ Block _____ Subdivision _____ Parcel I.D.# _____ Bay or Suite# _____	Owner <u>S.W. Marlow GC's</u> Address <u>215 S. Federal Hwy</u> City <u>Lake Worth</u> State <u>FL</u> Zip <u>33460</u> Phone (H) () <u>586-0363</u> Phone (W) () _____

CONTRACTOR INFORMATION	BUSINESS OWNER INFORMATION
Contractor <u>Stuart Marlow</u> Company Name <u>S.W. Marlow GC's</u> Address <u>215 S. Federal Hwy</u> City <u>Lake Worth</u> State <u>FL</u> Zip <u>33460</u> Phone (561) <u>586-0363</u> License #: <u>CGC 043229</u>	Business Name: _____ Owner _____ Address _____ City _____ Phone (H) () _____ Phone (W) () _____

Proposed use of the property (check box):

Business Residential Prof. Off. Mobil Home Park
 Multi-Family Parking Lot Ser. Station Shopping/Strip Center

Type of Sign:

Wall Sign Entrance Sign Barber Pole
 Projecting Sign Temporary Sign Window Sign
 Mansard/Roof Sign Pylon Sign Mural Sign
 Painted on Bldg. Free Standing Other
 Illuminated Sign No Yes _____, requires an electric wiring permit.

Linear feet of business frontage on street 40' 25'
Total Linear Legal Lot Frontage 50'
Proposed sign size in total square feet 6 #'

List all types and sizes of all existing signs that shall remain _____
"Colonial Market" NO EXISTING SIGN

ADDITIONAL INSTRUCTIONS TO APPLICANT:
Attach two (2) copies of the following: 1) Photos of the building frontage; 2) Current survey showing location of buildings and proposed sign(s); 3) Plans, specifications and method of construction and attachment, including copy and designated colors; 4) Stress sheets and calculations showing designed dead and wind loads.
Code Case: Yes No Project Value: \$ 30

NO PERMIT

ACKNOWLEDGEMENTS

"NOTICE: In addition to the requirements of this permit, there may be additional restriction applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies" F.S. 533.79(10).

It is the owner's or contractor's responsibility to comply with the provision of Section 455.302, F.S., and to notify the Department of Environmental Regulation of his intentions to remove asbestos, when applicable, in accordance with State and Federal Laws.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be acquired for ELECTRICAL WORK, PLUMBING, SIGNS, FENCES, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING and AIR CONDITIONERS, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

WHEREAS the City of Lake Worth has granted a permit for work at the above address, as Contractor and/or Owner-Builder responsible for work under this permit I hereby acknowledge and agree to the following:

1. The City of Lake Worth is not responsible for the removal of any waste or debris generated as a result of work in conjunction with the above permit. (Lake Worth Code of Ordinance 12-12 a,b)
2. As contractor and/or Owner-Builder I am fully responsible for the removal from the above permitted premises any and all construction wastes generated by work in conjunction with the granted permit.
3. Failure to remove such construction waste or debris within twenty-four (24) hours of notification can result in cancellation of construction inspection and Code Enforcement Citation action resulting in a court appearance and fine of up to \$500.00.

(If an Owner/Builder permit is to be pulled, owner of property must sign the application and permit, if a contractor is going to be pulling the permit, the Qualifier of the company must sign the application.)

Signature: _____
Owner*

Signature: _____
Contractor

* Owner/Builder Affidavit Required

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledge before me the _____ date by the above person, who is personally known to me or who has produced _____ (type of ID) as identification and who did/did not take an oath.

(Signature of person taking acknowledgement)

OFFICE USE ONLY

PROJECT VALUE: \$ _____
MINIMUM ENGINEER'S DRAINAGE PLAN REVIEW FEE \$ _____
(\$150.00 NOTE: ADDITIONAL FEES MAY BE REQUIRED.)

PLAN REVIEW FEES ARE BASED ON THE PROJECT VALUE

FIRE DEPT. PLAN REVIEW FEE (\$20.00 MINIMUM) \$ _____

\$ 0 - \$10,000 = .005 X VALUE
\$10,000 - \$100,000 = \$50 + .0025 X VALUE OVER \$10,000
\$100,000 - \$500,000 = \$275 + .00125 X VALUE OVER \$100,000
\$500,000 - \$1,000,000 = \$775 + .000625 X VALUE OVER \$500,000
\$1,000,000 AND UP = \$1,087.50 + .0003165 X VALUE OVER \$1,000,000
(Based on above project value)

ABOVE FEES DUE UPON APPLICATION _____ Rec.#: _____

BUILDING PERMIT FEE:
\$ 0 TO \$9,999 = .015 X VALUE, PLUS \$ _____
\$10,000 AND UP = .009 X VALUE \$ _____

TOTAL ESTIMATED PERMIT FEE (MINIMUM \$30.00) DUE \$ _____

MINIMUM 30% FILING FEE (MINIMUM \$30.00) DUE \$ _____ \$ _____

TOTAL AMOUNT PAID \$ _____ Rec.# _____

TO BE FILLED OUT BY PLANS REVIEWER

RADON TAX (_____ SQ. FT. X \$.01) \$ _____

LAKE WORTH UTILITIES WATER CAPACITY CHARGES \$ _____

* THE LISTED PROJECT VALUE, IN MY OPINION IS CORRECT [] INCORRECT []
AND THE VALUE NEEDS TO BE ADJUSTED TO \$ _____. CORRECTED PERMIT
FEE: _____

TOTAL BALANCE DUE FOR ABOVE ITEMS \$ _____ Rec.# _____

APPROVED BY: _____

DATE: _____

RECEIVED BY: _____

OFFICE USE ONLY

ADDITIONAL PARCEL INFORMATION

Owner: _____	ZONING DISTRICT _____
Location: _____	<input type="checkbox"/> Special Land Use <input type="checkbox"/> Rezoning
Lot: _____ Block: _____ Sub: _____	<input type="checkbox"/> Variance
Permit Type: _____	Case # _____
	CONDITIONS <input type="checkbox"/> Yes <input type="checkbox"/> No
	MIN. _____
	SETBACKS front side rear side st. _____
	LEGAL ADDRESS _____
	STREET _____

BUILDING CHARACTERISTICS

FLOOD ZONE _____	WELL ZONE _____	FIRE ZONE _____	
OCCUPANCY TYPE Group _____ # Units _____ DIMENSIONS # of Stories _____ Height _____ Area _____	MIXED OCCUPANCY Separation Req. _____ Principle Type Group _____ Accessory Type Group _____	CONST. TYPE Type _____ Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinklered <input type="checkbox"/>	AREA MOD. <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT ISSUED FOR

APPROVALS

<p style="text-align: center;">CODE COMPLIANCE</p> <p>Code Case #: _____</p> <p>Date: _____</p> <p>Signature _____</p>	<p style="text-align: center;">PUBLIC WORKS</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>
<p style="text-align: center;">ZONING DIVISION</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>	<p style="text-align: center;">PROJECTS MANAGER</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>
<p style="text-align: center;">FIRE DEPT.</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>	<p style="text-align: center;">PLANS EXAMINER</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>
<p style="text-align: center;">WATER UTILITIES</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>	<p style="text-align: center;">BUILDING OFFICIAL</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>
<p style="text-align: center;">LINE DEPT.</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved w/comments</p> <p><input type="checkbox"/> Denied Date _____</p> <p>Signature _____</p>	<p>PROJECT VALUE: _____</p> <p>PERMIT FEE: _____</p>

CITY OF LAKE WORTH BUILDING & ZONING DEPARTMENT
PLUMBING/MECHANICAL PERMIT
PERMIT DESK 586-1691
PLUMBING INSPECTOR 586-1691

DATE 01/13/00

PERMIT # 00-00110
B #

Job Location: 215 S FEDERAL HWY

Lot: 12 Block: 93 Subdivision: TOWN OF LAKE WORTH

Parcel Control # 38 434421150930120 Occupancy Type 08

Owner Name: MARLOW STEVEN & LINDA

Contractor Name: INTRACOSTAL AIR INC

Contractor Lic. # CAC057286

Phone # (561)533-5521

CODE CASE # _____ (ATTACH COPY)

WORK DESCRIPTION: INSTALL 3 TON RHEEM A/C SYSTEM

ESTIMATED COST: \$3500.00

TOTAL FEE: \$52.50

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

It is the owner's or operator's responsibility to comply with the provisions of section 455.302, Florida Statutes, and to notify the Department of Environmental Regulation of his intentions to remove Asbestos, when applicable, in accordance with State and Federal Law.

In consideration of granting of the requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the permitted plans and all applicable codes. Permit void if work is not commenced within 6 months from date of issue, or if work is suspended or abandoned for 6 months.

FINAL INSPECTION MANDATORY, 24 hour notice required for all inspections.

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.

Contractor/owners shall be responsible for removal of construction waste.

Contractor/Owner Signature _____

Issued by _____

Rough _____ Topout _____

Final 3/3/00

Comments _____

NOTICE OF COMMENCEMENT NEEDED: YES NO

P.O. Box 31
Residential & Comm

Inspections, Inc.
334 55-3107 Tel. No. (561) 968-0050
fax no. (561) 968-7006

BN-002689

0024

CG-C024817

Contractor U.S.

1963

Job Address or Lot # 315

5 Federal Hwy

Permit # 00-00

Date 3-31-00

Time In _____

Type of Inspection(s) _____

Results of Inspection _____

Comments:

[Signature]

Hy-Byrd Inspections, Inc.

P.O. Box 3107 Lantana, FL. 33465-3107 Tel. No. (561) 968-0050
Residential & Commercial Fax No. (561) 968-7006

BN-002689

BU-000324

CG-C024817

Contractor Angela 533-5512

Job Address or Lot # 215 So. Federal Hwy

Permit # 00-00110

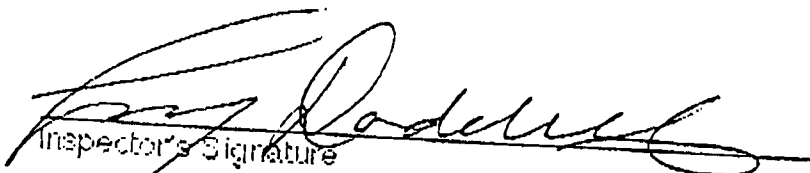
Date 3-30-00

Time In _____

Type of Inspection(s) Final A/c

Results of Inspection (s) Filed

Comments: See Notice


Inspector's Signature

NOT APPROVED

CITY OF LAKE WORTH
Building, Planning and Zoning Department

Address	215 S FEDERAL HWY
Contractor OWNER	

CORRECTIONS MUST BE MADE AS NOTED BELOW

BLDG. ELEC. MECH. PLBG. _____

FINAL A/C

No Access to CB OR PERMIT

REINSPECTION FEE MUST BE PAID AT CITY HALL

CALL 586-1691 FOR REINSPECTION

INSPECTORS NAME(S) LD

DATE: 3-30-00

City of Lake Worth
Building Department
1900 2nd Ave N

TOWN OF L.W., LT 12 Bk 93

Lake Worth, FL 33461

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number 12-00002385 Date 8/21/12
Property Address 215 S FEDERAL HWY REAR
PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
Application type description RESIDENT ELEC T/ON-OFF > 12 MTHS
Subdivision Name
Property Use
Application valuation 0

Description of Work
ELECTRIC TURN ON

Property owner DEUTSCHE BANK NATIONAL TR CO
Owner address C/O AMERICAN HOME MRTG
3 ADA
IRVINE CA 926182322
()
Contractor OWNER

Permit RESIDENTIAL ELECTRIC
Additional desc ELECTRIC TURN ON
Issue Date 8/21/12 Valuation 60
Expiration Date 2/17/13

Special Notes and Comments

PLEASE BE ADVISED: City of Lake Worth's Public Services Department requires all open construction containers within City limits to be provided by CITY OF LAKE WORTH PUBLIC SERVICES. Please contact PUBLIC SERVICES AT (561)533-7344. Failure to comply could result in fines and fees.

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. F.S.553.79(10)

Inspections must be scheduled by 4:00 pm the previous day.
Building Inspections 586-1691. Fire Inspections 561-233-0050
Landscape Inspections 586-1677.
Public Services Inspections 586-1720
Safety is everybody's job!

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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.

City of Lake Worth
 Building Department
 1900 2nd Ave N
 Lake Worth, FL 33461
 Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number 12-00002385 Page 2
 Property Address 215 S FEDERAL HWY REAR Date 8/21/12
 PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
 Application description . . . RESIDENT ELEC T/ON-OFF > 12 MTHS
 Subdivision Name
 Property Use

Permit RESIDENTIAL ELECTRIC

Additional desc . . . ELECTRIC TURN ON

Required Inspections

Seq	Insp Code	Description	Initials	Date
1000	203	EL FINAL	_____	__/__/__

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City of Lake Worth
Building Department
1900 2nd Ave N

Town of L.W. Rt 12 Blk 93

Lake Worth, FL 33461

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number 03-00020014 Date 7/05/12
Property Address 215 S FEDERAL HWY
PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
Application type description COMMERCIAL REMODEL
Subdivision Name
Property Use SINGLE FAMILY
Application valuation 2200

Description of Work
REMOVE INTEROR WALL

Property owner STEVEN & LINDA MARLOW
Owner address 215 SOUTH FEDERAL HIGHWAY
LAKE WORTH FL 33460-423
()
Contractor KEYS CONSTRUCTION & DESIGN INC

Permit COMMERCIAL BUILDING
Additional desc
Issue Date 2/20/03 Valuation 2200
Expiration Date 12/05/12

Permit COMMERCIAL ELECTRIC
Additional desc
Issue Date 9/05/03 Valuation 300
Expiration Date 12/05/12

Inspections must be scheduled by 4:00 pm the previous day.
Building Inspections 586-1691. Fire Inspections 561-233-0050
Landscape Inspections 586-1677.
Public Services Inspections 586-1720
Safety is everybody's job!

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF
COMMENCEMENT MAY RESULT IN YOU 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.**

RECEIVED
JUL 05 2012
City of Lake Worth

June 11, 2012

To: City of Lake Worth Building Division
1900 2nd Ave North
Lake Worth Fl 33461

Re: Building permit # 03-00020014

To Whom This May Concern;

Please be advised of my request for a change of contractor from S.W. Marlow General Contractors to Keys Construction And Design Inc. whose address is 333 Woods Avenue, Tavernier, Fl 33070 and whose licensed number is CGC 031388. This is for my residence located at 215 South Federal Highway Lake Worth, Fl 33460.

Thank you,

Owner's Signature John Hudson, Asst. Sec. Date 6-28-12

STATE OF TEXAS
COUNTY OF Dallas

The foregoing instrument was acknowledged before me this 28 day of June 2012, by John Hudson

(Name of person acknowledging)

[Signature]
(Signature of Notary Public)
Personally known _____

OR Produced Identification _____
Type of identification TX DL





Gary R. Nikolits, CFA
Property Appraiser
 Palm Beach County

Property Appraiser's Public Access



Location Address 215 S FEDERAL HWY
 Municipality LAKE WORTH
 Parcel Control Number 38-43-44-21-15-093-0120
 Subdivision LAKE WORTH TOWN OF
 Official Records Book 25389 Page 241
 Sale Date MAY-2012
Legal Description TOWN OF LAKE WORTH LT 12 BLK 93

Owners
 721 NORTH DIXIE LLC

Mailing address
 1111 SW 1ST AVE # 2517
 MIAMI FL 33130 5407

Sales Date	Price	OR Book/Page	Sale Type	Owner
MAY-2012	\$72,511	25389 / 0241	WARRANTY DEED	721 NORTH DIXIE LLC
APR-2012	\$90,200	25121 / 1010	CERT OF TITLE	DEUTSCHE BANK NATIONAL TRUST CO TR
DEC-1999	\$65,000	11527 / 0275	WARRANTY DEED	MARLOW LINDA (M)
FEB-1994	\$100	08139 / 0284	QUIT CLAIM	
NOV-1991	\$100	07036 / 0111	WARRANTY DEED	

12

No Exemption Information Available.

Number of Units 2 *Total Square Feet 880 Acres 0.1550
 Use Code 1200 - STORE/OFFICE/RESIDENTIAL Zoning POMF30 - (38-LAKE WORTH)

Tax Year	2012	2011	2010
Improvement Value	\$67,317	\$70,831	\$75,752
Land Value	\$57,713	\$78,975	\$87,750
Total Market Value	\$125,030	\$149,806	\$163,502

All values are as of January 1st each year

Tax Year	2012	2011	2010
Assessed Value	\$125,030	\$149,806	\$163,502
Exemption Amount	\$0	\$0	\$0
Taxable Value	\$125,030	\$149,806	\$163,502

Tax Year	2012	2011	2010
Ad Valorem	\$3,005	\$3,666	\$4,015
Non Ad Valorem	\$991	\$991	\$975
Total tax	\$3,996	\$4,657	\$4,990



Phone: 561-804-1248

Fax: 561-792-4227



Email: jm-properties@comcast.net

Darma Sainmervil

10606 Versailles Boulevard
Wellington, Florida 33449

Certified Building Contractor
Certified Roofing Contractor
Licensed Real Estate Broker

CBC1251448 "Serving the Community Since 1983" CCC1326578

www.jmpropertieswpb.com

CITY OF LAKE WORTH --- PLUMBING PERMIT

No 5424

215th so. Fred.
 OWNER Fred Thomas LOT _____ BLK. _____ SUB. _____
 PLUMBER Burns

NEW REMODEL ADDITION DWELLING STORE GARAGE APTS. FRONT REAR

CLOSETS	BATH TUBS	LAVATORIES	SHOWERS	SINKS	LAUNDRY TUBS	SLOP SINKS	DISH WASH.	URINALS	FL. DRAINS	CATCH BASINS	DRINK FOUN.	WASH. MACH.	GREASE TR.	SODA - BAR	GARB. DISP.	SEWER CON.	SEPTIC TANK	WATER HEATER	SOLAR HEATER	WELL
1	1	1	1	1														1		

INSPECTIONS

ROUGH PLUMBING 12-17-54

SEWER _____

FINAL 3-30-55

(LW-139-2-52-2M)

12-27 1954 AMT. PAID 16.00

J.C. Engstrom
 PLUMBING INSPECTOR

THIS PERMIT MUST BE PUT IN A SAFE AND CONSPICUOUS PLACE — IT MUST BE RETURNED TO THE BUILDING DEPARTMENT WHEN BUILDING IS COMPLETE — DO NOT OCCUPY THIS BUILDING UNTIL FINAL INSPECTION HAS BEEN MADE. SEC. 205-304. UNIFORM BLDG. CODE.

DEPARTMENT OF BUILDING INSPECTION
CITY OF LAKE WORTH, FLA.
PHONE 6830

Date 12-10-54 Building Permit: A No 3902

Owner N.B. NEWTON Address 215 50 FEDERAL

Location 215 50 FEDERAL Value 6500.00

Contractor FRED THOMAS License No. _____

Architect _____ Address _____

Lot No. 12 Block No. 93 Addition TWN Zone C

Size Lot 50x135 Bldg. Width 49 Length 22 Ridge Height 10 6 Eave Height 10 6

Type CBS Occupancy GAR. APT. Fire District 3

Permit Fee 22.50 Date _____ Inspector _____

SET BACK Front _____ Date _____ Inspector _____

N Side 31 1/2 To HOUSE

S Side 5'

W Rear 11' Date 12-10-54 Inspector MH

FOUNDATION Footing 9"x18" 1/2" STEEL RODS

Wall 8" BLOCK

Piers 8"x12" 4-5/8" STEEL RODS

BEAMS Perimeter _____

Cap 8"x8" 4 1/2" STEEL RODS Date 12-21-54 Inspector MH

COLUMNS Intermediate 1/4" HOOPS 12" O.C.

Corner 2"x4 16" O.C.

FRAME Walls _____

Floor Joist 2x8 = 16" O.C.

Ceiling Joist 2x8 = 16" O.C. Date 1-11-55 Inspector MH

Rafters _____

ROOFING Type P E D

PLUMBING Rough Permit No. _____ Fixtures 5

ELECTRICAL Rough Permit No. _____ Outlets 24

LATHING Type LATH & PLASTER

EXTERIOR Type STUCCO

PLUMBING Final 3-30-55 KCF

ELECTRICAL Final 3-30-55 RB

FINAL Occupancy 3-30-55 MH

No final inspection shall be made until all other inspections are approved

Signed Fred J. Thomas Contractor Date _____

THIS PERMIT DOES NOT INCLUDE PLUMBING AND ELECTRICAL PERMITS

Issued by M. E. Hovey, Jr. Building Inspector

NOTIFY ELECTRIC INSPECTOR 12 HOURS IN ADVANCE OF TIME FOR INSPECTION. NO INSPECTIONS WILL BE GIVEN WITHOUT REQUEST FROM THE ELECTRICIAN. A FEE OF \$1.00 WILL BE CHARGED FOR ALL RE-INSPECTIONS.

CITY OF LAKE WORTH, FLORIDA

ELECTRICAL PERMIT (A)

Date 1-5-55 1955
 Owner N. B. NEW LON
 Location 219. 50 FEDERAL No. **5453**
 Lot _____ Blk. _____ Sub. _____
 Electrician R. S. BOYNTON BLDG. PERMIT NO. _____
 New Remodel Repair Temporary

	NO.		FEE	
OUTLETS	<u>29</u>	<u>290</u>		
FIXTURES				
Single light	<u>5</u>	<u>25</u>		
2 or more lights				
RANGE	<u>1</u>	<u>50</u>		
WATER HEATERS				
Less than 1 K.W.	<u>1</u>	<u>50</u>		
Over 1 K.W.				
SPACE HEATERS				
Less than 1 K.W.				
Over 1 K.W.				
SERVICE OR METERS	<u>1</u>	<u>100</u>		
MOTORS				
Less than 1 H.P.				
1-5 H.P.				
Over 5 H.P.				
High Potential				
GENERATORS				
Low Potential				
High Potential				
CEILING FANS				
SIGN TRANSFORMERS				
CHANGES ALTERATIONS				
INC. LAMPS				
MERCURY ARC RECTIFIERS				
STORAGE BATTERIES				
MISCELLANEOUS				

INSPECTIONS:
 ROUGHING OK 1-11-55 RB
 APPROVED (EXCEPT FIXTURE) _____ RB
 FINAL 3-30-55 RB

For violations or special instructions see reverse side of this permit.

FEE: \$ 5.15
 (MINIMUM FEE \$1.00)

Robert Boynton
 Electrical Inspector

THIS PERMIT MUST BE PUT IN A SAFE AND CONSPICUOUS PLACE — IT MUST BE RETURNED TO THE BUILDING DEPARTMENT WHEN BUILDING IS COMPLETE — DO NOT OCCUPY THIS BUILDING UNTIL FINAL INSPECTION HAS BEEN MADE. SEC. 205-304. UNIFORM BLDG. CODE.

DEPARTMENT OF BUILDING INSPECTION
CITY OF LAKE WORTH, FLA.
 PHONE 6830

Date 10-11-54 Building Permit: A No. **3902**

Owner H. Newton Address 1500 E. Lake

Location 21st St. E. Lake Value 10,000

Contractor W. J. Thomas License No. 1000

Architect --- Address ---

Lot No. 12 Block No. 9 Addition --- Zone C

Size Lot 50x110 Bldg. Width 10 Length 20 Ridge Height 12 Eave Height 11

Type 1.5 Occupancy Residential Fire District ---

Permit Fee 200

SET BACK	Front	Side	Rear	Date	Inspector
	<u>12</u>	<u>5</u>	<u>11</u>		

FOUNDATION
 Footing 9"x18" 2-1/2" STEEL RODS
 Wall 8" BLOCK
 Piers

BEAMS
 Perimeter 8"x12" -- 4-5/8" STEEL RODS
 Cap

COLUMNS
 Intermediate 8"x8" -- 4-1/2" STEEL RODS
 Corner 1/4" HOOPS 12" O. C.

FRAME
 Walls 2"x4 -- 16" O. C.

Floor Joist 2"x8 -- 16" O. C.
 Ceiling Joist 2"x8 -- 16" O. C.
 Rafters

ROOFING
 Type ---

PLUMBING
 Rough Permit No. --- Fixtures ---

ELECTRICAL
 Rough Permit No. --- Outlets ---

LATHING
 Type ---

EXTERIOR
 Type ---

PLUMBING
 Final

ELECTRICAL
 Final

FINAL
 Occupancy

No final inspection shall be made until all other inspections are approved

Signed _____ Contractor Date _____

THIS PERMIT DOES NOT INCLUDE
 PLUMBING AND ELECTRICAL PERMITS

Issued by W. J. Thomas
 Building Inspector

DATE 12/10/54

PERMIT VALUE ESTIMATE

TYPE - C.B.S.
 BRICK VENEER
 FRAME

ROOF - GABLE
 HIP
 FLAT

HEIGHT - RIDGE
 EAVE 10'6"
 AV. HT.

BASIC RATE P.C.F. .94
 ADD FOR _____
 TOTAL RATE .94

UNIT	WIDTH	DEPT	SQ. FT.	HEIGHT	CUB. FT.	%	CUB. FT. EST.
#1 LIVING	22	22	484	10 1/2	5082	100	5082
#2 GARAGE	18	22	396	10 1/2	4158	50	2079
							7161
TOTALS							

ESTIMATED VALUE \$6731.00
 PERMIT VALUATION \$6500.00

CERTIFICATE OF SURVEY .

Nov 12th 1954

TO: Building Inspector
City of Lake Worth
Lake Worth, Florida

This is to certify that Lots 12

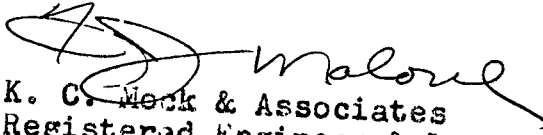
Block 93

Subdivision Townsite

in the City of Lake Worth were surveyed under my direction on
Nov. 11th 1954 for Mr. Newlon

and corners set. There are no encroachments involved.

Note: See accompanying
sketch showing exist.
bldgs.


K. C. Mock & Associates
Registered Engineer & Land Surveyor
Florida Certificates No. 1008
Lake Worth, Florida.

12-10-54
Date

City of Lake Worth, Florida
Application for Building Permit

Permit No. A-3902

TO: Building Inspector, Lake Worth, Florida
The undersigned requests that you grant a Permit to:

CONSTRUCT
REMODEL REPAIR
ENLARGE

as per plans and specifications submitted in duplicate with this application.

Owner N. B. NEWKON Address 215 So. FEDERAL

Location 215 So. FEDERAL Value \$6,500

Contractor FRED S. THOMAS License No. _____

Architect _____ Address _____

Lot No. 12 Block No. 73 Subdivision TOWNSITE Zone C

Size Lot 50 x 135 Bldg. Width 22 Bldg. Length 47 Ridge Ht. 10 Eave Ht. FLAT

Type C. B.S. Occupancy APT Fire Dist. 3

A separate permit is required for the Plumbing, Electric Wiring, Curb Cuts, Side-walks. Curb Cuts and Sidewalks may be installed by Licensed, Bonded contractors only.

Before building construction is started, approved sanitary facilities for workmen shall be provided.

Now, therefore, in consideration of the granting of this Permit, the owner and builder agree to construct this building in full compliance with the Building Code and Zoning Ordinance of the City of Lake Worth, Florida, and that they will accept the inspector's interpretation of said code and be governed accordingly.

The undersigned applicant for a building permit does hereby represent that all persons, firms or corporations who shall perform work under the permit hereby applied for, have agreed to comply with and abide by each and every one of the provisions of the Florida Workman's Compensation Act, being Section 5956, Compiled General Laws of Florida, Permanent Supplement, which may be applicable to the work to be performed under said permit.

Survey K.C.M.

Signed [Signature]
Owner - Contractor

REMARKS:
102

City of Lake Worth
Building Department
1900 2nd Ave N
Lake Worth, FL 33461

Turn of L.W, Lt 12
BLK 93

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Application Number	12-00002619	Date	9/26/12
Property Address	215 S FEDERAL HWY		
PROPERTY CONTROL NUMBER:	38-43-44-21-15-093-0120		
Application type description	RESIDENTIAL RE-ROOF		
Subdivision Name			
Property Use	SINGLE FAMILY		
Application valuation	4000		

Description of Work
REROOF PER NOA

Property owner	DEUTSCHE BANK NATIONAL TR CO		
Owner address	C/O AMERICAN HOME MRTG		
	3 ADA		
	IRVINE	CA	926182322
	()		
Contractor	JM PROPERTIES OF WPB INC		

Permit	RESIDENTIAL ROOF		
Additional desc	REROOF		
Issue Date	9/26/12	Valuation	4000
Expiration Date	3/25/13		

Special Notes and Comments

PLEASE BE ADVISED: City of Lake Worth's Public Services Department requires all open construction containers within City limits to be provided by CITY OF LAKE WORTH PUBLIC SERVICES. Please contact PUBLIC SERVICES AT (561)533-7344. Failure to comply could result in fines and fees.
Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. F.S.553.79(10)
September 20, 2012 1:57:33 PM kchristens.

COA#12-00100146. Approved. Replace flat roof on rear building with new flat roof. Two-story building not to be effected.

Inspections must be scheduled by 4:00 pm the previous day.
Building Inspections 586-1691. Fire Inspections 561-233-0050
Landscape Inspections 586-1677.
Public Services Inspections 586-1720
Safety is everybody's job!

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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.

City of Lake Worth
Building Department
1900 2nd Ave N
Lake Worth, FL 33461

Inspection Request (561) 586-1691 Main Office (561) 586-1647

Page 2
Date 9/26/12

Application Number 12-00002619
Property Address 215 S FEDERAL HWY
PROPERTY CONTROL NUMBER: 38-43-44-21-15-093-0120
Application description . . . RESIDENTIAL RE-ROOF
Subdivision Name
Property Use SINGLE FAMILY

Permit RESIDENTIAL ROOF

Additional desc . . REROOF

Required Inspections

Seq	Insp Code	Description	Initials	Date
10	101	BD IN PROGRESS	_____	___/___/___
10	112	BD ROOF METAL/TIN TAG	_____	___/___/___
10	118	BD ROOF SHEATHING	_____	___/___/___
1000	104	BD FINAL	_____	___/___/___

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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.

CITY OF LAKE WORTH, FLORIDA
 BUILDING DEPARTMENT
 PERMIT APPLICATION
 "Where the Tropics begin"

1900 2nd Ave N
 LAKE WORTH, FL 33461
 (561) 586-1647
 Visit us at Lakeworth.org



MASTER PERMIT NUMBER

PERMIT NUMBER (FOR OFFICE USE ONLY)
 12-2619

WORK LOCATION

CONTRACTOR

ADDRESS 215 S Fed Hwy
 FLOOR/BAY/SUITE/APT # TOWN OF LAKE WORTH
 SUBDIVISION _____ BLOCK 93 LOT 12
 PARCEL ID# 38-43-44-21.15 0930120

QUALIFIER NAME DARMA SAINMENVIL
 COMPANY NAME JM Properties of WFB Inc
 ADDRESS 10606 VERSAILLES BLVD
 CITY WELLINGTON STATE FL ZIP 33449
 STATE LIC. OR COMPETENCY # LCC1326578
 PHONE# 561 804-1248 CELL# 561 756-5744
 EMAIL JM-PROPERTIES@COMCAST.NET

PERMIT TYPE

- STRUCTURE
- ADDITION
- ALTERATION
- REPAIR
- FIRE SPRINKLER
- FIRE ALARM
- DRIVEWAY
- APPROACH
- RESIDENTIAL
- WINDOW
- DEMOLITION
- RELOCATION
- ROOFING
- FENCE
- SIGN
- SIDEWALK
- GAS
- FUEL
- COMMERCIAL
- SHUTTER
- ELECTRICAL
- MECHANICAL
- PLUMBING
- POOL
- IRRIGATION
- BACKFLOW
- CHANGE OF CONTRACTOR
- GENERATOR
- DOOR
- OTHER

RECEIVED
 SEP 17 2012
 City of Lake Worth

OWNER OF RECORD

NAME LAST 221 NORTH DIXIE LLC FIRST _____ MI _____
 ADDRESS 215 S. FEDERAL HWY
 CITY LAKE WORTH STATE FL ZIP _____
 PHONE 561-929-6418 CELL _____
 TENANT NAME _____

DESCRIBE PROJECT IN DETAIL

Re-Roofing

VALUE \$ 4,000 SQUARE FOOTAGE _____ CHANGE OF OCCUPANCY OR USE YES NO

PRIMARY PERMIT FEES SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK. FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.

Building Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	BUILDING PERMIT # _____
Electrical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	ELECTRICAL PERMIT # _____
Mechanical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	MECHANICAL PERMIT # _____
Plumbing Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC./CERT. OF COMPETENCY _____	PLUMBING PERMIT # _____
Roofing Contractor: <u>JM Properties, WFB Inc</u> Qualifier/Agent Signature <u>[Signature]</u>	DATE <u>9-06-12</u>	STATE LIC./CERT. OF COMPETENCY <u>LCC1326578</u>	ROOFING PERMIT # _____

For Additional sub-contractors please use supplemental form.

NOTICE TO PROPERTY OWNERS

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.

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR AND RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE CITY CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).


<p style="text-align: center;">FEE SIMPLE TITLEHOLDER (If other than owner)</p> <p>Name <u>721 NORTH DIXIE LLC</u></p> <p>Address <u>215 S FLD HWY</u></p> <p>City <u>LAKE WORTH</u> State <u>FL</u> Zip _____</p>	<p style="text-align: center;">MORTGAGE LENDER</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p style="text-align: center;">BONDING COMPANY</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p style="text-align: center;">ARCHITECT/ENGINEER/RESIDENTIAL PLANS CERTIFIER</p> <p>I CERTIFY THAT THE PLANS ACCOMPANYING THIS DOCUMENT MEET ALL REQUIREMENTS PERTAINING TO BUILDING CONSTRUCTION IN THE CITY OF LAKE WORTH.</p> <p>Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone () _____ Cell () _____ Fax () _____</p>

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE ACQUIRED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING AND AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION & ZONING.

ALL SIGNATURES MUST BE ORIGINAL

<p>Owner (Signature) <u>[Signature]</u></p> <p>Print Name <u>DAVID STAPLES</u></p>	<p>Contractor/Agent (Signature) <u>[Signature]</u></p> <p>Print Name <u>DARMA SANMERIC</u></p>
<p>STATE OF <u>FLORIDA</u></p> <p>COUNTY OF <u>PALM BEACH</u></p> <p>Sworn to (or affirmed) and subscribed to before me this <u>14</u> day of <u>Sept</u> 20 <u>12</u> by Owner or Agent, who has produced the following identification _____ or who <u>personally known to me.</u></p> <p>Signature of Notary <u>[Signature]</u></p> <p>Print Name of Notary _____</p>	<p>STATE OF <u>FLORIDA</u></p> <p>COUNTY OF <u>PALM BEACH</u></p> <p>Sworn to (or affirmed) and subscribed to before me this <u>14</u> day of <u>Sept</u> 20 <u>12</u> by Contractor, who has produced the following identification _____ or who <u>personally</u></p> <p>Signature of Notary <u>[Signature]</u></p> <p>Print Name of Notary _____</p>

NOTARY PUBLIC STATE OF FLORIDA
 Edese S. Simon
 Commission # EE018426
 Expires: AUG. 18, 2014
 BONDED THROUGH ANTIC BONDING CO., INC.













REVIEWED

12 2619

CFN 20120366607
OR BK 25460 PG 0780
RECORDED 09/17/2012 09:27:11
Palm Beach County, Florida
Sharon R. Bock, CLERK & COMPTROLLER
Pg 0780; (1pg)

PERMIT NUMBER 2619

CLW PLANS EXAMINER

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.: 38434421150930120

SUBDIVISION TOWN OF LAKE WORTH BLOCK 93 TRACT _____ LOT 12 BLDG _____ UNIT _____

2. GENERAL DESCRIPTION OF IMPROVEMENT:

General Improvement

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a Name and address 721 North Dixie Hwy LLC, 215 S. Dixie Hwy, Lake Worth, Florida

b Interest in property Fee simple

c Name and address of fee simple titleholder (if different from Owner listed above) 1111 SW 1st Avenue,

4. a. CONTRACTOR'S NAME: JM Properties of W. P. B., Inc.

Contractor's address 10606 Versailles Blvd, Wellington, FL 33449

b Phone number 561-756-5744

5. SURETY (if applicable, a copy of the payment bond is attached)

a Name and address N/A

b Phone number N/A

c Amount of bond \$ _____

6. a. LENDER'S NAME: N/A

Lender's address N/A

b Phone number _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13 (1) (a) 7., Florida Statutes:

a Name and address N/A

b Phone numbers of designated persons N/A

8. a. In addition to himself or herself, Owner designates N/A of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b Phone number of person or entity designated by Owner N/A

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20____

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

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

State of FL

County of Palm Beach

The foregoing instrument was acknowledged before me this 14 day of Sept, 2012

by DAVID STAPLES, as Officer

for _____ (name of party on behalf of whom instrument was executed)

Personally Known or Produced Identification _____ Type of Identification Produced _____

NOTARY PUBLIC-STATE OF FLORIDA
Edese S. Simon
Commission # EE018426
Expires: AUG. 18, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

(Signature of Notary Public)

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

RECEIVED
SEP 17 2012
City of Lake Worth



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 17th DAY OF Sept, 2012

SHARON R. BOCK
CLERK & COMPTROLLER

By Michelle
DEPUTY CLERK



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA)
 BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY
 PRODUCT CONTROL SECTION
 11805 SW 26 Street, Room 208
 Miami, Florida 33175-2476
 T (786) 315-2590 F (786) 315-2699
www.miamidade.gov/pera

Tamko Building Products, Inc.
 P.O. Box 1404
 Joplin, MO 64802

REVIEWED
 12 2619
 CLW PLANS EXAMINER

SCOPE:

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

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

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

DESCRIPTION: TAMKO Modified Bitumen Roof System Over Wood Decks.

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

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

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

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

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

This NOA renews and revises NOA No. 09-0820.11 and consists of pages 1 through 15.
 The submitted documentation was reviewed by Jorge L. Acebo.



NOA No.: 12-0227.18
 Expiration Date: 05/23/13
 Approval Date: 05/10/12
 Page 1 of 15

CITY OF LAKE WORTH

OFFICE COPY

REVIEWED FOR CODE COMPLIANCE

SUBJECT TO COMPLIANCE WITH ALL
CODES AND ORDINANCES IN EFFECT
IN THE CITY OF LAKE WORTH

DATE 09/26/12

REVIEWED BY: [Signature]

ISSUANCE OF THIS PERMIT SHALL NOT
CONSTITUTE PERMISSION TO VIOLATE
BUILDING, ZONING OR LICENSING REQUIREMENTS

24 HOUR NOTICE REQUIRED FOR ALL
INSPECTIONS: CALL 561-586-1691 TO
SCHEDULE INSPECTIONS

[Faint handwritten notes]

VISUAL INSPECTIONS REQUIRED

- | | |
|--------------------|-------------------------|
| 1. FOOTINGS | 6. ROOF & WALL SHEATING |
| 2. FOUNDATION | 7. TIN-TAG |
| 3. SLAB | 8. LATH/WALLBOARD |
| 4. BEAMS/COLUMNS | 9. FINAL |
| 5. FRAMING | 10. INSULATION |
| 11. IN PROGRESS | 12. VAPOR BARRIER |
| 11. PRE-INSPECTION | |

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: Modified Bitumen
Material: SBS
Deck Type: Wood
Maximum Design Pressure -60 psf

REVIEWED
 12 26 19
 CLW PLANS EXAMINER

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Awaplan 170 FR	Roll weight: 98 lbs 33' 11" x 39 ^{3/8} "	ASTM D 5147 ASTM D 6164 Type I, Grade G	A 180 g/m ² polyester reinforced SBS modified bitumen membrane surfaced with granules and treated for additional fire resistance. Applied in hot asphalt or cold adhesive.
Awaplan 170™	Roll weight: 98 lbs 33' 11" x 39 ^{3/8} "	ASTM D 5147 ASTM D 6164 Type I Grade G	A 180 g/m ² polyester reinforced SBS modified bitumen membrane surfaced with granules. Applied in hot asphalt or cold adhesive.
Awaplan Premium FR™	Roll weight: 101 lbs 33' 11" x 39 ^{3/8} "	ASTM D 5147 ASTM D 6164 Type II Grade G	A 250 g/m ² polyester reinforced modified bitumen membrane surfaced with granules. Applied by hot asphalt and also used as a walkway material.
Awaplan Premium™	Roll weight: 101 lbs 33' 11" x 39 ^{3/8} "	ASTM D 5147 ASTM D 6164 Type II Grade G	A 250 g/m ² polyester reinforced SBS modified bitumen membrane surfaced with granules. Applied in hot asphalt or cold adhesive, and also used as a walkway material.
Awaplan Versa-Smooth	Roll weight: 100 lbs 33' 11" x 39 ^{3/8} "	ASTM D 5147 ASTM D 6164 Type I Grade S	A 180 g/m ² polyester reinforced SBS modified bitumen membrane. Applied in hot asphalt, by torch, or mechanically fastened, as a base ply in 2 ply modified systems.
Awaplan Versa-Flex	Roll weight: 76 lbs 33' 11" x 39-3/8"	ASTM D 5147 ASTM D 6164 Type I Grade S	A 170 g/m ² nonwoven polyester reinforced SBS modified bitumen membrane. Applied in hot asphalt, as a base ply in 2 ply modified systems.



NOA No.: 12-0227.18
 Expiration Date: 05/23/13
 Approval Date: 05/10/12
 Page 2 of 15

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Base-N-Ply®	Roll weight: 72 lbs 97'-6" x 39 ³ / ₈ "	ASTM D 4601 Type II	Asphalt impregnated and coated glass fiber base sheet for use in conventional and modified bitumen built-up roofing.
Glass-Base™	Roll weight: 72 lbs 97' 6" x 39 ³ / ₈ "	ASTM D 4601 Type II	Asphalt impregnated and coated glass fiber base sheet for use in conventional and modified bitumen built-up roofing.
Tam-Cap™	Roll weight: 83 lbs 32' 11" x 39 ³ / ₈ "	ASTM D 3909	Asphalt impregnated and coated felt surfaced with mineral granules used as the top ply in conventional built-up roof membranes.
Tam-Glass Premium™	Roll weight: 53 lbs 161' 9" x 39 ³ / ₈ "	ASTM D 2178 Type VI	Asphalt impregnated glass felt for use in conventional and modified bitumen built-up roofing.
Tam-Ply IV™	Roll weight: 44 lbs 161' 9" x 39 ³ / ₈ "	ASTM D 2178 Type IV	Asphalt impregnated glass felt for use in conventional and modified bitumen built-up roofing.
Type 43 Base Sheet	Roll weight: 85 lbs 72' x 36"	ASTM D 2626	An organic felt reinforced asphalt base sheet. Applied in hot asphalt or mechanically fastened.
Vapor-Chan™	Roll weight: 86 lbs 32' 11" x 39 ³ / ₈ "	ASTM D 4897	Heavy duty fiber glass base sheet impregnated and coated on both sides with asphalt with or without a fine mineral stabilizer. Surfaced on the bottom side with coarse mineral granules embedded in hot asphaltic coating.
Versa-Base™	Roll weight: 94 lbs 48' 2" x 39 ³ / ₈ "	ASTM D 5147 ASTM D 6163 Type I, Grade G	Asphalt impregnated and coated glass fiber base sheet for use in conventional and modified bitumen built-up roofing.
Tam-Pro Fibered Emulsion Coating	5 gallon	ASTM D 1227, type II	Protective coating.
Tam-Pro Quick-Dry Primer	5 gallon	ASTM D 41	Asphalt based primer
Tam-Pro FR Fibered Aluminum Roof Coating	5 gallons	ASTM D2824, type III	Flame retardant protective coating

REVIEWED
12-26-19
CLW PLANS EXAMINER



APPROVED INSULATIONS:

Product Name	Product Description	Manufacturer (With Current NOA)
ACFoam Composite	Isocyanurate Insulation with perlite facer.	Atlas Roofing Corp.
ACFoam II	Isocyanurate Insulation.	Atlas Roofing Corp.
EnergyGuard Perlite	Expanded mineral fiber Insulation.	GAF Materials Corp.
EnergyGuard Fiberboard	Wood fiber board Insulation.	GAF Materials Corp.
High Density Wood Fiberboard	High Density Wood Fiber insulation board.	Generic
ENERGY 3, PSI-25	Isocyanurate Insulation.	Johns Manville
Retro-Fit Board	A high-density perlite roof insulation.	Johns Manville
Fesco Board	Rigid perlite roof insulation board.	Johns Manville
Structodeck	High Density Wood Fiber insulation board.	Blue Ridge Fiberboard
H-Shield	Isocyanurate Insulation.	Hunter Panels, LLC
H-Shield WF	Wood fiber/ Isocyanurate Composite Insulation.	Hunter Panels, LLC

APPROVED FASTENERS:

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	Dekfast Fasteners #12, #14 & #15	Insulation fastener for wood, steel and concrete decks		SFS Intec, Inc.
2.	Dekfast Hex Plate	Galvalume hex stress plate.	2 7/8" x 3 1/4"	SFS Intec, Inc.
3.	#12 Roofgrip Fasteners	Insulation fastener for wood and steel.		ITW Buildex Corp.
4.	Metal Plate	Galvalume stress plate.	3" round 3" square	ITW Buildex Corp.
5.	Olympic Fastener #12 & #14	Insulation fastener		OMG, Inc.
6.	Olympic G-2	Galvalume AZ55 steel plate	3.5" round	OMG, Inc.
7.	Olympic Standard	Galvalume AZ50 steel plate	3" round	OMG, Inc.
8.	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS Intec, Inc.
9.	Insul-Fixx S Plate	Galvalume AZ50 steel plate	3" round	SFS Intec, Inc.
10.	Tru-Fast	Insulation fastener for steel and wood decks		The Tru-Fast Corp.
11.	Tru-Fast Plates	Galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.



EVIDENCE SUBMITTED:

<u>Test Agency/Identifier</u>	<u>Name</u>	<u>Report</u>	<u>Date</u>
Underwriters Laboratories, Inc.	UL 790	R3225	Published Annually
Factory Mutual Research Corp.	Class 4470	J.I. 4D0A7.AM	10/21/98
	Class 4470	J.I. 0Z4A3.AM	08/27/97
	Class 4470	J.I. 1D4A7.AM	10/20/97
	Class 4470	J.I. 3B5A9.AM	08/27/98
	Class 4470	3027787	08/14/06
	Class 4470	3027789	08/14/06
	Class 4470	3027790	08/14/06
	Class 4470	3010612	04/16/01
	Class 4470	3027791	08/14/06
Exterior Research & Design, LLC	TAS 114	4444.06.98-1	06/15/98
	TAS 114	4449.08.99-1	08/03/99
Trinity ERD	TAS 117(B)/ ASTM D6862	C8500SC.11.07	11/30/07
	TAS 117 & TAS 114	C12410.08.09	08/14/09

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CLW PLANS EXAMINER



Deck Type 1: Wood, Non-insulated

Deck Description: Minimum $1\frac{5}{32}$ " or greater plywood or wood plank. Plywood shall be attached to 2" x 4" wood supports spaced 24" o.c. using wood screws spaced 6" o.c. at perimeters and intermediate supports.

System Type E(2): Base sheet mechanically fastened.

All General and System Limitations apply.

Anchor Sheet: One ply of Tamko Glass-Base, Vapor-Chan, Versa-Flex, Versa-Base, Versa-Smooth or Base-N-Ply fastened to the deck as described below:

Fastening: *(Option #1)* One ply of Red Rosin sheet loose laid over deck. Followed by anchor sheet attached using Simplex Mega Cap Nails spaced 9" o.c. in a 4" lap and 9" o.c. in two staggered rows in the center of the sheet.

Maximum Design Pressure: -45 psf, (See General Limitation #7)

(Option #2) Attach anchor sheet using Simplex Mega Cap Nails spaced 9" o.c. in a 4" lap and 9" o.c. in two staggered rows in the center of the sheet.

Maximum Design Pressure: -60 psf, (See General Limitation #7)

Ply Sheet: (Optional) One or more plies of Tam-Glass Premium, Tam-Ply IV, Glass Base, Base-N-Ply, Awaplan Versa-Smooth, Awaplan VersaFlex, or Versa-Base adhered with a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: Awaplan Premium, Awaplan Premium FR, Awaplan 170, Awaplan 170 FR, Awaplan Versa-Smooth or Awaplan VersaFlex adhered with a full mopping of approved asphalt applied at 400° F at the point of contact and at a rate of 20-40 lbs./sq.; Versa-Smooth adhered by torch.

Surfacing: Optional for mineral surfaced Membranes. Required for smooth surfaced membranes. Any coating, listed below, used as a surfacing, must be listed within a current NOA.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq..
2. Tam-Pro FR Fibered Aluminum Coating, Henry 520, or Karnak 97AF applied at 1½ gal./sq., or Grundy Fibered Asphalt Emulsion, or Tam-Pro Fibered Emulsion at 3 gal./sq.

Maximum Design Pressure:

See Anchor Sheet Fastening Options above



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12 26 19

CLW PLANS EXAMINER

WOOD DECK SYSTEM LIMITATIONS:

1. A slip-sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq.

Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.

5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Engineer, Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9N-3 of the Florida Administrative Code.

END OF THIS ACCEPTANCE



NOA No.: 12-0227.18
Expiration Date: 05/23/13
Approval Date: 05/10/12
Page 15 of 15

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION

REVIEWED

Section A General Information

12 2 19

CLW PLANS EXAMINER

PR Number: _____

Date: _____

Contractor: Jim Pro Ponties

License #: CCC1326578

Owner: 721 N DIXIE LLC NORTH

Job Address: 2155 FEDERAL HWY

Use of Building:

- 1 or 2 Family Dwelling Multi-Family (3 or More Units) Non-Residential

Exposure Category: _____

Existing Roof Material: BUR / FLAT

Roof Type:

- New Roof Re-Roofing Recovering Repair _____ % Roof / Section

Roof Slope: 1/4 / 12

Deck Type: WOOD

Roof Height: 9 Ft.

Proposed Roof Covering: (Check all that apply to this permit application)

- Flat Roof Mechanically Fastened Tile Mortar / Foam Set Tile
- Asphalt Shingles Metal Panel / Shingle
- Wood Shakes / Shingles Other: _____

Slope of Roofing Work by Area: (Complete all that apply)

Flat Roof Area (<=2" / 12") 1100 sf

Steep Slope Roof Area (>=4" / 12") 0 sf

Low Slope roof Area (>2" - 4" / 12") 0 sf

Total Roof Area, This Permit: 1100 sf

CERTIFICATION:

To the best of my knowledge and belief, all information supplied on any or all of the pages of this form, or supplied by any other means, is true and correct.

Qualifier Name (Print) ANNA SAINTELL

Signature [Signature]

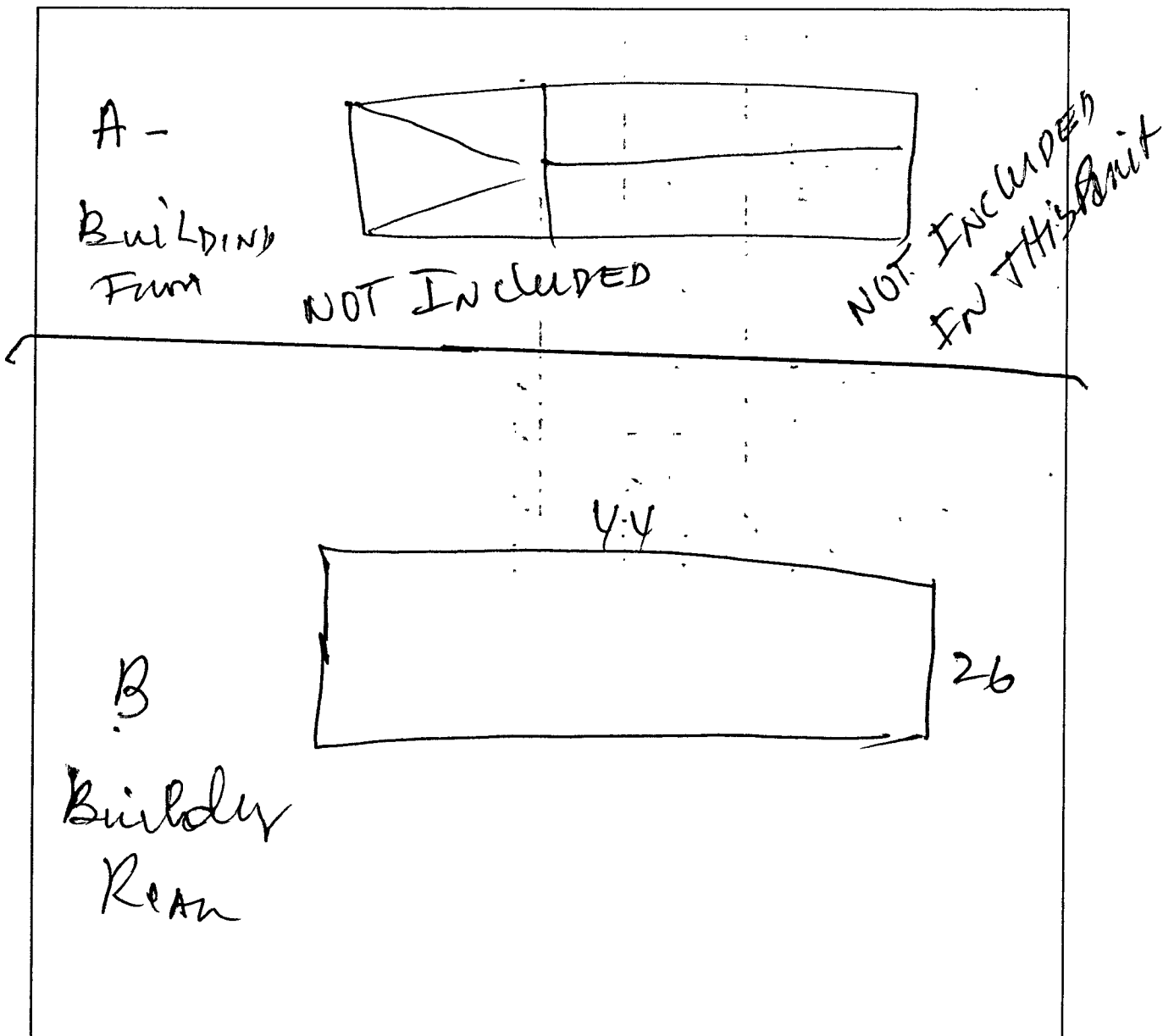
Date 9-15-12

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION (Continued)

**Section B
Roof Plan**

Sketch Roof Plan: Illustrate all levels and sections. Include dimensions of sections and levels: clearly identify all roof areas per zone and provide all uplift pressures per zone. Identify and locate all parapet walls and expansion joints. If applicable, identify locations of hurricane mitigation and provide attachment details on the following page.

NOTE: for flat roofs, provide the perimeter width (a') and the corner size (a' x a')



CITY OF LAKE WORTH

NO CHANGES SHALL BE MADE TO THE
INFORMATION ON THIS APPROVED SET
OF DRAWINGS DURING OR AFTER THE
CONSTRUCTION PERIOD THAT COULD
IN ANY WAY CONSTITUTE A CHANGE
IN THE AESTHETIC CHARACTER OF THE
PROJECT WITHOUT APPROVAL OF THE
CASE# 12-00100146

APPROVED AS NOTED _____

APPROVED _____


PZHP DIVISION 9/20/12
DATE

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION
Section C
HURRICANE MITIGATION PER F.S. 553
"Hurricane Mitigation Retrofits for Existing Single Family Residential Structures"

Address: 215 S. FEDERAL Hwy

Water Barrier: Florida Statute 553.844 Section 201.2

As of October 1, 2007, all single family dwelling re-roof applications must provide for a secondary water barrier as defined in Section 201.2.

1. Method of secondary water barrier installation:
 - Roof sheathing joints covered with 4" self-adhering polymer modified bitument tape applied directly to the sheathing. Tape must be covered with an underlayment system as required for the roofing system.
 - Entire roof deck covered with a self adhering polymer modified bitument sheet. No additional underlayment is required unless specified by the product approval or the
 - Entire roof deck covered with 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ. No additional underlayment shall be required over the top of
 - Approved 30# underlayment fastened with 1" round plastic cap or metal cap nails attached to a nailable deck in a grid pattern 12" staggered between the laps with 6" spacing at the laps. For slopes 2:12, to 4:12, two layers installed shingle fashion, lapped
2. Secondary Water Barrier: GAF Manufacturer ASTM APPROVED Product Approval FL#: 12610

Roof To Wall Connections: Florida Statute 553.844 Section 201.3

1. YES NO Was the permit for construction applied on or after March 1, 2002?
(if yes, proceed to signature and permit submittal)
2. Applicant must provide documentation of building value: Indicate the type provided:
 - Copy of current home insurance summary sheet.
 - Copy of latest Tax Bill or Property Appraiser office webpage for the home.
3. YES NO Is the value of the building \$300,000.00 or more?
(if no, proceed to signature and permit submittal)
4. If yes to # 3, then roof to wall connections must be enhanced to comply with 201.3. The priorities for upgrading are outlined in section 201.3.5 of the manual. An additional 15% of the cost of re-roofing must be spent on enhanced connections. A separate permit application by a residential, building or general contractor is required.

DANNA SAINMERIC Qualifier / Owner -Builder Name (Print) [Signature] Qualifier / Owner -Builder's Signature 9-14-12 Date

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION
Section C (continued)

HURRICANE MITIGATION PER F.S. 553

"Hurricane Mitigation Retrofits for Existing Single Family Residential Structures"

Address: 215 S. FEDERAL Hwy

Roof Sheathing Details For Hurricane Mitigation:

Existing Roof Sheathing:

- Roofing Boards
- Plywood
- Unknown
- Other (explain): _____

Roof Sheathing Fasteners (check all that apply):

- Existing roofing boards fastened with 2 - 8d nails OR additional 8d fasteners will be added: A MINIMUM OF 2 - 8d NAILS PER BOARD ARE REQUIRED.
- Existing plywood sheathing fastened with 8d nails spaced at a maximum of 6" on center OR ADDITIONAL NAILS WILL BE ADDED PER ROOF MITIGATION TABLE 201.1:

Table 201.1

Supplemental Fasteners at Panel Edges and Intermediate Framing (140 mph. exposure "B")		
Existing Fasteners:	Existing Fastener Spacing:	Supplemental fastening shall be no greater than:
Staples or 6d	Any	6" o.c. (Table Note B)
8d clipped head, round head or ring shank	6" o.c. or less	None Necessary
8d clipped head, round head or ring shank	Greater than 6" o.c.	6" o.c. (Table Note A)
NOTE: all supplemental fasteners to be full head, 8d ring shank nails meeting the following specifications: 0.113 inch shank diameter, 16 to 20 rings per inch, minimum 2 1/4" nail length.		

A: Maximum spacing determined based upon existing fasteners and supplemental fasteners.

B: Maximum spacing determined based upon supplemental fasteners only.

Danna S. Gammew [Signature] 9-14-12
 Qualifier / Owner -Builder Name (Print) Qualifier / Owner -Builder's Signature Date

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION

Section E

Flat Roof Information (Built-Up or Modified) ≤ 2:12

Fill in the specific roof assembly components. If a component is not required, state not applicable (N/A) on the line.

Roof System Manufacturer: GAF System Type: WOOD / NON-INSULATED

Specific System #: RAS150 State Product Approval #: 09-0224.01

Wind Uplift Pressures: (P1) Field: 49.2 psf (P2) Perimeters: 82.6 psf (P3) Corners: 124.3 psf

Maximum Design Pressure from the Specific Product Approved System: _____ psf

Specify the Occupancy Classification:

*Residential- Single Family Dwelling *Commercial

*Enhanced Nailing Provided **Residential Exemption

**Residential Exemption for (explain): _____

*Enhanced Nailing Specifications for Perimeters & Corners engineered by: 4" o.c. 2 columns @ 4" o.c.

*Engineered enhanced nailing is required for ALL flat decks where the maximum design pressure of the roof covering does not meet the minimum roof uplift pressures. Enhanced nailing specifications are to be attached to the permit application. ****Exception:** detached structures accessory to single family dwellings less than 400 sq. feet. (ie. storage sheds) and accessory flat decks attached to single family dwellings above non-habitable space at an elevation different than the main roof (i.e. patios, carports) less than 400 sq. feet.

Under these exceptions, the roof covering is to be fastened as follows: 11 ga. ring shank nails with 1 5/8" tin caps: ALL ZONES : 4" o.c laps and two rows staggered @ 4" o.c. in the center of the sheets. ✓

Deck Type: WOOD & Support Spacing: _____

Wood Nailer: N/A & Nailer Fastener Type & Spacing: _____

Fire or Vapor Barrier: N/A

Insulation Base Layer Size & Thickness N/A & Fastener / Bonding Mat'l: _____

Insulation Top Layer Size & Thickness N/A & Fastener / Bonding Mat'l: _____

CONTINUED ON NEXT PAGE

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION
Section E (continued)
Flat Roof Information (Built-Up or Modified) ≤ 2:12

Number of Fasteners per Insulation Board: Field: N/A Perimeter: _____ Corner: _____

Fastener Type: N/A Alternate Fastener: _____

Ply Sheet(s) & # of Ply(s): _____ & Fastener / Bonding Mat'l: _____

Anchor / Base Sheet(s) & # of Ply(s): _____ & Fastener / Bonding Mat'l: _____

Fastener Spacing for Base Sheet Attachment:

(P1): Field: 6 o.c. @ laps & 2 Rows @ 6"

(P2): Perimeter: 4 o.c. @ laps & 2 Rows @ 4"

(P3): Corner: 4 o.c. @ laps & 2 Rows @ 4"

Top Ply: SBS MODIFIED & Fastener / Bonding Mat'l: COLD APPLIED Process

Surfacing: GRANULES

Single Ply Membrane: N/A & Fastener / Bonding Mat'l: _____

Single Ply Sheet Width: _____ 1/2 Sheet Widths: _____ # of Single Ply 1/2 Sheets: _____

Drip Edge Metal (Material Type, Size, Gauge or Weight): 3x3 GALV.

Fastener Type & Spacing: 1 1/4" GALV RS

Drip Hook Strip / Cleat Metal Gauge or Weight: N/A

Fastener Type & Spacing: _____

Parapet Coping Metal (Material Type, Size, Gauge or Weight): N/A

Fastener Type & Spacing: _____

DARMA SAINMENVIL
 Qualifier's Name (Print)

[Signature]
 Qualifier's Signature

9-14-12
 Date

ers having a length in excess of 8 in. shall have a minimum diameter of 1/4 in.

5.2 Insulation fasteners shall penetrate the concrete deck a minimum of 1 1/4 in.

6. **Lightweight Insulating Concrete**

6.1 New pours of lightweight insulating concrete shall be tested for fastener withdrawal in compliance with Section 1917 of the *Florida Building Code, Building*.

6.2 Rigid roof insulation panels shall not be applied directly over lightweight concrete decks.

6.3 For recover or reroof applications where the proposed mechanical attachment is through the lightweight insulating concrete and to the structural deck, a TAS 105 withdrawal resistance test of the proposed fastener shall be conducted. Calculations based on the TAS 105 shall be submitted to the building official for evaluation of the proposed fastening method.

7. **Wood Decks**

7.1 Approved insulation fasteners shall be used for insulation attachment to wood decks. Nails are not acceptable for insulation attachment.

8. **Perimeter, and Corner Roof Areas**

8.1 The roofing assembly Product Approval shall list the maximum design pressure for the accepted assembly. Such pressure shall be applicable to the field of the roof area (1) as defined in ASCE 7. Should the roof assembly Product Approval allow extrapolation to perimeter and corners areas (2 and 3) as defined in ASCE 7, the following shall apply.

- The maximum extrapolation shall not be greater than 280 percent except as noted in Section 9.2.
- The minimum fastener separation shall not be less than 4 in. o.c.

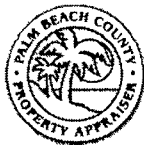
- If the perimeter and/or corner areas of the roof have calculated design pressures which are less than or equal to the maximum design pressures noted in the roof assembly Product Approval, then specified anchor/base sheet or insulation attachment shall also apply in these areas.

- If the minimum design pressure exceeds the roof assembly maximum design pressure such roofing system may be granted a one-time approval by the authority having jurisdiction, provided the applicant demonstrates, by testing and/or rational analysis that such roofing system complies with the provision of the *Florida Building Code*.

8.1.1 In recover or reroof applications, if testing in compliance with TAS 105 of the insulation fasteners results in a minimum characteristic resistance force less than 275 lbf (1224 N), a Professional Engineer, or Registered Architect shall perform a moisture survey, in compliance with TAS 126, and examine the deck's integrity. The moisture survey and examination results, along with the withdrawal resistance test results and a proposed deck repair/replacement specification, shall be submitted to the building official for review prior to issuance of a roofing permit.

Subsequent to repair or replacement of the deck, a withdrawal resistance of the fasteners shall be conducted. The same criteria noted above shall apply.

8.2 As an alternate to data extrapolation, or in the event data extrapolation is not allowed, in-situ (on-site) field uplift resistance testing of the in place roof assembly may be conducted in elevated pressure zones to confirm uplift resistance performance. Testing shall be conducted in compliance with TAS 124. Such Field uplift resistance testing shall be conducted to 1.45 times the design pressure for the tested pressure zone, and submitted to the building official for review.



Gary R. Nikolits, CFA
Property Appraiser
 Palm Beach County

Property Appraiser's Public Access **IPAPAD**



Location Address 215 S FEDERAL HWY
 Municipality LAKE WORTH
 Parcel Control Number 38-43-44-21-15-093-0120
 Subdivision LAKE WORTH TOWN OF IN PB 2 PGS 29 TO 40 INC
 Official Records Book 25389 Page 241
 Sale Date MAY-2012
Legal Description TOWN OF LAKE WORTH LT 12 BLK 93

Owners
 721 NORTH DIXIE LLC

Mailing address
 1111 SW 1ST AVE # 2517
 MIAMI FL 33130

Sales Date	Price	OR Book/Page	Sale Type	Owner
MAY-2012	\$72,511	25389 / 0241	WARRANTY DEED	721 NORTH DIXIE LLC
APR 2012	\$90,200	25121 / 1010	CERT OF TITLE	DEUTSCHE BANK NATIONAL TRUST CO TR
DEC-1999	\$65,000	11527 / 0275	WARRANTY DEED	MARLOW LINDA (M)
FEB-1994	\$100	08139 / 0284	QUIT CLAIM	
NOV-1991	\$100	07036 / 0111	WARRANTY DEED	

12

No Exemption Information Available.

Number of Units 2 *Total Square Feet 880 Acres 0.1550
 Use Code 1200 - STORE/OFFICE/RESIDENTIAL Zoning POMF30 - (38-LAKE WORTH)

Tax Year	2012 P	2011	2010
Improvement Value	\$67,317	\$70,831	\$75,752
Land Value	\$57,713	\$78,975	\$87,750
Total Market Value	\$125,030	\$149,806	\$163,502

P - Preliminary All values are as of January 1st each year

Tax Year	2012 P	2011	2010
Assessed Value	\$125,030	\$149,806	\$163,502
Exemption Amount	\$0	\$0	\$0
Taxable Value	\$125,030	\$149,806	\$163,502
Tax Year	2012 P	2011	2010
Ad Valorem	\$3,006	\$3,666	\$4,015
Non Ad Valorem	\$991	\$991	\$975
Total tax	\$3,997	\$4,657	\$4,990

September 26, 2012

Permit # 12-2619

JOB ADDRESS:

215 S. FEDERAL Hwy

I, Here By Certify That I
will provide ENHANCED NAILING
on CONCRETE & PERIMETER

OF ROOF

REVIEWED

12-2619

~~ADDITIONAL~~

CORNER

12-2619

CLW PLANS EXAMINER

CLW PLANS EXAMINER

Ⓞ 4" O.C

Perimeter Row Ⓞ 4" O.C

TO SATISFY ENHANCED REQUIREMENTS
OF #7 LIMITATION

REVIEWED

12-2619

THE NOTE

CLW PLANS EXAMINER

DANNA GANNON

QUALITY

OF JM PRO POSITIVE

Get Ccc 1326578



**DEPARTMENT for COMMUNITY SUSTAINABILITY
PLANNING, ZONING, AND HISTORIC PRESERVATION**

1900 2nd Ave North · Lake Worth, Florida 33461 · Phone: 561-586-1687

REVIEWED

12-26-19

CLW PLANS EXAMINER

9/20/2012

721 North Dixie Highway, LLC
215 South Federal Highway
Lake Worth, FL 33460

HRPB Project Number 12-00100146: Consideration of a Certificate of Appropriateness (COA) for roof replacement for the subject property located at 215 South Federal Highway; PCN#38-43-44-21-15-093-0120. The subject property is contributing within the Southeast Lucerne Local Historic District (FMSF #8PB7091; a.k.a. 211 South Federal Highway in designation report).

Dear Applicant:

On September 20, 2012 the Division of Planning, Zoning, and Historic Preservation received your COA application for roof replacement for the property located at 215 South Federal Highway. The property contains two structures, a two-story frame vernacular home and a single-story rear building with a flat roof. Your application proposes to replace the existing flat roof on the rear structure with a new flat roof system.

Staff approves your request as described in your application. The proposed project is a like-for-like replacement, which will have no aesthetic effect on the building, or the single-family structure at the front of the lot. This letter only constitutes an approval of compliance with the review process for exterior changes to a property within a local historic district as defined in City of Lake Worth Municipal Code §23.27.05.00. This approval does not exempt you from complying with the building code and zoning ordinance of the City of Lake Worth concerning roof installation.

No changes shall be made to the information on this approved application that could in any way constitute a change in the aesthetic character of the project without approval of staff or the Historic Resources Preservation Board.

Please be advised the Certificate of Appropriateness authorized herein shall be null and void unless construction has commenced and is proceeding within one (1) year from the staff approval date.

If you have any questions, please feel free to call me at 561-586-1690.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly M. Christensen".

Kelly M. Christensen, Preservation Planner
Division of Planning, Zoning, and Historic Preservation
Department for Community Sustainability

12-2619



City of LAKE WORTH

HISTORIC RESOURCES PRESERVATION BOARD

7 NORTH DIXIE HIGHWAY
LAKE WORTH, FLORIDA 33460-3787

www.lakeworth.org

PAID

Where the Tropics Begin

COMMUNITY APPEARANCE AND CERTIFICATE OF APPROPRIATENESS APPLICATION

Address of Property: 215 S. FEDERAL HWY

CA CASE # _____ Date _____ COA HRPB CASE# 12-00100146

Affix One Clear Photograph of the Property (Front Elevation)

INSTRUCTIONS FOR COMPLETING AND FILING THE COA APPLICATION

Applications may be submitted to the Planning, Zoning and Historic Preservation Department at any time between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday. The Historic Resources Preservation Board (HRPB) will act on an application at the next available meeting. The application must be filed by 12:00 Noon a minimum of 15 days prior to that meeting. The application must be accompanied by the appropriate processing fee (make checks payable to the City of Lake Worth). Please print or type all required information, and ensure the application is complete and accurate.

It is necessary that an owner, or an authorized agent, be present at the Board meeting when the COA is reviewed. If a property owner wishes to designate a representative/agent, please execute the "Owner's Consent and Designation of Agent" form found on Page 9.

Pursuant to the City's Zoning Code Section 23.27.05.03 no application for a COA will be accepted by the HRPB unless it contains all required and pertinent information. A pre-application conference with a member of the Planning, Zoning and Historic Preservation staff is strongly recommended, and can be scheduled at your convenience. We will be glad to assist you in any way possible. If you are undergoing a substantial rehabilitation, please make sure to ask about the Historic Preservation Tax Abatement Program.

Office Use Only: Requires Board Approval, Meeting Date: _____, 200__
Requires Staff Approval X

BP# 12-2619



rear
building

**CITY OF LAKE WORTH
BUILDING, PLANNING AND ZONING DEPARTMENT
APPLICATION FOR CERTIFICATION OF APPROPRIATENESS**

If approved, a CA/COA is valid for 12 months from the date of approval.

Project Name: 721 NORTH DIXIE Hwy 11c / Re-Resurf
Address or General Location: 215 S. Federal Hwy

PART ONE - APPLICANT INFORMATION:

APPLICANT

Name: Jim PROPENTIS OF W. Palm Beach
Address: 10606 N. Versailles Blvd
Wellington, FL 33409
Telephone Number: 561-756-5744

AGENT

Name: DARMA STANMERVIL
Address: 10606 Versailles Blvd
Wellington, FL 33449
Telephone Number: _____

OWNER (if other than applicant)

Name: 721 NORTH DIXIE Hwy 11c
Address: 215 S. Federal Hwy
LAKE WORTH FL
Telephone Number: 561-929-6418

Applicant is: Owner Lessee [] Other _____

PART TWO - PROPERTY INFORMATION:

Property Control Number: 38-43-44-21-15-093-0120

Legal Description (attach separate sheet if necessary): _____

Historic District or Historic Site: Southeast Lucerne

Zoning Designation: _____

Existing Use of Property: _____

Proposed Use of Property: Residential

Proposed Changes (refer to DESCRIPTION OF WORK Pages 4 & 5): roof replacement

Proposed Project Value: 74,000⁰⁰

Requested Waivers and Modifications (Fill-In Applicable Spaces Below):

	Code Requirement	Request
Front Yard Setback	_____	_____
Side Yard Setback	_____	_____
Rear Yard Setback	_____	_____
Parking	_____	_____
Height	_____	_____
Floor Area	_____	_____
Finished Floor Elevation	_____	_____
Other	_____	_____

Attach separate pages if necessary, with all necessary photographs to show work areas. Label each picture to describe what is to be done in each area.

PART THREE - DESCRIPTION OF WORK FOR WHICH THE CA/COA IS DESIRED
[Check Appropriate Item(s)]

- _____ **Maintenance or Repair:** The act or process of applying measures to sustain the existing form, integrity and material of a building or structure and the existing form or vegetative cover of a site that requires a building permit. It may include initial stabilization work, where necessary, as well as on-going maintenance and repair.
- _____ **Restoration:** The process of accurately recovering the form and details of a property and its setting as it appeared at a particular period of time by means of the removal of later work or by the replacement of missing earlier work.
- _____ **Renovation:** The process of returning a property to a state of utility through repair or alteration which makes possible an efficient contemporary use while preserving those portions or features of the property which are significant to its historical, architectural and cultural values.
- _____ **Landscaping:** The process of improving the landscape features which includes, but is not limited to, subsurface alteration, site regarding, fill deposition, paving, landscaping, courtyards, and exterior lighting.
- _____ **Signage:** The process of installing or altering signs, billboards, advertisements or any other signage.
- _____ **Excavation:** The process of performing an archeological dig to recover artifacts, historical materials or other archeological features.
- _____ **Demolition:** The process of destroying or tearing down a building or structure or a part thereof, or the process of removing or destroying an archeological site or a part thereof.
- _____ **New Construction:** The process of constructing a building or structure that has never existed at the location.
- _____ **Relocation:** The process of moving a building or structure from its current foundation to another site.
- _____ **Walls, Fences and Sidewalks:** The process of making any material change in existing walls, fences and sidewalks, or construction of new walls, fences and sidewalks.
- _____ **Change of Color:** The process of changing the color of the exterior of any buildings or structures, walls, fences, sidewalks, or any other architectural features.

OVERALL DESCRIPTION OF THE WORK PLAN

Explain the chronology of the work involved and describe all new construction, excavation, demolition and relocation that will be required. If complete or partial demolition is involved, also complete the demolition section of this application. (Attach additional pages if necessary)

Re-roofing the Rear accessory
Building.

DEMOLITION (If Applicable)

Explain why the proposed demolition should occur. (attach additional pages if necessary.)

The Lake Worth Historic Resources Preservation Board will consider the following factors in reviewing requests for demolition:

- A. Is the structure of such interest or quality that it would reasonably fulfill criteria for designation on the National Register?
- B. Is the structure of such design, craftsmanship or material that it could be reproduced only with great difficulty and/or economically unviable expense?
- C. Is the structure one of the last remaining examples of its kind in the neighborhood, City or designated historic district?
- D. Would retaining the structure promote the general welfare of the City of Lake Worth by providing an opportunity to study local history, architecture and design, or by developing an understanding of the importance and value of a particular culture and heritage?
- E. Are there definite plans for immediate reuse of the property if the proposed demolition is carried out, and what effect will those plans have on the character of the surrounding area?
- F. Would relocation of the building be a viable alternative to the proposed demolition?
- G. Would the Board's action on the requested COA cause undue economic hardship to the applicant?

DOCUMENTATION ATTACHED IN SUPPORT OF THIS APPLICATION

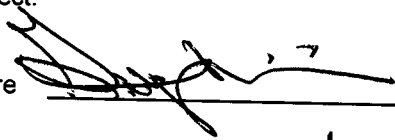
Unless otherwise requested by Staff, five (5) 11 X 17 copies of drawings/plans and the following additional items must accompany this application in order for it to be processed. A master CD with all application documents in Word or pdf must also be provided. (Check Only the Appropriate Items.) All plans must be folded appropriately.

- Site Plan and/or Survey
- Continuation Sheets
- Elevation Plan
- Landscape Plan
- Floor Plan
- Other Plans
- Master Project CD
- Architectural Drawings
- Sketches or Artistic Renderings
- Photographs*
- Samples of Building Materials
- Engineering or Other Reports
- Other Photographs which Support this Application
- Published Materials, Documents and Bibliographies
- Other
- Appropriate Fee with Check Made Payable to the City of Lake Worth
- Executed and Notarized Agent Authorization Form

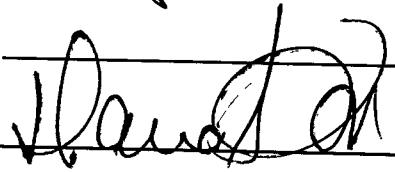
* Photographs of all elevations of each building or structure on the subject property must be attached. If the subject property is vacant, photographs of the entire site must be attached. Also, photographs of the adjacent properties must be attached.

PART FOUR - SIGNATURE(S) OF OWNERS/APPLICANTS

The undersigned owner(s) and/or applicant(s) certifies under penalties of perjury that all the statements contained in this application, including any statement attached to the application or any papers or plans submitted herewith are true and correct.

Owner's Signature  Date 9-26-12

Owner's Signature _____ Date _____

Applicant's Signature  Date 9-20-12


Applicant's Signature _____ Date _____

CITY OF LAKE WORTH

NO CHANGES SHALL BE MADE TO THE INFORMATION ON THIS APPROVED SET OF DRAWINGS DURING OR AFTER THE CONSTRUCTION PERIOD THAT COULD IN ANY WAY CONSTITUTE A CHANGE IN THE AESTHETIC CHARACTER OF THE PROJECT WITHOUT APPROVAL OF THE
CASE# 12-00100146

APPROVED AS NOTED _____

APPROVED X _____

 9/20/12
PZHP DIVISION DATE

OWNER'S CONSENT AND DESIGNATION OF AGENCY

(This form must be completed by ALL property owners)

721 North Dixie Hwy LLC, (Owner's Name), the fee simple owner of the following:

Describe property (give legal description or attach separate page):

215 S. Fed Hwy Lake Worth FL
33460

hereby petition to the City of Lake Worth for certificate of appropriateness approval for (Project Name) Re-roofing / New Building and affirm that J.W. Properties (Applicants/Agent's Name) is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Lake Worth, Florida, and are not returnable.

(Owner's Signature)

Guy Monosini / AGENT FOR

The foregoing instrument was acknowledged before me this 20 day of Sept 24 11 2012 by Guy Monosini, who is personally known to me or has produced (type of identification) as identification and who did/did not take an oath.

(Printed Name of Notary Public)

Commission # _____

(NOTARY'S SEAL)

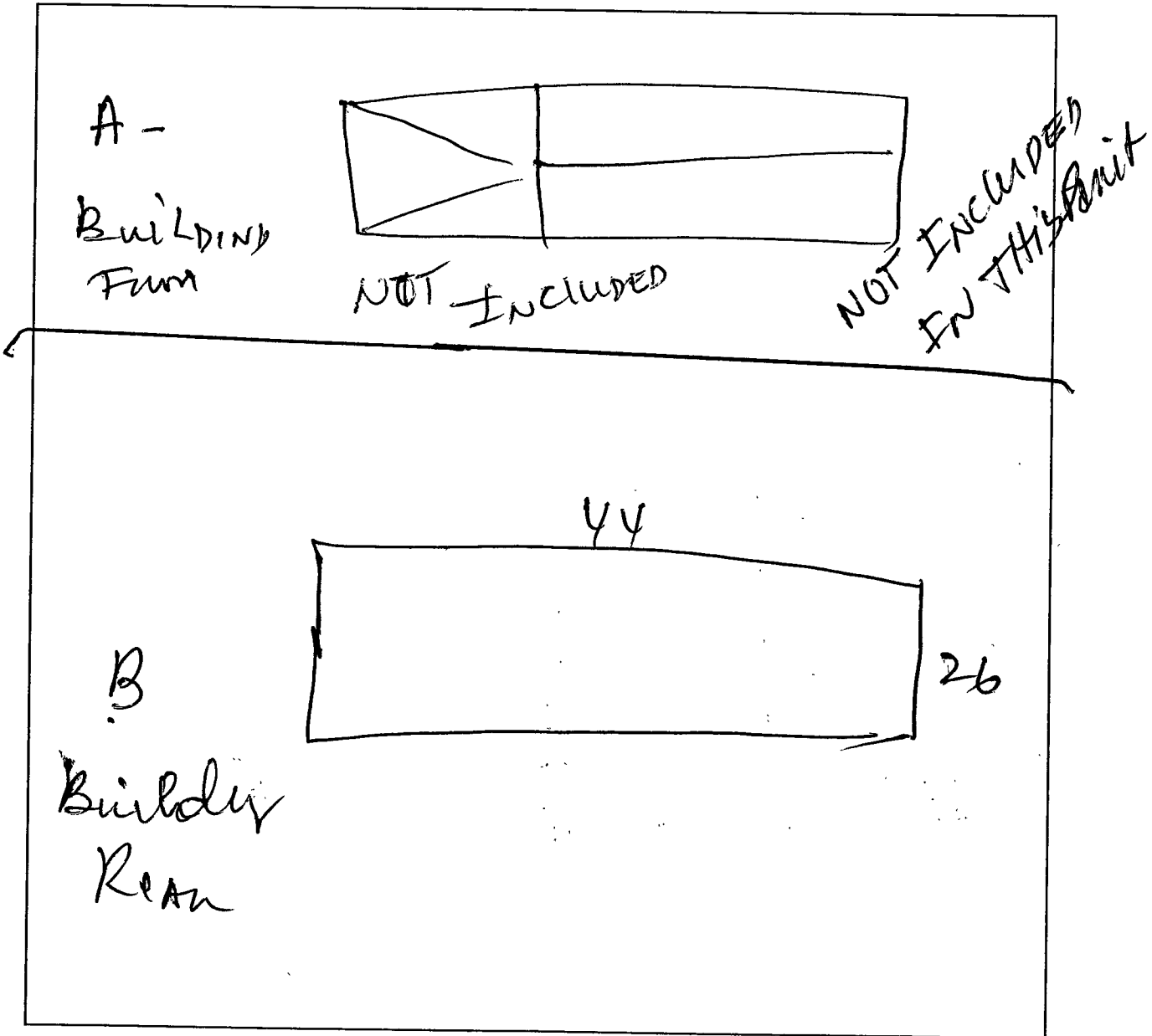
(Signature of Notary Public)
NOTARY PUBLIC-STATE OF FLORIDA
Edese S. Simon
My Commission # EE018426
Expires: AUG. 18, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

ROOFING PERMIT APPLICATION SUMMARY of SUPPLEMENTAL INFORMATION (Continued)

**Section B
Roof Plan**

Sketch Roof Plan: Illustrate all levels and sections. Include dimensions of sections and levels: clearly identify all roof areas per zone and provide all uplift pressures per zone. Identify and locate all parapet walls and expansion joints. If applicable, identify locations of hurricane mitigation and provide attachment details on the following page.

NOTE: for flat roofs, provide the perimeter width (a') and the corner size (a' x a')





**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

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

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

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

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

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

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

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



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