



CITY OF FORT PIERCE Florida

BUILDING & CODE ENFORCEMENT DEPARTMENT
P.O. BOX 1480, FORT PIERCE, FLORIDA 34954
772-467-3198; FAX: 772-467-3849

10/8/12

Tax ID#: 240160500300003

Case # 9-3751

John and Susan Culverhouse
1635 Thumb Point Dr
Fort Pierce FL 34949

John and Susan Culverhouse
505 Beach Ct
Fort Pierce FL 34950

ADDRESS: 1635 Thumb Point Dr

The above building or structure has been found unsafe per City Ordinances and the International Property Maintenance Code s.108. The following violations exist:

Section 108.1.5(11): Any portion of a building remains on a site after the demolition or destruction of the building or structure or whenever any building or structure is abandoned so as to constitute such building or portion thereof as an attractive nuisance or hazard to the public.

[X] Building(s), structure(s), or premise(s) is condemned and shall be demolished within 30 calendar days.

The building or structure has been ordered vacated and posted to prevent further occupancy until work is completed and the final inspection has been approved. The demolition of the building or structure must fully comply with all local ordinances and the currently adopted Florida Building Code (FBC). If no action has been taken by the legal owner to come into compliance within the time specified, the City may initiate demolition proceedings in accordance with all applicable codes, with all costs incurred charged against the owner of record and a lien filed upon such real estate.

Any person having any legal interest in the property may appeal this notice by the Building Official to the Construction Board of Adjustments and Appeals (CBAA); such appeal shall be in writing in the form specified in the Rules of Procedure of the CBAA and shall be filed with the Building Official within 30 calendar days from the date of the notice with a \$200 fee. Failure to appeal in the time specified will constitute a waiver of all rights to an administrative hearing.

If you have any questions regarding this notice, please contact Kristie Kirstein, at 772-467-3198.



Marc Meyers, Building Official

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. 2401-605-0030-000-3

State of Florida County of St. Lucie

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

Legal Description of Property: (and street address if available): ThumbPoint BIK I Lot 30-1635 ThumbPoint Drive

General description of improvement: Reconstruction of a single family residence

Owner information or Lessee information if the Lessee contracted for the improvement:

Name John B. Culverhouse
Address 1635 ThumbPoint Dr Fort Pierce, FL 34949
Interest in property: owners
Name and address of fee simple titleholder (if different from Owner listed above): _____

Contractor's Name: RealTime Property + Development
Contractor Address: 101 A Seaway Dr Fort Pierce, FL 34949 Phone Number: 772-244-7100

Surety (if applicable, a copy of the payment bond is attached): Amount of bond: \$ n/a
Name and address: _____ Phone number: _____

Lender Name: PNC BANK Phone Number: _____
Lender's address: _____

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

Name: _____ Phone Number: _____
Address: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by owner: _____

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) _____

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

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this 29 day of February, 2016.

By John Braden Culverhouse as _____ for Driver License
Name of Person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally known _____ or produced identification _____
Type of identification produced _____

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. 2401-1605-0030-000-3
State of Florida County of St. Lucie

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

Legal Description of Property: (and street address if available):
Thumb Point Bk 1 Lot 30 - 1635 Thumb Point Dr

General description of improvement: reconstruction of a single family residence

Owner Information or Lessee Information if the Lessee contracted for the improvement:
Name John B. and Susan Culverhouse
Address 1635 Thumb Point Dr., Fort Pierce, FL 34949
Interest in property: owners
Name and address of fee simple titleholder (if different from Owner listed above): _____

Contractor's Name: Steven M. Weaver / RealTime Property & Development
Contractor Address: 1615 Thumb Point Drive Fort Pierce, FL 34949 Phone Number: 772 3447100
Surety (if applicable, a copy of the payment bond is attached): Amount of bond: \$ n/a
Name and address: _____ Phone number: _____

Lender Name: PNC BANK Phone Number: _____
Lender's address: _____

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

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by owner: _____

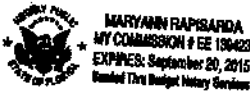
Expiration date of notice of commencement: (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

The foregoing instrument was acknowledged before me this 6 day of March 2014
By John B. Culverhouse, Sr. Name of Person Type of authority (e.g. officer, trustee) Personally Known Party on behalf of whom instrument was executed
Maryann Rapisarda (Signature of Notary Public - State of Florida) Personally known or produced Identification _____
(Print, Type, or Stamp Commissioned Name of Notary Public) Type of identification produced _____



REVISIONS FOR PERMITTED PROJECTS

Date Received: _____

Date of Revision: NOV 6, 2014 Permit#: 14-607

Number of Plans: 3 SIGNED AND SEALED CD

Commercial (3 Sets of Signed & Sealed Plans w/CD)

Residential: (2 Sets Signed & Sealed Plans)

Project Name: 1635 THUMB POINT DRIVE CULVERHOUSE

Project Address: 1635 THUMB POINT DRIVE

Contractor's Name: RES-TIME PROPERTY DEVELOPMENT

RECEIVED

FEB 13 2015

Phone #: 772-3700384 Fax/Cell#: _____ Building Department

Contact Person To Call: STEVE WEAVER

Detailed Description of Revision:

TOP COURSE OF BOND BEAM INSIDE WALL OF BLOCK
REMOVED TO IMPROVE CONTINUITY OF SLAB OVER AND
THROUGH ALL BLOCK CELLS
CROSS STRAP TYPE "F" ADDED

REVISIONS:

1. Must be accompanied with a narrative of changes and/or corrections.
2. Must be CLOUED.
3. Revisions 1st Time Submittal: \$100.00.
2nd-3rd Time: \$50.00 Per Page.
4th and Additional: 1/3 Building Permit Fee.

Handwritten initials and signature: JB, SOB ✓



CITY OF FORT PIERCE, FLORIDA
 BUILDING DEPARTMENT
 APPLICATION FOR BUILDING PERMIT
 (77) 467-3529 or 467-3724 FAX (772) 467-3849

Permit # 14-607
 FBC 2010

*Property Address 1635 Thumb Point Dr. *Date 3/6/14 # of plans submitted 2 # of CD's submitted _____

Parcel ID# 2401-605-0030-000-3 Phone # () Fax # ()
 (Located on your tax bill) Email Address _____ Cell # ()

*Owner Name John B. Culverhouse *Owner Address 1635 Thumb Point Drive, Fort Pierce, FL 34949

Type of project Reconstruction of a single family residence Valuation \$ 300,000
 *Description of Work Dem walls in place ICC 544,430

Architect: _____ Phone () Fax ()
 Email Address _____
 Engineer: _____ Phone () Fax ()
 Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CGC 1505490
 Company Name RealTime Property & Development Qualifier Steven M Weaver
 Address 1615 Thumb Point Dr. City/State Fort Pierce FL Zip 34949
 Phone # (772) 344-7100 Fax # () Cell # ()
 Email Address realtimefla@aol.com

Subcontractors: See Subcontractor Verification Sheet. It may be Required to accompany this application
 Occupancy DR Construction Type _____ # of Units _____ # of Stories _____
 Sq. Ft. Conditioned Space _____ Total Sq. Ft. 6530

property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)
 Yes No

If Yes, the applicant must include certified elevation information on a FEMA NFIP Elevation Certificate
 I understand that building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city and state ordinances and other applicable rules and regulations. I have also verified that all sets of plans submitted are identical.

Signature of Applicant _____
 State of Florida _____ County of St. Lucie

Signature of Property Owner [Signature]
 State of Florida, County of St. Lucie

Affirmed to and subscribed before me this March 5, 2014, by Steven M. Weaver personally known to me or who has produced as identification.

Affirmed to and subscribed before me this March 6, 2014, by John B. Culverhouse, personally known to me or who has produced as identification.

Notary Signature: [Signature]
 Notary (print name) Ann E Baese

Notary Signature: [Signature]
 Notary (print name) _____

MARYANN RAPISARDA
 MY COMMISSION # EE 130423
 EXPIRES: September 20, 2015
 Provide Tally Budget History Services

Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection.
 *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 record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate permits.
 *Required Information Debris 745 New Jersey 2 25 Plans Emerg Cakes Hair 5

Asbestos compliance: It is the owner's or operator's responsibility to comply with section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

FEES: See the Break Down Fee Sheet RT 1,634.00 20.00
 Total Fees Due \$ _____
 Remarks Need Elec, Plng H Sub's Sub Contr h P/A Garage

Reviewed by _____ Date _____ Building Official _____ Date _____

City/building/forms/application PRINT-FILL
Per KK DW, MK OK
DO Truss PKG.
Need Truss PKG
Need (3) CD's

5 [Application] [Address]

File Edit Commands Help

UNAPPROVED PUBLIC SECTOR

Navigation icons: Home, Back, Forward, Stop, Refresh, Print, Help, Close

Application General Information

Application number: 14 00000607
 TAX ID #: 2401-605-0030-000/3

Address: 1635 THUMB POINT DR Direction:

Zone: NA UNKNOWN
 Application date: 03/08/2014
 Application type: SF RESIDENTIAL, SINGLE FAMILY DWELLING
 Application status: AP APPROVED
 Application desc: EXISTING STEMWALL / RE-CONSTRUCT SINGLE FAMILY
 Total estimated value: 411484
 Tenant number/name: BRAD CULVERHOUSE
 Total square footage: 8530
 Public building flag: Private
 Master plan number:
 Application group:

Buttons: OK, Exit, Cancel, Land inquiry, Square footage..., Valuation calco..., View 2, Work descripi...

NAVY

REVISIONS FOR PERMITTED PROJECTS

Date Received: _____

Date of Revision: NOV 6, 2014 Permit#: 14-607

Number of Plans: 3 SIGNED AND SEALED CD

Commercial (3 Sets of Signed & Sealed Plans w/CD)

Residential: (2 Sets Signed & Sealed Plans)

Project Name: 1635 THUMB POINT DRIVE CULVERHOUSE

Project Address: 1635 THUMB POINT DRIVE

Contractor's Name: REALTIME PROPERTY DEVELOPMENT

RECEIVED
FEB 13 2015

Phone #: 772-3700384 Fax/Cell#: _____ Building Department

Contact Person To Call: STEVE WEAVER

Detailed Description of Revision:

TOP COURSE OF BOND BEAM INSIDE WALL OF BLOCK
REMOVED TO IMPROVE CONTINUITY OF SLAB OVER AND
THROUGH ALL BLOCK CELLS
CROSS STRAP TYPE "E" ADDED

REVISIONS:

1. Must be accompanied with a narrative of changes and/or corrections.
2. Must be **CLOUDED.**
3. Revisions 1st Time Submittal: \$100.00.
2nd-3rd Time: \$50.00 Per Page.
4th and Additional: 1/3 Building Permit Fee.

JB
SO 06

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. 2401-605-0030-000-3

State of Florida County of St. Lucie

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Legal Description of Property: (and street address if available):
Thumb Point Bk 1 Lot 30 - 1635 Thumb Point Dr

General description of improvement: reconstruction of a single family residence

Owner information or Lessee information if the Lessee contracted for the improvement:

Name John B. and Susan Cilverhouse

Address 1125 Thumb Point Dr., Fort Pierce, FL 34949

Interest in property: owners

Name and address of fee simple titleholder (if different from Owner listed above):

Contractor's Name: Steven M. Weaver / RealTime Property & Development
Contractor Address: 1615 Thumb Point Drive Fort Pierce, FL 34949 Phone Number: 772 3447100

Surety (if applicable, a copy of the payment bond is attached): Amount of bond: \$ n/a
Name and address: _____ Phone number: _____

Lender Name: PNC BANK Phone Number: _____
Lender's address: _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
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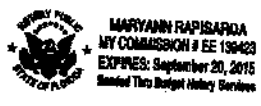
John B. Cilverhouse Sr.
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this 6 day of March 2014

by John B. Cilverhouse Sr. Personally Known
Name of Person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Mary Ann Rapisarda Personally known or produced identification _____
(Signature of Notary Public - State of Florida) Type of identification produced _____
(Print, Type, or Stamp Commissioned Name of Notary Public)



NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. 2401-605-003A-000-3

State of Florida County of St. Lucie

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

Legal Description of Property: (and street address if available): ThumbPoint BIK I Lot 30-1635 ThumbPoint Drive

General description of improvement: Reconstruction of a single-family residence

Owner information or Lessee information if the Lessee contracted for the improvement:
Name John B. Culverhouse
Address 1635 ThumbPoint Dr. Fort Pierce, FL 34949
Interest in property: owners
Name and address of fee simple titleholder (if different from Owner listed above): _____

Contractor's Name: RealTime Property + Development
Contractor Address: 101 A Seaway Dr. Fort Pierce, FL 34950 Phone Number: 787-344-7100

Surety (if applicable, a copy of the payment bond is attached): Amount of bond: \$ NA
Name and address: _____ Phone number: _____

Lender Name: PNC Bank Phone Number: _____
Lender's address: _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
Name: _____ Phone Number: _____
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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]
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this 29 day of FEBRUARY, 2016.

By John Bradford Culverhouse as _____ for OWNER License
Name of Person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally known _____ or produced identification _____
Type of identification produced _____

25
 21,231.00
 2,231.00

25

Harbor Loan Bank
 2012

10/23/13	Draw 1	\$500.00
11/7/13	Draw 1	\$1,000.00
11/14/13	Draw 1	\$2,194.00
1/14/14	Draw 1	\$2,000.00
1/23/14	Draw 1	\$2,500.00
2/7/14	Draw 1	\$2,000.00
3/6/14	Draw 1	\$1,500.00
7/9/14	Draw 2	\$2,500.00
7/31/14	Draw 3	\$1,000.00
8/4/14	Draw 3	\$1,287.00
10/30/14	Draw 3	\$3,600.00
12/23/14	Draw 3	\$2,500.00
10/19/15	Draw 4	\$2,000.00
4/19/16	Draw 5 partial	\$2,250.00

Advance
 Advance 2012 - Added
 \$7,000.00
 1,500.00
 Defd cleared
 12/28/12 1/2/13 \$2,216.80
 3/8/13 3/11/13 \$500.00
 5/29/13 5/15/13 \$7,000.00
 10/21/13 10/29/13 500.00
 11/6/13 11/8/13 1,000.00
 11/9/13 11/15/13 2,194.00
 \$5,194.00

BCSR?

~~Harbor County Bank~~ (TD BANK/RNB)

12/9/2010 - \$3,216.35
 1/19/2011 - \$5,762.86
 3/12/2011 - \$4,000.00
 3/19/2011 - \$2,500.00
 3/31/2011 - \$1,700.00
 9/7/2011 - \$1,993.33
 11/7/2011 - \$2,000.00
 \$20,572.54
 8,500.00
 929,072.54

Report
 King
 Reporter
 \$75.00
 on 12/16/13
 \$75.00
 Court Fee
 75.00
 20,572.84 -
 3,216.35
 17,221.19 - 2011

REVISIONS

01/21/2011

RECEIVED

FEB 01 2011

BUILDING DEPARTMENT

REVISIONS FOR PERMITTED PROJECTS

Date Received: JAN 31 / FEB 1, 2011

Date of Revision: JAN 21, 2011 Permit#: 10-1195

Number of Plans: 2 * SIGNED AND SEALED CD

Commercial (3 Sets of Signed & Sealed Plans w/CD)

Residential: (2 Sets Signed & Sealed Plans)

Project Name: _____

Project Address:

1635 THUMB POINT DRIVE

Contractor's Name:

OWNER/BUILDER BRAD CULVERHOSE

REALTIME DEVELOPMENT (AGENT)

Phone #: 772-882-7744 Fax/Cell#: 772-344-7100

Contact Person To Call: STEVE WEDGER

Detailed Description of Revision: (NARRATIVE):

BOND BEAM ADDED TO TOP OF EXISTING TIE BEAM.

CHANGES LIMITED TO:

1) BOND BEAM DETAIL

2) ELEVATIONS HAVE BEEN REVISED

TO REFLECT THE 12" OF ADDITIONAL

HEIGHT.

REVISIONS:

- ✓ 1. Must be accompanied with a narrative of changes and/or corrections.
- 2. Must be clouded.
- 3. Revisions 1st Time Submittal: \$100.00.
2nd-3rd Time: \$50.00 Per Page.
- 4th and Additional 1/3 Building Permit Fee.

REVISIONS

01/21/2011

RECEIVED

FEB 01 2011

BUILDING DEPARTMENT

REVISIONS FOR PERMITTED PROJECTS

Date Received: JAN 31 / FEB 1, 2011

Date of Revision: JAN 21, 2011 Permit#: 10-1195

Number of Plans: 2 SIGNED AND SEALED CD

~~Commercial (3 Sets of Signed & Sealed Plans w/CD)~~

Residential: (2 Sets Signed & Sealed Plans)

Project Name: _____

Project Address: _____

1635 THUMB POINT DRIVE

Contractor's Name: _____

OWNER/BUILDER BRAD COLVER/HOUSE -

REALTIME DEVELOPMENT (AGENT)

Phone #: 772-882-7744 Fax/Cell#: 772-344-7100

Contact Person To Call: STEVE WEDGET

Detailed Description of Revision: (NARRATIVE:)

BOND BEAM ADDED TO TOP OF EXISTING TIE BEAM.

CHANGES LIMITED TO:

1) BOND BEAM DETAIL

2) ELEVATIONS HAVE BEEN REVISED

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- 4th and Additional 1/3 Building Permit Fee.

Property Information

Address: 1636 THUMB POINT DR
 FT PIERCE, FL 34949
 Location ID: 1689
 Owner name: CULVERHOUSE, JOHN B
 TAX ID #: 2401-605-0030-000/3
 Alternate ID description:
 Zoning: NA UNKNOWN
 Subdivision:

Application Information

Application desc: EXISTING STEMWALL / RE-CONSTRUCT SINGLE FAMILY
 Application status: APPROVED
 Status Date: 8/22/2014
 Application type: RESIDENTIAL, SINGLE FAMILY DWELLING
 Application date: 3/06/2014
 Tenant name/number: BRAD CULVERHOUSE
 Valuation: 411484
 Square footage: 6530
 Public building: NO
 Reviewed by: MM MARC MEYERS
 Pin number: 164008
 Entered by: SKELLER

Contractor Information

Contractor Name: REALTIME PROPERTY & DEVELOPMEN
 Contractor Number: 17-00019010
 Type: GENERAL CONTRACTOR {
 Status: ACTIVE

Contractor Requirements	Doc Number	Exp Date
LIABILITY INSURANCE	04GL000957094	7/22/2017
STATE LICENSE - CN	CGC1505490	8/31/2018
WORKMAN'S COMP INSURANCE	EXEMPT	7/14/2017

Outstanding Inspections

Type	Insp ID	Schedule Date	Confirmation Number	Permit Description	Pmt Seq	Min	Max
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No outstanding inspections exist

Work Description

Code	Description	Quantity
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CO Information

Str/seq	CO Issue Date	Status	Description
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Str/Seq	Permit/Seq	Inspection type	Insp Seq	Inspector	Schedule date	Results	Results date
000 000	BLDG 01	BLDG, STEM WALL	0001	KG	2/13/2015	AE	2/13/2015
2481120							
000 000	BLDG 01	BLDG, SLAB	0001	KG	8/16/2016	AE	8/16/2016