



**VILLAGE OF TEQUESTA
BUILDING DEPARTMENT**

345 Tequesta Dr.
Tequesta, Florida 33469-0273
(561) 768-0450 FAX (561) 768-0698

PRR24-0027

Issued: 10/03/2024
Expires: 04/01/2025

Reroof

This permit conveys no right to occupy any STREET, ALLEY, or SIDEWALK, or any part thereof either temporarily or permanently.

Amount Paid: \$640.63

LOCATION	OWNER	APPLICANT
10 WESTWOOD AVE BLDG 11 60-42-40-25-15-000-004 Lot: Plat/Sub:	SCHLUSEMEYER TEQUESTA GARD 10 WESTWOOD AVE Tequesta FL 33469 Phone:	JAMES BOATRIGHT Phone:

Contract:

Work Description: reroof 4 pavillions

Stipulations:

FINAL INSPECTIONS ARE REQUIRED ON ALL PERMITS, ALL INSPECTIONS MUST BE CALLED IN BY 3:00 P.M. THE PRECEDING DAY \$100 REINSPECTION FEE CHARGED FOR ALL FAILED INSPECTIONS. PICTURES & AFFIDAVIT WILL NOT BE ACCEPTED. IN PERSON INSPECTIONS ARE REQUIRED.

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 SUCH AS THE REQUIREMENT FOR HOME OR PROPERTY OWNER ASSOCIATION APPROVAL AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS VILLAGE OF TEQUESTA UTILITIES DEPARTMENT, WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____



1 KIND of PERMIT (CHECK ONE):

PRIMARY PERMIT

SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

PRIVATE PROVIDER: PLAN REVIEW INSPECTIONS

2 PROPERTY OWNER: Schlusemeyer Tequesta Gardens Trust

TENANT: _____

ADDRESS: 10 Westwood Ave **UNIT:** _____

CITY: Jupiter **STATE:** FL **ZIP:** 33469

PHONE: _____

Email: mark@tequestagarden.com **FAX:** _____

3 TRADE (CHECK ONE):

STRUCTURAL ROOFING ELECTRICAL

MECHANICAL PLUMBING FIRE GAS

OTHER: _____

PRIMARY PERMIT #: _____

4 PROJECT NAME: Tequesta Gardens Pavillions

PCN: 6 0 - 4 2 - 4 0 - 2 5 - 1 5 - 0 0 0 - 0 0 4 0

LEGAL DESCRIPTION: Tequesta Gardens SEC A LT 4

PROJECT ADDRESS: 10 Westwood Ave

CITY: Jupiter

5 FURTHER WORK DESCRIPTION: Shingle Re Roof Pavillions

Type of Work: New Addition Alteration Repair Demo Temporary Other

VALUE: 14,400.00 **PERMIT FEE:** _____ **NET S.F (for SFD's):** _____

(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6 OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)

CONTRACTOR (CERT. HOLDER): James Boatright **License #:** CCC133229

DBA (COMPANY NAME): All Phase Roofing Inc (DBA) South FL Roofing **Contact Person:** Tracy Craig

ADDRESS: 1313 S Killian Dr **STE:** _____ **CITY:** Lake Park **STATE:** FL **ZIP:** 33403

PHONE: 561-863-9598 **FAX:** _____ **EMAIL:** tracy@allphaseroofinginc.com

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 secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, 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 and zoning.

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Cecil Roy

(Signature of Owner or Agent) (including contractor)

Print Name: Cecil Roy

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 12th day of SEPTEMBER, 2024, by

CEIL ROY

(Name of person making statement)

Daryl T. McMullen

(Signature of Notary Public - State of Florida)

DARYL T. MCMULLEN

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

Physical Presence OR Online Notarization

Personally Known OR Produced Identification

Type of Identification Produced _____

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James Boatright

(Signature of Contractor)

Print Name: James Boatright

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this 11 day of September, 2024, by

James Boatright

(Name of person making statement)

Wendy Spring

(Signature of Notary Public - State of Florida)

WENDY SPRING

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

Physical Presence OR Online Notarization

Personally Known OR Produced Identification

Type of Identification Produced _____