Stuart DEVELOPMENT

City of Stuart CRA

RECEIVED JAN 08 20

STUART COMMUNITY REDEVELOPMENT AGENCY
BUSINESS IMPROVEMENT REIMBURSEMENT PROGRAM APPLICATION

APPLICANT INFORMATION		
Owner Name: Michelle L. McCrain		
Owner Address: 413 SW California Ave Stuart Fla 34994		
Phone: 772-288-3095	Email: Ksweetnell@Aol.com	Tax ID# 59-3457028
Authorized Agent/Contractor:		
Agent Address:		

PROPERTY INFORMATION	
Name of Business:	Therapeutic Massage, Inc.
Type of Business:	Medical Massage, spa, Rolfing, rehab
Years in Operation:	38 years in Stuart
Number of Employees:	1
Description of Improvements:	① new stairs - up to code - and away from building (causes siding rots) ② new siding ③ new front porch floor
Address of Proposed Project:	413 SW California Ave. Stuart Fla 34994
Describe how this project benefits the Community Redevelopment Area:	with new homes and new renovation in my neighborhood, my building has been deteriorating. We have the courtesy cart drive thru with tourists and the appearance is undesirable.
Total Project Cost $	for new stairs Approximately $15,000.00

Michelle L. McCrain
Signature of Applicant/Property Owner

1/2/21
Date

Signature of Lessee/Tenant (if applicable)

Date

- Submit a completed application package to City Hall, Development Department office, which includes:
  - Completed application
  - Complete budget spreadsheet *(attached to application)*
  - Proof of ownership of the property

RECEIVED JAN 08 2021 By:

City of Stuart

Financial Services Department
121 SW Flagler Avenue
Stuart, Florida 34994-2172
Tel: 772-288-5314 Fax: 772-600-1230

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
SUBMIT WITH IRS FORM W-9

Dear Vendor:

Federal Income Tax Law requires a Form 1099 with a valid taxpayer identification number to be filed for payments made in the course of conducting a trade or business. Further, these payments may be subject to Backup Federal Income Tax Withholding for all payees who have not submitted a correct Federal Tax Identification Number at the time of payment.

Please read this form and complete the information thereon before signing and **returning with a copy of your IRS W9 Form**. If you are a corporation, we will not issue you a Form 1099 (Reference: 1.6401-3(c)). However, kindly return this form to document your corporate status.
In order to avoid the possibility of future payments being held subject to Backup Withholding at a rate of 31%, please complete the form printed below and return this letter to the above address or E-mail request to: CityAccountsPayable@ci.stuart.fl.us

VENDOR NAME Therapeutic Massage, Inc

DBA: _____

CORPORATE ADDRESS: 413 SW California Ave

CITY: Stuart **STATE:** Florida **ZIP:** 34994

TELEPHONE: (772) 288-3095 **FAX:** ( ) same **ALTERNATE PHONE:** (772) 349-1363

COMPANY CONTACT NAME: Michelle McCrain **EMAIL ADDRESS:** Ksweetnell@aol.com

TYPE OF CERTIFICATION

1. ☐ MBE
2. ☐ MWBE
3. ☐ SBA
4. ☐ SDB
5. ☐ DVBE
6. ☐ Other: _____

"THE ABOVE INFORMATION WILL BE USED FOR PURCHASE ORDERS"

REMIT TO ADDRESS: 413 SW California Ave

CITY: STUART **STATE:** Fla **ZIP:** 34994

TELEPHONE: (772) 288 3095 **FAX:** ( ) _____ **ALTERNATE PHONE:** 772) 349 1363

COMPANY CONTACT NAME: Michelle McCrain **EMAIL ADDRESS:** Ksweetnell@Aol.com

TYPE OF ORGANIZATION

1. ☒ Corporation
2. ☐ Partnership
3. ☐ Sole Proprietor
4. ☐ Individual
5. ☐ Government Agency
6. ☐ Other: _____

1099 REPORTING STATUS (Check One): ☒ **Yes** ☐ **No**

TAXPAYER IDENTIFICATION NUMBER:

Employer Identification Number: 59-3457028

Print name of Taxpayer if using SS#: _____

Under penalties of perjury, I certify that this statement is accurate and complete.

Signature: Michelle L McCrain Title: President

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Therapeutic MASSAge, Inc.

2 Business name/disregarded entity name, if different from above
Therapeutic MASSAge, Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
413 SW California Ave

Requester's name and address (optional)

6 City, state, and ZIP code
Stuart Florida 34994

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
59-3457028

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Michele L. McClain Date ▶ 1/2/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

STUART COMMUNITY REDEVELOPMENT AGENCY

PROPERTY IMPROVEMENT GRANT PROGRAM

PROJECT COST ESTIMATE/REIMBURSEMENT FORM

Note: All property improvement grant applicants need to complete the "Project Cost Estimate" portion of this form and submit documented cost estimates as a part of the application packet. To receive the grant reimbursement, the "Reimbursement Summary" portion of this form must be completed and submitted with copies of paid invoices indicating completion of improvements. All improvements must be completed, inspected, and have received final approval from the County prior to reimbursement.

Project Cost Estimate				Reimbursement Summary		
Item	Category of Improvement (windows, roofing, painting, etc.)	Contractor	Cost Estimate	Contractor	Date of Completion	Actual Cost (include proof of payment)
1	Outdoor Stairs	James Estes	$ 14,400.00			$
2		Centerline Homes & Agriculture Const.	$			$
3			$			$
4	Masterpiece Design And Build	Jeff Bowers	$ 15,620.00			$
5			$			$
6			$			$
7			$			$
		Total Cost Estimate	$		*Total Actual Cost*	$

ESTIMATE

CENTERLINE HOMES & AGRICULTURAL
CONSTRUCTION, LLC

425 S E Coconut Ave.
Stuart, Florida 34996
Phone 772-287-5527 Fax 772 287-5527

DATE December 21, 2020
Estimate Number 257
Customer ID

Bill To:
McCrain Residence
California Ave
Stuart, Florida 34994

Phone

Prepared by: Estes

Comments or special instructions:

Description	AMOUNT
Demolition and replace outside landing and staircase	
Total Labor and Material	$14,400.00
TOTAL	14,400

If you have any questions concerning this quotation, contact Name, Phone Number, E-mail

THANK YOU FOR YOUR BUSINESS!

masterpiece
DESIGN | BUILD

Michelle McCrain
413 SW California Avenue
Stuart, FL 34994

January 8, 2021

Re: Quote for Exterior Stairs and Siding Repairs

Dear Michelle.

We are pleased to provide this quote for the construction of the new exterior stair system to the 2nd floor deck as well as the repairs to the damaged wood siding along the existing staircase area.

The quote is based on a layout and drawing you provided. We will need originals to submit for permit with the City. This quote includes the labor, materials and supplies needed to create and tie in the new staircase to the existing 2nd floor balcony deck. The existing balcony is NOT being rebuilt and not included in this price. This quote does not include any painting work of the new Pressure Treated stair system. (This lumber should remain raw for 3 to 6 months to properly dry before any primer or paint is applied).

The scope of work is as follows:

- Apply for and obtain building permit (plans provided by others)
- Form and pour nine (9) new concrete footer pads
- Set new 4 x 4 PT posts for the new stair system
- Frame new 2 x 12 PT stringers (3 per set)
- Set new 2 x 6 PT treads (2 pieces per tread with gap between)
- Tie new stair system into existing balcony deck
- Remove siding and add 2 x 6 PT ledger and 2 x 10 floor joist system for deck extension
- Install new 2 x 2 PT balusters with 2 x 4 rail and 2 x 4 PT handrail cap
- Install all galvanized anchors, bolts, buckets and straps as required

Total labor, materials, anchors, fasteners, etc. will be .....$ 15,620.00

The cost to selectively replace water damaged siding at the area of the removed stairs will add an additional cost of $ 2,700.00 (including all labor and materials).

1/8/21

Jeff Bowers
Masterpiece Design Build

Accepted Date

WALTER G. WOODS, CHARTERED
3388 N.E. SUGARHILL AVENUE
JENSEN BEACH, FL 34957

FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
BY: _____ D.C.
DATE: 12/22/2023

Parcel ID Number: 5-38-41-005-016-00130.7000
Grantee #1 TIN:
Grantee #2 TIN:

Warranty Deed

This Indenture, Made this 13th day of May 19 98 A.D. **Between**
KAREN LAURIA HENDRY, individually and as TRUSTEE of the KAREN LAURIA HENDRY Revocable Trust dated June 26, 1995, with full power and authority to protect, conserve and to sell, or to lease or to encumber and otherwise manage and dispose of said real property described herein, pursuant to Section 689.071, Florida Statutes,

of the County of MARTIN, State of FLORIDA, **grantor,** and

MICHELLE McCRAIN, a single adult

whose address is: 413 California Avenue, Stuart, Florida 34995

of the County of MARTIN, State of FLORIDA, **grantee.**

Witnesseth that the GRANTOR, for and in consideration of the sum of

----------TEN DOLLARS ($10)---------- DOLLARS,

and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever, the following described land, situate, lying and being in the County of MARTIN State of Florida to wit:

Lot 13, Block 16, FRAZIER'S ADDITION TO THE TOWN OF STUART, FLORIDA, according to the Plat thereof filed December 11, 1912, and recorded in Plat Book 2, Page 66 of the Public Records of Palm Beach (now Martin) County, Florida.

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 1997.

The property herein conveyed DOES NOT constitute the HOMESTEAD property of the Grantor, KAREN LAURIA HENDRY. The Grantor's HOMESTEAD address is 2106 N.E. River Court, Jensen Beach, FL 34957.

DOC-DEED $ 805.00 MARSHA STILLER
DOC-MTG $ _____ MARTIN COUNTY
DOC-ASM $ _____ CLERK OF CIRCUIT COURT
INT. TAX $ _____ BY _____ D.C.

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

In Witness Whereof, the grantor has hereunto set hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Printed Name: Alice W. Ames

Karen Lauria Hendry (Seal)
KAREN LAURIA HENDRY, Individually and as Trustee
P.O. Address: 2106 N.E. River Court, Jensen Beach, FL 34957

Walter G. Woods
Printed Name: WALTER G. WOODS
Witness

STATE OF FLORIDA
COUNTY OF MARTIN

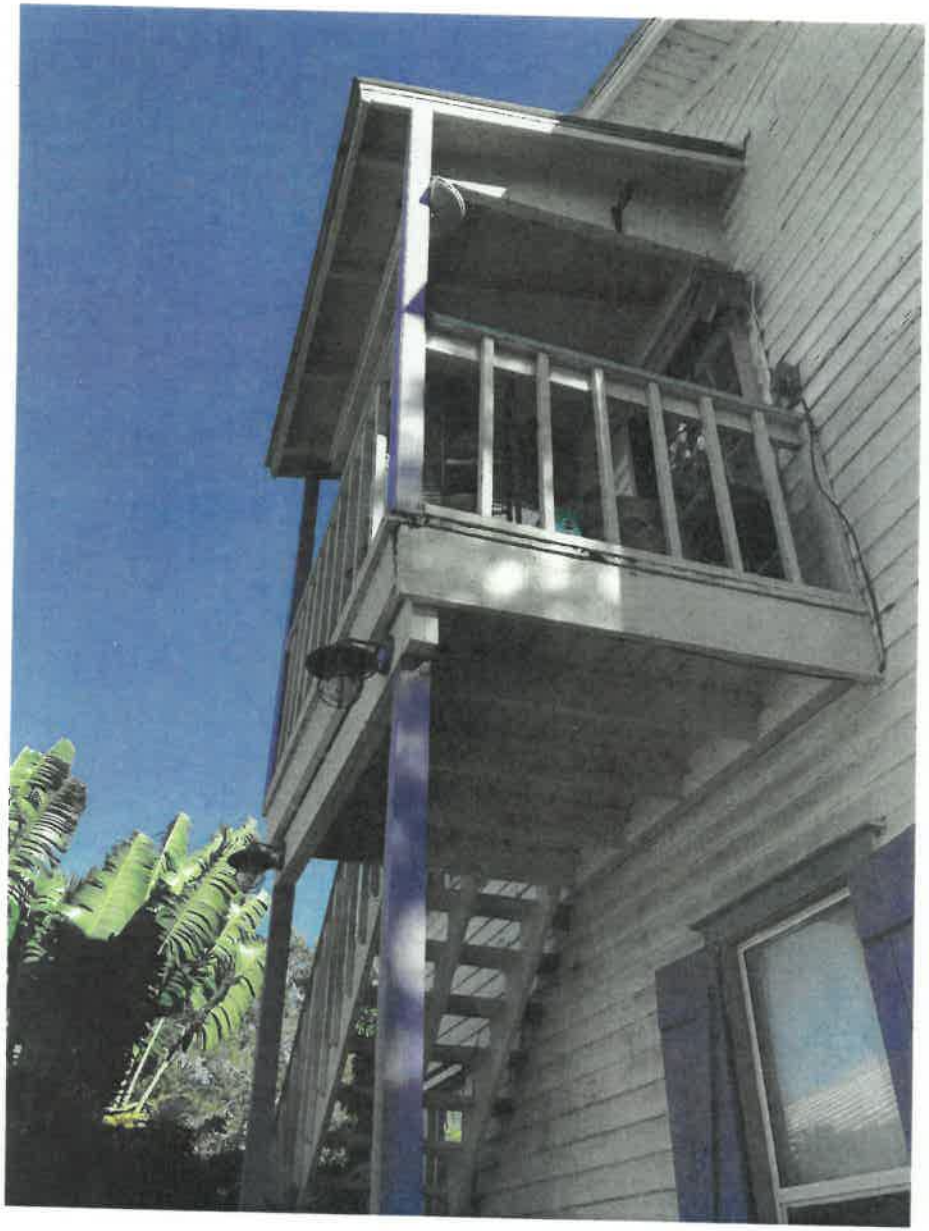
The foregoing instrument was acknowledged before me this 13th day of May, 1998 by KAREN LAURIA HENDRY, individually and as TRUSTEE OF THE KAREN LAURIA HENDRY REVOCABLE TRUST dated June 26, 1995, with full power and authority to protect, conserve and to sell, or to lease or to encumber and otherwise manage and dispose of said real property described herein, pursuant to Section 689.071, Florida Statutes,
who is personally known to me or who has produced as identification.

WALTER G. WOODS
Notary Public, State of Fla.
My Comm. Exp. June 27, 1998
Comm. No. CC 377765

Walter G. Woods
Printed Name: WALTER G. WOODS
Notary Public
My Commission Expires:

LAST PAGE

Laser Generated by O Display Systems, Inc., 1997 (941) 743-5555 Form FLWD-1





McCRAIN RESIDENCE
STAIR RENOVATION
2020-001

EXISTING STAIRS

SK-002.1

03/15/2020



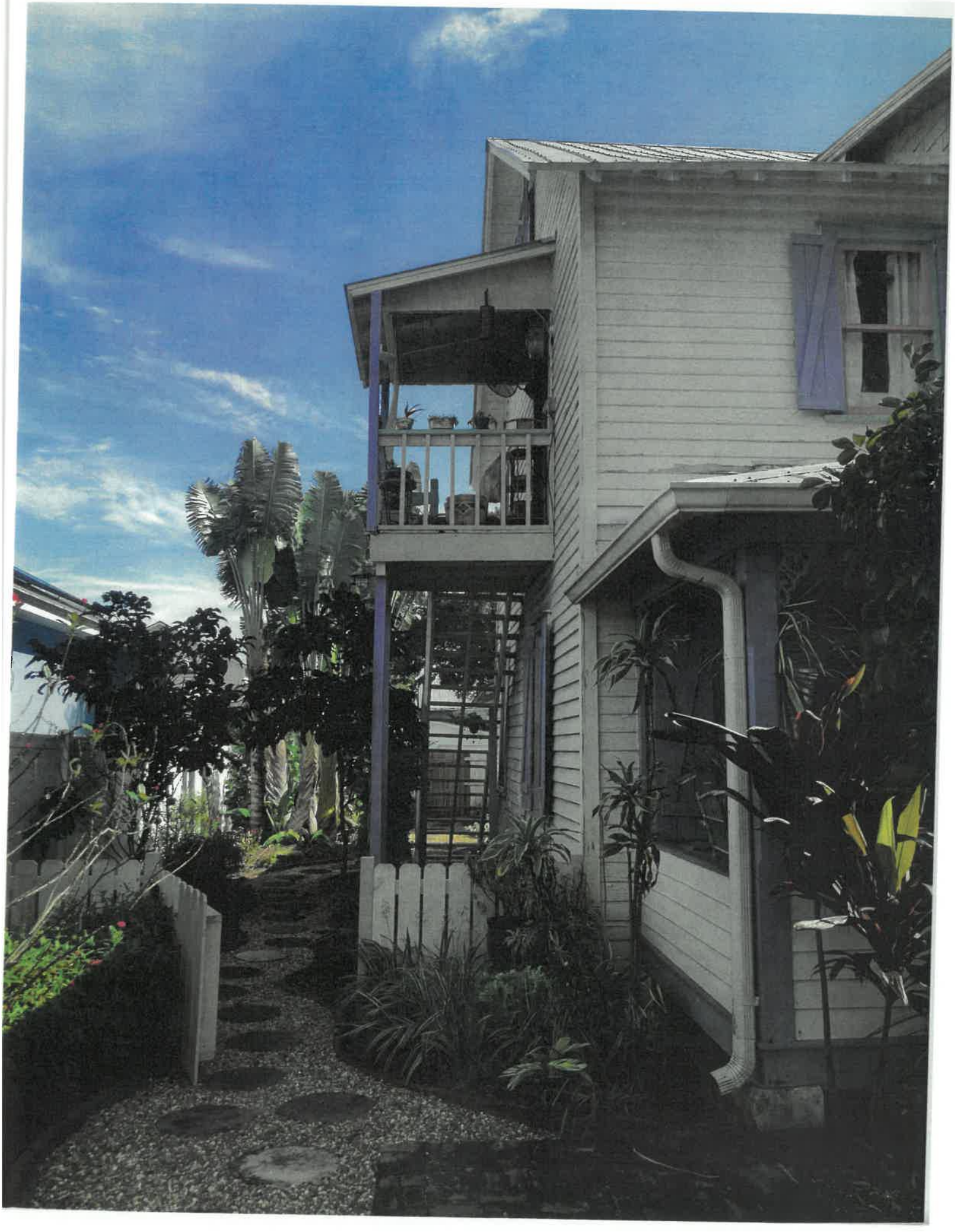


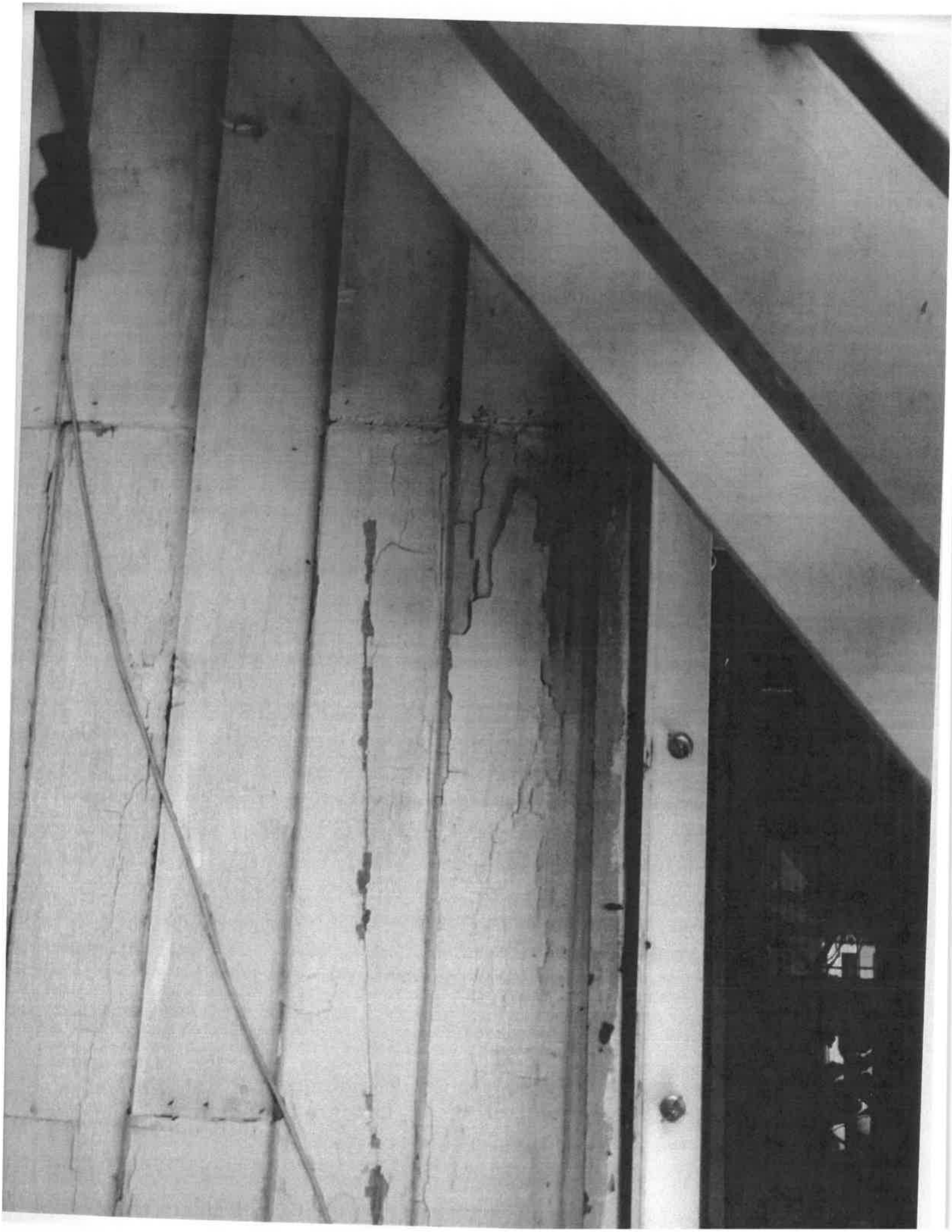
McCRAIN RESIDENCE
STAIR RENOVATION
2020-001

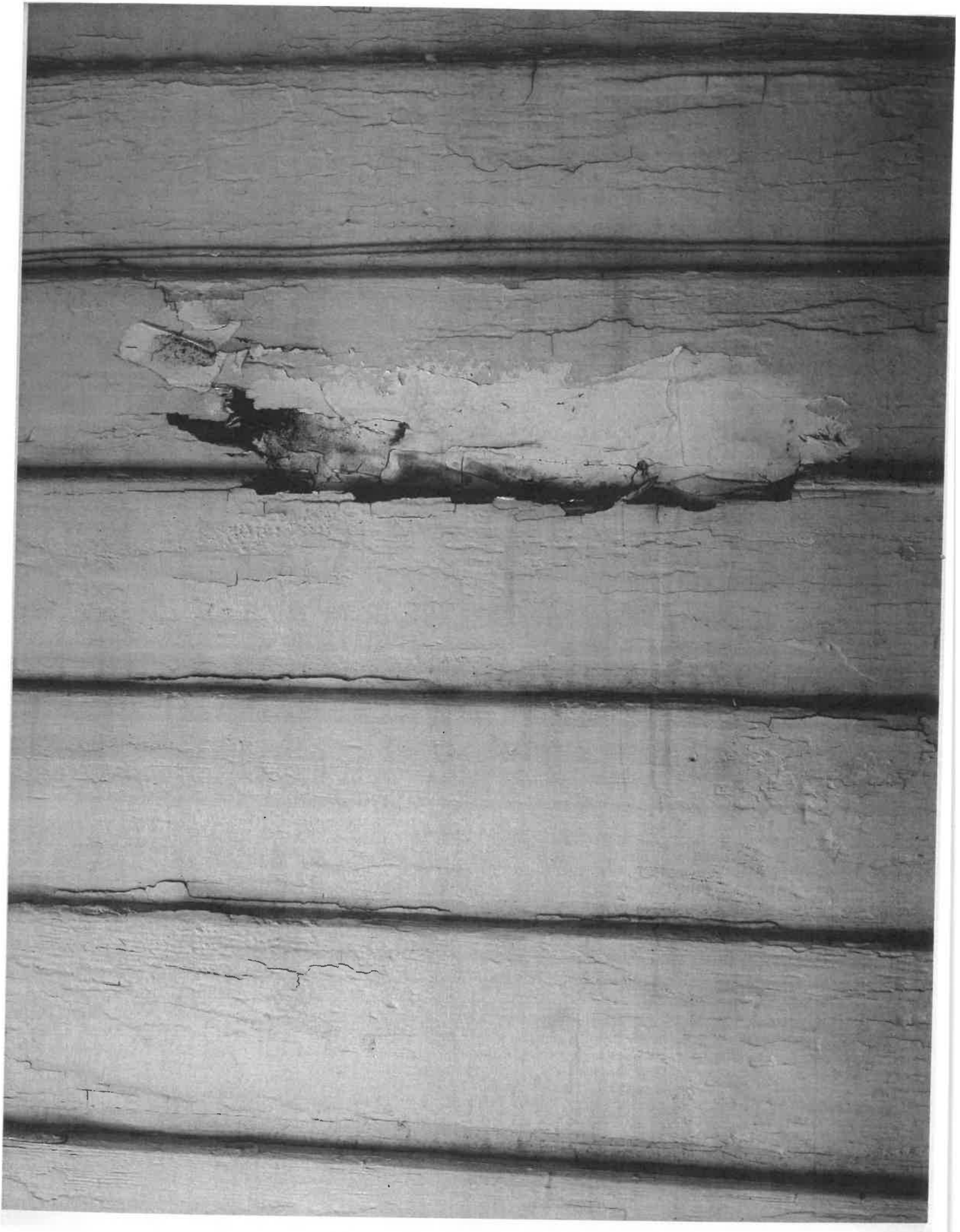
EXISTING STAIRS

SK-002.2

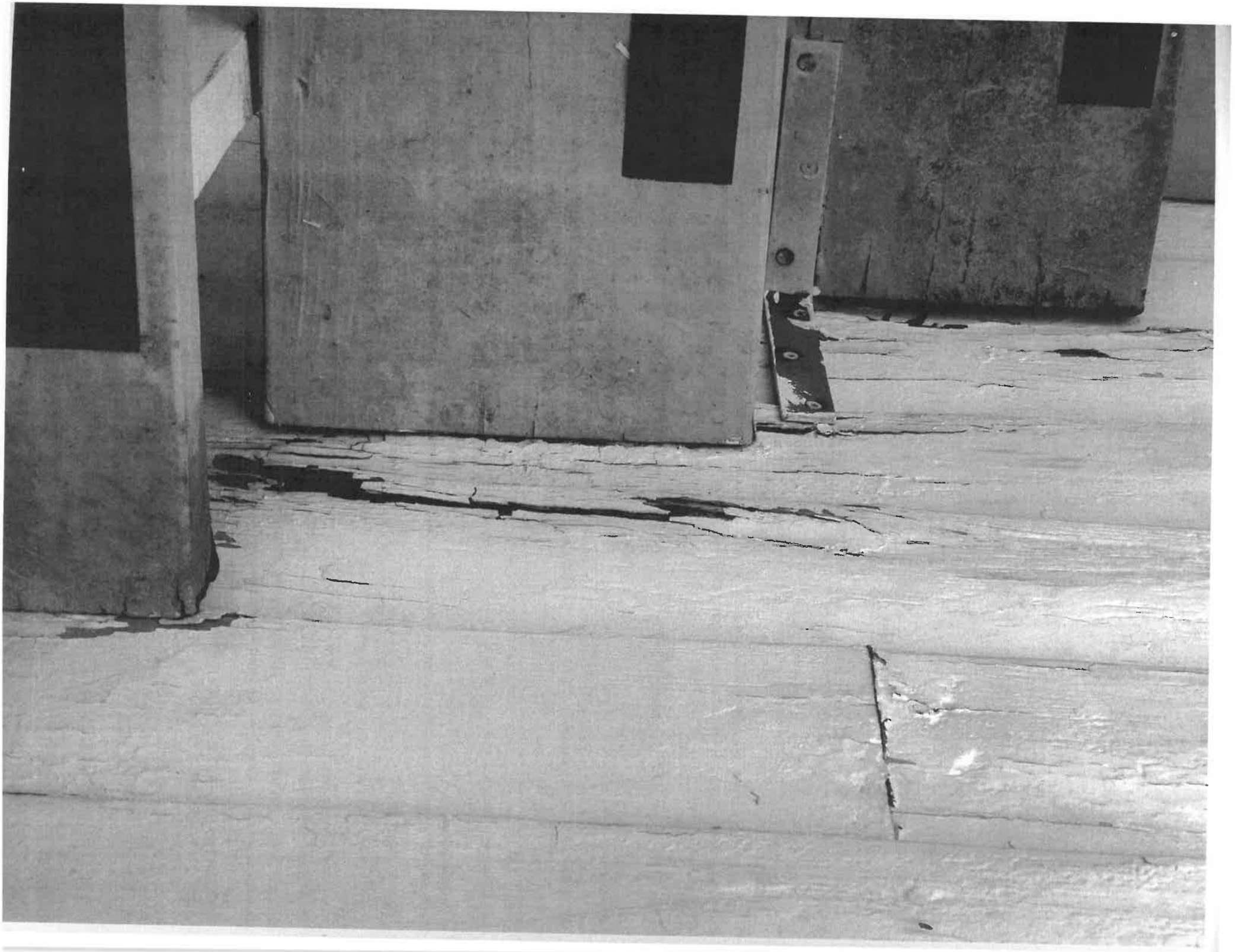
03/15/2020



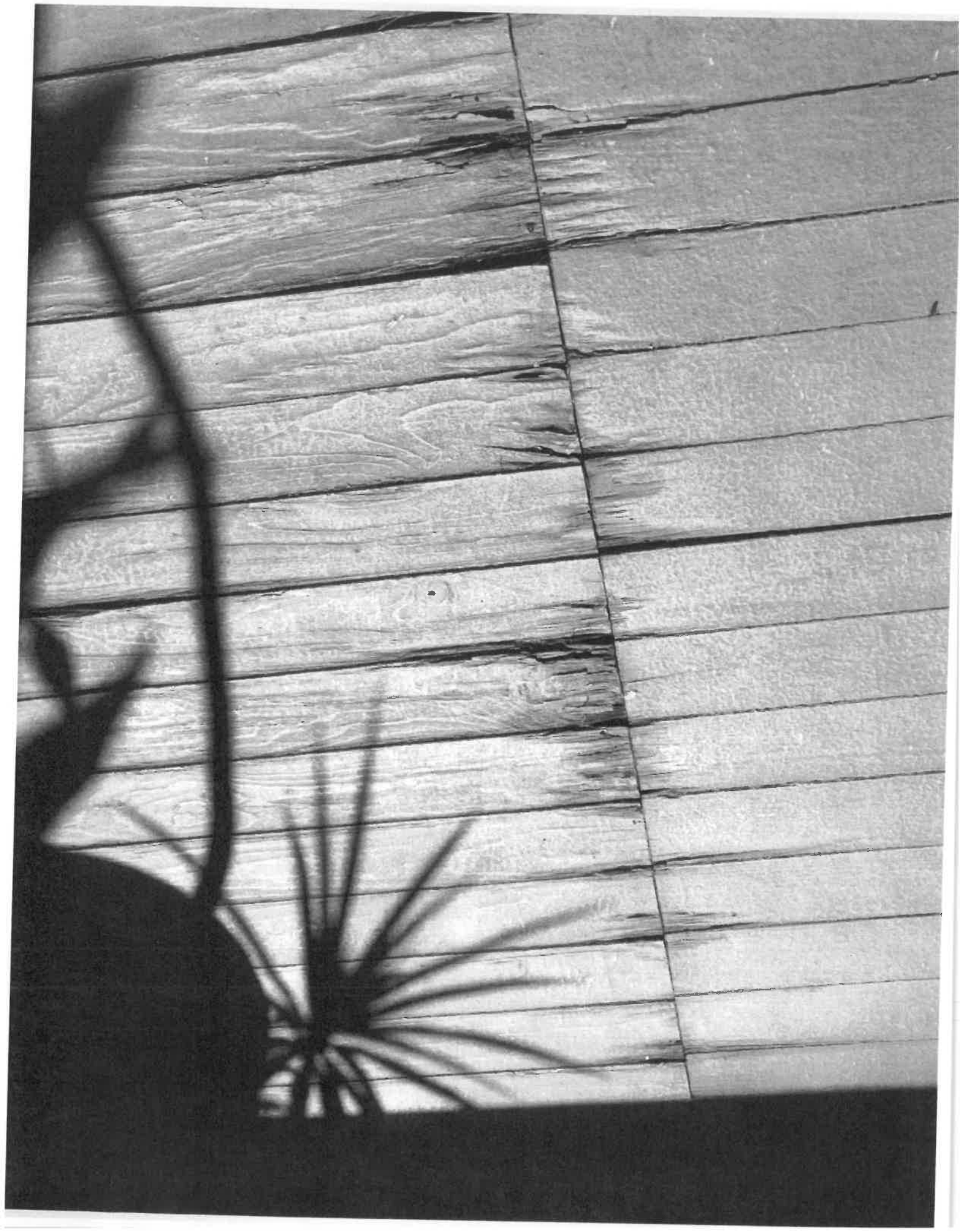


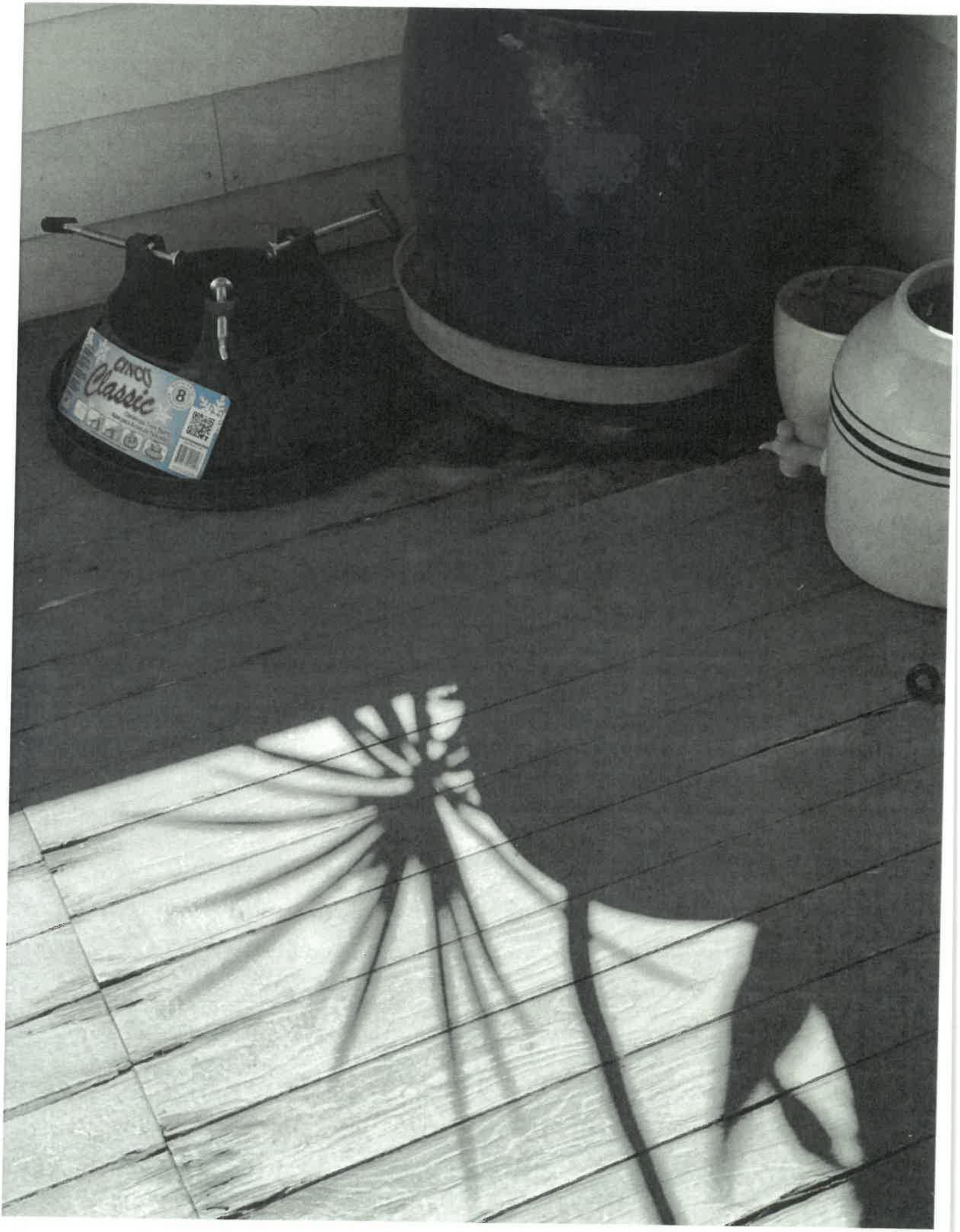


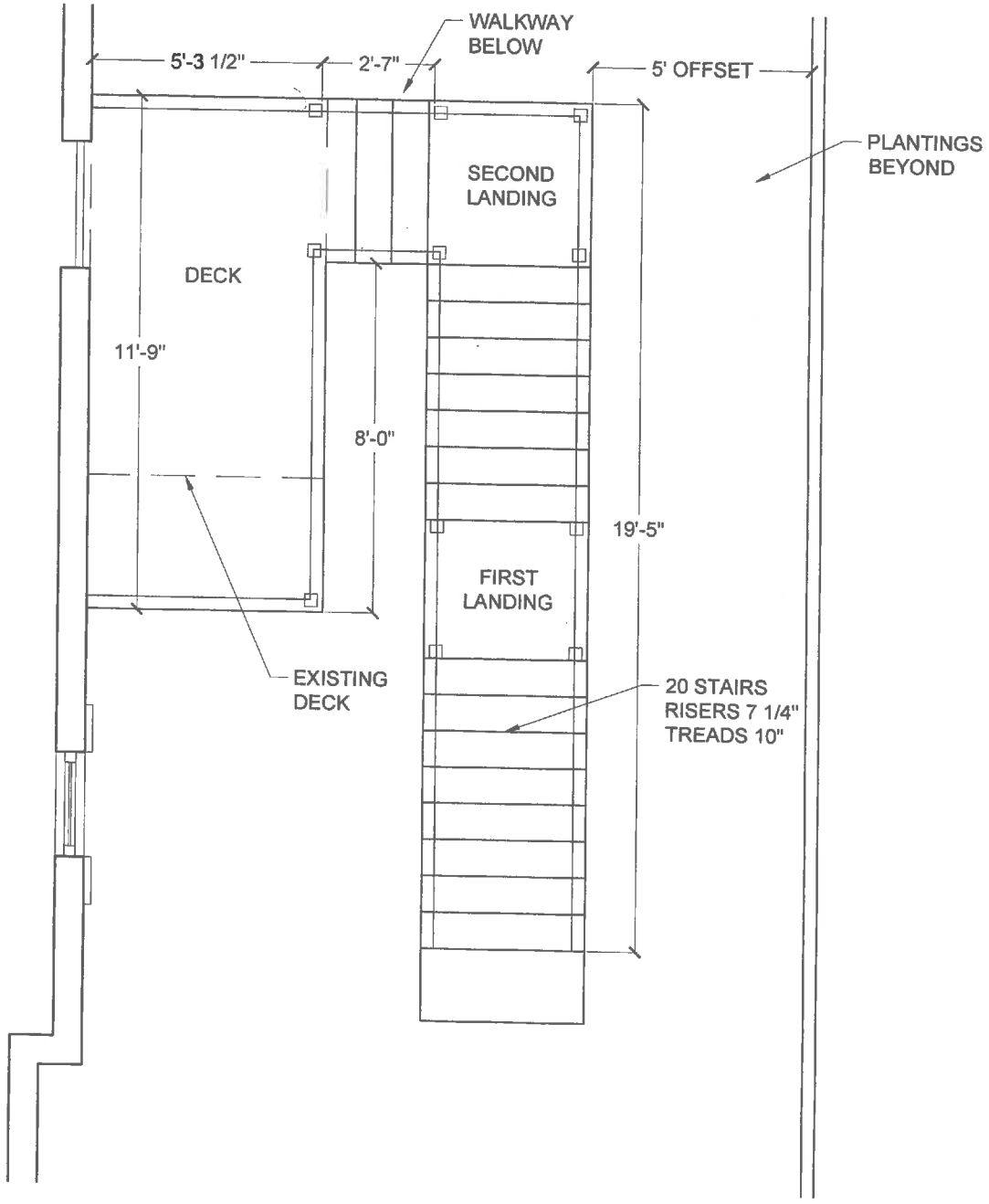









ANCO
Classic
8

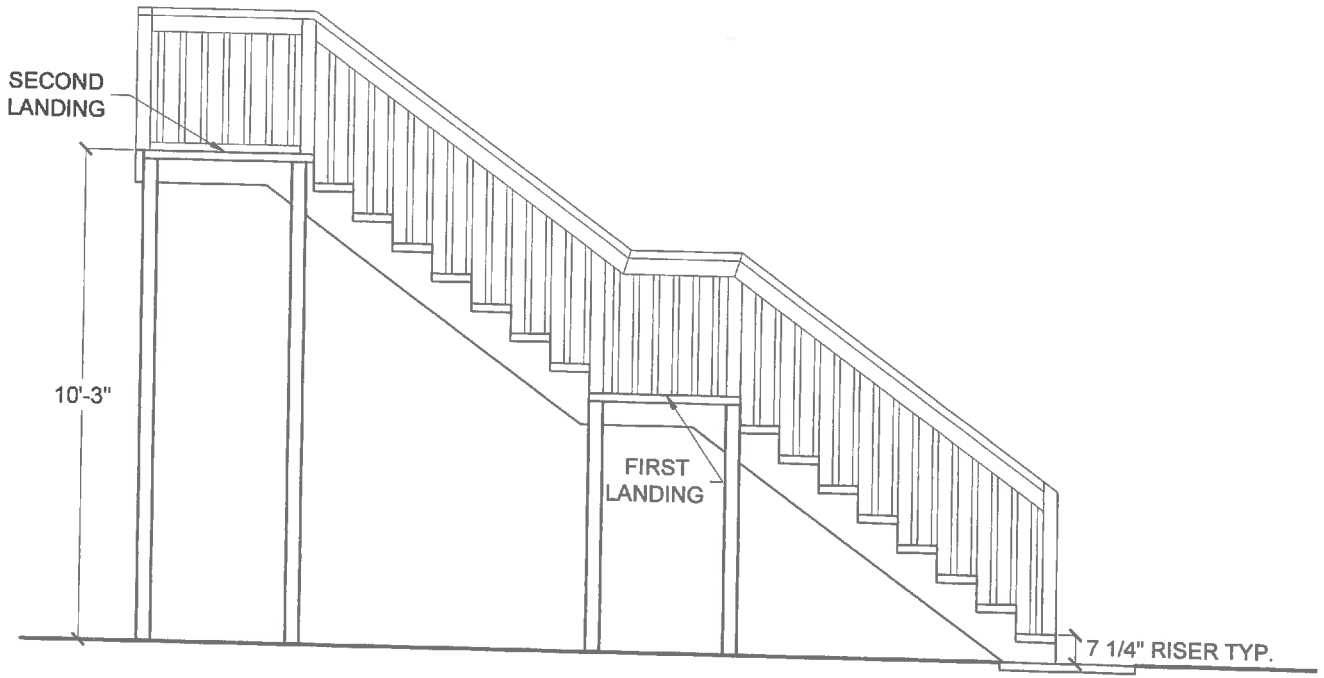


McCRAIN RESIDENCE
STAIR RENOVATION
2020-001

OPTION 2
STAIR PLAN
1/4" = 1'- 0"

SK-002.5

03/15/2020



McCRAIN RESIDENCE
STAIR RENOVATION
2020-001

OPTION 1
STAIR ELEVATION
1/4" = 1'- 0"

SK-002.7

03/15/2020