CITY EXHIBIT 1



Sent from my iPhone

CITY EXHIBIT 2

4:14:10 PM 1/6/2020

Licensee Details

Licensee Information

Name:	**WALLER, RODERICK J (Primary Name)** **SUNRISE CITY CONCRETE SERVICES INC. (DBA Name)**
Main Address:	**PO BOX 13492** **FORT PIERCE Florida 34979**
County:	**ST. LUCIE**
License Mailing:	
LicenseLocation:	**5923 FOREST CITY ROAD SUITE C** **ORLANDO FL 32810**
County:	**ORANGE**

License Information

License Type:	**Certified General Contractor**
Rank:	**Cert General**
License Number:	**CGC1515114**
Status:	**Current,Active**
Licensure Date:	**03/28/2008**
Expires:	**08/31/2020**

Special Qualifications	Qualification Effective
Construction Business	**10/08/2008**

Alternate Names

View Related License Information
View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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CITY EXHIBIT 3

Address [redacted]

Owner Name GREIT LLC

Review Stop	Revision	Date In	Date Out	Status	Time	Reviewer	Notes	Contractor ID	Sent
B	2	09/27/2019	09/30/2019	F	0.00	snicolos	*		
B	1	09/09/2019	09/09/2019	F	0.00	snicolos	*		
BIN	1	09/09/2019			0.00	aking			
Z	1	09/09/2019	09/12/2019	F	0.00	smayer	*		

Plan Review Information

Review Stop: Z - ZONING

Revision: 1 Continuous

Reviewer: smayer

Date In: 09/09/2019 Time In: 11:02

Date Out: 09/12/2019 Time Out: 10:12

Status: F - FAILED

Status Date: 09/12/2019

Time Spent: 0.00

Contractor:

Sent To:

Sent By: smayer

Plan Review Notes

Please provide a survey showing the screen enclosure and the setbacks from property lines.

Ready files:

CITY EXHIBIT 4

Review Stop	Revision	Date In	Date Out	Status	Time	Reviewer	Notes	Contractor ID	Sent To
B	2	09/27/2019	09/30/2019	F	0.00	snicolos	*		
B	1	09/09/2019	09/09/2019	F	0.00	snicolos	*		
BIN	1	09/09/2019			0.00	aking			
Z	1	09/09/2019	09/12/2019	F	0.00	smayer	*		

Plan Review Information

Review Stop	B - BUILDING (STRUCTURAL)
Revision	1 Continuous
Reviewer	snicolos
Date In	09/09/2019 Time In 11:02
Date Out	09/09/2019 Time Out 13:32
Status	F - FAILED
Status Date	09/09/2019
Time Spent	0.00
Contractor	
Sent To	
Sent By	snicolos

Plan Review Notes

1. Electrical needs to be to current code FBCR 2017, NEC 2014
2. Provide method of HVAC
3. Provide City of Stuart Missed Inspection form for covered work
4. Provide what room windows are being removed from.
5. Provide energy code

CITY EXHIBIT 5

PARCEL ID 09384100300600070000000 -

Address 901 SE 14 ST

Owner Name GREIT LLC

Review Stop	Revision	Date In	Date Out	Status	Time	Reviewer	Notes	Contractor ID	Sent To
B	2	09/27/2019	09/30/2019	F	0.00	snicolos	*		
B	1	09/09/2019	09/09/2019	F	0.00	snicolos	*		
BIN	1	09/09/2019			0.00	aking			
Z	1	09/09/2019	09/12/2019	F	0.00	smayer	*		

Plan Review Information

Review Stop: B - BUILDING (STRUCTURAL)

Revision: 2 Continuous

Reviewer: snicolos

Date In: 09/27/2019 Time In: 15:35

Date Out: 09/30/2019 Time Out: 16:15

Status: F - FAILED

Status Date: 09/30/2019

Time Spent: 0.00

Contractor:

Sent To:

Sent By: snicolos

Plan Review Notes

Provide missed inspection report FBC 110
Provide sheathing and siding to be used FBC 107
Add outlets to meet current code FECR 3901
Provide electrical sub contractor FS 489

CITY EXHIBIT 6