

Work Order

Customer

The Hope Center for Autism Inc
500 SE Indian St
Stuart, FL 34997

(772) 334-3288

Scheduled 10/16/2026

HOA RPUD

Gate Code:

Materials Ordered 10/05

Description 500 SE Indian St

CHANGE REQUEST:

Furnish and install 500ft x 6ft high 9 gauge x 2" Mesh Black Chain Link fence with bottom tension wire (200 used mesh)

Includes one 6'H x 25'W Rolling Cantilever Gate with Rollo Latch

Includes one 4ft wide chain link entry gate with Alarmed Exit Bar

Includes one 5ft wide chain link entry gate with Alarmed Exit Bar

Includes permit, taxes, liability and workman's comp insurance, utility lines located and final inspection. 50% deposit required with contract. Balance due on completion. Please make sure any hedges or bushes in the install area are trimmed back before install date to prevent delay incurring additional trip charge.

•Applicant must ensure that there is no effect of stormwater runoff encroaching onto adjacent parcels.

•Contract is responsible to call 811 prior to construction to locate existing utilities.

• City of Stuart sanitation vehicle(s) must be able to access the dumpster enclosure.

Job Complete Date _____

Days and Hours:



Building Permit

Phone: 772-288-5326
121 SW Flagler Avenue
Stuart, FL 34994

Construction Site Hours:
Mon-Sat 7:00am - 7:00pm
NO WORK ON SUNDAY

Office hours: Mon-Fri 8:00am - 4:30pm

Permit Number: BP-26-1633		Permit Issue Date: October 12, 2026	
		Application Date: October 1, 2026	
Owner/Property Details			
Owner Name: The Hope Center for Autism Inc Address: 500 SE Indian St Stuart FL 34997 Phone #: (772) 334-3288		Parcel Number: 403841010000000100 Location: 500 SE INDIAN ST Use Type: Subdivision: 403841010 CLARITY POINTE Permit Type: Class of Work: Valuation: \$27,592	
Contractor: Jay R Cash Address: 1772 SE Durango St jrcash1966@comcast.net Phone #: 7727772808 License #: CR-15385		Description of Work Install 450ft x 6ft high Black Chain Link fence	
Payments		Conditional Remarks	
Building Permit Fee:			

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.

Post and maintain a copy of the building permit at the job site in accordance with Florida Building Code Section 105.7, Placement of Permit, until completion of the permitted work.

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. THIS PERMIT WILL EXPIRE 180 DAYS AFTER LAST ACTION.

Required Inspections




PERMIT # | | | | | | | | | |

**CITY OF STUART, FLORIDA
BUILDING DIVISION**

Received By: _____

CONSTRUCTION PERMIT APPLICATION

Application must be typed or printed legibly in ink and complete all relevant fields.

Parcel ID NUMBER 40-38-41-010-000-00010-0 PROJECT IDENTIFICATION _____ DATE OF APPLICATION 10 / 01 / 2026
ADDRESS 500 SE INDIAN ST STUART FL Flood Zone X - N/A Feet NAVD
PROJECT NAME HOPE CENTER CONTACT KATHY CASH
PROJECT CONTACT PHONE (772) 777 - 2808 CONTACT E-MAIL ADDRESS fencesbycash@comcast.net
PROPERTY OWNERSHIP DETAILS
FULL LEGAL NAME, AGENCY, OR BUSINESS THE HOPE CENTER FOR AUTISM INC
MAILING ADDRESS 500 SE INDIAN ST STUART FL
OWNER CONTACT PHONE (772) 334 - 3288 OWNER E-MAIL ADDRESS jsweazey@hopecenterforautism.org

DESCRIPTION OF WORKBuilding X - FENCE Electric _____ Plumbing _____ Mechanical _____FENCE: Install 450ft x 6ft high Black Chain Link with two entry gates equipped with alarmed panic exit bars and one 25ft rolling cantilever gate.**LICENSED CONTRACTOR****FLORIDA DESIGN PROFESSIONAL**

COMPANY NAME Fences By Cash LLC LICENSE # CR-15385
NAME (QUALIFYING AGENT) Jay R Cash
ADDRESS 1772 SE Durango St Pt St Lucie, FL 34952
PHONE (772) 777-2808
E-MAIL ADDRESS fencesbycash@comcast.net

COMPANY NAME _____
NAME _____ LICENSE # _____
ADDRESS _____
PHONE _____
E-MAIL ADDRESS _____

For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable:

I. Renovation: Is asbestos present? Yes _____ No _____

II. Demolition: All applicants must provide Notice to DEP regardless of whether asbestos is present.

Mandatory Action: If asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DEP and amend this application.**CONSTRUCTION VALUE OF WORK**Building Cost \$ 27,592 Electrical Cost \$ _____ Plumbing Cost \$ _____ Mech. Cost \$ _____ Total Cost \$ 27,592

Number of Stories _____ Building Height 6ft
Total Floor Area (SF) _____ Enclosed _____ Unenclosed _____
Number of Gas Fixtures _____ Number of Plumbing Fixtures _____
Number of Parking Spaces _____ Number of Accessible Parking Spaces _____

Occupancy Classification _____ Occupancy Capacity: _____ Construction Type: FENCE

As of January 01, 2020, Any and all notarial certificates prepared under Florida law must indicate whether the principal appeared by means of physical presence or by online notarization. Florida Statute 117.05

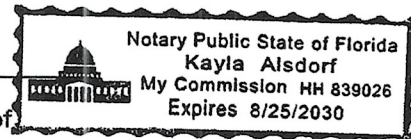
(a) For an oath or affirmation:

STATE OF FLORIDA
COUNTY
OF Martin

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day of Sept (2026) By Jay R Cash (name of person making statement).

Personally Known OR Produced
Identification Type of Identification Produced

Kayla Alsdorf
(Signature of Notary Public - State of Florida) (Print, Type, or Stamp of Notary Public)



(b) For an acknowledgment in an individual capacity:

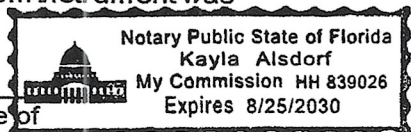
STATE OF FLORIDA
COUNTY OF Martin

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization,

This 10 day of Sept (2026) by Jay R Cash (name of person) as (type of authority, e.g. officer, trustee, attorney in fact) for (name of party on behalf of whom instrument was executed).

Personally Known OR Produced
Identification Type of Identification Produced

Kayla Alsdorf
(Signature of Notary Public - State of Florida) (Print, Type, or Stamp of Notary Public)



(c) For an acknowledgment in a representative capacity:

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

This day of () by (name of person) as (type of authority, e.g. officer, trustee, attorney in fact) for (name of party on behalf of whom instrument was executed).

Personally Known OR Produced
Identification Type of Identification Produced

(Signature of Notary Public - State of Florida) (Print, Type, or Stamp of Notary Public)

S.E. INDIAN ST

MEMORY CARE FACILITY
(1 STORY)
60,075.65 SF
MIN. FFE: 12.00 NAVD

COURTYARD

NAME: PRESERVE AREA
LU: LOW DENSITY & GENERAL COMMERCIAL (MARTIN COUNTY)
ZONING: RUPD & COMMERCIAL (MARTIN COUNTY)
PID: 38-38-41-002-074-00000-7

Permit Number
PC Number 40-38-41-010-000-00010-0

Inst. # 3208519
Bk: 3594 Pg: 2051 Pages: 1 of 1
Recorded on: 10/7/2026 10:55 AM Doc: NOC
Carolyn Timmann
Clerk of the Circuit Court & Comptroller
Martin County, FL
Rec Fees: \$10.00



NOTICE OF COMMENCEMENT

State of Florida County of Martin

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713. of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** LOT 1 CLARITY POINTE

a) **Street (job) Address:** 500 SE INDIAN ST STUART FL

2. **General description of improvements:** FENCE

3. **Owner Information or Lessee information, if the Lessee contracted for the improvement:**

a) Name and address: THE HOPE CENTER FOR AUTISM INC 500 SE INDIAN ST STUART FL 34997

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

c) Interest in property: OWNER

4. Contractor Information

a) Name and address: FENCES BY CASH LLC 1772 SE DURANGO ST PORT ST LUCIE, FL 34952 fencesbycash@comcast.net

b) Telephone No.: (772) 777-2808

Fax No.: (optional)

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

a) Name and address: The Hartford Fire Insurance Company

b) Telephone No.: 1-800-592-5717.

c) Amount of Bond: \$ 265000

6. Lender

a) Name and address: South State/PJ 500 Indian LLC,

b) Telephone No.: 772-888-7014

7. **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:

a) Name and address: Joanne Sweazey 500 SE Indian Street Stuart, Florida 34997

b) Telephone No.: 772-334-3288

Fax No.: (optional)

8. **In addition to himself or herself, Owner designates** Barbara Velez

of The Hope Center for autism

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: 7726318357

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): , 202

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 and that the facts in it are true to the best of my knowledge and belief.

Joanne Sweazey
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact)

JOANNE MARIE SWEAZEY, EXECUTIVE DIRECTOR
(Print Name and Provide Signatory's Title/Office)

State of Florida County of Martin

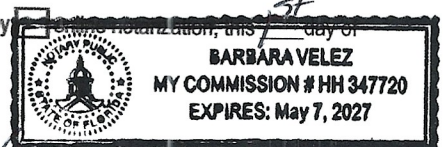
The foregoing instrument was acknowledged before me by means of ☒ physical presence or sworn to (or affirmed) by ☐ electronic notarization, this 7th day of October, 2026 by JOANNE MARIE SWEAZEY as EXECUTIVE DIRECTOR

for The Hope Center for Autism Inc. Name of Person Type of authority Name of party on behalf of whom instrument was executed).

Personally Known ☒ Produced ID ☐
Type of ID

Notary Signature
Print name

Barbara Velez
Barbara Velez



Fences By Cash LLC

1772 SE Durango St
Port St Lucie, FL 34952

Inventory Check

Date	Quote Name
10/8/2026	Hope Center

Vendor
U.S. Wholesale Pipe & Tube P.O. Box 739793 Dallas, TX 75373-7404

			Expected
			10/15/2026
Item	Description	Order	In Stock
VNRDHT4038B	3" HT40 x 8' Black	4	200
VNRDHT404106B	4" HT40 x 10' 6" Black	2	
VNRDHT40258B	2-1/2" HT40 x 8' Black	7	
VT15800658B	1-5/8" x .065 x 8' Black	40	
FVB20009072KK	2 x 9ga x 6' KK Black	300	
FVB20009072KK	2 x 9ga x 6' KK Black		
VT138005521BS1	1-3/8 x .055 x 21' Black	23	
VBLCA158	1-5/8 x 1-3/8 Loop Cap Black	40	
VBRE138	1-3/8 Rail End Cap Black Alum	20	
VBBB250	2 1/2" Brace Band Black	20	
VBTB250	2-1/2" Tension Band Black	40	
VBFTB 72	70" Fiberglass Tension Bar Black	8	
VBDCA250	2-1/2 Alum Dome Cap Black	7	
VBDCPS300	3" PS Dome Cap Black	4	
VBDCPS400	4" PS Dome Cap Black	2	
VBBB400	4" Brace Band Black	4	
VBTB400	4" Tension Band Black	5	
VBBB300	3" Brace Band Black	8	
VBTB300	3" Tension Band Black	30	
VBTW	Black Alum Ties 8-1/4" (100)	5	
VBHR	Vinyl Black 9ga Hog Rings/500 pcs	1	
CNT625B	6x25 Cantilever Gate Black	1	
CANTROL4X25WEL	4"Cant-Roller Nylon W/ covers	4	
ROLLOLTCH	Rollo Latch	1	
IWG64158S4B	6x4x1-5/8" HT40 WG Gate Black	1	
IWG65158S4B	6x5x1-5/8" HT40 WG Gate Black	1	
VBGH30BULL	3" Bulldog Hinge Black	4	
PANICBAR6047-B48	Alarmed Exit bar Kit 48" Lock	2	
Total			\$10,068.97