# COLLIER COUNTY BUILDING PERMIT APPLICATION Growth Management Division, Planning and Regulation

2800 N. Horseshoe Drive, Naples, Florida 34104 TEL: 239-252-2400

Please fold plans with the plain side out. Ensure documents are stapled inside each set of plans. Residential 1 or 2 Units (Single Family/Duplex) Residential 3 or more Units (Multi-family) Commercial mit No.

Perm	nit No.	anose	017	Master remit No.	
NOI	Parcel/Folio: 001558841 Job Address: 895 Wiggin Owner's Phone No.: 941-99 Owner's Name: Benderson Lot: 46 Block: 48 Subdivision: N/A Township: 8FE: SDP/PL: 50/A 20 Code Case:	s Pass Rd, Ste 3 93-7486 n Dev Co. Inc. Unit: 25 Viii: 25 Section: 16 Flood Zone:	CONTRACTOR INFORMATION	Contractor       Design Professional       Owner Builder         License# State Cert/Reg Prefix:       CGC #: 1511991         Company Name:       COM FLA Contractors Co.         Qualifier/Professional Name:       Bryan V. Alexander         Contact Name:       Will Mitchell         Address:       600 Chastain Rd, Ste 326         City:       Kennesaw         State:       GA         Phone       770-971-0787         Fax:       770-973-3373         E-mail Address:       will@buildriteconstruction.com	
TYPE OF BUILDING PERMIT	Alteration Convenience Book Demo Door/Window Electric/Low Voltage Fence Gas Marine OTHER	Mechanical Mobile Home New Construction Plumbing Pool Re-roof Screen Enclosure Shutter Sign/Flagpole Solar	TYPE OF FIRE PERMIT		
SUB CONTRACT/ORS	<ul> <li>Private Provider</li> <li>Roofing</li> <li>Septic</li> <li>Shutters</li> <li>Permit by Affidavit</li> </ul>	Plumbing Electrical Low Voltage Mechanical	CONSTRUCTION	Image: Non-sprinkled       Sprinkled         Image: Non-sprinkled       Sprinkled         Image: Non-sprinkled       Image: Non-sprinkled         Image: Non-sprinkled <td< td=""></td<>	
PROJECT INFORMATION	Description of Work:       Interior alteration of existing Scottrade Branch including but not limited to:         Flooring, Painting, Drywall, Electrical, Fire Alarm and Fire Sprinkler         Project Name:       Scottrade - Branch #R09         Declared Value \$:       32,543.23         NEW CONSTRUCTION/ADDITION AREA       ALTERATION WORK AREA - SO. FT.         If applicable:       # Stories/Floors:       # Units:       #Tons:         # Bedrooms:       # Baths:				
UTILITIES	SEWAGE:         Septic       Ave Maria       City of Naples       Collier County       Golden Gate City       Immokalee       Orange Tree       Other         WATER SUPPLY:       Well       Ave Maria       Collier County       Golden Gate City       Immokalee       Orange Tree       Other         Application/Plans Discrepancies - Customer Acknowledgement of possible rejection for the following missed information:       2. Occupancy Classification not provided       4. No Certified site plans				
JUNE 2, 2014 ddp - PMR Date: Days Review: # Set of Plans:					



## **QUALIFIERS PAGE**

#### ACKNOWLEDGEMENT OF COLLIER COUNTY REGULATIONS

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. The permit or application fee may have additional fees imposed for failing to obtain permits prior to commencement of construction.

The approved permit and/or permit application expires if not commenced within 180 days from the date of issuance. The permittee further understands that only licensed contractors may be employed and that the structure will not be used or occupied until a certificate of occupancy is issued. By signing this permit application, I agree that I have been retained by the owner/permittee to provide contracting services for the trade for which I am listed. Furthermore, it is my responsibility to notify the Building Review and Permitting Department should I no longer be the contractor responsible for providing said contracting services. I further agree that I understand that the review and issuing of this permit does not exempt me from complying with all County Codes and Ordinances. It is further understood that the property owner/permittee is the owner of the permit.

Note: If change of contractor, please provide the following: Permit Number:						
E-mail Address:	Tel:					
COMPANY NAME: COM FLA Contractors Co.	STATE LICENSE NO:	CGC1511991				
Deven V/ Alevender						

QUALIFIER'S NAME (PRINT) : Bryan V. Alexander	
QUALIFIER'S SIGNATURE	MAN DE THE
STATE OF: Georgia county of: Cherokee	MISSION CHIMIE
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 28th 1 July 1 2014	JUNE P
WHO IS PERSONALLY KNOWN: X OR AS PRODUCED ID:	29 *
TYPE OF ID:	THE CO. OFO
NOTARY PUBLIC SIGNATURE:	(SEAL)

#### 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 DISTRICT, STATE AGENCIES, OR FEDERAL AGENCIES.

### WARNING OF POSSIBLE DEED RESTRICTIONS

THE LAND SUBJECT TO THIS PERMIT MAY BE SUBJECT TO DEED, AND OTHER RESTRICTIONS THAT MAY LIMIT OR IMPAIR THE LANDOWNER'S RIGHTS. COLLIER COUNTY IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THESE RESTRICTIONS, NOR ARE COLLIER COUNTY EMPLOYEES AUTHORIZED TO PROVIDE LEGAL OR BUSINESS ADVICE TO THE PUBLIC RELATIVE TO THESE RESTRICTIONS. THE LANDOWNER OR ANY APPLICANT ACTING ON BEHALF OF THE LANDOWNER IS CAUTIONED TO SEEK PROFESSIONAL ADVICE.

#### WARNING ON WORK IN COUNTY RIGHT-OF-WAYS

THIS PERMIT DOES NOT AUTHORIZE CONSTRUCTION OR INSTALLATION OF ANY STRUCTURE OR UTILITY, ABOVE OR BELOW GROUND, WITHIN ANY RIGHT- OF-WAY OR EASEMENT RESERVED FOR ACCESS, DRAINAGE OR UTILITY PURPOSES. THIS RESTRICTION SPECIFICALLY PROHIBITS FENCING, SPRINKLER SYSTEMS, LANDSCAPING OTHER THAN SOD, SIGNS, WATER, SEWER, CABLE AND DRAINAGE WORK THEREIN. IF SUCH IMPROVEMENTS ARE NECESSARY, A SEPARATE PERMIT FOR THAT PURPOSE MUST BE OBTAINED FROM TRANSPORTATION/ROW PERMITS AND INSPECTIONS (239) 252-8192.

# WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR MPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Per Florida Statutes 713.135 a Notice of Commencement (NOC) is required for construction of improvements totaling more than \$2,500, with certain exceptions. For A/C Replacements a notice of commencement is required for improvements more than \$7,500.

The applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded NOC or a notarized statement that the NOC has been filed for recording, along with a copy thereof. In order to comply with the state requirement, permits will be placed in inspection hold until proof of the NOC is filed with the building permitting and inspection department. The issuing authority shall not perform or approve subsequent inspections until the applicant files by mail, facsimile, hand delivery, email or any other means such certified copy with the issuing authority.



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	PERMIT #  895 Wiggins Pass Road, Suite 3		
	JOB ADDRESS Naples, FL 43110-6118		
To be completed by the Qu			
Electrical Contractor       Low Voltage Contractor         Company Name:       IDJ ELECTRICO, LLC         Email Address:       idjbids@gmail.com         Qualifier's Name       Jose Luis Gutierrez         State of       FL         Sworn to (or affirmed) and subscribed before me this         Who is personally known       OR Produced ID         Type of ID       O         Notary Public Name       Moser Allowed Doce	State License #: EC13003755 Qualifier's Signature		
Plumbing Contractor	· ·		
Company Name:	State License #:		
Email Address: Qualifier's Name	Qualifier's Signature		
State of, County of			
Sworn to (or affirmed) and subscribed before me this Who is personally known OR Produced ID Type of ID			
Notary Public Name	(SEAL)		
Notary Public Signature	_		
Mechanical Contractor Company Name: Email Address: Qualifier's Name State of, County of Sworn to (or affirmed) and subscribed before me this Who is personally known OR Produced ID	Qualifier's Signature		
Type of ID			
Notary Public Name	(SEAL)		
Notary Public Signature			
Roofing Contractor Company Name: Email Address: Qualifier's Name	State License #: Qualifier's Signature		
State of, County of			
Sworn to (or affirmed) and subscribed before me this Who is personally known OR Produced ID Type of ID	·//		
Notary Public Name	(SEAL)		
Notary Public Signature	_		