

Name: Stevens Construction, Inc.  
Address: 6208 Whiskey Creek Drive  
Fort Myers, FL 33919  
This instrument Prepared by: Stevens Construction, Inc.  
6208 Whiskey Creek Drive  
Fort Myers, FL 33919  
Property Appraisers Parcel Identification(Folio) Number(s).

Parcel No.29331180609

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

## NOTICE OF COMMENCEMENT

Permit # \_\_\_\_\_

State of Florida }  
County of Collier }

The undersigned hereby gives notice that Improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) **Parcel No.29331180609**  
Creskide Commerce Park East, Part of TR 5. DESC AS FOLL; COMM AT NE CNR 27-48-25, ALG E  
LI S01 09 43E 696.85FT, THENCE S88 50 17W 559.33FT, THENCE S90W 565.33 FT, THENCE N05 35 39W  
544.05, THENCE N30 09 54E 21.17FT, THENCE S89 49 40E 33.52 FT, THENCE N00 10 20E 23.75FT, S89 49  
40E 201.64FT, THENCE S05 48 50E 2.01FT, THENCE S89 49 40E 50.83 FT, THENCE S75 55 39E 49.95 FT,  
THENCE S89 49 40E 248.08 FT, THENCE 39.19 FT ALG CURVE, THENCE S00W 542.76 FT TO POB. 7.81 AC  
Property Address: **1285 Creekside Blvd. E**  
Strap No: **253800 5 13A27 Sec-27 T-48 R-25**

General description of Improvements: **Acute Care Facility, Dumpster Enclosure, Bulk Oxygen Storage Bld,  
Generator, Temporary Construction Trailer, Fire Alarm, Fire Sprinklers, Sunshades, Canopies, Med Gas**  
Any and all improvements associated with the Landmark Hospital  
Owner **White Oaks Real Estate Investments of Southwest Florida LLC**  
Address **240 South Mt Auburn Road Cape Girardeau, MO 63701**

Owner's Interest In site of the Improvements  
Fee Simple Title holder (if other than owner)  
Names  
Address

Contractor: **Stevens Construction, Inc.**  
Address **6208 Whiskey Creek Drive, Fort Myers, FL 33919**

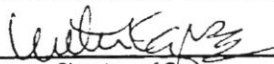
Surety **Fidelity and Deposit Company of Maryland** Amount of Bond \$ **14,461,697.00**  
Address **1400 American Lane Schaumburg, IL 60196** Bond No. **08998077**  
Any person making a loan for the construction of the Improvements

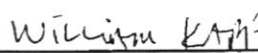
Name **Griffin American Healthcare Financing, LLC Attention: Rebecca Bedford**  
Address **18191 Von Karman Ave, Ste. 300 Irvine, CA 92612**

Person within the State of Florida designated by owner upon whom notices or other documents may be served  
as provided by Section 713.13(a)7., Florida Statutes  
Name  
Address

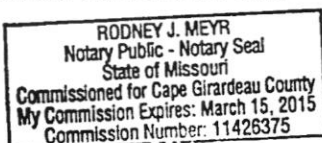
In addition to himself, owner designates **Terri Sobek**  
of **Stevens Construction Inc., 6208 Whiskey Creek Drive, Fort Myers, FL 33919**  
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes

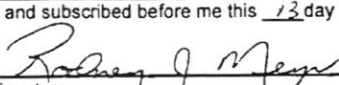
Expiration date of Notice of Commencement shall be on July 15, 2015.

  
Signature of Owner

  
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL



I have relied upon the following identification of the Affiant  
**PERSONALLY KNOWN**  
Sworn to and subscribed before me this **13** day of **MAY**  
2014  
  
Notary Signature

# 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

Permit No. PR 2014 1030344

Master Permit No. \_\_\_\_\_

|                         |   |  |                        |  |  |
|-------------------------|---|--|------------------------|--|--|
| JOB LOCATION            | Parcel/Folio: <u>2933118060912</u>  |  | CONTRACTOR INFORMATION | <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder<br>License# State Cert/Reg.- Prefix: <u>PCC</u> #: <u>056723</u><br>Company Name: <u>PETROLEUM EQUIPMENT CONST.</u><br>Qualifier/Professional Name: <u>MICHAEL A. CRAFT</u><br>Contact Name: <u>MIKE CRAFT</u><br>Address: <u>P.O. BOX 910</u><br>City: <u>APOPKA</u> State: <u>FL</u> Zip: <u>32704</u><br>Phone: <u>407-290-3010</u> Fax: <u>407-290-1173</u><br>E-mail Address: <u>mike@peetflorida.com</u>  |  |
|                         | Job Address: <u>1285 CREEKSIDE BLVD. E.</u><br>Owner's Phone No.: _____<br>Owner's Name: _____<br>Lot: <u>5</u> Block: _____ Unit: _____<br>Subdivision: <u>CreekSide Commerce</u><br>Township: <u>48</u> Range: <u>25</u> Section: <u>27</u><br>FEMA: BFE: _____ Flood Zone: _____<br>SDP/PL: <u>2013-1986</u><br><u>SDP PR 2014-1278</u> COA: _____   |  |                        |  |  |
| TYPE OF BUILDING PERMIT | <input type="checkbox"/> Alteration<br><input type="checkbox"/> Convenience Book<br><input type="checkbox"/> Demo<br><input type="checkbox"/> Door/Window<br><input type="checkbox"/> Electric/Low Voltage<br><input type="checkbox"/> Electric from House<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Marine<br><input checked="" type="checkbox"/> OTHER <u>Replace Fuel Tank</u>   |  | TYPE OF FIRE PERMIT    | <input type="checkbox"/> Clean Agent System<br><input type="checkbox"/> Fire Alarm<br><input type="checkbox"/> Fire Alarm Monitoring<br><input type="checkbox"/> Fire Pumps<br><input type="checkbox"/> Fire Sprinkler System<br><input type="checkbox"/> Fossil Fuel Storage System<br><input type="checkbox"/> Hoods<br><input type="checkbox"/> LP Gas<br><input type="checkbox"/> Pre-Engineered Fire<br><input type="checkbox"/> Suppression<br><input type="checkbox"/> Standpipes<br><input type="checkbox"/> Spray Booths<br><input type="checkbox"/> Tents<br><input type="checkbox"/> Underground Fire Lines |  |
|                         | <input type="checkbox"/> Mechanical<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Re-roof<br><input type="checkbox"/> Screen Enclosure<br><input type="checkbox"/> Shutter<br><input type="checkbox"/> Sign/Flagpole<br><input type="checkbox"/> Solar   |  |                        |  |  |
| SUB CONTRACTORS         | <input type="checkbox"/> Private Provider<br><input type="checkbox"/> Roofing<br><input type="checkbox"/> Septic<br><input type="checkbox"/> Shutters<br><input type="checkbox"/> Permit by Affidavit   |  | CONSTRUCTION TYPE      | <input type="checkbox"/> Non-sprinkled <input type="checkbox"/> Sprinkled<br><input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB<br><input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB<br><input type="checkbox"/> VA <input type="checkbox"/> VB<br>Occupancy Classification(s): _____   |  |
|                         | <input type="checkbox"/> Plumbing<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Low Voltage<br><input type="checkbox"/> Mechanical   |  |                        |  |  |
| PROJECT INFORMATION     | Description of Work: <u>FURNISH + INSTALL 4,000 GALLON UNDER GROUND FUEL STORAGE TANK, UNDER GROUND AND ABOVE GROUND SUPPLY AND RETURN PIPING FOR GENERATOR SYSTEM</u>  |  |                        |  |  |
|                         | Project Name: <u>LANDMARK HOSPITAL</u> Declared Value \$: <u>15,000</u>   |  |                        |  |  |
| UTILITIES               | <b>NEW CONSTRUCTION/ADDITION AREA</b><br>If applicable: # Stories/Floors: _____ # Units: _____ #Tons: _____<br># Bedrooms: _____ #Baths: _____<br>RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____<br>COMMERCIAL: #Fixtures: _____ Interior: _____ Exterior: _____ Total: _____  |  |                        | <b>ALTERATION WORK AREA - SQ. FT.</b><br>RESIDENTIAL: Living: _____ Non-living: _____<br>TOTAL SQ. FT.: _____<br>COMMERCIAL: Interior: _____ Exterior: _____<br>TOTAL SQ. FT.: _____   |  |
|                         | SEWAGE: <input type="checkbox"/> Septic <input type="checkbox"/> Ave Maria <input type="checkbox"/> City of Naples <input type="checkbox"/> Collier County <input type="checkbox"/> Golden Gate City <input type="checkbox"/> Immokalee <input type="checkbox"/> Orange Tree <input type="checkbox"/> Other<br>WATER SUPPLY: <input type="checkbox"/> Well <input type="checkbox"/> Ave Maria <input type="checkbox"/> City of Naples <input type="checkbox"/> Collier County <input type="checkbox"/> Golden Gate City <input type="checkbox"/> Immokalee <input type="checkbox"/> Orange Tree <input type="checkbox"/> Other<br>Application/Plans Discrepancies - Customer Acknowledgement of possible rejection for the following missed information:<br>1. Square footage does not match _____ 2. Occupancy Classification not provided _____<br>3. Construction type not provided _____ 4. No Certified site plans _____ |  |                        |  |  |

JUNE 2, 2014 ddp - PMR Date: 11/18 Days Review: 15 # Set of Plans: 4



# 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: PETROLEUM EQUIPMENT CONST STATE LICENSE NO: PC056723

QUALIFIER'S NAME (PRINT): MICHAEL A. CRAFT

QUALIFIER'S SIGNATURE: Michael A. Craft

STATE OF: FLORIDA COUNTY OF: ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 10/21/2014

WHO IS PERSONALLY KNOWN: X OR AS PRODUCED ID: \_\_\_\_\_

TYPE OF ID: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE: Jennifer Gandy



(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 IMPROVEMENTS 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.

## Authorization Letter / Power of Attorney

Collier County  
2800 N Horseshoe Dr  
Naples, FL 34104

Re: Petroleum Equipment Construction  
1285 Creekside Blvd E  
Naples, FL 34104

To Whom It May Concern,

I, Mike Craft, do hereby authorize the following persons to act as agents on behalf of myself and P.E.C to pull and sign for the above referenced Building Permit which was submitted under my Florida State Contractor License number PCC056723.

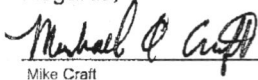
### Authorized Persons:

Jason Kirby  
Charles O'Neil  
Gary Barson  
Don Kirby  
Tom Kisor  
Anthony Werner  
Lorenzo Torres  
Ana Kirby

Brian Kirby  
John Christianson  
Erick DeDios  
John Roques  
Amber Flenker  
Richie Roberts  
Elizabeth Grote

Tim O'Malley  
Dennis Godsey  
Martin Sterling  
Amanda Horst  
Kelly Kisor  
Judy DeJesus  
Jim Kirby


Regards,

  
Mike Craft

Qualifier

STATE OF FLORIDA  
COUNTY OF LAKE

The forgoing instrument was acknowledged before me this 24<sup>th</sup> day of OCT, 2014 by MIKE CRAFT, who is personally known to me.



Notary of the Public

GARY BARSON  
Printed Name

