

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. PMHV20141131131

Master Permit No. _____

JOB LOCATION	Parcel/Folio: <u>3457 0000 108</u>		CONTRACTOR INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder License# State Cert/Reg.- Prefix: <u>CACA</u> #: <u>29360</u> Company Name: <u>Conditioned Air Corporation</u> Qualifier/Professional Name: <u>Mark Kerney</u> Contact Name: <u>Replacement Department</u> Address: <u>3786 Mercantile Avenue</u> City: <u>Naples</u> State: <u>FL</u> Zip: <u>34104</u> Phone <u>239-643-2445</u> Fax: <u>239-643-0996</u> E-mail Address: <u>replfm@conditionedair.com</u>				
	Job Address: <u>1786 Trade Center Way</u> Owner's Phone No.: <u>239 597 3636</u> Owner's Name: <u>Janet Bilotti Interiors</u> Lot: _____ Block: _____ Unit: <u>5</u> Subdivision: <u>Galleria of Trade Center</u> Township: <u>49</u> Range: <u>25</u> Section: <u>11</u> FEMA: BFE: _____ Flood Zone: _____ SDP/PL: _____ Code Case: _____ COA: _____							
TYPE OF BUILDING PERMIT	<input type="checkbox"/> Alteration <input type="checkbox"/> Convenience Book <input type="checkbox"/> Demo <input type="checkbox"/> Door/Window <input type="checkbox"/> Electric/Low Voltage <input type="checkbox"/> Electric from House <input type="checkbox"/> Fence <input type="checkbox"/> Gas <input type="checkbox"/> Marine <input type="checkbox"/> OTHER _____		TYPE OF FIRE PERMIT	<input type="checkbox"/> Clean Agent System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Hoods <input type="checkbox"/> LP Gas <input type="checkbox"/> Pre-Engineered Fire <input type="checkbox"/> Suppression <input type="checkbox"/> Standpipes <input type="checkbox"/> Spray Booths <input type="checkbox"/> Tents <input type="checkbox"/> Underground Fire Lines				
	<input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Mobile Home <input type="checkbox"/> New Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Re-roof <input type="checkbox"/> Screen Enclosure <input type="checkbox"/> Shutter <input type="checkbox"/> Sign/Flagpole <input type="checkbox"/> Solar							
SUB CONTRACTORS	<input type="checkbox"/> Private Provider <input type="checkbox"/> Roofing <input type="checkbox"/> Septic <input type="checkbox"/> Shutters <input type="checkbox"/> Permit by Affidavit		CONSTRUCTION TYPE	<input type="checkbox"/> Non-sprinkled <input type="checkbox"/> Sprinkled <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB Occupancy Classification(s): _____				
	<input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Low Voltage <input checked="" type="checkbox"/> Mechanical							
PROJECT INFORMATION	Description of Work: <u>A/C System replacement</u>							
	Project Name: <u>Janet Bilotti Interiors</u> Declared Value \$: <u>6745.00</u>							
	<table border="1"> <tr> <th>NEW CONSTRUCTION/ADDITION AREA</th> <th>ALTERATION WORK AREA - SQ. FT.</th> </tr> <tr> <td> If applicable: # Stories/Floors: _____ # Units: <u>1</u> #Tons: <u>5</u> # Bedrooms: _____ # Baths: _____ RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____ COMMERCIAL: # Fixtures: _____ Interior: _____ Exterior: _____ Total: _____ </td> <td> RESIDENTIAL: Living: _____ Non-living: _____ TOTAL SQ. FT.: _____ COMMERCIAL: Interior: _____ Exterior: _____ TOTAL SQ. FT.: _____ </td> </tr> </table>					NEW CONSTRUCTION/ADDITION AREA	ALTERATION WORK AREA - SQ. FT.	If applicable: # Stories/Floors: _____ # Units: <u>1</u> #Tons: <u>5</u> # Bedrooms: _____ # Baths: _____ RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____ COMMERCIAL: # Fixtures: _____ Interior: _____ Exterior: _____ Total: _____
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UTILITIES	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							
	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							
Application/Plans Discrepancies - Customer Acknowledgement of possible rejection for the following missed information: 1. Square footage does not match _____ 2. Occupancy Classification not provided _____ 3. Construction type 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: Conditioned Air Corporation STATE LICENSE NO: CACA29360

QUALIFIER'S NAME (PRINT): Mark Kerney

QUALIFIER'S SIGNATURE: *Mark Kerney*

STATE OF: FL COUNTY OF: Collier

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 4th NOV 2014

WHO IS PERSONALLY KNOWN: ✓ OR AS PRODUCED ID: _____

TYPE OF ID: _____

NOTARY PUBLIC SIGNATURE: *Michael Shannon Baucum*



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.

A/C CHANGE OUT CHECKLIST

Any A/C system installed in a commercial application, i.e. mercantile occupancy, business occupancy, storage occupancy, multi-family (3 units or more) etc., will require a Mechanical and Fire Plan review and inspection. Any A/C change out in a multi-family residential dwelling unit that has a capacity of greater than 2000 cfm per the manufacturer specification sheets will require a Fire Plan Review and Fire Inspection for automatic shut down, smoke detector location and all other applicable codes in accordance with NFPA 90A and/or 90B, 2002 ed. The following checklist is designed to help facilitate a fast and accurate review to the minimum codes established in Florida. The contact information requested below is to expedite an approval process if information is missing or further clarification is needed.

Minimum information required at time of permitting:

Applicant Intake

- ☐ ☐ a) Email address, fax number, phone number. 239-597-3636
- ☐ ☐ b) The approximate date of construction of building. 96
- ☐ ☐ c) The number of floors of building. 2
- ☐ ☐ d) Which floor is this unit located on. 1
- ☐ ☐ e) The square footage of the unit. 2800
- ☐ ☐ f) The average height of the ceiling. 10'
- ☐ ☐ g) Will a new line set be installed? Yes ☐ No ☒
- ☐ ☐ h) What type of protection system will be used to achieve the proper fire rating?
Floor/ceiling ☒ Fire rated wall ☐
- ☐ ☐ i) Details provided of the penetration protection. Yes ☐ No ☐
- ☐ ☐ j) Provide the rated CFM of the equipment per the manufacturer specification sheets as well as tonnages. STON 2000 CFM Provided ☒ Not Provided ☐
- ☐ ☐ k) Is the location of the A/C unit in a plenum rated closet. Yes ☒ No ☒
- ☐ ☐ l) Standard information supplied by contractor.
Provided ☒ Not Provided ☐
- ☐ ☐ m) Submit three (3) sets of plans. Provided ☒ Not Provided ☐

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

IND

Marchese

Foot Door

conf.
on wall
on back of
Building

Frost Center Way