COLLIER COUNTY BUILDING PERMIT REVISION FOR Growth Management Division | 2800 N. Horseshoe Drive, Naples Florida 34104 TEL: 239-252-2400 ☐ Residential 1 or 2 Units (Single Family/Duplex) ☐ Residential 3 or more Units (Multi-family) ☒ Commercial Permit No. __PRBD20150101687 ~~~~~ **⊠**Contractor □Owner Builder CONTRACTOR \ PROFESSION AL Job Address: 15420 Collier Blvd Company Name: DeAngelis Diamond Healthcare Group, LLC OB LOCATION Qualifier/Professional Name: Charles Jason Sain INFORMATION Parcel # / Folio: 25118010022 Contact Name: Michael MIck Address: 6635 Willow Park Drive Owner's Name: Naples Community Hospital Inc. City: Naples ___{State:} FL Phone 239-450-6025 Agent Submitting Revision: Nolen's E-mail Address: halliek@ddhealthcaregroup.com ALL REVISIONS MUST BE "CLOUDED" WITH AN ITEMIZED LIST OF THE SCOPE OF WORK Note: Changes to any exterior portion of the building may result in an architectural review which may require an SDP amendment/change. Please clearly indicate any change to the façade and/or exterior of building. Additional Cost value must be greater than zero dollars (\$0). Description of Work: _Revision for full 61GA review. Project Name: NCH Freestanding ED _____Additional Cost of Construction \$: 150.00Additional SQ. Ft. Living/Interior: N/A ______ Additional SQ. Ft. Non Living/Exterior: N/A Check Trades Affected By Revision (check all applicable trades associated with revision) Private Provider Plumbing ☐ Roofing **x** Electrical ☐ Septic Low Voltage ☐ Shutters Mechanical Permit by Affidavit Structural **Qualifier Acknowledgement of Revision Submittal** COMPANY NAME: DeAngelis Diamond Healthcare STATE LICENSE NO: CGC1518252 QUALIFIER'S NAME (PRINT) : Charles Jason Sain OUALIFIER'S SIGNATURE: ____COUNTY OF COLLIER STATE OF: FLORIDA SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS $\frac{08}{/03}$ / 15 WHO IS PERSONALLY KNOWN: X OR AS PRODUCED ID: vww.AaronNotary.com TYPE OF ID: ____ NOTARY PUBLIC SIGNATUR (SEAL) PLEASE DO NOT WRITE BELOW, FOR STAFF USE ONLY ADDITIONAL FEES: Building: \$_____ Fire: \$____ INSPECTIONS NEEDED: _ _____ Days Review: _____ # Set of Plans: _____ 11/1/14- PMR Date: _

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April 30, 2015

Mr. Jonathan, Chief Building Official Collier County Community Development Services 2800 North Horseshoe Drive Naples, Florida 34104

RE: NCH FSED NE Revised Fire Alarm and Fire Sprinkler Deferral Request Collier County Building Permit Number PRBD 2015 010168701

Mr. Walsh,

DeAngelis Diamond Healthcare Group, NCH healthcare System, Studio + and the 61GA Design Consultant are requesting that the Collier County Building Department defer the fire alarm system and the fire sprinkler system review for the above referenced project. These portions of the project will be submitted separately for your departments review and approval.

This correspondence is based on our telephone conversation earlier today with Mike Levy.

If you have any questions, please contact our onsite Project Manager, Michael A. Mick at mmick@ddhealthcaregroup.com or by telephone at 239 450 6025.

deangelisdiamond.com

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your trusted partner in healthcare construction Charles Jason Sain CGC1518252

Jack Ullrich, Project Manager NCH Healthcare System Theodore Sottong

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Jeffrey Zenoniani, PE

No:

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