

Permit#

PRBD20150204776



SUBCONTRACTOR AFFIRMATION

To be completed by the qualifier working under the General Contractor.

(Circle One Below)

Electrical / Plumbing / Mechanical / Roofing / Septic / Other _____

Company Name R.M. COATS CONSTRUCTION, INC.

State License # CCC 1325731

Qualifier's Name ROBERT COATS

Qualifier's Signature [Signature]

Contractor's Phone # (941) 456-0896 Email RMCOATS2005@yahoo.com

Jobsite Address 9394 Nicolo Ct

Name of General Contractor for Project D.R. Horton Inc.

Attention:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533

STATE OF FLORIDA COUNTY OF SARASOTA

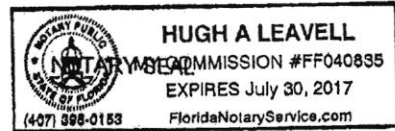
SWORN TO AND SUBSCRIBED BEFORE ME THIS 9 DAY OF JULY, 20 15

NOTARY PUBLIC (CHECK ONE): PERSONALLY KNOWN TO ME X PRODUCED I.D. _____

TYPE OF ID PRODUCED _____

SIGN [Signature]

PRINT HUGH A. LEAVELL



Permit# PRBD20150204776



Growth Management Division
Planning & Regulation
Building Review

SUBCONTRACTOR AFFIRMATION

To be completed by the qualifier working under the General Contractor.

(Circle One Below)

Electrical / Plumbing / Mechanical / Roofing / Septic / Other _____

Company Name SEA BREEZE ELECTRIC INC

State License # EC-0001782

Qualifier's Name MIKE KOZENIESKI

Qualifier's Signature _____

Contractor's Phone # 941-255-5968 Email BRIAN@SEABREEZEELECTRIC.COM

Jobsite Address 9394 Nicolo Ct

Name of General Contractor for Project D. R. Horton Inc

Attention:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533

STATE OF FLORIDA COUNTY OF CHARLOTTE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 11 DAY OF MAY, 20 15

NOTARY PUBLIC (CHECK ONE): PERSONALLY KNOWN TO ME X PRODUCED I.D. _____

SIGN Brian W. White TYPE OF ID PRODUCED _____

PRINT BRIAN W WHITE



Permit# PRBD20150204776



SUBCONTRACTOR AFFIRMATION

To be completed by the qualifier working under the General Contractor.

(Circle One Below)

Electrical Plumbing / Mechanical / Roofing / Septic / Other _____

Company Name SOUTH FLORIDA PLUMBING

State License # CFC 041717

Qualifier's Name GARY HANES

Qualifier's Signature Doug F. Dizon

Contractor's Phone # 29643-2431 Email SOUTH FLORIDA PLUMBING @ gmmpl.com

Jobsite Address 9394 Nicolo Ct

Name of General Contractor for Project D. R. horton Inc

Attention:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533

STATE OF FLORIDA COUNTY OF COLLIER

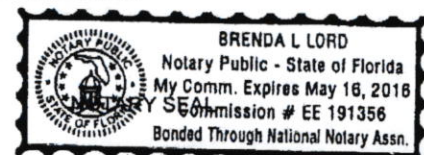
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC (CHECK ONE): PERSONALLY KNOWN TO ME ☒ PRODUCED I.D. _____

TYPE OF ID PRODUCED _____

SIGN Brenda L Lord

PRINT BRENDA L LORD



Permit# PRBD20150204776



SUBCONTRACTOR AFFIRMATION

To be completed by the qualifier working under the General Contractor.

(Circle One Below)

Electrical / Plumbing / Mechanical / Roofing / Septic / Other _____

Company Name DeSear Air Conditioning

State License # CAC1815468

Qualifier's Name Chad DeSear

Qualifier's Signature [Signature]

Contractor's Phone # 239-793-2408 Email Accounting@desearairconditioning.com

Jobsite Address 9394 Nicolo Ct

Name of General Contractor for Project D. R. Horton Inc

Attention:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533

STATE OF Florida COUNTY OF Collier

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC (CHECK ONE): PERSONALLY KNOWN TO ME ☒ PRODUCED I.D. _____

TYPE OF ID PRODUCED _____

SIGN [Signature]

PRINT Terri L. Poli



PERMIT # _____
TAX FOLIO NUMBER 53264300166

NOTICE OF COMMENCEMENT

STATE OF Florida
COUNTY OF Collier

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

1. **DESCRIPTION OF PROPERTY:** (LEGAL DESCRIPTION OF THE PROPERTY AND STREET ADDRESS IF AVAILABLE)

9394 Nicolo Ct lot 7 Fiddlers Creek

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

Single Family Residential, pool, screen enclosure

3. **OWNER INFORMATION:** A. NAME: D.R. Horton, Inc.

B. ADDRESS: 10541 Ben C Pratt Six Mile Cypress Pkwy Fort Myers 33966

C. INTEREST IN PROPERTY: owner

C. NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

4. **CONTRACTOR INFORMATION:** (NAME, ADDRESS & PHONE NO):

D.R. Horton, Inc. 10541 Ben C Pratt Six Mile Cypress Pkwy Fort Myers 33966 (239) 225-2600

5. **SURETY:** (NAME, ADDRESS, PHONE NO. & BOND AMOUNT):

N/A

\$ _____

6. **LENDER INFORMATION:** (NAME, ADDRESS & PHONE NO):

N/A

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, ADDRESS & PHONE NO: Carol Good, 10541 Ben C Pratt Six Mile Cypress Pkwy Fort Myers 33966

8. IN ADDITION TO HIMSELF/HERSELF, OWNER DESIGNATES THE FOLLOWING TO RECEIVE A COPY OF THE LIENORS NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES: (NAME, ADDRESS & PHONE NO):

Christian Gausman, 1245 S. Military Trl, Ste 100, Deerfield Beach FL 33442, (954) 949-3000

9. EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED) _____

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 PENALTIES 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 (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE; OR, OWNER'S OR
LESSEE'S AUTHORIZED AGENT

Jonathon Pentecost
PRINTED NAME

D.R. Horton, Inc - Division President
COMPANY NAME AND TITLE

STATE OF FL, COUNTY OF Lee SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 10 DAY OF Dec, 2014, BY Jonathon Pentecost (NAME OF PERSON MAKING STATEMENT),
PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION _____, TYPE OF IDENTIFICATION _____
Donelle [Signature] (SIGNATURE OF NOTARY PUBLIC)
(PRINT OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC)

Prepared by Gayla Scott



CHARISSE A. HANDEGREN
MY COMMISSION # EE 17213
EXPIRES: June 22, 2015