

COLLIER COUNTY BUILDING PERMIT APPLICATION

Growth Management Division | 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. PMB020166622234 Master Permit No. _____

JOB LOCATION	Parcel/Folio: <u>25180100480</u>		<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder	
	Job Address: <u>8855 Immokalee Rd #12</u>		License# State Cert/Reg. - Prefix: <u>ES</u> #: <u>12000722</u>	
TYPE OF BUILDING PERMIT	Owner's Phone No.: _____		Company Name: <u>Iron Identity Solution</u>	
	Owner's Name: <u>7/3 Bank</u>		Qualifier/Professional Name: <u>Grant McGuire</u>	
	Lot: <u>724</u> Block: _____ Unit: _____		Contact Name: <u>Cindy</u>	
	Subdivision: <u>Cameron Commercial</u>		Address: <u>14055 46th St N #1108</u>	
	Township: <u>48</u> Range: <u>26</u> Section: <u>23</u>		City: <u>Clearwater</u> State: <u>FL</u> Zip: <u>33762</u>	
	FEMA: BFE: _____ Flood Zone: _____		Phone: <u>813 907 8000</u> Fax: <u>813 907 8088</u>	
SUB CONTRACTORS	SDP/PL: _____		E-mail Address: <u>perpermits@aol.com</u>	
	Code Case: _____ COA: _____			
TYPE OF FIRE PERMIT	<input type="checkbox"/> Alteration <input type="checkbox"/> Mechanical <input type="checkbox"/> Clean Agent System <input type="checkbox"/> LP Gas <input type="checkbox"/> Convenience Book <input type="checkbox"/> Mobile Home <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Pre-Engineered Fire <input type="checkbox"/> Demo <input type="checkbox"/> New Construction <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Suppression <input type="checkbox"/> Door/Window <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Standpipes <input type="checkbox"/> Electric/Low Voltage <input type="checkbox"/> Pool <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Spray Booths <input type="checkbox"/> Electric from House <input type="checkbox"/> Re-roof <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Tents <input type="checkbox"/> Fence <input type="checkbox"/> Screen Enclosure <input type="checkbox"/> Hoods <input type="checkbox"/> Underground Fire Lines <input type="checkbox"/> Gas <input type="checkbox"/> Shutter <input type="checkbox"/> Sign/Flagpole <input type="checkbox"/> Marine <input type="checkbox"/> Solar OTHER: _____			
	<input type="checkbox"/> Private Provider <input type="checkbox"/> Plumbing <input type="checkbox"/> Non-sprinkled <input type="checkbox"/> Sprinkled <input type="checkbox"/> Roofing <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> Septic <input type="checkbox"/> Low Voltage <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> Shutters <input type="checkbox"/> Mechanical <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/> Permit by Affidavit		Occupancy Classification(s): _____	
PROJECT INFORMATION	Description of Work: <u>Install Illuminated Wall Sign on South Elevation and connect to Electric.</u>			
	Project Name: <u>Quest Diagnostics</u> Declared Value \$: <u>4,500.00</u>			
	NEW CONSTRUCTION/ADDITION AREA		ALTERATION WORK AREA - SQ. FT.	
	If applicable: # Stories/Floors: _____ # Units: _____ #Tons: _____ # Bedrooms: _____ #Baths: _____ RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____ COMMERCIAL: Interior: _____ Exterior: _____ Total sq. ft.: _____ #Fixtures: _____ Interior: _____ Exterior: _____ Total: _____		RESIDENTIAL: Living: _____ Non-living: _____ TOTAL SQ. FT.: _____ COMMERCIAL: Interior: _____ Exterior: <u>50.90</u> TOTAL SQ. FT.: _____	
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 discrepancies _____ 2. Occupancy Classification/Construction type not provided _____				
3. Required documents not certified _____ 4. Incomplete Plan Sets or Drawings _____ 5. Sets not identical _____				

Nov. 1, 2014- PMR Date: _____ Days Review: 5 # Set of Plans: 2

Quest

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: Iron Identity Solutions STATE LICENSE NO: ESB0000722

QUALIFIER'S NAME (PRINT): Grant McGuire

QUALIFIER'S SIGNATURE: Grant McGuire

STATE OF: Florida COUNTY OF: Pinellas

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 5/5/16

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

TYPE OF ID: _____

NOTARY PUBLIC SIGNATURE: Melissa Leski



(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 SEE A PROFESSIONAL ADVISE.

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 Repairs or 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.

Quest

Sign Detail Affirmation Worksheet

Sign status: ☒ New ☐ Reface Existing Sign

Type of sign:

☒ Wall ☐ Ground ☐ Pole
☐ Awning ☐ Canopy ☐ Directory
☐ Flagpole ☐ Real Estate ☐ Construction

Other: _____

Sign Copy: Logo Quest Diagnostics

Number of signs: one ☒ Single Face ☐ Double Face ☐ V-shaped

Square Ft. Sign #1 50.90⁺ ☒ Sign #1 Electric ☐ Non-electric

Square Ft. Sign #2 _____ ☐ Sign #2 Electric ☐ Non-electric

Property Status: ☒ Improved ☐ Unimproved

Sign Classification: ☒ Onsite ☐ Off-Site

Existing Sign Status: ☒ Conforming ☐ Legal Non-conforming

Are there any signs existing on the subject property? ☐ YES ☐ NO

If there are any signs existing on this subject parcel, a plan shall be submitted showing type, height, area and location of all such signs. This information may be incorporated into the site plan and/or elevation drawing (s) required to obtain the permit for the proposed sign (s).

★ Qualifiers Signature: Brandon Lewis

Quot

Permit# _____



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 Icon Identity Solutions

State License # FS12000722

Qualifier's Name Grant McGuire

★ Qualifier's Signature Grant McGuire

Contractor's Phone # 813-907-8000 Email forpermits@aol.com

Jobsite Address 8855 Immohakee Rd Unit 12

Name of General Contractor for Project Icon Identity Solutions

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 Pineles

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF May, 20 16

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

TYPE OF ID PRODUCED _____

SIGN Melissa Leski

PRINT Melissa Leski



NOTARY SEAL



Cameron Partners LLC

11586 Quail Village Way
Naples, Florida 34119

Telephone 239-860-2317
e-mail carollocarr@aol.com

May 3, 2016

Collier County
2800 N Horseshoe Drive
Naples, FL 34104

Re: Quest Diagnostics
8855 Immokalee Rd
Naples, FL

To whom it may concern,

Please accept this letter to allow Icon Identity Solutions to pull permits and install signs for the above listed location. If you have any questions please feel free to give me a call.

Sincerely,

T. P. Carollo
Thomas Carollo

State of Florida
County of Collier

The foregoing instrument was acknowledged before me on this 6th day of May 2016 by THOMAS CAROLLO who is personally known to me or who produced _____ as identification.

Signature of

Notary Donna M. Thrush Stamp:

