

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. PKBD20160831952

Master Permit No. _____

JOB LOCATION	Parcel/Folio: 47790160307		CONTRACTOR INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder License# State Cert/Reg.- Prefix: SCC #: 131150248 Company Name: Fabri-Tech Screen Enclosures, Inc. Qualifier/Professional Name: Danny Mitchell Contact Name: Shelly Address: 5755 Corporation Circle City: Ft Myers State: FL Zip: 33905 Phone 239-772-9825 Fax: 239-772-2261 E-mail Address: smmarshall@fabritechscreens.com	
	Job Address: 2156 Canna Way Owner's Phone No.: 398-1016 Owner's Name: Jeff & Colleen Schaper Lot: 14 Block: na Unit: na Subdivision: Grey Oaks Township: 49 Range: 25 Section: 25 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 _____	<input 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 checked="" type="checkbox"/> Screen Enclosure <input type="checkbox"/> Shutter <input type="checkbox"/> Sign/Flagpole <input type="checkbox"/> Solar	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
	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): _____	
PROJECT INFORMATION	Description of Work: Pool Enclosure Project Name: Schaper Declared Value \$: 58,710				
	NEW CONSTRUCTION/ADDITION AREA If applicable: # Stories/Floors: na # Units: na #Tons: na # Bedrooms: na #Baths: na RESIDENTIAL: Living: na Non-living: na Total sq. ft.: na COMMERCIAL: #Fixtures: na Interior: na Exterior: na Total: na			ALTERATION WORK AREA - SQ. FT. RESIDENTIAL: Living: na Non-living: 3210 TOTAL SQ. FT.: 3210 COMMERCIAL: Interior: na Exterior: na TOTAL SQ. FT.: na	
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 na 2. Occupancy Classification not provided na 3. Construction type not provided na 4. No Certified site plans na				

JUNE 2, 2014 ddp – PMR Date: _____ Days Review: 5 # Set of Plans: 2

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: Fabri-Tech Screen Enclosures STATE LICENSE NO: SCC131150248

QUALIFIER'S NAME (PRINT): Danny Mitchell

QUALIFIER'S SIGNATURE: _____

STATE OF: FL COUNTY OF: Collier

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 4th / Aug / 2016

WHO IS PERSONALLY KNOWN: XX OR AS PRODUCED ID: na

TYPE OF ID: na

NOTARY PUBLIC SIGNATURE: _____



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.

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)

Grey Oaks Unit nineteen Lot 14

2. General description of improvement:

Build pool Colonnade / Screen cage

3. Owner Information:

a. Name and address:

Jeffrey & Colleen Schaper

b. Interest in property:

Owner

c. Name and address of fee simple titleholder (if other than Owner):

4.a. Contractor: (name and address)

Fabri tech screening Enclosures, LLC

b. Contractor's phone number:

232-722-9825

5. Surety

a. Name and Address:

N/A

b. Phone number:

c. Amount of bond:

6a. Lender: (name and address)

N/A

b. Lender's phone number:

7a. 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: (name and address)

b. Phone numbers of designated persons:

8a. In addition to himself or herself, Owner designates _____ of _____

to receive a copy of Lienor's Notice as provided in Section 713.13 (1)(b) Florida Statutes.

b. Phone number of person or entity designated by owner:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) 10/15/16

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.

X John J. Schaper
(Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager)

OWNER
(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this 10th day of May, 2016 (year), by John J. Schaper (name of person) as Owner (type of authority, ...e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

DWIGHT E BROCK, CLERK OF CIRCUIT COURT

(Signature of Deputy Clerk)

(Printed name of Deputy Clerk)



Jean T Manos
(Signature of Notary Public - State of Florida)

JEAN T. MANOS
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____

Verification pursuant to Section 92.525, Florida Statutes, Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

(Signature of Natural Person Signing Above)