

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. PLB20170204768

Master Permit No. _____

JOB LOCATION	Parcel/Folio: <u>22671005344</u> Job Address: <u>5250 CLANCY AVE</u> Owner's Phone No.: <u>239 530 8021</u> Owner's Name: <u>Ave Maria University</u> Lot: _____ Block: _____ Unit: _____ Subdivision: <u>Ave Maria PHASE ONE</u> Township: <u>47S</u> Range: <u>29E</u> Section: <u>5, 32</u> FEMA: BFE: <u>748</u> Flood Zone: _____ SDP/PL: <u>6432</u> Code Case: _____ COA: _____		CONTRACTOR INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder License# State Cert/Reg.- Prefix: <u>CBC</u> #: <u>1261473</u> Company Name: <u>Regional Construction Services, Inc.</u> Qualifier/Professional Name: <u>Michael A. Mastandrea</u> Contact Name: <u>Michael Mastandrea</u> Address: <u>5064 Annunciation Circle #104</u> City: <u>Ave Maria</u> State: <u>Florida</u> Zip: <u>34142</u> Phone <u>239 530 8021</u> Fax: <u>888 676 2687</u> E-mail Address: <u>mmastandrea@rcs-usa.net</u>	
	TYPE OF BUILDING PERMIT <input type="checkbox"/> Alteration <input type="checkbox"/> Mechanical <input type="checkbox"/> Convenience Book <input type="checkbox"/> Mobile Home <input type="checkbox"/> Demo <input type="checkbox"/> New Construction <input type="checkbox"/> Door/Window <input type="checkbox"/> Plumbing <input type="checkbox"/> Electric/Low Voltage <input type="checkbox"/> Pool <input type="checkbox"/> Electric from House <input type="checkbox"/> Re-roof <input checked="" type="checkbox"/> Fence <input type="checkbox"/> Screen Enclosure <input type="checkbox"/> Gas <input type="checkbox"/> Shutter <input type="checkbox"/> Marine <input type="checkbox"/> Sign/Flagpole OTHER _____ <input type="checkbox"/> Solar			TYPE OF FIRE PERMIT <input type="checkbox"/> Clean Agent System <input type="checkbox"/> LP Gas <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Pre-Engineered Fire <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Suppression <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Standpipes <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Spray Booths <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Tents <input type="checkbox"/> Hoods <input type="checkbox"/> Underground Fire Lines	
SUB CONTRACTORS	<input type="checkbox"/> Private Provider <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Electrical <input type="checkbox"/> Septic <input type="checkbox"/> Low Voltage <input type="checkbox"/> Shutters <input type="checkbox"/> Mechanical <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: <u>1000' temporary 6' chain link fence</u> Project Name: <u>AMU MTB</u> Declared Value \$: <u>8,000</u> NEW CONSTRUCTION/ADDITION AREA If applicable: # Stories/Floors: _____ # Units: _____ #Tons: _____ # Bedrooms: _____ #Baths: _____ RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____ COMMERCIAL: #Fixtures: _____ Interior: _____ Exterior: _____ Total: _____			ALTERATION WORK AREA - SQ. FT. RESIDENTIAL: Living: _____ Non-living: _____ TOTAL SQ. FT.: _____ COMMERCIAL: Interior: _____ Exterior: _____ TOTAL SQ. FT.: _____	
UTILITIES	SEWAGE: <input type="checkbox"/> Septic <input checked="" 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 checked="" 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: 4

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: Regional Construction Services, Inc. STATE LICENSE NO: CBC 1261473

QUALIFIER'S NAME (PRINT): Michael A. Mastandrea

QUALIFIER'S SIGNATURE: [Signature]

STATE OF: Florida COUNTY OF: Collier

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 2 / 8 / 17

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

TYPE OF ID: FL DL

NOTARY PUBLIC SIGNATURE: [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.

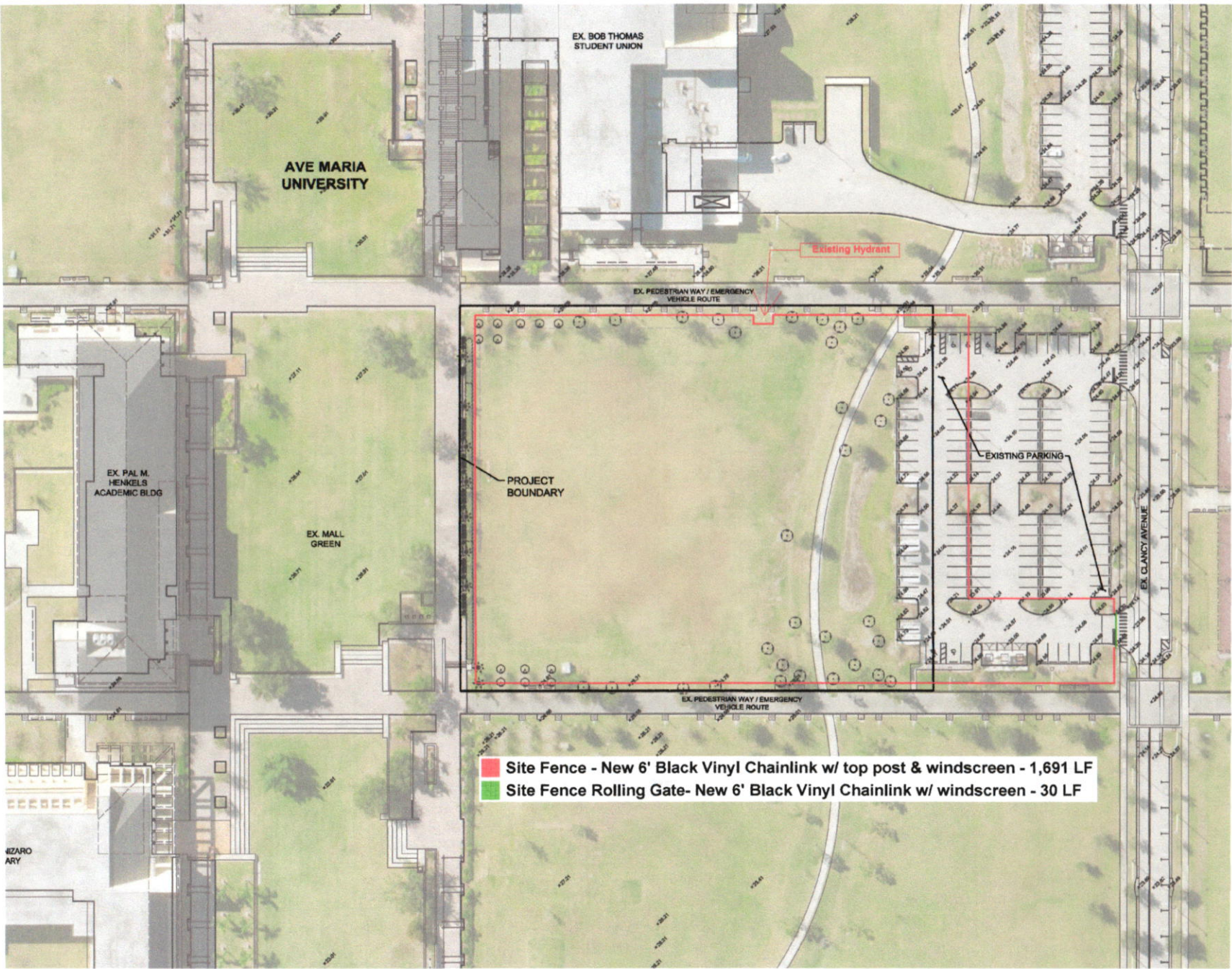
WARNING ON WORK IN COUNTY RIGHT-OF-WAYS

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 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.



PROJECT:

MOTHER TERESA BUILDING

TITLE:

AERIAL WITH EXISTING CONDITIONS

REVISIONS:

No.	Revision	Date

NOTES:

DATUM CONVERSION
ALL ELEVATIONS SHOWN ARE IN FT-NAVD
CONVERT ELEV. TO NAVD = -0.00
CONVERT ELEV. TO NGVD = +1.20'

PROFESSIONAL SEALS:
PROFESSIONAL ENGINEER: JOHN ENGLISH, P.E.
FLORIDA LICENSE NUMBER: 56171

NOT FOR CONSTRUCTION
PERMITTING PROCESS INCOMPLETE