### COLLIER COUNTY BUILDING PERMIT APPLICATION Growth Management Department | 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

Per	Permit No. 123020170625249		Master Permit No			
a	Parcel/Folio: 00438680209		Contractor Design Professional Owner Builder			
Po	Job Address: 7729 COLLIER BLVD. UNIT 504 & 505	CONTRACTOR INFORMATION	License# State Cert/Reg Prefix: ES #: 12001222			
	Owner's Phone No.: Owner's Name: <u>SD</u> TRACT 22 LLC		Company Name: PREMIER SIGN & SERVICE, INC.			
NO			Qualifier/Professional Name: ABNER ALTAMAR			
JOB LOCATION	Lot:Block: 00 8 Unit: 504 & 505		Contact Name: ABNER ALTAMAR			
	Subdivision:		Address: 7716 6TH PLACE			
B I	Township: <u>SO</u> Range: <u>26</u> Section: <u>2</u>	CTO	City: LEHIGH ACRES State: FL Zip: 33936			
JC	FEMA: BFE:Flood Zone:	RA	Phone 239-223-9470 Fax:			
	SDP/PL:		E-mail Address: AALTAMAR97@GMAIL.COM			
	Code Case:COA:	U N				
9	Alteration Mechanical Convenience Book Mobile Home		Clean Agent System			
OF BUILDING PERMIT	Demo New Construction	OF FIRE RMIT	Fire Alarm Monitoring Suppression			
III	Door/Window Plumbing Electric/Low Voltage Pool	FI	Fire Pumps Standpipes			
OF BUIL PERMIT	Electric from House	PE OF FI PERMIT	Forse Sprinkler System Spray Booths Tents			
E O PI	Gas Screen Enclosure	TYPE	Hoods Underground Fire Lines			
TYPE	Marine Sign/Flagpole	H				
	OTHER Solar					
S	Private Provider Plumbing	7	Non-sprinkled Sprinkled			
OR	Roofing Electrical	IOL				
B	Septic Low Voltage	E C				
SUB	Shutters Mechanical	TYPE				
SUB CONTRACTORS	Permit by Affidavit	CONSTRUCTION TYPE				
Ŭ		Õ	Occupancy Classification(s):			
	Deceription of Work MASSAGE LUXE / INSTALL ILI					
	Description of Work: MASSAGE LUXE / INSTALL ILLUMINATED CHANNEL LETTERS ON STORE FRONT					
7						
NOL						
IAT	Project Name: MASSAGE LUXE Declared Value \$: 2400					
PROJECT INFORMAT						
ίFΟ	NEW CONSTRUCTION/ADDITION AREA		ALTERATION WORK AREA - SQ. FT.			
LIN	If applicable: # Stories/Floors: # Units:	#Tons:_				
EC	# Bedrooms:#Baths:		RESIDENTIAL: Living: Non-living:			
fo	RESIDENTIAL: Living:Non-living:To					
PR			COMMERCIAL:			
	COMMERCIAL:		Interior:Exterior:			
	#Fixtures:Interior:Exterior:		Total: TOTAL SQ. FT.:			
	SEWAGE:	<b>a</b>	Califar Cata City C Immakalan C Oranga Tran C Other			
IES	Service: Ave Maria City of Naples Collier County Golden Gate City Immokalee Orange Tree Other WATER SUPPLY:					
UTILITIES	Well Ave Maria City of Naples Collier County Golden Gate City Immokalee Orange Tree Other					
UT	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.	Nov. 1, 2014- PMR Date: Days Review:# Set of Plans:					

### **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 De partment 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: PREMIER SIGN & SERVICE, INC. STATE LICENSE NO: ES12001222				
QUALIFIER'S NAME (PRINT) : ABNER ALTAMAR				
QUALIFIER'S SIGNATURE:				
STATE OF: FICTION COUNTY OF: COILIEF				
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS $06.28.10$				
WHO IS PERSONALLY KNOWN:OR AS PRODUCED ID:				
TYPE OF ID: FLOW Bended Thru Budget Notary Services				
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 IMPAR THE LANDOW NER'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 K PROFESSIONAL ADVICE.

#### WARNING ON WORK IN COUNTY RIGHT-OF-WAYS

THIS PERMIT DOES NOT AUTHORIZE CONSTRUCTION OR INSTALL ATION OF ANY STRUCTURE OR UTILITY, ABOVE OR BELOW GROUND, WITHIN ANY RIGHT- OF-W AY 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.

## **Sign Detail Affirmation Worksheet**

Sign status: New Reface Existing Sign								
Type of sign:								
Wall	Gro	und	Dole					
Awning	Can	ору	Directory					
Flagpole	Real	Estate	Construction					
Other:								
Sign Copy: MASSAGE LUXE								
Number of signs:		Single Face	Double Face : V-shaped					
Square Ft. Sign #1	quare Ft. Sign #1 80.5		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-co	nforming					
Are there any signs existing on the subject property?								

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).

In an Qualifiers Signature:

10/17/2013



# **COLLIER COUNTY GOVERNMENT**

COMMUNITY DEVELOPMENT AND ENVIRONMENTAL SERVICES DIVISION

Building Review and Permitting Department 2800 North Horseshoe Drive Naples, Florida 34104

Date: 6/19/2017

This letter is to notify Co	llier County that	BRIAN STOCK	the
-	-	(Name of Owner or Manager	
OWNER	of	SD TRACT 22, LLC	approves
(Title)		upplotos	
the signage at	7729 COLLIE	CR BLVD, SUITE 504/505	and
	(Add	lress of Sign)	unu

gives SignPro Graphics Inc. authorization to install signage.

Property Owner Manager:	BRIAN STOCK, MANAGER
(Circle One)	(Print Name and Title)
Signature: Brien Stock	
(	JUDITH M SEALE Notary Public - State of Florida Commission # GG 027265 My Comm. Expires Sep 28, 2020 Bonded through National Notary Assn.
State of Florida County of	
The foregoing instrument was ackr	nowledged before me this $\frac{\partial D^{\mathcal{T} \mathcal{V}}}{\partial \mathcal{D}}$ day of
June, 20/7, by Br	ian Stock who is personally
known to me or has produced	as identification.
A. E.H. M. Com	t ill the same

hature of Notary Public)

Judith M SENCE

(Print, Type or Stamp Name of Notary)