



## CHANGE OF CONTRACTOR

Permit Number: PRBD20170624531

E-mail: \_\_\_\_\_

Date: 07/19/17

Contractor's Licenses No.: 1515995

Job Address: 771 Collier Blvd.

Unit 108, Naples, FL 34114

Please select one or more of the following options below:

☒ Change of Contractor

☐ Change of Sub-Contractors

☐ Change of Owner Builder

### ORIGINAL CONTRACTOR:

John R. Varsames, GGC

Printed Name of Original Contractor

Original Contractor's Signature

Printed Business Name: The Construction Manager Inc Phone #: 855 957 5900

Original Contractor Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Seal

### CHANGE TO NEW CONTRACTOR:

Dr. Haytham Mahmoud, PE GGC

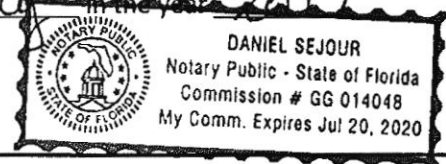
Printed Name of New Contractor

New Contractor's Signature

Printed Business Name: Global Construction Phone #: 239 405 5159

New Contractor Subscribed and Sworn to before me this 19 day of July in the year 2017

Signature of Notary Public: Daniel Sejour Seal



### OWNER/GENERAL CONTRACTOR:

Saki Japanese Kitchen Inc.

Printed Name of Owner/General Contractor

Owner's/General Contractor's Signature

Phone #: \_\_\_\_\_

Owner/Contractor Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Seal

Please fax or email your change of contractor to the following:

Collier County Fax No: (239) 252-2334

E-mail: [PermittingPlanReview@colliergov.net](mailto:PermittingPlanReview@colliergov.net)



## CHANGE OF CONTRACTOR

Permit Number: PRBD20170624531

E-mail: \_\_\_\_\_

Date: _____ Contractor's Licenses No.: _____ Job Address: _____ _____	Please select one or more of the following options below: <input checked="" type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Sub-Contractors <input type="checkbox"/> Change of Owner Builder
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### ORIGINAL CONTRACTOR:

John R. Varsames  
Printed Name of Original Contractor

\_\_\_\_\_  
Original Contractor's Signature

Printed Business Name: The Construction Managers Phone #: 855-957-5900

Original Contractor Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Seal

### CHANGE TO NEW CONTRACTOR:

Dr. Haytham Mahmoud  
Printed Name of New Contractor

\_\_\_\_\_  
New Contractor's Signature

Printed Business Name: Global Construction Phone #: 239-405-5159

New Contractor Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Seal

### OWNER/GENERAL CONTRACTOR:

CHUN ZHAO  
Printed Name of Owner/General Contractor

[Signature]  
Owner's/General Contractor's Signature

Phone #: 864-905-6177

Owner/Contractor Subscribed and Sworn to before me this 19th day of July in the year 2017.

Signature of Notary Public: [Signature] Seal

Please fax or email your change of contractor to the following:

Collier County Fax No: (239) 252-2334

E-mail: [PermittingPlanReview@colliergov.net](mailto:PermittingPlanReview@colliergov.net)



## CHANGE OF CONTRACTOR PROCEDURE

A Change of Contractor(s) on an issued permit(s) is requested by the Owner of record or the contractor for the permit and is accomplished in accordance with the Florida Building Code. A building permit issued to a licensed contractor by the Building Review & Permitting Department may be transferred to a NEW Licensed Contractor or owner builder to complete the construction. Prior to the actual transfer of the building permit from the Original contractor to the NEW contractor or owner builder a Change of Contractor Form must be notarized and submitted.

### Owner Requested Change of Contractor or Sub-Contractor:

When an Owner requests a Change of Contractor, the Owner shall submit a completed Change of Contractor Form to the Building Review and Inspections Department stating the reason for the change being requested.

In addition, the Owner shall submit proof to the Building Official that the contractor on record for the subject permit has been notified of intent to change the contractor. The proof shall be either a copy of a certified registered letter sent to the contractor by the Owner together with a copy of the Domestic Return Receipt for Certified Mail (see sample below), or the notarized Change of Contractor signed by the Original Contractor making them aware of and has no objection to the Change of Contractor request.

### QUALIFIERS 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 Division 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**

**Sample Domestic Return Receipt**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. <input type="checkbox"/> Registered Mail <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: John Q. Propertyowner 123 Any Street Wilton Manors, FL 33305		<p>2. Article Number (Transfer from service label) 0000012345678900000</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 105595-02-01-1040</p>	

When an Owner or General Contractor requests a Change of Sub-Contractor, the procedures as stated above apply.

Any portion of work already covered by the contractor or sub-contractor shall be suspended and no further inspections performed until a new contractor or sub-contractor has been associated to the permit.

**Fees:** Processing fees will apply if permit has been issued – Any applicable fees are per the CC Growth Management Department/Planning and Regulations Fee Schedule

### Contractor Request to Withdraw from a Permitted Job:

When a contractor wants to withdraw from a permitted job without canceling the permit, the contractor shall submit proof to the Building Official that the Owner of record has been notified, and submit a Change of Contractor form.

July 18, 2017

To: Whom it may concern or John R. Varsames

I, Chun Zhao the owner of Saki, is writing this letter to inform you that you will no longer be the General Contractor or have any duties or involvements pertaining to Saki Japanese Restaurant located at 7711 Collier Blvd Unit#108 Naples F.L. 34114, as of 3 weeks ago or as soon as today. I am also informing you not to pick up the permit from Collier county when it's ready.

Sincerely,



County: Collier  
State: Florida

I certify that this is a true  
signature of Chun Zhao, on July 18, 2017





Chun Zhao

8595 Collier Blvd #105

Naples FL 34114

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7014 0510 0000 6913 2203



To: The Construction Managers Inc  
John R. Vargames  
5629 Strand Blvd #410  
Naples Florida 34110

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

5629 Strand Blvd #410  
Naples FL 34110

2. Article Number  
(Transfer from service label)

7014 0510 0000 6913 2203

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

5629 Strand Blvd #410  
Naples FL 34110

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Actin* *Stut*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/20/17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0000 6913 2203

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

FL 334

20 JUL '17

PM 11



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

8595 Collier Blvd #105

Naples FL 34114

