

COLLIER COUNTY BUILDING PERMIT EXTENSION or RE-ACTIVATION FORM

Growth Management Department | 2800 N. Horseshoe Drive, Naples Florida 34104 TBL: 239-252-2400
Collier County Fax No: (239) 252-6318 E-mail: GMDPermitExtension@collier.gov.net

Permit No. PRHV2017000101182

Primary Permit No. (if applicable): _____

JOB LOCATION	Job Address: <u>3470 Club Center Blvd.</u> Parcel # / Folio: <u>32432403900</u> Owner's Name: <u>Fiddler's Creek Foundation</u> Agent Submitting Request: _____	CONTRACTOR / PROFESSIONAL INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner Builder <input type="checkbox"/> Design Professional Company Name: <u>TWC Services, Inc.</u> Qualifier/Authorized Signatory: <u>James B Roberts</u> Contact Name: <u>Jim Roberts</u> Address: <u>12590 Metro Parkway</u> City: <u>Fort Myers</u> State: <u>FL</u> Zip: <u>33966</u> Phone: <u>239-275-4777</u> Fax: <u>239-275-1147</u> E-mail Address: <u>Jim.roberts@twcservices.com</u>
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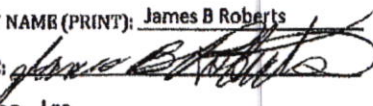
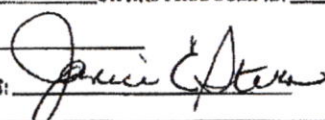

Date of Request: 07/25/2017 Original Permit Expiration Date: 06/13/2017 Has work commenced? Yes ☒ No ☐
 Type of Request:

- ☐ Active Permit Extension: Permits in an active status (Issued, Inspections Commenced) may be extended for 90 days with approval of Building Review Staff. Payment of Permit Extension fee is required before any inspections can be scheduled.
- ☒ Reactivate an Expired Permit - Expired up to 180 Days: Requests for re-activation of permits in an expired status require the approval of Building Review staff. These Permits can be extended for 90 days pending approval and payment of Permit Extension fee is required before any inspections can be scheduled.
- ☐ Reactivate an Associated or Accessory Permit: Must reference valid primary permit above.
- ☐ Reactivate an Expired Permit - Greater than 180 Days: PERMITS EXPIRED FOR MORE THAN 180 DAY MAY NOT BE RE-ACTIVATED, A NEW PERMIT APPLICATION IS REQUIRED. If there are extenuating circumstances, the request will require prior approval by the Building Official before being processed.

Justification for extension request:

~~Job completed need to have open to get final inspection,~~

No. of previous extensions: 0

COMPANY NAME: <u>TWC Services, Inc.</u> STATE LICENSE NO: <u>CAC1818293</u>	
QUALIFIER/AUTHORIZED SIGNATORY NAME (PRINT): <u>James B Roberts</u>	
QUALIFIER/AUTHORIZED SIGNATURE: 	
STATE OF: <u>FL</u>	COUNTY OF: <u>Lee</u>
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS <u>7/25/17</u> WHO	
IS PERSONALLY KNOWN: <input checked="" type="checkbox"/> OR HAS PRODUCED ID: <u>N/A</u>	
TYPE OF ID: _____	
NOTARY PUBLIC SIGNATURE: 	

PLEASE DO NOT WRITE BELOW FOR STAFF USE ONLY

Extension/Re-Activation

- ☐ Approved - Extension Period: 90 days
- ☐ Denied - Reason: _____