

COLLIER COUNTY BUILDING PERMIT REVISION FORM

Growth Management Division | 2800 N. Horseshoe Drive, Naples Florida 34104 TEL: 239-252-2400

☒ Residential 1 or 2 Units (Single Family/Duplex) ☐ Residential 3 or more Units (Multi-family) ☐ Commercial

Permit No. PRBD20170518047 / 02

JOB LOCATION	Job Address: <u>3005 Aviamar Cir, Lot 17</u>	CONTRACTOR / PROFESSIONAL INFORMATION	<input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner Builder
	Parcel # / Folio: <u>59540002140</u>		Company Name: <u>Lennar Homes, LLC</u>
	Owner's Name: <u>Lennar Homes, LLC</u>		Qualifier/Professional Name: <u>Darin McMurray</u>
	Agent Submitting Revision: <u>Maria Talluto</u>		Contact Name: <u>Maria Talluto</u>
			Address: <u>14081 Six Mile Cypress Pkwy</u>
	City: <u>Ft Myers</u> State: <u>FL</u> Zip: <u>33966</u>		Phone: <u>931-4779</u> Fax: <u>278-1396</u>
			E-mail Address: <u>maria.talluto@lennar.com</u>

ALL REVISIONS MUST BE "CLOUDED" WITH AN ITEMIZED LIST OF THE SCOPE OF WORK

Note: Changes to any exterior portion of the building may result in an architectural review which may require an SDP amendment/change. Please clearly indicate any change to the façade and/or exterior of building. Additional Cost value must be greater than zero dollars (\$0).

Description of Work: Revised Energy Calcs

Project Name: Fiddler's Creek Additional Cost of Construction \$: \$200

Additional SQ. Ft. Living/Interior: _____ Additional SQ. Ft. Non Living/Exterior: _____

Check Trades Affected By Revision (check all applicable trades associated with revision)

<input type="checkbox"/> Private Provider <input type="checkbox"/> Roofing <input type="checkbox"/> Septic <input type="checkbox"/> Shutters <input type="checkbox"/> Permit by Affidavit	<input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Low Voltage <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Structural
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Qualifier Acknowledgement of Revision Submittal

COMPANY NAME: LENNAR HOMES, LLC STATE LICENSE NO: CBC038894

QUALIFIER'S NAME (PRINT): Darin McMurray

QUALIFIER'S SIGNATURE: X

STATE OF: FL COUNTY OF: Lee

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 06/24/2017

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

TYPE OF ID: _____

NOTARY PUBLIC SIGNATURE: [Signature]



(SEAL)

PLEASE DO NOT WRITE BELOW. FOR STAFF USE ONLY

INSPECTIONS NEEDED: _____ ADDITIONAL FEES: Building: \$ _____ Fire: \$ _____

11/1/14- PMR Date: 9/25 Days Review: 1 # Set of Plans: 3