

COLLIER COUNTY BUILDING PERMIT REVISION FORM

Growth Management Department | 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. PRBD20170416048

JOB LOCATION	Job Address: <u>8688 Addison Place Circle</u>	CONTRACTOR \ PROFESSIONAL INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner Builder
	Parcel # / Folio: <u>00188200007, 00190040802, 00</u>		Company Name: <u>Kaufman Lynn Construction</u>
	Owner's Name: <u>CC Residential (Frank Mathaey)</u>		Qualifier/Professional Name: <u>Mike Kaufman</u>
	Agent Submitting Revision: <u>Jose R. Perez. AIA</u>		Contact Name: <u>Dan Root</u>
			Address: <u>9410 Corkscrew Palms Circle Suite 202</u>
	City: <u>Estero</u> State: <u>FL</u> Zip: <u>33928</u>		Phone <u>561-886-4310</u> Fax: _____
			E-mail Address: <u>droot@kaufmanlynn.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: B-2 F.A Revision 1 Cost of work was accounted for during the original building permit submission.

This submission is in response to a deferred submittal F.A drawings

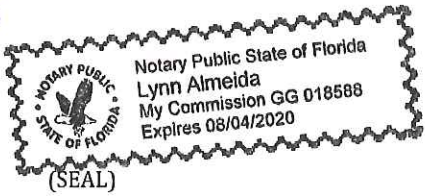
Project Name: Addison Place Additional Cost of Construction \$: 1.00

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"/> 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	<input checked="" type="checkbox"/> Structural

Qualifier Acknowledgement of Revision Submittal

COMPANY NAME: <u>Kaufman Lynn</u>	STATE LICENSE NO: <u>CGC 021732</u>
QUALIFIER'S NAME (PRINT): <u>Mike Kaufman</u>	
QUALIFIER'S SIGNATURE: <u>[Signature]</u>	
STATE OF: <u>Florida</u>	COUNTY OF: <u>Polk</u>
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS <u>01/17/2018</u>	
WHO IS PERSONALLY KNOWN: <input checked="" type="checkbox"/> OR AS PRODUCED ID: <input type="checkbox"/>	
TYPE OF ID: _____	
NOTARY PUBLIC SIGNATURE: <u>[Signature]</u>	

PLEASE DO NOT WRITE BELOW. FOR STAFF USE ONLY

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

11/1/14- PMR Date: _____ Days Review: _____ # Set of Plans: _____

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	Agent Submitting Revision: _____		Contact Name: <u>Dan Root</u>
			Address: <u>9410 Corkscrew Palms Circle Suite 202</u>
	City: <u>Estero</u> State: <u>FL</u> Zip: <u>33928</u>		Phone <u>561-886-4310</u> Fax: _____
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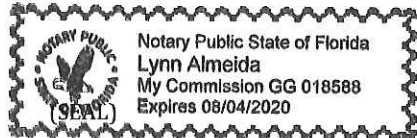
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QUALIFIER'S NAME (PRINT): <u>Mike Kaufman</u>	
QUALIFIER'S SIGNATURE: <u>[Signature]</u>	
STATE OF: <u>Florida</u>	COUNTY OF: <u>Palm Beach</u>
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS <u>01</u> / <u>17</u> / <u>2018</u>	
WHO IS PERSONALLY KNOWN: <input checked="" type="checkbox"/> OR AS PRODUCED ID: <input type="checkbox"/>	
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