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)							
Permit No. PRBD20170416048							
	T						
	Job Address: 8688 Addison Place Circle	N AL	☑Contractor ☐Owner Builder				
JOB LOCATION		OISS	Company Name: Kaufman Lynn Construction				
	Parcel # / Folio: 00188200007, 00190040802, 0	cror \ Profession (Aberland)	Qualifier/Professional Name: Mike Kaufman				
		RMA	Contact Name: Dan Root Address: 9410 Corkscrew Palms Circle Suite 202				
	Owner's Name: CC Residential (Frank Mathaey	VI (K OO	City: Estero State: Fl Zip: 33928				
	loco P. Poroz. A	TRA T	Phone 561-886-4310 Fax:				
	Agent Submitting Revision: Jose R. Perez. A		E-mail Address: droot@kaufmanlynn.com				
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							
Proje	ect Name: Addison Place	Add	tional Cost of Construction \$: 1.00				
	. 100 Ft 1100 Ft		the sel CO. Ft. Nov. Living /Putovious				
Addi	tional SQ. Ft. Living/Interior:	Add	tional SQ. Ft. Non Living/Exterior:				
_	Check Trades Affected By Re	vision (check	all applicable trades associated with revision)				
	Private Provider	1	Plumbing				
Roofing			☐ Electrical				
	Septic Shutters	1	Low Voltage Mechanical				
	Permit by Affidavit	1	▼ Structural				
			ement of Revision Submittal				
CON	MPANY NAME: Kaufman Lynn	CTATE LICENCE	NO: CGC 021732				
		_SIAIE LICENSE	NO:				
	ALIFIER'S NAME (PRINT) : Mike Kaufman	_					
QUA	ALIFIER'S SIGNATURE:	Rada					
STATE OF: Florida COUNTY OF: HAM DONNEY OF THE COUNTY OF T							
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS U/V/ CONS							
WHO IS PERSONALLY KNOWN: OR AS PRODUCED ID: Notary Public State of Florida Lynn Almeida Lynn Almeida							
TYPE OF ID: NOTARY PUBLIC SIGNATURE: UNA 3 FEODOCED ID: Lynn Almeida My Commission GG 018588 Explres 08/04/2020 (SEAL)							
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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		CONTRACTOR \ PROFESSION AL INFORMATION	Contact Name: Dan Root				
	Owner's Name: CC Residential (Frank Mathaey)		Address: 9410 Corkscrew Palms Circle Suite 202				
			City: Estero State: Fl Zip: 33928				
	Agent Submitting Revision:		Phone 561-886-4310 Fax: E-mail Address: droot@kaufmanlynn.com				
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	Private Provider	ted by Nevibion	CITCUT	☐ Plumbing			
	Roofing			☐ Electrical			
	Septic			Low Voltage			
	Shutters			Mechanical			
	Permit by Affidavit			X Structural			
		Qualifier Ackno	wledg	ement of Revision Submittal			
CON	MPANY NAME: Kaufman Lynn	STATE I	ICENSE	NO: CGC 021732			
QUA	ALIFIER'S NAME (PRINT) : Mike Kau	fman	_				
QUALIFIER'S SIGNATURE:							
STATE OF: Florida COUNTY OF: PAM BEREL							
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WHO IS PERSONALLY KNOWN: X OR AS PRODUCED ID:							
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/14 DMD Date:	Dave Pavior	7.	# Set of Plans:			