

BUILDING PERMIT APPLICATION

2800 N. HORSESHOE DR., NAPLES, FL 34104 | TEL: (239)252-2400

Directions: Applicants mu Section A. Permit Nun		all fields. Please follow the B	Building Permi	t Application Instructi	ions to coi	mplete this Applicati	on.	
A.1. Permit # (Staff to provide		2 30 2018	10	100	310	7		
Section B. General Per								
B.1 . Primary Permit # (if a		0851391		B.2. Master Per	rmit#(ifar	ny):		
B.3. Building Type:		& 2 Family dwelling/Townhous	se O Mob	ile/Manufactured home	e O	Residential 3+ units/N	lulti-family	Commo
B.4. Permittee Type:	(• Contractor		O Design Professi	ional		Oow	ner Builder
Property Information				Contractor Inform	mation			
B.5. Parcel/Folio #:	6903900	3543		B.12. License #:		CPC 1457677		
B.6. Job Street Address:	2060 HAM	LIN ST		B.13. Company Nar	me:	ARAGON POOLS & SPAS		AS
				B.14. Qualifier Nam	ne:	JAMIE FIDLER		
B.7. Owner Name:	PULTE H	HOMES		B.15. Contact Name	e:	JAMIE FIDLER		
B.8. Owner Phone:	239 495 4800			B.16. Company Address:		222 INDUSTRIAL BLVD NAPLES, FL 34104		
B.9. Subdivision:	RANCH	AT ORANGE BLOSSO	MC					
Lot/Block/Unit:	LOT 150			B.17. Company Pho	one:	239 659 4066		
B.10. SDP/PL#:				B.18. Fax #:		877 659 4164		
B.11. *PL# Filename:				B.19.a. **Email 1:		support@arago	npools.c	om
D.II. PERFICIANTE				B.19.b. **Email 2:				
*Optional – Search existing F	ilenames on C	itvView Portal.		**Do not use En	nail(s) as p	rimary contact method	d.	
C.4. Construction Type: C.5. Occupancy: C.6. Water Service: C.7. Sewer Service: Section D. Project Info D.1. Description of Work POOL With Pay	Residentia Collier Cou Collier Cou cormation	unty	v):		uilding: learing: AMAGES I	NO NCURRED BY HURR D.3. Declared Verier - Footer Per	/alue: _\$	30,000
D.4. Residential Sq. Ft. New Const. (Complete D.4.a. & Addition (Complete D.4.a. & Alteration (Complete D.4.c.) D.5. Commercial Sq. F	z. & D.4.b.) D.4.b.)	D.4.a. New Const. # Stories: # Units: # Bedrooms: # Bathrooms: D.5.a. New Const.	D.4.b.i. Li D.4.b.ii. N TOTAL:	on-living:	D.4.c.i. D.4.c.ii. TOTA	Work Area (Sq. Ft.) Living: Non-living: L: Work Area (Sq. Ft.)		.d. Totals by A AL Living: AL Non-living:
New Const. (Complete D.5.0		# Stories:	Interior		Inter			
		# Units:	Exterio		Exter		_	
Addition (Complete D.5.a. &		π Offics.	TOTAL:		TOTA	_	0	
Alteration (Complete D.5.c.)			TOTAL		.017			
Section E. Staff Section	n	E.2. Number o	of Plan Sets:) F3 F	Review Da	evs: WT	1 (5)	10 15
E.1. Final Review Date:	10/3	L.Z. Number C	A FIGHT JCG.		.cr.cw De			

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NOTICE OF COLLIER COUNTY ADDITIONAL REGULATIONS

NOTICE OF ADDITIONAL RESTRICTIONS: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as the Water Management District, State agencies, or Federal agencies.

WARNING OF POSSIBLE DEED RESTRICTIONS: The land subject to this permit may be subject to deed, and other restrictions that may limit or impair the landowner's rights. Collier County is not responsible for the enforcement of these restrictions, nor are Collier County employees authorized to provide legal or business advice to the public relative to these restrictions. The landowner or any applicant acting on behalf of the landowner is cautioned to seek professional advice.

WARNING OF WORK IN THE COUNTY RIGHT-OF-WAYS: This permit does not authorize construction or installation of any structure or utility, above or below ground, within any right of way or easement reserved for access, drainage or utility purposes. This restriction specifically prohibits fencing, sprinkler systems, landscaping other than sod, signs, water, sewer, cable and drainage work therein. If such improvements are necessary, a separate permit for that purpose must be obtained from the Growth Management Department.

NOTICE OF CLEARING RESTRICTIONS: The issuance of a building permit for a single-family dwelling allows up to one (1) acre of native vegetation to be cleared. Clearing more than one (1) acre may be allowed for accessory structures and requires a separate Vegetation Removal Permit. Properties located in the following zoning district overlays may not be allowed to clear one (1) acre: Rural Fringe Mixed Use District (RFMU), Big Cypress Area of Concern (ACSC), and Special Treatment Overlay (ST). There may be additional restrictions related to clearing native vegetation and impacts to wetlands or protected species found on the property. State and Federal agency permits may be required. Contact the Growth Management Department's Environmental Services at (239) 252-2400 for additional information. Issuance of a Demolition Permit for a structure does not authorize removal of vegetation beyond the footprint of the structure. A Demo Permit is not a clearing permit.

WORK IN THE SPECIAL FLOOD HAZARD AREA: Be advised that Substantial Damage/Substantial Improvement requirements will apply to structures located in the Special Flood Hazard Area with Finished Floor Elevations below the Base Flood Elevation.

By initialing, I am acknowledging that I have read and understand this Notice of Collier County Additional Regulations.

JF

Initials

Owner or Agent of Owner's or Contractor's initials are required.



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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 Plan Review and Inspection 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: An Owner-Builder must complete Sections A and B and the Owner-Builder Affidavit form.

Je je	JA	MIE FIDLER
Signature of Owner or Agent of Owner The foregoing instrument was acknowledged before me this 23	(Print name of Owner or Age	
		nown to me, or whohas
produced identification (type of identification): NA		ANGELA PANCIERA
Notary Signature: Maylay analsa	Seal:	MY COMMISSION #FF984879 EXPIRES: APR 21, 2020 Bonded through 1st State Insurance
ECTION B. CONTRACTOR ACKNOWLEDGEMENT:	Jamie F	idler
(Signature of Contractor)	(Print name of Contractor)	
the foregoing instrument was acknowledged before me this 23	_ day of DCHODES	, 20 <u>_</u> 1 by
		nown to me, or whohas
produced identification (type of identification):		ANGELA PANCIERA

NOTICE OF COMMENCEMENT INFORMATION

Per Florida Statutes 713.135 a Notice of Commencement (NOC) is required for construction of improvements totaling more than \$2,500, with certain exceptions. For A/C Repairs or Replacements a notice of commencement is required for improvements more than or equal to \$7,500. The applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded NOC or a notarized statement that the NOC has been filed for recording, along with a copy thereof. In order to comply with the state requirement, permits will be placed in inspection hold until proof of the NOC is filed with the building permitting and inspection department. The issuing authority shall not perform or approve subsequent inspections until the applicant files by mail, facsimile, hand delivery, email or any other means such as certified copy with the issuing authority.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

SWIMMING POOL PERMIT GENERAL SUBMITTAL REQUIREMENTS

General Submittal Requirements for all Swimming Pool Permits:

X	Permit	application
X	Owner	/Builder Disclosure Statement- This is required when an owner is obtaining a
	permit	
X	Notice	of Commencement- A certified copy is required if job value is \$2,500 or greater
	prior t	o the first inspection (this is not required to be submitted to obtain the permit). ation Removal Affidavit- Required if woody vegetation will need to be removed.
	vegeta	One acre of vegetation is allowed to be removed after the single-family building
	0	permit has been issued. A Vegetation Removal Permit is required to clear over one
		acre.
	0	The Vegetation Removal Affidavit is required to be turned in with, but not limited to, the following: Any Structure, Buildings, Chickee Huts, Storage tanks, Carports, Temporary Construction Trailer, Wood Deck, Demolition, Driveway, Fence, Pool,
		Slab, Tennis Court Permits, and Seawalls.
	Preser	vation Review Form- If the property is located in the Rural Fringe Mixed Use district.
	Lot Co	verage- Required for 1 & 2 Family Properties that do not have a South Florida Water
		gement District Permit, Surface Water Management Permit or Environmental
	Resou	rce Permit (any zoning that is not in a PUD). of-Way Permitting - If you are not using an existing permitted access point for your
	Right-	t then a Temporary ROW Access Permit is required.
	projec	then a remporary nove Access remine is required.
Ad fro	ditiona m the	I submittal requirements may be required. Prior to receiving a processing number Customer Service Representatives, all plans must be assembled properly.
Su	bmitt	al Requirements for all 1 & 2 Family Permits:
SIA	/immin	g Pool:
X	Certifi and p screet deck	ied Site Plan/Survey- One sealed copy and one copy showing the size, dimension, roposed location. Include setback dimensions from all existing structures to the n and dimensions to the property lines. If the property is on waterfront provide the elevation and the elevation from the top of the seawall or the top of the bank.
X	Const	ruction Drawings- Two sets of sealed engineering or if mastered provide one set of eved mastered drawings
Sı	ıbmitt	al Requirements for all Commercial Permits:
Sv	vimmir	ng Pool:
П	SDP-	Four copies including the cover page, site plans, and architectural plans, if required.
		h Department- Four approved sets.
	Cons	truction Drawings- Four sets of sealed engineering drawings.



Seal

2800 N. Horseshoe Dr., Naples FL 34104 | 239-252-2400

NOTICE OF COMMENCEMENT

State of FLORIDA County of COLLIER

A. Permit No	B. Parcel/Tax Folio No.	
2060 Hamlin Stre	operty (legal description of the property, and street address if available):eet, Naples FI 34120 - Orange Blossom Ranch - Lot# 150	
construction of h	on of improvement (must be work scope specific and match the Permit): New Single Family Home: to in ome, pool, screen, deck, irrigation, water, sewer, and ALL other improvements.	nclude any
3. Owner information	on or Lessee information if Lessee contracted for the improvement: a. Name: Pulte Homes 1 Walden Center Drive # 300, Bonita Springs, FL 34134	
c. Interest in prop		
	ress of fee simple titleholder (if different from Owner listed above): N/A	
4. Contractor inform	nation a. Name: Centex Homes	
b. Contractor's A	ddress: 24311 Walden Center Drive # 300, Bonita Springs, FL 34134	
c. Contractor's P	hone Number:	✓ N/A
5. Surety Yes	No (if applicable, a copy of the payment bond is attached): a. Name: NA	V N/A
b. Address:	Leaves former from the second from	√ N/A
c. Phone Number	1/ U/ [7] NIA \ \ \ \	T WA
d. Amount of Bor	nd: \$	✓ N/A
Lender information		✓ N/A
c. Lender's Addre	SS:	
	e State of Florida designated by Owner upon whom notices or other documents may be served as provi	✓ N/A
713.13(1)(a)7. a	. Name(s):	√ N/A
b. Address:		✓ N/A
	rs of designated persons: N/A of	√ N/A
	minisch of hersen, owner designated	<u> </u>
to receive a co	py of Lienor's Notice as provided in Section 7.13.13(1)(b) Florida Statutes.	✓ N/A
b. Phone Numbe	r of person or entity designated by owner CTE CTE	
	f notice of commencement (the expiration date will be 1 year from the date of recording unless a different	ent date is
specified):		
	WARNING TO OWNER	
ANY PAYMENTS MAD	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPR	OPER PAYMENTS
UNDER CHAPTER 713	B, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVE	MENTS TO YOUR
PROPERTY. A NOTICE	OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION	OLIP NOTICE OF
	NG, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING Y	OUR NOTICE OF
COMMENCEMENT	J. Keith Stewart/V.P of Construction	Operations
/		Ороганолю
Signature of Owner o Officer/Director/Part	or Lessee, or Lessee's Authorized Signatory's Printed Name and Title/Office ner/Manager	
		art
The foregoing instrur	ment was acknowledged before me this <u>24</u> day of <u>August</u> 20 <u>18</u> by <u>J. Keith Stews</u> V.P.ConstOper. (type of authority, e.g. officer, trustee, attorney in fact) for <u>Pulte Home LLC.</u>	(name of
(name of person) as	(type of authority, e.g. officer, trustee, attorney in fact) for	(marile of
	nom instrument was executed).	
CRYSTAL K. KINZEL, I	NTERIM CLERK OF THE CIRCUIT COURT & COMPTROLLER	RA MARIANA JORDAN
		Public - State of Florid
		mission # GG 184166
(Signature of Deputy	Clerk) (Signature of Notary Public State of Flor da	ugh National Notary A
	(Print, Type, or Stamp Commissioned Name	of Notary)
	(Print, Type, or Stamp Commissioned Name Personally Known X OR Produced Iden	
(Printed Name of De	Personally Known X OR Produced Iden	