October 22, 2018

Jonathan Walsh
Chief Building Official
Collier County Government
Growth Management Division
Operations & Regulatory Management
2800 North Horseshoe Drive
Naples, Florida 34014

RE:

Briarwood Apartments- 2 Story Radio Road & Livingston Road Naples, Collier County, Florida

Dear Building Official:

Johnson Development Associates, INC has requested private provider services of GFA International, Inc. All services will be performed by authorized representatives in accordance with Florida Statue 553.79.

The "Notice to Building Official" indicates the services provided

We will follow the approved inspection plan for this project in performing our inspections.

Reports of these inspections will be generated on an as performed basis, and sent to you accordingly as required.

We appreciate your cooperation and if you have any questions or comments, please don't hesitate to call our office.

Sincerely.

GFA International, Inc.

Jack McStravic

Code Compliance Department Manager



Notice to Building Official of **Use of Private Provider** Effective April 1, 2014

Project Name: Briarwood Apartments
Parcel Tax ID: 24755002504
Services to be provided: Plans Review and/or InspectionsX
Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.
If private provider plan review is performed all required inspections must also be performed by the private provider as well. All Electrical Service (Temporary Power), (503, 504 & 505) Electrical Inspections will be completed by Collier County Electrical Inspector's and notification to all serving utilities will only be made by t Collier County Building Review Staff, once approved.
1 Naples Livingston, LC
the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.
Private Provider Firm: GFA International, Inc.
Private Provider: Jack McStravic, BU1722
Address: 5851 Country Lakes Drive, Fort Myers, FL 33905
Telephone: 239-489-2443 Fax: 239-489-3438
Email Address: jmcstravic@teamgfa.com
Florida License, Registration or Certificate #: BU1722
Page 1 of
Building Review Senance • 2800 North Horspehoe Drug • Northe Flood • 24104 • 720 757 7400



Notice to Building Official of Use of Private Provider Effective April 1, 2014

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by Florida Statutes Section 553.791. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within I business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental, FEMA requirements, or other codes.



Notice to Building Official of Use of Private Provider Effective April 1, 2014

The following attachments are provide as required:

- 1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavit are signed and notarized & copies of all licenses required by F.S. 468.
- 2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
- 3. Private Provider complete list of requested building inspections is attached. (4 pages)
- 4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverage's required under this subsection are in force." The proof of insurance required by this section will be expected prior to first inspection by the private provider firm.

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.

Page 3 of 4





(Check Section Bolow)

INDIVIDUAL - [] NameAddress
Phone
Signature STATE OF FLORIDA COUNTY OF Before me, this day of, personally appeared, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. [] Personally known [] Procured Identification – Type of ID
Signature of Notary Public Seal
CORPORATION - [] Name Address
SignatureSTATE OF FLORIDA
COUNTY OF
Signature of Notary Public Seal
C/o Johnson Development Associates, luc. PARTNERSHIP - [v] 100 Dunbaratreet, Suite 400 Name Naples Livingston, LLC Address Spartanburg, Sc 20006
Signature Signature Dan C. Breeden, Jr. Secretary Treasurer of STATE OF FLORIDA Sc. COUNTY OF Sport reducting Before me, this 22 day of 20 %, personally appeared Dan C. Breeden Jr. for Naples partnership, who executed the foregoing instrument and acknowledged that same was executed for the purposes therein [1] Personally known [1] Procured Identification – Type of ID [1]
(landre (al)
Page 4 of 4 Page 4 of 4 COMMISSION EXPIRES 04/05/22 Building Review Services + 2800 North Horseshoe Drive - Naples Flonda 34104 + 239-252-2400 - www collergov net EXPIRES 04/05/22



<u>Private Provider – List of Building Inspections</u>

(Please check all that apply)

Building Inspections

2. <u></u>	100-Footings 101-Pile Caps 102-Grade Beam 103-Floating Slab 104-Tie Beam	27. * 134-Final Roofing 28. 135-Final Shutters 29. * 136-Impact Glass 30. 139-Termite Baiting 31. 140-Interior Termite
	105-Shear Wall	32. 150-Final Sign/Flagpole
1000	106-Columns	
9.	107-Sheathing Fascia Metal 108-Framing	
	109-Insulation	
	110-Tie Down	
	111-Roofing in Progress	
13.	112-Flood Proof	
	115-Final Building	
	116-Steel Building	
16. ×	118-Lintel Beam	
	119-Fill Cells	
18.	120-Flood Vent Relief	
19.	121-Epicore Deck	
20.	124-Steel in Stair/Columns	
	125-Elevator Pit	
22.	128-Break Away Wall	
23.	130-T/S Framing	
	131-T/S Drywall	
	132-T/S Insulation	
26. <u>L.</u>	133-Monolithic Slab	Page 1 of 4



<u>Private Provider - List of Building Inspections</u>

(Please check all that apply)

Electrical Inspections

- 500-Electrical T-Pole
 501-Rough Electrical
- 3. <u>★</u>502-Final Electrical
- 4. ____503-Service Change
- 5. ______504-Commercial Temp Power
- 6. ____505-Residential Temp Power
- 7. *****506-Underground Electrical Conduit
- 8. _____508-Rough TV/Telephone
- 9. 🛨 509-Final TV/Telephone
- 10. ___510-Rough Alarm
- 11. ___511-Final Alarm
- 12. ___512-Rough Audio/Video
- 13. ___513-Final Audio/Video
- 14. ___514-Equipotential Plane (Bonding)
- 15. *****515-Concrete Encased Electrode
- 16. *****516-Rough Electrical Walls
- 17. 517-Rough Electrical Ceiling
- 18. ★518-Under Slab Electrical Conduit



Private Provider - List of Building Inspections

(Please check all that apply)

Mechanical / Plumbing Inspections

- 1. *****200-Rough Plumbing
- 2. ★201-Plumbing Tub Set
- 3. *****202-Plumbing Stack Test
- 4. <u>★</u>203-Sewer Tap
- 5. <u>*</u>204-Final Plumbing
- 6. <u>L</u>205-Final Irrigation
- 7. 206-Grease Trap
- 8. 207-Oil Interceptor
- 9. 208-Pressure Test Piping
- 10. 209-Water Heater Replacement
- 11. 210-Medical Gas Piping
- 12. * 300-Rough Mechanical
- 13. * 301-Final Mechanical
- 14. 302-Mechanical Piping
- 15. 303-A/C Change Out
- 16. 304-Kitchen Hood Rough
- 17. 305-Kitchen Hood Final
- 18. 306-Walk-in Cooler Rough
- 19. 307-Walk-in Cooler Final
- 20. ___400-Rough Gas
- 21. 401-Final Gas
- 22. 403-Underground
- 23. 410-Tie Down

Page 3 of 4





<u>Private Provider – List of Building Inspections</u>

(Please check all that apply)

Pool Inspections

	700- Pool Steel (Bonding)	4. 1 703-Wet Niche
	701-Final Pool	5. 704-Shell Reinforcement
3.	702-Pool Deck	6705-Pool Dimensions



Private Provider <u>Plan Compliance Affidavit</u>

Private Provider Firm: GFA International, Inc.	
Private Provider: Jack McStravic Lie	cense#_1722
Address: 5851 Country Lakes, Drive, Fort Myers,	
Phone: 239-489-2443 Fax: 239-48	9-3438
Email: jmcstravic@teamgfa.com	
I hereby certify that to the best of my knowledge and belie reviewed for and are in compliance with the Florida Building Cod Florida Building Code by the following affiant, who is duly autho pursuant to Section 553.791, Florida Statute and holds the appropri	e and all local amendments to the rized to perform plans review
Reviewer Name: Daryl Dillow Pla	nn Sheets:15
Florida License/Registration/Certification #(s) and description:	
Signature of Reviewer: Q. Dillow	
THIS SECTION TO BE COMPLETED BY A I	NOTARY PUBLIC:
STATE OF Florida COUNTY OF Lee	•
SWORN TO AND SUBSCRIBED BEFORE ME THIS $22nd_{DA}$	YOF October 20 18
NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME	X Produced I.D.
TYPE OF ID PRODUCED	
SIGN: BLOO	BRITTANY JENKS LY COMMISSION # GG 176540
PRINT: Brittany Jenks	EXPIRES; February 13, 2022 Bonded Thru Notary Public Underwriters



Private Provider Plan Compliance Affidavit

Private Provider Firm: GFA	Internationa	l, Inc.		
Private Provider: Jack Mc	Stravic	Lic	ense#_1722	
Address: 5851 Country				
Phone: 239-489-2443		Fax: 239-489	9-3438	
Email: jmcstravic@teal	mgfa.com			
I hereby certify that to reviewed for and are in compli Florida Building Code by the f pursuant to Section 553.791, F	ance with the Flo ollowing affiant, lorida Statute and	rida Building Code who is duly author	and all local a	amendments to the
Reviewer Name: Jack Mc	Stravic	Plar	Sheets:	69
Florida License/Registration/C	ertification #(s) a	nd describe on		
Signature of Reviewer:	for in	Mester		
THIS SECTION	TO BE COMP	PLETED BY A N	OTARY PU	BLIC:
STATE OF Florida				
SWORN TO AND SUBSCRIBE	D BEFORE ME TH	IIS 22nd DAY	Octobe	er _{, 20} 18
NOTARY PUBLIC: CHECK ONE				
TYPE OF ID	PRODUCED			_
sign: Bull	22		athirities.	BRITTANY JENKS
PRINT: Brittany Jenks				NY COMMISSION # GG 176540 EXPIRES: February 13, 2022 anded Thru Notary Public Underwriters
		79		



Private Provider <u>Plan Compliance Affidavit</u>

Private Provider Firm: GFA Internation	nal, Inc.
Private Provider: Jack McStravic	License# 1722
Address: 5851 Country Lakes, Driv	ve, Fort Myers, FL 33905
Phone: 239-489-2443	Fax: 239-489-3438
Email: jmcstravic@teamgfa.com	
Florida Building Code by the following affin	knowledge and belief the plans submitted were Florida Building Code and all local amendments to the nt. who is duly authorized to perform plans review and holds the appropriate license or certificate:
Froilan Lonez	Plan Sheets: 9
Florida License/Registration/Certification #(s	
Signature of Reviewer:	
THIS SECTION TO BE CO	MPLETED BY A NOTARY PUBLIC:
STATE OF Florida	COUNTY OF Lee
SWORN TO AND SUBSCRIBED BEFORE ME	THIS 22nd DAY OF October 20 18
NOTARY PUBLIC: CHECK ONE PERSONALLY	Y KNOWN TO ME X Produced I.D.
TYPE OF ID PRODUCED	
SIGN: BULL	
PRINT: Brittany Jenks	BRITTANY JENKS MY COMMISSION # GG 176540 EXPIRES: February 13, 2022
	Bonded Thru Notary Public Underwriters



Duly Authorized Representative Employment Affidavit

I, Jack McStravic the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).
DULY AUTHORIZED REPRESENTATIVES: (List individually; use a separate form for each Authorized Representative)
Print Name Daryl Dillow
License Number - Standard Plans Examiner PX2479 Standard Inspector BN493
Trade Categories Plumbing, Mechanical
Submit resumes of each Duly Authorized Representative and copies of their licenses.
Signature of Private Provider License # BU1722 PRIVATE PROVIDER FIRM GFA International, Inc.
THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:
STATE OF Florida
COUNTY OF Lee
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF O CHOOPE, 20 18
NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME_X Produced I.D
TYPE OF ID PRODUCED
SIGN: BRITANY JENKS
PRINT: On Hany)enks MY COMMISSION # GG 178540 EXPIRES: February 13, 2022 EXPIRES: February 13, 2022 Bonded Thru Notary Public Underwriters Bonded Thru Notary Public Underwriters



Duly Authorized Representative Employment Affidavit

I, Jack McStravic the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).
DULY AUTHORIZED REPRESENTATIVES: (List individually; use a separate form for each Authorized Representative)
Print Name Jack McStravic
License Number - Standard Plans Examiner PX1798 Standard Inspector BN3479
Trade Categories Building, Mechanical, Plumbing
Submit resumes of each Duly Authorized Representative and copies of their licenses.
Signature of Private ProviderLicense #BU1722
PRIVATE PROVIDER FIRM / GFA International, Inc.
THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:
STATE OF Florida
COUNTY OF Lee
SWORN TO AND SUBSCRIBED BEFORE ME THIS 12 DAY OFOCIOBER, 2018
NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO MEX Produced I.D
TYPE OF ID PRODUCED
sign: roll C
PRINT: Britany Jenks BRITTANY JENKS MY COMMISSION # GG 176540 EXPIRES: February 13, 2022 Bonded Thru Notiny Public Underwribers



Duly Authorized Representative Employment Affidavit

1, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).
DULY AUTHORIZED REPRESENTATIVES: (List individually; use a separate form for each Authorized Representative)
Print Name Mark Keohane
License Number – Standard Plans Examiner PX1310 Standard Inspector BN2217
Trade Categories Building, Plumbing, Mechanical, Electrical, 1&2,
Submit resumes of each Duly Authorized Representative and copies of their licenses.
Signature of Private Provider License # BU1722 PRIVATE PROVIDER FIRM GFA International, Inc.
THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:
STATE OF Florida
COUNTY OF Lee
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF OCHOO , 20 18
NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME X Produced I.D.
TYPE OF ID PRODUCED
SIGN: BRITTANY JENKS MY COMMISSION # GG 176540
PRINT: By Hany Jenks EXPIRES: February 13, 2022 Bonded Thru Notary Public Underwritars



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the lerms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

and the same of the same of the same	a encoratinanda).		_
PRODUCER Bateman Gordon and Sands 3050 North Federal Hwy		CONTACT NAME: PHONE [AC. No. Ext]: 954-941-0900 FAX [AC. No. Ext]: 954-941-0900	No): 954-941-2006
Lighthouse Point FL 33064		Appress: kdunn@bgsagency.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	GFAIN	INSURER A: The First Liberty insurance Corporation	33588
GFA International, Inc.		INSURER B : United States Fire Insurance Company	21113
1215 Wallace Drive		INSURER C : Liberty Mutual Fire Insurance Company	23035
Delray Beach FL 33444		INSURER D : Continental Casualty Company	31127
		INSURER E: Commerce & Industry Insurance Company	19410
000000		INSURER F :	1
COVERAGES	CERTIFICATE NUMBER: 553226165	REVISION NUMBER);

REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LTR	TYPE OF INSURANCE	ADOL	SUBA	POLICY NUMBER		POLICY EXP	
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X	Y	Y	TB6291468708028	4/1/2018	4/1/2019	LIMITS
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS	Y	Y	1337435145	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ (Per accident) \$
E	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0	Υ		BED14229452	4/1/201B	4/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS: UABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	NJA	Y	WC2Z91468708018	4/1/2018		X WC STATU- OTH- TORYLIMITS ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	Professional/Pollution Liability Claims Made Policy RIPTION OF OPERATIONS II OCATIONS WENGE			MCH591908633	4/1/2018	4/1/2019	ELL DISEASE - POLICY LIMIT \$ 1,000,000 Each Claim 2,000,000 Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
General Liability: Additional Insured, Primary & Non-Contributory, Walver of Subrogation, On-Going and Completed Operations, when required by written contract, per LC0443 0512. Notice of Cancellation to Third Parties, per LIM9901 0511.

Automobile Liability: Additional Insured, Waiver of Subrogation when required by written contract, per FM11401378 1111

Workers' Compensation: Waiver of Subrogation as required by written contract, per WC000313 0484

See Attached...

CERTIFICATE UOLDED

OUNTITION TO HOLDER	CANCELLATION
Collier County 3327 Tamiami Trail East Naples FL 34112-4901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

AGENCY	CUSTOMER	ID: GEAIN



ACORD [®]	. DEARA	DIVO COLUMNIA	
	LKEWA	ARKS SCHEDULE	Page 1 of 1
AGENCY Bateman Gordon and Sands		NAMED INSURED GFA International, Inc.	
POLICY NUMBER		1215 Wallace Drive Delray Beach FL 33444	
CARRIER	NAIC CODE		
ADDITIONAL REMARKS	<u> </u>	EFFECTIVE DATE:	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY IN	SURANCE	
xcess Liability: Extends coverage to underlying General Liability, nlities Other than First Named Insured provided, per 107414 031	Auto Liability	and Workers' Compensation/Employers Liability.	Notice of Cancellation to
General Information: Third Party 30 Day Notice of Cancellation applies to all policies. Independent Contractors Liability is included in the General Liability			
ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDI	TIONS AND E	KCLUSONS,	
Contract # 14-6319 Verification Testing Services for Collier Blvd &	Green Blvd.		