



LAND USE AND ZONING CERTIFICATE: NON-RESIDENTIAL

LDC subsection 10.02.06 B.1.f
Chapter 4 K. of the Administrative Code

Please fill out this form as completely as possible, if you don't know the answer, indicate "unknown", if the item doesn't apply, indicate "not applicable" or "N/A". Your application can not be processed without all of the necessary information. Zoning approval of this application can be expedited if a site plan of the property to be occupied showing parking and surrounding uses is submitted with the application.

Zoning Certificate #: PL 2018000221 ☐ Relocating Existing Business ☐ New Business

Additional development orders may be required by the County for any changes in use and/or interior and exterior remodeling. Please be advised that Impact Fees may be due at time of Building Permit. Please contact Impact Fee Administration at (239) 252-2991 and Public Utilities at (239) 252-6237 to verify if any impact fee will be assessed.
(Applicant's initials): _____

APPLICANT CONTACT INFORMATION

Name of Applicant(s): MARITZA AGUIAR
Address: 7742 Aliso Road City: FT. MYERS State: FL ZIP: 33912
Telephone: 239-404-8705 Cell: same Fax: _____
E-Mail Address: marjular@flstardevelopment.com

BUSINESS & USE INFORMATION

Business Owner or Qualifier's Name: DAVID E. TORRES
Business Name: Lords Way Apartment DBA MILANO LAKES APARTMENT Business Phone: 239-208-4079
Business Address: 3713 MILANO LAKES CIRCLE City: NAPLES State: FL ZIP: 34114
Property Owner or Leasing Agent Name: _____ Complex Name (If any): _____
Type of Business: APARTMENTS
Type and Name of Business Previously or Presently Occupying Location: 3713 MILANO LAKES CIRCLE
If Vacant, Provide Length of Vacancy: 1 year & yearly

Check below if the business is any of the following business types*:

- ☐ Restaurant/Eating Places (SIC 5812)
- ☐ Bar/Night Club/Drinking Places (SIC 5813) – will require a distance waiver.
- ☐ Restaurant/Bar with 150 seats or more

*Alcohol Licenses will not be signed off by the Planning and Zoning Department until the Business Tax Receipt has been issued. If the license is for consumption on premises, a floor plan will be required showing the location of all serving areas and seating.



BUILDING INFORMATION

Building Type: ☐ Single-Occupancy Building ☐ Retail Shopping Center ☐ Office/Professional/Business Center

Building Use, indicate the approximate square footage the unit or building is used for:

Retail: _____ Storage: _____ Office: _____

Manufacturing / Repair: _____ Other, describe: 296 APARTMENT UNITS

Total Building Floor Area: _____

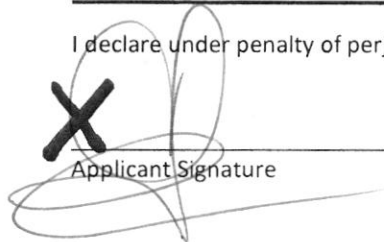
Auto Repair/Service Station: _____ # of Bays

Restaurant/Church/Beauty Salon: _____ # of Seats

Number of Parking Space for Building / Complex: _____ (if over 100 spaces state "common")

Number of parking spaces available for unit, if specified: _____

I declare under penalty of perjury the foregoing facts are true and correct to the best of my knowledge.

 Applicant Signature

6-6-18
Date

Zoning Certificate Review Fee: \$125.00 (checks payable to: "Board of County Commissioners")

The following to be completed by County Staff:

SIC #: 6513 Zoning: MPUD Property ID #: 00418400700

Building Permit #: 20160831157 (if available) SDP #: PL20150001142 (if available)

Site Visit Required: ☐ Yes ☒ No

Comments/Restrictions:

Use permitted. Parking OK. Pending completion of construction and finalized planning project.

☒ Approved ☐ Hold ☐ Denied


Planner

7/6/2018
Date



COLLIER COUNTY BUSINESS TAX RECEIPT APPLICATION

2800 N. Horseshoe Drive, Naples, FL 34104
Make Check Payable to: Collier County Tax Collector
Phone: 239-252-2477 Website: www.colliertax.com



CHECKLIST

- | | |
|---|--|
| <input checked="" type="checkbox"/> Copy of Articles of Incorporation or Fictitious letter from the State stating that your business name is on file. (850-245-6052 or 6058) www.sunbiz.org | <input type="checkbox"/> Yellow Fire Compliance (list of fire districts enclosed) |
| <input checked="" type="checkbox"/> Copy of State license from Department of Business and Professional (850-487-1395) or Department of Health. (850-488-0595) <u>APTS</u> | <input checked="" type="checkbox"/> Copy of Marco Zoning Certificate. (239-389-5000) |
| <input type="checkbox"/> Copy of City Business Tax Receipt. (239-213-1800) | <input type="checkbox"/> Completed Zoning application with appropriate fee made payable to: Board of County Commissioners for commercial OR to: Collier County Tax Collector for residential. |
| <input type="checkbox"/> Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352) | <input type="checkbox"/> Completed Business Tax Receipt application with appropriate fee made payable to: Collier County Tax Collector |
| <input type="checkbox"/> Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture (800-435-7352) | <input type="checkbox"/> Other: |
| | <input checked="" type="checkbox"/> Must contact Property Appraiser's Office at (239)252-8145 for tangible Personal Property forms. |

CHECK ONE:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Original Application _____ | Date: _____ |
| <input type="checkbox"/> Transfer of License # _____ | <input checked="" type="checkbox"/> Classification <u>Apartment</u> |
| <input type="checkbox"/> Renewal of License # _____ | <input checked="" type="checkbox"/> Code Number <u>016 000 01</u> |
| | <input type="checkbox"/> License Amount _____ |

- 1) CORPORATE NAME - Lord's Way Apartments, LLC
- 1a) DBA NAME - Milano Lakes Apartments
- 1b) BUSINESS OWNER OR QUALIFIER'S NAME - _____
- 2) PHYSICAL ADDRESS - 3713 Milano Lakes Circle, Naples, FL 34114
(No P.O. Box allowed)
- 2a) IS RESIDENCE USED AS AN OFFICE - _____ Yes ☒ No
- 3) BUSINESS MAILING ADDRESS - 7742 Alico Road Fort Myers, FL 33912
Street City Zip
- 4) OWNER OR QUALIFIER'S RESIDENTIAL ADDRESS - _____
- 5) TELEPHONE - Business: _____ Home: _____
- 6) LEGAL FORM OF BUSINESS: _____ Sole Proprietorship _____ Partnership _____ Corporation ☒ LLC _____ LLP
- 7) OPENING DATE OF BUSINESS OR DATE ASSUMED - 10/21/2014
- 8) OFFICE WITHIN CITY LIMITS OF NAPLES - _____ Yes ☒ No If Yes, City License No. _____
- 9) SOCIAL SECURITY NO. _____ or FEDERAL EMPLOYER IDENTIFICATION NO. 47 - 2797684

In accordance with Florida Statute 205.0535(5) we require you to provide us with either a Florida Employer Identification Number (FEIN) or a Social Security Number.

9a) TYPE OF BUSINESS CONDUCTED: Apartment Rental/Lease

10) NUMBER OF EMPLOYEES -Including of number of owners: +/- 5 employees

11) FILL IN THE APPROPRIATE AREAS -

- a) Rental units (motel/hotel/apts.) Number of units: _____
- b) Seating Capacity (rest./cafes, etc.) Number of seats: _____
- c) Number of coin-operated machines owned by business or individual: _____

12) STATE LICENSE OR CERTIFICATION NUMBER - _____
Must have photo copy of state license if state licensed and certified

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

xxxAPPLICANT'S SIGNATURE: _____ DATE: _____

(Owner and/or representative of business) TITLE: _____

****THIS TAX IS NON-REFUNDABLE FOR BUSINESS STATED ABOVE****

SECTION A, B, AND C FOR OFFICE USE ONLY

THIS SECTION TO BE FILLED OUT BY CONTRACTORS/BCC LICENSING BOARD

SECTION A

Classification of Contractor: _____ County Certification Number: _____

Department Supervisor: _____ Date: _____

THIS SECTION TO BE COMPLETED BY PLANNING SERVICES

SECTION B

_____ Business is an in-home occupation and the applicant has agreed to adhere to the requirements as set forth in the Collier County Zoning Ordinance.

✓ Business DOES COMPLY with the Collier County Zoning Ordinance. PROPERTY ZONED MPUD

Signed: [Signature] Title: Planner Date: 7/6/2018

Comments: Use Permitted. Parking OK. Pending completion of construction and planning projects.

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT,

SECTION C

_____ Business DOES COMPLY with the local and/or State requirements.

Signed: _____ Title: _____ Date: _____

STATE OF FLORIDA
DIVISION OF HOTELS AND RESTAURANTS
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
www.myfloridalicense.com

Lodging Inspection Report

This inspection report must be made public upon request per Florida law.

Met Inspection Standards during this visit
ANY VIOLATIONS noted herein must be corrected by the
NEXT UNANNOUNCED inspection unless otherwise stated.

Inspection Date:	Jul 06, 2018 11:21 - Jul 06, 2018 12:22	License Expiration:	
License Number:	Rank:	Inspection Reason:	Lodging-Licensing Inspection
Owner Name:	LORD'S WAY APARTMENTS LLC	Business Name:	MILANO LAKES APARTMENTS
Location Address:	3713 MILANO LAKES CIR	License Type:	Apartment
	NAPLES FL 34114	Telephone Number:	239.732.0017
Number of Units:	0	Reinspection on or After:	

SAFETY

01 Fire extinguishers (FOR REPORTING PURPOSES ONLY)		08 Boiler, boiler room	
02 Fire Hazards		09 Lighting: public, guest rooms	
03 Fire sprinkler system (FOR REPORTING PURPOSES ONLY)		10 Adequate heating	
04 Smoke detectors; fire alarm systems (FOR REPORTING PURPOSES ONLY)		11 Appliances properly installed; maintained	
05 Hearing impaired smoke detectors		12 Balcony: railing safety, certification	
06 Exits obstructed (FOR REPORTING PURPOSES ONLY)		13 Building repair	
07 Electrical wiring in good repair (FOR REPORTING PURPOSES ONLY)		14 Proper locking devices	

SANITATION

15 Bathrooms; public; guest; supplies		22 Ice protection	
16 Water source safe; hot/cold provided		23 Glassware; tableware; utensils sanitized	
17 Bedding: bed linens, towels		24 Vermin control	
19 Plumbing		25 Premises maintained	
20 Ventilation		26 Garbage and refuse disposal	
21 Toxics: storage, use		27 Sewage and waste water disposal	

CONSUMER PROTECTION

29 Guest property: liability, notified		34 Licensee: criminal conduct	
32 Security deposit		35 Florida Clean Indoor Air Act	
33 Unethical business practices; overbooking		36 Telephone surcharge posted	
		37 Guest register	

GENERAL

38 Current license: displayed, available upon request		40 Other conditions: safe, sanitary	
39 Housekeeping			

Items marked YES are in compliance. Items marked NO are violations. Specific details of the violations are listed on subsequent pages. Items marked N/A are Not Applicable. Items marked as N/O are Not Observed and were not being conducted at the time of inspection.

OTHER ITEMS

Balcony Certification:

Hearing Impaired Smoke Detector Type:

Water Source:

Municipal

Sewage:

Municipal/Utility

Boiler:

No Boiler On Site

Boiler Jurisdiction and Expiration:

STATE OF FLORIDA
DIVISION OF HOTELS AND RESTAURANTS
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
www.myfloridalicense.com

Inspector Comments: Inspected building 6 units 101,208, 210, 204 305, and 406. Building 5 units 301, 205, 401, 403, and 406.

This report has been provided electronically as requested by the person in charge at the time of inspection.



Signature of Recipient

Martiza Aguiar

Operator

239.404.8705

Jul 06, 2018 12:22



Inspector Signature

Stacy Perez

Sanitation And Safety Specialist

2295 Victoria Avenue, Suite 263D

Fort Myers, FL 33901

Stacy.Perez@myfloridalicense.com

850.487.1395 Fax 239.344.4995

Jul 06, 2018 12:22

STATE OF FLORIDA
DIVISION OF HOTELS AND RESTAURANTS
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
www.myfloridalicense.com

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Signature of Recipient

Maritza Aguiar

Operator

239.208.4079

Jul 06, 2018 12:20



Inspector Signature

Stacy Perez

Sanitation And Safety Specialist

2295 Victoria Avenue, Suite 263D

Fort Myers, FL 33901

Stacy.Perez@myfloridalicense.com

850.487.1395 Fax 239.344.4995

Jul 06, 2018 12:20

STATE OF FLORIDA
DIVISION OF HOTELS AND RESTAURANTS
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
www.myfloridalicense.com

RECEIPT FOR LICENSE

LICENSE NUMBER: Rank: LICENSE TYPE: 2003/Apartment

PRINT DATE: Jul 06, 2018 12:18

FILE NUMBER: 102870

Seats/Units: 0

This verifies that LORD'S WAY APARTMENTS LLC

Doing business as MILANO LAKES APARTMENTS

has met the requirements for Apartment licensure to operate at:

3713 MILANO LAKES CIR

NAPLES FL 34114

This is authorization to operate for 30 days. An annual license will
be mailed to the address on record within that period.



Inspector Signature

Stacy Perez

Sanitation And Safety Specialist

2295 Victoria Avenue, Suite 263D

Fort Myers, FL 33901

Stacy.Perez@myfloridalicense.com

850.487.1395 Fax 239.344.4995

Jul 06, 2018 12:18

DBPR HR-7020 – Division of Hotels and Restaurants Certificate of Balcony Inspection

Complete and submit this form if your public lodging establishment is 3 or more stories in height. The inspector must have the education and experience to be competent to perform the inspection. The operator is responsible for verifying the competency of the inspector.

The term "balcony" means "a landing or porch that is accessible to or used by the public..." The balcony inspection must include platforms, stairways, railings and railways, guardrails, balustrades, parapets, and areas enclosed by screening or other non-permanent building material. (Section 509.2112, F.S. and Rule 61C-3.001(5)(a), F.A.C.)

For new or renewal inspections complete sections 1 and 2. For a change of owner attach a copy of previous operator's valid, date-stamped Certificate of Balcony Inspection and complete Section 3.

For New or Renewal Only			
Section 1 – Establishment Information			
Owner Name LORD'S WAY APARTMENTS, LLC		License Number	
Mailing Address 7742 ALICO ROAD			
City FT MYERS		State FL	Zip Code 33912
Establishment Name (DBA) MILANO LAKES APARTMENTS			
Establishment Address 3713 MILANO LAKES APARTMENTS			
City NAPLES		County COLLIER	Zip Code 34114
Telephone Number(s): 239.732.0017			
For New or Renewal Only			
Section 2 – Inspection			
I hereby certify that any and all balconies, platforms, stairways, railings and railways on the above-described premises were inspected on <u>07/02/18</u> by a person competent to conduct such inspection, and were found by such person to be safe, secure and free of defects.			
Total Number of Areas Inspected: <u>8</u> Total Number of Defects Found: <u>0</u> Date Repairs Completed:			
The Inspection was conducted by <u>DAVID E. TORRES</u> who is competent to conduct such inspections because: (Provide facts/credentials establishing competency on the line below.) <u>certified General Contractor.</u>			
Signature of Inspector <u>[Signature]</u>		Date <u>07/02/18</u>	
Name of Operator <u>FL Star Management, LLC.</u>			
Signature of Operator <u>[Signature]</u>		Date <u>7/2/18.</u>	
For Change of Owner Only			
Section 3 – Management information			
Name of Operator		Date	
Signature of Operator <u>[Signature]</u>			
Note: This Certificate of Balcony Inspection expires three years from the date of inspection listed in Section 2 of this form or from the date of inspection listed in Section 2 of the attached previous owner's form. A new Certificate of Balcony Inspection must be completed and submitted prior to the expiration date.			

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Phone: 850.487.1395 – Web: <http://www.MyFloridaLicense.com/contactus/> & www.myfloridalicense.com/DBPR/hotels-restaurants/

2015 November 10

61C-3.001, FAC

Page 1 of 1



Fire and Life Safety Division
OFFICE OF THE FIRE MARSHAL
Greater Naples Fire Rescue District

EXISTING NOTICE OF FIRE COMPLIANCE

THIS CERTIFICATE MUST BE DISPLAYED IN A PROMINENT LOCATION

OCCUPANCY NAME: Lords Apartments, LLC DBA Milano Lakes
OCCUPANCY ADDRESS: 3713 Milano Lakes Circle Apartments
OWNER NAME: David Torres
PHONE #: 239/732-0017 SQ. FT. 8338 DIST. # GNFO

OCCUPANCY CLASSIFICATION (Please Check)

ASSEMBLY ☒ BUSINESS ☐ MERCANTILE ☐ STORAGE ☐ INDUSTRIAL ☐
DAY-CARE ☐ HEALTH CARE ☐ APARTMENT ☐ OTHER ☐

I hereby certify that on this date no violations of Florida Fire Prevention Code were noted.

[Signature]
Certified Fire and Life Safety Inspector

7/2/18
Date

White Copy: Owner / Yellow Copy: Occupational License / Pink Copy: Fire District