

APEX ENGINEERING SERVICES, INC.

Your Local Source for Building Permitting, Consulting & Inspections Services

Shane Palmquist, PE

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6627 Willow Park Drive, Ste. 201

Naples, Florida 34109

Phone: 239.431.7632

August 17, 2023

**Collier County Growth Management
Building Department – Permitting
2800 N Horseshoe Drive
Naples, FL 34104**

Attn: Collier County Building Department Permitting Services

RE: Shadow Lake Residence
704 Shadow Lake Ln,
Naples, Florida 34108
66674426258
Letter of Acceptance

To whom it may concern,

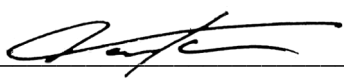
Apex Engineering is providing the following private provider services to Knauf-Koenig Group LLC. for the residence at
704 SHADOW LAKE LN

Inspection Services

Apex Engineering Services. Inc.

Accepted:

Alex Cronin
Alexander Cronin
President

MATT KNAUF
Print Name

Signature
8/29/2023
Date

Supplemental Materials

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER VALID FOR THE LIFE OF THE PRIMARY PERMIT

Effective April 1, 2014

Project Name: _____

Parcel Tax ID: _____

Services to be provided:

_____ Plans Review _____ and/or Inspections _____ Utilizing Inspections as
determined by Collier
County

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 be 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 the Collier County Building Review Staff, once approved.

I _____ ANDY KOFOID _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above. This notice is valid for the life of the primary permit.

Private Provider Firm: _____

Private Provider Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

Optional:

_____ I acknowledge this Notice to Building Official can be applied to subsequent permits associated
(Initials) with the primary permit for the above referenced Parcel Tax ID.

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 § 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 § 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 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.

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 representatives' employment affidavits 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 coverages 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.

Check ONE Section Below

INDIVIDUAL _____

Name: _____

Address: _____

Phone: _____

Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of individual) _____

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current drivers license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law

Notary Seal

CORPORATION _____

Name of Corporation (Fee Owner): _____

Corporate Address: _____

Phone: _____

Corporate Representative: _____

Signature: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by (printed name of individual) _____

on behalf of _____ corporation, registered in the state of _____.

Such person(s) Notary Public must check applicable box:

- ☐ Are personally known to me
☐ Has produced a current drivers license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law



ASHLEY MARIE BASSETT
Notary Public
State of Florida
Comm# HH370655
Expires 4/2/2027

Supplemental Materials

PRIVATE PROVIDER SPOT SURVEY AFFIDAVIT

Name of Project Owner: KOFOID, ANDY=& MONIQUE

It is the responsibility of the PRIVATE PROVIDER to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PER THE DIRECTION OF THE BUILDING OFFICIAL, NO INSPECTION ACTIVITY IS ALLOWED AFTER THE SLAB INSPECTION HAS BEEN APPROVED UNTIL A SPOT SURVEY & ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY COLLIER COUNTY BUILDING REVIEW.

Private Provider must notify Collier County within 48 hours of approving slab inspection. Notification to include date of approval.

No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project, an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a CO (Certificate of Occupation).

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by COLLIER COUNTY BUILDING REVIEW pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Parcel Tax ID: 66674426258

Private Provider Name: Shane M Palmquist License #: PE 87807

Private Provider Signature: *Shane M. Palmquist*

NOTARY

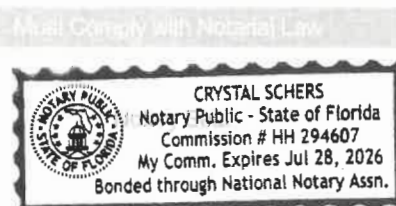
State of Florida County of Collier

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 17th day of August, 20 23, by (printed name of owner or qualifier) Shane M. Palmquist

Such person(s) Notary Public must check applicable box:

- ☒ Are personally known to me
☐ Has produced a current drivers license _____
☐ Has produced _____ as identification.

Notary Signature: *Crystal Schers*



*Supplemental Materials
For Private Provider*

GENERAL CONTRACTOR SPOT SURVEY AFFIDAVIT

Name of Project Owner: _____

NOTICE TO GENERAL CONTRACTOR

It is the responsibility of the General Contractor to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PER THE DIRECTION OF THE BUILDING OFFICIAL, NO INSPECTION ACTIVITY IS ALLOWED AFTER THE SLAB INSPECTION HAS BEEN APPROVED UNTIL A SPOT SURVEY & ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY COLLIER COUNTY BUILDING REVIEW.

General Contractor's Private Provider performing inspections must notify Collier County within 48 hours of approving slab inspection. Notification to include date of approval.

No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a CO (Certificate of Occupancy).

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by COLLIER COUNTY BUILDING REVIEW pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Parcel Tax ID: _____

General Contractor Name: _____ License #: _____

Signature of Qualifier or Authorized Representative: _____


NOTARY

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 23 day of AUGUST, 20 23, by (printed name of owner or qualifier) MATT KNAUF

Such person(s) Notary Public must check applicable box:

- ☒ Are personally known to me
- ☐ Has produced a current drivers license _____
- ☐ Has produced _____ as identification.

Notary Signature: _____