

BUILDING PERMIT APPLICATION

2800 North Horseshoe Drive, Naples, FL 34104 (239) 252-2400

PermittingDept@CollierCountyFL.gov

Directions: Applicants must complete all fields. Please follow the *Building Permit Application Instructions* to complete this Application.

Section A. Permit Number A.1. Permit # (Staff to Provide):

Section B. Permit Information B.1. Primary Permit # (if any): B.2. Master Permit #:

B.3. Building Type: ☐ 1&2 Family Dwelling/Townhouse ☐ Res. 3+ Units/Multi-Family ☒ Commercial ☐ Mobile/Manufactured Home ☐ Guest House

Section C. Property Information

C.1. Parcel/Folio #: 27167550201 C.6. Subdivision Lot #:

C.2. Job Street Address: 11190 Health Park Blvd Naples, FL 34110

C.7. Project Name: NCH NNH - OR 5 & 6

C.3. Owner Name: NAPLES COMMUNITY HOSPITAL INC

C.8. SDP/PL#:

C.4. Owner Phone: 239-436-5344

C.9. Jurisdiction: ☒ Collier County ☐ City of Everglades

C.5. Email:

Section D. Contractor Information

D.1. Permittee Type: ☒ Contractor ☐ Design Professional ☐ Owner-Builder

D.2. Contact Name: Matthew Johnson

D.3. License: CGC 026721

D.4. Company Name: R.D. Johnson Construction Inc

D.5. Company Address: 7916 Drew Cir #7, Fort Myers, FL 33967

D.9. Company Phone: (239) 489-0930

D.6. Qualifier Name: Robert Johnson

D.10. Fax #:

D.7. Email: permitting@rdj.construction

For Contractors: The above email address is my preferred method of contact for all correspondence regarding this permit. ☐ Yes

Section E. Permit Information

*Building Permit Type includes: New Construction, Addition, Alteration, Chickee/Tiki Hut, Dumpster Enclosure, Pergola, Tenant Build-out, etc.

E.1. Declared Value: \$ 1,500,000.00

E.2. Permit Type: ☐ Alum Structure ☐ Awnings ☒ Building* ☐ Carport/Shed ☐ Cell Tower ☐ Demolition ☐ Detached Garage ☐ Electrical ☐ Fence ☐ Fire ☐ Gas ☐ Marine ☐ Mechanical ☐ Plumbing ☐ Pool ☐ Roof ☐ Shutters/Doors/Windows ☐ Sales/Const. Trailer ☐ Screen Enclosure ☐ Solar ☐ Sign/Flagpole ☐ Water Feature

E.3. Description of Work: The Description of work must convey an account of work identified on the construction plans.

Provide new and modify existing MEP infrastructure in two OR Rooms. Providing new booms in each OR and a SLD Airframe in OR #5. Demolition of drywall on walls and to modify existing MEP Systems. Provide and install unistrut support system for new SLD AirFrame.

E.4. Occupancy Type: Institutional Incapacitated See Instructions

E.5. Construction Type: ☒ IA ☐ IB ☐ IIA ☐ IIB ☐ III A ☐ III B ☐ IV ☐ VA ☐ VB See Instructions

E.6. Is Structure in a Flood Zone: ☐ No ☒ Unknown ☐ Yes, additional form required. See Instructions

E.7. Is Structure Fire Sprinkled: ☐ No ☒ Yes

E.8. Type of Water Supply: ☒ Collier County ☐ Well ☐ City of Naples ☐ Ave Maria ☐ City of Everglades ☐ Immokalee ☐ Other

E.9. Type of Sewage Disposal: ☒ Sewer ☐ Septic

E.10. Vegetation Removal: ☐ Yes ☒ No A Vegetation Removal Affidavit is required for any new structure of addition on all parcels larger than 1 acre.

E.11. Private Provider: ☒ No ☐ Yes ☐ Plan Review & Inspections ☐ Inspections Only

E.12. Threshold Building: ☐ No ☒ Yes

E.13. Repairs from Disaster Event: ☒ No ☐ Yes Name of Disaster Event:

E.14. Change of Occupancy: ☒ No ☐ Yes

E.15. Is this a Permit by Affidavit: ☒ No ☐ Yes

E.16. Subcontractors: Check All that Apply: ☒ Electrical ☐ Plumbing ☒ Mechanical ☐ Roofing ☐ Septic

Section F. Area of Construction Activity (Work Area Only)

Total Number of Stories: 6 Floor (Story) work is being performed on: 1 # Bedrooms: # Bathrooms:

Living /Int. Sq. Ft.: Addt'l. Sq. Ft.: Non-Living/Ext. Sq. Ft.: Total Sq. Ft.: 70,473