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\_\_\_ North County \_\_\_ South County  
 Application Number \_\_\_\_\_  
 WNCA Application# \_\_\_\_\_

**PERMIT APPLICATION (NEW CONSTRUCTION) OR  
 WATER NAVIGATION CONTROL AUTHORITY PERMIT**

Application must be filled out **COMPLETELY** and signed by the owner, contractor or its authorized agent **BEFORE** processing can begin. Minimum two (2) sets of plans, three (3) sets if on well and/or septic [FBC Fifth Edition 2014]

To be completed by applicant – PLEASE PRINT CLEARLY:

Date Jan 9, 2019 Estimated Cost \$ 29,300.40 Parcel ID 00460 - 01 - 0001

Project Address: 320 N. Cattlemen Road, Sarasota, FL 34232  
(Street Address) (Apt/Suite/Other) (City) (Zip)

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Bainbridge at Sarasota (Bldg. 12)

Metes & Bounds  Name of Waterway \_\_\_\_\_ If a WNCA Permit select:  General  Major  Minor

Check box if **Primary** contact

Contractor License Holder Name Charles E. Price License # FPC17-000106

Business Name Wayne Automatic Fire Sprinklers, Inc.

Business Address 3226 Cherry Palm Drive, Tampa, FL 33619  
(Street Address) (Apt/Suite/Other) (City) (Zip)

Phone 407-877-5514 Fax 407-656-8026 E-Mail permitting@waynefire.com

Check box if **Primary** contact

Property Owner Bainbridge-Gopher Sarasota Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address 12765 W. Forest Hill Blvd, Ste. 1307, Wellington, FL 33414  
(Street Address) (Apt/Suite/Other) (City) (Zip)

Check box if **Primary** contact

Architect/Engineer N/A License # \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street Address) (Apt/Suite/Other) (City) (Zip)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Check box if **Primary** contact

Agent/Other Contact N/A Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Number of Units _____	Number of Stories _____	Service Amperage _____
Water Source <input type="checkbox"/> Central <input type="checkbox"/> Well	Sewer Source <input type="checkbox"/> Central <input type="checkbox"/> Septic	Type of Gas <input type="checkbox"/> LP <input type="checkbox"/> Natural		
Number of extra jobsite copies _____	Shell Only <input type="checkbox"/>	Lawn Irrigation <input type="checkbox"/>		

**Detailed Work Description.** - \*\*If applying for re-roof, Roof Assembly Worksheet must be attached\*\*

Install complete NFPA 13R fire sprinkler system from Point of Connection inside riser room.

The Planning and Development Services Department is committed to providing excellent customer service. Please check here if it is ok for someone from the County to follow-up with you regarding your experience and how we can improve our service.

If applying for a **COMMERCIAL PERMIT**, please complete this section as well: Current Business Use Proposed business use



# BUILDING AND/OR WNCA WORK PERMIT APPLICATION

scgov.net | 941.861.5000 | TV19

**South County:** Development Services  
4000 Tamiami Trail S. Room 122  
Venice, Florida 34293-5076  
941-861-3282 (Fax)

**North County:** Development Services  
1001 Sarasota Center Blvd  
Sarasota, Florida 34240  
941-861-6471 (Fax)

**AUTOMATED TELEPHONE NUMBER FOR BOTH OFFICES: 941-861-6441**

### Owner/Builder Disclosure Statement (Applies only if owner is acting as the contractor)

Requested and attached or  N/A

Owner/Builder Disclosure Statement is Required pursuant to Section 489.103(7), Florida Statutes

### CONTRACTOR/AGENT/OWNER AFFIDAVIT

Application is hereby made to obtain a permit to the work and installation 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 regulation construction in this jurisdiction. I further certify that I have entered into a contact with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in this application. I have also made the owner/agent aware of the provisions of the Homebuyers Protection Act. I certify that all the foregoing information is accurate and that the work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the correct Florida Building Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this development application including but not limited to ALL REVIEW FEES AND PERMIT FEES. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc. NOTICE: In addition to the requirements for this permit, there may be additional restrictions to this property that may be found in the public records of the county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

OWNERS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulation construction and zoning. I agree to allow any authorized employee of Sarasota County to enter upon the premises associated with this project for the purpose of ascertaining compliance with the terms and conditions of the application, or permit, and/or permit stipulations.

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

The applicant by signature on this application certifies that he or she will deliver this statement to the person whose property is subject to attachment in accordance with the provisions of F.S. 713. The Right, Title and Interest of the person who has contracted for the improvement may be subject to attachment under the Construction Lien Law.

Under penalty of perjury, I hereby declare that I have completed the foregoing document and all document attached hereto and incorporated herein by reference and that all of the information contained therein is true and correct to the best of my knowledge.

I hereby acknowledge that I have read and understood the above affidavit on the 9<sup>th</sup> day of January, 2019.

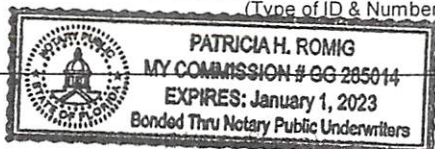
[Signature] Chase Price STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
(Signature of Owner, contractor or its authorized agent) (Printed Name)

Sworn to (or affirmed) and subscribed before me this 9 day of JAN, 2019

by Chase Price  Personally Known or  Produced ID \_\_\_\_\_  
(name of person making statement) (Type of ID & Number)

Notary Signature: [Signature] Notary Name Printed: PATRICIA H. ROMIG

Commission Number \_\_\_\_\_



**OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.  
IPS01 Revised 05/15/17