



scgov.net | 941.861.5000 | TV19

Sarasota County Planning and Development Services

CHANGE OF CONTRACTOR AUTHORIZATION

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

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

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

Permit Number: 23 116034 00 B1

Property Address 108 Lyons Bay Rd., Nokomis, Fl. 34275

Building Official:

I Zelindo F Viscusi, have terminated my construction contract
(Property owner)

with Zelindo F Viscusi.
(Contractor name/business/license number)

I request my new contractor Accent Construction Services Inc. Donald McDonald
(Contractor name/business/license number) CBC 1255498

be approved to take over the permit on my property. This new contractor will assume the responsibility for the entire project.

I hereby acknowledge that I have read and understood the above affidavit on the 29th day of February, 2024.
[Signature] Zelindo F Viscusi
(Signature of Owner) *(Printed Name)*

STATE OF FLORIDA, COUNTY OF Sarasota Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 29 day of February, 2024.

by, _____ Personally Known or Produced ID FLDL
(name of person making statement) *(Type of ID & Number)*

Notary Signature: [Signature] Notary Name Printed: Katherine Kohn

Commission Number HH 51721 (Notary Stamp)



NOV 20 1964

PLANNING AND DEVELOPMENT SERVICES
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 Seventh Edition 2020]

To be completed by applicant – PLEASE PRINT CLEARLY:

Date 3/5/2024 Estimated Cost \$ 550 000.00 Parcel ID 20211 - 77 - 437

Project Address: 108 LYONS BAY RD NOKOMIS FL 34275
(Street Address) (Apt/Suite/other) (City) (Zip)

Legal Description: Lot 27 Block _____ Subdivision LYONS BAY

Metes & Bounds Name of Waterway LYONS BAY If a WNCA Permit select: General Major Minor

Check box if **Primary** contact

Contractor License Holder Name DONALD MACDONALD License# CBC 1255498

Business Name ACCENT CONSTRUCTION SERVICES INC

Business Address 5245 WILLOW LAKE CT SARASOTA FL 34233
(Street Address) (Apt/Suite/Other) (City) (Zip)

Phone 941-270-1373 Fax _____ E-Mail ACCENTCONSTRUCTIONSERVICES@GMAIL.COM

Check box if **Primary** contact

Property Owner ZELINDO VISCIOSI Phone 941-504-7501 E-mail ATNT2721@COMCAST.NET

Mailing Address 14 AVALON WAY ALTAMONT NY 12009
(Street Address) (Apt/Suite/Other) (City) (Zip)

Check box if **Primary** contact

Architect/Engineer _____ License# _____

Business Address _____
(Street Address) (Apt/Suite/Other) (City) (Zip)

Phone _____ Fax _____ E-Mail _____

Check box if **Primary** contact

Agent/Other Contact _____ Phone _____ Fax _____

E-mail _____

| | | | | |
|--|--|---|----------------------------|------------------------|
| Residential <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Number of Units <u>1</u> | Number of Stories <u>1</u> | Service Amperage _____ |
| Water Source <input checked="" type="checkbox"/> Central <input type="checkbox"/> Well | Sewer Source <input type="checkbox"/> Central <input checked="" type="checkbox"/> Septic | Type of Gas <input checked="" type="checkbox"/> LP <input type="checkbox"/> Natural | | |
| Number of extra jobsite copies _____ | Shell Only <input type="checkbox"/> | Lawn Irrigation <input type="checkbox"/> | | |

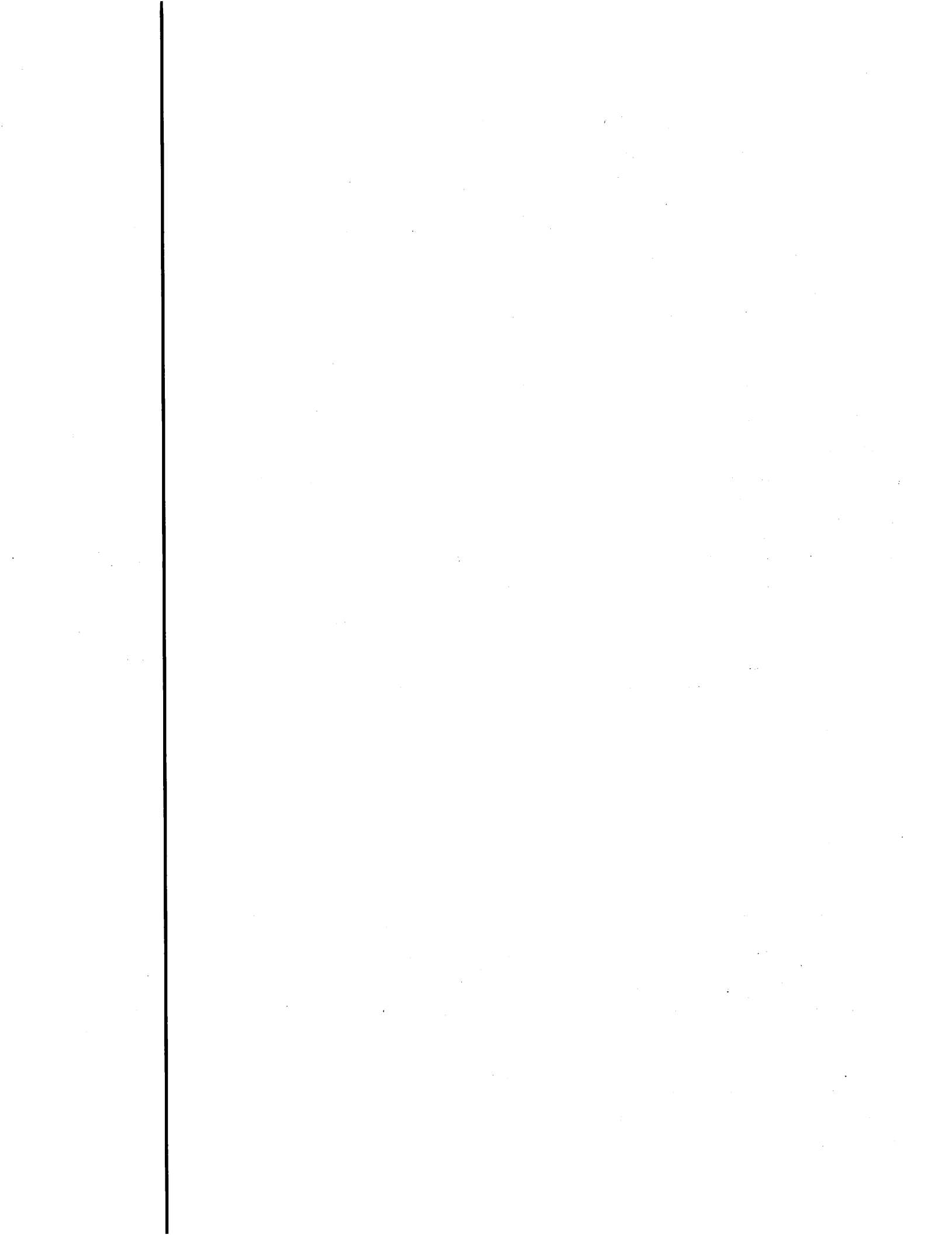
Detailed Work Description - **If applying for re-roof, Roof Assembly Worksheet must be attached**

NEW 3 BEDROOM / 3 BATH / STUDY / 2700 SQ FL HOME

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 _____



Environmental Permits and Reviews

Development of property in Sarasota County is subject to reviews for environmental protection as well as for public health, safety and welfare. There are regulations in the Sarasota County Code of Ordinances and Comprehensive Plan that may require an environmental review associated with the building permit, or even a separate environmental permit. Please read the guidance below and be sure to coordinate with Environmental Permitting if any of the noted conditions apply to your property.

Important: No clearing or site preparation should occur BEFORE the appropriate approval is granted.

An environmental review will be required if any of the following physical features are located on your property or if you wish to conduct any of the activities below.

- Shorelines (gulf or bay), creeks, lakes, ditches or canals.
- Dock and shoreline protection structures (e.g. seawall, rock revetment).
- Myakka River.
- Wetlands.
- Preservation / Conservation areas or conservation easement.
- Natural habitat (e.g. scrub, mesic hammock, coastal hammock).
- Protected wildlife species (e.g. bald eagle, Florida Scrub-jay, gopher tortoise).
- Trees, Grand Trees or Canopy roads.
- Cut down trees.
- Dig up the earth, create a pond, or other excavation, or place fill/stockpile on the property.

To obtain additional Environmental Permitting information, call
(941) 861-5000 and ask for an Environmental Specialist.

Air & Water Quality

Storage Tanks and Asbestos

To ensure that your permit application is processed quickly, please answer the following questions.

If any of the questions are answered yes, please contact Air & Water Quality through the County Call Center at (941) 861-5000 to obtain additional information pertaining to these activities.

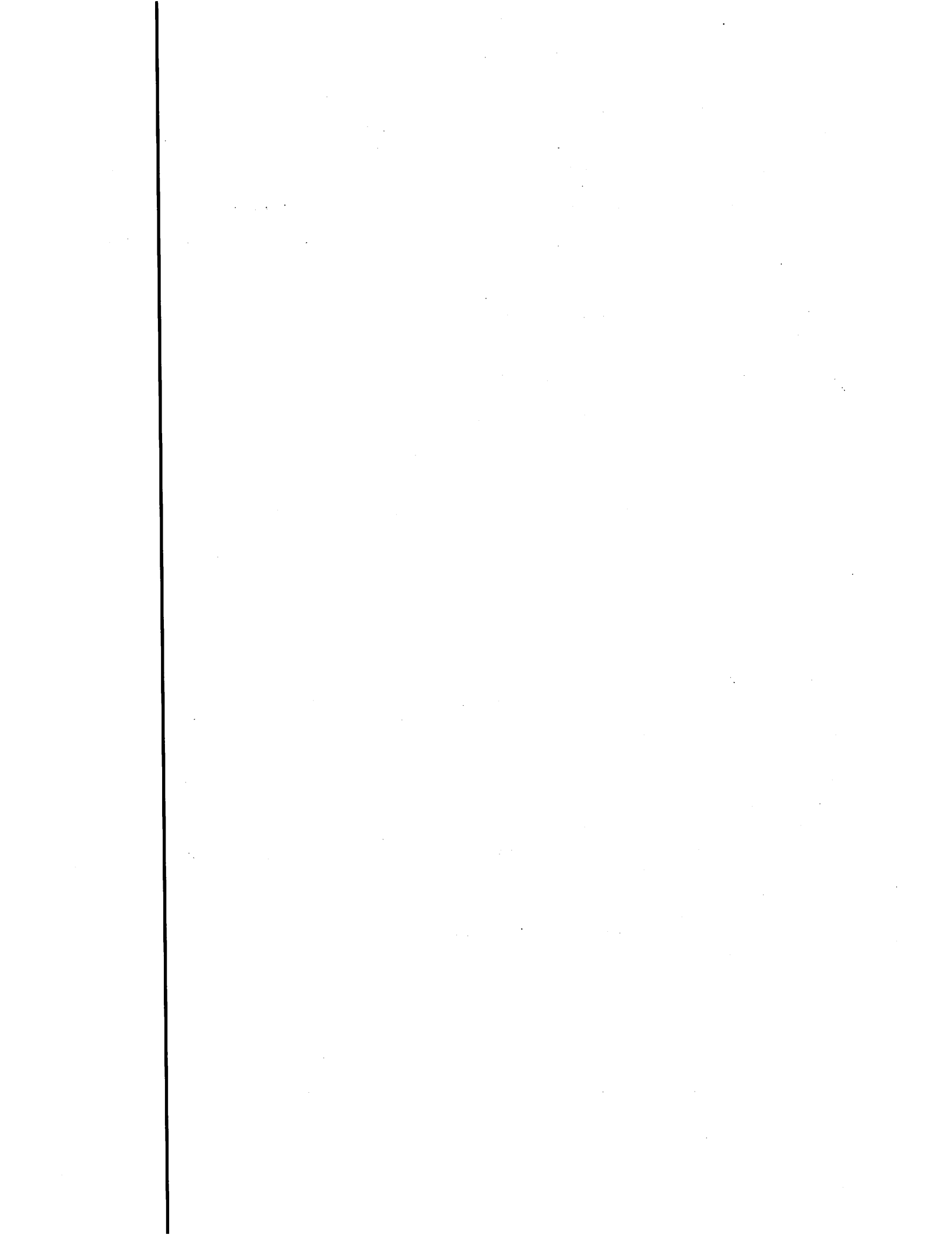
- Does the activity involve Storage Tanks (excluding propane)? Yes No
- Does the activity involve the renovation or demolition of a commercial building? Yes No
- Does the activity involve the renovation or demolition of more than one residential building, or greater than 4 living units within a property? Yes No

State of Florida Permitting

If your project involves altering surface water flow a State of Florida Environmental Resource Permit may be required. For guidance and to determine whether or not you need a permit please visit the Department of Environmental Protection (DEP) website at: <http://www.dep.state.fl.us/water/wetlands/erphelp/index.htm>.

If stormwater will discharge from your construction site the work may require a National Pollutant Discharge Elimination System (NPDES) Generic Permit for Stormwater Discharge from Large and Small Construction Activities (often referred to as the NPDES Construction Generic Permit). For guidance and to determine whether or not you need a permit please visit the DEP website at: <http://www.dep.state.fl.us/water/stormwater/npdes/construction1.htm>.

If you will be dewatering, a permit may be required from the State of Florida. Please contact the DEP South District for guidance at (239) 344-5600.



NOTICE OF COMMENCEMENT

Permit Number 23 116034 00 B1 Tax Folio # _____

The undersigned hereby gives notice that improvement will be made to certain Real Property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY:

(Legal description of the property and street address, if available).

108 LYONS BAY RD NOKOMIS FL. 34275
LOT 27, LYONS BAY, UNIT #1 BOOK 10 PAGE 45

2. GENERAL DESCRIPTION OF IMPROVEMENT:

NEW HOME

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name & Address: Zelindo F Viscusi 108 Lyons Bay Rd., Nokomis Fl. 34275

Interest in Property: Owner

Fee Simple Title Holder (if different from owner listed above): _____

4. CONTRACTOR: Name: Accent Construction Services, Inc.

Phone Number: (941) 270-1373

Contractor's Address: 5421 San Luis Terrace, North Port, FL 34286

5. SURETY (If applicable, a copy of the payment bond is attached): Amount of bond: \$ _____

Name: N/A

Phone Number: _____

Address: _____

6. LENDER'S NAME: N/A

Phone Number: _____

Lender's address: _____

7. Persons within the State of Florida designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name: Accent Construction Services, Inc.

Phone Number: (941) 270-1373

Address: 5421 San Luis Terrace, North Port, FL 34286

8. In addition, Owner designates Zelindo F Viscusi of Owner to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by Owner: 518-857-1000

9. Expiration of notice commencement (the expiration date will be 1 year from date of recording unless a different date is specified).
_____, 20____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

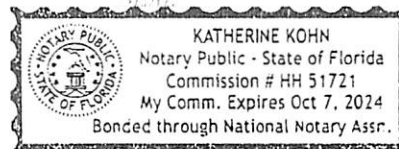
Zelindo F Viscusi Owner
(Print Name and Provide Signatory's Title/Office)

State of Florida County of Sarasota

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 29 day of February, 2024, by _____ for _____
(name of party on behalf of whom instrument was executed) (type of authority, ... e.g. officer, trustee, attorney in fact)

Personally Known or Produced Identification NY DL
(type of identification produced)

(Signature of Notary Public - State of Florida)



RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 2024029555 1 PG(S)
March 05, 2024 10:49:44 AM
KAREN E. RUSHING
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FL



This space reserved for recording



STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy of the instrument filed in this office. The original instrument filed contains _____ pages.
Witness my hand and official seal this 05th day of March, 2024.
KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT
Deputy Clerk

prep by

