



COLLIER COUNTY GOVERNMENT

GROWTH MANAGEMENT DIVISION

2800 North Horseshoe Drive • Naples, Florida 34104 • 239-252-2400 • FAX 239-252-2334

March 28, 2011

Global Maintenance & Restoration, Inc.

Email: gmriinc@embarqmail.com

Permit No: 2011031163

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Plans submitted with the referenced permit have been reviewed. We are unable to approve your permit application for the reason(s) indicated below.

Submit **three (3) sets** of revised sheets along with **three (3) letters** of response addressing each item. All corrections must be clouded.

Structural Codes – Tom Umscheid (239) 252-2433, Jim Fleming (239) 252-2426, Myron Jacobs (239) 252-1016
THIS REVIEW HAS BEEN PERFORMED USING THE 2007 FLORIDA BUILDING CODE WITH 2009 SUPPLEMENTS OR THE 2007 FLORIDA EXISTING BUILDING CODE W/SUPPLEMENTS, ADOPTED BY THE STATE OF FLORIDA ON MARCH 1, 2009.

1ST Review- Tom Umscheid-3/22/11

1. Provide site plan or layout of building indicating unit location where work is to be completed.
2. Provide floor plan of the unit indicating the door swing.
3. Provide information on the door hardware.
4. This review shall be considered incomplete pending receipt of requested and required information. Subsequent review(s) may reveal additional deficiencies.

Fire Codes — Maggie Jani, (239) 252-3473 – 03/23/11

NOTE: Please itemize your responses to correspond with each one of the numbered requests listed below. In your response letter, indicate the correction made and on what page it can be found or acknowledge compliance with the request or indicate reason for not complying with the request. All corrections must be clouded on the corrected plan sheets. Submit all corrections in one package. **Non-compliance with this request will result in an automatic rejection of your revised submittal.**

THIS REVIEW HAS BEEN PERFORMED USING THE 2007 FLORIDA FIRE PREVENTION CODE ADOPTED BY THE STATE OF FLORIDA ON DECEMBER 31, 2008.

1. Please provide floor plan of this unit showing location of door to be replaced, showing door swing.
2. Please provide information on door hardware, including locking devices.
3. Please identify the occupancy type of this unit.
4. This review shall be considered incomplete pending receipt of requested and required information. Subsequent review(s) may reveal additional deficiencies.

NOTE:

If the above items are: A. Left as is – They are comments that need further attention.
 ~~. Strikethru~~ – They have been completed and approved.
 . Underlined – They have been added after further review.

If you need additional information, please contact the appropriate plan reviewer.

cc: file