DISPLAY THIS CARD ON FRONT OF JOB

COCONUT CREEK
BUILDING PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

PERMIT No. 12002314 **ZONE** _____

OWNER COCONUT CREEKS HOTEL LLLP **DATE** 08/13/2013

CERTIFICATION LIC. No. CGC059788

CONTRACTOR BLUEWATER BUILDERS INC

PURPOSE NEW BUILDING (COMM OR IND)

LOT _____ **BLOCK** _____

SUBDIV. GROVE PARC PLAT

JOB ADDRESS 5740 N STATE RD 7

"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

DO NOT REMOVE THIS CARD BEFORE COMPLETION UNDER SECTION 105.7 OF THE FLORIDA BUILDING CODE

For inspection call 954-973-6750

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statues the following information is provided in the Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION GROVE PARC **BLOCK** _____ **TRACT** _____ **LOT** _____ **BLDG** _____ **UNIT** _____

5740 N. STATE ROAD 7 Coconut Creek, FL 33073

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** INSTALLATION OF BUILDING WALL SIGNAGE (CHANNEL LETTERS) AND (2) MONUMENT SIGN

3. **OWNER INFORMATION:** a. Name Coconut Creeks Hotel, LLLP

b. Address 5414 NW 72 AVE MIAMI, FL 33166 c. Interest in property _____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. **CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**
CORPORATE SIGNS INC. - 5960 NW 99 AVE - BAY 8, MIAMI, FL 33178

305-500-9313

5. **SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

6. **LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the 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 I, 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 JOB SITE 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 Owner's Authorized Officer/Director/Partner/Manager

SETH FELLMAN, MANAGING PARTNER
Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 8 day of JANUARY, 20 14

By SETH FELLMAN, as MANAGING PARTNER
(name of person) (type of authority,...e.g. officer, trustee, attorney in fact)

For Coconut Creeks Hotel LLLP.
(name of party on behalf of whom instrument was executed)

X Personally known or _____ produced the following type of identification: _____

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

_____
(Signature of Notary Public)

COCONUT CREEKS HOTEL, L.L.L.P.
5414 NW 72 AVE
MIAMI, FL 33166
Ph. 305-254-8000 Fax. 305-884-8833

LETTER OF AUTHORIZATION

TO WHOM IT MAY CONCERN:

This letter serves as authorization for Corporate Signs (5960 NW 99th Avenue, #8, Miami FL, 33178) to submit and acquire permits and install signs for property located at: HAMPTON INN & SUITES. 5740 N State Road & Coconut Creek, FL. 33073.

Authorized Signer Information:

SETH FELLMAN, MANAGING PARTNER

HAMPTON INN & SUITES-COCONUT CREEK
5740 N State Road 7
Coconut Creek, FL 33073

Authorized Signature:

_____ **Dated** 1/7/14

NOTARY AS TO PROPERTY OWNER (Witness my Hand and Official Seal)
_X_ Personally known to me ____ Produced Identification

_____ 1/7/14
Signature Date

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

City of Coconut Creek
ELECTRICAL
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.CoconutCreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creeks Hotel, LLLP
OWNER'S STREET ADDRESS 5414 NW 72 Ave
CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N State Road 7 Coconut Creek, FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST

WORK DESCRIPTION Install 3'-0" Hampton Inn & Suites Letters West Elevation

PRINT NAME OF PROPERTY OWNER SETH FELLMAN / MANAGING PARTNER

SIGNATURE OF PROPERTY OWNER
I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

DATE 1/2/14

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER
Have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness My Hand & Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

FBC Code

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
ELECTRICAL		
FIRE		
ENGINEERING		
FINAL INSPECTION		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.
ALL APPLICATIONS FOR WORK IN A MOBILE HOME PARK, MUST BE SIGNED AND NOTARIZED BY THE PARK OWNER OR PARK MANAGER REGARDLESS OF JOB COST.

City of Coconut Creek
ELECTRICAL
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.CoconutCreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: SETH FELLMAN PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creek Hotel LLLP

OWNER'S STREET ADDRESS 3414 NW 72 AVE

CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs

CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8

CITY Miami STATE FL ZIP 33178 PHONE 305-500-9513

JOB / TENANT NAME Hampton Inn & Suites

SITE ADDRESS 5740 N. STATE ROAD 7 Coconut Creek, FL 33073

LOT BLOCK TRACT APT. # BLDG. #

SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST

WORK DESCRIPTION Install 3'-0" Hampton Inn & Suites letters North Elevation

PRINT NAME OF PROPERTY OWNER SETH Fellman, Managing Partner

SIGNATURE OF PROPERTY OWNER

I have read and understand both pages of this document.

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

DATE 1/7/14

☒ Personally known ☐ Produced identification

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER

I have read and understand both pages of this document.

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ Personally known ☐ Produced identification

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

FBC Code

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
ELECTRICAL		
FIRE		
ENGINEERING		
FINAL INSPECTION		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.
ALL APPLICATIONS FOR WORK IN A MOBILE HOME PARK, MUST BE SIGNED AND NOTARIZED BY THE PARK OWNER OR PARK MANAGER REGARDLESS OF JOB COST.

City of Coconut Creek
ELECTRICAL
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.CoconutCreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creeks Hotel, LLLP
OWNER'S STREET ADDRESS 5414 NW 72 Ave
CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. State Road 7 Coconut Creek, FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST

WORK DESCRIPTION Install 5'-0" Monument Sign

PRINT NAME OF PROPERTY OWNER Seth Fellman, Managing Partner
SIGNATURE OF PROPERTY OWNER
I have read and understand both pages of this document

Witness my Hand and Official Seal
NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA
1/7/14
DATE
☒ Personally known ☐ Produced ID

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

PRINT NAME OF QUALIFIER
SIGNATURE OF QUALIFIER
I have read and understand both pages of this document
FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness my Hand and Official Seal
NOTARY AS TO QUALIFIER STATE OF FLORIDA
DATE
☐ Personally known ☐ Produced ID

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

FBC Code

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
ELECTRICAL		
FIRE		
ENGINEERING		
FINAL INSPECTION		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.
ALL APPLICATIONS FOR WORK IN A MOBILE HOME PARK, MUST BE SIGNED AND NOTARIZED BY THE PARK OWNER OR PARK MANAGER REGARDLESS OF JOB COST.

City of Coconut Creek
BUILDING
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: _____ DPEP #: _____

PROPERTY OWNER'S NAME Coconut Creek Hotel LLLP
OWNER'S STREET ADDRESS 5414 NW 72 AVE
CITY Miami STATE FL ZIP 33166 PHONE 305-259-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. State Road 7 Coconut Creek FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Parc SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST $5,000

WORK DESCRIPTION Install 5'-0" Monument Sign

PRINT NAME OF PROPERTY OWNER Seth Fellman, Managing Partner

SIGNATURE OF PROPERTY OWNER _____
I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

1/7/14
DATE

☒ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

PRINT NAME OF QUALIFIER _____

SIGNATURE OF QUALIFIER _____
I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # _____ BROW. CNTY. CERT. OF COMP. # _____

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG. #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
STRUCTURAL		
ELECTRICAL		
PLUMBING		
AC / MECHANICAL		
FIRE		
ENGINEERING		
LANDSCAPING		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED. PAGE 1 OF 2

City of Coconut Creek
ELECTRICAL
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.CoconutCreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME	Coconut Creek 5 Hotel LLLP
OWNER'S STREET ADDRESS	544 NW 72 Ave
CITY	Miami STATE FL ZIP 33166 PHONE 305-254-8000
CONTRACTOR	Corporate Signs
CONTRACTOR'S STREET ADDRESS	5960 NW 99th Avenue #8
CITY	Miami STATE FL ZIP 33178 PHONE 305-500-9313
JOB / TENANT NAME	Hampton Inn & Suites
SITE ADDRESS	5740 N. State Road 7 Coconut Creek, FL 33073
LOT / BLOCK / TRACT / APT. # / BLDG. #	
SUBDIVISION	Grove Park SUITE / BAY #
PERMIT TYPE (CHECK ONE)	☐ RESIDENTIAL ☒ COMMERCIAL
ESTIMATED JOB COST	
WORK DESCRIPTION	Install 4'-0" Hampton Inn & Suites letters South Elevation
PRINT NAME OF PROPERTY OWNER	Seth Fellman, Managing Partner
SIGNATURE OF PROPERTY OWNER	I have read and understand BOTH pages of this document
NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA	Witness my Hand and Official Seal
DATE	1/7/16
	☒ Personally known ☐ Produced ID

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

PRINT NAME OF QUALIFIER	
SIGNATURE OF QUALIFIER	I have read and understand BOTH pages of this document
FLA. STATE CERT. / REG. #	BROW. CNTY. CERT. OF COMP. #
NOTARY AS TO QUALIFIER, STATE OF FLORIDA	Witness My Hand and Official Seal
DATE	☐ Personally known ☐ Produced ID

BONDING CO. NAME	
STREET ADDRESS	
CITY / STATE / ZIP	
ENGINEER'S / ARCHITECT'S NAME	
PHONE / REG. #	
STREET ADDRESS	
CITY / STATE / ZIP	
MORT. LENDER'S NAME	
PHONE	
STREET ADDRESS	
CITY / STATE / ZIP	
OCCUPANCY / TYPE OF CONST.	
ZONING / BDRMS.	
TOTAL SQ. FT / BATHS	
A/C SQ. FT. / NO. OF STORIES	
NO. OF UNITS / MIN. FLR. ELEV	

DEPARTMENTAL USE ONLY

FBC Code_____

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
ELECTRICAL		
FIRE		
ENGINEERING		
FINAL INSPECTION		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.
ALL APPLICATIONS FOR WORK IN A MOBILE HOME PARK, MUST BE SIGNED AND NOTARIZED BY THE PARK OWNER OR PARK MANAGER REGARDLESS OF JOB COST.

City of Coconut Creek
BUILDING
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: _____ DPEP #: _____

PROPERTY OWNER'S NAME Coconut Creeks Hotel, LLLP
OWNER'S STREET ADDRESS 5414 NW 72 Ave
CITY Miami STATE FL ZIP 33166 PHONE 305-294-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. State Road 7 Coconut Creek FL
LOT BLOCK TRACT APT. # BLDG. # 33073
SUBDIVISION SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST $7,500

WORK DESCRIPTION Install 4'-0" Hampton Inn & Suites South Elevation letters

PRINT NAME OF PROPERTY OWNER Seth Fellman, Manager Member

SIGNATURE OF PROPERTY OWNER _____
I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

DATE 1/7/14

☒ [illegible] ☐ [illegible]

PRINT NAME OF QUALIFIER _____

SIGNATURE OF QUALIFIER _____
I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # _____ BROW. CNTY. CERT. OF COMP. # _____

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ [illegible] ☐ [illegible]

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG. #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
STRUCTURAL		
ELECTRICAL		
PLUMBING		
AC / MECHANICAL		
FIRE		
ENGINEERING		
LANDSCAPING		

City of Coconut Creek
ELECTRICAL
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.CoconutCreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: SETH FELLMAN PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creek Hotel LLLP
OWNER'S STREET ADDRESS 5414 NW 72 AVE
CITY MIAMI STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. State Road 7 Coconut Creek, FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST

WORK DESCRIPTION Install 10'0" Monument Sign

PRINT NAME OF PROPERTY OWNER Seth Fellman, Manager Partner

SIGNATURE OF PROPERTY OWNER
I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

DATE 1/7/14

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

☒ [illegible] ☐ [illegible]

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER
I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness My Hand & Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ [illegible] ☐ [illegible]

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG. #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

FBC Code

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
ELECTRICAL		
FIRE		
ENGINEERING		
FINAL INSPECTION		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.
ALL APPLICATIONS FOR WORK IN A MOBILE HOME PARK, MUST BE SIGNED AND NOTARIZED BY THE PARK OWNER OR PARK MANAGER REGARDLESS OF JOB COST.

City of Coconut Creek
BUILDING
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creek Hotel LLLP
OWNER'S STREET ADDRESS 5414 NW 72 Ave
CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. State Road 7 Coconut Creek, FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST $10,000

WORK DESCRIPTION Install 10'-0" Monument Sign

PRINT NAME OF PROPERTY OWNER Seth Fellman, Managing Partner

SIGNATURE OF PROPERTY OWNER

I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

DATE 1/7/14

☒ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER

I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG. #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	TYPE OF CONST.	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

DEPARTMENTAL USE ONLY

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
STRUCTURAL		
ELECTRICAL		
PLUMBING		
AC / MECHANICAL		
FIRE		
ENGINEERING		
LANDSCAPING		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.

City of Coconut Creek
BUILDING
Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: SETH FELLMAN PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creeks Hotel, LLCP
OWNER'S STREET ADDRESS 5414 NW 72 AVE
CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. STATE ROAD 7 Coconut Creek, FL
LOT BLOCK TRACT APT. # BLDG. # 33073
SUBDIVISION Grove Park SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST $6,500

WORK DESCRIPTION Install 3'-0" Hampton Inn & Suites Letters West Elevation

PRINT NAME OF PROPERTY OWNER Seth Fellman, Managing Partner

SIGNATURE OF PROPERTY OWNER

I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

1/2/14
DATE

☒ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER

I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION

BONDING CO. NAME	
STREET ADDRESS	
CITY	STATE ZIP
ENGINEER'S / ARCHITECT'S NAME	
PHONE	REG. #
STREET ADDRESS	
CITY	STATE ZIP
MORT. LENDER'S NAME	
PHONE	
STREET ADDRESS	
CITY	STATE ZIP
OCCUPANCY	TYPE OF CONST.
ZONING	BDRMS.
TOTAL SQ. FT.	BATHS
A/C SQ. FT.	NO. OF STORIES
NO. OF UNITS	MIN. FLR. ELEV.

DEPARTMENTAL USE ONLY

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
STRUCTURAL		
ELECTRICAL		
PLUMBING		
AC / MECHANICAL		
FIRE		
ENGINEERING		
LANDSCAPING		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED. PAGE 1 OF 2

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

City of Coconut Creek
BUILDING
Permit Application

PERMIT NUMBER	
DATE ISSUED	

CONTACT PERSON: Seth Fellman PHONE #: 305-254-8000

FOLIO #: DPEP #:

PROPERTY OWNER'S NAME Coconut Creeks Hotel, LLLP
OWNER'S STREET ADDRESS 5414 NW 72 AVE
CITY Miami STATE FL ZIP 33166 PHONE 305-254-8000

CONTRACTOR Corporate Signs
CONTRACTOR'S STREET ADDRESS 5960 NW 99th Avenue #8
CITY Miami STATE FL ZIP 33178 PHONE 305-500-9313

JOB / TENANT NAME Hampton Inn & Suites
SITE ADDRESS 5740 N. STATE ROAD 7 Coconut Creek, FL 33073
LOT BLOCK TRACT APT. # BLDG. #
SUBDIVISION Grove Parc SUITE / BAY #

PERMIT TYPE (CHECK ONE) ☐ RESIDENTIAL ☒ COMMERCIAL

ESTIMATED JOB COST $ 6,500

WORK DESCRIPTION Install 3'-0" Hampton Inn & Suits Letters North Elevation

PRINT NAME OF PROPERTY OWNER Seth Fellman, Manager Partner

SIGNATURE OF PROPERTY OWNER
I have read and understand BOTH pages of this document

Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

1/7/14
DATE

☒ Personally known ☐ Produced Identification

ADRIAN MORALES
MY COMMISSION # EE 191660
EXPIRES: May 10, 2016
Bonded Thru Notary Public Underwriters

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER
I have read and understand BOTH pages of this document

FLA. STATE CERT. / REG. # BROW. CNTY. CERT. OF COMP. #

Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

DATE

☐ Personally known ☐ Produced Identification

BONDING CO. NAME
STREET ADDRESS
CITY STATE ZIP

ENGINEER'S / ARCHITECT'S NAME
PHONE REG. #
STREET ADDRESS
CITY STATE ZIP

MORT. LENDER'S NAME
PHONE
STREET ADDRESS
CITY STATE ZIP

OCCUPANCY	TYPE OF CONST.
ZONING	BDRMS.
TOTAL SQ. FT.	BATHS
A/C SQ. FT.	NO. OF STORIES
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DEPARTMENTAL USE ONLY

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DEPARTMENT	INITIALS	DATE
ZONING		
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IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED. PAGE 1 OF 2