

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY **BLUE SHEET NO: 20041152-UTL**

1. REQUESTED MOTION:

ACTION REQUESTED:

Approve final acceptance, by Resolution, as a donation of one fire hydrant, one (1) potable water service and one (1) sanitary sewer service serving *RODRIGUEZ FAMILY CLINIC*. This is a Developer Contributed asset project located on the northwest corner of Palm Beach Blvd and Alameda Ave.

WHY ACTION IS NECESSARY:

To provide potable water service, fire protection and sanitary sewer service to the recently constructed medical office building.

WHAT ACTION ACCOMPLISHES:

Places the fire hydrant into operation and complies with the Lee County Utilities Operations Manual.

2. DEPARTMENTAL CATEGORY: 10
COMMISSION DISTRICT #: 2

C10D

3. MEETING DATE:

09-28-2004

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED: _____

5. REQUIREMENT/PURPOSE:

(Specify)

- STATUTE _____
- ORDINANCE _____
- ADMIN. CODE _____
- OTHER Res. _____

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER: _____
- B. DEPARTMENT: Lee County Public Works
- C. DIVISION/SECTION: Utilities Division
- BY: Rick Diaz, P.E., Utilities Director
- DATE: 9/9/04

7. BACKGROUND:

Fire hydrants, fire lines and single service connections do not require permission to construct by the Board, therefore, no previous Blue Sheet number is provided.

The installation has been inspected for conformance to the Lee County Utilities' Operations Manual.

Satisfactory pressure and bacteriological testing has been completed.

Record drawings have been received.

Engineer's Certification of Completion has been provided---copy attached.

Project Location Map---copy attached.

Warranty has been provided---copy attached.

Waiver of Lien has been provided---copy attached.

Certification of Contributed Assets has been provided---copy attached.




100% connection/capacity fees have been paid.

No funds are required.

SECTION 03 TOWNSHIP 44S RANGE 25E DISTRICT #2 COMMISSIONER ST CERNY

MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL

(A) DEPARTMENT DIRECTOR	(B) PURCH. OR CONTRACTS	(C) HUMAN RESOURCES	(D) OTHER	(E) COUNTY ATTORNEY	(F) BUDGET SERVICES				(G) COUNTY MANAGER
					OA	OM	Risk	GC	
 J. Lavender Date: <u>9-10-04</u>	N/A Date: _____	N/A Date: _____	P.O. T. Osterhout Date: <u>9-9</u>	 S. Coovert Date: <u>9/14/04</u>	P.M. <u>9/13/04</u>	X <u>9/14/04</u>	2/12/04 WY	P.M. <u>9/13/04</u>	 J. Lavender Date: <u>9-10-04</u>

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty

Date: 9/10/04

Time: 4:10

Forwarded To:
Admin 9/10/04

RECEIVED BY
COUNTY ADMIN:

9/10/04

4:55 PM 5/4

COUNTY ADMIN
FORWARDED TO: PL

9-15-04

9 AM

RESOLUTION NO. _____

RESOLUTION ESTABLISHING UTILITY ACCEPTANCE OF
DEVELOPER CONTRIBUTED ASSETS
IN LEE COUNTY, FLORIDA

WHEREAS, it is the desire of "Emro Marketing Co.", owner of record, to make a contribution to Lee County Utilities of water facilities (one fire hydrant, one potable water service) and sewer facilities (one sanitary sewer service) serving "**RODRIGUEZ FAMILY CLINIC**"; and,

WHEREAS, Lee County Utilities requires proof of a Release of Lien, a warranty (one-year) on all labor and materials, an accurate value of contributed assets, and right-of-way and/or easement-indemnity granted for all systems being contributed to Lee County Utilities; and,

WHEREAS, all of the above information has been received and approved as complete by Lee County Utilities; and,

WHEREAS, Lee County Utilities has recommended to the Board of County Commissioners that the above-named system be accepted for ownership, operation, and maintenance.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF LEE COUNTY, FLORIDA, that the above facilities, for a contributed value of **\$6,315.00** is hereby ACCEPTED and acknowledged as an addition to Lee County Utilities.

THE FOREGOING RESOLUTION was offered by Commissioner _____ who moved for its adoption. The motion was seconded by Commissioner _____ and, upon being put to a vote, the vote was as follows:

- Commissioner Bob Janes: _____ (1)
- Commissioner Douglas St. Cerny: _____ (2)
- Commissioner Ray Judah: _____ (3)
- Commissioner Andrew Coy: _____ (4)
- Commissioner John Albion: _____ (5)

DULY PASSED AND ADOPTED this _____ day of _____, _____.

ATTEST:
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

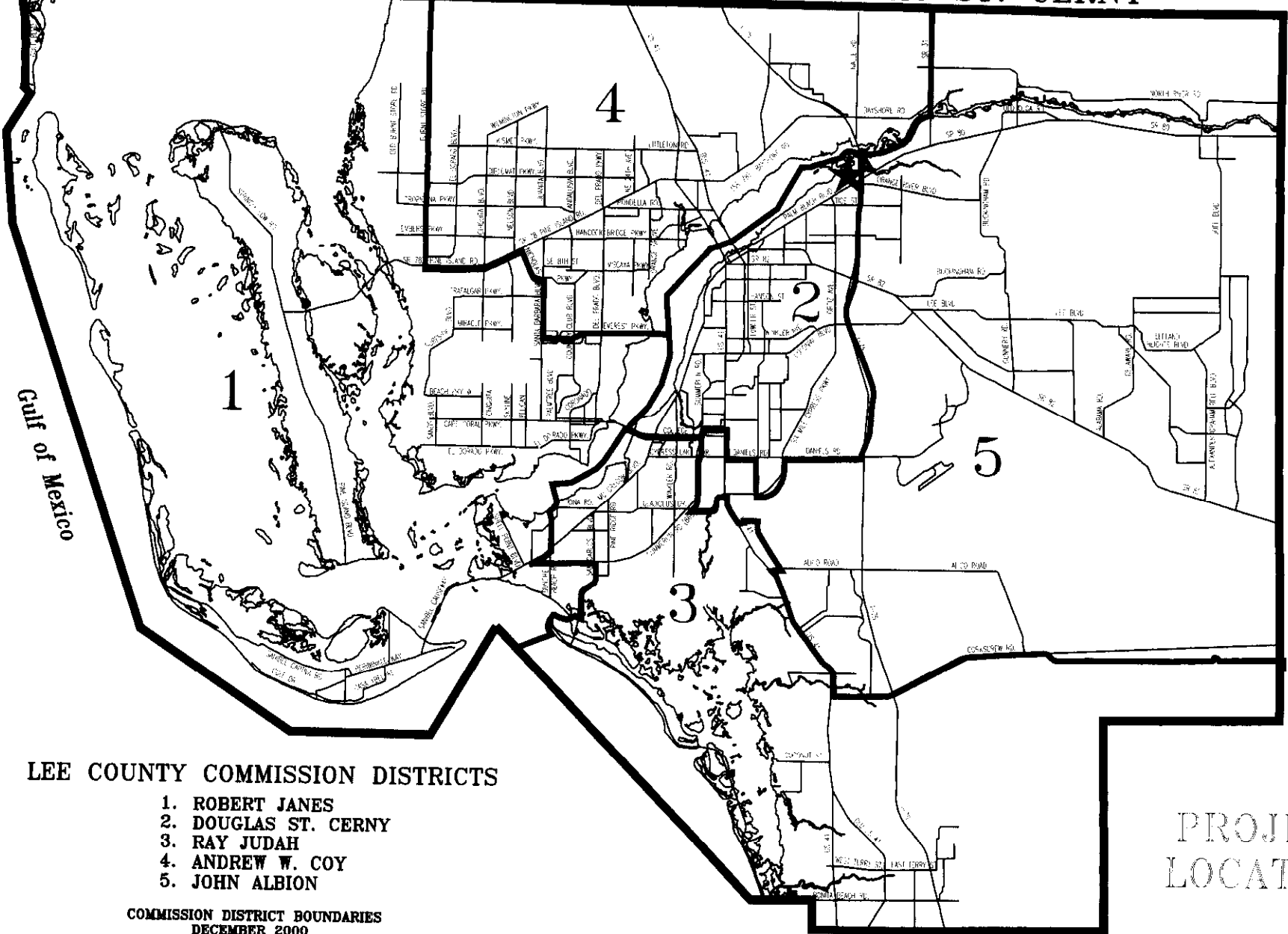
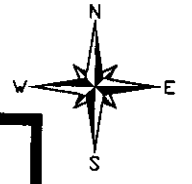
By: _____
DEPUTY CLERK

By: _____
CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

RODRIGUEZ FAMILY CLINIC - PHASE 1
03-44-25-01-00067.0020
COMMISSION DISTRICT # 2 - DOUGLAS ST. CERNY



LEE COUNTY COMMISSION DISTRICTS

- 1. ROBERT JANES
- 2. DOUGLAS ST. CERNY
- 3. RAY JUDAH
- 4. ANDREW W. COY
- 5. JOHN ALBION

COMMISSION DISTRICT BOUNDARIES
 DECEMBER 2000

PROJECT
 LOCATION

LETTER OF COMPLETION

DATE: 8/10/2004

Department of Lee County Utilities
Division of Engineering
Post Office Box 398
Fort Myers, FL 33902

Gentlemen:


This is to certify that the **fire hydrant(s) , water service(s) and sewer service(s)** located in
Rodriguez Family Clinic
(Name of Development)

were designed by me and have been constructed in conformance with:
the approved plans and the approved specifications

Upon completion of the work, we observed the following successful tests of the facilities:
Bacteriological Test and Pressure Test(s) - Water Main

Very truly yours,

Quattrone and Associates, Inc.
(Owner or Name of Corporation/Firm)



(Signature)

P.E.
(Title)

8/10/04

(Seal of Engineering Firm)

WARRANTY

THE UNDERSIGNED parties do hereby warrant and/or guaranty all work executed by the contractor on the water and sewer systems of Rodriguez Family Clinic to be free from defects in material and workmanship for a period of one (1) year from the date of acceptance by the Lee County Board of County Commissioners. The undersigned parties further agree that they will, at their own expense, repair and replace all such defective work and all other work damaged by said defective work under this Warranty-Guaranty

It is furthermore understood that the consideration for the giving of this warranty and/or guaranty is the requirement by the General Conditions and Specifications under which the contract was let that such warranty and/or guaranty would be given.

Michael Sappah
(Name of Owner/Contractor)

BY: *Michael Sappah*
(Signature of Owner/Contractor)

STATE OF FL)
) SS:
COUNTY OF Lee)

The foregoing instrument was signed and acknowledged before me this 2 nd day of AUG, 2004 by Michael Sappah who is personally known to me - _____, and who did not take an oath.

Bruce Monnier
Notary Public Signature

Bruce Monnier
Printed Name of Notary Public



BRUCE MONNIER
MY COMMISSION # DD 277360
EXPIRES: December 25, 2007
Bonded Thru Budget Notary Services

(Notary Seal & Commission Number)

**WAIVER AND RELEASE OF LIEN
UPON FINAL PAYMENT**

The undersigned lienor, in consideration of the final payment in the amount of Six Thousand Three Hundred Fifteen (\$6,315.00) hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished to Brooks & Freund, LLC. on the job of Rodriguez Family Clinic to the following described property:


Rodriguez Family Clinic
(Name of Development/Project)

water distribution and sanitary sewer systems
(Facilities Constructed)

4881 Palm Beach Blvd, Fort Myers, 33905
(Location)

03-44-25-01-00067.0020
(Strap # or Section, Township & Range)

Dated on: August 2, 2004

By: 
(Signature of Authorized Representative)

B.J. Enterprises, Inc.
(Name of Firm or Corporation)

By: Michael Sappah
(Print Name of Authorized Representative)

8102 Grady Dr
(Address of Firm or Corporation)

Title: President

N Fort Myers, FL 33917-
(City, State & Zip Of Firm Or Corporation)

Phone #: (239)731-2333 Ext.

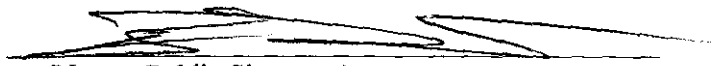
Fax#: (239)731-5205

STATE OF FL)
) SS:
COUNTY OF Lee)

The foregoing instrument was signed and acknowledged before me this 2nd day of August, 2004 by Michael Sappah who is personally known to me - _____, and who did not take an oath.



BRUCE MONNIER
MY COMMISSION # DD 277360
EXPIRES: December 25, 2007
Bonded Thru Budget Notary Services


(Notary Public Signature)

(Notary Seal & Commission Number)

Bruce Monnier
(Printed Name of Notary Public)

CERTIFICATION OF CONTRIBUTORY ASSETS

PROJECT NAME: Rodriguez Family Clinic

STRAP NUMBER: 03-44-25-01-00067.0020 , 03-44-25-0000A.0120 and 03-44-25-04-0000A.012A

LOCATION: 4881 Palm Beach Blvd.

OWNER'S NAME: (as shown on Deed) Emro Marketing Co

OWNER'S ADDRESS: 539 Main Street

OWNER'S ADDRESS: Findlay, Oh 45840-

TYPE UTILITY SYSTEM: SANITARY SEWER

(Please provide separate 'Certifications' for potable water, sanitary sewer and effluent reuse facilities.)

DESCRIPTION AND COST OF MATERIAL, LABOR, AND SERVICES

Please list each element of the system from the drop-down list provided.

ITEM	SIZE	QUANTITY	UNIT	UNIT COST	TOTAL
SINGLE SEWER SERVICE W/CLEANOUT	6"	1.0	EA	\$1,615.00	\$1,615.00
TOTAL					\$1,615.00

(If more space is required, use additional forms(s).)

I do hereby certify that the quantities of material and services described above are a true and accurate representation of the as-installed cost of the system being contributed to Lee County and corresponds with the record drawings.

CERTIFYING:

X Michael Sappah
(Signature of Certifying Agent)

Michael Sappah - President
(Name & Title of Certifying Agent)

B.J. Enterprises, Inc.
(Name of Firm or Corporation)

8102 Grady Dr
(Address of Firm or Corporation)

N Fort Myers, FL 33917 -

STATE OF FL)
) SS:
COUNTY OF Lee)

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Bruce Monnier
Notary Public Signature

Bruce Monnier
Printed Name of Notary Public

Notary Commission Number

NOTARY PUBLIC
STATE OF FLORIDA
BRUCE MONNIER
MY COMMISSION # DD 277360
EXPIRES: December 25, 2007
Bonded Thru Budget Notary Services
(NOTARY SEAL)

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PROJECT NAME: Rodriguez Family Clinic

STRAP NUMBER: 03-44-25-01-00067.0020 , 03-44-25-0000A.0120 and 03-44-25-04-0000A.012A

LOCATION: 4881 Palm Beach Blvd.

OWNER'S NAME: (as shown on Deed) Emro Marketing Co

OWNER'S ADDRESS: 539 Main Street

OWNER'S ADDRESS: Findlay,Oh 45840-

TYPE UTILITY SYSTEM: POTABLE WATER

(Please provide separate 'Certifications' for potable water, sanitary sewer and effluent reuse facilities.)

DESCRIPTION AND COST OF MATERIAL, LABOR, AND SERVICES

Please list each element of the system from the drop-down list provided.

ITEM	SIZE	QUANTITY	UNIT	UNIT COST	TOTAL
SINGLE WATER SERVICE/COMPLETE	1"	1.0	EA	\$650.00	\$650.00
FIRE HYDRANT ASSEMBLY		1.0	EA	\$4,050.00	\$4,050.00
TOTAL					\$4,700.00

(If more space is required, use additional forms(s)).

I do hereby certify that the quantities of material and services described above are a true and accurate representation of the as-installed cost of the system being contributed to Lee County and corresponds with the record drawings.

CERTIFYING:

X Michael Sappah
(Signature of Certifying Agent)

Michael Sappah - President
(Name & Title of Certifying Agent)

B.J. Enterprises, Inc.
(Name of Firm or Corporation)

8102 Grady Dr
(Address of Firm or Corporation)

N Fort Myers, FL 33917 -

STATE OF FL)
) SS:
COUNTY OF Lee)

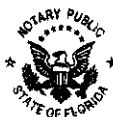
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[Signature]

Notary Public Signature

Bruce Monnier
Printed Name of Notary Public

Notary Commission Number



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MY COMMISSION # DD 277360
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