PERMIT

PERMIT NUMBER:
BC-ALT-25-0244
PERMIT TYPE:
Commercial Alteration

ISSUED: 12/01/2025

ADDRESS: 4730 GULF OF MEXICO Dr, Longboat Key, FL 34228

USE: Commercial

WORK DESCRIPTION: Commerical Alteration
Drywall replacement, kitchen remodel, new floors and paint, bathroom remodel.

OWNER: GATHMAN MARY

CONTRACTOR: RNW CONTRACTORS, LLC

CONTRACTOR PHONE: **LICENSE:** CGC1536504

STIPULATIONS:

Note: Contractors/owners please contact your community association prior to start of any work.

IT IS THE RESPONSIBILITY OF PERMIT HOLDERS OF EACH PHASE OF WORK TO PROCURE INSPECTIONS AS REQUESTED AND TO VERIFY APPROVALS PRIOR TO PROCEEDING TO NEXT PHASE.

For demolition permits, all required pre-inspections for electrical, plumbing, and NPDES must be scheduled before Demolition begins.

NOTICE (Fla. Statute 553.79(10): 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 the county, and there may be additional permits required from this or other governmental entities such as water management districts, state or federal agencies.
PERMITS FOR DEMOLITIONS OR RENOVATIONS OF AN EXISTING STRUCTURE: This is notification of the owners or owner's representative's responsibility to comply with provisions of s. 469.003 Florida Statutes printed below, regarding Asbestos Abatement and to notify the Department of Environmental Protection of your intentions to remove asbestos, when applicable, in accordance with the state and federal law.
F.S. 469, Asbestos Abatement. 469.003 License Required
(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
(2) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
(3) No person may contact the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

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.

130.02(C) Unreasonable Sound Prohibited

(2)(f) Construction and demolition. Engaging in construction or demolition on Sunday, on any holiday, or between the hours of 5:00 p.m. and 8:00 a.m. Monday through Saturday except for emergency work by a public service utility or by other permit approved by the town This sub section shall not apply to the use of domestic power tools as specified in subsection (i) of this section.

PARKING INFORMATION

For properties along Gulf of Mexico Drive:

Parking along the entire length of Gulf of Mexico Drive is prohibited. Vehicles that are parked along either side of Gulf of Mexico Drive are subject to a $75 parking citation.

For properties in the Village:

Service Vehicles (a “vehicle with a business sign or logo owned and operated by a person, firm or corporation actively engaged in a service or business activity at the home of Resident within the Resident-Only Parking Permit area”) can park on Village streets that allow Resident-Only Parking. Service vehicles are encouraged to use Resident-Only spaces rather than parking in the limited publicly available parking spaces.

PERMIT MUST BE POSTED IN A CONSPICUOUS LOCATION VIEWABLE FROM ROAD.
INSPECTION REQUESTS REQUIRED AT LEAST 24 HOURS IN ADVANCE.
REQUESTS: 941-316-1966

Inst. Number: 202641092238 Page 1 of 1 Date: 8/10/2026 Time: 2:45 PM
Angelina "Angel" Colonneso Clerk of Courts, Manatee County, Florida

NOTICE OF COMMENCEMENT

Permit Number BC-ALT-25-0244 **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.

This space reserved for recording

1. **DESCRIPTION OF PROPERTY:** *and street address, if available).*
   2 BEDROOM VILLA-3
   4730 GULF OF MEXICO DR. LBK 34228
2. **GENERAL DESCRIPTION OF IMPROVEMENT:**
   INTERIOR AND 2 BATHROOM BATHROOM REMODEL NEW KITCHEN AND FLOORING
3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**
   Name & Address: MARY/STEVE GATHMAN
   Interest in Property: OWNER
   Fee Simple Title Holder (if different from owner listed above): _____
4. **CONTRACTOR:** Name: RNW CONTRACTORS LLC. Phone Number: 941-961-8503
   Contractors Address: 2410 VALENCIA DR.SARASOTA FL. 34239
5. **SURETY (If applicable, a copy of the payment bond is attached):** Amount of bond: $_____
   Name: _____ Phone Number: _____
   Address: _____
6. **LENDER'S NAME:** _____ 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: _____ Phone Number: _____
   Address: _____
8. In addition, Owner designates _____ of _____ 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: _____
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 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.

_____ R. Stephen Gathman
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager) (Print Name and Provide Signatory's Title/Office)

State of Florida County of Manatee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 10th day of August, 20 26, by Robert Stephen Gathman for Owner
(name of party on behalf of whom instrument was executed) (type of authority, ... e.g. officer, trustee, attorney in fact)

____Personally Known or X Produced Identification FL Drivers License 6355-777-60774-0
(type of identification produced)

_____
(Signature of Notary Public – State of Florida)

SEAL

GILBERTO SANTOS
Notary Public - State of Florida
Commission # HH 460047
My Comm. Expires Oct 31, 2027

FormIPS02 – Revised 10/02/2020

STATE OF FLORIDA, COUNTY OF MANATEE
This is to certify that the foregoing is a true and correct copy of the document on file in my office.
☐ No redactions ☐ Redacted pursuant to law
☐ Full Document ☐ Page___ of___
☐ Not LOA ☐ Letter of administration is in full force and effect
Witness my hand and official seal dated 8-10-2026
MANATEE COUNTY CLERK OF COURT
BY: _____
Deputy Clerk

Windward Bay, Inc.
c/o Castle Management, LLC.
4888 Gulf Of Mexico Dr.
Long Boat KeyFL 34228

Date: September 30, 2025

Project Ref: [61337236] 4730 Gulf of Mexico Dr. #0003

Robert & Mary Gathman
18926 Crescent Road
Odessa FL 33556

RE: Interior Remodels

Dear **Robert & Mary Gathman**,

I am pleased to inform you that the **Windward Bay, Inc.** Architectural Committee has approved your application for the listed project item(s):

Interior Remodels

This approval should not be taken as to any certification as to the construction worthiness or structural integrity of the change you propose. Be aware that you are responsible for contacting the appropriate utility companies if you are doing any kind of digging. Owner is solely responsible for any damage caused to the common area by any contractors utilized during the course of the project. The homeowner also acknowledges and agrees that they will be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, codes, and ordinances; including, without limitation, zoning ordinances, subdivision regulations, building codes, and appropriate permits. A copy of the permit obtained, if applicable, must be provided to the management office prior to the commencement of the project. A copy of the closed permit must be provided upon satisfactory completion of the project.

Please retain this letter for your files. If you have any questions regarding this matter, please contact the Management Office at or e-mail

Sincerely,

Windward Bay, Inc.

Windward Bay, Inc.
c/o Castle Management, LLC.
4888 Gulf Of Mexico Dr.
Long Boat KeyFL34228

Date: 9/30/2025 1:08:14 PM

Project Ref: [61337236] 4730 Gulf of Mexico Dr. #0003

Robert & Mary Gathman
18926 Crescent Road
Odessa FL 33556

Dear **Robert & Mary Gathman**,

For the listed project item(s):

Interior Remodels

We wish to inform you that the Windward Bay, Inc. Architectural Committee is now waiting for the completion of this project. Please have it completed within the time specified in your CCRs and please let the committee know.

Please retain this letter in your files. If you have any questions regarding this matter, please contact our office at and

Sincerely,

On behalf of the ACC Committee
Windward Bay, Inc.

Gathman permit BC-ALT-25-0244

Summarize

Reply | Reply All | Forward

SG
Steve Gathman <rsgathman@gmail.com>
To Patti Fige; Kevin Figueroa; jbl.bueno@yahoo.com; kbueno45@gmail.com

Wed 8/12/2026 3:29 PM

Hi Patti-
I will be using a new general contractor, JBL Construction and Developers Corp., to take over the above referenced permit.

It is understood that JBL will be removing practically all work done by the prior contractor, RNW Contractors, LLC.

The framing and insulation inspections were not ordered by RNW, nor were any final inspections.

These inspections will be done, with any potential issues being remedied by JBL, to make the project compliant.

With the drywall already installed by RNW, JBL will remove drywall to allow access for the inspections.

Thank you for your help with these difficult matters.

Steve

TOWN OF LONGBOAT KEY
PLANNING, ZONING & BUILDING DEPARTMENT
501 Bay Isles Rd
Longboat Key, FL 34228

Sub-Contractor Addition Form
For Master Building Permit

Sub-Contractor Information

Sub-Contractor Name: Tyler Gocher

Company Name: Miller Electric

License Number: EC13007205

Contact Number: 941-747-1530

Email Address: office@millerelectricfl.com

Company Address: 4715 34TH AVENUE E BRADENTON, FL 34208

Sub-Contractor Information

Sub-Contractor Name: _____

Company Name: _____

License Number: _____

Contact Number: _____

Email Address: _____

Company Address: _____

Sub-Contractor Information

Sub-Contractor Name: _____

Company Name: _____

License Number: _____

Contact Number: _____

Email Address: _____

Company Address: _____

TOWN OF LONGBOAT KEY
PLANNING, ZONING & BUILDING DEPARTMENT
501 Bay Isles Rd
Longboat Key, FL 34228

Project Details

Master Building Permit Number: BC-ALT-25-0244

Project Description: Commercial Alteration

Project Address: 4730 GULF OF MEXICO DR, Longboat Key FL 34228

Contractor Name:
Robert Howard - RNW Contractors, LLC

License Number: CGC1536504

Authorization of License Professional (Contractor)

By signing below, I certify that all the information is accurate and complete. I further certify the sub-contractors listed on this form have been contracted by me and have agreed to perform the trade work for this project under the master building permit indicated above.

Contractor Signature

Print Name Robert Howard

RECEIVED
DEC 01 2025
TOWN OF LONGBOAT KEY
Planning, Zoning & Building

Notarization of Signature

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [ ] online notarization, this 1 day of December, 2025

by Robert Howard.
(Name of Individual)

Signature of Notary:

Printed/Stamped Name of Notary: Lauren Turner

LAUREN TURNER
Notary Public
State of Florida
Comm# HH238921
Expires 3/10/2026

[X] Personally Known

[ ] Provided Identification

Type of ID

Windward Bay, Inc.
c/o Castle Management, LLC.
4888 Gulf Of Mexico Dr.
Long Boat KeyFL34228

Date: 9/30/2025 1:08:14 PM

Project Ref: [61337236] 4730 Gulf of Mexico Dr. #0003

Robert & Mary Gathman
18926 Crescent Road
Odessa FL 33556

Dear **Robert & Mary Gathman**,

For the listed project item(s):

Interior Remodels

We wish to inform you that the Windward Bay, Inc. Architectural Committee is now waiting for the completion of this project. Please have it completed within the time specified in your CCRs and please let the committee know.

Please retain this letter in your files. If you have any questions regarding this matter, please contact our office at and

Sincerely,

DocuSigned by:
1D811D9E28F7411...

On behalf of the ACC Committee
Windward Bay, Inc.

10/25/2025, 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

Windward Bay, Inc.
c/o Castle Management, LLC.
4888 Gulf Of Mexico Dr.
Long Boat KeyFL 34228

Date: September 30, 2025

Project Ref: [61337236] 4730 Gulf of Mexico Dr. #0003

Robert & Mary Gathman
18926 Crescent Road
Odessa FL 33556

RE: Interior Remodels

Dear **Robert & Mary Gathman**,

I am pleased to inform you that the **Windward Bay, Inc.** Architectural Committee has approved your application for the listed project item(s):

Interior Remodels

This approval should not be taken as to any certification as to the construction worthiness or structural integrity of the change you propose. Be aware that you are responsible for contacting the appropriate utility companies if you are doing any kind of digging. Owner is solely responsible for any damage caused to the common area by any contractors utilized during the course of the project. The homeowner also acknowledges and agrees that they will be solely responsible for determining whether the improvements, alterations or additions described herein comply with all applicable laws, rules and regulations, codes, and ordinances; including, without limitation, zoning ordinances, subdivision regulations, building codes, and appropriate permits. A copy of the permit obtained, if applicable, must be provided to the management office prior to the commencement of the project. A copy of the closed permit must be provided upon satisfactory completion of the project.

Please retain this letter for your files. If you have any questions regarding this matter, please contact the Management Office at or e-mail

10/25/2025 7:30:00 PM
BC-ALT-25-0244

Sincerely,

DocuSigned by:
Jane Herrin
1D811D9E28F7411...

Robert Sehlohorst - Board President

Windward Bay, Inc.

Windward Bay, Inc.
c/o Castle Management, LLC.
4888 Gulf Of Mexico Dr.
Long Boat Key, FL 34228

Date: September 29, 2025

Project Ref: [61337236] 4730 Gulf of Mexico Dr. #0003

Robert & Mary Gathman
18926 Crescent Road
Odessa FL 33556

Dear **Robert & Mary Gathman**,

We have received your **Interior Remodels** project request. It has been forwarded on to the **Windward Bay, Inc. Architectural Committee** for review. You should receive an email notification within 30 days with the approval or declined letter attached or a request for more information.

Please retain this letter for your files. If you have any questions regarding this matter, please contact the Management Office at or e-mail at mbillaouadil@castlegroup.com,

Sincerely,

Windward Bay, Inc.

10/25/2025, 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	**CONTACT NAME:** Jessica Belvitch
Ben Brown Insurance Agency	**PHONE (A/C, No, Ext):** (941) 487-3502 **FAX (A/C, No):** (941) 365-3143
3731 S Tuttle Ave	**E-MAIL ADDRESS:** ceritificates@benbrownins.com
Sarasota FL 34239-6410	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A :** National Trust Ins Co — 20141
Miller Electric FL, Inc. I	**INSURER B :** Auto-Owners Insurance Co — 18988
6992 Iris Street	**INSURER C :**
Sarasota FL 34243	**INSURER D :**
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 24/25 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			GL100096363	11/07/2024	11/07/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			5542757200	07/19/2025	07/19/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

10/23/2025 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Indoor residential and commercial electrical.

CERTIFICATE HOLDER

Windward Bay, Inc.
4888 Gulf of Mexico Drive
Longboat Key FL 34228

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Adam W. Davidson

Docusign Envelope ID: 12EEF083-CFBA-40AA-BF79-AFFCF3A63A38

CERTIFICATE OF LIABILITY INSURANCE

Date: 9/16/2025

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits	
		GENERAL LIABILITY ☐ Commercial General Liability ☐ Claims Made ☐ Occur ☐ ☐ General aggregate limit applies per: ☐ Policy ☐ Project ☐ LOC				Each Occurrence	$
						Damage to rented premises (EA occurrence)	$
						Med Exp	$
						Personal Adv Injury	$
						General Aggregate	$
						Products - Comp/Op Agg	$
		AUTOMOBILE LIABILITY ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐ Non-Owned Autos ☐ ☐				Combined Single Limit (EA Accident)	$
						Bodily Injury (Per Person)	$
						Bodily Injury (Per Accident)	$
						Property Damage (Per Accident)	$
		EXCESS/UMBRELLA LIABILITY ☐ Occur ☐ Claims Made ☐ Deductible				Each Occurrence	
						Aggregate	
A		**Workers Compensation and Employers' Liability** Any proprietor/partner/executive officer/member excluded? **NO** 10/25/2025, 7:30:00 PM If Yes, describe under special provisions below. BC-ALT-25-0244	WC 71949	01/01/2025	01/01/2026	X WC Statu-tory Limits ☐ OTH-ER	
						E.L. Each Accident	$1,000,000
						E.L. Disease - Ea Employee	$1,000,000
						E.L. Disease - Policy Limits	$1,000,000
		Other Jane Herrin				**Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**	

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 96-65-379

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

RNW Contractors

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL.
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name:

ISSUE 09-16-25 (TD)

Begin Date: 7/22/2024

CERTIFICATE HOLDER

WINDWARD BAY, INC.

4888 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	**CONTACT NAME:** Automatic Data Processing Insurance Agency, Inc.
Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068	**PHONE (A/C, No, Ext):** 1-800-524-7024 **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED TOP DOG PLUMBING LLC 3319 Narcissus Ter North Port FL 34286	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Technology Insurance Company, Inc. 42376 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 4552410 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	N	TWC4656501	07/11/2025	07/11/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

10/20/2025 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Windward Bay, Inc.
4888 Gulf of Mexico Dr
Longboat Key FL 34228

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Atlas Insurance Agency
7120 Beneva Road
Sarasota FL 34238

CONTACT NAME: Construction Certificates
PHONE (A/C, No, Ext): 941-366-8424 **FAX (A/C, No):**
E-MAIL ADDRESS: constructioncerts@atlasinsuranceagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : James River Insurance Co	12203
INSURER B : INTEGON PREFERRED INS CO	31488
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED RNWCONT-01
RNW Contractors, LLC
2410 Valencia Dr
Sarasota FL 34239

COVERAGES **CERTIFICATE NUMBER:** 525225657 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			P0000006116	3/15/2025	3/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			2028343749	4/11/2025	4/11/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
A	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			00162264-0	3/15/2025	3/15/2026	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

10/02/2025 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is subject to policy forms, conditions & exclusions.

CERTIFICATE HOLDER

Windward Bay, Inc.
4888 Gulf of Mexico Dr
Longboat Key FL 34228

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

HOWARD, ROBERT THOMAS

RNW CONTRACTORS LLC
2410 VALENCIA DR
SARASOTA FL 34239

LICENSE NUMBER: CGC1536504

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/18/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

10/25/2025 7:30:00 PM
DocuSigned by:
Jane Hemin

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1536504 ISSUED: 08/18/2024
CERTIFIED GENERAL CONTRACTOR
HOWARD, ROBERT THOMAS
RNW CONTRACTORS LLC

Signature
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2026

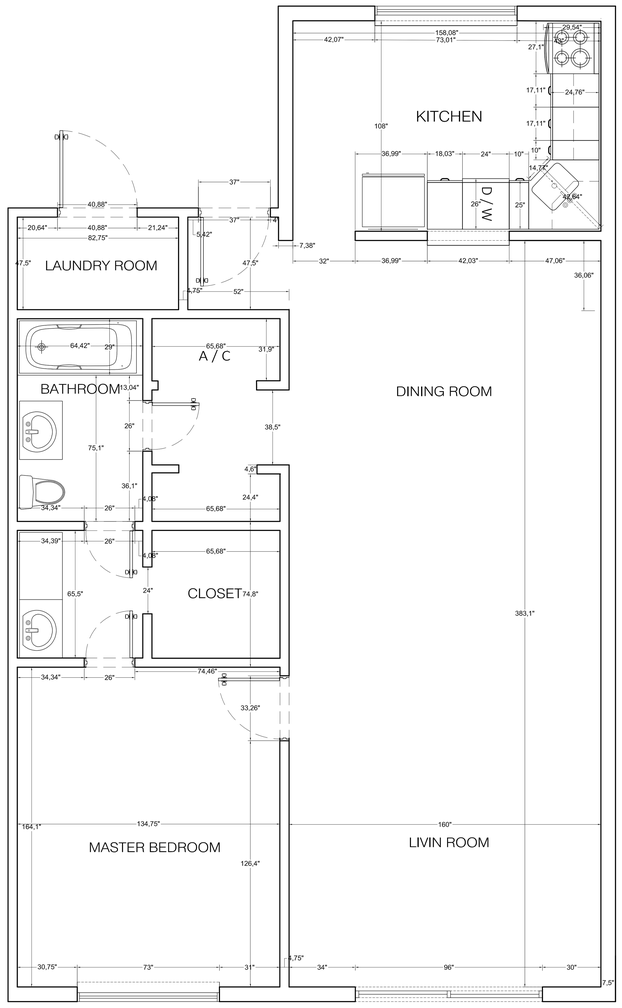
Ron DeSantis, Governor Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

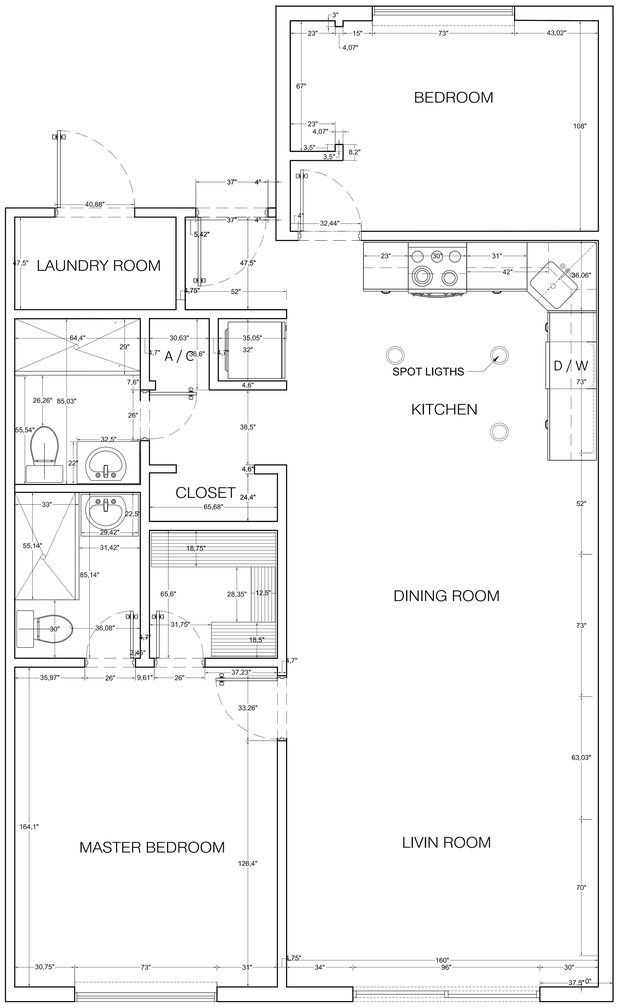
LICENSE NUMBER: CGC1536504 **EXPIRATION DATE: AUGUST 31, 2026**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

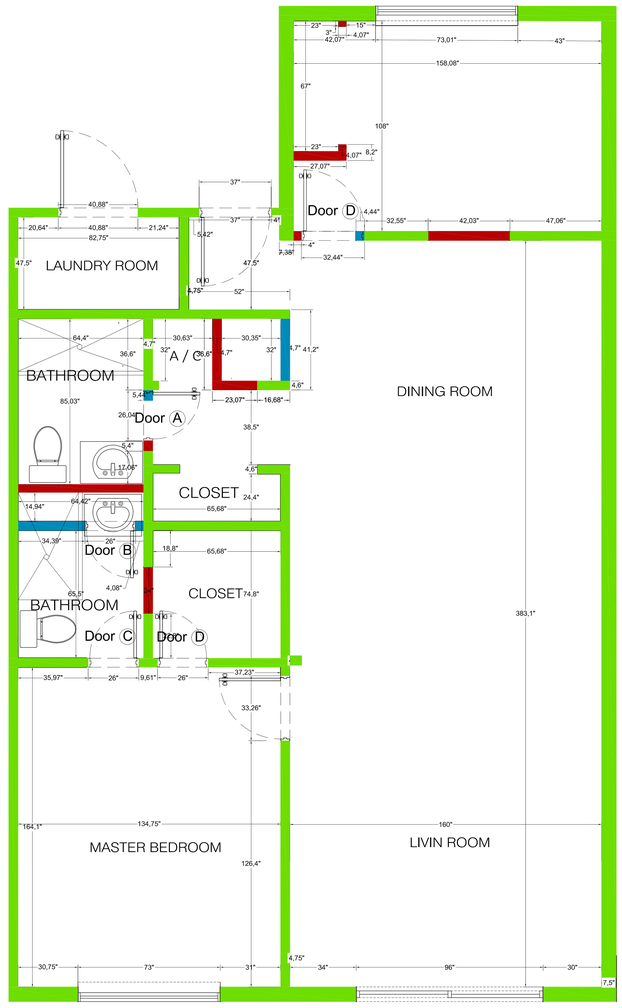
HOWARD, ROBERT THOMAS
RNW CONTRACTORS LLC



VILLA 3 EXISTENT



VILLA 3 PROPOSAL



VILLA 3 CHANGES

- Existing Walls
- Added Walls
- Walls to be removed

- Door (A) This door is the same, it just moves
- Door (B) Remove
- Door (C) Keep
- Door (D) New

APPROVED WITH CONDITIONS
(SEE BPMM CONDITIONS)
10/25/2025, 7:30:00 PM
BC-ALT-25-0244
Jane Herrin

00001 - FIRE (Jane Herrin)
Required: Smoke alarms, hard-wired, interconnected, inside and outside of each bedroom. The smoke alarms outside of the bedrooms are required to be combination carbon monoxide (CO2) and smoke.

Longboat Key, FL

Comment and Corrections Report

501 Bay Isles Road, Longboat Key, FL, 34228

Project	**BC-ALT-25-0244** BC-ALT-25-0244
Project Address	4730 GULF OF MEXICO Longboat Key, FL 34228
Files and Attachments	VILLA 3 DRAWINGS.pdf 1st Submittal Complete_with_Docusign_Villa_3_Gathman_NOWBO.pdf 1st Submittal

Project Details

- Project Type: Commercial Alteration

Instructions

This is the Plan Review Comment Summary of the applicable disciplines of plans received. This review summary shall not be construed as authority to violate, cancel, alter or set aside any provision of the Town Codes or Ordinances. Please submit revised drawings/plans, per the comments below.

Please address all reviewer comments by providing written responses from the Engineer of record (when applicable), indicating where changes are provided on plan sheets. Submit your responses together with your plan revisions at the same time.

Please name all documents clearly based on their content (e.g., Site Plan.pdf, Electrical License.pdf).

Do not use special characters (such as , /, :, *, ?, ", <, >, |) in your filenames.

Resubmitting Documents:

If a document requires revisions, please resubmit it using the following process:

- Navigate to Record Details > Attachments.
- Select the document that needs to be updated.
- Use the **'Resubmit'** action next to the document.
- Use the exact same filename as the original submission. The system will automatically manage version control.

For any new or additional documents, please upload them via Record Details > Attachments > Add.

If you have questions or concerns reach out the permitting office at (941) 316-1966.

Thank you

Building

[Page 1 | Comment 00002 | VILLA 3 DRAWINGS.pdf]

Debra Klahr

The cover sheet of your submitted plans is required to include the following items: • The Florida Building Code (FBC) 2023 Design Criteria • Wind Load 150 MPH • Risk Factor II • Exposure Category D • Contractor’s Name (Qualifier), including: Contractor’s License Number; Company Name (dba); Contractor’s Address; Contractor’s Phone Number; Contractor’s Email; the Owner’s Name; and, the Job Site Address.

Fire

[Page 9 | Comment 00001 | Complete_with_Docusign_Villa_3_Gathman_NOWBO.pdf]

Jane Herrin

Required: Smoke alarms, hard-wired, interconnected, inside and outside of each bedroom. The smoke alarms outside of the bedrooms are required to be combination carbon monoxide (CO2) and smoke.

Reviewers

Fire (1 Comment)
Jane Herrin

Building (1 Comment)
Debra Klahr

Town of Longboat Key
Planning, Zoning and Building Department
501 Bay Isles Road
Longboat Key, Florida 34228
941-316-1966
941-316-1970 FAX

CHANGE OF CONTRACTOR – PROPERTY OWNER AUTHORIZATION

PERMIT NUMBER: BC-ALT-25-02494

PROPERTY ADDRESS: 4730 Gulf of Mexico Dr. V-3

I am the owner of the property address listed above and have terminated my construction contract with my original contractor RJW Contractors LLC. (name of contractor), for this work. I have notified the contractor of their termination.

My new contractor is JBL Construction & Development Corp (name of new contractor), and I request they take over the permit listed above. The new contractor will assume responsibility for the work effective 12 day of August, 20 26.

I hereby acknowledge that I have read and understood the above affidavit on this 5 day of August 20 26.

Signature of Property Owner _____

Print Name: R. Stephen Gathman

NOTARIZATION OF SIGNATURE

State of Florida

County of Manatee

The foregoing instrument was acknowledged before me by means of physical presence ☑ or online notarization ☐, this 5th day of August 2026 By Steve Gathman.

Signature of Notary Public _____

Printed/Stamped Name of Notary Public MERYEM BILLAOUADIL

NOTARY PUBLIC STATE OF FLORIDA

Commission # HH 735850

Expires November 8, 2029

Personally known ☑ OR produced identification ☐ Type of ID. _____

Revised 1/11/2025

APPROVED

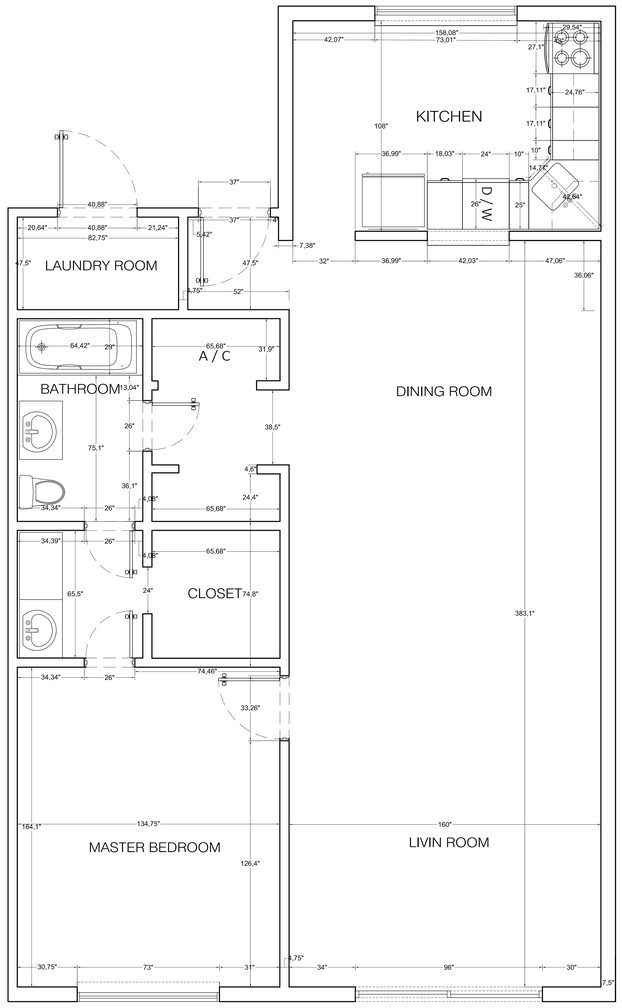
LONGBOAT KEY INCORPORATED FLORIDA

BUILDING OFFICIAL

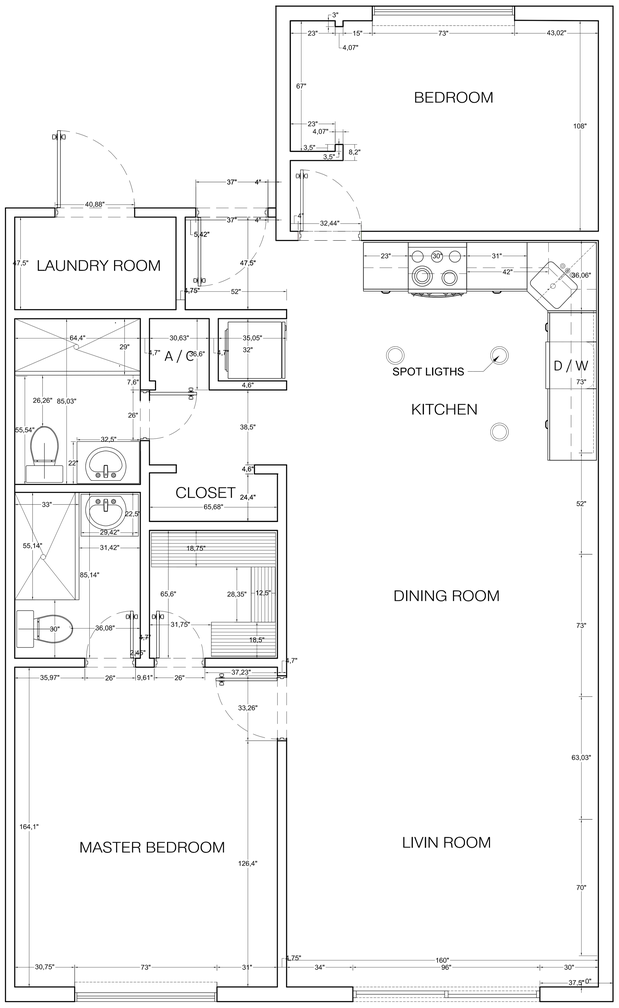
By: Patti Fige

Date: August 13, 2026

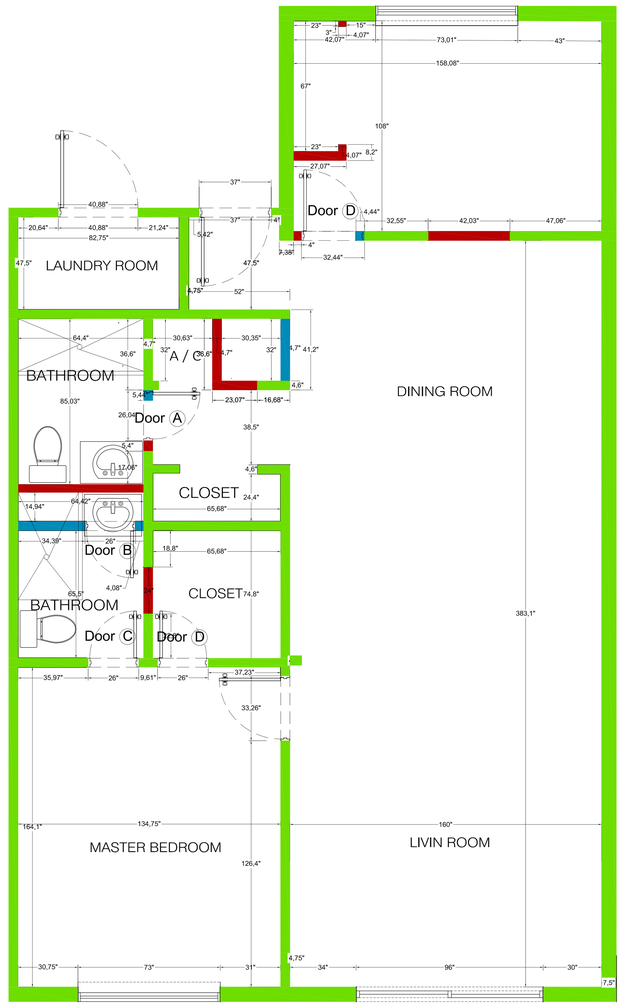
00002



VILLA 3 EXISTENT



VILLA 3 PROPOSAL



VILLA 3 CHANGES

- Existing Walls
- Added Walls
- Walls to be removed

Door (A)	This door is the same, it just moves
Door (B)	Remove
Door (C)	Keep
Door (D)	New

Longboat Key, FL

Comment and Corrections Report

501 Bay Isles Road, Longboat Key, FL, 34228

Project	**BC-ALT-25-0244** BC-ALT-25-0244
Project Address	4730 GULF OF MEXICO Longboat Key, FL 34228
Files and Attachments	Complete_with_Docusign_Villa_3_Gathman_NOWBO.pdf 1st Submittal

Project Details

- Project Type: Commercial Alteration

Instructions

This is the Plan Review Comment Summary of the applicable disciplines of plans received. This review summary shall not be construed as authority to violate, cancel, alter or set aside any provision of the Town Codes or Ordinances. Please submit revised drawings/plans, per the comments below.

Please address all reviewer comments by providing written responses from the Engineer of record (when applicable), indicating where changes are provided on plan sheets. Submit your responses together with your plan revisions at the same time.

Please name all documents clearly based on their content (e.g., Site Plan.pdf, Electrical License.pdf).

Do not use special characters (such as , /, :, *, ?, ", <, >, |) in your filenames.

Resubmitting Documents:

If a document requires revisions, please resubmit it using the following process:

- Navigate to Record Details > Attachments.
- Select the document that needs to be updated.

- Use the **'Resubmit'** action next to the document.
- Use the exact same filename as the original submission. The system will automatically manage version control.

For any new or additional documents, please upload them via Record Details > Attachments > Add.

If you have questions or concerns reach out the permitting office at (941) 316-1966.

Thank you

Fire

[Page 9 | Comment 00001 | Complete_with_Docusign_Villa_3_Gathman_NOWBO.pdf]

Jane Herrin

Required: Smoke alarms, hard-wired, interconnected, inside and outside of each bedroom. The smoke alarms outside of the bedrooms are required to be combination carbon monoxide (CO2) and smoke.

Reviewers

Fire (1 Comment)
Jane Herrin

JBL CONSTRUCTION & DEVELOPERS CORP.

CGC1514362

2811 4TH ST E., BRADENTON, FL 34208

THE FOLLOWING IS THE NEW SCOPE OF WORK THAT JBL WILL BE PERFORMING

AT 4730 GULF OF MEXICO DR., VILLA 3

REMOVE ALL FLOOR AND WALL TILES IN 2 BATHROOMS

INSTALL NEW LINEAR DRAIN IN MASTER BATH

WE WILL EXPOSE ALL FRAMING MEMBERS IN THESE 2 BATHROOMS

CUT OUT DRYWALL ACCESS HOLES FOR VERIFICATION OF INSULATION INSTALLATION

INSTALL NEW FLOORING THROUGHOUT UNIT.

THERE WILL BE NO ELECTRICAL OR HVAC WORK PERFORMED

PAINT THROUGHOUT.

JOHNNY BUENO

Inst. Number: 202641094108 Page 1 of 1 Date: 8/14/2026 Time: 11:45 AM
Angelina "Angel" Colonneso Clerk of Courts, Manatee County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT

Permit Number _____ **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.

This space reserved for recording

1. **DESCRIPTION OF PROPERTY:** *and street address, if available).*
   2 BEDROOM VILLA-3
   4730 GULF OF MEXICO DR. LBK 34228

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**
   INTERIOR AND 2 BATHROOM BATHROOM REMODEL

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**
   Name & Address: MARY/STEVE GATHMAN
   Interest in Property: OWNER
   Fee Simple Title Holder (if different from owner listed above): _____

4. **CONTRACTOR:** Name: JBL CONSTRUCTION & DEVELOPERS CORP. Phone Number: 305-970-4559
   Contractors Address: 2811 4TH ST E. BRADENTON FL 34208

5. **SURETY (If applicable, a copy of the payment bond is attached):** Amount of bond: $_____
   Name: _____ Phone Number: _____
   Address: _____

6. **LENDER'S NAME:** _____ 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: _____ Phone Number: _____
   Address: _____

8. In addition, Owner designates _____ of _____ 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: _____

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 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.

_____ R. Stephen Gathman
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager) (Print Name and Provide Signatory's Title/Office)

State of Florida County of Manatee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 10th day of August, 2026 by Robert Stephen Gathman (name of party on behalf of whom instrument was executed) for Owner (type of authority, e.g. officer, trustee, attorney in fact)

____ Personally Known or X Produced Identification FL Drivers License G355-777-66-174-6
(type of identification produced)

_____
(Signature of Notary Public – State of Florida)

GILBERTO SANTOS
Notary Public - State of Florida
Commission # HH 460047
My Comm. Expires Oct 31, 2027

Gathman permit #BC-ALT-25-0244

Summarize

Reply | Reply All | Forward

Fri 8/7/2026 10:56 AM

SG

Steve Gathman <rsgathman@gmail.com>
To Kevin Figueroa; Patti Fige

This sender rsgathman@gmail.com is from outside your organization.

You replied to this message on 8/7/2026 11:06 AM.

CAUTION: This email originated from outside of Longboat Key. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Kevin-
Per my conversation with Patti, please put an extension on this permit, which is set to expire on Monday August 10.
Please confirm.
Please call me with any questions.
813-597-8711.

30 days
Request

Thanks!
Steve Gathman

30 Days

APPROVED

BUILDING OFFICIAL

By: Patti Fige

Date: Aug 10, 2026