



Marion County

License Review Board

Meeting Agenda

Tuesday, July 13, 2021

5:30 PM

**Growth Management Training
Facility**

Invocation

Pledge of Allegiance

Roll Call

1. Adoption of Minutes of Previous Meeting

1.1. [June 08, 2021 Minutes](#)

2. License Review - Contractors

2.1. [Incoming Contractors through Letter of Reciprocity](#)

2.2. [Contractors to take Prometric Examination](#)

3. Unlicensed & Licensed Contractors: None

4. Old Business

4.1. [LRB 2021-21 Ralph Elmore vs. Michelle Desrocher / The Rock Roofing, Inc](#)

4.2. [LRB 2020-02 Colleen Beam vs. David Rutter / Perfectly Clear Pools](#)

5. New Business

5.1. [LRB 2021-22 Kenneth Williams vs. Gary Marlin / Marlin Air & Heat, Inc](#)

5.2. [LRB 2021-23 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.](#)

5.3. [LRB 2021-25 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.](#)

5.4. [LRB 2021-24 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.](#)

6. Other



Marion County

License Review Board

Agenda Item

File No.: 2021-3529

Agenda Date: 7/13/2021

Agenda No.: 1.1.

SUBJECT:
June 08, 2021 Minutes

DESCRIPTION/BACKGROUND:
See attached



Marion County Board of County Commissioners

Building Safety ▪ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429

Marion County License Review Board Minutes June 8, 2021

The monthly meeting of the Marion County License Review Board was held at the Growth Services Training Room, 2710 E. Silver Springs Blvd., Ocala, FL 34470.

The Chair called the meeting to order at 5:31 pm. An official recording of the meeting was made by the Marion County Building Safety Department with BIS recording software.

1. **INVOCATION:**

2. **PLEDGE OF ALLEGIANCE:**

3. **ROLL CALL:**

Board members present were: Lee Kitzmiller, Roger Sandor, James Duryea, Fawn Singletary, Chuck Stokes, Allen Curry and Alan O'Cull

Also attending: Lisa Singleton - Board Secretary/Contractor Lic. Spec., Michelle Fanelli - Permitting & Licensing Division Manager, Miquel Figueroa – Licensing Investigator, Liz Alsobrook, Will Smith, County Attorney and Dana Olesky- County Attorney.

MINUTES:

Roger Sandor moved and Alan O'Cull seconded to accept May 11, 2021 minutes. Motion passed unanimously.

4. **LICENSE REVIEW OF CONTRACTORS:**

Incoming Contractors through Letter of Reciprocity: Roger Sandor moved and Alan O'Cull seconded to approve the list as presented. Motion passed unanimously.

Applicants to take Prometric Examination: None

5. **LEINS FOR UNLICENSED & LICENSED CONTRACTORS:** Roger Sandor moved and Alan O'Cull seconded to approve the list as presented. Motion passed unanimously.

6. OLD BUSINESS:

LRB 2021-20 Justin Vining / West Marion Air Conditioning & Heating Inc vs. Marion Co. Building Dept. (appeal 845053)

Justin Vining was present and properly sworn in. Miguel Figueroa, Licensing Investigator, was present and properly sworn in

Testimony was given by both parties.

Allen Curry moved and Roger Sandor seconded, that the License Review Board hereby finds as fact: that Justin Vining / West Marion Air Conditioning & Heating, Inc. requested an appeal of citation 845053. And therefore, the Boards decision is to grant the appeal of citation 845053. Motion passed unanimously.

LRB 2021-21 Ralph Elmore vs. Michelle Desrocher / The Rock Roofing, Inc.

Ralph Elmore was present and properly sworn in. Michelle Desrocher was present and properly sworn in. Miguel Figueroa, Licensing Investigator, was present and properly sworn in.

Testimony was given by both parties.

Allen Curry moved and Chuck Stokes seconded, that the License Review Board hereby finds as fact: that Michelle Desrocher / The Rock Roofing, Inc. stated she could complete the job by July 9th, 2021. And therefore, the Boards decision is to postpone the case 30 days until July 13th, 2021 at 5:30 pm. Motion passed 5 to 2.

7. NEW BUSINESS: None

8. OTHER BUSINESS:

Mr. O'Cull asked legal about the Ethics Class and legal advised she would email out the new link because it is done online now.

Mr. Stokes requested to have the disclosure form sent to him by Board Secretary and legal also reminded that they are due by July 1st, 2021.

The meeting adjourned at approximately 6:38 pm.

The next scheduled meeting will be Tuesday, July 13th, 2021 at 5:30 pm.

Respectfully submitted,

Lee Kitzmiller / Chair

Lisa Singleton / Secretary

cc: Marion County Board of County Commissioners - Assistant County Attorney
Marion County Building Department Records
Marion County Board of County Commissioners Record Clerk



Marion County License Review Board

Agenda Item

File No.: 2021-3614

Agenda Date: 7/13/2021

Agenda No.: 2.1.

SUBJECT:

Incoming Contractors through Letter of Reciprocity

DESCRIPTION/BACKGROUND:

See list as presented



RECIPROCITY LICENSE REVIEW BOARD

July 13, 2021

	<i>LRB APPLICANT</i>	<i>TRADE</i>	<i>APPROVED/ DENIED</i>	<i>COMMENTS</i>	<i>LRB A OR D</i>	<i>1ST</i>	<i>2ND</i>
1	Barry, James	Reg. Plumber	A				
2	Blanford, Robert	Irrigation Comp. Card	A				
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							



Marion County License Review Board

Agenda Item

File No.: 2021-3616

Agenda Date: 7/13/2021

Agenda No.: 2.2.

SUBJECT:

Contractors to take Prometric Examination

DESCRIPTION/BACKGROUND:

See attached



EXAM

LICENSE REVIEW BOARD

July 13, 2021

	<i>LRB APPLICANT</i>	<i>TRADE</i>	<i>BLDG - APP/ DENIED</i>	<i>COMMENTS</i>	<i>LRB A OR D</i>	<i>1ST</i>	<i>2ND</i>
1	Mitchell, Blake	Concrete	A				
2	West, Michael	Concrete	A				
3							
4							
5							
6							
7							
8							
9							
10							
11							



Marion County License Review Board

Agenda Item

File No.: 2021-3620

Agenda Date: 7/13/2021

Agenda No.: 4.1.

SUBJECT:

LRB 2021-21 Ralph Elmore vs. Michelle Desrocher / The Rock Roofing, Inc

DESCRIPTION/BACKGROUND:

See attached



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429



COPY

**BEFORE THE MARION COUNTY LICENSE REVIEW BOARD
OF MARION COUNTY, FLORIDA**

**CERTIFIED MAIL: 7020-2450-0002-0559-3404
7020-2450-0002-0559-3411**

Ralph Elmore
Petitioner

LRB 2021-21

VS.

Michelle Desrocher/ The Rock Roofing, Inc
Contractor
CGC1527682/ CT# 18470

BOARD ORDER

The matter coming to be heard before the Marion County License Review Board for consideration of the complaint filed against the Contractor/Respondent.

Service of this complaint was made by certified mail, and the Respondent was duly advised.

The License Review Board hereby finds as fact: **that Michelle Desrocher / The Rock Roofing, Inc. stated she could complete the job by July 9th, 2021 .**

And as a conclusion of law finds the Contractor:

- ☐ Performed work in a manner which shows a lack of competency
- ☐ Performed work in a negligent manner
- ☐ Performed work which is in violation of Marion County codes
- ☐ Misrepresented the cost/scope/quality or timetable of work performed
- ☐ Engaged in dishonest trade practices by not paying the concrete company.
- ☐ Allowed his/her contractor's certificate to be used by others
- ☐ Engaged in an activity which reflects upon his/her competency as a contractor

And; **therefore the Board's decision is to postpone the case 30 days until July 13th, 2021 at 5:30 pm.**

Based upon the gravity of the offense, the License Review Board of Marion County has taken the following action on this case:

- ☒ Postponed
- ☐ Dismissed ☐ with prejudice ☐ without prejudice
- ☐ Withholding of permitting privileges until this case has been resolved
- ☐ Revoke permitting privileges in Marion County
- ☐ Letter of Reprimand on file with DBPR
- ☐ Made to pay restitution in the amount \$
- ☐ Fine in the amount of \$
- ☐ Suspension of Certificate
- ☐ Revocation of Certificate

A copy of this Order will be placed in the records of the Marion County Building Department and, if Contractor is State Certified/Registered, this ORDER will also be forwarded to the Department of Business and Professional Regulation, State of Florida.

A contractor may petition the Board to rehear a decision of revoking or suspending their certificate of competency or authorizing withholding of building permits. **The petition must be received by the Marion County Building Department on a form provided by the Department by 5:00 p.m. on the tenth (10th) calendar day after the date of execution of this Order.** A decision of the License Review Board may be appealed by writ of certiorari to the Circuit Court in and for Marion County within thirty (30) days after the date of execution.

FURTHER, the Marion County License Review Board makes the RECOMMENDATION to the Florida Construction Industry Licensing Board (FCIL Board), Jacksonville, FL to impose on the State Registration the following penalty:

- ☐ No further action
- ☒ Postponed
- ☐ Dismissed
- ☐ Withholding of permitting privileges until this case has been resolved
- ☐ Suspension of permitting privileges in Marion County
- ☐ Made to pay restitution in the amount of \$
- ☐ Fine in the amount of \$

In accordance with Florida Statutes, Chapter 489.131(7) (c) and (d), the disciplined contractor, the complainant, or the Department of Business and Professional Regulation may challenge the local enforcement body's recommended penalty to the FCIL Board. A challenge shall be filed within sixty (60) days of the issuance of the recommended penalty with the FCIL Board in Jacksonville, Florida. If challenged, there is a presumptive finding of probable cause, and the case may proceed before the FCIL Board without the need for a probable cause hearing.

Failure of the disciplined contractor, the complainant, or the Department of Business and Professional Regulation to challenge the local enforcement body's recommended penalty within the time period set forth above shall constitute a waiver of the right to a hearing before the FCIL Board.

A waiver of the right to a hearing before the FCIL Board shall be deemed an admission of the violation, and the penalty recommended shall become the final order according to the procedures developed by FCIL Board rule without further FCIL Board action. The disciplined contractor may Appeal this Board action to the district court.

DONE AND ORDERED by the Marion County License Review Board this **June 8th, 2021.**

LICENSE REVIEW BOARD OF
MARION COUNTY


LEE KITZMILLER / CHAIRMAN

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Ralph Elmore USPS

Street and Apt. No., or PO Box No. 9400 Nello Terr.

City, State, ZIP+4® Anthony FL 32617

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><u>Ralph Elmore</u> <u>9400 Nello Terr</u> <u>Anthony FL 32617</u></p> <p>2. Article Number (Transfer from service label)</p> <p><u>7020 2450 0002 0559 3404</u></p>	<p>A. Signature</p> <p><u>X</u> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Ralph Elmore</u> C. Date of Delivery <u>6/18/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

9590 9402 2965 7094 5035 23

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Sent To: Michelle Desrocher / The Rock Roofing
 Street and Apt. No., or PO Box No. 4217 SW 22nd St
 City, State, ZIP+4® Ocala FL 34474

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SILVER SPRINGS, FL 34488
JUN 11 2021
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Michelle Desrocher / The Rock Roofing 4217 SW 22nd St Ocala FL 34474</p> <div style="text-align: center;">  9590 9402 2965 7094 5035 16 </div> <p>2. Article Number (Transfer from service label) 7020 2450 0002 0559 3411</p>	<p>A. Signature <input checked="" type="checkbox"/> M. L. Desrocher <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p>Mail (over \$500)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



The Rock Roofing Inc.

The Rock Roofing Inc.
4217 SW 22nd St
Ocala, FL
(352)239-8064
CCC1331307
CGC1527682

Given during LRB
6/8/21

Client: Elmore Ralph or Deborah
Property: 9400 NE 16th Ter
Anthony, FL 32617

Home: (352) 402-0490

Operator: THEROCK

Estimator: Michelle Desrocher
Company: The Rock Roofing Inc.
Business: 4217 SW 22nd St
Ocala, FL 34474

Business: (352) 239-8064

Date Entered: 6/26/2019 12:41 PM
Date Job Began:

Date Job Contracted:
Date Job Completed:

Price List: FLOC7R_JUN19
Labor Efficiency: Remodel
Estimate: ELMORE-RALPH-DEBORA

2656.69



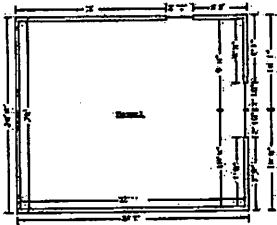
The Rock Roofing Inc.

The Rock Roofing Inc.
4217 SW 22nd St
Ocala, FL
(352)239-8064
CCC1331307
CGC1527682

ELMORE-RALPH-DEBORA

Existing

Main Level



Room: Room1

Height: 8'

702.67 SF Walls	478.33 SF Ceiling
1,181.00 SF Walls & Ceiling	478.33 SF Floor
53.15 SY Flooring	87.83 LF Floor Perimeter
87.83 LF Ceil. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
1. Remove Sheathing - plywood - 1/2" CDX	244.00 SF	0.75	0.00	183.00
12. (Install) Sheathing - plywood - 1/2" CDX	244.00 SF	0.00	0.75	183.00
2. (Install) Siding - vinyl	702.67 SF	0.00	1.98	1,391.29
3. (Install) Vinyl J trim	150.00 LF	0.00	1.80	270.00
4. (Install) Vinyl outside corner post	72.00 LF	0.00	2.17	156.24
5. Siding Installer - per hour	8.00 HR	0.00	65.03	520.24
This is to remove and replace damaged wood siding and replace with new plywood.				
6. (Install) Attic vent - gable end - vinyl	2.00 EA	0.00	31.53	63.06
7. Scaffolding Setup & Take down - per hour	6.00 HR	0.00	32.60	195.60
8. Scaffold - per section (per week)	4.00 WK	0.00	49.28	197.12
9. (Install) Vinyl window - double hung, 9-12 sf	4.00 EA	0.00	101.28	405.12
10. Window Installer - per hour	8.00 HR	0.00	65.03	520.24
This is to repair wood around windows.				
11. (Install) 2" x 4" lumber (.667 BF per LF)	36.00 LF	0.00	1.37	49.32
Room Totals: Room1				4,134.23
Area Items Total: Main Level				4,134.23
Area Items Total: Existing				4,134.23
Line Item Totals: ELMORE-RALPH-DEBORA				4,134.23



The Rock Roofing Inc.

The Rock Roofing Inc.
4217 SW 22nd St
Ocala, FL
(352)239-8064
CCC1331307
CGC1527682

Grand Total Areas:

702.67 SF Walls	478.33 SF Ceiling	1,181.00 SF Walls and Ceiling
478.33 SF Floor	53.15 SY Flooring	87.83 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	87.83 LF Ceil. Perimeter
478.33 Floor Area	508.06 Total Area	702.67 Interior Wall Area
814.50 Exterior Wall Area	90.50 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



The Rock Roofing Inc.

The Rock Roofing Inc.
4217 SW 22nd St
Ocala, FL
(352)239-8064
CCC1331307
CGC1527682

Summary

Line Item Total

4,134.23

O&P

526.63

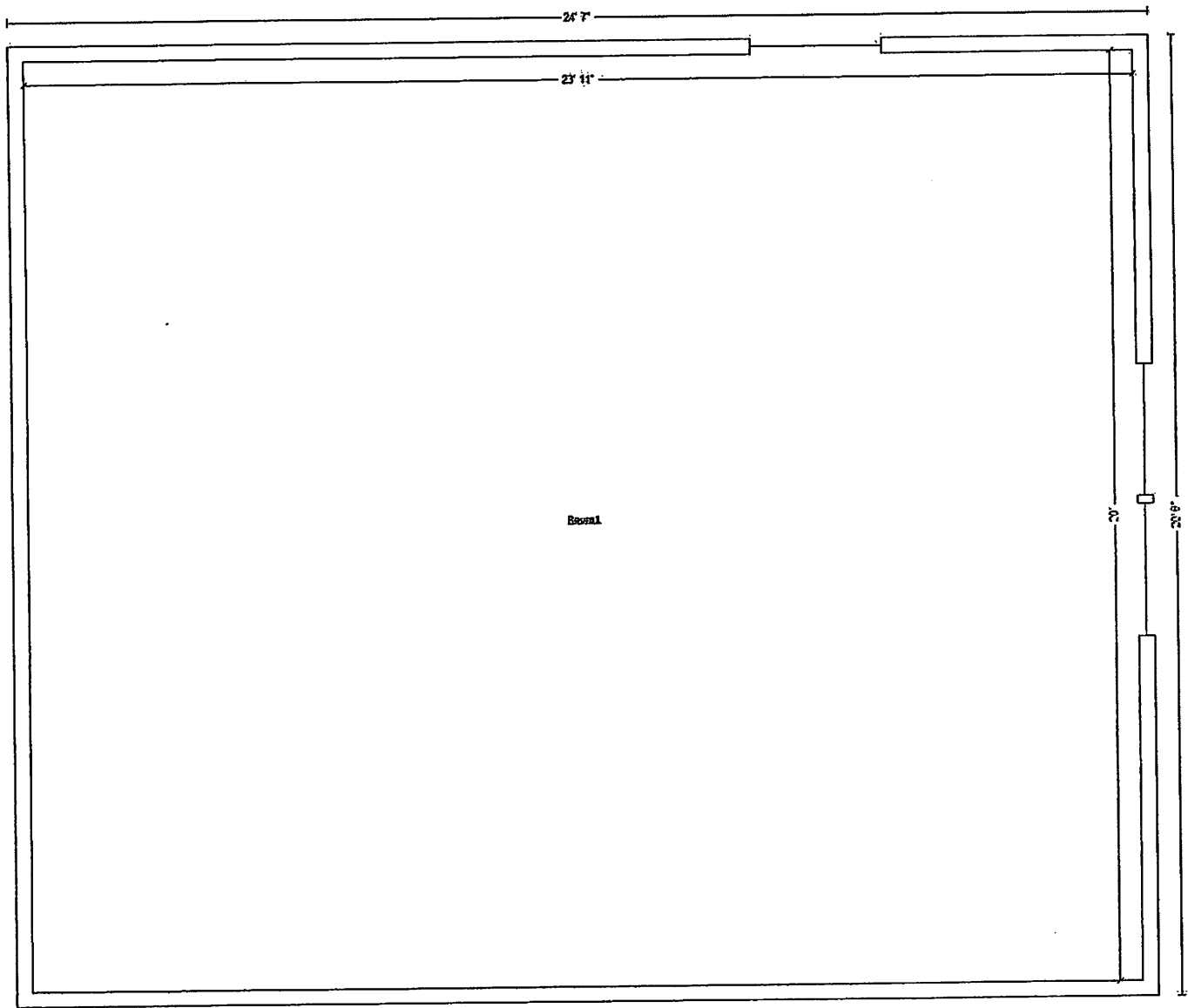
Grand Total

4,660.86


~~Michelle Burmeister~~

-58

4427 82



given during
URB 6/18/21

KotaCo Company, LLC
10886 NE 142nd PL
Fort McCoy, FL 32134
CBC1255548

Contact: Patrick Ferguson
352-342-6722, Fergusoncontracting@yahoo.com

- Install new house wrap.
- Install salvaged trim and siding along with new siding which is estimated to be 300sqft and 90% of trim will be new.
- Residence will be chemically rinsed with a pressure washer to give siding a new uniformed appearance.
- All permitting and inspections will be done by KotaCo Company, LLC.

Total Proposal:

\$12,500.00

Acceptance of this proposal constitutes acceptance of the terms and conditions set forth below which shall be considered an integral part of the agreement. Payment will be made as outlined below. Any amounts not paid when due shall be subject to accrual of interest at the rate of 2% per month until paid. Failure of payment by Client shall excuse further performance by Contractor until all delinquencies are paid in full. Client shall be responsible for all costs including attorney's fees incurred by Contractor in the collection of any monies owed hereunder. To the extent permitted by law, the above client agrees to hold harmless Kotaco Company, LLC, its officials, employees or others affiliated with them by reason of personal or bodily injury, death, property damage or loss of use thereof which is in any way connected with this accepted agreement. Any work needed beyond what is specified in the below scope of work will be an additional cost and included in a change order. We request 50-75% of estimate amount to be paid up front before we begin and the remaining at job completion.

Thank you for your interest in working with the KotaCo Family! We warranty workmanship for 1 year.

Please feel free to contact us anytime day or night except from Friday sunset to Saturday sunset. Thank you and stay blessed.

KotaCo Company, LLC
10886 NE 142nd PL
Fort McCoy, FL 32134
CBC1255548
Contact: Patrick Ferguson
352-342-6722, Fergusoncontracting@yahoo.com

Customer Name and Info: Ralph Elmore 9400 NE 16 th Terr Anthony, FL 32617 ralphelmore@gmail.com 352-402-0490	Top half to be signed prior to the start of the _____ modifications. I, _____ confirm that I understand and accept the below listed authorized scope of work which is being completed for me by Kotaco Company LLC. Signature: _____ Date: _____	Jobsite Name and location: Ralph Siding 9400 NE 16 th Terr Anthony, FL 32617
--	---	---

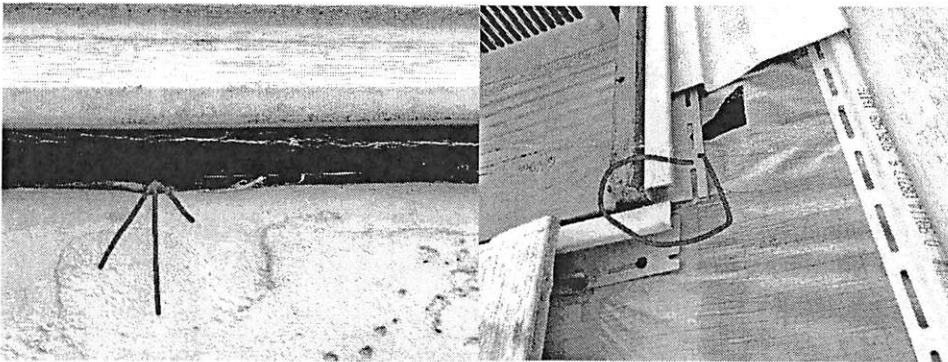
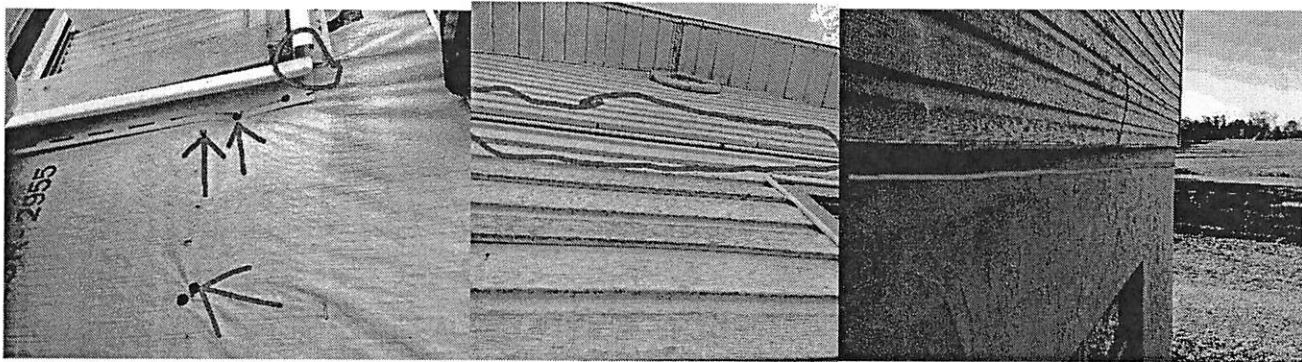
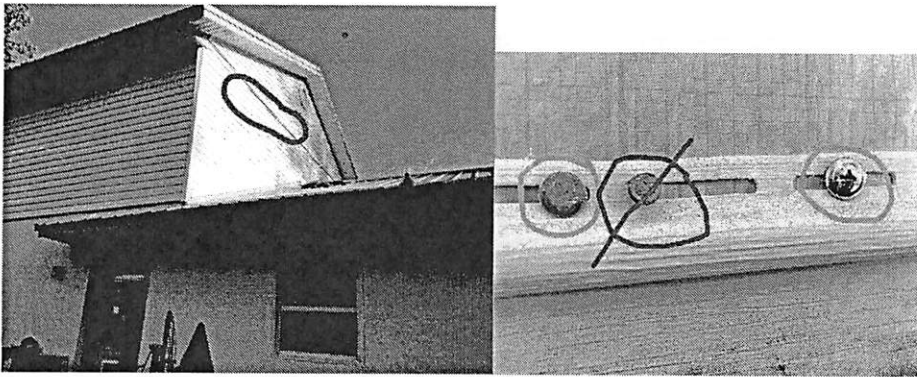
Proposal

- Deconstruct approximately 1125sqft of vinyl siding that was installed with the incorrect fasteners and is now falling off the residence in multiple areas. This involves all 4 sides of the house and siding begins at the second level going up 2 gable ends. This includes all trim pieces and starter strips since trim was installed incorrectly. The corner trim is installed too close to the top of the stucco walls and does not create a seal to stop water intrusion (the first row of siding was not installed correctly, allowing water intrusion at the seam).
- Uninstall house wrap.
- Deconstruction will be done in a manner to save as much siding, and trim to lower overall costs.
- Scaffolding provided for project on 3 sides of house, set before work begins.
- Prep siding substrate for vinyl siding, as in gable ends will be furred out to corrected to have a smooth transition and no seam in new siding at gable ends.
 1. The gable ends of house are not a smooth transition currently. Installer attempted a seam to cover this up, but it was also installed incorrectly as a seam.

Thank you for your interest in working with the KotaCo Family! We warranty workmanship for 1 year.

Please feel free to contact us anytime day or night except from Friday sunset to Saturday sunset. Thank you and stay blessed.

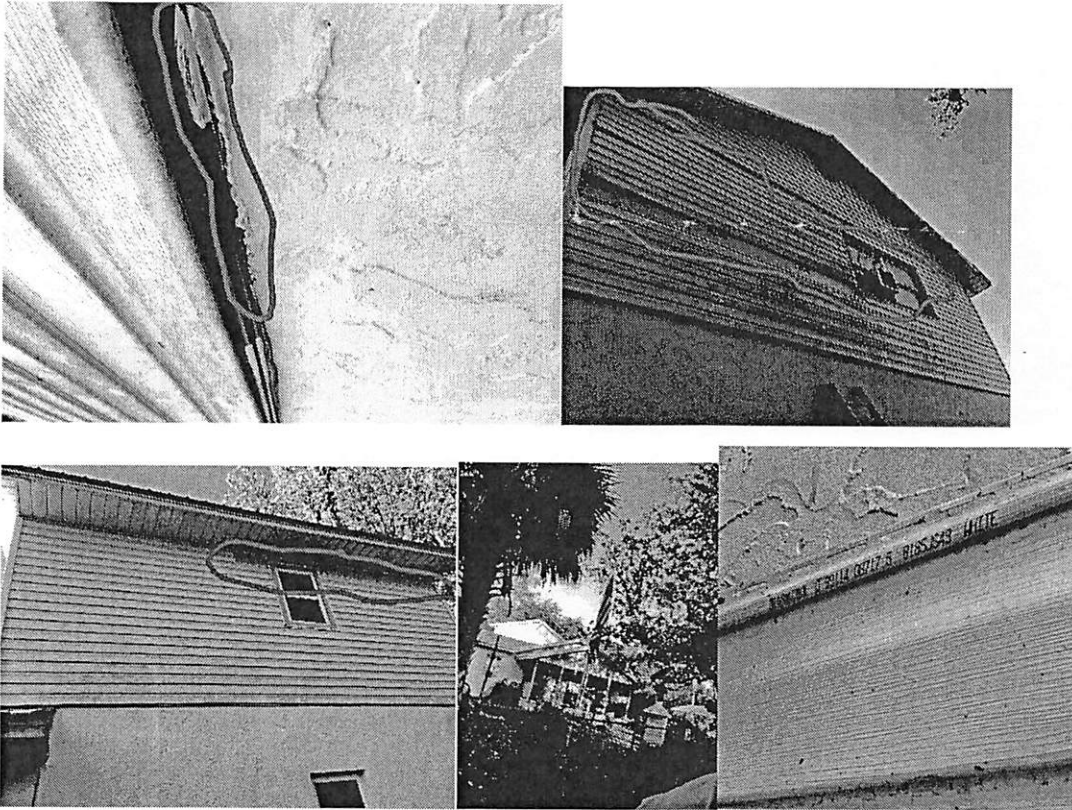
KotaCo Company, LLC
10886 NE 142nd PL
Fort McCoy, FL 32134
CBC1255548
Contact: Patrick Ferguson
352-342-6722, Fergusoncontracting@yahoo.com



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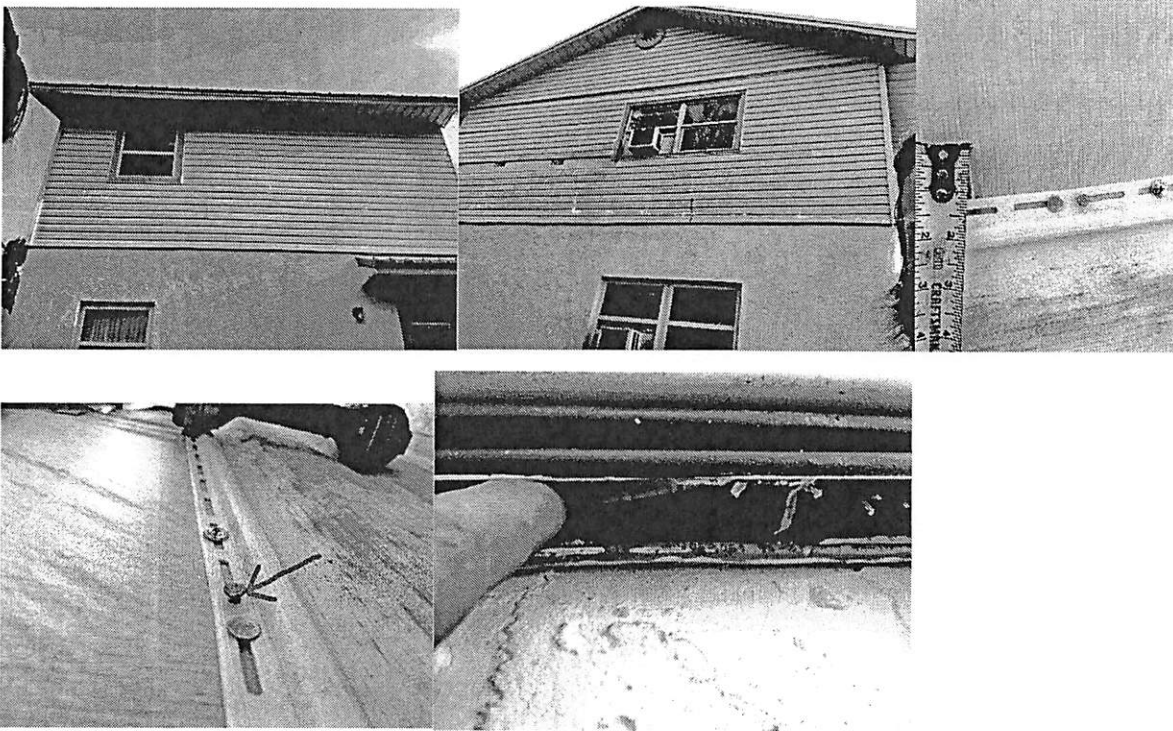
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Contact: Patrick Ferguson
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Please feel free to contact us anytime day or night except from Friday sunset to Saturday sunset. Thank you and stay blessed.

25

TOTAL \$12,840.00

THANK YOU FOR YOUR BUSINESS!



BEFORE THE MARION COUNTY LICENSE REVIEW BOARD
OF MARION COUNTY, FLORIDA

CERTIFIED MAIL: 7020-2450-0002-0559-2858
7020-2450-0002-0559-2865

Ralph Elmore
Petitioner

LRB 2021-21

VS.

Michelle Desrocher/ The Rock Roofing, Inc
Contractor
CGC1527682/ CT# 18470

BOARD ORDER

The matter coming to be heard before the Marion County License Review Board for consideration of the complaint filed against the Contractor/Respondent.

Service of this complaint was made by certified mail, and the Respondent was duly advised.

The License Review Board hereby finds as fact: that both parties have agreed to postpone the case.

And as a conclusion of law finds the Contractor:

- ☐ Performed work in a manner which shows a lack of competency
- ☐ Performed work in a negligent manner
- ☐ Performed work which is in violation of Marion County codes
- ☐ Misrepresented the cost/scope/quality or timetable of work performed
- ☐ Engaged in dishonest trade practices by not paying the concrete company.
- ☐ Allowed his/her contractor's certificate to be used by others
- ☐ Engaged in an activity which reflects upon his/her competency as a contractor

And; therefore the Board's decision is to postpone the case until June 8th, 2021 at 5:30 pm.

Based upon the gravity of the offense, the License Review Board of Marion County has taken the following action on this case:

- ☒ Postponed
- ☐ Dismissed ☐ with prejudice ☐ without prejudice
- ☐ Withholding of permitting privileges until this case has been resolved
- ☐ Revoke permitting privileges in Marion County
- ☐ Letter of Reprimand on file with DBPR
- ☐ Made to pay restitution in the amount \$
- ☐ Fine in the amount of \$
- ☐ Suspension of Certificate
- ☐ Revocation of Certificate

A copy of this Order will be placed in the records of the Marion County Building Department and, if Contractor is State Certified/Registered, this ORDER will also be forwarded to the Department of Business and Professional Regulation, State of Florida.

A contractor may petition the Board to rehear a decision of revoking or suspending their certificate of competency or authorizing withholding of building permits. **The petition must be received by the Marion County Building Department on a form provided by the Department by 5:00 p.m. on the tenth (10th) calendar day after the date of execution of this Order.** A decision of the License Review Board may be appealed by writ of certiorari to the Circuit Court in and for Marion County within thirty (30) days after the date of execution.

FURTHER, the Marion County License Review Board makes the RECOMMENDATION to the Florida Construction Industry Licensing Board (FCIL Board), Jacksonville, FL to impose on the State Registration the following penalty:

- ☐ No further action
- ☒ Postponed
- ☐ Dismissed
- ☐ Withholding of permitting privileges until this case has been resolved
- ☐ Suspension of permitting privileges in Marion County
- ☐ Made to pay restitution in the amount of \$
- ☐ Fine in the amount of \$

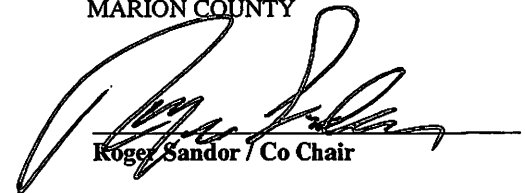
In accordance with Florida Statutes, Chapter 489.131(7) (c) and (d), the disciplined contractor, the complainant, or the Department of Business and Professional Regulation may challenge the local enforcement body's recommended penalty to the FCIL Board. A challenge shall be filed within sixty (60) days of the issuance of the recommended penalty with the FCIL Board in Jacksonville, Florida. If challenged, there is a presumptive finding of probable cause, and the case may proceed before the FCIL Board without the need for a probable cause hearing.

Failure of the disciplined contractor, the complainant, or the Department of Business and Professional Regulation to challenge the local enforcement body's recommended penalty within the time period set forth above shall constitute a waiver of the right to a hearing before the FCIL Board.

A waiver of the right to a hearing before the FCIL Board shall be deemed an admission of the violation, and the penalty recommended shall become the final order according to the procedures developed by FCIL Board rule without further FCIL Board action. The disciplined contractor may Appeal this Board action to the district court.

DONE AND ORDERED by the Marion County License Review Board this May 11th, 2021.

LICENSE REVIEW BOARD OF
MARION COUNTY



Roger Sandor / Co Chair

7020 2450 0002 0559 2865

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Michelle Desrocher The Rock Roofing
Street and Apt. No., or PO Box No.	4217 SW 22 St
City, State, ZIP+4®	Ocala FL 34474
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Michelle Desrocher The Rock Roofing 4217 SW 22 St Ocala FL 34474</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 0559 2865</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



9590 9402 2965 7094 5038 68

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7020 2450 0002 0559 2858

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	<div>ST. PETERSBURG, FL 34488</div> <div>Postmark Here</div> <div>MAY 18 2021</div>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Mr. Elmore	
Street and Apt. No., or PO Box No. 4405 NE 16th Ave	
City, State, ZIP+4® Winter Park FL 32417	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400



April 9, 2021

**CERTIFIED MAIL 7020-2450-0002-0559-3046
7020-2450-0002-0559-3053**

**Mr. Ralph Elmore
9400 NE 16th Terr.
Anthony, FL 32617**

Dear Mr. Ralph Elmore;

Please be advised your formal complaint, **Case #LRB 2021-21** has been received against:

Contractors Name: **Michelle Desrocher
The Rock Roofing, Inc
4217 SW 22nd St
Ocala, FL 34474**

Before the Marion County License Review Board at their meeting on **Tuesday, May 11th, 2021 at 5:30 P.M.** In the Marion County Growth Management Building – Training Facility at, 2710 E. Silver Springs Blvd. A copy of the complaint has been sent to the contractor.

It is requested that you attend this meeting. You may bring legal counsel to this meeting (if you so desire.) Any additional documentation substantiating your claim must be received prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given ten minutes to present your case and then a five minute rebuttal.

Circumstances may occur that prevent the legal service of the Notice of Complaint to the Contractor; please confirm with the License Review Board Secretary at 352-438-2429 on **Monday, May 10th, 2021** to verify the status of your complaint. Should you and the contractor settle your dispute prior to the hearing date, please send the Building Department a written statement before the scheduled hearing date requesting the complaint be withdrawn.

Please be advised, if any person or persons wish to appeal a decision of the License Review Board made at the above hearing, a record of the proceedings will be needed by such person or persons as well as a verbatim record. If you wish to preserve the testimony given at the hearing, you must make your own arrangements to do so.

Sincerely,

**Lisa Singleton
Contractor Licensing Specialist
License Review Board Secretary**

7020 2450 0002 0559 3053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee \$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage \$		
Total Postage and Fees \$		
Sent To Mr. Ralph Elmore		
Street and Apt. No., or PO Box No. 9400 NE 16 Ter.		
City, State, ZIP+4® Anthonysville AL 36017		

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Ralph Elmore
9400 NE 16 Ter.
Anthonysville AL 36017



9590 9402 2965 7094 5038 13

2. Article Number (Transfer from service label)

7020 2450 0002 0559 3053

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ralph Elmore

C. Date of Delivery

4-16-21

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400



COPY

April 9, 2021

**CERTIFIED MAIL: 7020-2450-0002-0559-3046
7020-2450-0002-0559-3053**

**Ms. Michelle Desrocher
The Rock Roofing, Inc
4217 SW 22nd St
Ocala, FL 34474**

Dear Ms. Desrocher;

Please be advised a formal complaint, Case # **LRB 2021-21** has been brought against you by:

Complainant's Name: **Mr. Ralph Elmore
9400 NE 16th Terr.
Anthony, FL 32617**

Before the Marion County License Review Board at their meeting on **Tuesday, May 11th, 2021** at **5:30 P.M.** In the Marion County Growth Management Building – Training Facility at 2710 E. Silver Springs Blvd. A copy of the complaint was emailed to you.

It is requested that you attend this meeting. You may bring legal counsel to this meeting (if you so desire.) Any additional documentation substantiating your claim must be received ten (10) working days prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given five (5) minutes to present your case and then a two (2) minute rebuttal.

Please contact the License Review Board Secretary at 438-2429 on **Monday, April 10th, 2021** to verify the Status of this complaint. **Should you settle your dispute prior to the case date, please ask the complainant to send the Building Department a written statement before the scheduled hearing date requesting the complaint be withdrawn.**

Please be advised, if any person or persons wish to appeal a decision of the license review board made at the above hearing, a record of the proceedings will be needed by such person or persons as well as a verbatim record. If you wish to preserve the testimony given at the hearing, you must make your own arrangements to do so. If any person requiring special equipment should contact the Board Secretary at least two (2) business days prior to the meeting.

Sincerely,

**Lisa Singleton
Contractor Licensing Specialist**

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70202450000205593046

Remove X

Your item was delivered to an individual at the address at 1:14 pm on April 14, 2021 in OCALA, FL 34481.

✓ Delivered, Left with Individual

April 14, 2021 at 1:14 pm
OCALA, FL 34481

Get Updates v

Text & Email Updates

Tracking History

Product Information

Feedback

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To: The Rock Roofing, Inc / Michelle Desrocher	
Street and Apt. No., or PO Box No. 4517 SW 22nd St	
City, State, ZIP+4® Ocala FL 34474	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

See Less ^

Sch for
mail

PROCESSING / ROUTING OF COMPLAINT FORM

- ☒ Receive complaint in
- ☒ Create an Action Order (AO), assign to Division Manager
- ☒ Review complaint:
 - ☒ Verify if complaint is for licensed or unlicensed contractor, fill in information on complaint form in red ink.
 - ☒ Verify if a permit was issued, fill in information on complaint form in red ink.
 - ☒ Provide copy of any permit information with complaint.

- ☒ Scan complaint to AO
- ☒ Submit all paper work submitted to Division Manager
- ☒ Division Manager will review complaint.
- ☒ Division Manager will keep a log of complaints
- ☒ A preliminary review will be done
- ☒ Complaint will be referred to investigators to investigate

☒ Contact complainant

☒ Contact the contractor

- ☒ Investigator will report back to Division Manager for direction after contacting both parties reporting recommendation: Spoke with the Contractor.

the contractor will get in touch with Mr. Elmore in regards to the siding on how to get it fixed.

Called Mr. Elmore and informed him that I spoke with the

- ☐ Division Manager will review cases with Building Official

- ☐ Division Manager will then assign to appropriate designee

- ☐ If complaint is valid to go before LRB, the case will be turned over to Licensing Specialist to schedule before LRB.
- ☐ If complaint is out of the LRB powers, the case will be turned over to Licensing Specialist to notify owner by letter that case is not a valid complaint at this time. Specialist will also close the action order and confirm all information scanned to the record.
- ☐ If complaint is concerning unlicensed, officer will cite the unlicensed activity and call owner to advise of action taken.

contractor and that the contractor will get in touch with him to set a time to go out to the residence.

At this time my recommendation is not to go to LRB unless the contractor doesn't fix the issue at hand.

mf.
emailed cont.

Action Order # <u>636136</u>	FOR OFFICE USE: LRB Case # <u>2021-21</u>
Code Case # _____	

COMPLAINT FORM - PART I

NOV 9 2020
R

- ☐ Building Code Issues/Permitting Issues Fill out Part I
- ☐ Contractor/Licensing Issues Fill out Part I and Part II

COMPLAINANT INFORMATION: DATE OF YOUR CALL or VISIT: 11-9-20

Name: RALPH L ELMORE

Address: 9400 NE 16TH TER ANTHONY FL 32617

Daytime (8am-5pm) Phone Number: 352 4020490 Cell Phone Number: 352 895 0080

Email (if you would prefer electronic correspondence): DEB@ELMORE.COM

Address or Parcel ID that your complaint refers to: 9400 NE 16TH TER ANTHONY FL 32617

Complaint is about: (circle)

Mobile Home	Building Addition	Department Staff Member
Shed	<u>Contractor</u>	Other: <u>CARE & QUALITY OF WORK</u>

- Spoke w/ Mrs Elmore she will get photos and email to us.

NATURE OF COMPLAINT

NOTE: If the subject of your complaint is a contractor licensed by the State of Florida, a copy of this form will be sent to them, pursuant to 455.225(1) Florida Statutes.

Please provide the date(s) of occurrence and as much detail of the incident as you can. If applicable, provide copies of any quotes, invoices, or correspondence.

SHORTLY AFTER THE SIDING WAS INSTALLED
IT STARTED FALLING OFF. CONTRACTOR FIXED
THE PROBLEM TWICE, THEN THE THIRD TIME
SOME SIDING FELL OFF CONTRACTOR SHOWED
UP & SAID SHE HAD TO HAVE MORE HELP
AND WOULD BE BACK IN TWO WEEKS TO
REDO MOST ALL OF IT AS IT WAS INSTALLED
INCORRECTLY. IT HAS NOW BEEN MONTHS AND
NO CONTACT. SHE WILL NOT ANSWER MY CALLS
RETURN MY CALLS OR ANYTHING AND I AM LEFT
WITH SIDING OFF MY HOUSE.

IF FILING A COMPLAINT AGAINST A LICENSED CONTRACTOR:

You must sign and date that you have read and understood the following statement:

Florida Statute (837.06) False Official Statements: Whoever knowingly makes a false statement, in writing, with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



Signature (Required to file complaint)

11-9-20

Date

CONTRACTOR COMPLAINT FORM - PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: MICHELLE DESROCHER

Business Name: THE ROCK ROOFING INC

Address: 4217 SW 22ND ST

Phone: 352 239 8064

License Number: CGC1527682 / CCC1331307
CF 18470 *CF 17083*

In addition to your written statement in **PART I**, please document your contractual relationship with the Contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

PROVIDE COPIES OF ANY OF THE FOLLOWING IF AVAILABLE:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc.
3. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts Warranties.

I am complaining in my capacity as the:

☒ Homeowner [] Subcontractor [] Building Department [] Contractor

Check the category that best summarizes the work that was performed or what the contractor did for you:

- [] Built house [] Remodeled house [] Built addition to a house [] Commercial roof work
[] Re-roofed the entire house [] Built a commercial structure
[] Remodeled or built an addition to a commercial structure [] A/C or heating work at the residence
[] Installed a pool [] other, please explain NEW SIDING

Please circle the letter(s) for the category that best describes your basic complaint:

- ☒ A. Poor workmanship by contractor
B. Job finished, but contractor will not correct problems
C. Roof leaks, and contractor will not repair
D. Contractor failed to pay subcontractors/suppliers
E. Contractor taking an unreasonably long time to do the job
☒ F. Contractor abandoned job
G. Financial dishonesty/misconduct by contractor
H. Contractor exceeded the scope of his/her license

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION. IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".

BASIC BACKGROUND DATA:

1. Is the work site located inside ☐ City limits or ☒ County limits?

2. What is the street address and city of the work site? 9400 NE 16TH TER ANTHONY FL 32617

3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? ☒ YES ☐ NO

Contract Price: \$ 44,278.2 Date of Contract: Jul-2019

Approximate Date that Work Began: AUG 2019

Approximate Date that Work Ended: WAS NOT FINISHED

4. Was the permit obtained from the Marion County Building Department? ☒ YES ☐ NO
If NO, was a permit required? ☐ YES ☐ NO

5. What was the name of the person who pulled the permit? MICHELLE DESROCHER

6. What was the permit number? 2019072380

7. Was the permit obtained on time? ☒ YES ☐ NO

8. Was the Certificate of Occupancy issued? ☐ YES ☐ NO ?

9. If the Certificate of Occupancy was not issued, explain why. ?

10. Were any inspections missed or performed late? ☐ YES ☐ NO LOOKS LIKE ONLY FINAL WAS DONE

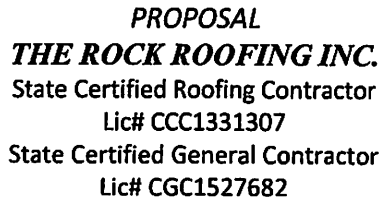
11. Was the Final Inspection passed? ☒ YES ☐ NO

FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ 44,278.2
2. What was the total price paid to the contractor? \$ 44,278.2
3. If you hire another contractor what is the estimated cost to finish the job? \$ _____
(Attach estimates from licensed contractor(s))
4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to pay? ☒ YES ☐ NO
5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was responsible to pay for? ☐ YES ☒ NO
6. What is the total amount of the unpaid bills? \$ N/A
7. Did the contractor sign any statements stating that the bills had been paid? ☐ YES ☒ NO
8. Has the contractor been terminated? ☐ YES ☒ NO
9. Has the job been finished by you or a new contractor? ☐ YES ☒ NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.
SIDING HAS FALLEN OFF IN TWO LOCATIONS ON 3
DIFF OCCASSIONS. CONTRACTOR ALSO TOLD ME PART OF THE
SIDING WAS PUT ON INCORRECT & HAD TO BE COMPLETELY REDONE.
TO THIS DAY 11-9-20 I STILL HAVE SIDING OFF ON THE GROUND
2. Has the contractor offered to repair any and all damage that was caused? ☐ YES ☒ NO NOT THE LAST TIME
3. Has the contractor made an attempt to repair the damage? ☒ YES ☐ NO
If YES, how many times? 3
4. Have you had another licensed contractor, architect, or engineer inspect the work?
☐ YES ☒ NO
If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection: _____



Phone 352-402-0490 Date 7/11/2019
 Job Location 9400 NE 16th ter
 City, State, Zip Anthony, FL 32617
 Job Number 1115

[illegible]

We Propose hereby to furnish material and labor to complete in accordance with above specifications, for the sum of: \$4688.86 Draws and payments to be made as follows: 40% Down \$1864.35 30% @ delivery of materials \$1398.25 30% @ completion \$1327.26

We will require a deposit of 40% down, 30% upon material delivery, and 30% upon completion of the work.

Authorized Signature: Nichelle Wesbacher

Date of acceptance

The Rock Roofing Inc. Terms & Conditions

GENERAL (Cust. Init. _____)

1. Work authorized herein relates to the satisfactions on the front page of this contract, the estimate, supplements, change orders and related documents, and does not cover pre-existing deficiencies unless stated otherwise.
2. All materials used will be standard stock materials, unless otherwise specified, and will match existing materials within reasonable tolerance as to color, texture, design, etc. Wood is a product of nature. Natural Products will have some variations in graining or color, which is considered acceptable condition of wood condition.
3. Contract price is based on completion during normal working hours. Owners agree to provide access to the jobsite as required for the completion of the work. Owners telephone, electricity and water are to be available to the contractor's personnel during work hours.
4. Any work deleted from this work authorization and related documentation must be agreed upon by both the owner and the contractor in writing and the owner will be reimbursed for such work in an amount equal to the contractor's projected cost of said work. Improvement and changes will be done only by change order.
5. Contractor is not responsible for theft, disappearance of, or the damage to jewelry, art objects, silver, gold, guns, monies, antiques or personal items unless these items are removed and inventoried by the contractor's personnel and stored in the contractor's facilities.
6. Contractor guarantees all workmanship covered by this authorization for one year from the date of completion, provided payment has been made in accordance with the terms of this agreement. All materials used are covered by the warranties or guarantees provided by the manufacturer.
7. Contractor has no responsibility for additional work or services performed under any agreement between the owner and the workmen or tradesmen or sub-contractor of the contractor. Warranty work provided by subcontractor or personnel, other than those hired by the contractor, will not be paid by the contractor unless agreed to in advance.
8. Cancellation, this contract cannot be assigned or cancelled without written consent of an officer of the company. If this agreement is cancelled by the customer after midnight of the third business day from the date of this transaction, the customer shall pay to the company any and all monies the company has invested in customers project.

REMEDIES FOR NON PAYMENT (Cust init) _____ in the event of default by the owner, The Rock Roofing Inc. may exercise its right including contractors choice of mediation or litigation at the owner's expense, to one or all of the following remedies.

1. Owner grants to contractor a lien on the owner's real property being repaired under this contract for all work being performed on owner's contents required by/or approved by the owner pursuant to this contract. The lien amount may be included in any lien claim by contractor pursuant to Florida Statutes Section 713 et.seq. Construction Lien Law on the property in accordance with Florida Statutes 713. Owner acknowledges that this contract fulfills all **notice to owner** obligations under Florida Law.
2. Breach of Contract Litigation or Mediation – The venue for all such litigation will be held
3. Referral of account to outside collection agency, who in turn may report to your non-payment to any or all credit bureaus.
4. Reasonable attorney's fees and other collection cost incurred any and all extra charges incurred by The Rock Roofing Inc., including but not limited to internal staff and external staff.
5. Collection from the owner of any monies withheld by a lienholder as a party to a co-payee check as a result of default or delinquency by the owner on a mortgage or other obligation on the property.

FLORIDA HOMEOWNERS CONSTRUCTION RECOVERY FUND PAYMENT MAY BE AVAILABLE FROM THE FLORIDA HOMEOWNERS CONSTRUCTION RECOVERY FUND IF YOU LOSE MONEY ON A PROJECT PERFORMED UNDER CONTRACT, WHERE THE LOSS RESULTS FROM SPECIFIC VIOLATIONS OF FLORIDA LAW BY LICENSED CONTRACTOR. FOR INFORMATION ABOUT THE RECOVERY FUND AND FILING A CLAIM, CONTACT THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD AT THE FOLLOWING TELEPHONE NUMBER AND ADDRESS: 1940 N Monroe St, Tallahassee, Florida 32399-2202: (850) 487-1395

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE THE RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR SUBCONTRACTOR FAILS TO PAY A SUBCONTRACTOR, SUBCONTRACTORS OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED, YOUR PROPERTY CAN BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDAS CONSTRUCTION LIEN LAW IS COMPLEX AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

Material list

Siding 4 boxes @ 200sf per box

4 outside corners

J channel 11

9 Starter strip for siding

Nails/ screws

Plywood 8 sheets

4 2x4x12

2 rolls Protecto Wrap

BT25XL 6 in. x 50 ft. Window and Door Sealing Tape

2 Gable vents

1 Window @ 25 3/8 X 26 3/4

1 window @ 36X37

2 windows @ 36X 49 1/2 with mul bar for middle.

3 tubs caulk white

122257

MITCHELL

239 8064

YES

1/2 L-6 1101 354340 GALVANIZED

5/8 - 15/32 TREATED

NOT ORDERED? 1002 961477

24x36

24x36 ALUMINUM

1001 227 093

1001 229 198

~~1001~~ 482 652 MOLLAN

HOUSE WRAP

1000 001507



SPECIAL SERVICES CUSTOMER INVOICE

Store 0253 OCALA
3300 SW 35TH TERRACE
OCALA, FL 34474

Phone: (352) 873-1144
Salesperson: TLG668
Reviewer: TLG668

Page 1 of 3 No. H0253-122257

VALIDATION AREA

This is only a QUOTE for the merchandise and services printed below. This becomes an Agreement upon payment and an endorsement by a Home Depot register validation.

SOLD TO	Name	ELMORE RALPH		Phone 1	(352) 402-0490
	Address	9400 NE 16TH TER		Phone 2	(352) 895-0080
				Company Name	
	City	ANTHONY		Job Description	vinyl sodong material
	State	FL	Zip	32617	County

QUOTE is valid for this date: 07/17/2019

CUSTOMER PICKUP #1

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # W17 SKU # 0000-515-664 Customer Pickup / Will Call

STOCK MERCHANDISE TO BE PICKED UP:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R16	0000-482-652	1.00	EA	50/70 SH ALUM MULL 4 BLOCK 50 1/2 /	A	Y	\$67.00	\$67.00
R01	1002-560-543	4.00	EA	TF D4.5DL 145" VINYL SIDING - WHITE /	A	Y	\$143.00	\$572.00
R02	0000-449-583	11.00	EA	1/2" J-CHANNEL - WHITE /	A	Y	\$5.98	\$65.78
R03	0000-438-401	9.00	EA	VINYL STARTER STRIP /	A	Y	\$6.64	\$59.76
R05	0000-161-667	4.00	EA	2X4-12FT STD/BTR KD-HT PRIME SPF /	A	Y	\$6.47	\$25.88
R07	0000-984-590	3.00	EA	ALEX PLUS WHITE 10.1 OZ /	A	Y	\$2.38	\$7.14
R10	1002-961-477	2.00	EA	6"X50' WINDOW & DOOR SEALING TAPE	A	Y	\$17.97	\$35.94
R11	1000-001-507	1.00	RL	9'X150' EVERBILT HOUSEWRAP	A	Y	\$98.00	\$98.00
R12	1001-754-124	8.00	EA	15/32" 4X8 PT RTD GC SHEATHING PLY /	A	Y	\$27.57	\$220.56
R13	1001-653-663	2.00	EA	SPAX HCR-X FH 8X2 1 LB /	A	Y	\$10.93	\$21.86
R14	1001-227-093	1.00	EA	50 FL SH 2 3/32 7/8X37 1/4 LOW-E SC /	A	Y	\$148.00	\$148.00
R15	1001-229-198	2.00	EA	50 FL SH 2 3/32 7/8X49 1/2 LOW-E SC /	A	Y	\$164.00	\$328.00

SCHEDULED PICKUP DATE: 07/18/2019

MERCHANDISE TOTAL: \$1,649.92

*** CONTINUED ON NEXT PAGE ***

WILL-CALL MERCHANDISE PICK-UP

Will-Call items will be held in the store for 7 days only.

Check your current order status online at
www.homedepot.com/orderstatus

FOR WILL CALL
MERCHANDISE PICK-UP
PROCEED TO WILL CALL OR
SERVICE DESK AREA
(Pro Customers, Proceed To The Pro Desk)



(9801) 0100780638

AOT 056 156



More saving.
® More doing.™

NOV 04 2020
J

3300 S.W. 35TH TERRACE
OCALA, FL. 34474 (352)873-1144

0253 00003 19418 07/17/19 04:04 PM
CASHIER JOAN

ORDER ID: H0253-122257
RECALL AMOUNT 1649.92
-----10% off Military Discount-----
1649.92 10% off Military Discou -164.99
MUST RETURN ALL ITEMS FOR A FULL REFUND

SUBTOTAL 1,484.93
SALES TAX 103.95
TOTAL \$1,588.88
XXXXXXXXXXXX7211 DEBIT USD 1,588.88
AUTH CODE 161443
AID A0000000980840 US DEBIT

<M> = Military Appreciation



0253 03 19418 07/17 9 1157

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$1,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: 653R 39378 39128
PASSWORD: 19367 39125

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.



More Saving.
More Doing.™

Pick up Confirmation

The Home Depot
Store #0253

3300 Sw 35th Terrace
Ocala, FL 34474
(352) 873-1144

Date: 07/18/2019 01:44 PM

OrderNumber: H0253-122257

Will-Call Number: W17

Order Date: 07/17/2019

Sales Receipt Store #: 0253

Sales Receipt Date: 07/17/2019

Sales Receipt Trans #: 19418

Sales Receipt Register #: 3

Customer Name: Ralph Elmore - DIY

Alt Pick up Person:

Phone: (352) 895-0080

Address: 9400 NE 16TH TER
ANTHONY, FL 32617

Ref #	Item #	Item Description	Quantity Sold	Previously Released	Released On 07/18/2019 01:44 PM
R01	1002-560-543	TF D4.5DL 145" VINYL SIDING - WHITE	4.00	0.00	4.00
R02	0000-449-583	1/2" J-CHANNEL - WHITE	11.00	0.00	11.00
R03	0000-438-401	VINYL STARTER STRIP	9.00	0.00	9.00
R05	0000-161-667	2X4-12FT STD/BTR KD-HT PRIME SPF	4.00	0.00	4.00
R07	0000-984-590 ^	ALEX PLUS WHITE 10.1 OZ	3.00	0.00	3.00
R10	1002-961-477	6"X50' WINDOW & DOOR SEALING TAPE	2.00	0.00	2.00
R11	1000-001-507	9'X150' EVERBILT HOUSEWRAP	1.00	0.00	1.00
R12	1001-754-124	15/32" 4X8 PT RTD GC SHEATHING PLY	8.00	0.00	8.00
R13	1001-653-663	SPAX HCR-X FH 8X2 1 LB	2.00	0.00	2.00
R14	1001-227-093	50 FL SH 2-3 35 7/8X37 1/4 LOW-E SC	1.00	0.00	1.00
R15	1001-229-198	50 FL SH 2-4 35 7/8X49 1/2 LOW-E SC	2.00	0.00	2.00
R16	0000-482-652	50/70 SH ALUM MULL 4 BLOCK 50 1/2	1.00	0.00	1.00

*** Not Valid for Refund ***



Signature

^ Item(s) indicated as hazardous.

Please inspect and return any item(s) not acceptable.

Not valid for merchandise pickup after 2:44 PM

Your order was released by: CMS806



QUOTE

Store 0253 OCALA
3300 SW 35TH TERRACE
OCALA, FL 34474

Phone: (352) 873-1144
Salesperson: TLG668
Reviewer: TLG668

Page 1 of 2

No. H0253-122257

SOLD TO	Name	ELMORE RALPH		Phone 1	(352) 402-0490	
	Address	9400 NE 16TH TER		Phone 2	(352) 895-0080	
				Company Name		
	City	ANTHONY		Job Description	vinyl sodong material	
	State	FL	Zip	32617	County	MARION

QUOTE

2019-07-17 09:53

Prices Valid Thru: 07/24/2019

CUSTOMER PICKUP #1

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # W09 SKU # 0000-515-664 Customer Pickup / Will Call

STOCK MERCHANDISE TO BE PICKED UP:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R01	1002-560-543	4.00	EA	TF D4.5DL 145" VINYL SIDING - WHITE /	A	Y	\$143.00	\$572.00
R02	0000-449-583	11.00	EA	1/2" J-CHANNEL - WHITE /	A	Y	\$5.98	\$65.78
R03	0000-438-401	9.00	EA	VINYL STARTER STRIP /	A	Y	\$6.64	\$59.76
R04	0000-166-081	8.00	EA	19/32 4X8 RTD PLYWOOD /	A	Y	\$20.87	\$166.96
R05	0000-161-667	4.00	EA	2X4-12FT STD/BTR KD-HT PRIME SPF /	A	Y	\$6.47	\$25.88
R06	1002-967-107	2.00	EA	9"X33-5/16" WINDOW&DOOR SEALING TAPE /	A	Y	\$19.26	\$38.52
R07	0000-984-590	3.00	EA	ALEX PLUS WHITE 10.1 OZ /	A	Y	\$2.38	\$7.14
R08	1001-356-346	1.00	EA	GRK CABINET 8X1-1/4" 330PK /	A	Y	\$16.54	\$16.54

SCHEDULED PICKUP DATE: 07/18/2019

MERCHANDISE TOTAL: \$952.58

END OF CUSTOMER PICKUP - REF #W09

NOT VALID FOR MERCHANDISE CARRY-OUT

FOR WILL CALL
MERCHANDISE PICK-UP
PROCEED TO WILL CALL OR
SERVICE DESK AREA
(Pro Customers, Proceed To The Pro Desk)

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES**Policy Id (PI):**

A: 90 DAYS DEFAULT POLICY;

'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'

ORDER TOTAL	\$952.58
SALES TAX	\$66.69
TOTAL	\$1,019.27
BALANCE DUE	\$1,019.27

END OF ORDER No. H0253-122257

TERMS AND CONDITIONS**WILL CALL**

Will Call items will be held in the store for 7 days. For Will Call merchandise pick up, proceed to Will Call/Service Desk area(Pro Customers, proceed to the Pro Desk).

Returns: A 15% restocking fee applies to the return of regular special orders, i.e., special orders merchandise that is not custom made. Special orders that are custom uniquely designed or fitted to accommodate the requirements of a particular space or environment (some examples are cabinetry, countertops, floor and wall coverings, and window treatments) are non-returnable. Exceptions: Cancellations made by midnight on the third business day after the date of Your purchase; merchandise incorrectly ordered by Home Depot or by Professional; or merchandise damaged beyond repair in delivery or by Professional. Unless otherwise specified in this Agreement, all returns must be made within Home Depot's posted time frame.

CUSTOMER PICKUP #1 (Continued)	REF #W17
END OF CUSTOMER PICKUP - REF #W17	

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES		
Policy Id (PI): A: 90 DAYS DEFAULT POLICY; <i>'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'</i>	ORDER TOTAL	\$1,649.92
	SALES TAX	\$115.50
	TOTAL	\$1,765.42
	BALANCE DUE	\$1,765.42
END OF ORDER No. H0253-122257		

**The Home Depot Special Services
Will Call/Direct Ship/Delivery**

Returns: Except where prohibited by law, all returned Special Order Merchandise is subject to a fifteen percent (15%) restocking fee. Custom made goods are not returnable.

Will Call: The Home Depot Store will call the number provided on the invoice when your order is available. A Will Call held at the store for over thirty (30) days shall be subject to the abandoned property laws in your state.

Direct Ship: Direct Ship merchandise will be sent by the vendor and/or manufacturer to the address on the invoice.

Delivery: The Home Depot shall arrange for its delivery agent to deliver the merchandise to the address identified on the invoice pursuant to the following terms and conditions:

Roads Notice: The delivery address must be accessible by vehicle over roads and bridges rated to handle up to and including (40) forty ton loads. If any portion of delivery agent's route must traverse a section of road that is not rated to handle a forty ton load or heavier, Customer will be responsible for seeking a waiver, at Customer's expense, from the appropriate governmental authority. If Customer is unable to obtain a waiver, delivery service will not be available to the delivery address.

Unattended Drop: If Customer will not be present to accept the delivery, and the delivery can be left unattended, please initial below:

_____ By initialing here, I authorize The Home Depot and its delivery agent to leave the merchandise unattended following delivery, and I accept full responsibility for any resulting loss of, or damage to, the merchandise.

Outside Deliveries Only: If you are purchasing merchandise designated by The Home Depot for **outside delivery** only, your purchase **does not** include delivery of the merchandise beyond curbside; however, additional services may be available to deliver the merchandise to a location that you designate. In that event, you will be presented with the following waiver at the time of delivery, which you must sign as a condition of receiving any additional delivery services:

In consideration of the delivery of the merchandise that I purchased from The Home Depot ("Merchandise") to a location designated by me at my request, I, _____, on behalf of myself and my agents, successors, and assigns, hereby **RELEASE AND FOREVER DISCHARGE, WITHOUT CONDITIONS**, Home Depot U.S.A., Inc. and its affiliates, employees, officers, directors, managers, agents, contractors and any other person working through or under it (hereinafter collectively "The Home Depot"), from any and all claims, causes of action, demands, liabilities, damages, costs and expenses, of every kind and nature, whether known or unknown, suspected or unsuspected, which exist now or in the future (hereinafter "Claims"), relating and/or arising out of the delivery of the Merchandise. **I FURTHER EXPRESSLY, FULLY, AND UNCONDITIONALLY ASSUME ANY AND ALL RISKS AND FULL LIABILITY FOR ANY RESULTING PERSONAL INJURY, DAMAGE TO PROPERTY OR DAMAGE TO MERCHANDISE WHICH MAY GIVE RISE TO CLAIMS AGAINST ME AND/OR THE HOME DEPOT. I HAVE FULLY INFORMED MYSELF OF THE NATURE OF THE RISKS INHERENT IN THE DELIVERY OF THE MERCHANDISE AND VOLUNTARILY AGREE TO ALLOW DELIVERY OF THE MERCHANDISE ONTO MY PREMISES. I HAVE CAREFULLY READ AND COMPLETELY UNDERSTAND THIS RELEASE AND ASSUMPTION OF RISK FORM BEFORE SIGNING IT.** This agreement shall become effective upon my signature and shall be governed by the laws of the State of Georgia.

If you choose not to utilize additional delivery services beyond curbside delivery, you will not be required to sign the above waiver.

Accepted by:

X

Customer's Signature

07/17/2019

Date















AO # 636136 MF

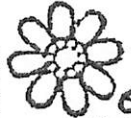
DBORAH H ELMORE
RALPH L ELMORE
9400 NE 16TH TERRACE
ANTHONY, FL 32617

63-1438/831

1056

DATE

7-15-19



PAY TO The Rock Roofing Inc
THE ORDER OF

\$1771.13

ONE THOUSEND SEVEN HUNDRED SEVENTY ONE

DOLLARS

COMMUNITY BANK AND TRUST OF FLORIDA,

FOR SIDING

⑆063114360⑆ 0670044164 1056

7/17/2019 1056 \$1,771.13

The Rock Roofing Inc
Deposit only

CHECK HERE AFTER MONTH OF DEPOSIT DEPOSIT
DO NOT WRITE STAMP OR SIGNATURE OVER THIS LINE

7/17/2019 1056 \$1,771.13

DBORAH H ELMORE
RALPH L ELMORE
9400 NE 16TH TERRACE
ANTHONY, FL 32617

83-1436/631 1058

DATE 7-6-19

PAY TO The Rock Roofing Inc
THE ORDER OF \$ 26,566.58
TWENTY SIX THOUSAND FIFTY SIX & 58/100 DOLLARS

COMMUNITY BANK AND TRUST OF FLORIDA

FOR SIDING NP

8/7/2019 1058 \$2,656.68

8/7/2019 1058 \$2,656.68

ENDORSE HERE

The Rock Roofing Inc

☐ CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

DATE _____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

3187976196

8/7/2019 1058 \$2,656.68

Security Features: Microprint, Chemical, Sensitive Paper, Security Symbols

Results of document alteration:
• NP Small type in line appears as dotted line when photocopied
• Stains or spots may appear with chemical alteration
• Absence of "Original Document" verbiage on back of check.

* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



Marion County
Board of County Commissioners

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429
Fax: 352-438-2430

CONTRACTOR INFORMATION FORM

☐ ACTIVE

☒ INACTIVE

DATE: 5/03/21

LRB CASE # 2021-21

APPEAL # _____

DATE COMPLAINT /APPEAL RECEIVED: 11/09/20

PERMIT REQUIRED: ☒ YES OR ☐ NO PERMIT # 2019072380

SPECIFY PERMIT TYPE: Remove + Replace windows
(i.e.: pool, SFR, shed, etc.)

PERMIT FINALED ☒ YES OR ☐ NO DATE FINALED 9/25/19
☐ Double fee permit

CONTRACTOR: Michelle Desrocher

DBA: True Rock Roofing, Inc

MARION COUNTY CERTIFICATE #: 18470

☒ CERTIFIED STATE #: CGC1527682
☐ REGISTERED STATE #: _____
☐ COMP CARD #: _____

LIABILITY INSURANCE: ☐ YES OR ☒ NO EX DATE: 2/24/2021
WORKERS COMP. INSURANCE: ☐ YES OR ☐ NO EX DATE: _____
WORKERS COMP. EXEMPT: ☒ YES OR ☐ NO EX DATE: 6/30/2021

PREVIOUS COMPLAINTS: ☐ YES OR ☒ NO HOW MANY: _____
PREVIOUS CITATIONS: ☐ YES OR ☒ NO HOW MANY: _____

ADDITIONAL NOTES: _____

<input type="checkbox"/> Pull Contractors file	<input type="checkbox"/> Pull permit file
<input type="checkbox"/> Contractors Certificate Detail	<input type="checkbox"/> Complete Permit History
<input type="checkbox"/> Comments	<input type="checkbox"/> DBPR print out (to verify status)
<input type="checkbox"/> Work Comp exempt printout if exempt	<input type="checkbox"/> Corporation papers (verify if in file)

"Meeting Needs by Exceeding Expectations"



Marion County

License Review Board

Agenda Item

File No.: 2021-3625

Agenda Date: 7/13/2021

Agenda No.: 4.2.

SUBJECT:

LRB 2020-02 Colleen Beam vs. David Rutter / Perfectly Clear Pools

DESCRIPTION/BACKGROUND:

Withdraw of previous Board Order dated 6/09/2020

See attached



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429
AIRS: 352-438-2477
Fax: 352-438-2430



COPY

**BEFORE THE MARION COUNTY LICENSE REVIEW BOARD
OF MARION COUNTY, FLORIDA**

**CERTIFIED MAIL: 7017-1070-0000-9448-6884
7017-1070-0000-9448-6891**

Collene Beam
Petitioner

LRB 2020-02

VS.

David Rutter / Perfectly Clear Pools
Contractor
CT# 15293 / CPC057089

BOARD ORDER

The matter coming to be heard before the Marion County License Review Board for consideration of the complaint filed against the Contractor/Respondent.

Service of this complaint was made by certified mail, and the Respondent was duly advised.

The License Review Board hereby finds as fact: **that David Rutter / Perfectly Clear Pools engaged in activity which reflects upon his competency as a Contractor by not finishing the job and then abandoning the job.**

And as a conclusion of law finds the Contractor:

- ☐ Performed work in a manner which shows a lack of competency
- ☐ Performed work in a negligent manner
- ☐ Performed work which is in violation of Marion County codes
- ☐ Misrepresented the cost/scope/quality or timetable of work performed
- ☐ Engaged in dishonest trade practices by not paying the concrete company.
- ☐ Allowed his/her contractor's certificate to be used by others
- ☒ Engaged in an activity which reflects upon his/her competency as a contractor

And; **therefore the Board's decision is to issue a letter of reprimand and direct the Marion County Building Official to withhold the issuance of any permits until restitution in the amount of \$17,244.36 is paid to the homeowner.**

Based upon the gravity of the offense, the License Review Board of Marion County has taken the following action on this case:

- ☐ Postponed 90 days
- ☐ Dismissed ☐ with prejudice ☐ without prejudice
- ☒ Withholding of permitting privileges until restitution is made
- ☐ Revoke permitting privileges in Marion County
- ☒ Letter of Reprimand on file with DBPR
- ☒ Made to pay restitution in the amount \$17,244.36
- ☐ Fine in the amount of \$
- ☐ Suspension of Certificate
- ☐ Revocation of Certificate

COPY



A copy of this Order will be placed in the records of the Marion County Building Department and, if Contractor is State Certified/Registered, this ORDER will also be forwarded to the Department of Business and Professional Regulation, State of Florida.

A contractor may petition the Board to rehear a decision of revoking or suspending their certificate of competency or authorizing withholding of building permits. **The petition must be received by the Marion County Building Department on a form provided by the Department by 5:00 p.m. on the tenth (10th) calendar day after the date of execution of this Order.** A decision of the License Review Board may be appealed by writ of certiorari to the Circuit Court in and for Marion County within thirty (30) days after the date of execution.

FURTHER, the Marion County License Review Board makes the RECOMMENDATION to the Florida Construction Industry Licensing Board (FCIL Board), Jacksonville, FL to impose on the State Registration the following penalty:

- ☐ No further action
- ☐ Postponed 90 days
- ☐ Dismissed
- ☒ Withholding of permitting privileges until restitution is made
- ☐ Revocation of permitting privileges in Marion County
- ☒ Made to pay restitution in the amount of **\$ 17,244.36**
- ☐ Fine in the amount of \$

In accordance with Florida Statutes, Chapter 489.131(7) (c) and (d), the disciplined contractor, the complainant, or the Department of Business and Professional Regulation may challenge the local enforcement body's recommended penalty to the FCIL Board. A challenge shall be filed within sixty (60) days of the issuance of the recommended penalty with the FCIL Board in Jacksonville, Florida. If challenged, there is a presumptive finding of probable cause, and the case may proceed before the FCIL Board without the need for a probable cause hearing.

Failure of the disciplined contractor, the complainant, or the Department of Business and Professional Regulation to challenge the local enforcement body's recommended penalty within the time period set forth above shall constitute a waiver of the right to a hearing before the FCIL Board.

A waiver of the right to a hearing before the FCIL Board shall be deemed an admission of the violation, and the penalty recommended shall become the final order according to the procedures developed by FCIL Board rule without further FCIL Board action. The disciplined contractor may Appeal this Board action to the district court.

DONE AND ORDERED by the Marion County License Review Board this **June 09, 2020.**

LICENSE REVIEW BOARD OF
MARION COUNTY



Lee Kitzmiller, Chair

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

DAVID RUTTER, individually,
and **FLYING R GROUP, LLC**, a
Florida limited liability
company d/b/a **PERFECTLY CLEAR
POOLS**

Petitioners,

v.

Case No.: 2020-CA-001120

MARION COUNTY, a political
subdivision of the State of
Florida,

Respondent.

STIPULATED ORDER GRANTING PETITION FOR WRIT OF CERTIORARI

THIS CAUSE came before the Court on the Petition for Writ of Certiorari filed by Petitioners, DAVID RUTTER, individually, and FLYING R. GROUP, LLC, a Florida limited liability company d/b/a PERFECTLY CLEAR POOLS. An Order to Show Cause was issued and served on Respondent, MARION COUNTY, a political subdivision of the State of Florida, directing Respondent to file a response to the Petition within 30 days of service. Upon stipulation of the parties, the Court extended the deadline for filing of the Respondent's response to May 3, 2021 by Order of the Court dated April 5, 2021.

The Parties filed a Joint Stipulation for Order Granting Petition for Writ of Certiorari, agreeing to the relief requested in the Petition. After reviewing the Petition and Stipulation, and being otherwise duly advised it is hereby

ORDERED AND ADJUDGED:

1. Petitioners' Petition for Writ of Certiorari is hereby **GRANTED**.

2. This Court hereby vacates in its entirety the June 9, 2020 Board Order entered by the Marion County License Review Board against Petitioners in Marion County case number LRB 2020-02.


3. The Court further vacates the June 16, 2020 Letter of Reprimand issued by Marion County to Petitioners in case number LRB 2020-02.

4. Marion County shall immediately reinstate Petitioners' permitting privileges in Marion County, Florida, and cancel any fees, restitution or other expenses assessed by the County against Petitioners in relation to Marion County case number LRB 2020-02 and/or the June 16, 2020 Letter of Reprimand.

5. Marion County shall immediately withdraw its June 16, 2020 Letter of Reprimand previously submitted to the Florida Department of Business and Professional Regulation in DBPR case number 2021-006925.

6. The Court reserves jurisdiction to hear matters regarding the enforcement of the mandate outlined herein.

DONE AND ORDERED on: May 3, 2021.


ROBERT W. HODGES
Circuit Court Judge

Copies to:

Attorney for Petitioners - Julie Landrigan Ball, Esquire, P.O. Box 3604, Lakeland, FL 33802, service@hardinpalaw.com

Attorney for Respondent - William A. Harris, Esquire, Assistant County Attorney, 601 SE 25th Avenue, Ocala, FL 34471, William.harris@marionfl.org and Sharon.decker@marionfl.org.



Marion County

License Review Board

Agenda Item

File No.: 2021-3617

Agenda Date: 7/13/2021

Agenda No.: 5.1.

SUBJECT:

LRB 2021-22 Kenneth Williams vs. Gary Marlin / Marlin Air & Heat, Inc

DESCRIPTION/BACKGROUND:

See attached



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400



COPY

May 19, 2021

**CERTIFIED MAIL 7020-2450-0002-0559-3381
7020-2450-0002-0559-3398**

**Mr. Kenneth Williams
15746 SW 11th Terr. Rd
Ocala, FL 34473**

Dear Mr. Kenneth Williams;

Please be advised your formal complaint, **Case #LRB 2021-22** has been received against:

Contractors Name: **Gary Marlin
Marlin Air & Heat, Inc
14224 SE 27th Ct
Summerfield, FL 34491**

Before the Marion County License Review Board at their meeting on **Tuesday, July 13th, 2021**
at 5:30 P.M. In the Marion County Growth Management Building – Training Facility at, 2710 E. Silver Springs
Blvd. A copy of the complaint has been sent to the contractor.

It is requested that you attend this meeting. You may bring legal counsel to this meeting (if you so desire.)
Any additional documentation substantiating your claim must be received prior to the hearing as it is accepted
as evidence and therefore becomes part of the case file. You will be given ten minutes to present your case and
then a five minute rebuttal.

Circumstances may occur that prevent the legal service of the Notice of Complaint to the Contractor;
please confirm with the License Review Board Secretary at 352-438-2429 on **Monday, July 12th, 2021** to verify
the status of your complaint. Should you and the contractor settle your dispute prior to the hearing date, please
send the Building Department a written statement before the scheduled hearing date requesting the complaint
be withdrawn.

Please be advised, if any person or persons wish to appeal a decision of the License Review Board made at the
above hearing, a record of the proceedings will be needed by such person or persons as well as a verbatim
record. If you wish to preserve the testimony given at the hearing, you must make your own arrangements to
do so.

Sincerely,

**Lisa Singleton
Contractor Licensing Specialist
License Review Board Secretary**

7020 2450 0002 0559 3381

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Kenneth Williams

Street and Apt. No., or PO Box No.

15746 SW 11 Terr Rd

City, State, ZIP+4®

Orlando FL 32817

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark

Here

MAY 20 2021

USPS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Kenneth Williams
 15746 SW 11 Terr Rd
 Orlando FL 32817



9590 9402 2965 7094 5036 91

2. Article Number (Transfer from service label)

7020 2450 0002 0559 3381

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Williams

☒ Agent

☐ Addressee

B. Received by (Printed Name)

AW C19 127

C. Date of Delivery

5/22

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400



COPY

May 19, 2021

CERTIFIED MAIL: 7020-2450-0002-0559-3381
7020-2450-0002-0559-3398

Mr. Gary Marlin
Marlin Air & Heat, Inc
14224 SE 27th Ct
Summerfield, FL 34491

Dear Mr. Marlin;

Please be advised a formal complaint, Case # LRB 2021-22 has been brought against you by:

Complainant's Name: **Mr. Kenneth Williams**
15746 SW 11th Terr. Rd
Ocala, FL 34473

Before the Marion County License Review Board at their meeting on **Tuesday, July 13th, 2021** at 5:30 P.M. In the Marion County Growth Management Building – Training Facility at 2710 E. Silver Springs Blvd. A copy of the complaint was emailed to you.

It is requested that you attend this meeting. You may bring legal counsel to this meeting (if you so desire.) Any additional documentation substantiating your claim must be received ten (10) working days prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given five (5) minutes to present your case and then a two (2) minute rebuttal.

Please contact the License Review Board Secretary at 438-2429 on **Monday, July 12th, 2021** to verify the Status of this complaint. **Should you settle your dispute prior to the case date, please ask the complainant to send the Building Department a written statement before the scheduled hearing date requesting the complaint be withdrawn.**

Please be advised, if any person or persons wish to appeal a decision of the license review board made at the above hearing, a record of the proceedings will be needed by such person or persons as well as a verbatim record. If you wish to preserve the testimony given at the hearing, you must make your own arrangements to do so. If any person requiring special equipment should contact the Board Secretary at least two (2) business days prior to the meeting.

Sincerely,

Lisa Singleton
Contractor Licensing Specialist

7020 2450 0002 0559 3398

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFF DOJA 2 USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Gary Martin Martin Heat, Inc.

Street and Apt. No., or PO Box No.

14224 SE 27th Ct

City, State, ZIP+4®

Summerfield FL 34491

Postmark
Here

MAY 20 2021

Air

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Gary Martin
 Martin Air Heat Inc
 14224 SE 27th Ct
 Summerfield FL
 34491



9590 9402 2965 7094 5038 51

2. Article Number (Transfer from service label)

7020 2450 0002 0559 3398

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robbie Martin

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-22

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery

(00)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Action Order # 638711

FOR OFFICE USE:
LRB Case # _____

Code Case # _____

COMPLAINT FORM - PART I

☐ Building Code Issues/Permitting Issues

Fill out Part I

☐ Contractor/Licensing Issues

Fill out Part I and Part II

COMPLAINANT INFORMATION: DATE OF YOUR CALL or VISIT: _____

Name: Kenneth L. Williams

Address: 15746 SW 14th Terrace Road, Ocala, Florida 34473

Daytime (8am-5pm) Phone Number: 352-634-267 Cell Phone Number: _____

Email (if you would prefer electronic correspondence): my.pops88@kaho.com

Address or Parcel ID that your complaint refers to: _____

Complaint is about: (circle)

Mobile Home

Building Addition

Department Staff Member

Shed

Contractor

Other: _____

NATURE OF COMPLAINT

NOTE: If the subject of your complaint is a contractor licensed by the State of Florida, a copy of this form will be sent to them, pursuant to 455.225(1) Florida Statutes.

Please provide the date(s) of occurrence and as much detail of the incident as you can. If applicable, provide copies of any quotes, invoices, or correspondence.

See Attached letter dated 3-18-2021

IF FILING A COMPLAINT AGAINST A LICENSED CONTRACTOR:

You must sign and date that you have read and understood the following statement:

Florida Statute (837.06) False Official Statements: Whoever knowingly makes a false statement, in writing, with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Kenneth L. Sullivan
Signature (Required to file complaint)

3-18-2021
Date

Kenneth L Williams
15746 SW 11th Terrace Road
Ocala, Florida 34473
352-693-4267
mypops88@yahoo.com

Marion County

Building Safety & Licensing

To Who It May Concern

March 18, 2021

I contracted Marlin Air-Heat Inc. (Mr. Gary Marlin) to replace my A/C unit and correct the problems I was having with dust in my house. The day of the installation, Mr. Marlin arrived at my residents with another helper who I was introduced to as Chuck. I was told by Mr. Marlin, Chuck did all his A/C install and duct work. The install went ok with just one problem. Chuck told me that the Train Whole House Air Cleaner was not working. Mr. Marlin called for repair parts and Mr. Marlin informed me that there was no parts available. Rather then holding off the installation I agreed to proceed with the install of the A/C unit and to remove the Whole House Air Cleaner. The next day I called Trane and was told by Trane customer service I could get parts through their distributors. I called Chuck the same day and asked him to return the Trane air cleaning system and Chuck told me it had already been taken to the junk yard. I don't really know if the Whole House Air Cleaner was defective or not.

After the A/C installation was complete, Chuck who installed the A/C with Mr. Marlin came in my house and made an inspection of my duct work. Chuck gave me a verbal estimate of what was wrong and the cost to correct the problem. Chuck then explained that I needed more returns with filters on my A/C duct work (5) to be exact and gave me a price of \$3000.00 and included in that price was the installation of more insulation in my attic. The job was completed within the next couple of days and I paid Chuck on my credit card

(copy is included). The name on the credit card receipt was Charles Friedrich Servic.

The next couple of days I noticed an excessive amount of dust and insulation coming out of my supply ducts in my house. I called Mr. Marlin about the problem with the contamination coming from the supply ducts and Mr. Marlin informed me that he did not have anything to do with the duct work that he did what the contract called for and that I had to contact Chuck who worked under his own license.

I contacted Chuck who came out to correct the problem. Between the time that Chuck arrived at my home I also found that one of the main returns was not working. The problem was repaired at additional cost of \$150.00. I continued to have problems with insulation, dust and fibers coming out of the supply ducts. I called Chuck an additional six times about the problem, Chuck would set up a time to come out and he would not show up. This can be verified from records at the guard gate at SummerGlen. Notification to the guard as to who these people/contractors are coming into the community and when they arrive the time and dates are recorded. Every time Chuck came to my house he kept pointing out faults with my duct work system. This was the reason for his inspection and the cost estimate that was given before the work was started. The last time Chuck came to my house he told me the only way he could fix the problem was to replace all the duct work in my house at the cost between \$12 to \$13 thousand dollars. I installed a new door between the master bath and master bedroom because I was told by Chuck and Gary Marlin that there should not be any returns coming from the bath room. I purchased a portable house filter that I placed in the master bedroom where most of the contamination was. I have many samples of the contamination and dates recorded. I feel that Mr. Marlin the contractor who I hired to do the A/C work in my house who then brought in a subcontractor should have been more willing to resolve the contamination problem rather than brushing me off like he did. I am still having contamination problems eight months later. I just want the problem corrected.

CONTRACTOR COMPLAINT FORM - PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: Jerry Marlin

Business Name: Marlin-Heat INC.

Address: 14224 SE 27th Court, Summerfield, FL, 34491

Phone: 352-259-6633

License Number: CAC 1813601 CT 7474

In addition to your written statement in **PART I**, please document your contractual relationship with the Contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

PROVIDE COPIES OF ANY OF THE FOLLOWING IF AVAILABLE:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc.
3. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts Warranties.

I am complaining in my capacity as the:

☒ Homeowner [] Subcontractor [] Building Department [] Contractor

Check the category that best summarizes the work that was performed or what the contractor did for you:

- [] Built house [] Remodeled house [] Built addition to a house [] Commercial roof work
[] Re-roofed the entire house [] Built a commercial structure
[] Remodeled or built an addition to a commercial structure ☒ A/C or heating work at the residence
[] Installed a pool [] other, please explain _____

Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor
☒ B. Job finished, but contractor will not correct problems
C. Roof leaks, and contractor will not repair
D. Contractor failed to pay subcontractors/suppliers
E. Contractor taking an unreasonably long time to do the job
F. Contractor abandoned job
G. Financial dishonesty/misconduct by contractor
H. Contractor exceeded the scope of his/her license

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION. IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".

BASIC BACKGROUND DATA:

1. Is the work site located inside ☐ City limits or ☒ County limits?

2. What is the street address and city of the work site? 15746 SW 11th Terrace Royal

3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? ☒ YES ☐ NO

Contract Price: \$ 7495.00 Date of Contract: 7-2020

Approximate Date that Work Began: 7-3-2020

Approximate Date that Work Ended: _____

4. Was the permit obtained from the Marion County Building Department? ☐ YES ☐ NO
If NO, was a permit required? ☐ YES ☐ NO

5. What was the name of the person who pulled the permit? _____

6. What was the permit number? 2020 07 1177 - AC Change out Permit only

7. Was the permit obtained on time? ☐ YES ☐ NO

8. Was the Certificate of Occupancy issued? ☐ YES ☐ NO

9. If the Certificate of Occupancy was not issued, explain why. _____

10. Were any inspections missed or performed late? ☐ YES ☐ NO

11. Was the Final Inspection passed? ☐ YES ☐ NO

FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ 2495.00
2. What was the total price paid to the contractor? \$ 8000.00
3. If you hire another contractor what is the estimated cost to finish the job? \$ _____
(Attach estimates from licensed contractor(s))
4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to pay? [] YES [] NO
5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was responsible to pay for? [] YES [] NO
6. What is the total amount of the unpaid bills? \$ _____
7. Did the contractor sign any statements stating that the bills had been paid? [] YES [] NO
8. Has the contractor been terminated? [] YES [] NO
9. Has the job been finished by you or a new contractor? [] YES [] NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.

2. Has the contractor offered to repair any and all damage that was caused? [] YES [] NO
3. Has the contractor made an attempt to repair the damage? [] YES [] NO
If YES, how many times? _____
4. Have you had another licensed contractor, architect, or engineer inspect the work?
[] YES [] NO
If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection: _____

[illegible]

DATE	MECHANIC	WORK DONE	HRS.	RATE	AMOUNT
		addon for bowl 10 ^{ci}		(X)	
			TOTAL LABOR COSTS		

81

**CHARLES FRIEDRICH
SERVIC**

17940 SE 130TH AVE
WEIRSDALE, FL 32195
3528212600

Cashier: CHARLES FRIEDRICH

Transaction 300033

Total \$3,054.00

CREDIT CARD SALE \$3,054.00

DISCOVER 3647

28-Jul-2020 10:28:49A

\$3,054.00 | Method: EMV

Discover XXXXXXXXXXXX3647

KENNETH L WILLIAMS

Reference ID: 021000500027

Auth ID: 02878R

MID: *****1889

AID: A0000001523010

AthNtwkNm: DISCOVER

SIGNATURE VERIFIED

Online: [https://clover.com/p/
YSE2CPKAN88E8](https://clover.com/p/YSE2CPKAN88E8)

Payment YSE2CPKAN88E8

Clover Privacy Policy
<https://clover.com/privacy>

Marlin
Air-Heat Inc.

"DON'T FISH AROUND - CATCH A MARLIN"

DATE 12/14/1914

BILL TO _____

JOB LOCATION _____



PLEASE PAY FROM THIS INVOICE. 1.5% SERVICE CHARGE WILL BE ADDED ON INVOICES
OVER 30 DAYS. NOT RESPONSIBLE FOR DRAIN LINES.

Marlin
Air-Heat Inc.

"DON'T FISH AROUND - CATCH A MARLIN"

DATE 7-7-66

BILL TO W.D. McMillan

JOB LOCATION Tampa



PLEASE PAY FROM THIS INVOICE. 1.5% SERVICE CHARGE WILL BE ADDED ON INVOICES
OVER 30 DAYS. NOT RESPONSIBLE FOR DRAIN LINES.

SE 25th Ave



SE 28th Ct

SE 142nd I

Marlin Air-Heat
14224 SE 27th Ct
SUMMERFIELD, FL 34491
352-245-7569

Visa 0046 (Swipe)

Jul 13 2020 at 2:14 PM

VISA

#DVcN

KENNETH WILLIAMS

Auth code: 02859D



Receipt Settings

[Not your receipt?](#) [Turn off automatic receipts](#)

[Manage preferences](#)

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1455 Market Street, Suite 600

San Francisco, CA 94103

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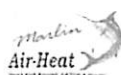
Receipt from Marlin Air-Heat

From: Marlin Air-Heat via Square (receipts@messaging.squareup.com)

To: mypops88@yahoo.com

Date: Monday, July 13, 2020, 02:14 PM EDT

Square automatically sends receipts to the email address you used at any Square seller. [Learn more](#)



Marlin Air-Heat



How was your experience?



\$8,000.00

Custom Amount	\$8,000.00
Total	\$8,000.00

INSPECTION JOB CARD - MARION COUNTY, FLORIDA
TO SCHEDULE AN INSPECTION, PLEASE VISIT OUR WEBSITE AT
WWW.MARIONCOUNTYFL.ORG/INSPECTIONS
TO SCHEDULE A PARTIAL INSPECTION PLEASE CALL 352-438-2400 TO SPEAK WITH A PERMIT TECHNICIAN

PERMIT NBR: 2020071177 **MASTER NBR:** 2020071177 **ISSUED:** 7/11/2020

JOB DESC.: CHANGE OUT BRYANT 5 TON GAS AC 16 SEER **PERMIT TYPE:** R18MEC R18 RES MECHANICAL
JOB LOCATION: 15746 SW 11TH TERRACE RD **SCOPE**
SUBDIVISION: 10399 SUMMERGLEN PHASE 4 **LOT** 506 **BLOCK**
CONTACT NAME: **PHONE:** (352) 245-7569
D.B.A. MARLIN AIR-HEAT, INC **NOC:** NO DOCUMENTATION
SETBACKS
FRONT: 20 **REAR:** 10 **LEFT:** 5 **RIGHT:** 5
SPECIAL: **FLOOD ZONE:** X
ELEC. UTIL:

REQ	DESCRIPTION	RESULT	REQ	DESCRIPTION	RESULT
260	260 FINAL MECH/GAS				

CALL BEFORE YOU DIG: 1-800-432-4770

NOTICE: Your property may be subject to private deed restrictions which may affect construction

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF
 COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR
 IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT
 MUST BE RECORDED AT THE MARION COUNTY CLERK OF COURTS AND A
 CERTIFIED COPY FILED AT THE BUILDING DEPARTMENT, BEFORE THE
 FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH
 YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF
 COMMENCEMENT. FS 713.135**

CDPR2022 rev.07



Marion County
Board of County Commissioners

Building • Permitting

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2401

CONTRACTOR HVAC DUCT SEALING INSPECTION CERTIFICATION

Two copies required:

One copy posted on the air handler and one copy at the job site for the inspector to file with permit record

Building Permit #: <u>2020071177</u>
Job Site Location: <u>15746 SW 11th Ter Rd Ocala</u>
2010 Florida Building Code (FBC) FBC 101.4.7.1 Replacement HVAC Equipment 101.7.7.1.1 Duct sealing upon equipment replacement (mandatory). At the time of the total replacement of HVAC evaporators and condensing units, all accessible (a minimum of 30 inches (762mm) clearance) joints and seams in the air distribution system shall be inspected and sealed where needed using reinforce mastic or code approved equivalent and shall include <u>a signed certification by the contractor that is attached to the air handler unit stipulating that this work has been accomplished.</u>
I certify that the 'duct sealing inspection' has been completed in accordance with the above stated FBC 2010 Energy Conservation Code.
Name of Contractor/Installer/Owner: (Print) <u>Gary Marlin</u>
Contractor/Installer/Owner: (Signature) <u>Gary Marlin</u>
Contact Phone: <u>352-245-7569</u> Date: <u>6-13-2020</u>

03/2012

"Meeting Needs by Exceeding Expectations"

www.marioncountyfl.org

From: Gary Marlin <marlinairheat@gmail.com>
Sent: Sunday, March 28, 2021 2:19 PM
To: Marion County Building Licensing
Subject: Re: Re. Complaint

Replying to the complaint of:
Kenneth Williams
15746 SW 11th Terrace Road
Ocala, FL 34473

I installed a Bryant 5 ton gas A/C 16 seer unit on July 13, 2020. I quoted him a price of \$7,450 which included the price of the unit and all the necessary parts to complete the installation. I showed up July 13, 2020 for the change out of the unit, not to correct dust issues. Yes, I introduced Mr. Williams to Chuck, I use him as day labor only. He was used for the install of and change out only, under Marlin Air-Heat Inc. No, Chuck does not work for Marlin Air-Heat. I do not do duct work, only unit change outs and connect to original duct systems that are present and also do mechanical repairs.

Yes, we disassembled his Trane Whole House Air Cleaner, which was not working (an electric static Air Cleaner). I called Trane's parts house in Ocala for a price of the repair part(s). I had the phone on speaker so Mr. Williams could hear for himself I was selling it to him at my cost. The parts house pulled up on the computer and stated the parts for repairing the system were not available. The air cleaning system would have to be replace with new Whole House Air cleaner, Mr. Williams was still standing by me on speaker phone so we both heard the same response from the parts house. Mr. Williams said to remove the air cleaning system out and proceed with the Install of the A/C unit and he wanted a UV Kit installed for \$550.00, which that's what I did.

I was not aware of Mr. Williams calling Trane's Customer Service, Contractors deal with the local parts houses and if parts needs ordered they order them in. As I said above Mr. Williams and myself was told they have no repair parts, it would need a new system. I was not aware of Mr. Williams contacting Chuck for the old Trane cleaning system until I read it here in the complaint. Units, anything replaced, or removed during change outs and repairs goes straight to scrap yard. Mr. Williams, Chuck, and myself was looking at the Trane cleaner and it was not working. I set up inspection for Mr. Williams at his convenience for day and time, my job was inspected and approved for the change out of the install. Yes, I walked in the house with Mr. Williams and Chuck. Mr. Williams asked about two returns, I do not do duct work so I left. If Mr. Williams and Chuck made the verbal estimate it was between them. That has nothing to do with myself or Marlin Air-Heat Inc.

For the bathroom, no there should not be any returns due to the state code on bathrooms. I did not brush Mr. Williams off as he stated. When Mr. Williams called about (contamination) I did a service call in which appeared to be insulation from the attic. I took the unit apart to show him that it was not coming from the unit where I connected to the original supply. I did not brush Mr. Williams off as he stated. My job for installing unit had nothing to do with duct work. I did not bring a subcontractor, I use different day labor help and Chuck is who was available for that day.

Other service calls made to Mr. Williams home **FREE OF CHARGE** that he did not mention in his complaint!!!

1. Mr. Williams also called back to come and redo his gas line because it was leaking, which was fine when inspected.

2. Mr. Williams also called he thought the blower was not shutting off. The furnace was pulled apart to show him it was shutting on and off.

I feel I have done nothing but try to service my customer, Mr. Williams for what he wanted and was quoted for. I installed the change out and it passed inspection and was approved. I also have returned to his home when called with no service call fees. I take pride in making sure my customers are happy with my services. He knew in advance I do not do duct work, I let him know that up front when asked. Word of mouth, till this day, my business believes is the best advertising you can earn from customers.

Thanks,

Gary Marlin
Marlin Air-Heat Inc.
352-245-7569 Office
352-245-3443 Fax

On Thu, Mar 25, 2021 at 4:27 PM Marion County Building Licensing <BuildingLicensing@marionfl.org> wrote:

Good afternoon,

Please see the attached complaint and respond within ten (10) days of this notice. Thank you and have a great day.

--

Gary Marlin
Marlin Air-Heat Inc.
352-245-7569 Office
352-245-3443 Fax



Marion County
Board of County Commissioners

Building ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2428
Fax: 352-438-2430

March 31, 2021

Marlin Air Heat, Inc.
14224 SE 27th Court
Summerfield, FL 34491

Case No: AO# 638711

Subject: Complaint brought by **Kenneth Williams 15746 SW 11th Terrace Rd, Ocala, FL 34473**

The complaint that was filed against the above-referenced company has been reviewed by our office. After careful review of the complaint submitted, it has been determined that the evidence is not sufficient to support a hearing before the License Review Board at this time. ***The complaint refers to Contractual obligations. Upon review Marlin Air Heat, Inc., did have a valid contract and permit for the A/C change out. The Permit was closed and the change out did pass all required inspections. Duct work that was completed was entered into a separate contract with Charles Friedrich dba Charles Friedrich Service, who is not registered with Marion County and appears to not hold a Contractor's License with the State of Florida. The complaint against Marlin Air Heat, Inc. is found to be unsubstantiated. Mr. Williams will need to hire a licensed and registered A/C Contractor to pull a permit for the duct work.***

Please understand that this decision in no way indicates that the complaint is not valid, but only that the allegations cannot be substantiated. It is certainly not an indication that there may not be a valid civil case. Civil remedies are based upon breach of contract rather than violation of regulatory statute; they are broader, require less proof, and have as their objective, restitution of financial damages. The License Review Board, on the other hand, disciplines licenses under a quasi-criminal burden of proof with the objective being fines, suspension or revocation of licensure. The License Review Board attempts to address financial harm, but has no authority to enforce restitution outside the licensure process.

Sincerely,

Lisa Singleton
Contractor Licensing Specialist
License Review Board Secretary

"Meeting Needs by Exceeding Expectations"

www.marioncountyfl.org



Marion County
Board of County Commissioners

Building ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2428
Fax: 352-438-2430

March 31, 2021

Kenneth Williams
15746 SW 11th Terrace Rd
Ocala, FL 34473

Case No: AO# 638711

Subject: Complaint against **Marlin Air Heat, Inc. 14224 SE 27th Court, Fulford Rd, Summerfield, FL, 34491**

The complaint that you filed against the above-referenced company has been reviewed by our office. After careful review of the complaint submitted, it has been determined that the evidence is not sufficient to support a hearing before the License Review Board at this time. ***The complaint refers to Contractual obligations. Upon review Marlin Air Heat, Inc., did have a valid contract and permit for the A/C change out. The Permit was closed and the change out did pass all required inspections. Duct work that was completed was entered into a separate contract with Charles Friedrich dba Charles Friedrich Service, who is not registered with Marion County and appears to not hold a Contractor's License with the State of Florida. The complaint against Marlin Air Heat, Inc. is found to be unsubstantiated. Mr. Williams will need to hire a licensed and registered A/C Contractor to pull a permit for the duct work.***

Please understand that this decision in no way indicates that your complaint is not valid, but only that the allegations cannot be substantiated. It is certainly not an indication that you do not have a valid civil case. Civil remedies are based upon breach of contract rather than violation of regulatory statute; they are broader, require less proof, and have as their objective, restitution of financial damages. The License Review Board, on the other hand, disciplines licenses under a quasi-criminal burden of proof with the objective being fines, suspension or revocation of licensure. The License Review Board attempts to address financial harm, but has no authority to enforce restitution outside the licensure process.

Sincerely,

Lisa Singleton
Contractor Licensing Specialist
License Review Board Secretary

"Meeting Needs by Exceeding Expectations"

www.marioncountyfl.org



Marion County License Review Board

Agenda Item

File No.: 2021-3621

Agenda Date: 7/13/2021

Agenda No.: 5.2.

SUBJECT:

LRB 2021-23 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.

DESCRIPTION/BACKGROUND:

Appeal of Citation 850612, See attached



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429
AIRS: 352-438-2477
Fax: 352-438-2430



COPY

June 8, 2021

CERTIFIED MAIL: 7020-2450-0002-0559-3435

**Mr. Gregory Theodorides
Pioneer Air Conditioning
20 Cedar Tree Trace
Ocala, FL 34472**

RE: LRB 2021-23

Appeal of: CITATION 850612

Dear Mr. Theodorides,

Your appeal has been scheduled for hearing before the Marion County License Review Board at their meeting on **Tuesday, July 13th, 2021 at 5:30 P.M.** in the Marion County Growth Management Building – Training Facility at 2710 E. Silver Springs Blvd, Ocala, FL 34471

It is requested that you attend this meeting. You may bring legal counsel to this meeting (If you so desire.) Any additional documentation substantiating your claim must be received prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given five (5) minutes to present your case and then a two (2) minute rebuttal.

Please contact the License Review Board Secretary if you are unable to attend the meeting by **Monday, July 12th, 2021.**

If you have any other concerns, please contact our office at 352-438-2429.

Sincerely,

**Lisa Singleton
Contractor Licensing Specialist**

7020 2450 0002 0559 3435

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
UB 2020-23 24 25	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Gregory Theodorides / Pioneer Street and Apt. No. or PO Box No. 20 Cedar Tree Trace AC City, State, ZIP+4® Ocala FL 34472	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X B. Brogan <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) B Brogan</p> <p>C. Date of Delivery 6/14/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to: Mr Gregory Theodorides Pioneer Air Land 20 Cedar Tree Trace Ocala FL 34472</p> <p>9590 9402 2965 7094 5035 09</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label) 7020 2450 0002 0559 3435</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

8/23/21

Marion County
Licensing Division

2710 E. S.S. BLVD.

OCALA, FLA. 34478

REQUEST FOR EXTENSION ABOVE/DATE

I AM REQUESTING TO APPEND

NOTATIONS AND REQUEST A

HEARING.

ATTORNEY # 852 799 0001-04

852 802 0001-05

852 612 0001-03

I AM QUALIFIED BY

PRIME REPORT SERVICES, INC.

TO OPERATE THE SCALE

OPERATOR.

Blaney Thibodeaux

PRIME REPORT SERVICES

8/23/21

7019 0700 0000 0551 0146

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850610, 850799, 850802, JR

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total Pos

\$

Sent To

Street and

City, State

PS Form

Postmark
Here

**GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472**



9590 9402 5089 9092 5595 26

2. (Transfer from service label)

7019 0700 0000 0551 0146

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Broger

☒ Agent

☐ Addressee

B. Received by (Printed Name)

B. Broger

C. Date of Delivery

5/12/21

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053



Marion County
Board of County Commissioners
Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2430

COPY

CITATION - 850612

CERTIFICATE NO.: 16114

CERTIFIED MAIL: 7019 0700 0000 0551 0146

GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472

FACTS CONSTITUTING GROUNDS FOR ISSUANCE OF CITATION: GREG THEODORIDES DID FALSELY HOLD HIMSELF OR BUSINESS OUT AS A LICENSEE OR CERTIFICATE HOLDER BY USING HIS BROTHER WILLIAM THEODORIDES LICENSE NUMBER ON HIS INVOICE.

LOCATION OF VIOLATION: 9701 E HWY 25 UNIT 18 BELLEVIEW

CONFIRMED DATE OF VIOLATION: 5/13/2021 08:22 AM

DID COMMIT THE FOLLOWING OFFENSE: FALSELY HOLD HIMSELF OR A BUSINESS ORGANIZATION OUT AS A LICENSEE, CERTIFICATE HOLDER, OR REGISTRANT.

IN VIOLATION OF : *Marion County Ordinance 18-25, RES 18-R-43; Sec 2.4A1 ; Sec 5.5-66 (B)(1); FS 489.127 (1)(a) .*

This is a noncriminal violation. A civil penalty in the amount of \$ 350.00 must be paid at the Marion County Building Department, in the Growth Management building located at 2710 E. Silver Springs Blvd., Ocala, Florida 34470.

I agree and promise to comply and answer to the charges and instructions in this citation. Willful refusal to accept and sign this citation is a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, F.S. I understand that my signature is not an admission of guilt or waiver of my rights.

SIGNATURE OF DEFENDANT: _____ DATE: _____

SIGNATURE OF OFFICER: *Sam Rye* DATE: May 13, 2021

NOTICE TO VIOLATORS COPY

The violation for which the citation is issued shall be stopped immediately upon receipt of this citation. The person charged with the violation shall either correct the violation and pay the civil penalty in the manner indicated on the citation or, *within 10 days*, of receipt of the citation, excluding weekends and legal holidays, request a hearing to appeal the issuance of the citation by the officer.

To appeal the citation, a request for a hearing must be in writing and submitted to the Licensing Division of the Marion County Building Department, located at 2710 E Silver Springs Blvd, Ocala, Florida 34470, (352) 438-2429. You will be notified of the date, time, and location of the hearing.

Failure of a violator to appeal the citation within the time period set forth in the section shall constitute a waiver of the violator's right to a hearing. A waiver of the right to a hearing shall be deemed as admission of the violation and penalties may be imposed accordingly.

If on the 11th day after receipt of the citation, if the citation has not been appealed in writing or paid by the violator, the case will be referred by a letter to an Enforcement Board in accordance with the Marion County Ordinance 09-23, Section.5.5-66.(c)3a.

Once an enforcement board enters an order ordering the violator to pay the civil penalty set forth on the citation or notice of violation, a hearing shall not be necessary for the issuance of such order. Marion County Ordinance 09-23, Section.5.5-66.(c)3f.

The fine can be paid at the Marion County Building Department, 2710 E. Silver Springs Blvd, Ocala, FL 34470. If any questions, please contact our office at 352-438-2400.

***The Building Official / Building Code Administrator
Marion County Building Safety***

Action Order # 639483

FOR OFFICE USE:

LRB Case # _____

Code Case # _____

COMPLAINT FORM - PART I

☒ Building Code Issues/Permitting Issues

Fill out Part I

☒ Contractor/Licensing Issues

Fill out Part I and Part II

APR 22 2021

COMPLAINANT INFORMATION:

DATE OF YOUR CALL or VISIT: 4/8/2021

Name: ALBERT ROSSO

Address: 9701 E Hwy 25, Belleview, FL 34420

Daytime (8am-5pm) Phone Number: 352-683-3509

Cell Phone Number: _____

Email (if you would prefer electronic correspondence): ALRO2014@Yahoo

Address or Parcel ID that your complaint refers to: 9701 E Hwy 25 Lot 18

Complaint is about: (circle)

Mobile Home

Building Addition

Department Staff Member

Shed

Contractor

Other: _____

NATURE OF COMPLAINT

NOTE: If the subject of your complaint is a contractor licensed by the State of Florida, a copy of this form will be sent to them, pursuant to 455.225(1) Florida Statutes.

Please provide the date(s) of occurrence and as much detail of the incident as you can. If applicable, provide copies of any quotes, invoices, or correspondence.

ON 3/5/2020, PIONEER AC 352-274-6141
INSTALLED A NEW AC UNIT ON MY HOME
AT 9701 E HUGGINS LOT 18, BELLEVUE, FL
AT THE TIME OF NEW INSTALL, I WAS TOLD
A FOLLOW UP INSPECTION WOULD BE DONE
IN 6 MONTHS. AT THE DATE FOR THE
INSPECTION, I CALLED A LEFT A MESSAGE
WITH THE SECRETARY, BUT NEVER
RECEIVED A CALL BACK, AND MADE
NUMEROUS CALLS FOR SERVICE WITH ZERO
RESPONSE. FINALLY I CALLED TO OBTAIN
THE PERMIT AND WAS TOLD NO PERMIT WAS

IF FILING A COMPLAINT AGAINST A LICENSED CONTRACTOR:

You must sign and date that you have read and understood the following statement:

Florida Statute (837.06) False Official Statements: Whoever knowingly makes a false statement, in writing, with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.


Signature (Required to file complaint)


Date

CONTRACTOR COMPLAINT FORM - PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: _____

Business Name: PIONEER A/C & APPLIANCE SVC

Address: _____

Phone: 352-294-0191

License Number: _____

In addition to your written statement in **PART I**, please document your contractual relationship with the Contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

PROVIDE COPIES OF ANY OF THE FOLLOWING IF AVAILABLE:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc.
3. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts Warranties.

I am complaining in my capacity as the:

☒ Homeowner [] Subcontractor [] Building Department [] Contractor

Check the category that best summarizes the work that was performed or what the contractor did for you:

- [] Built house [] Remodeled house [] Built addition to a house [] Commercial roof work
[] Re-roofed the entire house [] Built a commercial structure
[] Remodeled or built an addition to a commercial structure ☒ A/C or heating work at the residence
[] Installed a pool [] other, please explain _____

Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor
B. Job finished, but contractor will not correct problems
C. Roof leaks, and contractor will not repair
D. Contractor failed to pay subcontractors/suppliers
E. Contractor taking an unreasonably long time to do the job
F. Contractor abandoned job
☒ G. Financial dishonesty/misconduct by contractor
☒ H. Contractor exceeded the scope of his/her license

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION. IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".

BASIC BACKGROUND DATA:

1. Is the work site located inside ☐ City limits or ☒ County limits?

2. What is the street address and city of the work site? ~~18~~ 18 CARDINAL DR

3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? ☒ YES ☐ NO

Contract Price: \$ 3800 Date of Contract: 3/5/2020

Approximate Date that Work Began: 3/5/2020

Approximate Date that Work Ended: 3/5/2020

4. Was the permit obtained from the Marion County Building Department? ☐ YES ☒ NO
If NO, was a permit required? ☒ YES ☐ NO

5. What was the name of the person who pulled the permit? N/A

6. What was the permit number? N/A

7. Was the permit obtained on time? ☐ YES ☒ NO

8. Was the Certificate of Occupancy issued? ☐ YES ☒ NO

9. If the Certificate of Occupancy was not issued, explain why. _____

10. Were any inspections missed or performed late? ☒ YES ☐ NO

11. Was the Final Inspection passed? ☐ YES ☒ NO

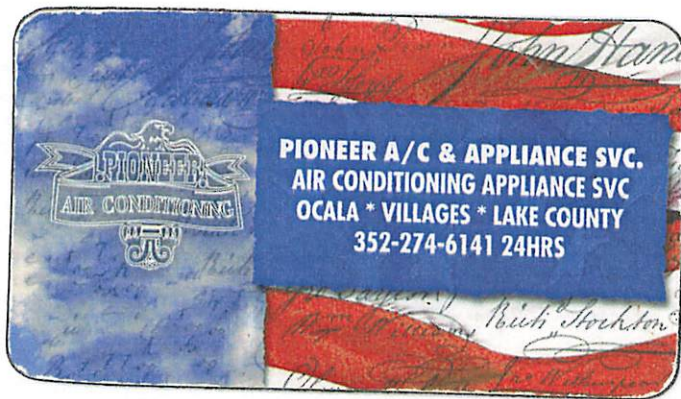
FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ 3800
2. What was the total price paid to the contractor? \$ 3500
3. If you hire another contractor what is the estimated cost to finish the job? \$ N/A
(Attach estimates from licensed contractor(s))
4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to pay? [] YES ☒ NO
5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was responsible to pay for? [] YES ☒ NO
6. What is the total amount of the unpaid bills? \$ 0
7. Did the contractor sign any statements stating that the bills had been paid? ☒ YES [] NO
8. Has the contractor been terminated? [] YES ☒ NO
9. Has the job been finished by you or a new contractor? [] YES ☒ NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.
NO INSPECTION
NO RETURN CALLS
2. Has the contractor offered to repair any and all damage that was caused? [] YES ☒ NO
3. Has the contractor made an attempt to repair the damage? [] YES ☒ NO
If YES, how many times? _____
4. Have you had another licensed contractor, architect, or engineer inspect the work?
[] YES ☒ NO
If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection: _____





PIONEER A/C & APPLIANCE SVC.
AIR CONDITIONING APPLIANCE SVC
OCALA * VILLAGES * LAKE COUNTY
352-274-6141 24HRS



Marion County

License Review Board

Agenda Item

File No.: 2021-3623

Agenda Date: 7/13/2021

Agenda No.: 5.3.

SUBJECT:

LRB 2021-25 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.

DESCRIPTION/BACKGROUND:

Appeal of Citation 850802, See attached



**Marion County
Board of County Commissioners**

Building Safety ▪ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429
AIRS: 352-438-2477
Fax: 352-438-2430



COPY

June 8, 2021

CERTIFIED MAIL: 7020-2450-0002-0559-3435

**Mr. Gregory Theodorides
Pioneer Air Conditioning
20 Cedar Tree Trace
Ocala, FL 34472**

RE: LRB 2021-25

Appeal of: CITATION 850802

Dear Mr. Theodorides,

Your appeal has been scheduled for hearing before the Marion County License Review Board at their meeting on **Tuesday, July 13th, 2021 at 5:30 P.M.** in the Marion County Growth Management Building – Training Facility at 2710 E. Silver Springs Blvd, Ocala, FL 34471

It is requested that you attend this meeting. You may bring legal counsel to this meeting (If you so desire.) Any additional documentation substantiating your claim must be received prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given five (5) minutes to present your case and then a two (2) minute rebuttal.

Please contact the License Review Board Secretary if you are unable to attend the meeting by **Monday, July 12th, 2021.**

If you have any other concerns, please contact our office at 352-438-2429.

Sincerely,

Lisa Singleton
Contractor Licensing Specialist

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URGENT 2020-23 24 25

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Gregory Theodorides / Pioneer
Street and Apt. No. or PO Box No.
20 Cedar Tree Trace AC
City, State, ZIP+4®
Ocala FL 34472

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SILVER SPRINGS, FL
JUN 11 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Mr. Gregory Theodorides Pioneer Air Land 20 Cedar Tree Trace Ocala FL 34472</p> <p>2. Article Number (Transfer from service label) 7020 2450 0002 0559 3435</p>	<p>A. Signature X B. Brogan <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) B. Brogan</p> <p>C. Date of Delivery 6/14/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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8/23/21

Marion County,
Licensing Division

2710 E. S.S. BLVD.

OCALA, FLA. 34478

REQUEST FOR EXTENSION ABUSE/W/ABUSE

I AM REQUESTING TO APPEAR

IN ITATIONS AND REQUEST A

Hearing.

ATTORNEY # 850 799 0001-04
850 802 0001-05
850 612 0001-03

I AM QUALIFIED BY

PRIME REPAIR SERVICES, INC.

TO OPERATE THE Ocala

0 peraton. Blowing thousands
major Theodore
PRIME REPAIR SERVICES
THE

8/23/21

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Postage

\$
Total Pos

\$
Sent To

Street and

City, State

PS Form

GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472

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1. Article Addressed to:

GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472



9590 9402 5089 9092 5595 26

2. (Transfer from service label)

7019 0700 0000 0551 0146

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X *B. Brogen* ☐ Addressee

B. Received by (Printed Name) *B. Brogen*

C. Date of Delivery *5/18/21*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express [®]
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail TM
<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation TM
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053



Marion County
Board of County Commissioners
Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2430

COPY

CITATION-850802

CERTIFICATE NO.: 16114

CERTIFIED MAIL: 7019 0700 0000 0551 0146

GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472

FACTS CONSTITUTING GROUNDS FOR ISSUANCE OF CITATION: INSTALL A/C UNIT WITHOUT APPLICABLE PERMIT.

LOCATION OF VIOLATION: 9701 E HWY 25 UNIT 18 BELLEVIEW

CONFIRMED DATE OF VIOLATION: 5/14/2021 09:32 AM

DID COMMIT THE FOLLOWING OFFENSE: COMMENCE OR PERFORM WORK FOR WHICH A BUILDING PERMIT(S) IS REQUIRED PURSUANT TO PART VII OF CHAPTER 489, F.S. WITHOUT SUCH A PERMIT BEING IN EFFECT.

IN VIOLATION OF : *Marion County Ordinance 18-25, RES 18-R-43; Sec 4.2A-8 and sec 5.5-66 (B)(8)*

This is a noncriminal violation. A civil penalty in the amount of \$ 300.00 must be paid at the Marion County Building Department, in the Growth Management building located at 2710 E. Silver Springs Blvd., Ocala, Florida 34470.

I agree and promise to comply and answer to the charges and instructions in this citation. Willful refusal to accept and sign this citation is a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, F.S. I understand that my signature is not an admission of guilt or waiver of my rights.

SIGNATURE OF DEFENDANT: _____ DATE: _____

SIGNATURE OF OFFICER: *Jan Roy* DATE: May 14, 2021

NOTICE TO VIOLATORS

COPY

The violation for which the citation is issued shall be stopped immediately upon receipt of this citation. The person charged with the violation shall either correct the violation and pay the civil penalty in the manner indicated on the citation or, *within 10 days*, of receipt of the citation, excluding weekends and legal holidays, request a hearing to appeal the issuance of the citation by the officer.

To appeal the citation, a request for a hearing must be in writing and submitted to the Licensing Division of the Marion County Building Department, located at 2710 E Silver Springs Blvd, Ocala, Florida 34470, (352) 438-2429. You will be notified of the date, time, and location of the hearing.

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If on the 11th day after receipt of the citation, if the citation has not been appealed in writing or paid by the violator, the case will be referred by a letter to an Enforcement Board in accordance with the Marion County Ordinance 09-23, Section.5.5-66.(c)3a.

Once an enforcement board enters an order ordering the violator to pay the civil penalty set forth on the citation or notice of violation, a hearing shall not be necessary for the issuance of such order. Marion County Ordinance 09-23, Section.5.5-66.(c)3f.

The fine can be paid at the Marion County Building Department, 2710 E. Silver Springs Blvd, Ocala, FL 34470. If any questions, please contact our office at 352-438-2400.

*The Building Official / Building Code Administrator
Marion County Building Safety*

Action Order # 639483

FOR OFFICE USE:
LRB Case # _____

Code Case # _____

COMPLAINT FORM - PART I

☒ Building Code Issues/Permitting Issues

Fill out Part I

APR 22 2021

☒ Contractor/Licensing Issues

Fill out Part I and Part II

COMPLAINANT INFORMATION:

DATE OF YOUR CALL or VISIT: 4/8/2021

Name: ALBERT ROSSO

Address: 9701 E Hwy 25, Belleview, FL 34420

Daytime (8am-5pm) Phone Number: 352-688-3549 Cell Phone Number: _____

Email (if you would prefer electronic correspondence): ALRO2014@YAHOO

Address or Parcel ID that your complaint refers to: 9701 E Hwy 25 Lot 18

Complaint is about: (circle)

Mobile Home

Building Addition

Department Staff Member

Shed

Contractor

Other: _____

NATURE OF COMPLAINT

NOTE: If the subject of your complaint is a contractor licensed by the State of Florida, a copy of this form will be sent to them, pursuant to 455.225(1) Florida Statutes.

Please provide the date(s) of occurrence and as much detail of the incident as you can. If applicable, provide copies of any quotes, invoices, or correspondence.

ON 3/5/2020, PIONEER MC 352-274-6141
INSTALLED A NEW AC UNIT ON MY HOME
AT 9701 E HUGGINS LOT 18, BELLEVILLE, FL
AT THE TIME OF NEW INSTALL, I WAS TOLD
A FOLLOW UP INSPECTION WOULD BE DONE
IN 6 MONTHS. AT THE DATE FOR THE
INSPECTION I CALLED A LEFT A MESSAGE
WITH THE SECRETARY, BUT NEVER
RECEIVED A CALL BACK. AND MADE
NUMEROUS CALLS FOR SERVICE WITH ZERO
RESPONSE. FINALLY I DECIDED TO OBTAIN
THE PERMIT AND WAS TOLD NO PERMIT WAS
ISSUED

IF FILING A COMPLAINT AGAINST A LICENSED CONTRACTOR:

You must sign and date that you have read and understood the following statement:

Florida Statute (837.06) False Official Statements: Whoever knowingly makes a false statement, in writing, with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.


Signature (Required to file complaint)


Date

CONTRACTOR COMPLAINT FORM - PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: _____

Business Name: PIONEER A/C & OFFICE SVC

Address: _____

Phone: 352-294-0191

License Number: _____

In addition to your written statement in **PART I**, please document your contractual relationship with the Contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

PROVIDE COPIES OF ANY OF THE FOLLOWING IF AVAILABLE:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc.
3. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts Warranties.

I am complaining in my capacity as the:

☒ Homeowner [] Subcontractor [] Building Department [] Contractor

Check the category that best summarizes the work that was performed or what the contractor did for you:

- [] Built house [] Remodeled house [] Built addition to a house [] Commercial roof work
[] Re-roofed the entire house [] Built a commercial structure
[] Remodeled or built an addition to a commercial structure ☒ A/C or heating work at the residence
[] Installed a pool [] other, please explain _____

Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor
B. Job finished, but contractor will not correct problems
C. Roof leaks, and contractor will not repair
D. Contractor failed to pay subcontractors/suppliers
E. Contractor taking an unreasonably long time to do the job
F. Contractor abandoned job
☒ G. Financial dishonesty/misconduct by contractor
☒ H. Contractor exceeded the scope of his/her license

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION. IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".

BASIC BACKGROUND DATA:

1. Is the work site located inside ☐ City limits or ☒ County limits?

2. What is the street address and city of the work site? ~~18~~ 18 CARDINAL DR

3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? ☒ YES ☐ NO

Contract Price: \$ 3800 Date of Contract: 3/5/2020

Approximate Date that Work Began: 3/5/2020

Approximate Date that Work Ended: 3/5/2020

4. Was the permit obtained from the Marion County Building Department? ☐ YES ☒ NO
If NO, was a permit required? ☒ YES ☐ NO

5. What was the name of the person who pulled the permit? N/A

6. What was the permit number? N/A

7. Was the permit obtained on time? ☐ YES ☒ NO

8. Was the Certificate of Occupancy issued? ☐ YES ☒ NO

9. If the Certificate of Occupancy was not issued, explain why. _____

10. Were any inspections missed or performed late? ☒ YES ☐ NO

11. Was the Final Inspection passed? ☐ YES ☒ NO

FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ 3800
2. What was the total price paid to the contractor? \$ 3500
3. If you hire another contractor what is the estimated cost to finish the job? \$ N/A
(Attach estimates from licensed contractor(s))
4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to pay? [] YES ☒ NO
5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was responsible to pay for? [] YES ☒ NO
6. What is the total amount of the unpaid bills? \$ 0
7. Did the contractor sign any statements stating that the bills had been paid? ☒ YES [] NO
8. Has the contractor been terminated? [] YES ☒ NO
9. Has the job been finished by you or a new contractor? [] YES ☒ NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.
No Inspection
NO RETURN CALLS
2. Has the contractor offered to repair any and all damage that was caused? [] YES ☒ NO
3. Has the contractor made an attempt to repair the damage? [] YES ☒ NO
If YES, how many times? _____
4. Have you had another licensed contractor, architect, or engineer inspect the work?
[] YES ☒ NO
If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection: _____



Pioneer Air Conditioning

Pioneer Repair Services Inc.

(352) 274-6141

"Call Today, We're Always Ready To Serve You!"

20 Cedar Tree Trace, Ocala, FL 34472

☐ COMPLETE

☐ PARTS ORDER

☐ RETURN

BILL TO

INVOICE # _____ CAC018927

NAME		STREET		DATE	ENVIRONMENTAL CHECK LIST				WORK PERFORMED			
CONDENSING UNIT		QTY	TYPE/DISPOSITION		SERVICE	PREVENTIVE MAINT.						
MAKE		MODEL		SERIAL NUMBER	MAKE		MODEL		SERIAL NUMBER			
CONDENSING UNIT		QTY	TYPE/DISPOSITION		SERVICE	PREVENTIVE MAINT.						
RECOVERED					REPLACED UNIT	AIR HANDLER						
RECYCLED					CHNGD COMPRESSOR	CLEAN COIL						
RECLAIMED					CHNGD MOTOR	CLEAN DRAIN						
RETURNED					CHKD CHARGE	CLEAN DRAIN PAN						
DISPOSAL					ADD FREON	ELECT. CONNECTIONS						
DISMANTLED					CLEANED COILS	HEATER AMPS						
CHANGED OUT/REPLACED					REPAIRED LEAK	FAN AMPS						
					FAN BLADE	OIL MTR/FCT SEALED						
					REPLACED FUSE	VAC. INSIDE-A-H						
					INSTALL DISCONNECT	VISL. RELAY INSP.						
					REPRD WIRING	VISL. PLENUM INSP.						
					RPLCD CONTACTOR	RA SA						
					REPLCD RELAY	TEMP DIFF						
					ADJUSTMENT							
					NEW FILTER/DRIER	THERMOSTAT						
					SUPERHEAT	CALIBRATION OK						
					HARD START	LEVEL/TIGHT						
					DEFROST BOARD							
					DEFROST TIMER							
					THERMOCOUPLE	CONDENSER						
					ICE MCH. EVAP PUMP	SUCTION PSIG						
					THERMOSTAT REPL.	HEAD PSIG						
					HIGH LIMIT REPLACED	ELEC. CONN.						
					ELEMENT REPLACED	CONTACTOR						
					BURNER VALVE REPL.	COMP. AMPS						
						FAN AMPS						
						LOW VOLTAGE						
						CONDENSATE CLEAN						
						CLEAN COIL						
						OIL MTR/FCT SEALED						
						VISUAL RELAY INSP.						
						OVERALL CONDITION						
					TOTAL SUMMARY							
					TOTAL MATERIALS							
					TOTAL SERVICES							
					OTHER							
					TAX							
					TOTAL							

QTY	MATERIALS	UNIT PRICE	AMOUNT	QTY	SERVICES	RATE	AMOUNT
	REFRIGERANT R- LBS.						
	FILTERS X X						
TOTAL MATERIALS				TOTAL SERVICES			
RECOMMENDATIONS							
TERMS							
I have authorized to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, there will be a 2% finance charge billed according to the terms of my account. Seller reserves the right to remove said equipment/materials at Buyer's expense and impose a 25% re-stocking fee on the entire amount contained in the Seller/Buyer transaction. Any damage resulting from said removal shall not be the responsibility of Seller.							
CUSTOMER SIGNATURE				DATE			
METHOD OF PAYMENT							
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVERS LIC. NO							
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> EXP. DATE							
CC NO							

352-693-3569
Gregory D.
A/C not cooling.

2 1/2 goodman package unit 3,800
10 year parts warranty

53900 check # 1548
\$200 check # 1548

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by PAC is warranted for 30 days or as otherwise indicated in writing. The addition of refrigerant/freon is not a repair of equipment. PAC gives absolutely no guarantee by adding refrigerant/freon that the symptoms will not return. PAC makes no other warranties, expenses or implied, and it's agents or technicians are not authorized to make such warranties on behalf of PAC.

PARTS WARRANTY All parts as recorded are warranted as per manufacturer specifications.

*PAC is Not Responsible For Drainage Problems or Damage caused by Drainlines, Traps, or Any Device at Any Time!

Customer Signature _____ Date 3/5/12



PIONEER A/C & APPLIANCE SVC.
AIR CONDITIONING APPLIANCE SVC
OCALA * VILLAGES * LAKE COUNTY
352-274-6141 24HRS



Marion County

License Review Board

Agenda Item

File No.: 2021-3624

Agenda Date: 7/13/2021

Agenda No.: 5.4.

SUBJECT:

LRB 2021-24 Gregory Theodorides / Pioneer Air vs. Marion Co. Building Dept.

DESCRIPTION/BACKGROUND:

Appeal of Citation 850799, See attached



**Marion County
Board of County Commissioners**

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2429
AIRS: 352-438-2477
Fax: 352-438-2430



COPY

June 8, 2021

CERTIFIED MAIL: 7020-2450-0002-0559-3435

**Mr. Gregory Theodorides
Pioneer Air Conditioning
20 Cedar Tree Trace
Ocala, FL 34472**

RE: LRB 2021-24

Appeal of: CITATION 850799

Dear Mr. Theodorides,

Your appeal has been scheduled for hearing before the Marion County License Review Board at their meeting on **Tuesday, July 13th, 2021 at 5:30 P.M.** in the Marion County Growth Management Building – Training Facility at 2710 E. Silver Springs Blvd, Ocala, FL 34471

It is requested that you attend this meeting. You may bring legal counsel to this meeting (If you so desire.) Any additional documentation substantiating your claim must be received prior to the hearing as it is accepted as evidence and therefore becomes part of the case file. You will be given five (5) minutes to present your case and then a two (2) minute rebuttal.

Please contact the License Review Board Secretary if you are unable to attend the meeting by **Monday, July 12th, 2021.**

If you have any other concerns, please contact our office at 352-438-2429.

Sincerely,

Lisa Singleton
Contractor Licensing Specialist

7020 2450 0002 0559 3435

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

LCB 2020-23 24 25

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Gregory Theodorides / Pioneer

Street and Apt. No., or PO Box No. 20 Cedar Tree Trace

City, State, ZIP+4® Ocala FL 34472

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SILVER SPRINGS, FL
JUN 17 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <u>B. Brogan</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>B. Brogan</u> C. Date of Delivery <u>6/14/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Mr. Gregory Theodorides</u> <u>Pioneer Overland</u> <u>20 Cedar Tree Trace</u> <u>Ocala FL 34472</u></p> <p>9590 9402 2965 7094 5035 09</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (0)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 0559 3435</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

5/23/21

Marion County,
Licensing Division
2710 E. S.S. BLVD.
OCALA, FLA. 34470

REQUEST FOR EXTENSION NOTICE/DATE

I AM REQUESTING TO APPEAL
CITATIONS AND REQUEST A
Hearing.

CITATION # 850 799 2021-24
850 802 2021-25
850 612 2021-23

I AM QUALIFIED BY
PIONEER REPAIR SERVICES, INC.
TO OPERATE THE Ocala
operation.

Gregory Theodorides
PIONEER REPAIR SERVICES
5/23/21

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

850612, 850799, 850882 SR

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total Pos

\$

Sent To

Street and

City, State

PS Form

**GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472**

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472**



9590 9402 5089 9092 5595 26

2. (Transfer from service label)

7019 0700 0000 0551 0146

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Brogen

☒ Agent

☐ Addressee

B. Received by (Printed Name)

B. Brogen

C. Date of Delivery

5/12/21

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053



Marion County
Board of County Commissioners
Building Safety * Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2430

603Y

CITATION-850799

CERTIFICATE NO.: 16114

CERTIFIED MAIL: 7019 0700 0000 0551 0146

GREGORY TIMOTHY THEODORIDES
PIONEER AIR CONDITIONING
20 CEDAR TREE TRACE
OCALA, FL 34472

FACTS CONSTITUTING GROUNDS FOR ISSUANCE OF CITATION: CONTRACT TO INSTALL AN A/C UNIT WITHOUT APPLICABLE LICENSE.

LOCATION OF VIOLATION: 9701 E HWY 25 UNIT 18 BELLEVIEW

CONFIRMED DATE OF VIOLATION: 5/14/2021 09:12 AM

DID COMMIT THE FOLLOWING OFFENSE: ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR OR ADVERTISE HIMSELF OR A BUSINESS ORGANIZATION AS AVAILABLE TO ENGAGE IN THE BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED OR HAVING A CERTIFICATE OF AUTHORITY.

IN VIOLATION OF : *Marion County Ordinance 18-25, RES 18-R-43; Sec 5.5-66 (B)(6), Sec 2,4A-6. FS 489.13 , FS 489.127(2)(a-c)*

This is a noncriminal violation. A civil penalty in the amount of \$ 500.00 must be paid at the Marion County Building Department, in the Growth Management building located at 2710 E. Silver Springs Blvd., Ocala, Florida 34470.

I agree and promise to comply and answer to the charges and instructions in this citation. Willful refusal to accept and sign this citation is a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, F.S. I understand that my signature is not an admission of guilt or waiver of my rights.

SIGNATURE OF DEFENDANT: _____ DATE: _____

SIGNATURE OF OFFICER: *Joe Roy* DATE: May 14, 2021

Action Order # 639483

FOR OFFICE USE:

LRB Case # _____

Code Case # _____

COMPLAINT FORM - PART I

☒ Building Code Issues/Permitting Issues

Fill out Part I

APR 22 2021

☒ Contractor/Licensing Issues

Fill out Part I and Part II

COMPLAINANT INFORMATION:

DATE OF YOUR CALL or VISIT: 4/8/2021

Name: ALBERT ROSSO

Address: 9701 E Hwy 25, Belleview, FL 34420

Daytime (8am-5pm) Phone Number: 352-688-3549 Cell Phone Number: _____

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Complaint is about: (circle)

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Building Addition

Department Staff Member

Shed

Contractor

Other: _____

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NOTE: If the subject of your complaint is a contractor licensed by the State of Florida, a copy of this form will be sent to them, pursuant to 455.225(1) Florida Statutes.

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INSTALLED A NEW AC UNIT ON MY HOME
AT 9701 E HUGGINS LOT 18, BELLEVILLE, FL
AT THE TIME OF NEW INSTALL, I WAS TOLD
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IN 6 MONTHS. AT THE DATE FOR THE
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WITH THE SECRETARY, BUT NEVER
RECEIVED A CALL BACK. AND MADE
NUMEROUS CALLS FOR SERVICE WITH ZERO
RESPONSE. FINALLY I CALLED TO OBTAIN
THE REPORT AND WAS TOLD NO PERMIT WAS
ISSUED

IF FILING A COMPLAINT AGAINST A LICENSED CONTRACTOR:

You must sign and date that you have read and understood the following statement:

Florida Statute (837.06) False Official Statements: Whoever knowingly makes a false statement, in writing, with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.


Signature (Required to file complaint)


Date

CONTRACTOR COMPLAINT FORM - PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: _____

Business Name: PIONEER A/C & APPLIANCE SVC

Address: _____

Phone: 352-294-0141

License Number: _____

In addition to your written statement in **PART I**, please document your contractual relationship with the Contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

PROVIDE COPIES OF ANY OF THE FOLLOWING IF AVAILABLE:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc.
3. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts Warranties.

I am complaining in my capacity as the:

☒ Homeowner [] Subcontractor [] Building Department [] Contractor

Check the category that best summarizes the work that was performed or what the contractor did for you:

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[] Re-roofed the entire house [] Built a commercial structure
[] Remodeled or built an addition to a commercial structure ☒ A/C or heating work at the residence
[] Installed a pool [] other, please explain _____

Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor
B. Job finished, but contractor will not correct problems
C. Roof leaks, and contractor will not repair
D. Contractor failed to pay subcontractors/suppliers
E. Contractor taking an unreasonably long time to do the job
F. Contractor abandoned job
☒ G. Financial dishonesty/misconduct by contractor
☒ H. Contractor exceeded the scope of his/her license

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION. IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".

BASIC BACKGROUND DATA:

1. Is the work site located inside ☐ City limits or ☒ County limits?
2. What is the street address and city of the work site? 18 CARDINAL DR
3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? ☒ YES ☐ NO

Contract Price: \$ 3800 Date of Contract: 3/5/2020

Approximate Date that Work Began: 3/5/2020

Approximate Date that Work Ended: 3/5/2020
4. Was the permit obtained from the Marion County Building Department? ☐ YES ☒ NO
If NO, was a permit required? ☒ YES ☐ NO
5. What was the name of the person who pulled the permit? N/A
6. What was the permit number? N/A
7. Was the permit obtained on time? ☐ YES ☒ NO
8. Was the Certificate of Occupancy issued? ☐ YES ☒ NO
9. If the Certificate of Occupancy was not issued, explain why. _____

10. Were any inspections missed or performed late? ☒ YES ☐ NO
11. Was the Final Inspection passed? ☐ YES ☒ NO

FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ 3800
2. What was the total price paid to the contractor? \$ 3500
3. If you hire another contractor what is the estimated cost to finish the job? \$ N/A
(Attach estimates from licensed contractor(s))
4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to pay? [] YES ☒ NO
5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was responsible to pay for? [] YES ☒ NO
6. What is the total amount of the unpaid bills? \$ 0
7. Did the contractor sign any statements stating that the bills had been paid? ☒ YES [] NO
8. Has the contractor been terminated? [] YES ☒ NO
9. Has the job been finished by you or a new contractor? [] YES ☒ NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.
No Inspection
NO RETURN CALLS
2. Has the contractor offered to repair any and all damage that was caused? [] YES ☒ NO
3. Has the contractor made an attempt to repair the damage? [] YES ☒ NO
If YES, how many times? _____
4. Have you had another licensed contractor, architect, or engineer inspect the work?
[] YES ☒ NO
If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection: _____



Pioneer Air Conditioning

Pioneer Repair Services Inc.

(352) 274-6141

"Call Today, We're Always Ready To Serve You!"

20 Cedar Tree Trace, Ocala, FL 34472

☐ COMPLETE

☐ PARTS ORDER

☐ RETURN

INVOICE # _____ CAC018927

BILL TO

UNIT		UNIT	
MAKE	Goodman	MAKE	
MODEL	GPC 1430H41GB	MODEL	
SERIAL NUMBER	2002326876	SERIAL NUMBER	

NAME AL ~~THE~~ RUSSO
STREET 18 cardinal drive DATE 9/7/01
CITY, ST. & ZIP _____
PHONE (HOME) 352-693-3569 PHONE (WORK) _____
TECHNICIAN Gregory D.
WORK TO BE PERFORMED A/C not cooling.

ENVIRONMENTAL CHECK LIST			WORK PERFORMED	
CONDENSING UNIT	QTY	TYPE/DISPOSITION	SERVICE	PREVENTIVE MAINT.
<input type="checkbox"/> RECOVERED			REPLACED UNIT	AIR HANDLER
<input type="checkbox"/> RECYCLED			CHNGD COMPRESSOR	CLEAN COIL
<input type="checkbox"/> RECLAIMED			CHNGD MOTOR	CLEAN DRAIN
<input type="checkbox"/> RETURNED			CHKD CHARGE	CLEAN DRAIN PAN
<input type="checkbox"/> DISPOSAL			ADD FREON	ELECT. CONNECTIONS
<input type="checkbox"/> DISMANTLED			CLEANED COILS	HEATER AMPS
<input type="checkbox"/> CHANGED OUT/REPLACED			REPAIRED LEAK	FAN AMPS
			FAN BLADE	OIL MTR/FCT SEALED
			REPLACED FUSE	VAC. INSIDE-A-H
			INSTALL DISCONNECT	VISL. RELAY INSP.
			REPRD WIRING	VISL. PLENUM INSP.
			RPLCD CONTACTOR	RA _____ SA _____
			REPLCD RELAY	TEMP DIFF
			ADJUSTMENT	
			NEW FILTER/DRIER	THERMOSTAT
			SUPERHEAT	CALIBRATION OK
			HARD START	LEVEL/TIGHT
			DEFROST BOARD	
			DEFROST TIMER	
			THERMOCOUPLE	CONDENSER
			ICE MCH. EVAP PUMP	SUCTION PSIG
			THERMOSTAT REPL.	HEAD PSIG
			HIGH LIMIT REPLACED	ELEC. CONN.
			ELEMENT REPLACED	CONTACTOR
			BURNER VALVE REPL.	COMP. AMPS
				FAN AMPS
				LOW VOLTAGE
				CONDENSATE CLEAN
				CLEAN COIL
				OIL MTR/FCT SEALED
				VISUAL RELAY INSP.
				OVERALL CONDITION

DESCRIPTION OF WORK PERFORMED

2 1/2 goodman package unit 3,800
10 year parts warranty

QTY	MATERIALS	UNIT PRICE	AMOUNT	QTY	SERVICES	RATE	AMOUNT
	REFRIGERANT R- LBS.						
	FILTERS X X						
TOTAL MATERIALS				TOTAL SERVICES			
				RECOMMENDATIONS			

TERMS \$3900 check # 1548
\$200 check # 1548

I have authorized to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, there will be a 2% finance charge billed according to the terms of my account. Seller reserves the right to remove said equipment/materials at Buyer's expense and impose a 25% re-stocking fee on the entire amount contained in the Seller/Buyer transaction. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE _____ DATE _____

METHOD OF PAYMENT

☐ CASH ☐ CHECK ☐ DRIVERS LIC. NO. _____
☐ CREDIT CARD ☐ MC ☐ VISA ☐ AMEX EXP. DATE _____
CC NO. _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by PAC is warranted for 30 days or as otherwise indicated in writing. The addition of refrigerant/freon is not a repair of equipment. PAC gives absolutely no guarantee by adding refrigerant/freon that the symptoms will not return. PAC makes no other warranties, expenses or implied, and it's agents or technicians are not authorized to make such warranties on behalf of PAC.

PARTS WARRANTY All parts as recorded are warranted as per manufacturer specifications.

*PAC is Not Responsible For Drainage Problems or Damage caused by Drainlines, Traps, or Any Device at Any Time!

Customer Signature _____ Date 9/7/01

TOTAL SUMMARY	
TOTAL MATERIALS	
TOTAL SERVICES	
OTHER	
TAX	
TOTAL	

