


<p>DELIVER TO: City of Fort Pierce, Purchasing Division, Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>REQUEST FOR PROPOSALS</p> <p>and</p> <p>PROPOSER ACKNOWLEDGMENT</p>
<p>Bid Writer: Latonya Hubbard, 772-467-3102</p>	<p>RFP No: 2019-012</p>
<p>Pre-Bid Conference Date: FRIDAY, APRIL 5, 2019</p>	<p>RFP Title: ANNUAL CONTRACT FOR PLAN REVIEW SERVICES</p>
<p>Pre-Bid Location: CITY HALL, 2ND FLOOR CONFERENCE ROOM 100 N. US HIGHWAY 1, FORT PIERCE, FL</p>	<p>RFP Opening Location: Purchasing Division, Room 101 100 North U.S. #1 Ft. Pierce, Florida 34950</p>
<p>Proposal Due Date & Time: 3:30 PM, THURSDAY, APRIL 11, 2019</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Proposer Name: C.A.P. Government, Inc. -----</p> <p>Mailing Address: 343 Almeria Avenue ----- ----- -----</p>	<p><i>I hereby certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this proposal for the proposer.</i></p> <p>X  Authorized Signature (Manual)</p>
<p>City, State, Zip Code: Coral Gables, FL 33134</p>	<p>Typed or Printed Name: Carlos A. Penin ,PE</p>
<p>Type of Entity (Place a check or X): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship</p>	<p>Title: President</p>
<p>Incorporated in the State of: Florida Year: 1989</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: 305.448.1711</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 305.448.1712</p>	<p>FEIN or SS Number: 65-0121594</p>
<p>E-Mail Address: cap@capfla.com</p>	<p>Local Business: ___Y <input checked="" type="checkbox"/> N MWBE: ___Y _____N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____</p> <p style="text-align: center;">F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



April 11, 2019

City of Fort Pierce
Purchasing Division
Room 101
100 North U.S. #1
Fort Pierce, FL 34950

RE: Annual Contract for Plan Review Services - RFP No: 2019-012

To Whom It May Concern:

C.A.P. Government, Inc. (CAP) submits this response to the City of Fort Pierce's Request for Proposal (**RFP No: 2019.012**) to provide Plan Review Services. We thoroughly understand the scope of services and have enclosed four (4) copies, one (1) original, three (3) copies of our response to this RFP.

CAP has been outsourcing services to governmental agencies in Miami-Dade, Broward, Palm Beach and the Gulf Coast Counties for the last thirty (30) years.

Our corporate philosophy into successfully delivering services is by creating a positive customer experience without sacrificing accuracy, efficiency and transparency. We believe that this complements the experience that the City desires for its Building Department's customers. As you review our package we call your attention to the following points:

- **Qualifications.** CAP was established thirty (30) years ago, in 1989, and is the pioneer of outsourcing Building Department services to municipalities throughout Florida. We currently serve over fifty (50) municipalities and five (5) educational clients. Our customer centered approach to these services is one of the reasons that our clients stretch throughout Miami-Dade, Broward, Palm Beach and the Gulf Coast Counties.
- **Staff Availability.** CAP has over one hundred ninety (190) employees who are fully qualified and licensed by the State of Florida Department of Business and Professional Regulations. They are available to provide plans review, inspections, code enforcement, Building Official and permit administration services.
- **Location / Electronic Plans Review (EPR).** Since 2013 CAP has been investing, developing and implementing an EPR platform that allows our Plans Examiners to work electronically in an efficient, transparent and real time manner. We currently have offices in Coral Gables, Fort Lauderdale and in West Palm Beach.
- **Services.** CAP contracts with governmental agencies, thus avoiding potential conflicts of interest. **Building Department outsourcing is what we do!**



April 11, 2019
City of Fort Pierce
Purchasing Division

RE: Annual Contract for Plan Review Services RFP No: 2019-012

Page 2

We commit to deliver efficient, cost-effective and quality solutions to the City of Fort Pierce by maintaining the necessary resources to provide the services required in the Request for Proposal. Our experience and qualifications meet or exceed the requirements and expectations listed in the RFP.

In closing, let me offer some facts that we believe set us apart from our competition. No other Company in South Florida can measure up to the amount of years of service, number of clients and number of employees. Why us, by the numbers?

30	Years in Business (Est. in 1989)
27	Years Outsourcing Building Services Exclusively to the Government
13	Municipal Clients - Full Service
39	Municipal Clients - Supplemental Services
5	Educational Clients
57	Total Building Department Outsourcing Clients
14	Years with the City of Weston
14	Years with the Town of Cutler Bay
24	Years with the City of Aventura
1	Palm Beach Headquarters located in the City of West Palm Beach
190 +	Employees dedicated to outsourcing Building Services
0	Private Sector Clients

If given the opportunity, we will provide customer centered Building Department services to the City. Should you require any additional information, or wish to discuss this proposal further, please contact me at 305.666.7178.

Very truly yours,
C.A.P. Government, Inc.

Carlos A. Penin, PE
President

April 4, 2019



CITY OF FORT PIERCE

ANNUAL CONTRACT FOR PLAN REVIEW SERVICES

RFP NO. 2019-012

ADDENDUM NO. 1

The purpose of this addendum is to provide modifications to the specifications in this proposal document. The following modifications have been:

- ❖ Revisions made to page 22 , Section document has been revised to correct section 4, 5, 6, and 7 numbering in sequential order, see attached
- ❖ Revisions made to the Proposal Pricing Form, page 28, see attached
- ❖ Revised Section VII – Page 24 for Instructions for Preparing Proposal, see attached

The following pages are attached and should be replaced in the original submitted.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: *Carlos A. Penin* _____

Manual

Signature: *Carlos A. Penin* _____

Typed or Printed

Company Name: C.A.P. Government, Inc. _____

Address: 343 Alemeria Avenue, Coral Gables, FL 33134 _____

Date: 04/08/2019 _____

/lh

Attachments: page 22, 24, and 28

Section 4: Qualifications/Experience

The following information shall be provided to allow the City to determine whether the proponent is qualified to perform the work specified.

- A. Address in detail the firm's ability and experience in the provision of similar services.
- B. Listing of projects of similar nature within the last five (5) years which includes a brief description of each project, the name of the client and term of agreement shall be included.
- C. Provide copy of all licenses required to perform the requirements of the services in the RFP specifications, to work under this agreement.
- D. Provide the company's State of Florida license for each person who may be assigned to work under this agreement.

Section 5: References

Provide at least three (3) clients similar projects work has been performed within the last five (5) years. (see Section VII~ Forms, Reference Check Form)

Section 6: Cost Proposal

Complete and include the Proposal Pricing Form (see Section VII~ Forms).

Section 7: Additional Data

Include any completed forms in Section VII, that are not associated with any of the previous sections listed above, and any additional information that the Proposer considers pertinent for consideration should be included in this section of the proposal.

4. EVALUATION METHOD AND CRITERIA

- A. **General:** The City shall be the sole judge of its own best interests, the proposal, and the resulting negotiated agreement. The City reserves the right to investigate the financial capability, reputation, integrity, skill, business experience and quality of performance under similar operations of each proposer, including stockholders and principals before making an award. Awards, if any, will be based on both an objective and subjective comparison of Proposals and Proposers. The City's decisions will be final.

SECTION VII FORMS

Complete the following forms in this section and include in Section 7 (Additional Data) of your proposal submittal, see page 22, Section VI – Instructions for Preparing Proposal.

April 8, 2019



CITY OF FORT PIERCE

ANNUAL CONTRACT FOR PLAN REVIEW SERVICES

RFP NO. 2019-012

ADDENDUM NO. 2

The purpose of this addendum is to revise **Section IV – Instructions to Proposers and extend the due date**. The original submission was missing the following information, please see page 17 of the document:

- ❖ **8. CERTIFICATE OF INSURANCE**
Proposer shall procure, at its own expense, insurance according to the insurance requirements listed in Section III of these specifications. The insurance shall become effective prior to the commencement of work by the contractor and shall be maintained in force until the contract is no longer in effect.
- ❖ **9. BUSINESS TAX RECEIPT**
Provide a valid Business Tax Receipt from your jurisdiction with your proposal submittal. Include in Section 7 – Additional Data, see in Section VII – Instructions for Preparing Proposals.
- ❖ **10. W-9 TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM**
The Proposers will be required to return a completed W-9 Taxpayer Identification Form with the Proposal Response Form.

The due date has been extended from 3:30PM, Thursday, April 11, 2019 to:

3:30 PM, WEDNESDAY, APRIL 24, 2019

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____
Manual

Signature: _____
Typed or Printed

Company Name: _____
C.A.P. Government, Inc.

Address: _____
343 Almeria Avenue, Coral Gables, FL 33134

Date: _____
04/10/2019

/lh

April 9, 2019



CITY OF FORT PIERCE

ANNUAL CONTRACT FOR PLAN REVIEW SERVICES

RFP NO. 2019-012

ADDENDUM NO. 3

The purpose of this addendum is to extend the date as listed on page 16, item numbered 3.2, **Inquiries/Questions** to correspond with the new bid due date listed in Addendum No. 2.

No inquiries will be received no later than,
5:00 PM, TUESDAY, APRIL 16, 2019

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: _____ 

Manual

Signature: _____ Carlos A. Penin, PE

Typed or Printed

Company Name: _____ C.A.P. Government, Inc.

Address: _____ 343 Almeria Avenue, Coral Gables, FL 33134

Date: _____ 04/10/2019

/lh



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

1910 North FLORIDA MANGO RD
 WEST PALM BEACH, FL 33401

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
56-0001 ADMINISTRATIVE OFFICE	C.A.P. GOVERNMENT INC		B18 493983 - 07/11/18	\$33.00	B40172075

This document is valid only when receipted by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2018/2019 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 2016092908
EXPIRES: SEPTEMBER 30, 2019

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

B1 - 857

C.A.P. GOVERNMENT
 C.A.P. GOVERNMENT INC
 1910 N FLORIDA MANGO RD
 WEST PALM BEACH, FL 33401

000096

Local Business Tax Receipt
 Miami-Dade County, State of Florida
 -THIS IS NOT A BILL - DO NOT PAY



2252898

BUSINESS NAME/LOCATION
 CAP GOVERNMENT INC
 343 ALMERIA AVE
 CORAL GABLES FL 33134

RECEIPT NO.
 RENEWAL
 2369544

EXPIRES
SEPTEMBER 30, 2019
 Must be displayed at place of business
 Pursuant to County Code
 Chapter 8A - Art. 9 & 10

OWNER
 CAP GOVERNMENT INC

SEC. TYPE OF BUSINESS
 212 P./A./CORP/PARTNERSHIP/FIRM
 EB5344

PAYMENT RECEIVED BY TAX COLLECTOR
 \$247.50 07/13/2018
 CHECK 21-18-068432

Employee(s) 55

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 6a-27a.

For more information, visit www.miamidade.gov/taxcollector



CITY OF CORAL GABLES, FLORIDA

LOCAL BUSINESS TAX RECEIPT

ANNUAL FIRE INSPECTION FEE RECEIPT
 THIS IS NOT A BILL-DO NOT PAY

CUST. NO. 221296
 RECEIPT NO.
 BT-0025012513

2018-2019

BUSINESS NAME: CAP GOVERNMENT INC
DBA NAME: CAP GOVERNMENT INC

LOCATION: 343 ALMERIA AVE

CLASSIFICATION:	NO. OF UNITS	UNIT DESCRIPTION	AMOUNT PAID: \$
1 PROFESSIONAL SVC-PA, LLC, ETC			305.00
2			
3			
4			
5			
6			

SQUARE FOOTAGE OF SPACE: 2500

BUSINESS TAX RECPT RENEWAL

VALID ONLY AT LOCATION ABOVE
 RECEIPT EXPIRES 09/30/2019

** This receipt does not constitute authority to begin operating at this location without a Certificate of Use and Inspection Approval **

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. C.A.P. GOVERNMENT, INC.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 343 ALMERIA AVENUE		Requester's name and address (optional)
	6 City, state, and ZIP code CORAL GABLES, FL 33134		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
6 5 - 0 1 2 1 5 9 4	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/9/19
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fv9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

State of Florida

Department of State

I certify from the records of this office that C.A.P. GOVERNMENT, INC. is a corporation organized under the laws of the State of Florida, filed on April 10, 1989.

The document number of this corporation is K80212.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 15, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of February,
2019*



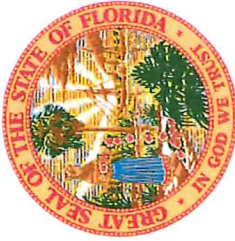
Randy Bee
Secretary of State

Tracking Number: 1222495617CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Ron DeSantis, Governor



Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

BOARD OF PROFESSIONAL ENGINEERS

THE ENGINEERING BUSINESS HEREIN IS AUTHORIZED UNDER THE
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

C.A.P. GOVERNMENT, INC.

343 ALMERIA AVENUE
CORAL GABLES FL 33134

LICENSE NUMBER: CA5344

EXPIRATION DATE: FEBRUARY 28, 2021

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL ENGINEERS

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

PENIN, CARLOS ANTONIO

343 343 ALMERIA AVENUE
CORAL GABLES FL 33134

LICENSE NUMBER: PE33216

EXPIRATION DATE: FEBRUARY 28, 2021

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



QUALIFICATION / EXPERIENCE

C.A.P. Government, Inc. (CAP) was founded on April 10, 1989 by Mr. Carlos A. Penin, PE. In 1992 CAP entered into an agreement with the newly incorporated Village of Key Biscayne to offer the outsourcing of professional services and has been doing so continuously since then.

Today CAP is recognized as the industry leader in providing Building Department services to over fifty (50) municipalities and five (5) educational clients across Florida.

In 2017 and again in 2018 our company was a recipient of this prestigious award at the Hot Firm & A/E Industry Awards Conference.



For over 20 years the Zweig Group has recognized the 100 fastest growing architecture, engineering, planning, and environmental consulting firms in the United States.



Likewise, in 2017 and in 2018 CAP has been recognized as one of the 100 fastest-growing, Gator-owned Businesses in the world.

Alumni from the University of Florida have created and guided some of the most innovated and profitable businesses in the nation and the world.

We are leaders in the outsource of Building Department services and are recognized by our clients as one of the most respected and best managed firms in this business. This respect and our customer centered approach to these services has helped us

build a team of over 190 Professional Engineers, Architects, Building Code Administrators, Plans Examiners and Inspectors.

C.A.P. GOVERNMENT, INC.

Miami-Dade 343 Almería Avenue
Coral Gables, FL 33134

Broward 100 SE 12 Street
Fort Lauderdale, FL 33316

Palm Beach 1910 N. Florida Mango Rd.
W. Palm Beach, FL 33409

CAP is a State of Florida Corporation that operates out of three (3) offices in Florida.

Our clients stretch throughout Miami-Dade, Broward, Palm Beach, Sarasota, Charlotte and Lee Counties.

For thirty (30) years, CAP has maintained an exemplary track record of our professional management of all phases of the building and permitting process. CAP's expertise involves developing tailored solutions to plans review, inspections and code compliance to government entities.

Our team of qualified personnel performs Building Code Services per Chapter 553 and 468, Part XII of the Florida Statutes, the Florida Building Code (FBC) and all relevant laws and codes. Our staff is certified by the State of Florida Building Code Administrators and Inspectors Board, the State of Florida Board of Professional Engineers and by the Miami-Dade and Broward County Board of Rules and Appeals (BORA). As a safeguard, all CAP employees undergo a criminal background check and comply with CAP's Drug-Free Workplace Policy.

SIMILAR PROJECTS

C.A.P. Government, Inc. has outsourced Building Department services to government agencies in Miami-Dade, Broward, Palm Beach, Sarasota, Charlotte and Lee Counties. **Our legacy of hard work and dedication has established us as an industry leader.**

The following examples are provided to highlight CAP's experience with similar contracts. They demonstrate the depth of our past performance and validate our successful history of providing professional outsource services.

City of Aventura



Service: Full Building Department

Term: 1995 – On-Going

The City of Aventura has contracted with C.A.P. Government, Inc. (CAP) continuously for over twenty (20) years to provide full building plans review and inspection services. The purpose of building code services is to verify compliance with the Florida Building Code which regulates all building construction activities within the City of Aventura. These services include building plan review, issuance of building permits, inspections during construction, issuance of Certificates of Occupancy, and Building Code enforcement. CAP also provides the Building Official for the City of Aventura.

Town of Cutler Bay



Service: Full Building Department

Term: 2005 – On-Going

The Town of Cutler Bay has partnered with CAP continuously since its inception in 2005. CAP provides the Building Official and full building and permitting activities. The purpose of building code services is to ensure compliance with the Florida Building Code which regulates all building construction activities within the Town of Cutler Bay. Services include building plan review, the issuance of building permits, inspections during construction, issuance of Certificates of Occupancy and building code enforcement.

City of Weston



Service: Full Building Department

Term: 2005 – On-Going

The City of Weston has partnered with CAP continuously since 2005. CAP provides the Building Official and full Building Department services including plans review and inspections. CAP is involved in managing the daily operations of the Department. Responsibilities include building plans review, issuance of building permits, inspections during construction and issuance of Certificates of Occupancy. CAP also provides Permit Technicians and additional support as may be requested by the City Manager.

Town of Southwest Ranches



Service: Full Building Department

Term: 2006 – On-Going

CAP has outsourced comprehensive Building Department services to the Town of Southwest Ranches continuously since 2006. CAP provides the Building Official, full Building Department services including plans review and inspections. Responsibilities include managing the daily operations of the Department, the issuance of building permits, inspections during construction and issuance of Certificates of Occupancy. CAP Permit Technicians and additional support as may be requested by the Town Manager.

City of South Bay



Service: Full Building Department

Term: 1995 – On-Going

Since 2010 CAP has been providing the City of South Bay with the Building Official, full Building Department services, Planning, Zoning, Engineering, Code Enforcement, and Unsafe Structures Services. CAP's responsibilities include: building plans review, issuance of building permits and inspections during construction, processing business licenses, and zoning reviews. CAP's staff is also responsible for: maintaining an organized filing system, ensuring that all reporting is completed and working closely with the City Manager and staff to provide excellent customer service.

Palm Beach County



Service: Supplemental Building Department

Term: 2016 – On-Going

Since 2016 CAP has been providing Palm Beach County with Building Inspections, Plans Review and Permit Technician services. CAP's responsibilities include: plans review, issuance of building permits and inspections services during construction. CAP's staff is also responsible for maintaining an organized filing system, ensuring that all reporting is completed on a timely fashion and working closely with the City's Building Official and his staff to provide excellent customer service.

City of Fort Lauderdale



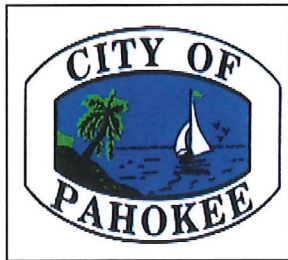
Service: Full Building Department

Term: 2006 – On-Going

In 2007, C.A.P. Government, Inc. (CAP) was selected by the City of Fort Lauderdale to outsource building plans review and inspection services for various disciplines on an as-needed basis. Our scope of services includes reviewing plans and performing field inspections in compliance with the FBC. Our Technical staff reports to the City's Building Official. The City also outsources to CAP Engineering services to provide plans review and inspections for utilities and connections to the rights-of way.



City of Pahokee



Service: Full Building Department

Term: 2015 – On-Going

Since 2014 CAP has been providing the City of Pahokee with the Building Official and full Building Department Services. CAP's responsibilities include: building plans review, issuance of building permits and inspections during construction, processing business licenses, and zoning reviews. CAP's staff is also responsible for: maintaining an organized filing system, ensuring that all reporting is completed on a timely fashion and working closely with the City Manager and his staff to provide excellent customer service.

We share the same mission as the City of Fort Pierce.

“To provide community leadership, quality public service, and a safe environment for all citizen, by an empowered team of employees motivated by pride in themselves and their work.”

CAP is proud to be providing service to these clients:



EXPERIENCE

Services Provided
Full / Supplemental
Building Department
Plans Review and Inspections

FULL SERVICES

- City of Aventura
- City of Belle Glade
- City of Pahokee
- City of South Bay
- City of West Park
- City of Weston
- City of Wilton Manors
- North Bay Village
- Town of Briny Breezes
- Town of Cutler Bay
- Town of Lauderdale-by-the-Sea
- Town of Southwest Ranches
- Village of El Portal

EDUCATIONAL CLIENTS

- Miami-Dade College
- Miami-Dade County Public Schools
- School Board of Broward County
- Florida International University
- School District of Palm Beach County

SUPPLEMENTAL SERVICES

- Bal Harbour Village
- Charlotte County
- City of Boynton Beach
- City of Coconut Creek
- City of Coral Gables
- City of Coral Springs
- City of Dania Beach
- City of Delray Beach
- City of Doral
- City of Fort Lauderdale
- City of Greenacres
- City of Hallandale Beach
- City of Hollywood
- City of Homestead
- City of Lake Wales
- City of Lake Worth
- City of Lauderdale Lakes
- City of Lauderhill
- City of Miami
- City of Miami Beach
- City of Naples
- City of North Miami Beach
- City of Oakland Park
- City of Parkland
- City of Riviera Beach
- City of West Palm Beach
- Lee County
- Palm Beach County
- Sarasota County
- Town of Davie
- Town of Fort Myers Beach
- Town of Highland Beach
- Town of Palm Beach
- Town of Pembroke Park
- Village of Biscayne Park
- Village of Islamorada
- Village of Palm Springs
- Village of Pinecrest
- Village of Wellington

RFP No: 2019-012

SCOPE OF WORK:

C.A.P. Government, Inc. (CAP) will provide the City of Fort Pierce qualified, trained, experienced employees licensed by the State of Florida Department of Business and Professional Regulation (DBPR). We are prepared to complete the work required in accordance with all applicable State of Florida Statutes and standards. Our focus is on a long-term "Commitment to Success".

We have reviewed the "Scope of Services" in this RFP and we are confident that we will meet or exceed the level of services required by the City of Fort Pierce's Building Department.

CAP has assembled a qualified team to provide residential and commercial plan review services in the following trades:

- **Structural**
- **Building**
- **Mechanical**
- **Electrical**
- **Plumbing**
- **1+2 Family (and Multi Family)**

Knowledge: Our team of certified professionals have knowledge of construction and engineering principles, techniques and all applicable building codes and regulations including City and State ordinances. We are well versed in all legal and technical requirements related to all disciplines including Public Works, Zoning and Code Compliance.

CAP's staff will review and process all applications and construction plans for issuance of permits under the Florida Building Code (FBC). including the requirements of other agencies that have jurisdiction.



**"CAP'S EXPERIENCED STAFF
MAINTAINS HIGH STANDARDS TO
PROTECT THE SAFETY OF THE PUBLIC"**

Professionalism: Our top priority is to maintain an effective professional working relationship with City staff, contractors, homeowners, architects, engineers, developers and customers of the City. CAP's staff will be available for consultation and to assist and provide information on building permitting and inspection issues to expedite the process.

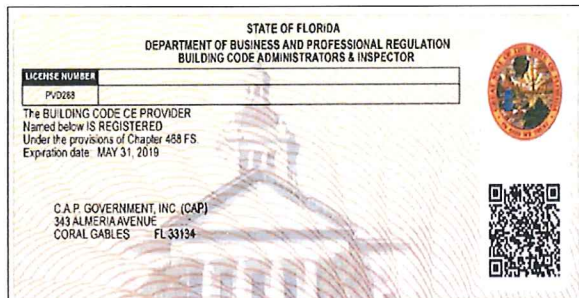
ProjectDox: We have reviewed "Attachment A" and have the experience and knowledge of the system's user requirements of ProjectDox. The following demonstrates our knowledge of Electronic review through ProjectDox.

- We have processed over 125 plans.
- Our turnaround time is less than a week when reviewing Building Code disciplines in Structural, Building, Mechanical, Electrical and Plumbing.
- Technical comments, submittals and final versions of project forms are uploaded to the City's secured server.

RFP No: 2019-012

Certifications: Our employees are required to participate in an annual Ethics Training Course, adhere to company's code of conduct and to take continuing education credits to maintain the required certifications for their trades.

In April 2016, CAP became an "Education Provider" accredited by the Florida Department of Business and Professional Regulation. This accreditation is further recognized by the Florida Building Code Administrator and Inspection Board. CAP encourages all employees to obtain additional certifications through training programs that are covered 100% by our Company.



Florida Driver's License: All, plan reviewers possess a valid Florida driver's license and can operate a motor vehicle.

Assignments: All Plan reviewers assigned by CAP will have a minimum of ten (10) years of experience in performing plans review.

Commitment to Customers: All personnel are equipped with smart phones and I-Pads and will be capable of answering all consumer inquires in a timely manner. We take pride in customer service and believe that exceptional customer service builds trust and reduces problems for an efficient Building Department. Our Company culture is based on "customer - centered services."

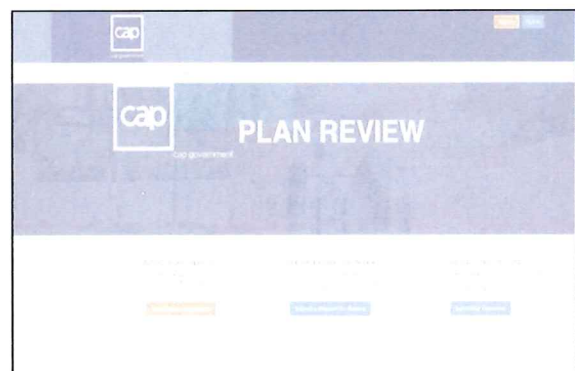
Equipment: All plan reviewers and field inspectors are ready to perform services and are equipped with OSHA required safety equipment, i.e., steel toes shoes, hard hats, etc.



All of CAP's plan reviewers are provided with the necessary tools, equipment, cell phone and vehicle to perform plan review services. All company vehicles are licensed for use on public streets and licensed in the State of Florida. In addition, all of CAP's company vehicles have a CAP decal with our company logo.

OVERVIEW OF SERVICES

The following descriptions provide an overview of our core service and demonstrate how CAP is positioned to provide plan review services needed by the City.



PLAN REVIEW SERVICES

CAP's staff have extensive experience providing plans review services for municipal and educational clients. The firm's capabilities are reinforced through staff's familiarity with the Florida Building Code and all applicable building codes and regulations, including City codes and ordinances. We have a proven plan review process that helps ensure compliance with requirements.

We will review all permit documents including building plans, specifications and all required calculations for residential and commercial projects to ensure compliance with the Florida Building Code and any other applicable standards. The reviews will include the various disciplines: structural, building, mechanical, electrical, (HVAC), electrical and plumbing and two-family dwelling disciplines. This will result in a recommendation of approval or denial of plans with a clear observation of the findings to support such recommendations, including code sections applicable to the denials. On disapproved items, we will provide further discussions with Architects, Engineers, Contractors and owners builders to obtain the modifications necessary for approval.

Essential job functions required by the City of Fort Pierce

- ✓ Review plans and specifications for new and existing construction
- ✓ Answers inquiries concerning building code requirements
- ✓ Makes field inspections as necessary for clarification

- ✓ Performs inspections of his/her certified facets of construction of new buildings to determine compliance with the Florida Building Code
- ✓ Shall have a working knowledge of the City Ordinances, State Building Codes and department compliance to the Florida Building Code.
- ✓ Shall keep abreast new laws and changes in the Building Codes
- ✓ Understandably communicates Codes and Permitting Requirements with contractors and property owners both verbally and in writing
- ✓ Keeps alert for unsafe properties and conditions, unlicensed contractors and work being performed with out being performed with out proper permit in the course of performing his/her assigned inspections
- ✓ Consult with attorneys and other officials
- ✓ Takes photographs for evidence purposes when necessary
- ✓ Performs other job-related duties as requested





RFP No: 2019-012

KEY STAFF:

Mr. Carlos A. Penin, PE

Title: Principal-in-Charge

Mr. Penin is a Professional Engineer with over thirty-five (35) years of experience. He founded C.A.P. Government, Inc. in 1989 and continues to serve as President. Mr. Penin will assure that the proper resources are allocated to the managing of this contract. He oversees the contractual responsibilities of all our clients and has a "hands on" management style to assure that all contractual obligations are met by our Managers and staff.

Ms. Deborah Nutter, BU, PX, BN

Title: Building Official

Ms. Nutter has over thirty (30) years of experience in the building industry. Ms. Nutter holds various licenses as a building code administrator, electrical plans examiner and a building, electrical and mechanical inspector. She was recognized by the Building Officials Association of Florida (BOAF) and awarded "2018" Building Official of the Year.

Mr. Judson Dulany, BU, PX, BN

Title: QA/AC Manager

Mr. Judson Dulany has over twenty (20) years of experience as a commercial residential, and industrial State of Florida Certified building, roofing contractor. Knowledgeable in all aspects of construction, estimating, contracts, underground utilities, site work, foundations, and structural walls. He is immersed in CAP's day to day operations and is uniquely qualified to oversee the administration of a Building Department.

ELECTRONIC PLANS REVIEW

CAP has codeveloped a simple, user friendly and transparent approach to Electronic Plans Review (EPR).



Since 2013, our Company embarked on the design, development and implementation of Electronic Plans Review (EPR). We firmly believe that EPR will make the review process more efficient and transparent allowing the service to be provided remotely. The review of plans electronically makes electronic archiving of data available thus eliminating paper bulk and allowing for ease of retrieval. The EPR system adds efficiency and value to the entire Building Review and Permitting process.

The EPR platform allows the stakeholders of each project to have “**real-time**” access to the status of reviews and to the submittals from the design professionals.

CAP is currently providing EPR services to its educational clients. **This software has been successfully used on our reviews of projects for MDC, FIU and Miami-Dade County Public Schools (MDCPS). We are currently providing EPR services to various municipalities.**

“CAP can provide an experience that will deliver a transparent permitting process taking full advantage of today’s technologies”

1. The Applicant signs in by creating a Username and Password.
2. The files are uploaded by selecting and dragging into our secured CAP Cloud.
3. CAP verifies documentation and accepts. The Review Process begins.
4. Multidisciplinary and concurrent reviews are assigned by CAP Administrator. The Review generates a report that is transmitted to all stakeholders.
5. If necessary, Applicant Resubmits by uploading Revised files (Step 2).
6. Approval is granted once Plans and Documentation (Application) meets the Florida Building Code.



ORGANIZATIONAL CHART

cap government



Principal-in-Charge
Carlos A. Penin, PE

City Manager
Nick Mimms, PE

City Building Official
Paul Thomas, BU

Building Official / Project Manager
Deborah Nutter, BU, PX, BN

QA/QC
Judson Dulany, BU, PX, BN

BUILDING
Ralph Catanese, PX, BN
Jonathon Brooks, PX, BN
Warren DeLoach, PX, BN
Kevin Throop, BN

MECHANICAL
Hector Carbia, PX, BN
John Sylvestri, PX, BN
Carl Virgilio, PX, BN
Jason Turner, BN

ELECTRICAL
Robin Rivera, PX, BN
Doug Organ, PX, BN
Jeff Remas, PX, BN

PLUMBING
Hector Carbia, PX, BN
Anthony Dauria, PX, BN
Kevin Chapman, PX, BN

Licensee Details

Licensee Information

Name: **NUTTER, DEBORAH ANN (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN5093**
Status: **Current,Active**
Licensure Date: **09/23/2005**
Expires: **11/30/2019**

Special Qualifications	Qualification Effective
Building	08/09/2006
Electrical Inspector	09/23/2005
1&2 Family Dw	05/05/2006
Mechanical	08/09/2006

Alternate Names

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Licensee Details

Licensee Information

Name: **NUTTER, DEBORAH ANN (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Information

License Type: **Building Code Administrator**
 Rank: **Building Code A**
 License Number: **BU1478**
 Status: **Current,Active**
 Licensure Date: **05/02/2006**
 Expires: **11/30/2019**

Special Qualifications **Qualification Effective**

Alternate Names

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Licensee Details

Licensee Information

Name: **NUTTER, DEBORAH ANN (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Information

License Type: **Standard Plans Examiner**
 Rank: **Plans Examiner**
 License Number: **PX2657**
 Status: **Current,Active**
 Licensure Date: **03/13/2006**
 Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical **03/13/2006**

Alternate Names

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Licensee Details

Licensee Information

Name: **DULANY, JUDSON DEWITT (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6644**
Status: **Current,Active**
Licensure Date: **03/27/2015**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building **03/27/2015**

Alternate Names

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Licensee Details

Licensee Information

Name: **DULANY, JUDSON DEWITT (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Building Code Administrator**
Rank: **Building Code A**
License Number: **BU1990**
Status: **Current,Active**
Licensure Date: **02/26/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**

Alternate Names

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Licensee Details

Licensee Information

Name: **DULANY, JUDSON DEWITT (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3626**
Status: **Current,Active**
Licensure Date: **07/30/2015**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building **07/30/2015**

Alternate Names

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Licensee Details

Licensee Information

Name: **CATANESE, RALPH W (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: **2300 NORTH JOG ROAD**
WEST PALM BEACH FL 33411
County: **PALM BEACH**

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN1071**
Status: **Current,Active**
Licensure Date: **05/04/1994**
Expires: **11/30/2019**

Special Qualifications	Qualification Effective
Building	
1&2 Family Dw	
Plumbing	
Residential Electric	

Alternate Names

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Licensee Details

Licensee Information

Name: **CATANESE, RALPH W (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: **2300 NORTH JOG ROAD**
WEST PALM BEACH FL 33411
 County: **PALM BEACH**

License Information

License Type: **Building Code Administrator**
 Rank: **Building Code A**
 License Number: **BU371**
 Status: **Current,Active**
 Licensure Date: **05/04/1994**
 Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Standard

Alternate Names

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Licensee Details

Licensee Information

Name: **BROOKS, JONATHAN NORRIS JR (Primary Name)**
Main Address: **1349 WEST 35TH STREET
RIVIERA BEACH Florida 33404**
County: **PALM BEACH**
License Mailing:
LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6388**
Status: **Current,Active**
Licensure Date: **03/19/2012**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building **03/19/2012**

Alternate Names

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Licensee Details

Licensee Information

Name: **BROOKS, JONATHAN NORRIS JR (Primary Name)**
Main Address: **1349 WEST 35TH STREET
RIVIERA BEACH Florida 33404**
County: **PALM BEACH**
License Mailing:
LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3402**
Status: **Current,Active**
Licensure Date: **03/19/2012**
Expires: **11/30/2019**

Special Qualifications	Qualification Effective
Building	03/19/2012

Alternate Names

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Licensee Details

Licensee Information

Name: **DELOACH, WARREN WESLEY (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Information

License Type: **Standard Inspector**
 Rank: **Inspector**
 License Number: **BN1571**
 Status: **Current,Active**
 Licensure Date: **06/30/1994**
 Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Mechanical
Plumbing

Alternate Names

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Licensee Details

Licensee Information

Name: **DELOACH, WARREN WESLEY (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX690**
Status: **Current,Active**
Licensure Date: **06/30/1994**
Expires: **11/30/2019**

Special Qualifications

Building
Mechanical
Plumbing

Qualification Effective

Alternate Names

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Licensee Details

Licensee Information

Name: **THROOP, KEVIN WILLIAM (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN7390**
Status: **Current,Active**
Licensure Date: **04/27/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building **04/27/2018**

Alternate Names

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Licensee Details

Licensee Information

Name: **THROOP, KEVIN WILLIAM (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Provisional 1 and 2 Family Dwelling Inspector**
Rank: **Prov. 1&2 Famil**
License Number: **PFD961**
Status: **Current,Active**
Licensure Date: **02/12/2019**
Expires: **02/11/2020**

Special Qualifications **Qualification Effective**

Alternate Names

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Licensee Details

Licensee Information

Name: **CARBIA, HECTOR XAVIER (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
 Rank: **Inspector**
 License Number: **BN6473**
 Status: **Current,Active**
 Licensure Date: **11/19/2013**
 Expires: **11/30/2019**

Special Qualifications	Qualification Effective
Mechanical	11/19/2013
Plumbing	05/07/2017

Alternate Names

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Licensee Details

Licensee Information

Name: **CARBIA, HECTOR XAVIER (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
 Rank: **Plans Examiner**
 License Number: **PX3608**
 Status: **Current,Active**
 Licensure Date: **06/12/2015**
 Expires: **11/30/2019**

Special Qualifications	Qualification Effective
Mechanical	06/12/2015
Plumbing	10/09/2018

Alternate Names

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Licensee Details

Licensee Information

Name: **SYLVESTRI, JOHN ANTHONY (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN610**
Status: **Current,Active**
Licensure Date: **03/18/1994**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building
Mechanical

Alternate Names

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Licensee Details

Licensee Information

Name: **SYLVESTRI, JOHN ANTHONY (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX313**
Status: **Current,Active**
Licensure Date: **03/18/1994**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Building

Alternate Names

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Licensee Details

Licensee Information

Name: **VIRGILIO, CARL (Primary Name)**
 Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
 Rank: **Inspector**
 License Number: **BN7613**
 Status: **Current,Active**
 Licensure Date: **02/01/2019**
 Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Mechanical **02/01/2019**

Alternate Names

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Licensee Details

Licensee Information

Name: **VIRGILIO, CARL (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4230**
Status: **Current,Active**
Licensure Date: **02/21/2019**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Mechanical **02/21/2019**

Alternate Names

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Licensee Details

Licensee Information

Name: **TURNER, JASON (Primary Name)**
Main Address: **960 NW FRESCO WAY 8 305
JENSEN BEACH Florida 34957**
County: **MARTIN**
License Mailing:
LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN7325**
Status: **Current,Active**
Licensure Date: **02/07/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Mechanical **02/07/2018**

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Licensee Details

Licensee Information

Name: **RIVERA, ROBIN LEE (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6523**
Status: **Current,Active**
Licensure Date: **03/27/2014**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical Inspector **03/27/2014**

Alternate Names

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Licensee Details

Licensee Information

Name: **RIVERA, ROBIN LEE (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3518**
Status: **Current,Active**
Licensure Date: **07/25/2014**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical **07/25/2014**

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Licensee Details

Licensee Information

Name: **ORGAN, DOUGLAS JOHN (Primary Name)**
Main Address: **17327 40TH RUN NORTH
LOXAHATCHEE Florida 33470**
County: **PALM BEACH**
License Mailing:
LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6417**
Status: **Current,Active**
Licensure Date: **01/11/2013**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical Inspector **01/11/2013**

Alternate Names

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Licensee Details

Licensee Information

Name: **ORGAN, DOUGLAS JOHN (Primary Name)**
Main Address: **17327 40TH RUN NORTH
LOXAHATCHEE Florida 33470**
County: **PALM BEACH**

License Mailing:

LicenseLocation: **17327 40TH RUN N
LOXAHATCHEE FL 33470**
County: **PALM BEACH**

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX3449**
Status: **Current,Active**
Licensure Date: **05/13/2013**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical **05/13/2013**

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Licensee Details

Licensee Information

Name: **REMAS, JEFFREY ANTHONY (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN7611**
Status: **Current,Active**
Licensure Date: **01/25/2019**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical Inspector **01/25/2019**

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Licensee Details

Licensee Information

Name: **REMAS, JEFFREY ANTHONY (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4210**
Status: **Current,Active**
Licensure Date: **01/25/2019**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Electrical **01/25/2019**

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Licensee Details

Licensee Information

Name: **DAURIA, ANTHONY ALBINO (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN7353**
Status: **Current,Active**
Licensure Date: **03/05/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Plumbing **03/05/2018**

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Licensee Details

Licensee Information

Name: **DAURIA, ANTHONY ALBINO (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4133**
Status: **Current,Active**
Licensure Date: **08/07/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Plumbing **08/07/2018**

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Licensee Details

Licensee Information

Name: **CHAPMAN, KEVIN JON (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN5198**
Status: **Current,Active**
Licensure Date: **01/10/2006**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Plumbing **01/10/2006**

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Licensee Details

Licensee Information

Name: **CHAPMAN, KEVIN JON (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Plans Examiner**
Rank: **Plans Examiner**
License Number: **PX4071**
Status: **Current,Active**
Licensure Date: **04/27/2018**
Expires: **11/30/2019**

Special Qualifications **Qualification Effective**
Plumbing **04/27/2018**

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REFERENCE CHECK FORM

Bid No: 2019-012 **Title:** Annual Contract for Plan Review Services
Bidder/Respondent Name: C.A.P. Government, Inc. / Carlos A. Penin, PE
Reference Company Name: City of Aventura
Telephone Number: 305.466.8940 **Fax Number:** 305.466.3277
Contact Name: Ms. Joanne Carr **Email:** jcarr@cityofaventura.com

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to inspection and review services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3848.

- When did this company work for you? **From:** _____ **To:** _____
- How would you describe the Contractor:

Description of work provided on this contract:

Length of contract or business relationship: **Start date:** _____ **End date:** _____

Contract Value: \$ _____

Quality of work, dependability and integrity of owner & employees:

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?

Add any information/comments that might help us evaluate their ability to perform for us?



REFERENCE CHECK FORM

Bid No: 2019-012 **Title:** Annual Contract for Plan Review Services
 Bidder/Respondent Name: C.A.P Government, Inc. / Carlos A. Penin, PE
 Reference Company Name: Town of Cutler Bay
 Telephone Number: 305.234.4262 Fax Number: 305.234.4251
 Contact Name: Mr. Rafael G. Casals Email: rcasals@cutlerbay-fl.gov

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to inspection and review services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3848.

- When did this company work for you? **From:** _____ **To:** _____
- How would you describe the Contractor:

Description of work provided on this contract:

Length of contract or business relationship: Start date: _____ End date: _____

Contract Value: \$ _____

Quality of work, dependability and integrity of owner & employees:

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?

Add any information/comments that might help us evaluate their ability to perform for us?



REFERENCE CHECK FORM

Bid No: <u>2019-012</u>	Title: <u>Annual Contract for Plan Review Services</u>
Bidder/Respondent Name: <u>C.A.P Government, Inc. / Carlos A. Penin, PE</u>	
Reference Company Name: <u>City of Weston</u>	
Telephone Number: <u>954.385.2000</u>	Fax Number: <u>954.385.2010</u>
Contact Name: <u>Mr. John R. Flint</u>	Email: <u>jflint@westonfl.org</u>

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to inspection and review services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3848.

- When did this company work for you? **From:** _____ **To:** _____
- How would you describe the Contractor:

Description of work provided on this contract:

Length of contract or business relationship: Start date: _____ End date: _____

Contract Value: \$ _____

Quality of work, dependability and integrity of owner & employees:

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?

Add any information/comments that might help us evaluate their ability to perform for us?



REVISED


PROPOSAL PRICING FORM
RFP NO. 2019-012 ~ ANNUAL CONTRACT FOR PLAN REVIEW SERVICES

The following proposal(s) is submitted on behalf of: C.A.P. Government, Inc. for the requested services, in accordance with the agreements and specifications contained in RFP No. 2019-011.

We have carefully examined that this proposal package and understand the provisions, terms, and conditions concerning the equipment, materials, supplies or services as called for. With full knowledge and understanding of the requirements in the Proposal Package, We hereby agree to furnish and deliver services as indicated at the prices quoted herein as follows:

NOTE: All price columns must be completed. Where indicated, provide pricing for demolition including the removal of slabs (including slabs) and pricing in instances where slabs remain and are not removed (excluding slabs).

ITEM	DESCRIPTION		HOURLY RATE
1	<ul style="list-style-type: none"> Perform plan review services. Per Inspector : Approximately 8 hours per day, 37.5- 40 hours per week. 	BLDG, M,E, or P	\$ 80.00 per hour
		1 + 2 Family	\$ 85.00 per hour
		Multi	\$ 85.00 per hour
?	<ul style="list-style-type: none"> Perform plan review services Per Plan Review Services: Per hour exceeding 40 hours per week. 	BLDG, M,E, or P	\$ 105.00 per hour
		1 + 2 Family	\$ 110.00 per hour
		Multi	\$ 110.00 per hour
3	<ul style="list-style-type: none"> Perform plan review services. Per Plan Reviewer: Approximately 4 hours per day, 18 – 22 hours per week. 	BLDG, M,E, or P	\$ 85.00 per hour
		1 + 2 Family	\$ 90.00 per hour
		Multi	\$ 90.00 per hour
4	<ul style="list-style-type: none"> Perform plan review services. Pre Plan Reviewer: On an as needed basis. 	BLDG, M,E, or P	\$ 90.00 per hour
		1 + 2 Family	\$ 95.00 per hour
		Multi	\$ 95.00 per hour
	<ul style="list-style-type: none"> AS NEEDED PLAN REVIEWER 		

C.A.P. Government, Inc.
Company

Authorized Signature
Carlos A. Penin, PE, President
Printed Name & Title

305.448.1711
Telephone Number
343 Almeria Avenue
Address
Coral Gables, FL 33134
City, State, Zip Code

04/08/2019
Date

28



cap government



Section: 6

Cost Proposal





THE SUNRISE CITY

FORT PIERCE

PURCHASING
DEPARTMENT

Florida

DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

C.A.P. Government, Inc.

does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Proposer's Signature

04/11/2019

Date



CITY OF FORT PIERCE PROPOSER'S CHECKLIST

This checklist is provided to assist each Proposer in the preparation of their proposal response. Included in this checklist are important requirements, which is the responsibility of each Proposer to submit with their response in order to make their response fully compliant. This checklist is only a guideline~ it is the responsibility of each Proposer to read and comply with the Request for Proposal in its entirety.

Check "Yes" or "No" to each of the following:

YES NO

Is Request for Proposal cover page (page 1) completed, signed and attached?

All prices have been reviewed for mathematical accuracy, all price corrections initiated, and all price extensions and totals thoroughly checked.

Include proof of proper licensing as stated in proposal documents.
(NOT APPLICABLE).

Include proof of proper insurance and if we are selected, agree to meet the City's insurance requirements, as stated in proposal documents
(NOT APPLICABLE).

Proposal envelope is marked accordingly.

Did you include the correct number of the complete proposal packages included (one original and three copies)?

Is each Addendum (when issued) signed and included?

PLEASE SIGN AND RETURN WITH PROPOSAL



**City of Fort Pierce
Request for Proposals
For Annual Contract for Plan Review Services
No: 2019-012**

Certification in Accordance with Provision A. Rules for Proposals, Page 21

The undersigned as Sole Shareholder, Director and Officer of C.A.P. Government, Inc. affirms that the only principal interested in the proposal is Mr. Carlos A. Penin, PE and the only entity interested is C.A.P. Government, Inc.; that the Response is made without collusion with any other person(s), firm(s) and parties; that the Response is fair in all respects and is made in good faith without fraud; and that the undersigned as President and signer of the Cover Letter has full authority to bind the firm and parties identified in the Response.

Very truly yours,
C.A.P. Government, Inc.

A handwritten signature in blue ink, appearing to read "Carlos A. Penin", is written over a horizontal line.

Carlos A. Penin, PE
President, Sole Shareholder, Director and Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2019

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

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

PRODUCER Marsh & McLennan Agency LLC 9850 N.W. 41st Street Suite 100 Miami FL 33178	CONTACT NAME: PHONE (A/C, No, Ext): 305-591-0090		FAX (A/C, No): 212-948-5665
	E-MAIL ADDRESS: certsmiami@mma-fl.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Charter Oak Fire Insurance Company			25615
INSURER B : Travelers Indemnity Co of America			25666
INSURER C : Endurance American Specialty Ins Co			41718
INSURER D : Travelers Cas & Surety Co of America			31194
INSURER E :			
INSURER F :			


COVERAGES **CERTIFICATE NUMBER:** 1685841575 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	6602G356503	9/5/2018	9/5/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			8102G356503	9/5/2018	9/5/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB5J119021	9/5/2018	9/5/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Errors and Omissions Claims-Made Retro Date: 9/6/1996			DPL10005502004	9/5/2018	9/5/2019	Design Prof Liability 2,000,000 Network Sec & Privacy 1,000,000 Retention 75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Fort Pierce and its officials, officers and employee, as Owner/Lessee/Contractor, is an Additional Insured as respects General Liability. Waiver of Subrogation as respects General Liability in favor of Additional Insured. 30 Day notice of Cancellation in favor of Additional Insured as respects General Liability. All of the above is applicable when required by written contract subject to the terms, conditions, and exclusions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Fort Pierce Attn: Risk Manager 100 N. U.S. Hwy 1 Fort Pierce FL 34954-1480	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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