

City of Port St. Lucie BUILDING DEPARTMENT Contractor Licensing Division contractorlicensing@cityofpsl.com



"It Starts with a Good Foundation"

UNIFORM COMPLAINT FORM

Date Received: 10 15/24
Complainant's Name: LOUIS ATILANO
Address: 4282 SW EARNEST STREET PSL F 34953
Email: PX LAW @ JUNO. COM Phone #: 917 922-4912
SUBJECT OF COMPLAINT
Contractor/Company Name: Robert Thumpson/R Thompson Electric UC
Address: 439 SE CORK ROAD, Port St. Lucie F1 34984
Occupation: Electrician License #: EC 13007306
Phone #: 172 203-1756
Was a permit obtained for the work performed? Yes \(\subseterminus No \) Permit Number: \(\frac{2356778}{}{} \)
Have you contacted an attorney? Tes Vo
How did you hear of the above-named person or company? \square Telephone \square Newspaper \square Other $___$
Have you contacted the contractor concerning your complaint? Tes Vo
(If yes, please indicate the date(s),,
Did you send a demand letter to the contractor? 🗌 Yes 🗹 No

COMPLAINT DETAILS

NOTE: A copy of this form will be sent to the subject of your complaint, pursuant to Florida State

Statutes 422.255(1). Please give full details of your complaint, include facts and dates. Attach copies of contracts, invoices, checks submitted and correspondence: See ATTACHED I paid: \$_12,100.00 Method of payment: ☑ Checks ☐ Money Order ☐ Other___ To: Jon Ponce Electric LLC (contractor's or company's name) To settle this complaint, I would like: (e.g., warranty, repairs, cancellation of a contract, etc.) NOTE: If you are seeking a refund, this would be a civil matter and is handled by the Clerk of Court. Florida State Statute 837.06, False Official Statement: 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. Complainant's Signature) (Notary's Signature) JUANEISHA J. CROOMS STATE OF FLORIDA, County o Commission # HH 143801 [NOTARIAL SEAL] Expires June 20, 2025 Bonded Thru Budget Notary Services The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 5 day of Oct, 2021 by 1 aus is personally known to me or has produced ____ as identification.

Mr. Thompson applied for a sub-contractor permit on February 13, 2024, for an electrical job on my Home Owner Builder project. See attached sub-contractor permit application. Mr. Thompson was not the contractor bidding or performing the work. The electrical job was bid and performed by Jon Ponce Electric LLC. See estimate enclosed. Mr. Ponce was paid a total of \$12,100.00 dollars. See checks enclosed. Mr. Ponce was fired from the job due to, breach of contract, etc. At the time of the breach and subsequent firing June 20, 2024, there was no money owed to either Ponce or Thompson. As a matter of fact, they had been paid more than what the contract stipulated. See enclosed estimate. The contract called for two payments, \$9,100 after rough and \$3900 after final inspection. At the time of the breach and the subsequent firing, they had been paid \$3,000.00 over the contracted total, thus no money was owed on the contract. On June 21, 2024, Mr. Thompson filed a Contractor Removal from Permit, stating falsely that the reason for his application for removal was Non Payment, a false statement in violation of FSS 837.06. See attached application. This was done in a deliberate attempt to harm me and prevent me from completing my home. In addition, I'm requesting that this agency look into this symbiotic and/or parasitic relationship between license holder Mr. Thompson and unlicensed contractor Mr. Ponce. Please note, that I never met Mr. Thompson until October 14, 2024, as he was never on the job site.



City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984 Ph: 772-871-5132 Website: www.CityofPSL.com/Building

SUB-CONTRACTOR OF RECORD PERMIT APPLICATION

Permit #: Pir	n:M	laster Pern	nit #: 235677	78	
4000 OM Farrant CA			04050	······································	
Site Address: 4282 SW Earnest Street Port Saint Lucie FL 34953					
Legal Description (Section/Block/Lot):33/	//2176/28	·	Parcel ID: 3420-	660-0145-000-5	
Owner's Information				Te: 0470004040	
Nome: Louis Atilano	Email:bylaw@ju			Phone:9179224912	
Address: 1801 SW Davis Street I	Port Saint Lucie	, FL 349	53		
Contractor's Information	F 7: -11: 0		Duches som	Shore:7722024756	
Name:R Thompson Electric LLC	Email:rthompsor			Phone:7722031756	
Address:439 SE Cork Road Port Saint Luc		PSL Comp		State License no.EC13007306	
	PROJECT IN	FORMATIO	N		
☐ Commercial ■ Residential					
I hereby authorize the following contracto	e as included, and in inch se	do mo es a s	ub Contractor for th	na referenced inh	
· .					
Print name of authorized master perm			License #		
, and a second s	arriodos or proposity over				
Type of work: Plumbing Bectrical	Mechanical Ro	of Sp	ecialty:	(specify)	
*See checklist for additional requirements.				Total Valuation \$	
APPUCATION MUS	IT BE SIGNED AND NOT	ARIZED BY TH	E CONTRACTOR AN	D OWNER	
4 Thomas	2.13-24				
Contractor Signature Thomas	Date	Owner or	Owner's Authorized	Representative Signature Date	
Right Mame		Print Nam	е		
Notary Public, State of Florida		Notary Public, State of Florida			
1		110,0,71	sole, sidle di fidilat	•	
STATE OF FLORIDA, County of St. Wil	STATE OF	FLORIDA. County of			
[NOTARIAL SEA1] Notary Public State Melanie L Kro Melanie L Kro My Commission Hi Expires 8/28/20	opp H 416085	[NOTARIA	AL SEAL]		
The foregoing interment was asknowledged before me by			oing instrument was	acknowledged before me by	
means of XI physical presence or II online notarization this			means of □ physical presence or □ online notarization this		
1	13th day of February 2014 by Robert Thompson day of 20 by			_by	
who is personally known to me or has produced (ITMI) ILLING who is personally known to me or has produced			e or has produced		
as identification. as identification.					
FOR OFFICE USE ONLY					
PERMIT FEE \$ Payment method: Last 4 Digits of Credit Card or Check no.: Receipt no.:					
		ומסודו נום ביואטיו	Cara or Check no.: _	Receipt no.:	

Application created 05/10/20 (Revised 02/02/21 YP)

Jon Ponce Electric Llc.

Estimate

For:

Louis New House bxlaw@juno.com Estimate No:

60

Date:

10/22/2023

Description	Quantity	Rate	Amount
	1	\$13,000.00	\$13,000.00*
21: single pole switches			
6 : 3 way switches			
42: receptacles			
27 : LED high hats 6"			
24: LED high hats 4"			
4 : fan boxes pre wire only			
3 : vanity light pre wire only			
5 : coaxe location per plan			
5000k under cabinet lights in kitchen			
100 amp sub panel for future pool			
200 amp meter main			
ALL Receptacles to be white decorator outlets			
Any Additional items will be considered extras			
Extended service not included			
1st draw \$9100 after rough			
2nd draw \$3900 after final			

*Indicates non-taxable item

Subtotal

\$13,000.00

Total

\$13,000.00

Total

\$13,000.00

LOUIS ATILANO	1-2/210	337
PRIVATE PORT SAINT LUCIE, FL 349531108	DATE MAY 14, 202	4
PAY TO THE JON HON-CE ELEC	teic LIC \$3,	090.80
Three Thousand an	00/XX DOLL	ARS A SECTION
JPMorgan Chase Bank, N.A.	1 01	
MEMO 2 PAYMENT 900 FOUT	Jan Jhr	M*

O	1-2/210 321
LOUIS ATILANO CHASE 1801 SW DAVIS ST.	· ~~? 0 · 11/
PRIVATE PORT SAINT LUCIE, FL 349531108	DATE 3-11-17
CLIENT D	1
PAY TO THE JON PONCE Electr	eic UC \$7,100.00
Seven Thousand One hundred	and volsex bollars A
JPMorgan Chase Bank, N.A.	<i>,</i> —
ر ا شد	1 4
MEMO ECCTRICAL	/an fr

317 1-2/210 **LOUIS ATILANO** 1801 SW DAVIS ST. CHASE DATE 3-19-24 PORT SAINT LUCIE, FL 349531108 PRIVATE CLIENT ON PONCE ELECTRIC LLC \$ 2,000.00

Thousand and oyex DOLLARS A EXTENSION PAY TO THE ORDER OF JPMorgan Chase Bank, N.A.



City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd , Port St. Lucie, Fl. 34984 Ph: 772-871-5132 Website: www.CityofPSL.com/Building

Contractor Removal from Permit

PERMIT #2356778

PROPERTY ADDRESS: 4282 SE Earnest Street Port Saint Lucie FL 34953				
LEGAL DESCRIPTION.	SECTION33	вьоск2176	L OT 28	Parcel ID#3420-660-0145-000-5
OWNER INFORMATION:				
OWNER NAME Louis A	tilano		PHONE	[#] 9179224912
MAILING ADDRESS 1801 S	SW Davis Stre	et Port Saint	Lucie FL	34953
EMAIL ADDRESS bxlaw@	juno.com			
CONTRACTOR INFORMATION				
CONTRACTOR NAME R Thom	pson Electric LLC	QUALIFIER'S N	ame Robert	Thumpson
MAILING ADDRESS 439 SE C	ork Road Port Saint	Lucie FL 34984	PHONE	#7722031756
EMAIL ADDRESS bxlaw@jun	o.com	PSL CON STATE L	//P# IC,#EC130073	06
Please provide a bri Non Payment.	ef explanation for	the request to b	e removed f	rom the permit:
I, Robert Thompson the qualifier of R Thompson Electric LLC_, am hereby requesting to be removed as the Contractor of Record from the above-referenced permit. I hereby indemnify and hold harmless the City of Port St. Lucie, its officers, agents, and employees (including but not limited to Building Official(s), from all costs, fees, or damages arising from any and all claims of action for any reason, which may arise from this contractor removal request. I also attest that it is my sole responsibility to officially inform the owner of the property that I am no longer the contractor of records of the above reference permit.				
Contractor Signature Notary Public State of Florida Melanie L Kropp Melanie L Kropp My Commission HH 416086 Expires 6'28/2027 NOTARY PUBLIC, State of Florida INOTARIAL SEAL]				
The foregoing instrument was acknowledged before me by means of Aphysical presence or online notarization this AS day of JUNE 2024 by Probat Trumpon who is personally known to me or has produced Description as identification For office use only: Processed by				