Comp date:



## CITY OF PORT ST LUCIE BUILDING DEPARTMENT

121 SW Port St Lucie Blvd Port St Lucie, FL 34984 772-871-5132

## NOTICE OF NONCOMPLIANCE

Case# 31820					Date 12/23/2024  TREASURE COAST BARGE INC		
To MICHAEL GUIDICE				D/B/A			
Address From File 1200 CUTOFF ROAD				Lic#	- PSL 6557		
City STU		State	FL	Zip	34994		
Location		SAGAMORE TER		Parcel#	34206250204000	08	
Section	26	Block	463	Lot	2	Permit#	2418865
Local/Reg	gistered C	ertificate of Competen	y Holders:				
		Obtaining a certificate	Ti.	sentation.			
150	0.520.3(b)	Committing fraud or	deceit in the practice o	f contracting.			
		Committing incompet					W Williams
		Committing gross neg Abandoning a constru				-55/	
X 150	0.520.3(h) 0.520.3(i)	without proper notific cause for ninety (90) c Committing mismanag Knowingly or delibera- city. Willfully and deliberat- registered. ) Proceeding on any jo	onsecutive days. gement or misconduct stely disregarding or v ely engaging in a type	in the practice of iolating any appl or class of contra	contracting that contracting that contracting contracting for which the	causes financial des or laws of the	harm to a customer. he state, county or the not licensed or
150	0.520.3(o)	Knowingly combining registration to be used When a certificate hol organizations without organizations, such ac	by the uncertified or der or registrant allow having any active par	unregistered persons his certificate of ticipation in the o	son with intent to our registration to be operations, manag	evade the provi be used by one ( gement, or contr	sions of this code.  1) or more business of of such business
State Cer	rtified C	ontractors:					
489	9.516(3) o	r 489.113(4) Committi	ng fraud in the practic	0.753	or committing a w FBC	illful building c	ode violation.
CODDE	CTIVE	CTION DECLUDE					
		ACTION REQUIRED FOR THE DOCK A		LINEDECTION	i.c		
OBTAIN	PERMI	I FOR THE DOCK A	ND COMPLETE AL	L INSPECTION	NS.		
		hereby directed that on are to do so may result i			war 2029	, you must tak	e action in correcting
Copy to:				This notice	e of NonComplian	ice was issued b	y
					Hand Delivery or	1	
				X	Mailød on: Z	- // 23	3 12024
				by:	9589 071	10/8270	243 5867 30
				CA.		k .	
				DAROX SUB	DVAN		

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