

Ken Lawson, Secretary

Rick Scott, Governor

November 22, 2016

Jacek Thomasik
c/o Village of Wellington Building Department
12300 Forest Hill Blvd
West Palm Beach, FL 33414

Case No: 2016-006330
Subject: Michael Ramos

Dear Mr. Thomasik,

The complaint that you filed against the above-referenced contractor has been reviewed by our office. After careful review of the file in this matter, the case has been closed.

Please understand that this decision in no way indicates that your complaint is not valid, but only that the allegations either cannot be substantiated or disciplined within the parameters of Chapter 489, Florida Statutes. 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 a regulatory statute; they are broader, require less proof, and have as their objective restitution of financial damages. The Department, on the other hand, disciplines licensees under a quasi-criminal burden of proof, with the objective being fines, suspension or revocation of licensure. The Department attempts to address financial harm, but has no authority to enforce restitution outside the licensure process.

Contract disputes involving scope of contract terms, punchlists and workmanship problems are civil issues not within jurisdiction of the department. Likewise, building code violations are not within the jurisdiction of the department and must, instead, be addressed by the local building department. Therefore, we urge you to consult an attorney regarding your potential remedies in the civil courts.

Because this case has been dismissed without a finding of probable cause, the file materials and basis for dismissal may not be disclosed to you absent permission of the Subject.

Although we are unable to proceed further, please accept our thanks for your interest and effort in reporting this matter.

Sincerely,

s/ Kimberly Murray

Kimberly Murray
Assistant General Counsel

Norma Arce

From: Jacek Tomasik
Sent: Thursday, February 11, 2016 11:30 AM
To: Norma Arce
Subject: FW: Case Number: 2016006330

I believe this is our DBPR complaint. Please file with the associated permit. Thanks

Jacek Tomasik, CBO, LEED AP | Building Official | Village of Wellington |
12300 Forest Hill Blvd | Wellington, FL 33414 | Tel: 561.753.2505 | jacekt@wellingtonfl.gov



From: REG Complaints [<mailto:REG.Complaints@myfloridalicense.com>]
Sent: Wednesday, February 10, 2016 2:06 PM
To: Jacek Tomasik
Subject: Case Number: 2016006330

February 10, 2016

CONFIDENTIAL TO:
JACEK TOMASIK
12300 FOREST HILL BLVD
VILLAGE OF WELLINGTON BLDG OFFICIAL
WEST PALM BEACH, FL 33414
JTOMASIK@WELLINGTONFL.GOV

RE: Case Number: 2016006330
Subject: MICHAEL RAMOS

Dear JACEK TOMASIK:

Your complaint against MICHAEL RAMOS has been forwarded to our West Palm Beach regional office for further investigation. The investigator assigned to investigate your complaint will contact you if any additional information is needed.

Pursuant to Florida law, MICHAEL RAMOS will be provided with a copy of your complaint and given an opportunity to submit a written response to your complaint. Once the investigation is complete, the investigative file will be forwarded to our legal division and assigned to a prosecutor.

With a few exceptions, such as investigations of Community Association Managers (CAMS) or unlicensed individuals (ULA), department investigations and the evidence obtained during the investigation is confidential and remains confidential unless there is a finding of "probable cause." A finding of probable cause is

appropriate where there is enough evidence to believe that the subject under investigation has committed a violation of the applicable laws or rules.

With some exceptions, such as CAMS and ULA, probable cause panels composed of members appointed by either the department or the appropriate regulatory board, are delegated the responsibility to make decisions regarding probable cause. (Please note, the department serves as the probable cause panel regarding CAMS and ULA complaints.) The probable cause panel meets as needed and reviews the investigative findings of the department. The prosecutor presents the complaints to the panel and represents the department during the panel meetings. If the panel closes a complaint without finding probable cause, the entire file remains confidential. If the panel makes a finding of probable cause, the file becomes public ten days later. Whether probable cause is found or not, you will be notified of the outcome of the panel meeting.

**INSTRUCTIONS FOR COMPLETING
CONSTRUCTION-RELATED COMPLAINT PACKAGE
DBPR CILB 4355**

Complaint begins on page 2

*If you have any questions or need assistance in completing these forms, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

In filing these forms, be certain that they are completely filled out, that all questions are answered truthfully and that all required information requested is provided. **Please type or print in ink.**

CHECKLIST:

TRANSACTION	FORM REQUIREMENTS
File Construction-related Complaint	<ul style="list-style-type: none"><input type="checkbox"/> Complete DBPR 0070 – Uniform Complaint Form – Construction<input type="checkbox"/> If needed, complete the DBPR 0060 – General Explanatory Description form in order to provide the Department with additional complaint information.<input type="checkbox"/> Complete DBPR CILB 4355 – Construction-Related Complaint Form<input type="checkbox"/> If you are submitting a construction-related complaint, send copies of any documentation of your contractual relationship with the contractor and evidence supporting your allegations to 1940 North Monroe Street, Tallahassee, FL 32399-0782 (supporting documentation may consist of the contract between you and your contractor, proof of payment to contractor, building permit, permit application, notice of code violations, certificate of occupancy, liens, judgments and notices to owner including copies of related work orders, bills, subcontracts, warranties, etc.). A copy of your contract and proof of payment is required in order to process your construction-related complaint.

QUALIFICATIONS:

Any licensee or consumer may submit a complaint to the Department of Business and Professional Regulation.

Please send the completed forms and documentation to:

Department of Business and Professional Regulation
Division of Regulation/Compliance
Consumer Services
1940 North Monroe Street
Tallahassee, FL 32399 – 0782

www.MyFlorida.com/dbpr

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

Any investigation or administrative proceeding brought by the Department against the subject of your complaint will rely upon the information you provide to the Department. All allegations and supporting documentation **MUST** be provided to the Department at this time.

COMPLAINANT INFORMATION				
Last Name Tomasik	First Jacek	Middle	Title Mr.	Suffix
Your Company/Occupation Building Official - Village of Wellington				
MAILING ADDRESS				
Street Address or P.O. Box 12300 Forest Hill Blvd.				
City Wellington		State Florida	Zip Code (+4 optional) 33414	
County (if Florida address) Palm Beach		Country USA		
CONTACT INFORMATION				
Primary Phone Number 561-753-2505		Alternate Phone Number		
Primary E-Mail Address jtomasik@wellingtonfl.gov				
Unlicensed Activity Complaint? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
If this is hurricane related, please specify which one: Charley <input type="checkbox"/> Frances <input type="checkbox"/> Ivan <input type="checkbox"/> Jeanne <input type="checkbox"/> Dennis <input type="checkbox"/> Katrina <input type="checkbox"/> Wilma <input type="checkbox"/> Other <input type="checkbox"/> ***If NONE please check here: <input checked="" type="checkbox"/>				
How did you get this complaint form? (check one): Toll Free Line <input type="checkbox"/> 850.487.1395 <input type="checkbox"/> Punta Gorda Bldg Dept <input type="checkbox"/> Wilma Task Force <input type="checkbox"/> Other <input checked="" type="checkbox"/>				
COMPLAINT DESCRIPTION				
Contractor is in violation of Chapter 1, of the Florida Building Code, at 14492 Stirrup Lane, Wellington. Contractor installed Duck Work without a permit. Stop work order issued, order number 16-255 issued by inspector Daryl Sholar on January 26, 2016. Scope of work captions have been added to the photos.				
Attached: Copy of stop work order and photos				

Attach additional sheets as necessary.

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
Ramos	Mike			
License Number (if known) CAC057376				
Company/Occupation One Hour Air Conditioning & Heating				
MAILING ADDRESS				
Street Address or P.O. Box				
8233 Gator Lane #2				
City		State	Zip Code (+4 optional)	
West Palm Beach		Florida	33411	
County (if Florida address)		Country		
Palm Beach		USA		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
561-719-8152		mike@kingofcool.com		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				

Primary Phone Number	Alternate Phone Number
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WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: 2-1-16

Send your completed complaint and documentation to:

Department of Business and Professional Regulation
Division of Regulation/Compliance – Consumer Services
1940 North Monroe Street
Tallahassee, FL 32399 – 0782

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an
application packet

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

EXPLANATION

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
Division of Regulation/Compliance
Consumer Services
1940 North Monroe Street
Tallahassee, FL 32399 – 0782**

**NOTE – This form must be submitted as
part of an entire packet.**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

WORK-SITE STREET ADDRESS			
Street Address 14492 Stirrup Lane			
City Wellington	State Florida	Zip (+4 optional) 33414	County Palm Beach

CONTRACTOR COMPLAINT QUESTIONS	
I am complaining in my capacity as a:	
<input type="checkbox"/> Homeowner <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier	<input checked="" type="checkbox"/> Building Department <input type="checkbox"/> Contractor <input type="checkbox"/> Owner of Commercial Structure <input type="checkbox"/> Other:
Select the category that best summarizes the work the contractor did for you or that you were involved in:	
<input type="checkbox"/> Built house <input type="checkbox"/> Remodeled house <input checked="" type="checkbox"/> Air-conditioning or heating work at house <input type="checkbox"/> Re-roofed or repaired part of the roof of a house <input type="checkbox"/> Built residential pool <input type="checkbox"/> Plumbing work	<input type="checkbox"/> Built addition to house <input type="checkbox"/> Built commercial structure <input type="checkbox"/> Remodeled or built addition to commercial structure <input type="checkbox"/> Commercial roof work <input type="checkbox"/> Electrical work <input type="checkbox"/> Other:
Please select the categories below that best describe your basic complaint:	
<input type="checkbox"/> Poor workmanship by contractor <input type="checkbox"/> Job finished, but contractor will not correct problems <input type="checkbox"/> Roof leaks; contractor will not repair <input type="checkbox"/> Contractor failed to pay subcontractors/suppliers <input type="checkbox"/> Contractor taking unreasonably long time to do the job <input type="checkbox"/> Contractor abandoned job <input type="checkbox"/> Financial dishonesty/misconduct by contractor	

FINANCIAL QUESTIONS	
1.	Was your contract in writing? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	What was your contract price?
3.	What was the contract execution date?
4.	What was the work begin date? _____ What was the work end date? _____
5.	What was the total amount paid to the contractor?
6.	Have you had to pay subcontractors or suppliers directly? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	If you have paid subcontractors or suppliers directly, how much and why?
8.	Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	What is the total of such unpaid bills?
10.	Have you filed civil suit against a contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you obtained a judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have any liens been filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Did contractor sign any statements to the effect that all bills have been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Have you fired the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Has the job now been completed by you or a new contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	What is the actual or estimated cost to finish the job if you hire another contractor?

BUILDING CODE COMPLIANCE BY CONTRACTOR	
16.	Was a permit required for the work that was to be completed by the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	If required, was a building permit obtained from the building department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what is the name of the building department? _____
Permit Number	Date Issued
18.	Who pulled the permit?
19.	Was the permit obtained on time? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Work completed prior to obtaining a permit
20.	Were any inspections missed or performed late? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Building has been occupied prior to certificate of occupancy.
21.	Did the site pass final inspection by the building department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
22.	If the site did not pass final inspection by the building department, explain why.
23.	Was a Certificate of Occupancy issued? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

WORKMANSHIP QUESTIONS24. Has the contractor offered to make repairs? Yes ☐ No ☐25. Has the contractor made attempts to make repairs? Yes ☐ No ☐
If yes, how many times?26. Have you had any other licensed contractor, architect or engineer inspect the work?
Yes ☐ No ☒**ATTESTATION STATEMENT
REQUIRES SIGNATURE OF APPLICANT**

I affirm that I have provided the above information completely and truthfully to the best of my knowledge. 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 (Florida Statute 837.06).

Sign Here:

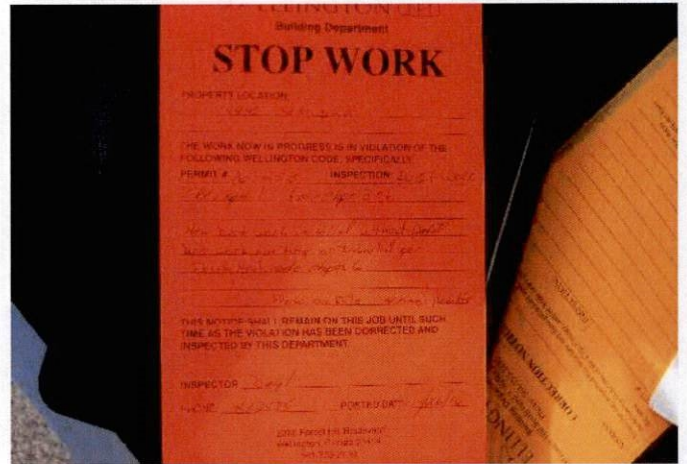
Date:

14492 Stirrup Lane, Wellington, FL 33417

Stop Work



Return air not sealed properly
FBC 5th Edition Mechanical 603.9



Stop work order
FBC 5th Edition Building 115.1

Stop Work



Main return air box-FBC 5th Edition Residential M1601.4.1
FBC 5th Edition-Mechanical 603.9



Main return air box-FBC 5th Edition Residential M1601.4.1
FBC 5th Edition-Mechanical 603.9



Main return air box-FBC 5th Edition Residential M1601.4.1
FBC 5th Edition-Mechanical 603.9



Master supply air-FBC 5th Edition Residential M1601.4.1
FBC 5th Edition-Mechanical 603.9



Drain line not insulated or supported
FBC 5th Edition Mechanical 307.2.5



Drain line not insulated or supported
FBC 5th Edition Mechanical 307.2.5

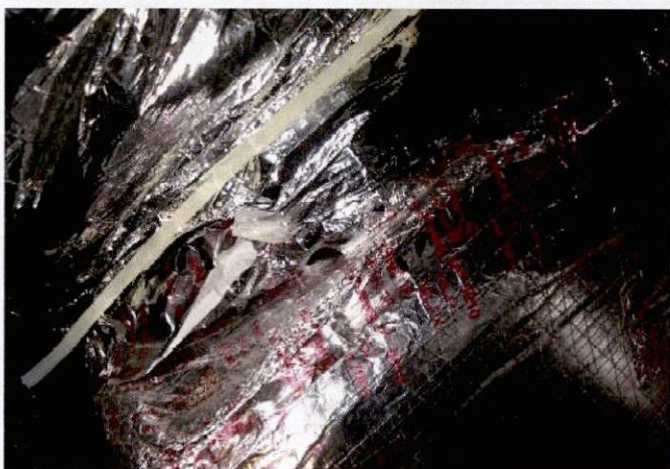
Stop Work



Supply air plenum at air handler
FBC 5th Edition Mechanical 603.9



New air supply
FBC 5th Edition Mechanical 603.9



Flex duct not installed properly
FBC 5th Edition Mechanical 603.9/Residential M1601.4.2



Flex duct not installed properly
FBC 5th Edition Mechanical 603.9/Residential M1601.4.2



Flex duct not supported properly
FBC 5th Edition Mechanical 603.10



Flex duct not supported properly
FBC 5th Edition Mechanical 603.10

WELLINGTON
Building Department
STOP WORK

PROPERTY LOCATION:

14492 Stirling Ln

THE WORK NOW IN PROGRESS IS IN VIOLATION OF THE
FOLLOWING WELLINGTON CODE, SPECIFICALLY:

PERMIT # 16-255 INSPECTION: Duct work

FBE chpt 1 FMC chpt 306

New Duct work installed without permit
Duct work not hung or installed per
Florida Mechanical code chpt 6

Photo on file 4 times permit

THIS NOTICE SHALL REMAIN ON THIS JOB UNTIL SUCH
TIME AS THE VIOLATION HAS BEEN CORRECTED AND
INSPECTED BY THIS DEPARTMENT.

INSPECTOR Dayl

PHONE: 753-2575

POSTED DATE: 1/26/16

12300 Forest Hill Boulevard
Wellington, Florida 33414
561-753-2430

WELLINGTON
Building Department
12300 Forest Hill Boulevard
Wellington, Florida 33414
Phone: 561-753-2430
561-753-2430
Have this copy posted on the structure and these permits and
the following violations of the City, County, and/or State Laws and
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ADDRESS
CORRECTION NOTICE
INSPECTION











