

AUGUST 5, 2015

THE CITY OF KEY WEST
3140 FLAGLER AVENUE
KEY WEST, FL 33040

RE: CASE NO. 2015034074
FREDERICK A SALINERO

DEAR CHIEF BUILDING INSPECTOR:

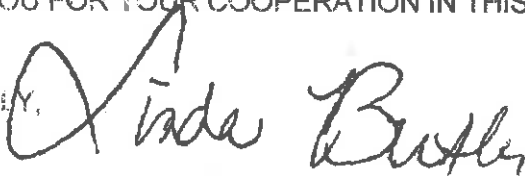
ENCLOSED IS A COPY OF A COMPLAINT RECEIVED BY THE DIVISION OF PROFESSIONS AND REGULATION OF THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION. THE SUBJECT OF THIS COMPLAINT IS A LOCALLY LICENSED CONTRACTOR WHO HAS REGISTERED WITH THE CONSTRUCTION INDUSTRY LICENSING BOARD.

PURSUANT TO THE REQUIREMENTS OF SECTION 489.117(2) AND 489.131(10), FLORIDA STATUTES, THIS CASE IS BEING REFERRED TO YOUR AGENCY FOR LOCAL DISCIPLINARY ACTION, IF DEEMED APPROPRIATE. PLEASE FORWARD TO THE CONSTRUCTION INDUSTRY LICENSING BOARD YOUR LOCAL BOARD'S FINDINGS OF FACT, CONCLUSIONS OF LAW, LOCAL DISCIPLINARY ACTION, AND YOUR BOARD'S RECOMMENDED PENALTY FOR IMPOSITION BY THE STATE BOARD.

IF YOUR LOCAL BOARD IS UNABLE TO INVESTIGATE THIS MATTER, PLEASE NOTIFY US IN WRITING WITHIN 20 DAYS.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



LINDA BUTLER - SENIOR MANAGEMENT ANALYST II
DIVISION OF REGULATION
1940 NORTH MONROE STREET
TALLAHASSEE, FL 32399-0782
PHONE: 850.488.6603 FAX: 850.921.2124

ENCLOSURE

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CIUB

RECEIVED
DBPR- REGULATION

JUL 22 2015

Please submit to the appropriate address on Page 9.

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	First	Middle	Title	Suffix
Mikheeva-Burr Irina				
Your Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
2678 East 23 rd Street				
City		State	Zip Code (+4 optional)	
BROOKLYN		NY	11235	
County (if Florida address)		Country		
		USA		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		
718 664 7782		718-769-9490		
Primary E-Mail Address				
irina.burr@gmail.com				
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>				
COMPLAINT DESCRIPTION				
<p>On April 18, 2014, I executed a contract for the installation of a pool on my property by Salinas Enterprise, Inc. lic# RP252555314. Pool was installed in June 2014. The City of Key West came to sign off on the permit on 12/5/2014. In January 2015, the fiber glass ^{4 handles} pool started to rust. The repairmen informed me that the pool was not level and the salt generator was installed incorrectly. I am attaching photos & notes from contractors/repairmen who reviewed this job. Besides numerous things which do not work, the pool is 28x10, the contract provided that the pool should be 13x29. Additionally, the concrete installed is crumbling into the pool. Moreover, since the pool is not level, the water overflows & floods the yard. Contractor</p>				

Attach additional sheets as necessary.

4 3/4 inch

Refusing to make repairs or honor the warranty.

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
License Number (if known) RP252 555 314				
Company/Occupation Salinero Enterprise Inc / Salinero Construction LLC				
MAILING ADDRESS				
Street Address or P.O. Box 5570 3rd Avenue				
City Key West		State FL	Zip Code (+4 optional) 33040	
County (if Florida address) Monroe		Country USA		
CONTACT INFORMATION				
Primary Phone Number 305 294 7618		Primary E-Mail Address f.salinero@aol.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		

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:

p. J. M. Pura

Date:

7/14/15

**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 <u>3743 Donald Avenue</u>			
City <u>Key West</u>	State <u>FL</u>	Zip (+4 optional) <u>33040</u>	County <u>Monroe</u>

CONTRACTOR COMPLAINT QUESTIONS	
I am complaining in my capacity as a:	
<input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier	<input 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 type="checkbox"/> Air-conditioning or heating work at house <input type="checkbox"/> Re-roofed or repaired part of the roof of a house <input checked="" 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 checked="" type="checkbox"/> Poor workmanship by contractor <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	
2. What was your contract price? \$43,147.00	
3. What was the contract execution date? 4/18/14	
4. What was the work begin date? 6/14	What was the work end date? 8/14
5. What was the total amount paid to the contractor? \$43,147.00	
6. Have you had to pay subcontractors or suppliers directly? Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/>	
9. What is the total of such unpaid bills?	
10. Have you filed civil suit against a contractor? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Have you obtained a judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Have any liens been filed? Yes <input checked="" 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 checked="" type="checkbox"/>	
13. Have you fired the contractor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
14. Has the job now been completed by you or a new contractor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
15. What is the actual or estimated cost to finish the job if you hire another contractor? the cost to repair over \$20,000.00	

BUILDING CODE COMPLIANCE BY CONTRACTOR	
16. Was a permit required for the work that was to be completed by the contractor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17. If required, was a building permit obtained from the building department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what is the name of the building department? Key West	
Permit Number 14-00001983-000-000-POLR-00	Date Issued 5/16/14
18. Who pulled the permit? Contractor	
19. Was the permit obtained on time? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
20. Were any inspections missed or performed late? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. Did the site pass final inspection by the building department? Yes <input checked="" type="checkbox"/> No <input 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 type="checkbox"/>	

WORKMANSHIP QUESTIONS

24. 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: *J. W. Burr* Date: 7/14/15

**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

please see page 2

And attached documents.

SALINERO CONSTRUCTION, LLC

CUSTOMER NAME: IRINA MIKHEEZAA-BURR

CUSTOMER ADDRESS: 3743 DONALD AVE. KEY WEST, FL 33040

PHONE/FAX/CELL:

ESTIMATE:

IN GROUND PACKAGE:

1 HP JANDY POOL PUMP
100 SQ. FT. CARTRIDGE FILTER
LEAF NET, BRUSH AND POLE
PAD FOR PUMP & FILTER EQUIPMENT WITH
CONTROL VALVES STARTUP CHEMICALS
FITTINGS, CONTROL PANEL
HANDRAIL

STANDARD POOL INCLUDES

35 YEARS LIMITED WARRANTY
WHITE FINISH
ONE SURFACE SKIMMER
2 WALL FITTINGS W/EYEBALLS
MAIN DRAIN WITH ANTI-TRAPMENT

INCLUDED	POOL SHELL	Martinique 13' x 29'	
INCLUDED	IN GROUND PACKAGE (SEE ABOVE)		
INCLUDED	EXCAVATION, SETTING, LEVELING, & BACK FILL OF PEA ROCK		
INCLUDED	566 SQ. FT. OF CONCRETE DECK		
INCLUDED	ENGINEER PLANS AND PERMITS		
INCLUDED	ELECTRIC		
INCLUDED	PLUMBING		
INCLUDED	POOL NET AND LADDER PER CODE		
			TOTAL \$ 38,647.00
OPTION	LIGHT: LED LIGHT	N/A	\$ 990.00
OPTION	WATERLINE TILE (STYLE	N/A)	\$ 1,975.00
OPTION	SALT WATER CHLORINATOR	Included	\$ 2,300.00
OPTION	CHILLER	N/A	\$ 2,500.00
OPTION	HEATER	YES	\$ 4,500.00

Revised 04/08

ATTACHMENT A

\$ 43,147

1MB