MIAMI-DADE COUNTY

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

http://www.miamidade.gov/building/home.asp

10/28/2019 9:47:22 AM

Tracking #	Process #	Permit #
3220001337	M2020001337	2020006228

THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR AN INSPECTION WILL NOT BE MADE.				
Process #	**Review**	**Disposition**	**Reviewer**	**Date**
M2020001337	DERM GREASE	N	LINCHETA, CARLOS	10/24/2019
M2020001337	DERM CORE	A	DIAZ, JULIO	10/25/2019
M2020001337	DERM PAVING & DRAINAGE	A	ABDALLAH, MAHMOUD	10/25/2019
M2020001337	DERM WETLANDS	A	HILL, NORTRIVAH	10/28/2019
M2020001337	DERM POLLUTION	A	FELIPE, ALICIA	10/25/2019
M2020001337	UPFRONT FEES	A	WEB APPLICATION ID	10/24/2019

Disclaimer.

Subject to compliance with all Federal, State, and County Laws, rules and regulations. Miami-Dade County assumes no responsibility for accuracy of or results of these plans.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

Stamp Name	Trade	Disposition	Stamp Description
Approved	DERM	A	Approved

Amanda@Lopezinc.com

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

APPLICATION FOR MUNICIPAL PERMIT APPLICANTS THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE AND/OR ENVIRONMENTAL SERVICES

M2020001337 3220001337 BLC2019-4398

PROVIDE MUNICIPAL PROCESS NUMBER HERE

LOCATION OF IMPROVEMENTS

Job Address 14875 NW 77 AVE
Folio 20230230050
Lot _____ Block _____
Subdivision _____ PBpg. _____
Metes and bounds _____

CONTRACTOR INFORMATION

Contractor No. E1353
Last four (4) digits of Qualifier No. 4729
Contractor Name Miguel Lopez Jr
Qualifier Name Miguel Lopez Jr
Address 21005 Taft St
City Pem. Pines State FL Zip 33029

lnc

TYPE OF IMPROVEMENTS

- [ ] New Construction on Vacant Land
- [ ] Alteration Interior
- [ ] Alteration Exterior
- [ ] Relocation of Structure
- [/] Enclosure
- [ ] Repair
- [ ] Repair Due to Fire
- [ ] Demolish
- [ ] Shell Only
- [ ] Addition Attached
- [ ] Addition Detached
- [ ] Re-Roof
- [ ] Foundation Only
- [ ] Tent

Current use of property Office
Description of Work Storm Drain/Catch Basin replacement
~~Sq. Ft.~~ 210 LF Units _____ Floors _____
Value of Work 81,663

PERMIT TYPE

- [ ] MBLD* Category _____
- [ ] MELE _____
- [ ] MPLU _____
- [ ] MLPG _____
- [ ] MMEC _____
- [ ] FIRE _____

REVIEW STATUS

- [ ] Chg. Contractor
- [ ] Re-Issue
- [ ] Re-Stamp
- [ ] Revision
- [ ] Not Applicable for Fire

OWNER'S NAME

Owner Graham Companies
Address 6843 Main St.
City M. Lakes State FL Zip 33014
Phone _____
Last four (4) digits of Owner's Social Security No. _____

PERSON TO PICK UP PLANS

Name Amanda Caceres
Address 21005 Taft St
City Pem. Pines State FL Zip 33029
Phone 3/491-8574

ARCHITECT / ENGINEER

Owner _____
Address _____
City _____ State ____ Zip _____
Phone _____

FIRE SPECIAL REQUEST PLAN REVIEW (SRI)

I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one-hour. Please contact the Fire Department for current rate.

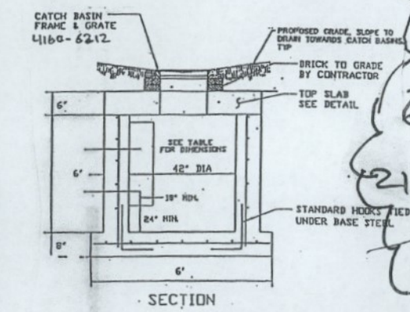
1st Request: _____ Date: _____
2nd Request: _____ Date: _____
3rd Request: _____ Date: _____

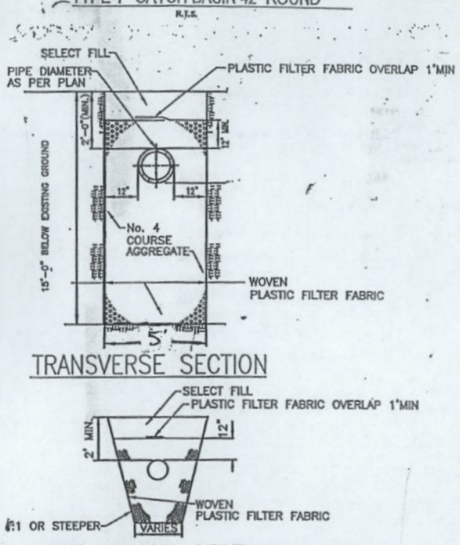
If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application.

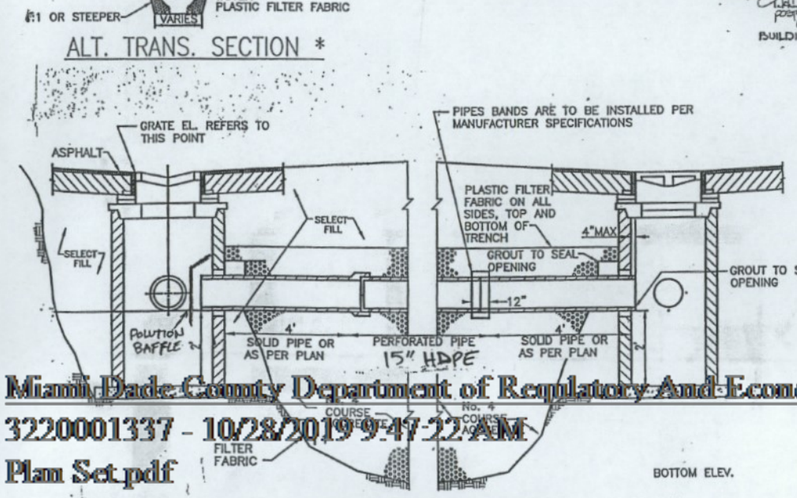
REPLACE EXISTING DAMAGED STORM DRAINS

6 EA - REPLACE EXISTING CATCH BASIN

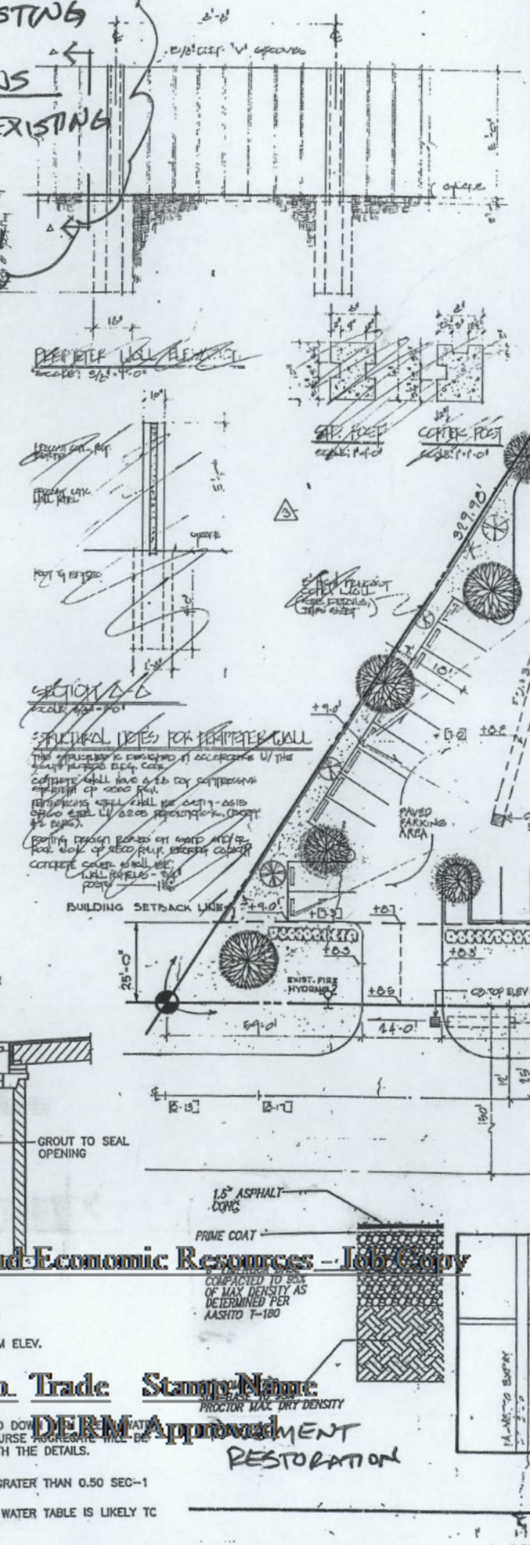
210 LF - REPLACE FRENCH DRAIN SYSTEM

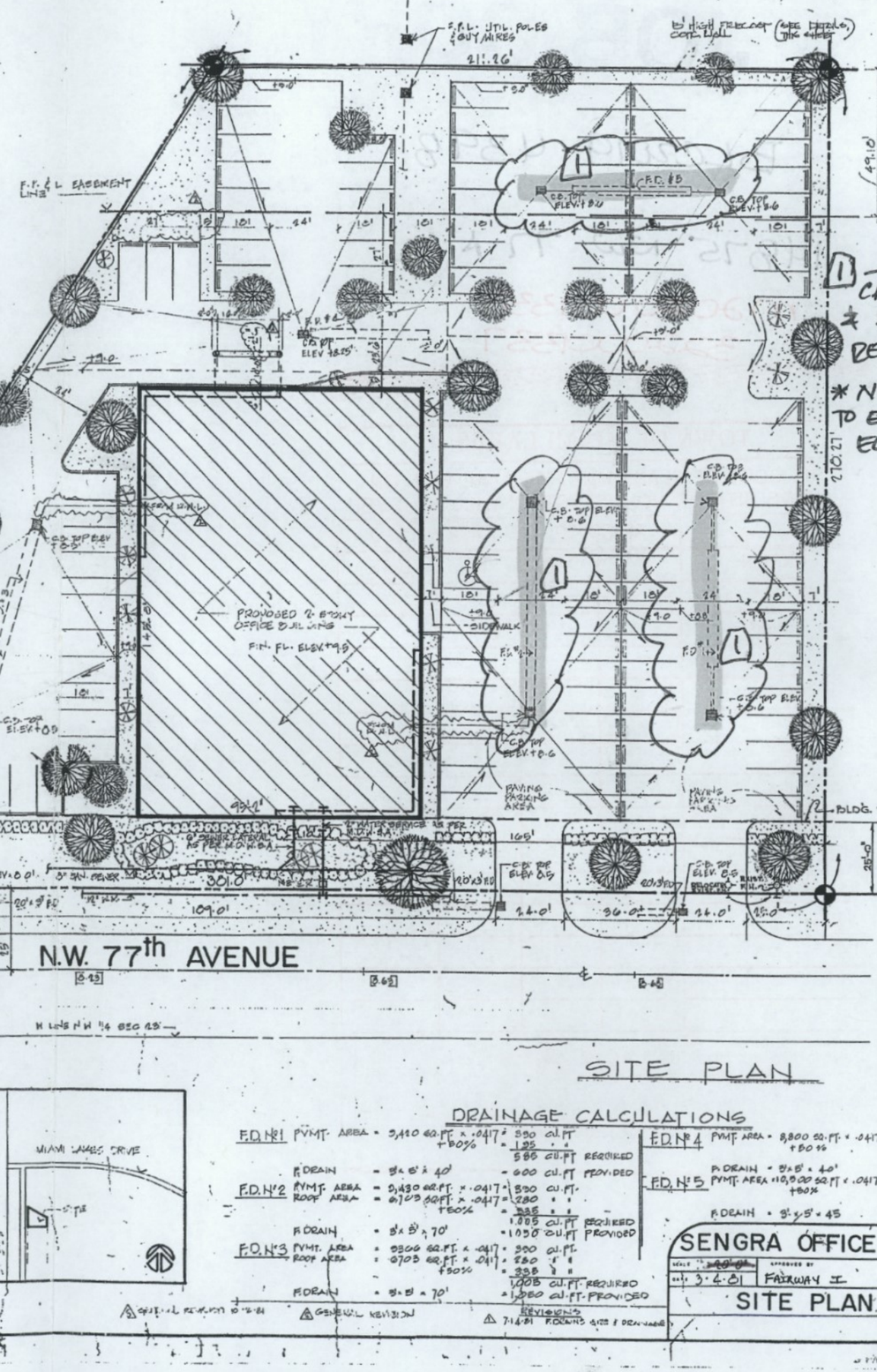






NOTES:
- PLASTIC FILTER FABRIC SHALL BE WOVEN MONOFILAMENT POLYPROPYLENE GEOTEXTILE. PERMITTIVITY SHALL BE GRATER THAN 0.50 SEC-1 AND FLOW RATE GREATER OR EQUAL TO 50 gal/min.
- MAY BE USED IN AREAS WHERE TRENCH WALLS WILL NOR STAND VERTICAL, OR WHERE CAVE-IN BELOW THE WATER TABLE IS LIKELY TC OCCUR. TO BE USED AT THE ENGENEER'S DISCRETION





1 - CATCH BASINS & F.D TO BE REPLACED

* NO CHANGES TO EXISTING ELEVATIONS

DRAINAGE CALCULATIONS

F.D. Nº1
PVMT. AREA = 3,410 SQ.FT. x .0417 = 330 CU.FT. +50% = 495 CU.FT. REQUIRED
F. DRAIN = 8' x 5' x 40' = 600 CU.FT. PROVIDED

F.D. Nº2
PVMT. AREA = 9,430 SQ.FT. x .0417 = 330 CU.FT.
ROOF AREA = 6703 SQ.FT. x .0417 = 280 " "
+50% = 525 " "
F. DRAIN = 8' x 5' x 70' = 1,050 CU.FT. REQUIRED
1,050 CU.FT PROVIDED

F.D. Nº3
PVMT. AREA = 8300 SQ.FT. x .0417 = 350 CU.FT.
ROOF AREA = 6703 SQ.FT. x .041 = 280 " "
+50% = 525 " "
F.DRAIN = 8' x 8' x 70' = 1,005 CU.FT. REQUIRED
1,060 CU.FT. PROVIDED

F.D. Nº4
PVMT. AREA = 8,800 SQ.FT. x .0417 = 867 CU.FT.
+50% = 1,300 CU.FT.
650 CU.FT. REQUIRED
F. DRAIN = 8' x 8' x 40' = 600 CU.FT. PROVIDED

F.D. Nº5
PVMT. AREA = 10,900 SQ.FT. x .0417 = 440 CU.FT.
+50% = 220 CU.FT.
660 CU.FT REQUIRED
F.DRAIN = 8' x 5' x 45 = 675 CU.FT. PROVIDED

REVISIONS
7-14-81 PAVING SIZE & DRAINAGE
10-2-81 GENERAL REVISION
10-26-81 GENERAL REVISION

SENGRA OFFICE BLDG.
SCALE 1" = 40'-0" | APPROVED BY | DRAWN BY A.C.
DATE 3-6-81 | FAIRWAY I. | REVISED 10-2-81
SITE PLAN

A-1
14
33R

ARCHITECTURAL ASSOCIATES INC.
ALVIN J. COHEN, REG. ARCH., N.C.A.R.B.
5190 NW 167th ST., MIAMI FL. 33014 TEL. 305-625-5194

JOB COPY

BLC2019-4398

14875 NW 77 Ave

M2020001337
3220001337

TOWN OF MIAMI LAKES

THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR NO INSPECTION WILL BE GIVEN

SECTION	APPROVED BY	APPROVED DATE	DISAPPROVED BY	DISAPPROVED DATE
ING				
RING				
WORKS				
DING				
ES				
DICAP				
UCTURAL				
ECTRICAL				
UMBING				
ECHANICAL				
NERGY				
IRE				

ject to compliance with all Federal, State and County Laws, Rules and Regulations. Town of Miami Lakes assumes no responsibility for accuracy of or results from plans.

5. In addition to the requirements of this permit there may be additional

Miami Dade County Department of Regulatory And Economic Resources - Job Copy
3220001337 - 10/28/2019 9:47:22 AM
Plan Set.pdf

Examiner	Date Time Stamp	Disp.	Trade	Stamp Name
Mahmood Abdallah	10/25/2019 1:17:02 PM	A	DERM	Approved

MIAMI LAKES
Growing Beautifully

Address: 14875 NW 77 AVE	
Folio #: 32-20230230050	
MDC Process #: M20200001337	
MDC Tracking #: 3220001337	
Job Description: STORM DRAIN CATCH BASIN REPLACEMENT	

Master Permit #: BLC2019-4398 **Sub Permit #:** _____ **Revision #:** _____

OFFICE USE ONLY

	Approved	Date	Disapproved
☐ ZONING	Date _____ Initials _____		
☐ BUILDING	Date _____ Initials _____		
☐ STRUCT.	Date _____ Initials _____		
☐ ROOFING	Date _____ Initials _____		
☐ ELECT.	Date _____ Initials _____		
☐ MECH.	Date _____ Initials _____		
☐ PLUMBING	Date _____ Initials _____		
☐ FLOOD	Date _____ Initials _____		
☐	Date _____ Initials _____		

10/22 MDC Appl Recvd.

PLANS CHECKED-OUT

	DATE	NAME

PLANS CHECKED-IN

	DATE	NAME

	AMOUNTS
BASE PERMIT	
ZONING FEE	
CODE COMPLIANCE FEE	
TECHNOLOGY FEE	
DBPR SURCH. STATE	
DBPR SURCH. BUILDING	
SCANNING FEE	
WORK W/O PERMIT FEE	
UPFRONT FEE PAID	250.00
BALANCE DUE:	

Issuing Clerk: _____ Date: __/__/__

FW1

MIAMI LAKES
Growing Beautifully

6601 Main St • Miami Lakes, Florida, 33014
Office: (305) 827-4015 • Fax: (305) 558-9884
Website: www.miamilakes-fl.gov

BUILDING PERMIT APPLICATION

Job Address: 14875 NW 77 AVE

Unit #:

Folio #: 32-2023023005 Owner-Builder: ☐

Master Permit #: BLD2019-4398 Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME: GRAHAM COMPANIES

Address: 6843 MAIN STREET

City, State, Zip: MIAMI LAKES, FL 33014

Phone #: _____ Cell #: _____

Email Address:

CONTRACTOR INFORMATION

Company Name: MIGUEL LOPEZ JR, INC

Qualifier Name: MIGUEL LOPEZ JR

License # E1353

Address 21005 TAFT ST

City, State, Zip PEMBROKE PINES, FL 33029

Phone #: 305-884-0767 Cell #: 786-229-0807

Email Address: EDDY@LOPEZINC.COM

LEGAL USE/ WORK

Current Use of Property: OFFICE

Job Description: STORM DRAIN CATCH BASINS REPLACEMENT

JOB COST $ 81,663 AREA/LENGTH: 210 SF/LF

Residential ☐ Multi-Family ☐ Commercial ☐ Industrial ☐

Code in Effect: _____

Occupancy: _____

Construction Type: _____

Flood Zone/B.F.E.: _____ F.F.E.: _____

ARCHITECT/ ENGINEER

Firm Name:

A/E of record:

License #

Address

City, State, Zip

Phone #: Cell #:

Email Address:

Permit Type -- Check only One

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing/Gas
☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W

Change to Permit -- Check only One

☐ Extension ☐ Renewal ☐ Revision
☐ Change Contractor ☐ Shop Drawing ☐ Cancellation

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X _____ 10/18/2019 X _____ 10/18/19

Signature of Owner or Owner's Agent — Date — Signature of Qualifier — Date

LESTER DEBS

Print Name of Owner or Owner's Agent — Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this 18 of October 2019

_____ (SEAL)

Personally known ☐ or I.D. _____

Beatriz Dooley
Commission GG 280232
Expires 01/12/2023

STATE OF Florida COUNTY OF Broward.

Sworn to and subscribed before me this OCT 22 20 19

by MIGUEL LOPEZ JR (SEAL)

Personally known ☑ or I.D. _____

YAHAIRA PARRALES
MY COMMISSION # GG 347609
EXPIRES: September 8, 2023
Bonded Thru Notary Public Underwriters

Miami Dade County Department of Regulatory and Economic Resources - Job Copy

3220001337 - 10/28/2019 9:47:32 AM

TOMI Permit Application.pdf

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

NOTE: This application will be void if there are no reviews after six(6) months.

MIAMI LAKES
Growing Beautifully

6601 Main St • Miami Lakes, Florida, 33014
Office: (305) 827-4015 • Fax: (305) 558-9884 Website: www.miamilakes-fl.gov

HOMEOWNER'S ASSOCIATION/COMMERCIAL/ARCHITECTURAL CONTROL COMMITTEE ("HOA/ACC") AFFIDAVIT

****NOTE: Whether you have an HOA or not, it is a requirement to complete this affidavit as part of your permit application submittal package.****

The undersigned individual, being duly sworn, deposes and says that:

1. He/She is the owner of property located at 14875 NW 77 Ave (*identify address*), which is part of the _____ (*identify neighborhood/subdivision/Homeowner Association "HOA"/Architectural Control Committee "ACC" if applicable*) and has submitted the attached building permit application to the Town of Miami Lakes; and

2. He/She is owner of property which may be subject to certain conditions and deed restrictions; and

3. He/She is fully informed regarding any applicable deed restrictions and HOA/ACC requirements for building on or making changes to their property; and

4. He/She is aware that the Town recommends, although not required, that the he/she secure any required approvals from their HOA/ACC, prior to submitting this building permit application; and

5. He/She acknowledges that the issuance of a building permit does not independently satisfy any applicable HOA/ACC approval requirements and that the Town does not enforce any deed restrictions upon said property.

Signature

LESTER DEBS
Print Name

10/18/2019
Date

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared Lester DEBS as owner of said property described herein, on this date executed the foregoing Affidavit for the purposes mentioned in the Affidavit. He/She is personally known to me or has produced _____ as identification.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this 18 day of October, 2019.

My Commission Expires: 1/12/23

Notary Public State of Florida
Beatriz Dooley
My Commission GG 260232
Expires 01/12/2023

Notary Public, State of Florida

*Note: Please be advised that in addition to any written recommendations from your homeowners association (HOA) this