



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: 7870 NW 163rd Street

Unit #:

Folio #: 32-20150310230 Owner-Builder: ☒

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER
INFORMATION

NAME: Daniel Fornes
Address: 7870 NW 163rd St
City, State, Zip: Miami Lakes FL 33016
Phone #: 786-506-0355 Cell #: _____
Email Address: daniel.fornes@gmail.com

CONTRACTOR
INFORMATION

Company Name: _____
Qualifier Name: _____
License #: _____
Address: _____
City, State, Zip: _____
Phone #: _____ Cell #: _____
Email Address: _____

LEGAL USE/
WORK

Current Use of Property: SFR
Job Description: Tiki Hut

JOB COST \$ 3,800 AREA/LENGTH: _____ 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 ☐ PW

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 regarding 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 specifications. **WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU NEED 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 Daniel Fornes
Signature of Owner or Owner's Agent

11/10/2025
Date

X
Signature of Qualifier

Date

Daniel Fornes
Print Name of Owner or Owner's Agent

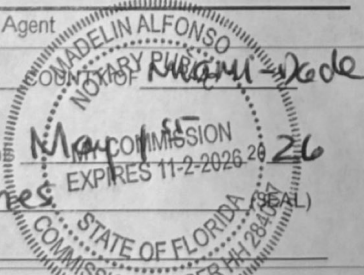
Print Name of Qualifier

STATE OF FL

Sworn to and subscribed before me this

by Daniel Fornes

Personally known ☒ or I.D. _____



STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

Personally known ☐ or I.D. _____

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.