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: 7870 NW 163rd Street
Unit #:
Folio #: 32-2015031023O 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

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.: _____

CONTRACTOR INFORMATION

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

ARCHITECT/ ENGINEER

Firm Name:
A/E of record:
License #
Address
City, State, Zip
Phone #: Cell #:
Email Address:

Permit Type -- Check only One				Change to Permit -- Check only One		
☐ Building	☐ Electrical	☐ Mechanical	☐ Plumbing/Gas	☐ Extension	☐ Renewal	☐ Revision
☐ Paving/Drainage	☐ Sign	☐ Roofing	☐ P/W	☐ 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 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 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 [signature] 11/10/2025
Signature of Owner or Owner's Agent — Date

X
Signature of Qualifier — Date

Daniel Fornes
Print Name of Owner or Owner's Agent

Print Name of Qualifier

STATE OF FL COUNTY OF Miami-Dade

Sworn to and subscribed before me this 10 day of Nov 20 25

by Daniel Fornes (SEAL)

Personally known ☒ or I.D. _____

MADELIN ALFONSO
NOTARY PUBLIC
MY COMMISSION EXPIRES 11-2-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 284054

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.