

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: 15463 NW 88 Ave

Unit #:

Folio #: 32-2016-005-1840 Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	NAME: Jose Rosa	LEGAL USE/WORK	Current Use of Property: Residence
	Address: 15463 NW 88 AV		Job Description: Swimming pool
	City, State, Zip: Miami Lakes FL 33018		
	Phone #: 786 427 2453 Cell #: _____		
	Email Address: Jose.Rosa.12@gmail.com		
CONTRACTOR INFORMATION	Company Name: Amor Pools	ARCHITECT/ENGINEER	JOB COST \$ 35,000 AREA/LENGTH: 308 SF/LF
	Qualifier Name: Angelica Amor		Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐
	License #: CC 1459462		Code in Effect: _____
	Address: 14536 SW 97th St		Occupancy: _____
	City, State, Zip: Miami FL 33186		Construction Type: Single Fam
Phone #: _____ Cell #: 305 528 3674	Flood Zone/B.F.E.: _____ F.F.E.: _____		
Email Address: _____	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 ☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W		☐ Extension ☐ Renewal ☐ Revision ☐ Change Contractor ☐ Shop Drawing ☐ Cancellation	

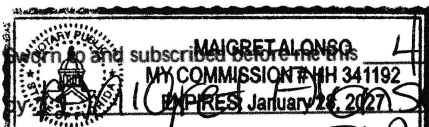
Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand 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  4/24/26
Signature of Owner or Owner's Agent Date
Jose Rosa
Print Name of Owner or Owner's Agent

X  4/24/26
Signature of Qualifier Date
Angelica Amor
Print Name of Qualifier

STATE OF Florida COUNTY OF Dade

STATE OF Florida COUNTY OF Dade



Sworn to and subscribed before me this 4/24/26 2026
by Maigret Alonso (SEAL)

Personally known ☐ or I.D. PR 423-748-12-000

Personally known ☒ or I.D.

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the home owner's association 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.