

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 #: 32-2016-005-1848 Owner-Builder: ☐

Master Permit #: BLR2026-1305

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	NAME: <u>Jose Rosa</u>	LEGAL USE/ WORK	Current Use of Property: <u>Residence</u>
	Address: <u>15463 NW 88 Ave</u>		Job Description: <u>Swimming Pool</u>
	City, State, Zip: <u>Miami Lakes FL 33128</u>		
	Phone #: <u>786-427-3153</u> Cell #: _____		
CONTRACTOR INFORMATION	Email Address: <u>Jose.Rosa.66@gmail.com</u>	ARCHITECT/ ENGINEER	JOB COST \$ <u>\$32,000</u> AREA/LENGTH: <u>308</u> SF/LF
	Company Name: <u>Amor Pools LLC</u>		Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐
	Qualifier Name: <u>Amelia Amor</u>		Occupancy: _____
	License #: <u>CPC 1459462</u>		Construction Type: <u>Single fam.</u>
	Address: <u>14536 SW 97th St</u>		Flood Zone/B.F.E.: _____ F.F.E.: _____
	City, State, Zip: <u>Miami FL 33186</u>		Firm Name: _____
	Phone #: <u>305-5283227</u> Cell #: _____		A/E of record: _____
	Email Address: <u>Amor.pools@gmail.com</u>		License #: _____
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 [Signature]
Signature of Owner or Owner's Agent
Date 4/24/26
5/12/20
Print Name of Owner or Owner's Agent
Jose Rosa

X [Signature]
Signature of Qualifier
Date 5/12/20
Amelia Amor
Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this

by Jose Rosa

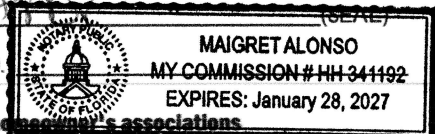
Personally known ☐ or I.D. ☒



Sworn to and subscribed before me this

by Amelia Amor

Personally known ☒ or I.D. ☐



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