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: 15463 NW 88 Ave
Unit #:
Folio #: 32-2016 005 7840 Owner-Builder: ☐

Master Permit #: BLR2026-1305 Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME: Jose Rosa
Address: 15463 NW 88 Ave
City, State, Zip: Miami Lakes FL 33018
Phone #: 786 427 3453 Cell #:
Email Address: maximomartin@bellsouth.net

LEGAL USE/ WORK

Current Use of Property: Residence
Job Description: Inst. Elect. Pool

JOB COST $ 1500 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: MAXIMO ELECTRIC, INC
Qualifier Name: Maximo Martin
License # EC13005618
Address 16931 SW 141 CT
City, State, Zip Miami FL 33177
Phone #: Cell #: 3052832418
Email Address: maximomartin@bellsouth.net

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 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 _____ Date 5-12-26
Signature of Owner or Owner's Agent
Jose ROSA
Print Name of Owner or Owner's Agent

X _____ Date 5/12/26
Signature of Qualifier
Maximo Martin
Print Name of Qualifier

STATE OF Florida COUNTY OF Dade
Sworn to and subscribed before me this May 12 2026
by Jose Rosa (SEAL)
Personally known ☐ or I.D. R413748120000

MAIGRET ALONSO
MY COMMISSION # HH 341192
EXPIRES: January 28, 2027

STATE OF Florida COUNTY OF Dade
Sworn to and subscribed before me this May 12 2026
by Maximo Martin (SEAL)
Personally known ☐ or I.D. M635540504090

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.

MAIGRET ALONSO
MY COMMISSION # HH 341192
EXPIRES: January 28, 2027