



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: 8752 NW 157 TER

Unit #:

Folio #: 32-20160051670

Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER
INFORMATION

NAME : ALEXIS GARELLI

Address: 8752 NW 157 TERR

City, State, Zip MIAMI LAKES FL 33018

Phone #: 617 201 5744 Cell #: _____

Email Address: garellifamily@gmail.com

Company Name:

Qualifier Name: DAVID MARTINEZ

License # CGC1537991

Address 1579 SW 21 RD

City, State, Zip HOMESTEAD FL 33035

Phone #: _____ Cell #: _____

Email Address: _____

LEGAL USE/
WORK

Current Use of Property: _____

Job Description

NEW SWIMMING POOL

JOB COST \$73,000 AREA/LENGTH: _____ SF/LF

Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐
Code in Effect: _____

Occupancy: _____

Construction Type: _____

Flood Zone/B.F.E.: _____ F.F.E.: _____

Firm Name: _____

A/E of record: _____

License #

Address

City, State, Zip

Phone #: _____ Cell #: _____

Email Address: _____

ARCHITECT/
ENGINEER

CONTRACTOR
INFORMATION

Permit Type -- Check only One

☒ Building ☐ Electrical ☐ Mechanical ☐ Plumbing/Gas
☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W

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 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 of Owner or Owner's Agent

Date 05/26/26

X
Signature of Qualifier

5/26/26
Date

ALEXIS GARELLI

Print Name of Owner or Owner's Agent

Print Name of Qualifier

STATE OF FL COUNTY OF Dade

STATE OF FL COUNTY OF Dade

Sworn to and subscribed before me this _____ day of _____
by Alexis Garelli
JULIAN E. JUVERT
MY COMMISSION # HH 285430
EXPIRES: July 7, 2026 (AL)

Personally known ☐ or I.D. ☐

Sworn to and subscribed before me this _____ day of _____
by David Martinez
JULIAN E. JUVERT
MY COMMISSION # HH 285430
EXPIRES: July 7, 2026 (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.