



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 TERR

Unit #:

Folio #: 32-20160051670 Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	LEGAL USE/WORK
NAME: <u>Alexis Garelli</u>	Current Use of Property: _____ Job Description: <u>Plumbing for new Pool & SPN</u>
Address: <u>8752 NW 157 TERR.</u>	
City, State, Zip: <u>MIAMI LAKES, FL 33018</u>	
Phone #: _____ Cell #: _____	JOB COST \$ <u>1800.00</u> AREA/LENGTH: <u>50</u> SF/LF
Email Address: _____	Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐
	Code in Effect: _____
	Occupancy: _____
	Construction Type: _____
	Flood Zone/B.F.E.: _____ F.F.E.: _____
Company Name: <u>DESMAR PC INC.</u>	Firm Name: _____
Qualifier Name: <u>EDUARDO F. ANGEL</u>	A/E of record: _____
License # <u>CF1427442</u>	License # _____
Address <u>18551 SW 104 AVE</u>	Address _____
City, State, Zip <u>MIAMI, FL 33157</u>	City, State, Zip _____
Phone #: <u>(305) 876-6761</u> Cell #: _____	Phone #: _____ Cell #: _____
Email Address: <u>eddy@desmarpc.com</u>	Email Address: _____
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

Print Name of Owner or Owner's Agent

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

Personally known ☐ or I.D. _____

X

Signature of Qualifier

Date

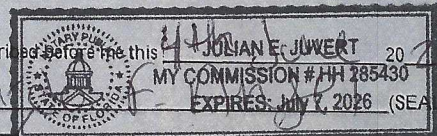
Print Name of Qualifier

STATE OF FL COUNTY OF Dade

Sworn to and subscribed before me this _____ 20____

by EDUARDO F. ANGEL (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.