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: 15450 NW 88th Ct.

Unit #:

Folio #: 32-2016-005-1960 Owner-Builder: ☐

Master Permit #: _____ Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME : Juan Aldana

Address: 15450 NW 88TH CT

City, State, Zip Miami Lakes, Florida. 33018

Phone #: (786) 271-2495 Cell #: (786) 271-2495

Email Address: aldanajaramillo@hotmail.com

LEGAL USE/ WORK

Current Use of Property: Residence

Job Description Swimming Pool

JOB COST $_____ AREA/LENGTH: ____ SF/LF

Residential ☑ Multi-Family ☐ Commercial ☐ Industrial ☐

Code in Effect: _____

Occupancy: _____

Construction Type: Swimming Pool

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

CONTRACTOR INFORMATION

Company Name: Amor Pools LLC

Qualifier Name: Angelica Amor

License # CPC 1454662

Address 14536 SW 94th St.

City, State, Zip Miami FL 33186

Phone #: Cell #3055284074

Email Address: Amorpools@gmail.com

ARCHITECT/ ENGINEER

Firm Name:

A/E of record:

License #

Address

City, State, Zip

Phone #: Cell #:

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 CONDITIONING, 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 _____ 06/02/2026
Signature of Owner or Owner's Agent Date

Juan Aldana
Print Name of Owner or Owner's Agent

X _____ Date 6/2/26
Signature of Qualifier

Angelica Amor
Print Name of Qualifier

STATE OF FL COUNTY OF Dade

Sworn to and subscribed before me this 6/2 20 26

by Juan Aldana (SEAL)

Personally known ☐ or I.D. AU3542[illegible]

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

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this June 2 20 26

by Angelica Amor (SEAL)

Personally known ☑ or I.D. _____

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

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.