



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 #: 32-2014-005-1980 Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	LEGAL USE/WORK
NAME: Juan Aldana	Current Use of Property: <u>Residence</u>
Address: 15450 NW 88TH CT	Job Description: <u>Swimming Pool</u>
City, State, Zip Miami Lakes, Florida, 33018	
Phone #: (786) 271-2495 Cell #: (786) 271-2495	JOB COST \$ <u>\$37,000</u> AREA/LENGTH: _____ SF/LF
Email Address: aldanajaramillo@hotmail.com	Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐
Company Name: <u>Amar Pools LLC</u>	Code in Effect: _____
Qualifier Name: <u>Angelica Amar</u>	Occupancy: _____
License # <u>CPC 1459402</u>	Construction Type: <u>Swimming Pool</u>
Address <u>14530 SW 9th St.</u>	Flood Zone/B.F.E.: _____ F.F.E.: _____
City, State, Zip <u>Miami FL 33184</u>	Firm Name: _____
Phone #: _____ Cell #: <u>305528</u>	A/E of record: _____
Email Address: <u>AmarPools@gmail.com</u>	License # _____
	Address _____
	City, State, Zip _____
	Phone #: _____ Cell #: _____
	Email Address: _____

CONTRACTOR INFORMATION	ARCHITECT/ENGINEER
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 [Signature]
Signature of Owner or Owner's Agent

06/02/2026
Date

X [Signature]
Signature of Qualifier

Date 06/22/2026

Juan Aldana
Print Name of Owner or Owner's Agent

Angelica Amar
Print Name of Qualifier

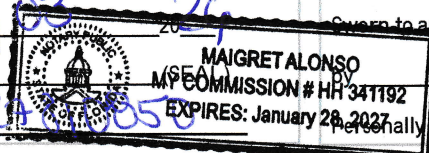
STATE OF FL COUNTY OF Dade

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this 6/23/2026

by Juan Aldana

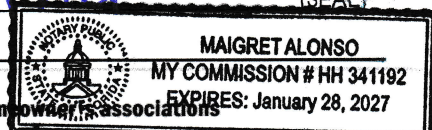
Personally known ☐ or I.D. AUSTIN



Sworn to and subscribed before me this June 2

by Angelica Amar

Personally known ☒ or I.D.



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