



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: 7830 NW 161 ST TER

Unit #:

Folio #: 32-2015-037-0210

Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	LEGAL USE/WORK
NAME : Leeroy Rodriguez	Current Use of Property: Residential
Address: 7830 NW 161 ST TER	Job Description: New Pool
City, State, Zip: Miami Lakes, FL 3016	
Phone #: Cell #:	JOB COST \$ 25000 AREA/LENGTH: 400 SF/UF
Email Address: Type text here	Residential ☐ Multi-Family ☐ Commercial ☐ Industrial ☐
Company Name: Calypso Pools Company	Code in Effect: _____
Qualifier Name: Samuel Reyes	Occupancy: _____
License #: CPC1460648	Construction Type: _____
Address: 13460 NW 107th Ave Unit 4	Flood Zone/B.F.E.: _____ F.F.E.: _____
City, State, Zip: Hialeah Garden, FL 33018	Firm Name: _____
Phone #: 305-262-1424 Cell #:	A/E of record: _____
Email Address: _____	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.

Signature of Owner or Owner's Agent

Date 5/20/26

Signature of Qualifier

Date 5/20/26

Print Name of Owner or Owner's Agent

Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this May 20 2026

by Leeroy Rodriguez

Personally known ☒



Sworn to and subscribed before me this May 20 2026

by Samuel Reyes

Personally known ☒ or I.D. _____



NOTICE: In addition to the requirements of this permit, there may be additional restrictions enforced by the homeowner that may be applicable to this property that may be found in the public records of this county, and there may be additional permits 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.