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: 15519 NW 67 Avenue

Unit #:

Folio #: 32- 20240380020 Owner-Builder: ☐

Master Permit #: BLC2026-0136 Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME : TGC 6600 Main Street LLC

Address: 6843 Main Street

City, State, Zip Miami Lakes, FL

Phone #: Cell #:

Email Address:

CONTRACTOR INFORMATION

Company Name: E-Tech Electric

Qualifier Name: Juan Rosello

License # EC13001661

Address 7230 NW 66 Street

City, State, Zip Miami, FL 33166

Phone #: 305-888-9331 Cell #:

Email Address: Ena@etechelectric.com

LEGAL USE/ WORK

Current Use of Property: Commercial

Job Description Install two data outlets

JOB COST $ 350.00 AREA/LENGTH: ____ SF/LF

Residential ☐ Multi-Family ☑ Commercial ☐ Industrial ☐

Code in Effect: _____

Occupancy: _____

Construction Type: _____

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

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 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 _____ 9/17/26
Signature of Owner or Owner's Agent Date

Joel Rodriguez
Print Name of Owner or Owner's Agent

STATE OF Florida COUNTY OF Miami-Dade

Sworn to and subscribed before me this 17 September 2026
by Joel Rodriguez
Personally known ☑ or I.D. _____

ANTONELA PALOMBO
Notary Public - State of Florida
Commission # HH 575844
My Comm. Expires Sep 19, 2028
Bonded through National Notary Assn.

X _____
Signature of Qualifier Date 09/17/2026

Juan Rosello
Print Name of Qualifier

STATE OF Florida COUNTY OF Dade

Sworn to and subscribed before me this 17 September 2026
by Juan Rosello
Personally known ☑ or I.D. _____

BRITTANY SASTRE
Notary Public - State of Florida
Commission # HH 372153
My Comm. Expires Mar 9, 2027
Bonded through National Notary Assn.
(SEAL)

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.