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 AVE

Unit #:

Folio #: 32- 20240380020 Owner-Builder: ☐

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

OWNER INFORMATION

NAME : TGC 6600 Main Street LLC

Address: 6843 Main St

City, State, Zip Miami, FL 33014

Phone #: Cell #:

Email Address:

LEGAL USE/ WORK

Current Use of Property: Retail

Job Description

Add 2 new dry pendent sprinkler heads & relocated 2 sprinkler heads

JOB COST $ $8400 AREA/LENGTH: ____ SF/LF

Residential ☐ Multi-Family ☑ Commercial ☐ Industrial ☐

Code in Effect:

Occupancy:

Construction Type:

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

CONTRACTOR INFORMATION

Company Name:

Qualifier Name: Jorge Carballo

License # 731447 0001 1990

Address 1430 NW 108th Ave, Suite 101

City, State, Zip Miami, FL 33172

Phone #: 305 778 3029 Cell #:

Email Address: info@cardelfire.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 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 _____ Date _____
Signature of Owner or Owner's Agent

Print Name of Owner or Owner's Agent

X _____ Date 8/4/2026
Signature of Qualifier

Jorge Carballo
Print Name of Qualifier

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20___

by _____ (SEAL)

Personally known ☐ or I.D. _____

STATE OF Florida COUNTY OF Miami-Dade

Sworn to and subscribed before me this 8th 20 26

by Jorge Carballo (SEAL)

Personally known ☑ or I.D. FL DL

BRITTANY AMANDA ANON
MY COMMISSION # HH 387949
EXPIRES: April 18, 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.