CLEAR FORM

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
Herbert S. Saffr Permitting and Inspection Center
11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

APPLICATION FOR MUNICIPAL PERMIT APPLICANTS THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE AND/OR ENVIRONMENTAL SERVICES

Master Permit: BLC2026-0136

PROVIDE MUNICIPAL PROCESS NUMBER HERE

LOCATION OF IMPROVEMENTS

Job Address: 15519 NW 67 AVE
Folio: 3220240380020
Lot: _____ Block: _____
Subdivision: _____ PBpg: _____
Metes and bounds: _____

CONTRACTOR INFORMATION

Contractor No.: 731447-0001-1990
Last four (4) digits of Qualifier No.: 6365
Contractor Name: Cardel Fire Protection
Qualifier Name: Jorge Carballo
Address: 1430 NW 108 Ave Suite 101
City: Miami State: FL Zip: 33172

TYPE OF IMPROVEMENTS

- [ ] New Construction on Vacant Land
- [X] Alteration Interior
- [ ] Alteration Exterior
- [ ] Relocation of Structure
- [ ] Enclosure
- [ ] Repair
- [ ] Repair Due to Fire
- [ ] Demolish
- [ ] Shell Only
- [ ] Addition Attached
- [ ] Addition Detached
- [ ] Re-Roof
- [ ] Foundation Only
- [ ] Tent
- [ ] Simplified Permitting

Current use of property: Retail
Description of Work: Add 2 dry pendent heads & move 2 heads
Sq. Ft.: _____ Units: _____ Floors: _____
Value of Work: $8400

PERMIT TYPE

- [ ] MBLD* Category: _____
- [ ] MELE: _____
- [ ] MPLU: _____
- [ ] MLPG: _____
- [ ] MMEC: _____
- [X] FIRE: 32

REVIEW STATUS

- [ ] Chg. Contractor
- [ ] Re-Issue
- [ ] Re-Stamp
- [ ] Revision
- [ ] Not Applicable for Fire

PROPERTY OWNER'S INFO

Owner: TGC 6600 Main Street LLC
Address: 6843 Main St
City: Miami State: FL Zip: 33014
Phone: _____
Last four (4) digits of Owner's Social Security No.: _____

PERMIT CONTACT

Name: Jorge Carballo
Address: 1430 NW 108 Ave Suite 101
City: Miami State: FL Zip: 33172
Phone: 305-778-3029

ARCHITECT / ENGINEER

Owner: _____
Address: _____
City: _____ State: FL Zip: _____
Phone: _____

FIRE SPECIAL REQUEST PLAN REVIEW (SRI)

I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one hour. Please contact the Fire Department for current rate.

1st Request: _____ Date: _____
2nd Request: _____ Date: _____
3rd Request: _____ Date: _____

If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application. By signing this application I hereby acknowledge that construction or work for which a permit is required shall be subject to inspection and that it shall be the duty of the owner or the owner's authorized agent to cause the work to remain exposed and that access to the work shall be provided for inspection purposes and I hereby consent to said inspections of my property to be performed by County inspectors and I further understand and agree that inspectors will be wearing a body camera and recording during inspections.