

MIAMI-DADE COUNTY
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

<http://www.miamidade.gov/building/home.asp>

2/11/2020 10:50:02 AM

Tracking #	Process #	Permit #
3220006904	M2020006904	2019033678

THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR AN INSPECTION WILL NOT BE MADE.

Process #	Review	Disposition	Reviewer	Date
M2020006904	FIRE	A	BENNETT, RON	2/5/2020
M2020006904	UPFRONT FEES	A	WEB APPLICATION ID	2/3/2020

Disclaimer.

Subject to compliance with all Federal, State, and County Laws, rules and regulations. Miami-Dade County assumes no responsibility for accuracy of or results of these plans.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to the 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.

Stamp Name	Trade	Disposition	Stamp Description
Approved As Noted	FIRE	P	Approved as noted. See comments, markups and stamps.

e-Permitting

Search:



miamidade.gov

Resident

Visitor

Business

Employee



MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 02/12/2020
 MUNICIPAL NO.2019-033678 FOLIO: 3220240150010
 JOB SITE ADDRESS 5863 MIAMI LAKES DR E
 PROPOSED USE BANKS - AUTOMATIC TELLER
 LEGAL MIAMI LAKES IND PARK SEC 5 PB 93-96
 APPLICATION TYPE NEW 0 SQFT 0 UNITS 0 FLOORS
 OWNER NAME THE GRAHAM COMPANIES
 CONTRACTOR
 QUALIFIER
 PERMIT TYPE MUNICIPAL ELEC
 CATEGORIES 0038 MUNICIPAL STAND ALONE GENERATOR FOR EXISTING BUILDING

DATE: 2/12/2020 PROCESS NUMBER: M2018016688 NEW
 DERM 1 UP FRONT FEE- 80.00 DERM 1 IW 2 RECLAIM 470.00
 DERM 1 MIN COMM REV(90.00 DERM 1 AIR SOURCE PL 200.00
 FIRE 15000 ALTERATIONS 117.00 FIRE 0 FIRE UPFRT FE 000000.00
 FRWK 1 1ST FIRE MINO 79.00 FRWK 1 2ND FIRE MINO 79.00
 RSUR 3 RER 7.5% SUR 51.00 UBS1 1 BLDG 7.5% UPF 1.88
 UPMU 1 UPFRONT FEE F 25.00 URS1 1 RER 7.5% UPFR 6.00

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 02/12/2020
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 PROPOSED USE BANKS - AUTOMATIC TELLER

REQUIRED INSPECTIONS INIT DATE
 FIRE
 0238 PERM GENERATOR
 209 FIRE FINAL

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 02/12/2020
 MUNICIPAL NO.2019-033678 PROCESS NO. M2018016688 FOLIO: 3220240150010
 JOB SITE ADDRESS 5863 MIAMI LAKES DR E
 PROPOSED USE BANKS - AUTOMATIC TELLER

DATE: 1/31/2020 PROCESS NUMBER: M2020006904 REVISED *AMT. PAID 59.14
 FIRE 1 MINOR PLAN REVISION 82.24
 FIRE 1 FIRE REVISION UPFRONT FEE 23.10
 UPMU 1 UPFRONT FEE FOR MUNICIPALITY 25.00

DATE: 1/17/2020 PROCESS NUMBER: M2020006210 REVISED
 FIRE 1 CO REINSPECTION FEE 162.40

DATE: 4/09/2019 PROCESS NUMBER: M2019011210 REVISED
 FIRE 1 MINOR PLAN REVISION 79.00
 FIRE 1 FIRE REVISION UPFRONT FEE 23.10

UPMU 1 UPFRONT FEE FOR MUNICIPALITY 25.00

2/11/2020 10:49 BNZWEB1 182002110539 WEBIPAS 59.14

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 02/12/2020
MUNICIPAL NO.2019-033678 PROCESS NO. M2018016688 FOLIO: 3220240150010
JOB SITE ADDRESS 5863 MIAMI LAKES DR E
PROPOSED USE BANKS - AUTOMATIC TELLER

INSP INSP INSPECTION DISP RESULT INSP
TYPE DATE !----- COMMENTS -----! CODE DATE INIT

209 8/14/2019 GENERATOR FINAL 003 8/14/2019 WOLFFC
209 0/ 0/ 0 000 0/ 0/ 0
209 1/21/2020 002 1/21/2020 MOLNAR

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 02/12/2020
MUNICIPAL NO.2019-033678 PROCESS NO. M2018016688 FOLIO: 3220240150010
JOB SITE ADDRESS 5863 MIAMI LAKES DR E
PROPOSED USE BANKS - AUTOMATIC TELLER

TO SCHEDULE A FIRE INSPECTION, PLEASE VISIT THE WEB AT
WWW.MIAMIDADE.GOV/BUILDING OR WWW.MIAMIDADE.GOV/FIRE. YOU WILL
NEED TO PROVIDE YOUR TEN DIGIT MUNICIPAL INSPECTION NUMBER AND
INSPECTION TYPE. THE INSPECTION TYPE CAN BE FOUND ON YOUR
INSPECTION REQUIREMENTS AND RECORDS CARD.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING AN INSPECTION,
SCHEDULING A PRELIMINARY INSPECTION, OR LOAD BANK TEST
INSPECTION, PLEASE CALL FIRE PREVENTION AT 786-331-4800.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING A PLAN REVIEW,
PLEASE CALL FIRE ENGINEERING AT (786) 315-2771.

**BE ADVISED THIS IS NOT A PERMIT. PERMIT IS TO BE ISSUED BY
YOUR CORRESPONDING MUNICIPAL BUILDING DEPARTMENT.

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E-mail your comments, questions and suggestions to [Webmaster](#)

This page was last edited on: February 23, 2004

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Project
**SABADELL UNITED BANK
MLOC II GENERATOR**

5863 Miami Lakes Drive East
Miami Lakes, FL 33014

Prepared for
SABADELL BANK

IA INTERIOR
ARCHITECTS, P.C.

MIAMI
2100 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FLORIDA 33134
TEL 786-405-0280

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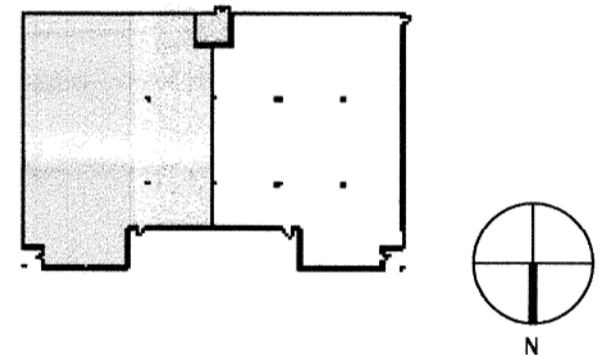
In Association with



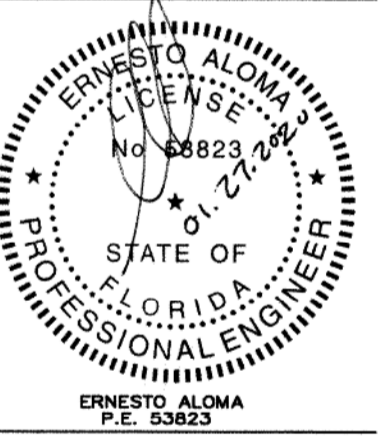
SDM
CONSULTING ENGINEERS, INC.
MEP Engineer
135 Almeria Avenue
Coral Gables, FL 33134
P: 305.446.2788
F: 305.443.5944
www.sdmcorp.com



Key Plan



Professional Seals



No.	Description	Date
1	PERMIT / BID SET	06.29.18
2	BLDG DEPT. COMMENTS	11.12.18
3	ON SITE CONDITION	03.22.19
4	CLIENT CHANGES	05.17.19
5	MDFD COMMENTS	01.22.20

Date of First Issue: 2018-06-29

Project No:

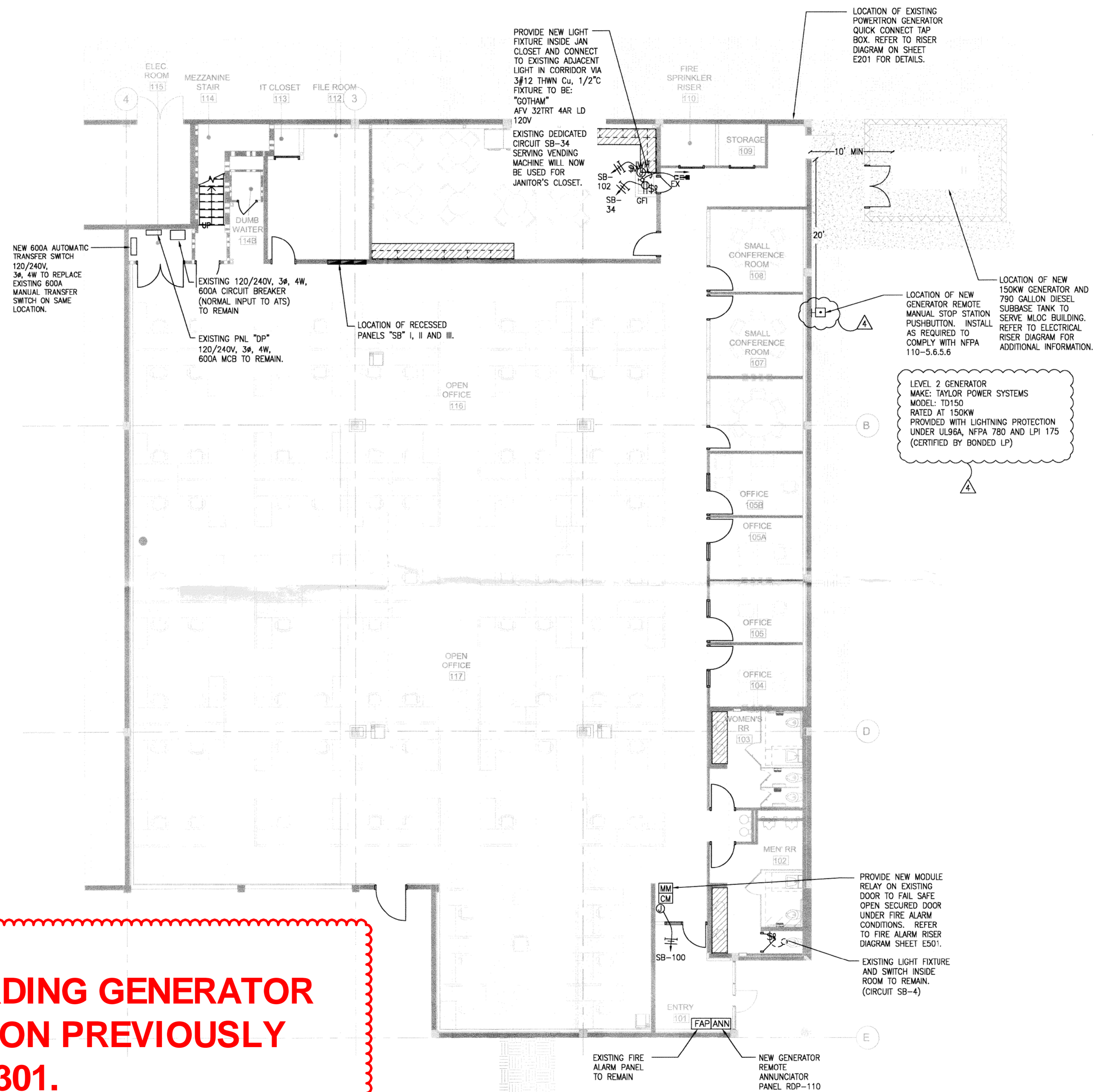
Sheet Title:

**ELECTRICAL
FLOOR PLAN**

Original drawing is 36 x 24. Do not scale contents of this drawing.

Sheet Number

E101



**MDFR NOTE:
ALL DETAILS REGARDING GENERATOR
TYPE ARE LOCATED ON PREVIOUSLY
APPROVED SHEET E301.**

1 ELECTRICAL OVERALL PLAN
1/8" = 1'-0"

Permitme0946@gmail.com

NOTE: ALL SHEETS MUST BE REVIEWED
MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir 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

M2020006904 3220006904 REV2020-04TB

PROVIDE MUNICIPAL PROCESS NUMBER HERE			
LOCATION OF IMPROVEMENTS	Job Address <u>5863 Miami Lakes Dr East</u>		CONTRACTOR INFORMATION
	Folio <u>32-20240150010</u>		
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire		Contractor No. <u>EC13007646</u> Last four (4) digits of Qualifier No. _____ Contractor Name <u>Lawrence T Weeks III</u> Qualifier Name <u>Lawrence T Weeks III</u> Address <u>2740 West 78 Street</u> City <u>Hialeah</u> State <u>FL</u> Zip <u>33016</u>
	<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent		
PERMIT TYPE	<input type="checkbox"/> MBLD* Category _____ <input type="checkbox"/> MELE _____ <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____		OWNER'S NAME
	REVIEW STATUS <input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire		
PERSON TO PICK UP PLANS	Name <u>William Cruz</u> Address <u>2525 SW 3 AVE</u> City <u>Miami</u> State <u>FL</u> Zip <u>33129</u> Phone <u>305 444 496 0946 Permitme0946@gmail.com</u>		ARCHITECT / ENGINEER
	Owner <u>The Graham Companies</u> Address <u>6843 Main St</u> City <u>Miami Lakes</u> State <u>FL</u> Zip <u>33014</u> Phone <u>305 821 1130</u> Last four (4) digits of _____ Owner's Social Security No. _____		
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. 1 st Request: _____ Date: _____ 2 nd Request: _____ Date: _____ 3 rd Request: _____ Date: _____		
If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative 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.			

Miami-Dade County Department of Regulatory and Economic Resources - All Copy
 3220006904 - 2/11/2020 10:50:02 AM
 MDC Permit Application.pdf

MDC Permit #
2019033678



Address: 5863 MIAMI LAKES DR.
Folio #: 32-2024-015-0010
MDC Process #: M2020006904
MDC Tracking #: 3220006904
Job Description: REVISION FOR FIRE INSPECTION COMMENTS

Master Permit #: ELC2018-2977

Sub Permit #: _____

Revision #: REV2020-0473

OFFICE USE ONLY

ZONING	<input type="checkbox"/> Approved	Date	Disapproved	BUILDING	<input type="checkbox"/> Approved	Date	Disapproved	STRUCT.	<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		
ROOFING	<input type="checkbox"/> Approved	Date	Disapproved	ELECT.	<input type="checkbox"/> Approved	Date	Disapproved	MECH.	<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		
PLUMBING	<input type="checkbox"/> Approved	Date	Disapproved	FLOOD	<input type="checkbox"/> Approved	Date	Disapproved		<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		

PLANS CHECKED-OUT

DATE	NAME

PLANS CHECKED-IN

DATE	NAME

	AMOUNTS
BASE PERMIT	
ZONING FEE	
CODE COMPLIANCE FEE	
TECHNOLOGY FEE	
DBPR SURCH. STATE	
DBPR SURCH. BUILDING	
SCANNING FEE	
WORK W/O PERMIT FEE	
UPFRONT FEE PAID	
BALANCE DUE:	

Miami Dade County Department of Regulatory and Economic Resources - Job Copy

3220006904 - 2/11/2020 10:50:02 AM

TCAOL Permit Application.pdf
Issuing Clerk: _____

Date: ___ / ___ / ___



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: 5843 Miami Lakes Dr East
 Unit #: _____
 Folio #: 32-20240150010 Owner-Builder:

Master Permit #: ELC2018-2977 Sub Permit #: _____ Revision #: _____

OWNER INFORMATION	NAME: <u>The Graham Companies</u>	LEGAL USE/ WORK	Current Use of Property: _____
	Address: <u>6043 Main St</u>		Job Description: <u>Revision for WDFD comments.</u>
	City, State, Zip: <u>Miami Lakes, FL 33014</u>		JOB COST \$ _____ AREA/LENGTH: _____ SF/LF
	Phone #: <u>305-821-1130</u> Cell #: _____		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>
CONTRACTOR INFORMATION	Company Name: <u>LAR-KEN ELECTRIC, INC.</u>	ARCHITECT/ ENGINEER	Firm Name: _____
	Qualifier Name: <u>LAWRENCE T WEEKS III</u>		A/E of record: _____
	License #: <u>EC13007646</u>		License #: _____
	Address: <u>2740 WEST 78 STREET</u>		Address: _____
	City, State, Zip: <u>HIALEAH, FL. 33016</u>		City, State, Zip: _____
	Phone #: <u>305 362-4004</u> Cell #: <u>786 367-2948</u>		Phone #: _____ Cell #: _____
Email Address: <u>larryw@lar-kenelectric.com</u>		Email Address: _____	
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> 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] 1/28/2020 X [Signature] 1/28/20
 Signature of Owner or Owner's Agent Date Signature of Qualifier Date
LESTER DEBS LAWRENCE T WEEKS III
 Print Name of Owner or Owner's Agent Print Name of Qualifier

STATE OF Florida COUNTY OF Miami-Dade

STATE OF FLORIDA COUNTY OF DADE

Sworn to and subscribed before me this 28th day of January, 2020
 Miami Dade County Department of Community and Economic Resources - Job Copy
 My Commission GG 280232 Expires 1/12/2023

Sworn to and subscribed before me this 1/28 day of January, 2020
 Personally known (SEAL)

JANET MOYE
 Notary Public - State of Florida
 Commission # GG 009502
 Expires Jul 6, 2020
 Notary Assn.

NOTE: 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.



6601 Main St • Miami Lakes, Florida, 33014

Office: (305) 827-4015 • Fax: (305) 558-9884 Website: www.miamilakes-fl.gov

HOMEOWNER'S ASSOCIATION/COMMERCIAL/ARCHITECTURAL CONTROL COMMITTEE ("HOA/ACC") AFFIDAVIT

NOTE: Whether you have an HOA or not, it is a requirement to complete this affidavit as part of your permit application submittal package.

The undersigned individual, being duly sworn, deposes and says that:

- 1. He/She is the owner of property located at 5863 Miami Lakes Dr (identify address), which is part of the (identify neighborhood/subdivision/Homeowner Association "HOA"/Architectural Control Committee "ACC" if applicable) and has submitted the attached building permit application to the Town of Miami Lakes; and
2. He/She is owner of property which may be subject to certain conditions and deed restrictions; and
3. He/She is fully informed regarding any applicable deed restrictions and HOA/ACC requirements for building on or making changes to their property; and
4. He/She is aware that the Town recommends, although not required, that the he/she secure any required approvals from their HOA/ACC, prior to submitting this building permit application; and
5. He/She acknowledges that the issuance of a building permit does not independently satisfy any applicable HOA/ACC approval requirements and that the Town does not enforce any deed restrictions upon said property.

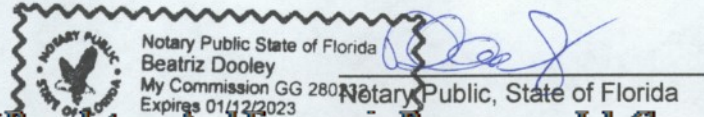
Signature: [Handwritten Signature]
Print Name: LESTER DEBS
Date: 1/28/2020

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared Lester Debs as owner of said property described herein, on this date executed the foregoing Affidavit for the purposes mentioned in the Affidavit. He/She is personally known to me or has produced [blank] as identification.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this 28 day of January, 2020.

My Commission Expires: 11/2/23



Miami Dade County Department of Regulatory and Economic Resources - Job Copy

*Note: Please be advised that in addition to any written recommendations from your homeowners association (HOA) this affidavit must be filed out.

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