

MIAMI-DADE COUNTY
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

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

3/24/2020 12:42:52 PM

Tracking #	Process #	Permit #
3220009719	M2020009719	2020015241

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

Process #	Review	Disposition	Reviewer	Date
M2020009719	FIRE	A	RODRIGUEZ, CARLOS	3/23/2020
M2020009719	UPFRONT FEES	A	WEB APPLICATION ID	3/19/2020

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 REVISION	FIRE	A	Approved Revision

e-Permitting

Search:



miamidade.gov

Resident

Visitor

Business

Employee

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 03/25/2020
 MUNICIPAL NO.2020-015241 FOLIO: 3220130570110
 JOB SITE ADDRESS 16320 NW 59 AVE
 PROPOSED USE OFFICE USE ONLY
 LEGAL MIAMI LAKES PROF CENTER CONDO UNIT 11
 APPLICATION TYPE ALTER INTERIOR 0 SQFT 0 UNITS 0 FLOORS
 OWNER NAME PEREGRIN PROPERTY MGMT LLLP
 CONTRACTOR
 QUALIFIER
 PERMIT TYPE MUNICIPAL BLDG
 CATEGORIES 0001 MUNICIPAL GENERAL BUILDING

DATE: 3/25/2020 PROCESS NUMBER: M2020000006 NEW
 DERM 50 MISC FEES (MA 50.00 DERM 1 ASBESTOS REVI 175.00
 DERM 1 UP FRONT FEE- 80.00 DERM 1 MIN COMM REV(90.00
 DERM 1 SEWER CAP. CE 120.00 FIRE 100000 ALTERATIONS 247.23
 FIRE 100000 FIRE UPFRT FE 34.32 FRWK 1 1ST FIRE MINO 82.24
 FRWK 237 1ST FIRE MAJO 121.80 RSUR 4 RER 7.5% SUR 26.63
 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 03/25/2020
 MUNICIPAL NO.2020-015241 PROCESS NO. M2020000006 FOLIO: 3220130570110
 JOB SITE ADDRESS 16320 NW 59 AVE
 PROPOSED USE OFFICE USE ONLY

REQUIRED INSPECTIONS INIT DATE
 FIRE

0001 FIRE INSPECTIONS RECOMMENDED

- 200 FIRE HYDRANTS _____
- 208 FIRE TCO INSPECTION _____
- 211 PRELIMINARY _____
- 209 FIRE FINAL _____

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 03/25/2020
 MUNICIPAL NO.2020-015241 PROCESS NO. M2020000006 FOLIO: 3220130570110
 JOB SITE ADDRESS 16320 NW 59 AVE
 PROPOSED USE OFFICE USE ONLY

DATE: 3/18/2020 PROCESS NUMBER: M2020009719 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

3/24/2020 12:42 BNZWEB1 182003240872 WEBIPAS 59.14

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 03/25/2020
MUNICIPAL NO.2020-015241 PROCESS NO. M2020000006 FOLIO: 3220130570110
JOB SITE ADDRESS 16320 NW 59 AVE
PROPOSED USE OFFICE USE ONLY

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.

[Back to Main Menu](#)

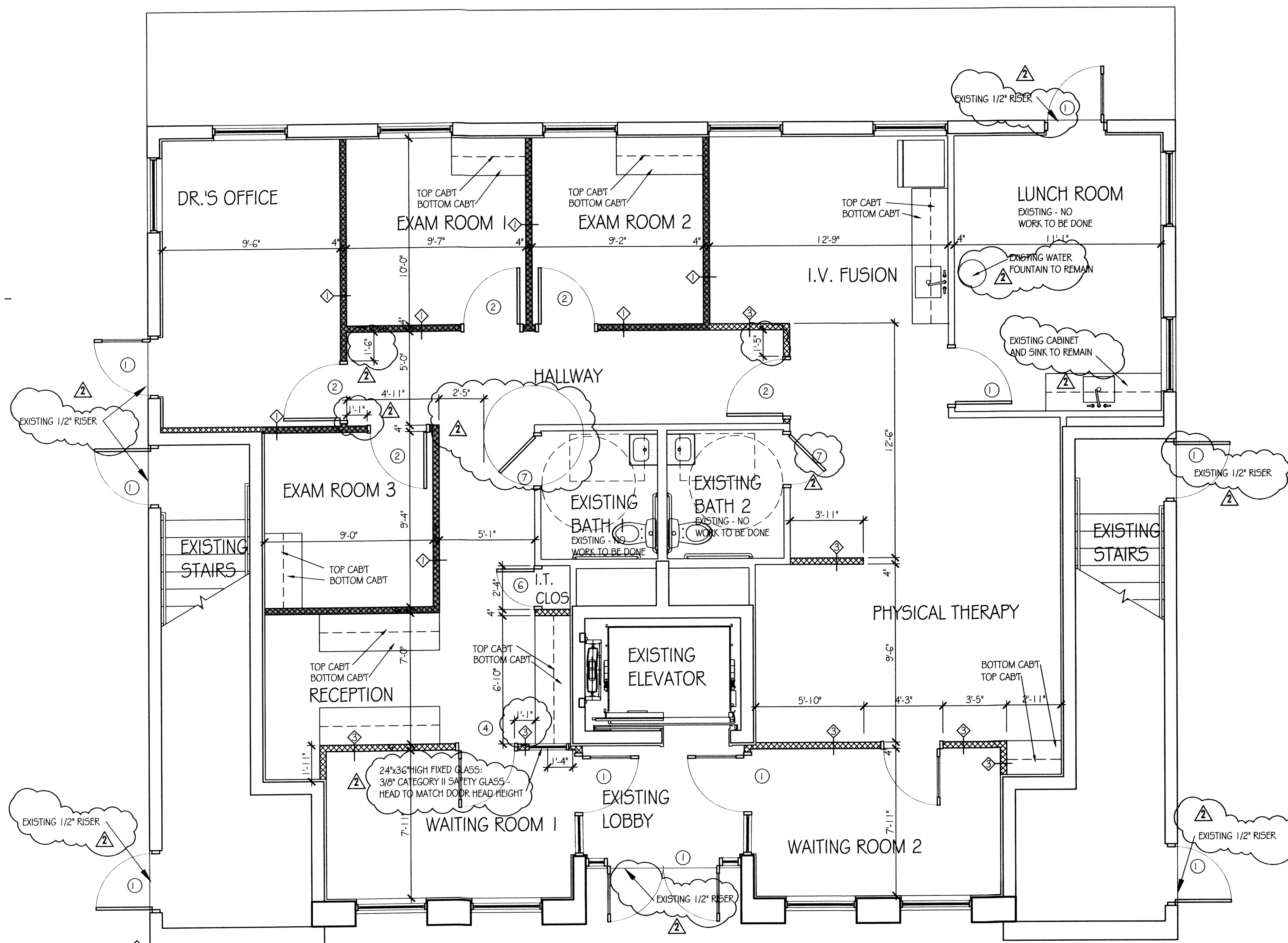
[BLDG Home Page](#) | [BLDG Main Menu](#) | [BLDG Permit Menu](#) | [BLDG Plans Processing Menu](#) | [Inspection Types](#) | [Address Format](#)

[Home](#) | [About](#) | [Phone Directory](#) | [Privacy](#) | [Disclaimer](#)

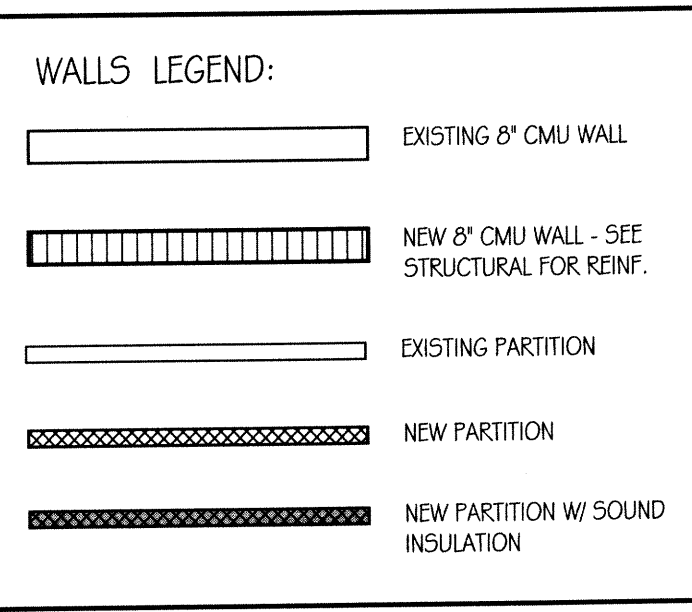
E-mail your comments, questions and suggestions to [Webmaster](#)

This page was last edited on: February 23, 2004

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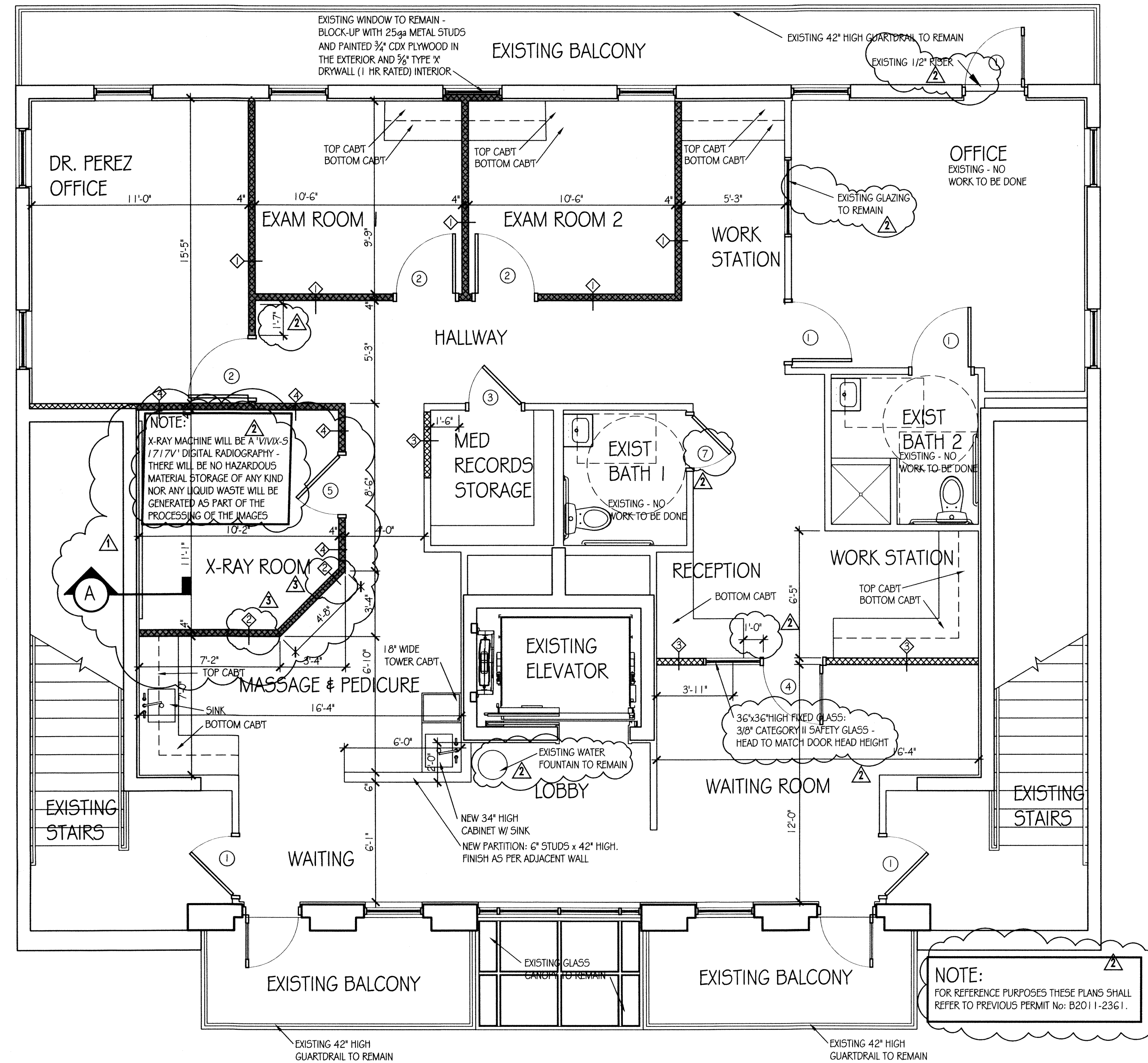
NOTE: BUILDING DOES NOT AND WILL NOT HAVE A FIRE SPRINKLER SYSTEM OR A FIRE ALARM SYSTEM



NOTE: THIS BUILDING AND ALL WORK TO BE DONE SHALL COMPLY WITH THE CURRENT FLORIDA FIRE PREVENTION CODE 6TH EDITION / NFPA 101 2015 EDITION, ANF FBC 2017 EDITION AND NFPA 101 CHAPTER 43

REMODELED GROUND FLOOR

SCALE: 1/4" = 1'-0"



REMODELED SECOND FLOOR

SCALE: 1/4" = 1'-0"

NOTE: ALL WORK TO BE DONE IN THE X-RAY ROOM SHALL COMPLY WITH CHAPTER 4 - SECTION 465 OF THE FLORIDA BUILDING CODE 2017 EDITION

FINISH CLASSIFICATION

ALL INTERIOR FINISHES (FLOOR, WALLS & CEILINGS) SHALL HAVE A CLASS 'C' FLAME SPREAD CLASSIFICATION - AS PER FBCB TABLE 803.11 AND NFPA 101 CHAPTER 10 AND TABLE A.10.2.2

ALTERATION TYPE

ALTERATION TYPE LEVEL 2 - AS PER CHAPTER 8 - FBCB 2017

CONSTRUCTION TYPE

CONSTRUCTION TYPE: III B
 (AS PER FBCB CHAPTER 8)
 FIRE RESISTANT RATING (BLDG ELEMENTS): 2 HRS
 (AS PER FBCB TABLE 601)
 FIRE RESISTANT RATING (EXTERIOR WALLS): 1 HR (Min)
 (AS PER FBCB TABLE 602)

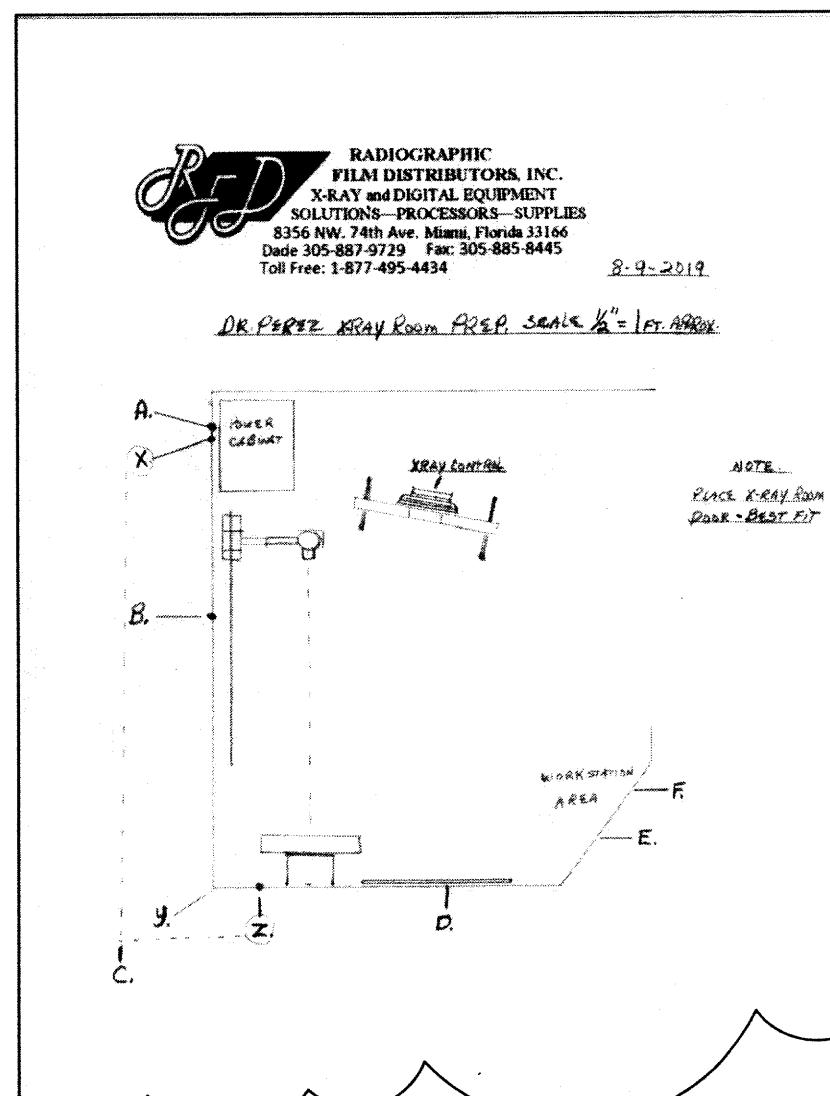
OCCUPANT LOAD

AREAS (AS PER FBCB TABLE 1004.1.2)
 GROUND FLOOR:
 1- OFFICES & EXAM ROOMS: 813 sq.ft. @ 1/100 = 8 PERSONS
 2- LUNCH ROOM - RECEPTION AREA - WAITING AREAS & LOBBY: 635sq.ft. @ 1/15 = 42 PERSONS
 TOTAL OCCUPANT LOAD AT GROUND FLOOR: 50 PERSONS
 SECOND FLOOR:
 1- OFFICES & EXAM ROOMS: 889 sq.ft. @ 1/100 = 9 PERSONS
 2- WAITING ROOMS, RECEPTION AREAS & LOBBY: 43 sq.ft. @ 1/15 = 1 PERSON
 TOTAL OCCUPANT LOAD AT SECOND FLOOR: 41 PERSONS
 TOTAL BUILDING OCCUPANT LOAD: 91 PERSONS

RADIOGRAPHIC FILM DISTRIBUTORS, INC.
 X-RAY and DIGITAL EQUIPMENT SOLUTIONS - PROCESSORS - SUPPLIES
 8550 NW 74th Ave. Miami, Florida 33166
 Date: 3/25/2020 9:33:36 AM
 Toll Free: 1-877-495-4434

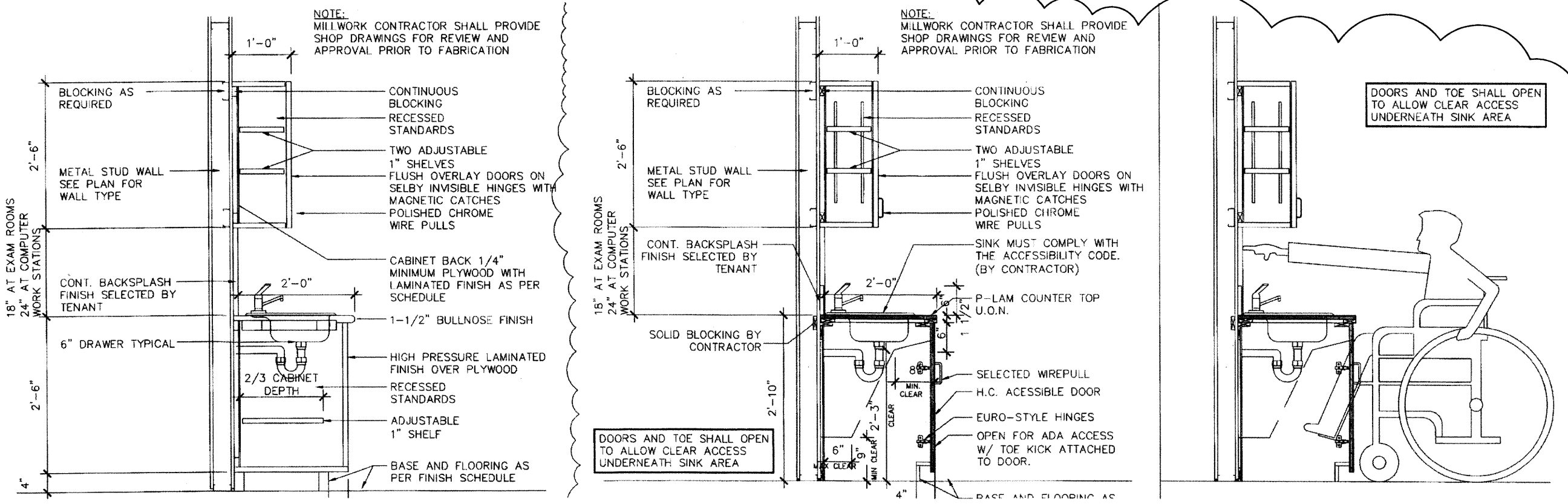
X-ray room preparation legend for Dr. Perez

- X-ray main power - single phase, 240 Vac, 100 amps. Mount power disconnect 5 feet AFF., and 1 ft. from corner. Ensure box has a 1 inch knockout on the bottom to accommodate a 1 inch diameter 50 cord. (Note: For a 208 volt line 115 amps is required see chart)
- Tube stand upper rail support - mount a 2 inch by 8 inch board flat on wall and center it 88 inches AFF. Run 10 foot or entire length of wall. Ensuring it will support 500 pounds of pulout strength.
- Run low voltage conduit from point X to Z. Points X and Z are J.C. Boxes positioned 1 foot AFF. And the 12 inches from their nearest room corners. Supply four number 18 copper stranded wires with 3 foot pigtails on each end, and box covers with 1 inch chise nipples centered in each cover.
- Provide 2 inch channel with removable cover for low voltage and communication wires running from the Wall chest stand to the WorkStation corner. Start 30 inches from corner Y and run 4 feet long, and height along the top of the board.
- Provide a cat6 jack connection in wall connected with cat6 cable run to the Office network. Mount standard height AFF. Next to or in 45" wall.
- Provide 110 volts standard height AFF. in the WorkStation area next to or in 45" wall.



ADA CABINET DETAILS

SCALE: 1/2" = 1'-0"



Miami Dade County Department of Regulatory and Economic Resources
 3220009719 - 3/23/2020 12:42:52 PM
 A-3 PDF Examiner Carlos Rodriguez 3/23/2020 9:33:36 AM FIRE APPROVED REVISION

BELLÓN architecture

12930 S.W. 128 STREET SUITE 203 MIAMI, FLORIDA 33186
 T. (305) 278-7776 F. (305) 278-7473 WWW.BELLONARCHITECTURE.COM AA-26002616
 ARCHITECTURE LAND PLANNING INTERIORS CONSTRUCTION MANAGEMENT CONSULTANTS

INTERIOR OFFICE REMODELING FOR **DR. GERARDO PEREZ MD**
 16230 NW 59th AVENUE, MIAMI LAKES, FLORIDA

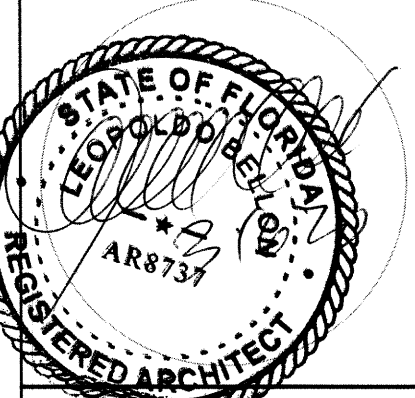
MARK	DATE	DESCRIPTION
1	0/28/18	BLDG. DEPT. COMM.
2	1/8/19	BLDG. DEPT. COMM.
3	3/14/20	BLDG. DEPT. COMM.

PROJECT No: 1901
 DRAWN BY: DNM
 CHECKED BY: LB
 DATE:

LEOPOLDO BELLÓN, AIA (AR-8737)
 SHEET TITLE **A-3**
 SHEET OF

MARK	DATE	DESCRIPTION
1	0/29/19	BLDG. DEPT. COMM.
2	11/6/19	BLDG. DEPT. COMM.
3	3/14/20	BLDG. DEPT. COMM.

PROJECT No. 1901
DRAWN BY: DNM
CHECKED BY: LB
DATE:

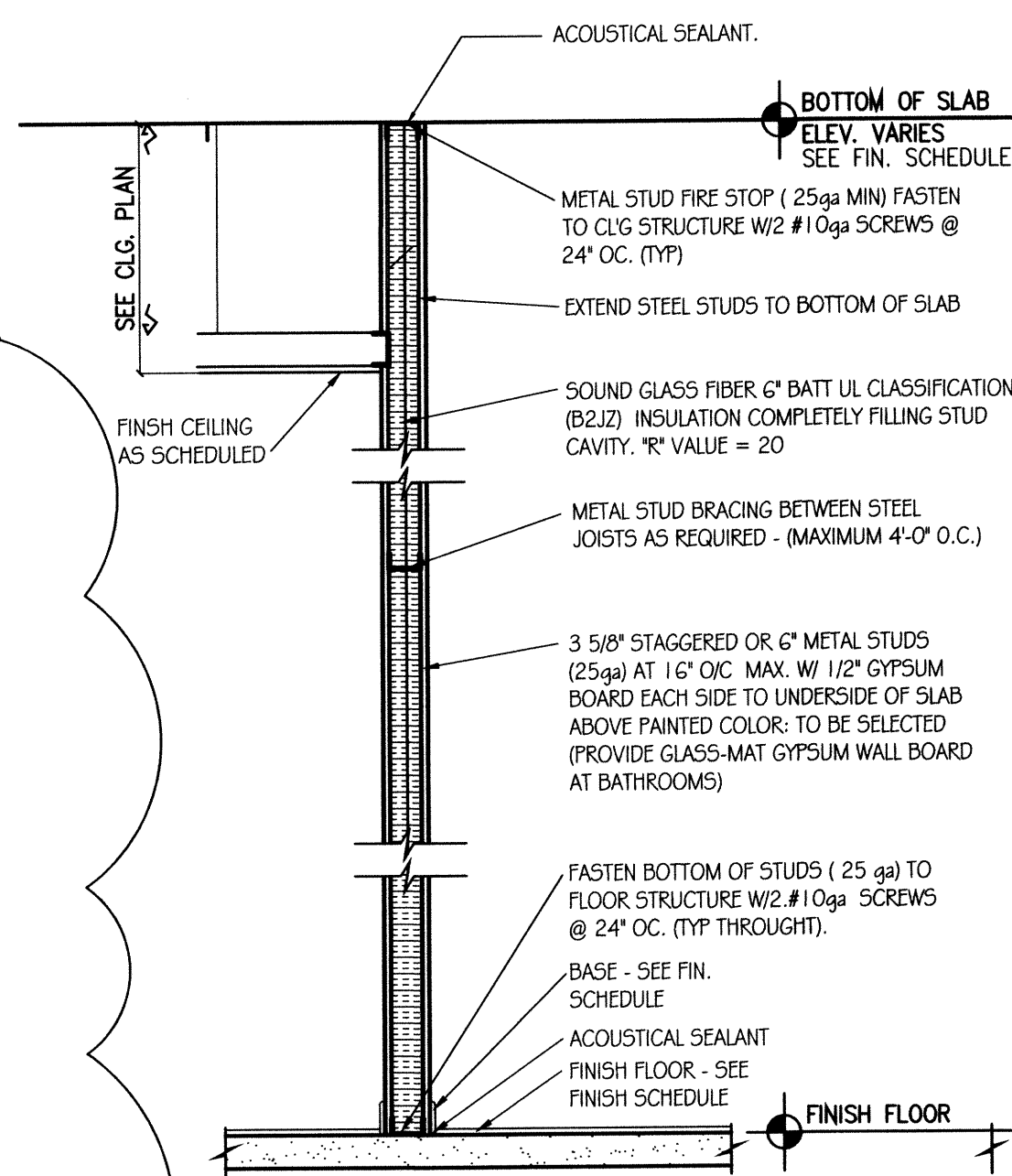


LEOPOLDO BELLON, AIA (AR-8737)

REFLECTED CEILING NOTES

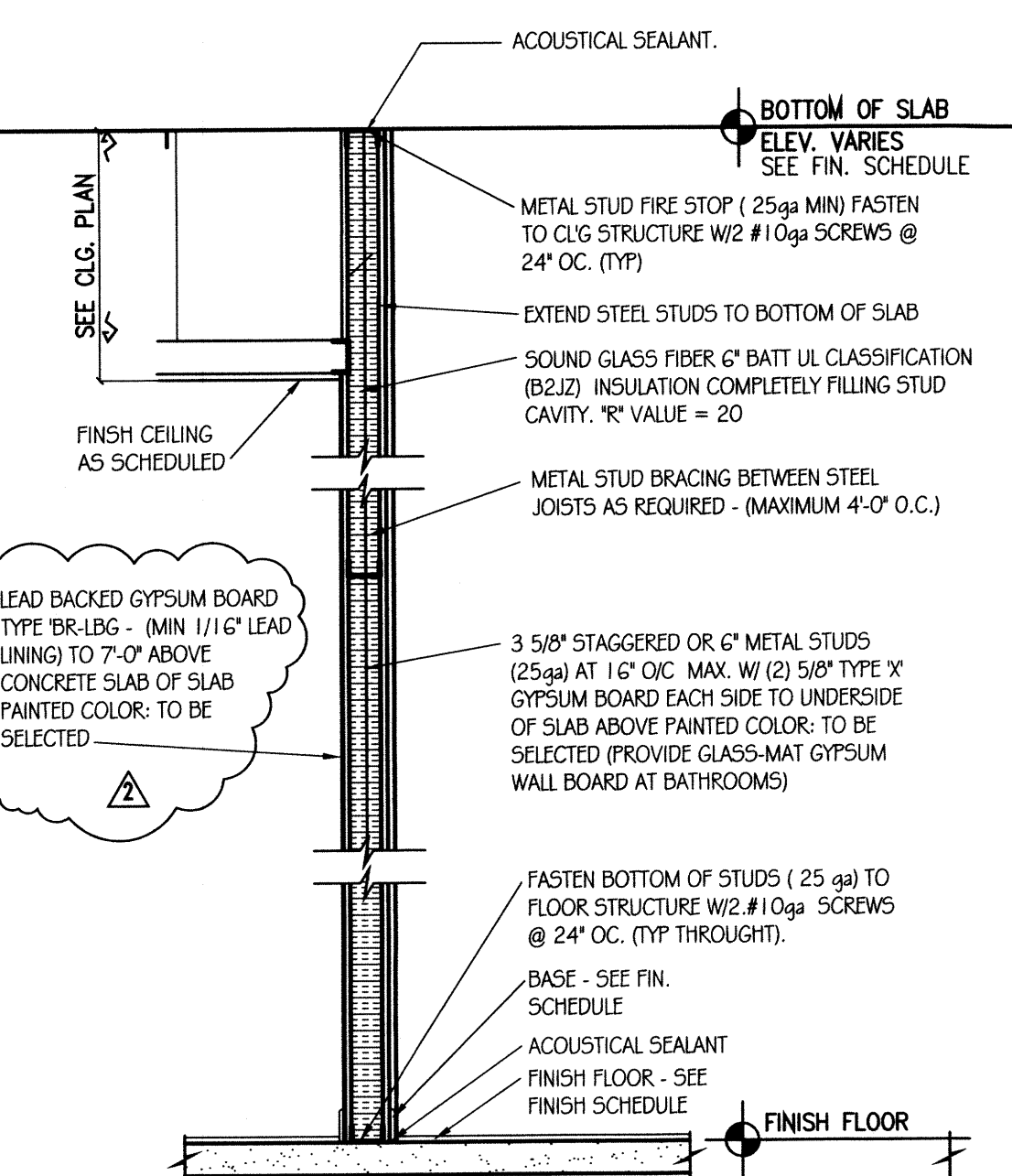
- SUSPENDED CEILING SYSTEM**, CONSISTING OF MAIN TEES CONNECTED TOGETHER TO FORM A MODULAR INSTALLATION FOR ACOUSTICAL PANELS, ACOUSTICAL MATERIALS, LIGHT FIXTURES, AND AIR DIFFUSERS. SUSPENDED CEILING PANELS, MUST MEET THE REQUIREMENTS OF ASTM C635, C636, C423, AND E84. SUPPORTING CEILING SYSTEMS SHALL HAVE A MAXIMUM DEFLECTION OF 1/360.
- COORDINATION WITH OTHER WORK**, CONTRACTOR SHALL COORDINATE WITH OTHER WORKS: SUPPORTED BY OR PENETRATING THROUGH CEILING, INCLUDING MECHANICAL AND ELECTRICAL WORK AND PARTITION SYSTEMS. DUCTWORK ABOVE SUSPENSION SYSTEMS SHALL BE COMPLETE, AND PERMANENT HEATING AND COOLING SYSTEMS OPERATING. INSTALLATION OF CONDUIT ABOVE SUSPENSION SYSTEMS SHALL BE COMPLETE BEFORE INSTALLATION OF SUSPENSION SYSTEMS.
- PROTECTION**, CONTRACTOR SHALL PROTECT COMPLETED WORK ABOVE SUSPENSION SYSTEMS FROM DAMAGE DURING THE INSTALLATION OF SUSPENSION SYSTEMS.
- EXISTING CONDITIONS**, BUILDING SHALL BE ENCLOSED WITH ALL WINDOWS AND EXTERIOR DOORS IN PLACE AND GLAZED, AND THE ROOF WATERTIGHT BEFORE INSTALLATION OF SUSPENSION SYSTEMS. WET WORK SHALL BE IN PLACE, COMPLETED AND NOMINALLY DRY WITH HVAC SYSTEM IN CONTINUOUS OPERATION. MAINTAIN CLIMATE CONDITIONS TO RANGE FROM 60°F (16°C) TO 85°F (29°C) AND RELATIVE HUMIDITY OF NOT MORE THAN 70% BEFORE INSTALLATION OF CEILING SYSTEMS.
- MAIN RUNNERS**, MAIN RUNNERS MUST BE 12 FEET LONG AND SPACED A MAXIMUM OF 4 FEET O.C. MAIN RUNNERS MUST BE INSTALLED AND LEVELED TO WITHIN 1/8 INCH IN 12 FEET, WITH THE SUPPORTING WIRE TAUT. THE DESIGN LOADS FOR MAIN RUNNERS MUST BE LESS THAN OR EQUAL TO THE CAPACITIES SHOWN IN MANUFACTURER'S RECOMMENDATIONS. VERTICAL HANGERS, PERIMETER HANGERS, AND LATERAL-FORCE BRACING FOR THE MAIN RUNNERS MUST BE INSTALLED IN ACCORDANCE TO THE CODE.
- CROSS RUNNERS**, MAIN RUNNERS OR CROSS MEMBERS THAT SUPPORT THE CROSS RUNNERS MUST BE LOCATED WITHIN 1/32 INCH OF THE REQUIRED CENTER DISTANCES, AND THIS TOLERANCE SHALL BE NONACUMULATIVE BEYOND 12 FEET. INTERSECTING RUNNERS SHALL BE INSTALLED TO FORM A RIGHT ANGLE TO THE SUPPORTING MEMBERS. THE DESIGN LOADS FOR CROSS RUNNERS MUST BE LESS THAN OR EQUAL TO THE CAPACITIES SHOWN IN THE MANUFACTURER'S RECOMMENDATIONS. CROSS RUNNERS THAT SUPPORTS ANOTHER CROSS MEMBER MUST BE HAVE A MINIMUM UNIFORMLY DISTRIBUTED LOAD CAPACITY OF 12 POUNDS PER LINEAL FOOT.
- HANGER WIRE**, THE SUSPENDED CEILING IS SUPPORTED BY No. 12 SWG IN DIAMETER GALVANIZED STEEL WIRE THAT IS ATTACHED TO THE CONCRETE SLAB WITH HANGER CLIPS. THE HANGER CLIPS ARE MINIMUM 0.045 INCH THICK, 2 INCH BY 3-1/2 INCH LONG GALVANIZED STEEL CLIPS THAT ARE HOOKED AT ONE END, FOR ATTACHMENT OVER THE MALE LEG OF STEEL FLOOR UNITS, AND SPACED AS REQUIRED FOR HANGER WIRE ATTACHMENT. DO NOT SUPPORT WIRES FROM MECHANICAL AND/OR ELECTRICAL EQUIPMENT, PIPING, OR OTHER EQUIPMENT OCCURRING ABOVE CEILING.
- HOLD-DOWN CLIPS**, HOLD DOWN CLIPS MUST BE USED TO HOLD THE ACOUSTICAL PANELS IN PLACE. THE CLIPS ARE PRODUCED FROM No24 GAUGE SPRING STEEL. WHEN THE CEILING IS COMPOSED OF NOMINAL (24" x 24"), (24" x 36"), (30" x 30"), LAY-IN-PANELS, ONE CLIP IS PLACED OVER BULBS OF CROSS-TEES NEAR CROSS TEES MIDPOINTS. WHEN THE CEILING IS COMPOSED BY (20" x 60"), (36" x 36"), (24" x 48"), (30" x 60"), (48" x 48"), LAY-IN-PANELS, TWO CLIPS ARE PLACED OVER BULBS OF EACH CROSS-TEE QUARTER-POINTS. ONE LEG OF EACH CLIP MUST BE CUT OFF WHEN PLACEMENT IS OVER BULBS OF CROSS TEES ADJACENT TO THE LONG SIDE OF LIGHT FIXTURES.
- INSTALLATION**, INSTALL IN ACCORDANCE WITH ASTM C636, CISCA RECOMMENDATIONS AND LOCAL BUILDING CODES, AND MANUFACTURER'S RECOMMENDATIONS.

- NOTES:**
- SUPPORT EACH LIGHT FIXTURE INDEPENDENTLY OF CEILING GRID WITH (1) #12 WIRE AT 2 OPPOSITE CORNERS.
 - WIRES SHALL BE ATTACHED TO GRID AND STRUCTURE SO THAT THEY CAN SUPPORT 200 LB (MIN) OR ACTUAL LOAD (WHICHEVER IS GREATER) WITH A SAFETY FACTOR OF 2.



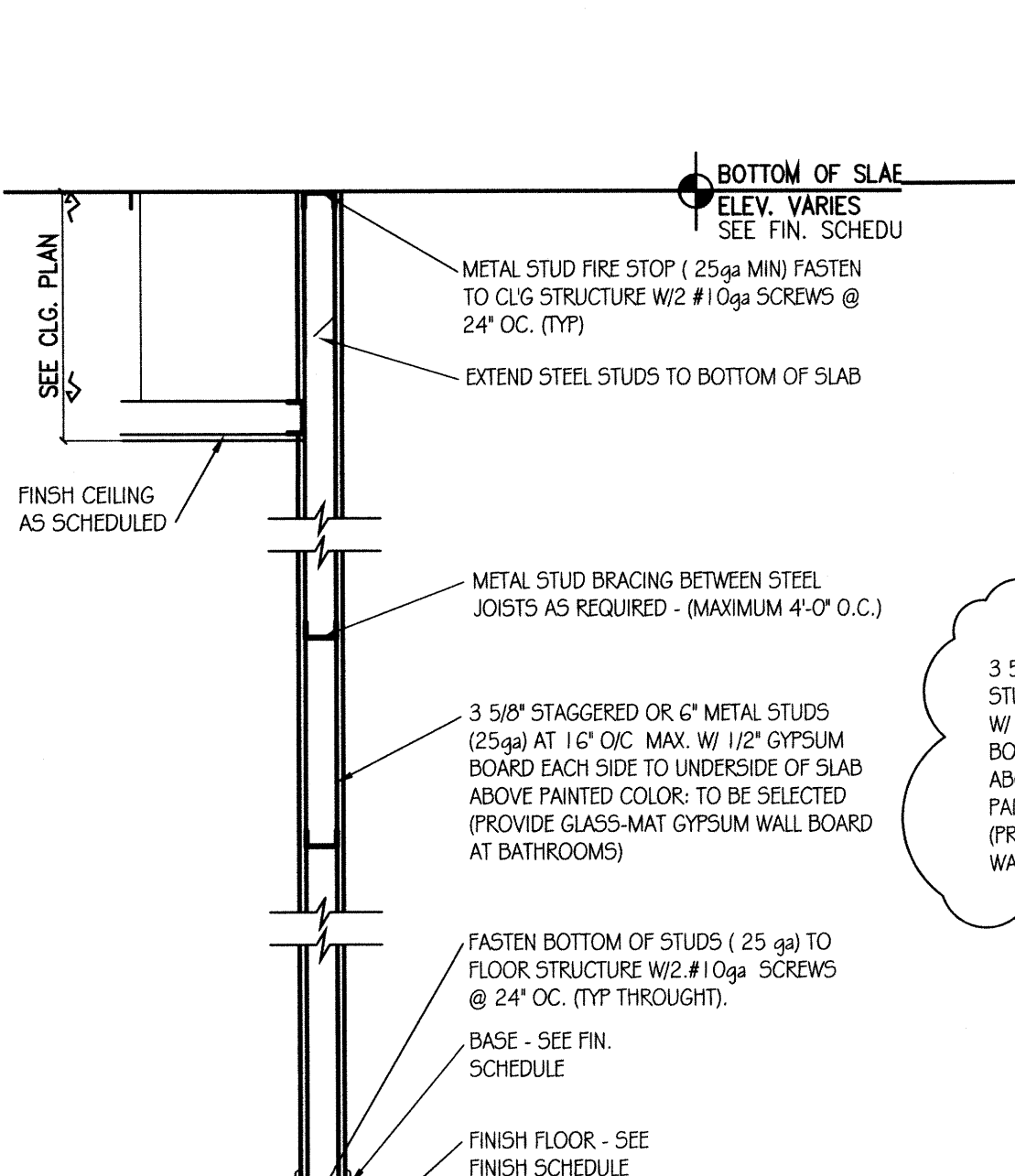
PARTITION TYPE 1
NTS

UL U-465 1HR FIRE RATED
SEE 2008 FIRE RESISTANCE DIRECTORY
VOL. 1 PAG. 1036 FOR ADDITIONAL
INFORMATION

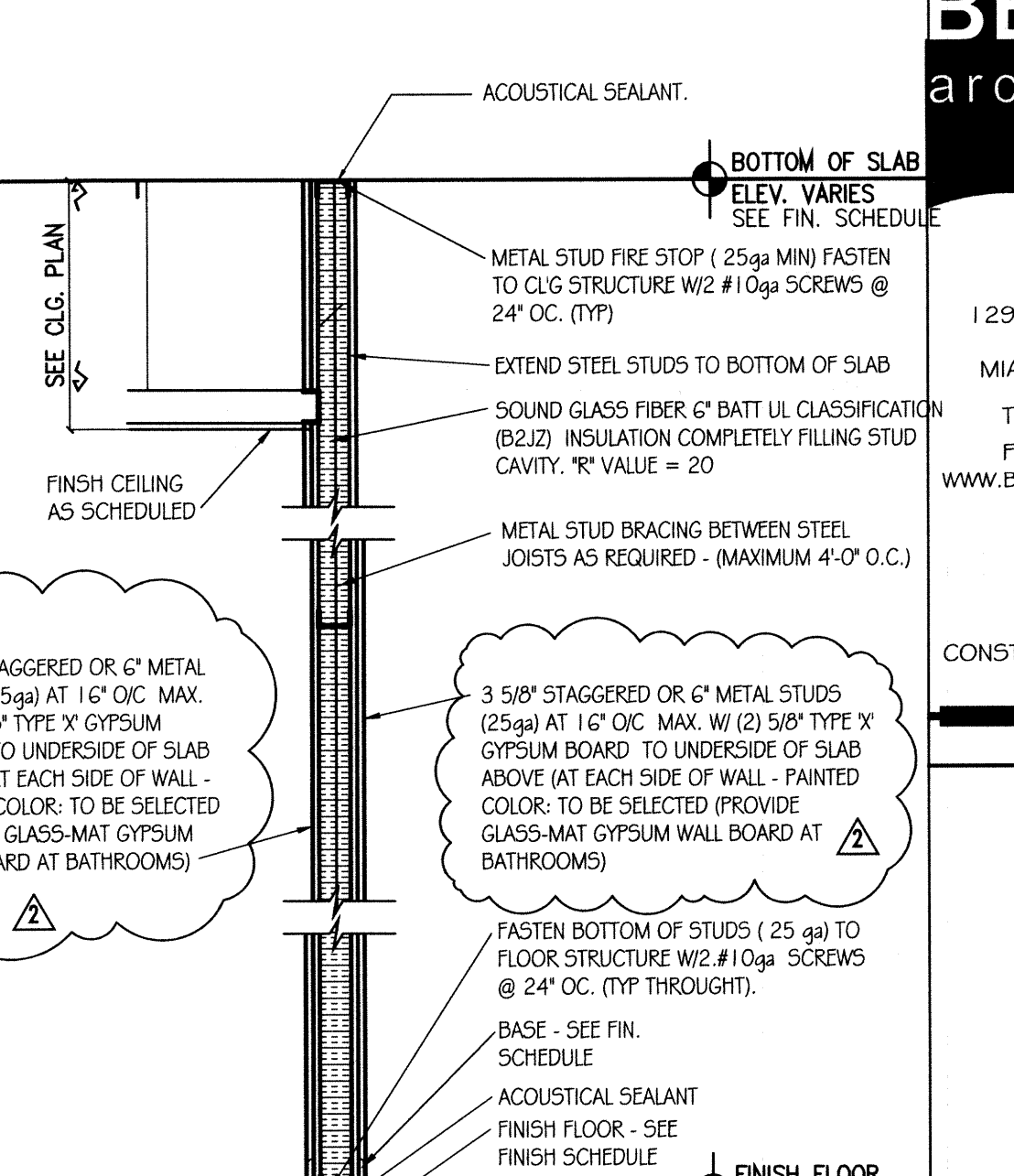


PARTITION TYPE 2
NTS

NOTE:
ALL LEAD SHIELDING IS 99.9% PURE -
MEETING FEDERAL '50C 004-201' GRADE
'C' AND ASTM B479 TYPE L51121 AND
ALL APPLICABLE NCRP REPORTS

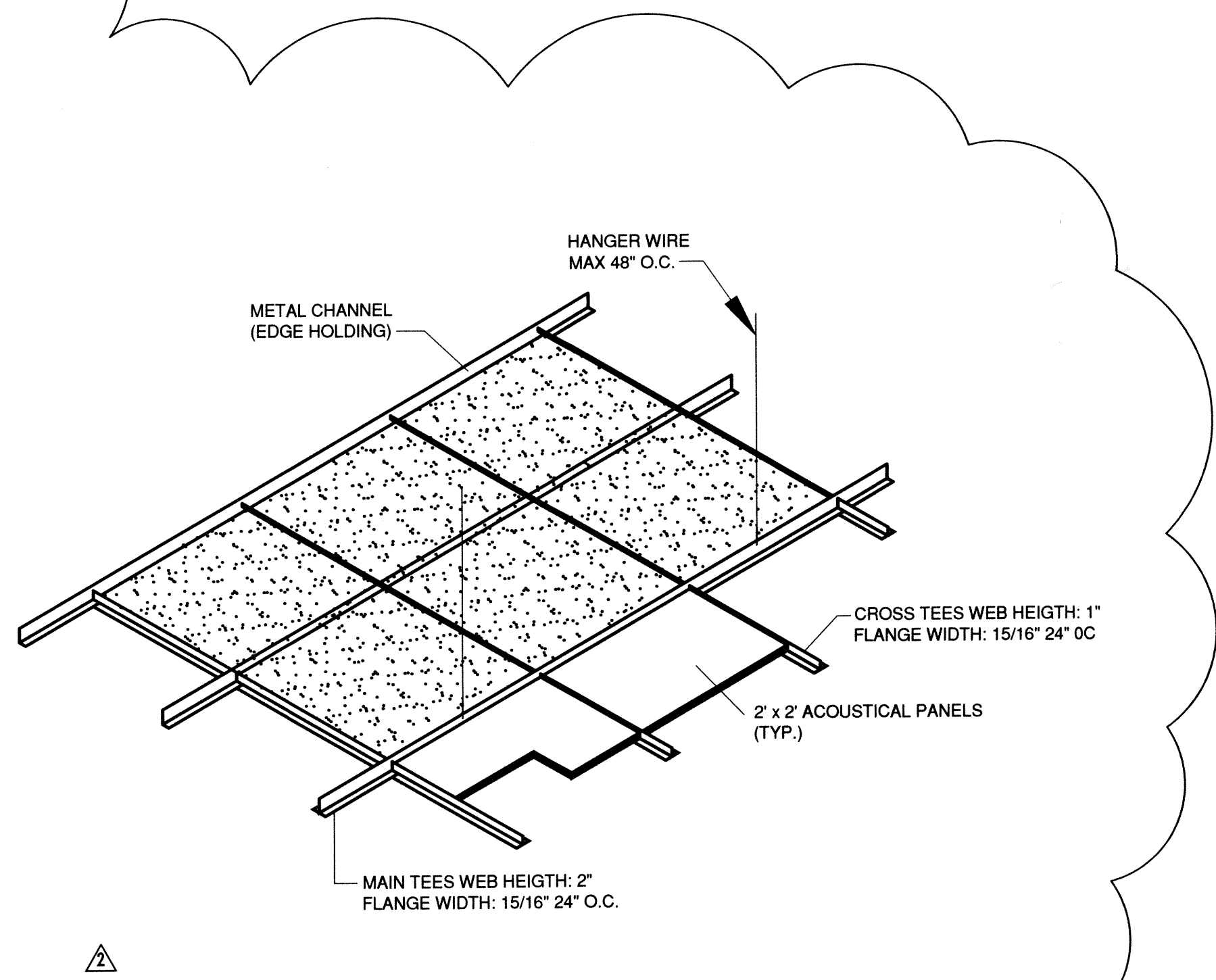


PARTITION TYPE 3
NTS

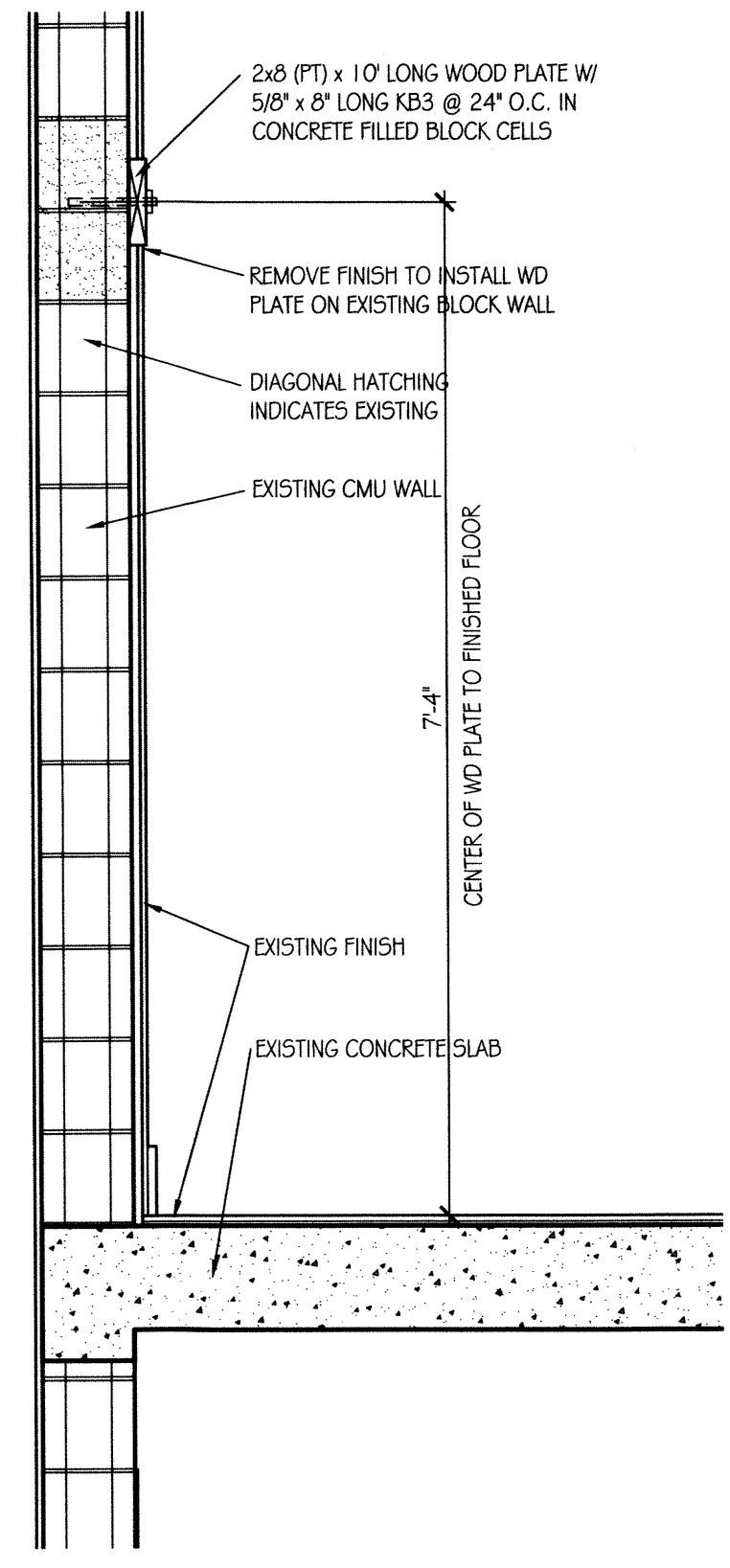


PARTITION TYPE 4
NTS

NOTE:
ALL WINDOWS (GLAZING) ARE EXISTING
AND SHALL REMAIN AS IS - NO
CHANGE (UNLESS NOTED ON THE PLAN



ACOUSTICAL CEILING PANEL DETAIL
N.T.S.



SECTION - DETAIL A
SCALE: 3/4" = 1'-0"

ROOM FINISH SCHEDULE

ROOM	FLOOR	BASE	WALLS	CEILING	CLG HT	REMARKS
LOBBY	TILE	WOOD	GYP. BOARD	DRYWALL		SEE REFLECTED CEILING PLAN
WAITING ROOMS	TILE	WOOD	GYP. BOARD	EXPOSED		SEE REFLECTED CEILING PLAN
WORK AREAS & RECEPTION	TILE	WOOD	GYP. BOARD	EXPOSED		SEE REFLECTED CEILING PLAN
EXAM ROOMS	TILE	WOOD	GYP. BOARD	ACOUSTICAL CEILING		SEE REFLECTED CEILING PLAN
X-RAY ROOM	TILE	WOOD	GYP. BOARD	ACOUSTICAL CEILING		SEE REFLECTED CEILING PLAN
OFFICES	TILE	WOOD	GYP. BOARD	VARIES		SEE REFLECTED CEILING PLAN
BATHROOMS	TILE	WOOD	GYP. BOARD	ACOUSTICAL CEILING		SEE REFLECTED CEILING PLAN
MESSAGE & PEDICURE	TILE	WOOD	GYP. BOARD	ACOUSTICAL CEILING		SEE REFLECTED CEILING PLAN
HALLWAY	TILE	WOOD	GYP. BOARD	EXPOSED		SEE REFLECTED CEILING PLAN
STORAGE		FINISH	AS PER ADJACENT AREA			

DOOR SCHEDULE

NO.	LOCATION	SIZE	TYPE	MATERIAL	FIN THLD	JAMB	REMARKS
1			EXISTING DOORS TO REMAIN	SEE FLOOR	DEMCO	PLANS	
2	EXAM ROOMS	2'-10 1/2" x 8'-1 3/4"	SWING	WD SOLID	PAINT	WOOD	
3	STORAGE	2'-10 1/2" x 6'-8 1/2"	SWING	WD SOLID	PAINT	WOOD	
4	WAITING ROOMS	2'-10 1/2" x 8'-1 3/4"	SWING	WD SOLID	PAINT	WOOD	
5	X-RAY ROOM	2'-10 1/2" x 8'-1 3/4"	SWING	WD SOLID	PAINT	WOOD	PROVIDE 2\"/>

INFO @ CGC MIAMI.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

M2020009719 3220009719 REV 2020-1269

PROVIDE MUNICIPAL PROCESS NUMBER HERE

LOCATION OF IMPROVEMENTS	Job Address <u>16320 NW 59 AVE</u>	CONTRACTOR INFORMATION	Contractor No. <u>CGC 151-4271</u>
	Folio <u>32-2013-057-0110</u>		Last four (4) digits of Qualifier No. <u>2207</u>
	Lot _____ Block _____		Contractor Name <u>COASTAL GROUP CONSULTANTS</u>
	Subdivision _____ PBpg. _____		Qualifier Name <u>ARTHUR COELLO</u>
	Metes and bounds _____		Address <u>10830 NW 138 ST.</u>
			City <u>HIA GARDENS</u> State <u>FL</u> Zip <u>33018</u>

TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Demolish	Current use of property <u>MEDICAL OFF</u>
	<input checked="" type="checkbox"/> Alteration Interior	<input type="checkbox"/> Shell Only	Description of Work <u>INTERIOR REMODEL</u>
	<input type="checkbox"/> Alteration Exterior	<input type="checkbox"/> Addition Attached	
	<input type="checkbox"/> Relocation of Structure	<input type="checkbox"/> Addition Detached	
	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Re-Roof	
	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation Only	Sq. Ft. <u>5000</u> Units <u>1</u> Floors <u>2</u>
	<input type="checkbox"/> Repair Due to Fire	<input type="checkbox"/> Tent	Value of Work <u>100,000 100,000.00</u>

PERMIT TYPE	<input type="checkbox"/> MBLD* Category _____	REVIEW STATUS	<input type="checkbox"/> Chg. Contractor	OWNER'S NAME	Owner _____
	<input type="checkbox"/> MELE _____		<input type="checkbox"/> Re-Issue		Address _____
	<input type="checkbox"/> MPLU _____	<input type="checkbox"/> Re-Stamp	<input type="checkbox"/> Revision	City _____ State _____ Zip _____	
	<input type="checkbox"/> MLPG _____	<input type="checkbox"/> Not Applicable for Fire		Phone _____	
	<input type="checkbox"/> MMEC _____			Last four (4) digits of Owner's Social Security No. _____	
	<input type="checkbox"/> FIRE _____				

PERSON TO PICK UP PLANS	Name <u>ARTHUR COELLO</u>	ARCHITECT / ENGINEER	Owner _____
	Address <u>10830 NW 138 BAY</u>		Address _____
	City <u>HIALEAH GARDENS</u> State <u>FL</u> Zip <u>33018</u>		City _____ State _____ Zip _____
	Phone <u>305 970-9820</u>		Phone _____

FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	<i>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.</i>	
	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; 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

3220009719 3/24/2020 12:47:53 PM

MDC Permit Application.pdf 123_01-192 1847

172020009719
3220009719

JOB COPY

REV 2020-1269
16320 NW 59 AVE

TOWN OF MIAMI LAKES

THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR NO INSPECTION WILL BE GIVEN

SECTION	APPROVED		REAPPROVED	
	BY	DATE	BY	DATE
GENERAL				
LANDSCAPING				
PLUMBING				
BUILDING				
UTILITIES				
HANDICAP				
STRUCTURAL				
ELECTRICAL				
PLUMBING				
Mechanical				
ENERGY				
DATE				

This is a copy of the original plan. The original plan is on file in the Town of Miami Lakes. The original plan is the only one that is valid. If you have a copy of this plan, it is your responsibility to ensure that it is accurate and up-to-date. If you have any questions, please contact the Town of Miami Lakes at (305) 875-1234.





MDC permit # 2020015241

Address: 16320 NW 59 AVE
Folio #: 32-20130570110
MDC Process #: <u>M2020009719</u>
MDC Tracking #: <u>3220009719</u>
Job Description: REVISION TO WALL SECTION DETAIL

Master Permit #: BLC2019-4045

Sub Permit #: _____

Revision #: REV2020-1269

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
<u>March 16</u>	<u>Caleb Coello</u>

PLANS CHECKED-IN

DATE	NAME
<u>3/17</u>	<u>Coello</u>

	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	

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

3220009719 - 3/24/2020 12:42:52 PM

TCAOL Permit Application.pdf 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: 16320 NW 59 AVE
 Unit #: 1
 Folio #: 32-20130570110 Owner-Builder:

Master Permit #: BLC 2019-4045 Sub Permit #: _____ Revision #: REV 20-1209

OWNER INFORMATION	NAME: <u>AVELICORBC PROPERTY LLLP</u>	LEGAL USE/ WORK	Current Use of Property: <u>MEDICAL OFFICE</u>
	Address: <u>14008 BAY ROAD</u>		Job Description: <u>WALL SECTION DETAIL</u>
	City, State, Zip: <u>WILTON FL. 33326</u>		JOB COST \$ _____ AREA/LENGTH: _____ SF/LF
	Phone #: _____ Cell #: _____		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>
	Email Address: <u>INFO@CGCMIAAMI.COM</u>		Code in Effect: _____ Occupancy: _____ Construction Type: _____ Flood Zone/B.F.E.: _____ F.F.E.: _____
CONTRACTOR INFORMATION	Company Name: <u>COASTAL GROUP CONSULTING</u>	ARCHITECT/ ENGINEER	Firm Name: _____
	Qualifier Name: <u>ARTHUR COELLO</u>		A/E of record: _____
	License #: <u>CGC-151-4271</u>		License #: _____
	Address: <u>10830 N.W. 138 ST. BAY</u>		Address: _____
	City, State, Zip: <u>HALEAH GARDENS FL.</u>		City, State, Zip: _____
Phone #: <u>305 477-9030</u> Cell #: <u>330 18</u>	Phone #: _____ Cell #: _____		
Email Address: <u>INFO@CGCMIAAMI.COM</u>	Email Address: _____		
Permit Type -- Check only One		Change to Permit -- Check only One	
<input checked="" 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 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 of Owner or Owner's Agent _____ Date _____

X Arthur Coello 3/16/20
 Signature of Qualifier _____ Date _____

Print Name of Owner or Owner's Agent _____

Print Name of Qualifier Arthur Coello

STATE OF _____ COUNTY OF _____

STATE OF Florida COUNTY OF Dade

Sworn to and subscribed before me this _____ 20____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

by Arthur Coello (SEAL)

Personally known or I.D. _____

Personally known or I.D. 1400 04061 321 0

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.

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SUSANA NARANJO
 MY COMMISSION # 203327
 Expires June 24, 2022
 Public Underwriters