

e-Permitting

miamidade.gov



MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 10/21/2024  
MUNICIPAL NO.2024-045077 FOLIO: 3220220090010  
JOB SITE ADDRESS 7900 NW 154 ST  
PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS  
LEGAL MIAMI LAKES BUSINESS PARK SEC 1 PB 126-54  
APPLICATION TYPE ALTER INTERIOR 23000 SQFT 0 UNITS 0 FLOORS  
OWNER NAME HUNDREDFOLD HOLDING 7900 LLC  
CONTRACTOR CAMCON GROUP LLC  
QUALIFIER  
PERMIT TYPE MUNICIPAL BLDG  
CATEGORIES 0001 MUNICIPAL GENERAL BUILDING

DATE: 10/21/2024 PROCESS NUMBER: M2024007945 NEW  
DERM 120 MISC FEES (MA 120.00 DERM 175 DERM 1ST REWO 87.50  
DERM 1 ASBESTOS REVI 175.00 DERM 1 UP FRONT FEE- 80.00  
DERM 1 MIN COMM REV( 90.00 FIRE 50000 ALTERATIONS 144.30  
FIRE 50000 FIRE UPFRT FE 34.32 FIRE 2 SRI PLAN REVI 338.64  
FRWK 1 NO CHARGE 000000.00 FRWK 1 1ST FIRE MINO 92.89  
RRWK 1 RER REWORK 6.56 RSUR 3 RER 7.5% SUR 22.88  
UBS1 1 BLDG 7.5% UPF 1.88 UPMU 25 UPFRONT FEE F 25.00  
URS1 1 RER 7.5% UPFR 6.00

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JOB SITE ADDRESS 7900 NW 154 ST  
PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS

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 10/21/2024  
MUNICIPAL NO.2024-045077 PROCESS NO. M2024007945 FOLIO: 3220220090010  
JOB SITE ADDRESS 7900 NW 154 ST  
PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS

DATE: 10/15/2024 PROCESS NUMBER: M2025000796 REVISED \*AMT. PAID 332.60  
DERM 1 UP FRONT FEE-APPLICATION FEE1 80.00  
DERM 1 MIN COMM REV(ADDITION/WET USES 90.00  
FIRE 1 MINOR PLAN REVISION 92.89  
FIRE 1 FIRE REVISION UPFRONT FEE 23.10  
FIRE 1 SRI PLAN REVIEW 1ST REQUEST 252.81  
UPMU 25 UPFRONT FEE FOR MUNICIPALITY 25.00

10/18/2024 12:23 BNZWEB1 182410183263 WEBIPAS 332.60

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 10/21/2024  
MUNICIPAL NO.2024-045077 PROCESS NO. M2024007945 FOLIO: 3220220090010  
JOB SITE ADDRESS 7900 NW 154 ST  
PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS

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

208 10/ 7/2024 INSP. 211 PRELIM; EXISTING CONDITION 003 10/ 7/2024 ALCARBO

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PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS

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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;



ARCHITECT:  
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P: 407.584.7974

OWNER:  
**THE WARD LAW GROUP**  
6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481



**WARD LAW GROUP**  
7900 Miami Lakes Dr, Ground Floor  
Miami Lakes, FL 33016

PHASE:

**PERMIT SET**

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**SHAMROCK ENGINEERING**  
12024 SW 132 St  
MIAMI, FL 33186  
TELEPHONE: 786.550.5847  
WWW.SHAMROCKENGINEERING.COM

ERIC A. SHEA  
NOT VALID UNLESS SIGNED AND SEALED BY THE PROFESSIONAL ENGINEER  
NO. 64056  
STATE OF FLORIDA  
EXPIRATION DATE 09/26/2024

REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

TITLE:

**GROUND LEVEL - ELECTRICAL POWER PLAN - OVERALL**

Project No: 02350  
Date: 09-28-2022  
Scale: 1/8" = 1'-0"  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

SHEET:

**E101a**



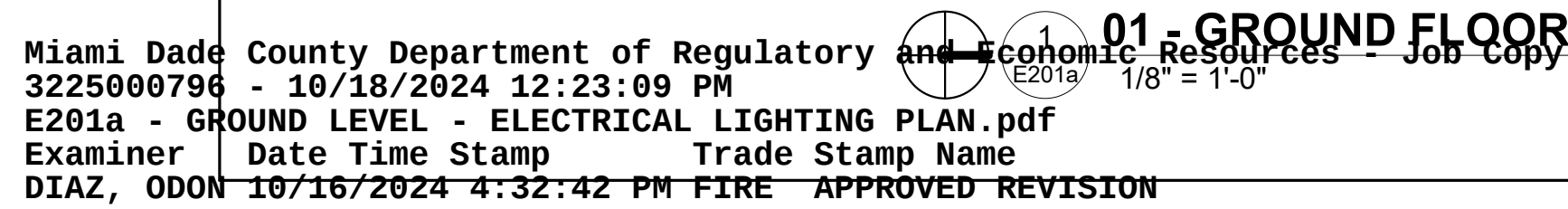
| KEY NOTE - ELECTRICAL POWER |                                                                                                                  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------|
| Number                      | Text Description                                                                                                 |
| 1                           | PROVIDE RELAY TO CONTROL EF WITH LOCAL LIGHT SWITCH                                                              |
| 2                           | EXISTING ROOM-NOT IN SCOPE OF WORK                                                                               |
| 3                           | EXISTING MECHANICAL ROOM-EXISTING HVAC UNIT TO REMAIN AS IS                                                      |
| 4                           | EXISTING ELECTRICAL ROOM-EXISTING PANELS WILL REMAIN AS IS (TO SHOW EXISTING PANEL LOCATION USE FOR THE PROJECT) |

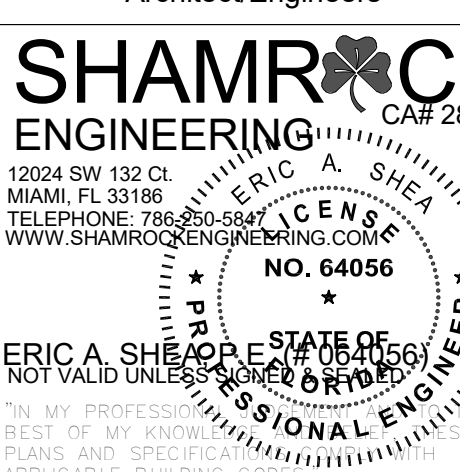
NOTES:  
1 - STANDARD DUPLEX / DUAL DATA OUTLET WITHIN MILLWORK CABINET.  
2 - STANDARD DUPLEX / DUAL DATA OUTLET TO RUN THROUGH FURNITURE SYSTEM FED FROM ADJACENT JUNCTION BOX.

**01 - GROUND FLOOR - ELECTRICAL POWER PLAN - OVERALL**

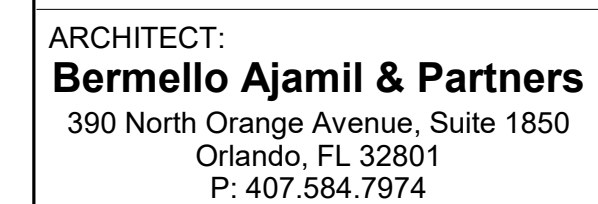
1/8" = 1'-0"





|                                                                                                                                       |                                |            |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|
|                                                     |                                |            |
| ARCHITECT:<br><b>Bermello Ajamil &amp; Partners</b><br>390 North Orange Avenue, Suite 1850<br>Orlando, FL 32801<br>P: 407.584.7974    |                                |            |
|                                                                                                                                       |                                |            |
|                                                                                                                                       |                                |            |
|                                                                                                                                       |                                |            |
| OWNER:<br><b>THE WARD LAW GROUP</b><br>6625 Miami Lakes Dr Suite 100<br>Miami Lakes, FL 33014<br>P: 786.751.7481                      |                                |            |
|                                                    |                                |            |
|                                                                                                                                       |                                |            |
| <b>WARD LAW GROUP</b><br>7900 Miami Lakes Dr, Ground Floor<br>Miami Lakes, FL 33016                                                   |                                |            |
|                                                                                                                                       |                                |            |
| PHASE:<br><b>PERMIT SET</b>                                                                                                           |                                |            |
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|                                                  |                                |            |
| <b>REVISIONS:</b>                                                                                                                     |                                |            |
| No.:                                                                                                                                  | DESCRIPTION                    | DATE:      |
| 3                                                                                                                                     | Set A - 1st Fl. - B.D.C.       | 03/01/2024 |
| 4                                                                                                                                     | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| RFI-30                                                                                                                                | RFI-30 ELECTRICAL              | 06/28/2024 |
| 7                                                                                                                                     | MEP COORDINATION               | 09/26/2024 |
|                                                                                                                                       |                                |            |
|                                                                                                                                       |                                |            |
|                                                                                                                                       |                                |            |
|                                                                                                                                       |                                |            |
| TITLE:<br><b>GROUND LEVEL -<br/>ELECTRICAL<br/>LIGHTING PLAN -<br/>OVERALL</b>                                                        |                                |            |
| Project No:                                                                                                                           | 02350                          |            |
| Date:                                                                                                                                 | 09-28-2022                     |            |
| Scale:                                                                                                                                | As indicated                   |            |
| Format:                                                                                                                               | 30" x 42"                      |            |
| Drawn:                                                                                                                                | Author                         |            |
| Checked:                                                                                                                              | Checker                        |            |
| SHEET:                                                                                                                                | <b>E201a</b>                   |            |

Eric A Shea



OWNER:  
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PHASE:

PERMIT SET

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REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

TITLE:

GROUND FLOOR -  
ENLARGED  
CONFERENCE  
CENTER -  
ELECTRICAL POWER  
PLAN

|             |              |
|-------------|--------------|
| Project No: | 02350        |
| Date:       | 09-28-2022   |
| Scale:      | 1/4" = 1'-0" |
| Format:     | 30" x 42"    |
| Drawn:      | Author       |
| Checked:    | Checker      |

SHEET:

E301a



Eric A Shea

Digitally signed by Eric A Shea  
DN: cn=Eric A Shea,  
dnQualifier=A0543DC00000187A0544300000  
003HAMR0CK (ENGINEERING).CUL



ARCHITECT:  
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PHASE:

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ERIC A. SHEA  
NOT VALID UNLESS SIGNED AND SEALED BY THE ENGINEER  
NO. 64056  
STATE OF FLORIDA  
PROFESSIONAL ENGINEER

REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

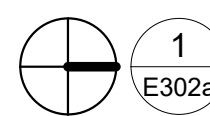
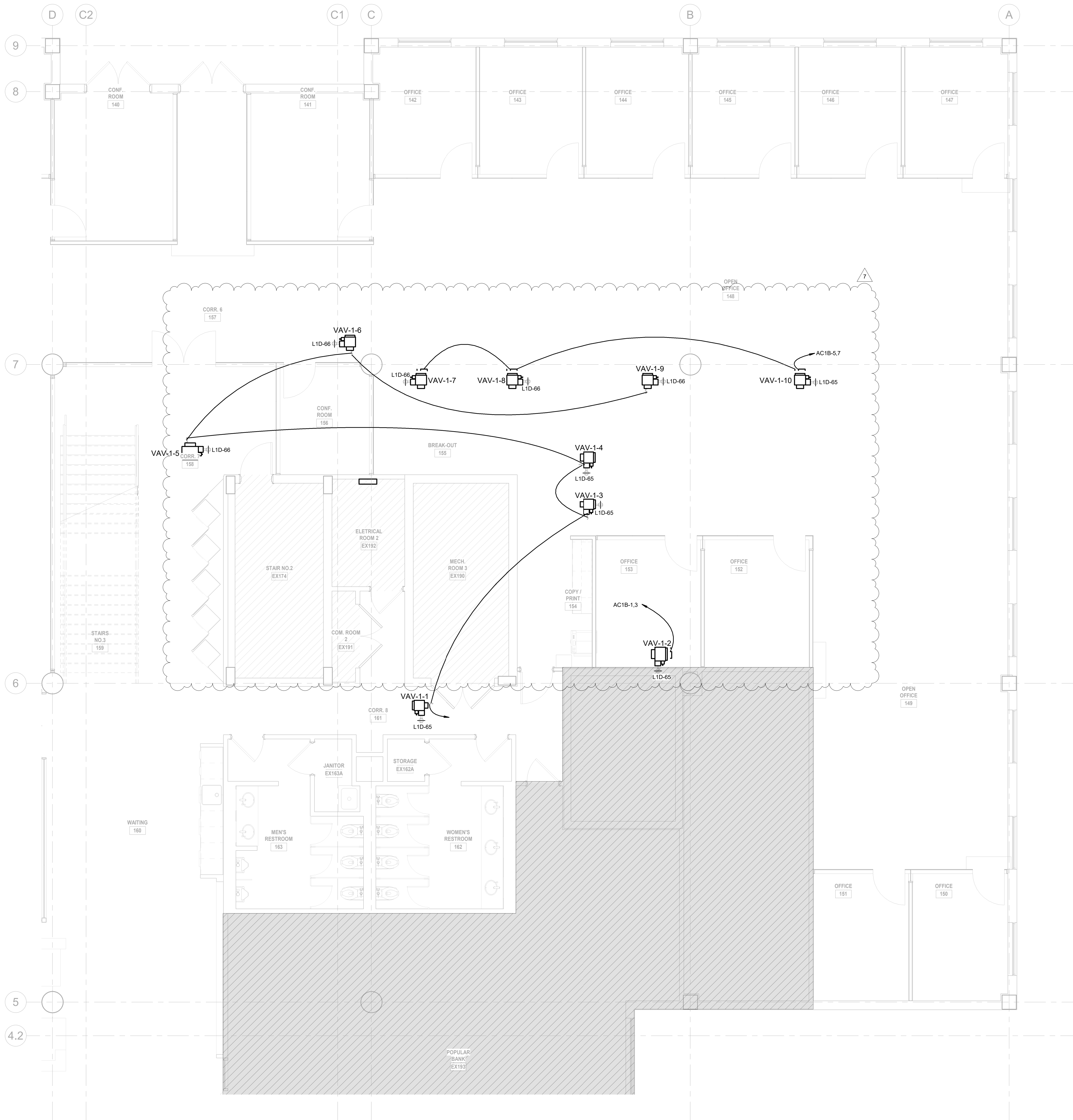
TITLE:

**GROUND FLOOR -  
ENLARGED OPEN  
OFFICE (NORTH) -  
ELECTRICAL PLAN**

Project No: 02350  
Date: 09-28-2022  
Scale: 1/4" = 1'-0"  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

SHEET:

**E302a**



**01 - GROUND FLOOR - ENLARGED OPEN OFFICE (NORTH) - ELECTRICAL POWER PLAN**





ARCHITECT:  
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OWNER:  
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AC1B-1.3

PHASE:

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ERIC A. SHEA  
NO. 64056  
STATE OF FLORIDA  
NOT VALID UNLESS USED IN CONJUNCTION WITH THE PROFESSIONAL ENGINEER'S SEAL  
BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE PLANS AND SPECIFICATIONS CONFORM TO THE APPLICABLE BUILDING CODES.

REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

TITLE:

**GROUND FLOOR - ENLARGED OPEN OFFICE (SOUTH) - ELECTRICAL PLAN**

Project No: 02350  
Date: 09-28-2022  
Scale: 1/4" = 1'-0"  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

SHEET:

**E303a**





ARCHITECT:  
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P: 407.584.7974

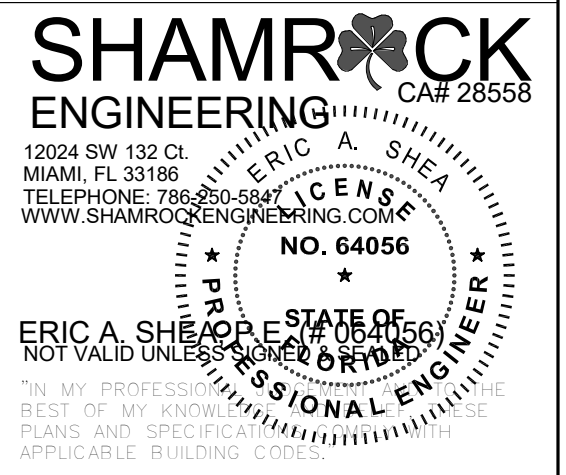
OWNER:  
**THE WARD LAW GROUP**  
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Miami Lakes, FL 33014  
P: 786.751.7481



**WARD LAW GROUP**  
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Miami Lakes, FL 33016

PHASE:  
**PERMIT SET**

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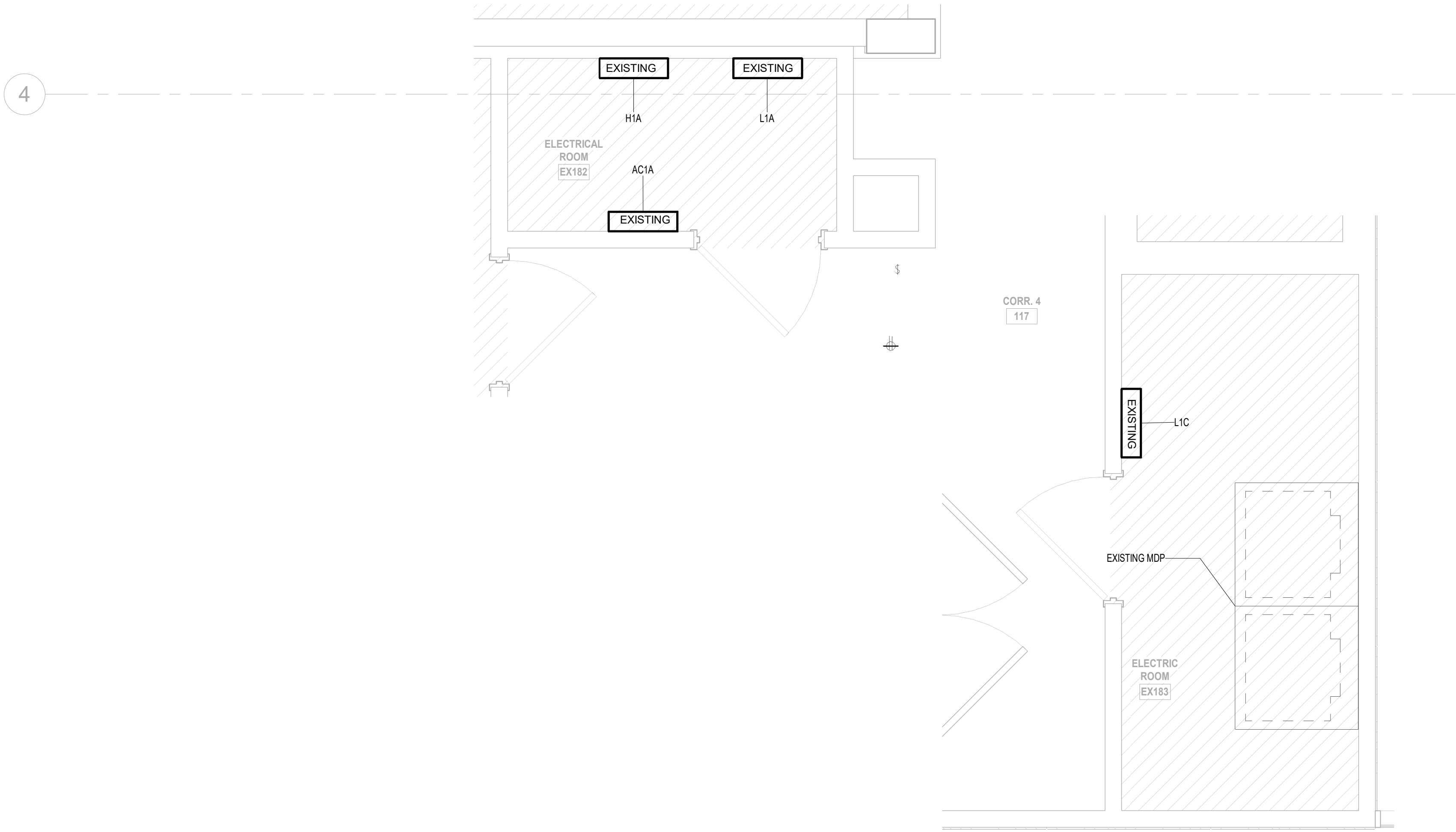


| REVISIONS: |                  |            |
|------------|------------------|------------|
| No.:       | DESCRIPTION      | DATE:      |
| 7          | MEP COORDINATION | 09/26/2024 |
|            |                  |            |
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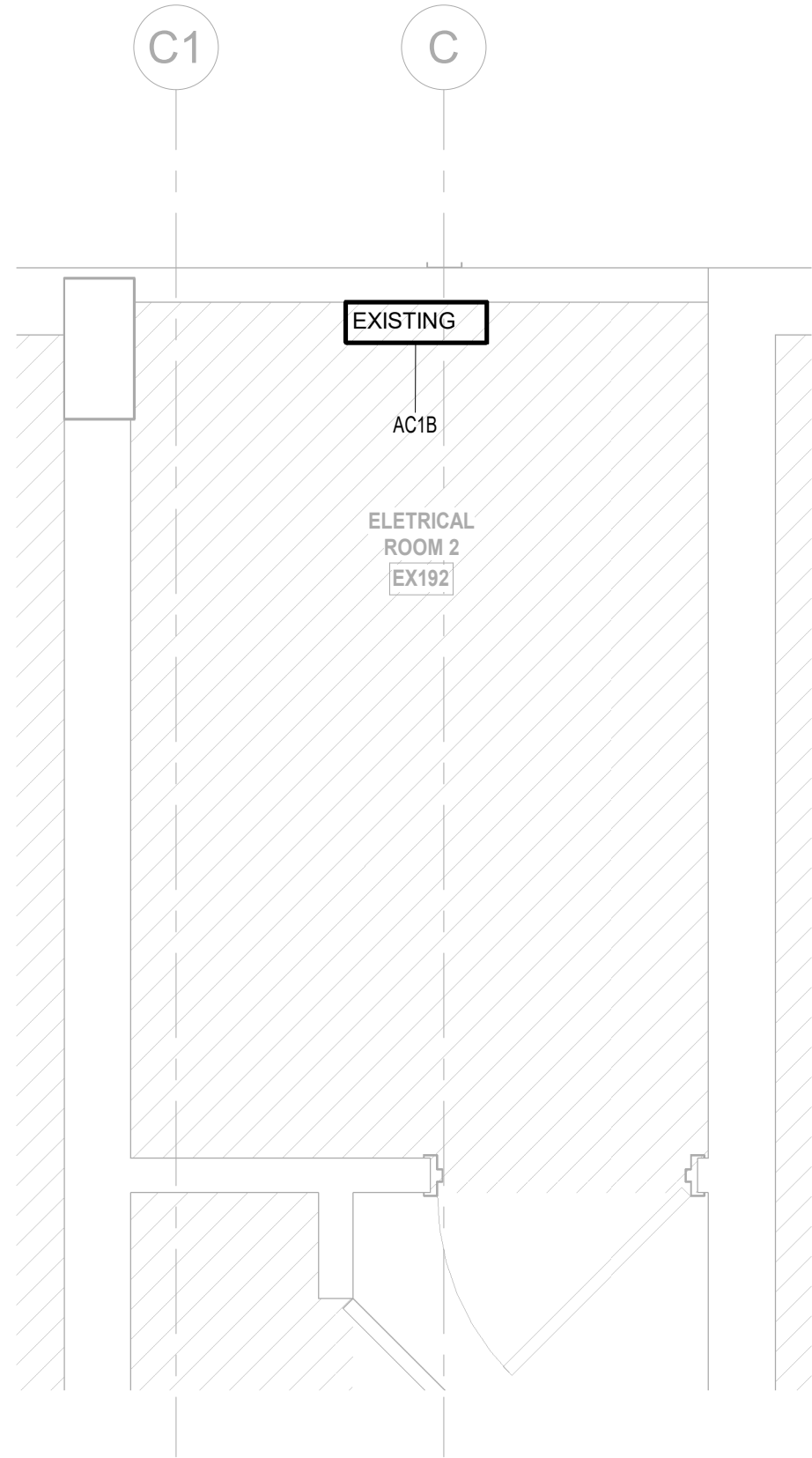
TITLE:  
**GROUND FLOOR - ENLARGED ELEC. RM. - ELECTRICAL PLAN**

Project No: 02350  
Date: 09-28-2022  
Scale: 1/2" = 1'-0"  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

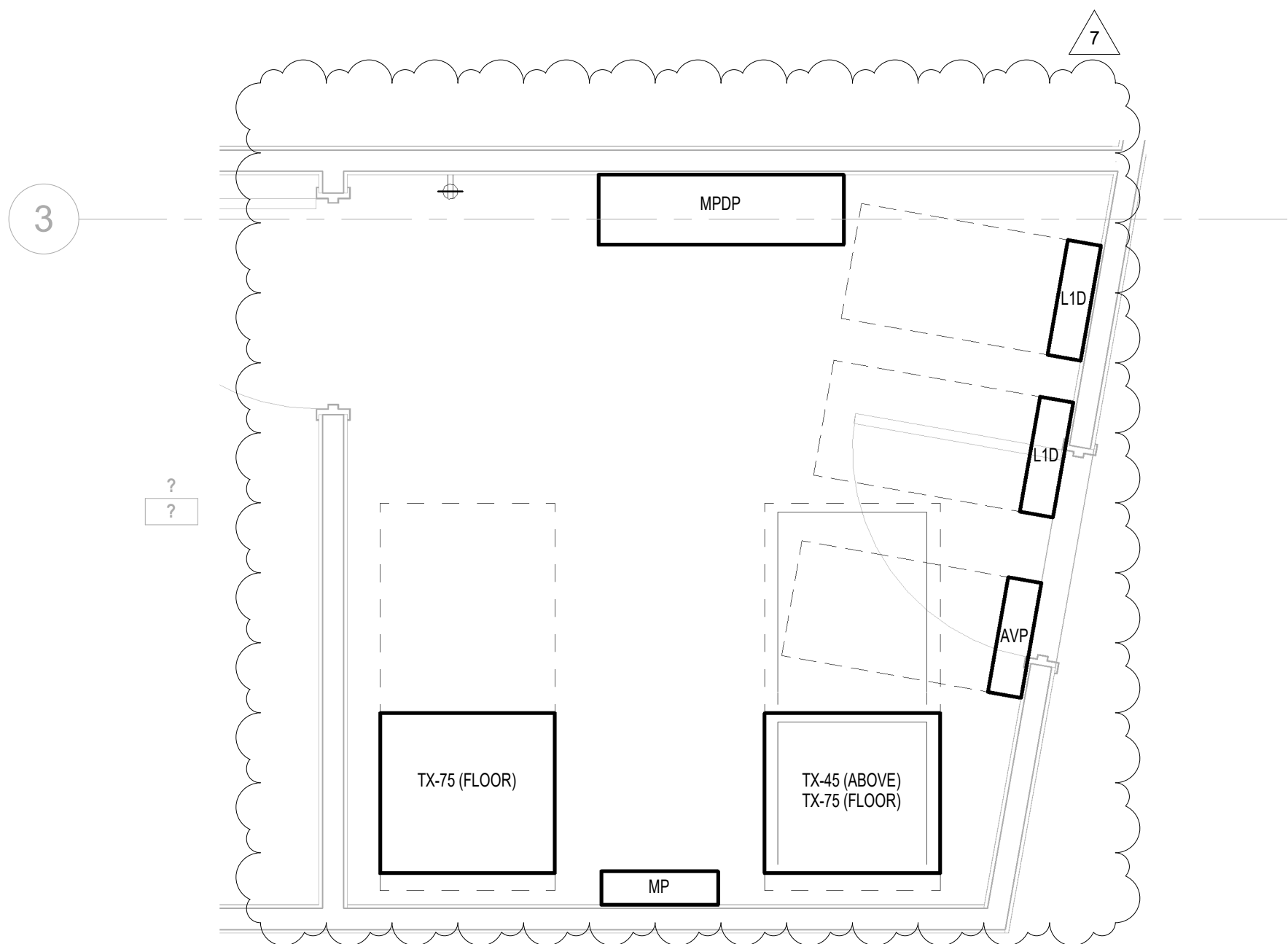
SHEET:  
**E304a**



**1 01 - GROUND FLOOR - ENLARGED ELECTRICAL ROOM.**  
E304a/ 1/2" = 1'-0"



**3 01 - GROUND FLOOR - ENLARGED ELECTRICAL ROOM**  
E304a/ 1/2" = 1'-0"



**2 - GROUND FLOOR - ENLARGED ELECTRICAL ROOM**  
E304a/ 1/2" = 1'-0"





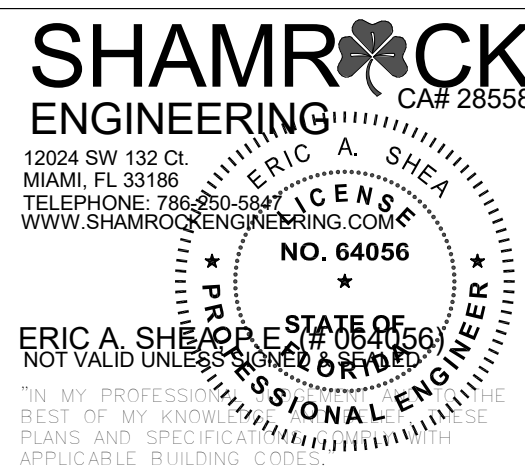
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6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481



PHASE:

# PERMIT SET

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**REVISIONS:**

| No.: | DESCRIPTION              | DATE:     |
|------|--------------------------|-----------|
| 3    | Set A - 1st Fl. - B.D.C. | 03/01/202 |
| 7    | MEP COORDINATION         | 09/26/202 |

TITLE:

## ELECTRICAL PANEL SCHEDULES

|             |            |
|-------------|------------|
| Project No: | 02350      |
| Date:       | 09-28-202  |
| Scale:      | 12" = 1'-0 |
| Format:     | 30" x 42"  |
| Drawn:      | Author     |
| Checked:    | Checker    |

**SHEET:**

# E500a

MANUFACTURER: WESTINGHOUSE

TYPE: PANELBOARD

MOUNTING: SURFACE

LOCATION:

PANEL 'L1A'

EXISTING

VOLTAGE: 120/208V / 3Ø / 4W

BUS RATING: 150 A    AIC: 22K

MAIN: M.C.B

NEUTRAL: FULL

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MANUFACTURER: WESTINGHOUSE

TYPE: PANELBOARD

LOADING: SURFACE

LOCATION:

PANEL 'L1C'

EXISTING

VOLTAGE: 120/208V / 3Ø / 4W

BUS RATING: 150 A    AIC: 22K

MAIN: M.C.B

NEUTRAL: FULL

| IDENTIFICATION     |   |                                   |      |      |      |      |     |     |      |      |     |      |      | [N]            | IDENTIFICATION |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|---|-----------------------------------|------|------|------|------|-----|-----|------|------|-----|------|------|----------------|----------------|----------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| [N]                | # | LOAD                              | WIRE | GND  | POLE | BKR  | CKT | CKT | POLE | WIRE | GND | POLE | #    | [N]            |                |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                                   | SIZE | SIZE |      | AMP  |     |     |      | AMP  |     |      |      |                |                |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. OFFICE (142 - 147)        | R    | 1.08 | 12   | 1/2" | 1   | 20  | 1    | 20   | 1   | 12   | 1/2" | 1.08           | R              |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. OFFICE (142 - 143)        | R    | 1.08 | 12   | 1/2" | 1   | 20  | 3    | 4    | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. OFFICE (144 - 145)        | R    | 1.08 | 12   | 1/2" | 1   | 20  | 6    | 6    | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. OFFICE (146 - 147)        | R    | 1.08 | 12   | 1/2" | 1   | 20  | 7    | 8    | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 9    | 10   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 11   | 12   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 13   | 14   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 15   | 16   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX                |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 17   | 18   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | FLOOR JUNCTION BOX (CONF. RM 141) |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX                | R    | 1.08 | 12   | 1/2" | 1   | 20  | 19   | 20   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT. (CONF. RM 141)            |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | FLOOR JUNCTION BOX (CONF. RM 156) | R    | 1.08 | 12   | 1/2" | 1   | 20  | 21   | 22   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT. (CONF. RM 141)            |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. (CONF. RM 156)            | R    | 1.08 | 12   | 1/2" | 1   | 20  | 23   | 24   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT.                           |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. (CONF. RM 156)            | R    | 1.08 | 12   | 1/2" | 1   | 20  | 25   | 26   | 20  | 1    | E    | E              | 1.00           | C                    | ATM / INSIDE                      |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. (BREAK-OUT 155)           | R    | 1.08 | 12   | 1/2" | 1   | 20  | 27   | 28   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT. OFFICE (150 - 153)        |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. (BREAK-OUT 155)           | R    | 1.08 | 12   | 1/2" | 1   | 20  | 29   | 30   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT. OFFICE (150 - 151)        |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | RECEPT. (BREAK-OUT 155)           | R    | 1.08 | 12   | 1/2" | 1   | 20  | 31   | 32   | 20  | 1    | 12   | 1/2"           | 1.08           | R                    | RECEPT. OFFICE (152 - 153)        |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | EXISTING                          | C    | 1.00 |      |      | 1   | 20  | 33   | 34   | 20  | 1    | 1.00 | C              | EXISTING       |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | P.NL L1CA                         |      |      |      |      |     |     |      | 36   | 36  |      |      |                | (BANK)         |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | P.NL L1CA                         |      |      |      |      |     |     |      | 37   | 38  |      |      |                |                |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | P.NL L1CA                         |      |      |      |      |     |     |      | 39   | 40  | 70   | 3    | REFER TO RISER | 45.00          | EXISTING (Tx 45 kVA) |                                   |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | SPARE                             |      |      |      |      | 1   | 20  | 41   | 42   |     |      |      |                |                |                      |                                   |  |  |  |  |  |  |  |  |  |  |  |
| CONNECTED KVA LOAD |   |                                   |      |      |      |      |     |     |      |      |     |      |      |                | 63.20          | CONNECTED KVA LOAD   |                                   |  |  |  |  |  |  |  |  |  |  |  |

# LOADS:

C CONTINUOUS LOADS

R RECEPTACLES

M MOTORS

K KITCHEN EQUIPMENT OVER (6)

G GUEST ROOMS

A AIR CONDITIONING

H HEATING

N NON CONTINUOUS LOADS

SUBTOTAL:

LESS SMALLEST AC/HEAT:

TOTAL DEMAND:

KVA

3.00

33.48

0.00

0.00

0.00

0.00

0.00

0.00

36.48

0.00

25.49

0.00

25.49

KVA / 0.36 V =

DEMAND

125%

[1]

85%

65%

50%

100%

100%

100%

0.00

0.00

0.00

0.00

0.00

0.36 V

NEC KVA

3.75

21.74

0.00

0.00

0.00

0.00

0.00

0.00

25.49

0.00

0.00

0.00

0.00

0.36 V

NOTES IN:

[1]- FIRST 10KVA AT 100% + REMINDER OVER 10KVA AT 50%

[2]- ESTIMATED LOAD

[3]- REFER TO RISER

FEEDER: EXISTING

FED FROM: [3]

70.84 AMPS





**WARD**  
GROUP, PL **LAW**®

PHASE:

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**SHAMROCK**  **CA# 28558**

12024 SW 132 Ct.  
MIAMI, FL 33186  
TELEPHONE: 786-250-5847  
MIAMI, FL 33186

NO. 64056  
★  
STATE OF

NOT VALID UNLESS SIGNED & SEALED

PROFESSIONAL ENGINEER

"IN MY PROFESSIONAL CAPACITY, I CERTIFY THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF CALIFORNIA, AND THAT I HAVE PREPARED THE ABOVE SET OF PLANS AND SPECIFICATIONS IN ACCORDANCE WITH THE REQUIREMENTS OF THE CALIFORNIA ENGINEERING ACT."

**REVISIONS:**

| No.: | DESCRIPTION | DATE: |
|------|-------------|-------|
|      |             |       |

|   |                          |           |
|---|--------------------------|-----------|
| 3 | Set A - 1st Fl. - B.D.C. | 03/01/202 |
| 4 | Set A - 1st Fl. Rev 4 -  | 04/10/202 |

|  |       |  |
|--|-------|--|
|  | B.D.C |  |
|--|-------|--|

|   |                  |           |
|---|------------------|-----------|
| 5 | Set A - 1st Fl.  | TBD       |
| 7 | MFP COORDINATION | 09/26/202 |

|  |            |            |
|--|------------|------------|
|  | 11/27/2017 | 12/27/2017 |
|  |            |            |
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|  |  |  |

TITLE:

## ELECTRICAL PANEL

## SCHEDULES

DOI: 10.1002/anie

Project No. U2350  
Date: 09-28-2022

Scale: 12" = 1'-0"

Format: 30" x 42"

Drawn: Author

Checked: \_\_\_\_\_ Checker \_\_\_\_\_

SHEET:

F501a

ES01a

---



 Digitally signed by Eric A Shea  
DN: cn=Eric A. Shea,  
email=AC6433C00002187A651A30  
C=US, o=HARRIS, ou=HARRIS, c=US  
Date: 2024.10.08 22:44:47 -0400

Γ501a

E501a

---



ARCHITECT:  
**Bermello Ajamil & Partners**  
390 North Orange Avenue, Suite 1850  
Orlando, FL 32801  
P: 407.584.7974

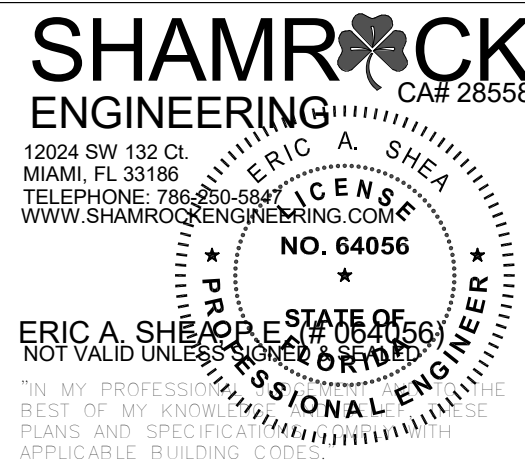
OWNER:  
**THE WARD LAW GROUP**  
6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481



**WARD LAW GROUP**  
7900 Miami Lakes Dr, Ground Floor  
Miami Lakes, FL 33016

PHASE:  
**PERMIT SET**

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| REVISIONS: |                               |            |
|------------|-------------------------------|------------|
| No.:       | DESCRIPTION                   | DATE:      |
| 3          | Set A - 1st FL - B.D.C.       | 03/01/2024 |
| 4          | Set A - 1st FL Rev. 4 - B.D.C | 04/10/2024 |
| 7          | MEP COORDINATION              | 09/26/2024 |

TITLE:  
**ELECTRICAL POWER RISER DIAGRAM**

Project No: 02350  
Date: 09-28-2022  
Scale: As indicated  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

SHEET:  
**E600a**

**RISER NOTES:**

- ALL EQUIPMENT WITH MULTIPLE FEEDS OR TAPS SHALL HAVE LUGS U.L. LISTED FOR MORE THAN ONE CONDUCTOR EACH.
- SUPPORT CONDUCTORS IN VERTICAL RACEWAYS AS PER N.E.C. ART. 300.19
- SPD SHALL BE INSTALLED AT EACH PANEL. REFER TO PANEL SCHEDULES.
- ALL ELECTRICAL INSTALLATION SHALL BE INSTALLED 1 FOOT ABOVE BASE FLOOD LEVEL
- SPICES IN WIREWAYS SHALL BE DONE USING PARALLEL TAP CONNECTORS.
- ELECTRICAL GROUNDING SYSTEM SHALL BE A VERIFIED SYSTEM AS REQUIRED BY N.E.C.
- SERVICES LARGER THAN 1200 AMPS MUST PROVIDE A LABEL INDICATING THE FOLLOWING: (1) NOMINAL VOLTAGE (2) AVAILABLE FAULT CURRENT (3) CLEARING TIME OF OVERCURRENT PROTECTION (4) THE DATE LABEL WAS APPLIED. NEC110.16(B).



July 12, 2024

JANY MARTINEZ  
7900 MIAMI LAKES DR  
MIAMI LAKES, FL 33016

Re: Available Fault Current for 7900 MIAMI LAKES DR

Dear JANY MARTINEZ:

Thank you for contacting FPL about the available fault current at 7900 MIAMI LAKES DR. Based on the plans you have provided dated March 01 2024, the maximum available fault current at the transformer secondary terminals is estimated to be 14484 symmetrical amperes at 277480 volts. The protective device on the line side of the transformer currently in place or to be installed and serving your property located at the subject location is a 125 amp type E fuse. The primary service voltage is 23kV L-L. This calculated symmetrical fault current is not intended for use as the basis for motor starting calculations and does not include:

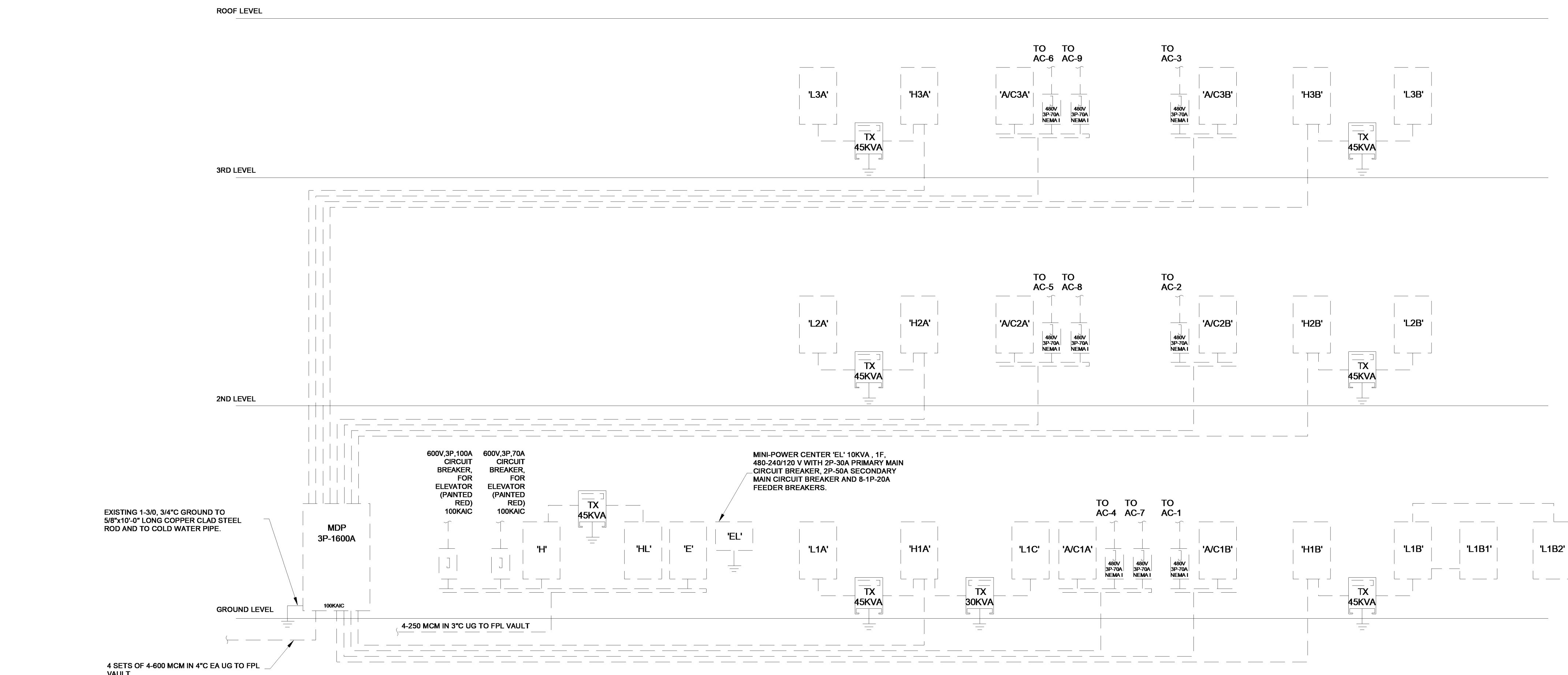
- Consideration for any motor contribution or
- Fault current asymmetry.

The FPL equipment currently serving or planned to serve your facility may change over time as a result of any number of factors, including but not limited to transformer replacements due to load growth, electrical grid changes or emergencies. As a result, although we are providing you with this information for the sole purpose of assisting you in the completion of your study, you and your client should not design, install or operate your system in reliance upon any expectation that the specific size and type of equipment currently in place will remain so. If and when the size and type of the equipment changes, our employees are not always in a position to immediately notify customers.

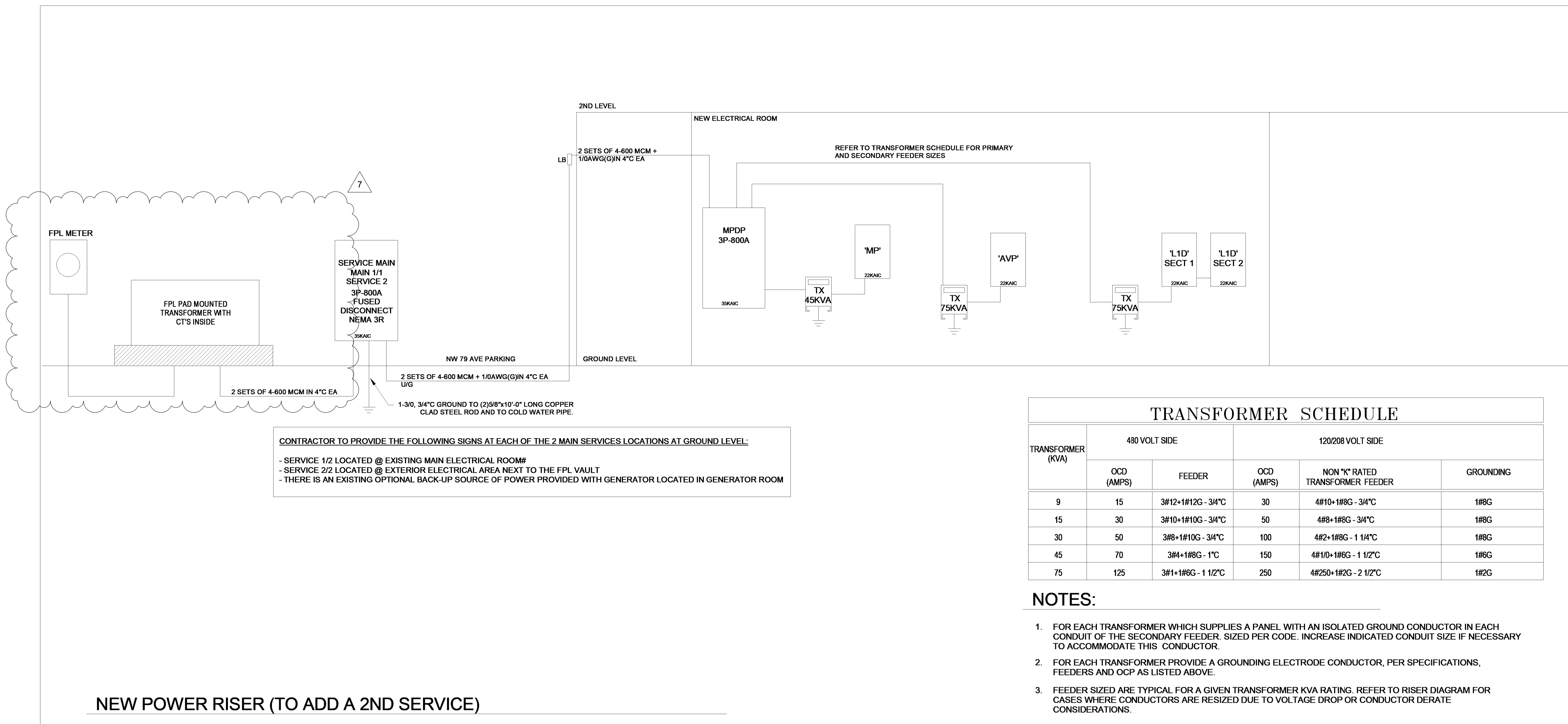
As the construction project progresses, any questions or information you may need can be communicated through me. I have enclosed my business card for easy reference and look forward to hearing from you in the near future.

Sincerely,

*Lizzy Puldon*  
LIZZY PULDON  
Distribution Engineer



EXISTING RISER TO REMAIN UNDISTURBED (SHOWN FOR REFERENCE ONLY).



| TRANSFORMER SCHEDULE |               |                    |                   |                                  |           |
|----------------------|---------------|--------------------|-------------------|----------------------------------|-----------|
| TRANSFORMER (KVA)    | 480 VOLT SIDE |                    | 120/208 VOLT SIDE |                                  |           |
|                      | OCB (AMPS)    | FEEDER             | OCB (AMPS)        | NON "C" RATED TRANSFORMER FEEDER | GROUNDING |
| 9                    | 15            | 3#12-1#12G - 3/4"C | 30                | 4#10-1#8G - 3/4"C                | 1#8G      |
| 15                   | 30            | 3#10-1#10G - 3/4"C | 50                | 4#8-1#6G - 3/4"C                 | 1#8G      |
| 30                   | 50            | 3#8-1#10G - 3/4"C  | 100               | 4#2-1#8G - 1 1/4"C               | 1#8G      |
| 45                   | 70            | 3#4-1#8G - 1"C     | 150               | 4#1/2-1#8G - 1 1/2"C             | 1#8G      |
| 75                   | 125           | 3#1-1#6G - 1 1/2"C | 250               | 4#250-1#2G - 2 1/2"C             | 1#2G      |

**NOTES:**

- FOR EACH TRANSFORMER WHICH SUPPLIES A PANEL WITH AN ISOLATED GROUND CONDUCTOR IN EACH CONDUIT OF THE SECONDARY FEEDER, SIZED PER CODE, INCREASE INDICATED CONDUIT SIZE IF NECESSARY TO ACCOMMODATE THIS CONDUCTOR.
- FOR EACH TRANSFORMER PROVIDE A GROUNDING ELECTRODE CONDUCTOR, PER SPECIFICATIONS, FEEDERS AND OCP AS LISTED ABOVE.
- FEEDER SIZES ARE TYPICAL FOR A GIVEN TRANSFORMER KVA RATING. REFER TO RISER DIAGRAM FOR CASES WHERE CONDUCTORS ARE RESIZED DUE TO VOLTAGE DROP OR CONDUCTOR DERATE CONSIDERATIONS.





Date: September 29, 2024

Job Name: Ward Law Group

Job Address: 7900 Miami Lakes Drive,  
Ground Floor  
Miami Lakes, FL. 33016

Interior remodel (BLC2024-0184 – 1<sup>st</sup> Floor)

Electrical:

The following sheets has been revised to incorporate field coordination, and changes requested by Ownership.

***E101a - GROUND LEVEL - ELECTRICAL POWER PLAN - OVERALL.pdf***

- Revised to show power for IWH, break room power relocated as per coordination, and power for led screens in conference room 107 and lobby as requested by Peter Gichie <[pgichie@gwardlaw.com](mailto:pgichie@gwardlaw.com)>
- Add 4 receptacles for LED screens in pre-function corridor and 4 in lobby wall
- add power for water refill station and remote chiller
- Add 1 ceiling receptacle in room 106

***E201a - GROUND LEVEL - ELECTRICAL LIGHTING PLAN - OVERALL.pdf***

- Revised to coordinate light locations and changes in RCP.

***E301a - GROUND FLOOR - ENLARGED CONFERENCE CENTER - ELECTRICAL POWER PLAN.pdf***

- Revised to match location of VAV as shown in mechanical plans and to show power requested in MP room by Jonathan.

***E302a - GROUND FLOOR - ENLARGED OPEN OFFICE (NORTH) - ELECTRICAL PLAN.pdf***

- Revised to match location of VAV as shown in mechanical plans

***E303a - GROUND FLOOR - ENLARGED OPEN OFFICE (SOUTH) - ELECTRICAL PLAN.pdf***

- Revised to match location of VAV as shown in mechanical plans

***E304a - GROUND FLOOR - ENLARGED ELEC- RM- - ELECTRICAL PLAN.pdf***

- Revise layout in new electrical room

***E500a - ELECTRICAL PANEL SCHEDULES.pdf***

- Revised to update schedules to match circuits added in floor plans

***E501a - ELECTRICAL PANEL SCHEDULES.pdf***

- Revised to update schedules to match circuits added in floor plans

***E600a - ELECTRICAL POWER RISER DIAGRAM.pdf***

- Revised to update service from FPL size and type to be a pad-mounted transformer. FPL Short circuit letter updated.

END OF COMMENTS.

Please feel free to contact me should you have any other questions.

Respectfully,

Eric Shea, PE

Resident

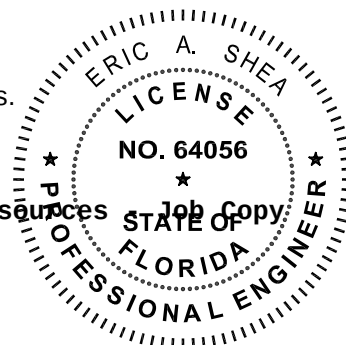
Miami Dade County Department of Regulatory and Economic Resources - Job Copy

3225000796 - 10/18/2024 12:23:09 PM

Electrical Narrative 20240929.pdf

Examiner Date Time Stamp

DIAZ, ODon 10/16/2024 4:33:21 PM FIRE Reference Only.



**MIAMI-DADE COUNTY**  
**DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES**

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

10/18/2024 12:23:09 PM

| Tracking # | Process #   | Permit #   |
|------------|-------------|------------|
| 3225000796 | M2025000796 | 2024045077 |

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

| Process #   | Review       | Disposition | Reviewer           | Date       |
|-------------|--------------|-------------|--------------------|------------|
| M2025000796 | UPFRONT FEES | A           | WEB APPLICATION ID | 10/16/2024 |
| M2025000796 | FIRE         | A           | DIAZ, ODON         | 10/16/2024 |
| M2025000796 | WASA         | N           | BADLISSI, EDGAR    | 10/18/2024 |
| M2025000796 | IMPACT FEES  | N           | GUTIERREZ, BEVERLY | 10/16/2024 |
| M2025000796 | DERM CORE    | A           | FEBLES, NOEL       | 10/17/2024 |

**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          | DERM  | A           | Approved          |
| APPROVED REVISION | FIRE  | A           | Approved Revision |
| Reference Only.   | FIRE  | R           | Reference only.   |



OWNER:  
**THE WARD LAW GROUP**  
6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481



**WARD LAW GROUP**  
7900 Miami Lakes Dr., Ground Floor  
Miami Lakes, FL 33016

PHASE:

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## REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

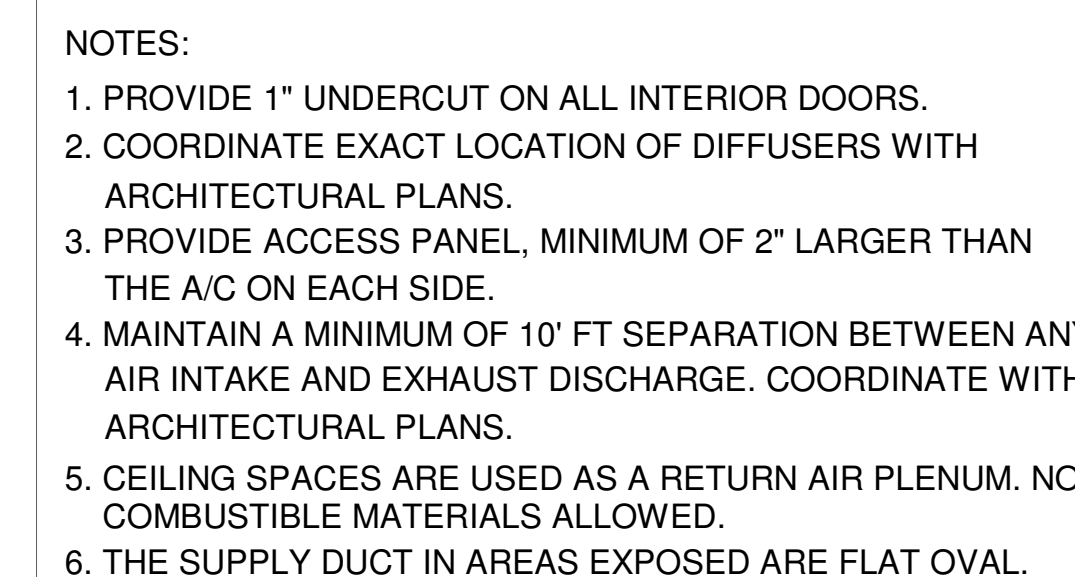
TITLE:

GROUND FLOOR -  
ENLARGED  
CONFERENCE  
CENTER -  
MECHANICAL PLAN

|             |              |
|-------------|--------------|
| Project No: | 02350        |
| Date:       | 09-28-2022   |
| Scale:      | As indicated |
| Format:     | 30" x 42"    |
| Drawn:      | Author       |
| Checked:    | Checker      |

SHEET:

M301a



01 - GROUND FLOOR - ENLARGED CONFERENCE CENTER - MECHANICAL PLAN

M301a 1/4" = 1'-0"

Miami Dade County Department of Regulatory and Economic Resources - Job Copy  
3225000796 - 10/18/2024 12:23:09 PM  
M301a - GROUND FLOOR - ENLARGED CONFERENCE CENTER - MECHANICAL PLAN.pdf

DESIGN PROPERTY OF AND © COPYRIGHT BERMELLO AJAMIL & PARTNERS, INC.





ARCHITECT:  
**Bermello Ajamil & Partners**  
390 North Orange Avenue, Suite 1850  
Orlando, FL 32801  
P: 407.584.7974

OWNER:  
**THE WARD LAW GROUP**  
6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481

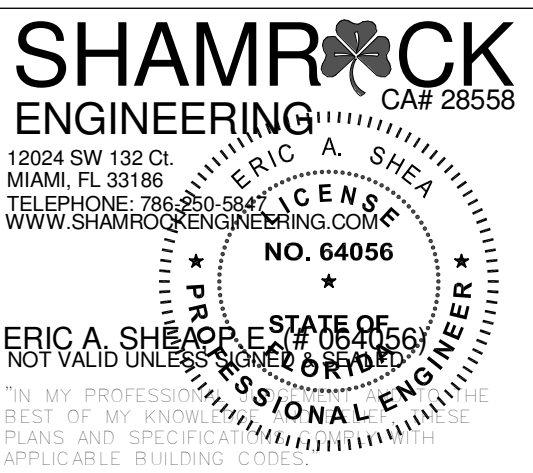


**WARD LAW GROUP**  
7900 Miami Lakes Dr, Ground Floor  
Miami Lakes, FL 33016

- NOTES:
1. PROVIDE 1" UNDERCUT ON ALL INTERIOR DOORS.
  2. COORDINATE EXACT LOCATION OF DIFFUSERS WITH ARCHITECTURAL PLANS.
  3. PROVIDE ACCESS PANEL, MINIMUM OF 2" LARGER THAN THE A/C ON EACH SIDE.
  4. MAINTAIN A MINIMUM OF 10' FT SEPARATION BETWEEN ANY AIR INTAKE AND EXHAUST DISCHARGE. COORDINATE WITH ARCHITECTURAL PLANS.
  5. CEILING SPACES ARE USED AS A RETURN AIR PLENUM. NO COMBUSTIBLE MATERIALS ALLOWED.
  6. THE SUPPLY DUCT IN AREAS EXPOSED ARE FLAT OVAL.

PHASE:  
**PERMIT SET**

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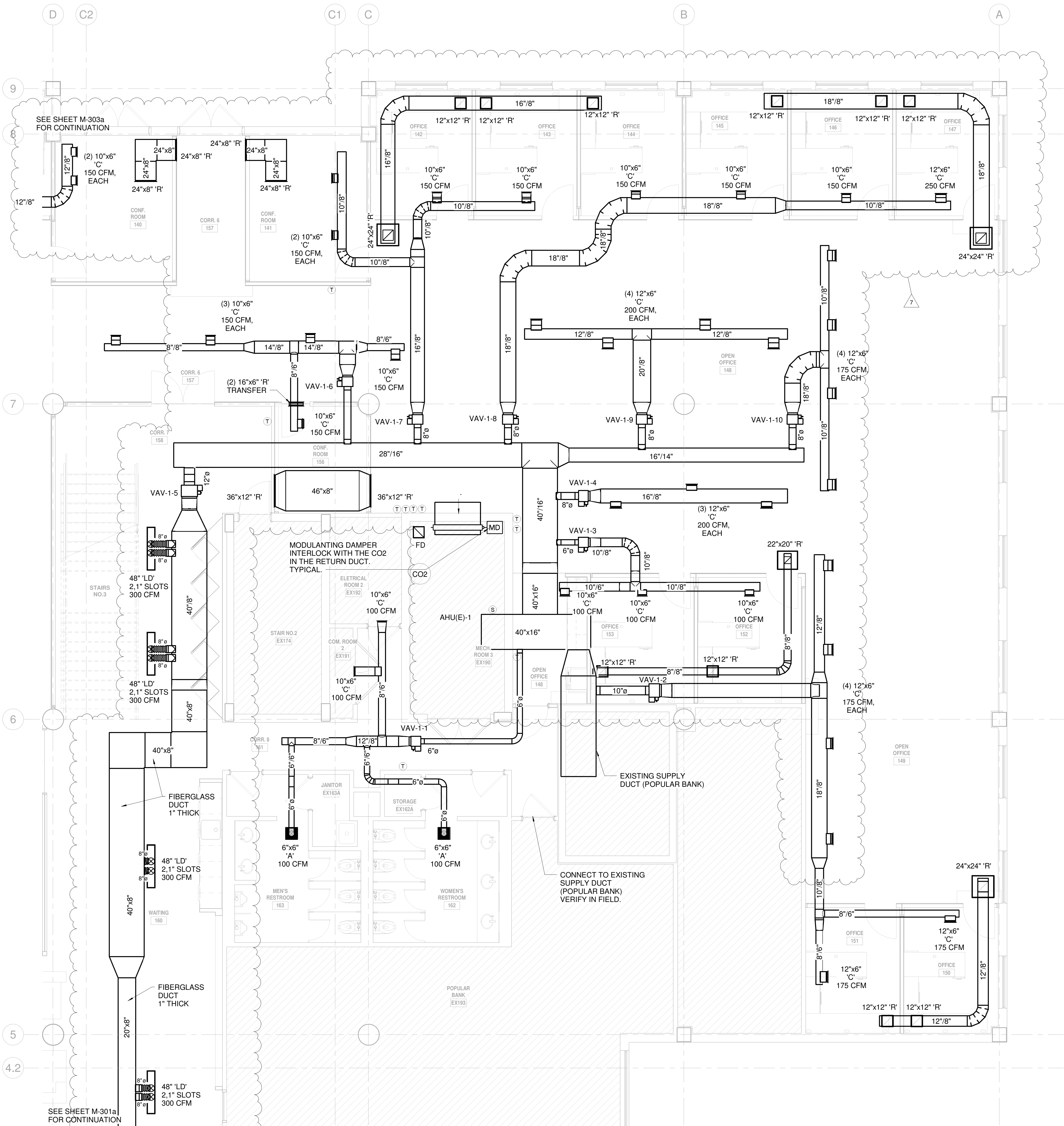


| REVISIONS: |                                |            |
|------------|--------------------------------|------------|
| No.:       | DESCRIPTION                    | DATE:      |
| 4          | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7          | MEP COORDINATION               | 09/26/2024 |

TITLE:  
**GROUND FLOOR - ENLARGED OPEN OFFICE (NORTH) - MECHANICAL PLAN**

Project No: 02350  
Date: 09-28-2022  
Scale: As indicated  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

SHEET:  
**M302a**



**01 - GROUND FLOOR - ENLARGED OPEN OFFICE (NORTH) - MECHANICAL PLAN**  
1/4" = 1'-0"



## PHASE:

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SHAMROCK  
ENGINEERING

12024 SW 132 St.  
MIAMI, FL 33186  
TELEPHONE: 786.550.5444  
WWW.SHAMROCKENGINEERING.COM

ERIC A. SHEA  
NOT VALID UNLESS SIGNED AND  
STAMPED BY A LICENSED PROFESSIONAL ENGINEER

## REVISIONS:

| No.: | DESCRIPTION                    | DATE:      |
|------|--------------------------------|------------|
| 4    | Set A - 1st Fl. Rev. 4 - B.D.C | 04/10/2024 |
| 7    | MEP COORDINATION               | 09/26/2024 |

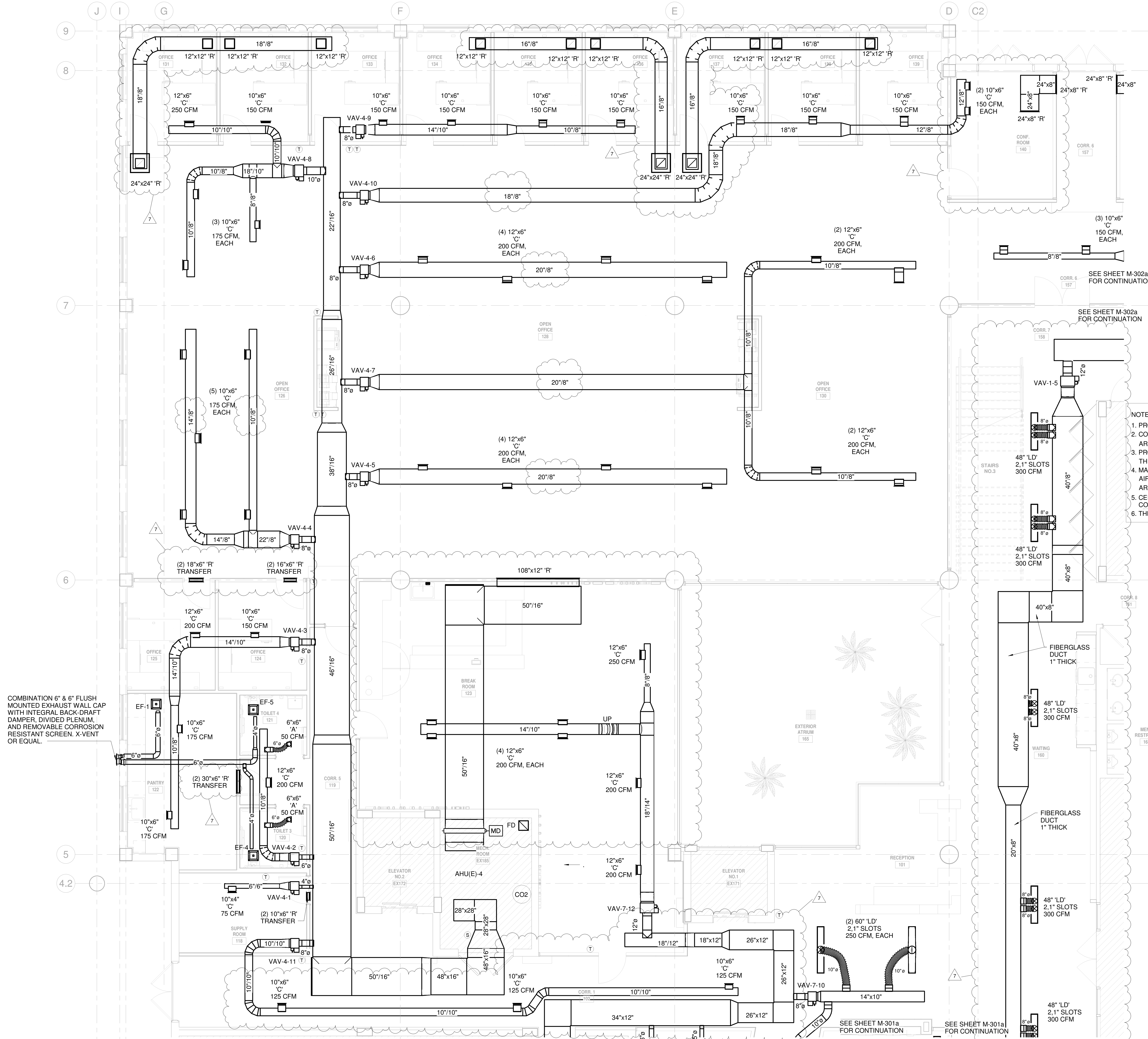
## TITLE:

GROUND FLOOR -  
ENLARGED OPEN  
OFFICE (SOUTH) -  
MECHANICAL PLAN

Project No: 02350  
Date: 09-28-2022  
Scale: As indicated  
Format: 30" x 42"  
Drawn: Author  
Checked: Checker

## SHEET:

M303a



COMBINATION 6" & 6" FLUSH  
MOUNTED EXHAUST WALL CAP  
WITH INTEGRAL BACK-DRAFT  
DAMPER, DIVIDED PLENUM,  
AND REMOVABLE CORROSION  
RESISTANT SCREEN. X-VENT  
OR EQUAL.

01 - GROUND FLOOR - ENLARGED OPEN OFFICE (SOUTH) - MECHANICAL PLAN

Mikel Isaac @ Hotmail.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

M2025000796 REV2024-2489 3225000796 Bldg 2024.0184

PROVIDE MUNICIPAL PROCESS NUMBER HERE

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                            |  |                        |                                       |                                    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|------------------------|---------------------------------------|------------------------------------|--------|
| LOCATION OF IMPROVEMENTS                                                                                                                                                                                                                                                                                                                                                                  | Job Address                                                                                                                                                                          | 7900 Miami Lakes Dr.                       |  | CONTRACTOR INFORMATION | Contractor No.                        | CGC1516328                         |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | Folio                                                                                                                                                                                |                                            |  |                        | Last four (4) digits of Qualifier No. |                                    |        |
| TYPE OF IMPROVEMENTS                                                                                                                                                                                                                                                                                                                                                                      | Lot                                                                                                                                                                                  | Block                                      |  | OWNER'S NAME           | Contractor Name                       | CAMCON GROUP                       |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | Subdivision                                                                                                                                                                          | PBpg.                                      |  |                        | Qualifier Name                        | CARLOS DE MENA                     |        |
| PERMIT TYPE                                                                                                                                                                                                                                                                                                                                                                               | Metes and bounds                                                                                                                                                                     |                                            |  | ARCHITECT / ENGINEER   | Address                               | 5000 SW 75 AVE #300B               |        |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                            |  |                        | City                                  | Miami Lakes FL Zip 33195           |        |
| REVIEW STATUS                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> New Construction on Vacant Land                                                                                                                             | <input type="checkbox"/> Demolish          |  | OWNER'S NAME           | Current use of property               | Office                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Alteration Interior                                                                                                                              | <input type="checkbox"/> Shell Only        |  |                        | Description of Work                   | GENERAL MEP REVISION (INSPECTIONS) |        |
| PERSON TO PICK UP PLANS                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Alteration Exterior                                                                                                                                         | <input type="checkbox"/> Addition Attached |  | OWNER'S NAME           | Sq. Ft.                               | Units                              | Floors |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Relocation of Structure                                                                                                                                     | <input type="checkbox"/> Addition Detached |  |                        | Value of Work                         | \$ N/A                             |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Enclosure                                                                                                                                                   | <input type="checkbox"/> Re-Roof           |  | OWNER'S NAME           | Owner                                 | 7900 HUNDREDFOLD LLC.              |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Repair                                                                                                                                                      | <input type="checkbox"/> Foundation Only   |  |                        | Address                               | 7900 MIAMI LAKES DR.               |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Repair Due to Fire                                                                                                                                          | <input type="checkbox"/> Tent              |  | OWNER'S NAME           | City                                  | MIAMI LAKES FL Zip 33016           |        |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                            |  |                        | Phone                                 |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> MBLD* Category                                                                                                                                   | 01                                         |  | OWNER'S NAME           | Last four (4) digits of               |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> MELE                                                                                                                                                        |                                            |  |                        | Owner's Social Security No.           |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> MPLU                                                                                                                                                        |                                            |  | OWNER'S NAME           | Owner                                 |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> MLPG                                                                                                                                                        |                                            |  |                        | Address                               |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> MMEC                                                                                                                                                        |                                            |  | OWNER'S NAME           | City                                  |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> FIRE                                                                                                                                                        |                                            |  |                        | Phone                                 |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | Name                                                                                                                                                                                 | Mikel Isaac                                |  | OWNER'S NAME           | Last four (4) digits of               |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                                                              | 12101 NW 4 STREET                          |  |                        | Owner's Social Security No.           |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | City                                                                                                                                                                                 | PANDAPON                                   |  | OWNER'S NAME           | Owner                                 |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | State                                                                                                                                                                                | FLA                                        |  |                        | Address                               |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | Zip                                                                                                                                                                                  | 33125                                      |  | OWNER'S NAME           | City                                  |                                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                                                                                                                                                | 305.796.9695                               |  |                        | 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: 10/15/2024                                                                                                                                                  |                                            |  |                        |                                       |                                    |        |
| FIRE SPECIAL REQUEST PLAN REVIEW (SRI)                                                                                                                                                                                                                                                                                                                                                    | 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. |                                                                                                                                                                                      |                                            |  |                        |                                       |                                    |        |

123\_01-192 5/17

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

3225000796 - 10/18/2024 12:23:09 PM

MDC PERMIT APPLICATION.pdf

Examiner Date Time Stamp

DIAZ, ODon 10/16/2024 4:32:10 PM FIRE Reference Only.

Trade Stamp Name



Date: September 29, 2024

**Job Name: Ward Law Group**

**Job Address: 7900 Miami Lakes Drive,  
Ground Floor  
Miami Lakes, FL. 33016**

Interior remodel (BLC2024-0184 – 1<sup>st</sup> Floor)

Mechanical

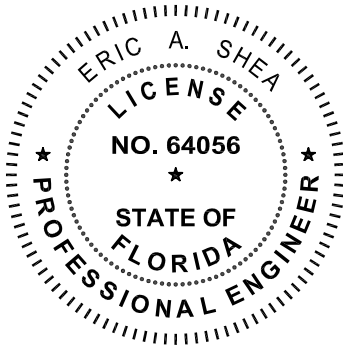
**The following sheets has been revised to incorporate field coordination, and changes requested by Ownership.**

**M 301a, M 301b & M 301c - GROUND LEVEL – ENLARGED RESTROOMS & TOILET RM- -  
MECHANICAL PLAN**

-Review duct to mash field coordination.

Please feel free to contact me should you have any other questions.

Respectfully,  
Eric Shea, PE  
President



Eric A Shea

Digitally signed by Eric A Shea  
DN: cn=Eric A Shea,  
o=SHAMROCK ENGINEERING, c=US  
Date: 2024.10.16 16:34:42 -0400



OWNER:  
**THE WARD LAW GROUP**  
6625 Miami Lakes Dr Suite 100  
Miami Lakes, FL 33014  
P: 786.751.7481



**WARD LAW GROUP**  
7900 Miami Lakes Dr., Ground Floor  
Miami Lakes, FL 33016

PHASE:

PERMIT SET

Note: This drawing is protected by copyright. It shall not be transmitted to any other except as agreed to by the Architect/Engineers



REVISIONS:

| No.: | DESCRIPTION              | DATE:     |
|------|--------------------------|-----------|
| 3    | Set A - 1st Fl. - B.D.C. | 03/01/202 |
| 7    | MEP COORDINATION         | 09/26/202 |

TITLE:

GROUND FLOOR -  
ENLARGED  
RESTROOMS &  
TOILET RM. -  
PLUMBING PLAN

|             |              |
|-------------|--------------|
| Project No: | 02350        |
| Date:       | 09-28-2022   |
| Scale:      | 1/4" = 1'-0" |
| Format:     | 30" x 42"    |
| Drawn:      | Author       |
| Checked:    | Checker      |

P301a



**Eric A Shea**



Date: September 29, 2024

**Job Name: Ward Law Group**

**Job Address: 7900 Miami Lakes Drive,  
Ground Floor  
Miami Lakes, FL. 33016**

Interior remodel (BLC2024-0184 – 1<sup>st</sup> Floor)

Plumbing

**The following sheets has been revised to incorporate field coordination, and changes requested by Ownership.**

***P 301a - GROUND LEVEL – ENLARGED RESTROOMS & TOILET RM- - PLUMBING PLAN***

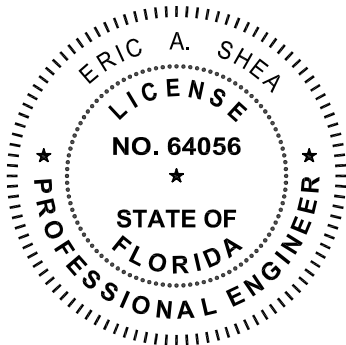
-Revised break room:

- . Added grease waste and water connection for Sink
- . Added water heater for sink
- . Added floor sink for Ice maker.

-Revised sanitary line and water line for Bottle Filler.

Please feel free to contact me should you have any other questions.

Respectfully,  
Eric Shea, PE  
*President*





|                                                                     |
|---------------------------------------------------------------------|
| Address: 7900 NW 154 ST                                             |
| Folio #: 3220220090010                                              |
| MDC Process #: M2025000796                                          |
| MDC Tracking #: 3225 000-796                                        |
| Job Description: REVISION TO GENERAL MECHANICAL ELECTRICAL PLUMBING |

Master Permit #: BLC2024-0184

Sub Permit #:

Revision #: REV2024-2489

### OFFICE USE ONLY

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



6601 Main St • Miami Lakes, Florida, 33014  
Office: (305) 827-4015 • Fax: (305) 558-9884  
Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

## BUILDING PERMIT APPLICATION

Job Address: 7900 MIAMI LAKES DRIVE

Unit #:

Folio #: 32- 20220090010

Owner-Builder: ☐

Master Permit #: BLC20240184

Sub Permit #: \_\_\_\_\_

Revision #: REV2024-2489

| OWNER INFORMATION                                      | LEGAL USE/WORK                                                                                                                                                |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME : HUNDREDFOLD HOLDING 7900 LLC                    | Current Use of Property: <u>OFFICE BUILDING</u>                                                                                                               |
| Address: 6625 MIAMI LAKES DR SUITE 100                 | Job Description <u>RENOVATION OF 1ST FLOOR INTERIORS</u>                                                                                                      |
| City, State, Zip <u>MIAMI LAKES FL 33016</u>           | <u>GENERAL REVISION FOR INSPECTION</u>                                                                                                                        |
| Phone #: <u>786-744-6293</u> Cell #: _____             | JOB COST \$ _____ AREA/LENGTH: _____ SF/LF                                                                                                                    |
| Email Address: <u>RESPINA@WARDLAW.CO</u>               | Residential <input type="checkbox"/> Multi-Family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> |
| Company Name: <u>CAMCON GROUP LLC</u>                  | Code in Effect: _____                                                                                                                                         |
| Qualifier Name: <u>CARLOS DE MENA</u>                  | Occupancy: _____                                                                                                                                              |
| License # <u>CGC1516328</u>                            | Construction Type: _____                                                                                                                                      |
| Address <u>5000 SW 75TH AVE SUITE 300B</u>             | Flood Zone/B.F.E.: _____ F.F.E.: _____                                                                                                                        |
| City, State, Zip <u>MIAMI FL 33155</u>                 | Firm Name: <u>BERMELLO AJAMEL &amp; PARTNERS</u>                                                                                                              |
| Phone #: <u>786-801-1503</u> Cell #: <u>3054794937</u> | A/E of record: <u>AGUSTIN J. BARRERA</u>                                                                                                                      |
| Email Address: <u>CMENA@CAMCONGROUP.CO</u>             | License # <u>94201</u>                                                                                                                                        |
|                                                        | Address <u>4711 S. LEJUNE ROAD</u>                                                                                                                            |
|                                                        | City, State, Zip <u>CORAL GABLES FL 33146</u>                                                                                                                 |
|                                                        | Phone #: <u>305-859-2050</u> Cell #: _____                                                                                                                    |
|                                                        | Email Address: _____                                                                                                                                          |

| CONTRACTOR INFORMATION                                                                                                                                     | ARCHITECT/ENGINEER                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 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"/> Extension <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Revision       |
| <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W                       | <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 Greg Ward  
Signature of Owner or Owner's Agent  
Date 10/11/2024  
Print Name of Owner or Owner's Agent GREGORY WARD

X Carlos A. de Mena  
Signature of Qualifier  
Date 10-10-24  
Print Name of Qualifier CARLOS A. de Mena

STATE OF FLORIDA COUNTY OF MIAMI-DADE  
Sworn to and subscribed before me this October 11, 2024  
by Patricia Fundora  
Personally known ☒ or I.D. ☐  
PATRICIA FUNDORA  
Notary Public - State of Florida  
Commission # HH 280367  
My Comm. Expires Jun 26, 2026  
Bonded through National Notary Assn.

STATE OF Florida COUNTY OF Miami Dade  
Sworn to and subscribed before me this 10, October 20 24  
by Carlos A. de Mena  
Personally known ☒ or I.D. ☐  
OLIVIA FRARY  
Notary Public State of Florida  
My Commission HH 494705  
Expires 2/19/2028

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the home owner's associations. This application is subject to review by the Department of Regulatory and Economic Resources, 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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**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 7900 MIAMI LAKES BL (identify address), which is part of the MIAMI LAKES BUSINESS PARK (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.

Greg Ward  
Signature

GREGORY WARD  
Print Name

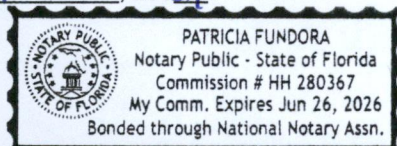
10/11/2024  
Date

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

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared Gregory Ward 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 \_\_\_\_\_ as identification.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this 11 day of October, 2004.

My Commission Expires:



[Signature]  
Notary Public, State of Florida

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