



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: 8752 NW 157 TER

Unit #:

Folio #: 32- 20160051670

Owner-Builder: ☐

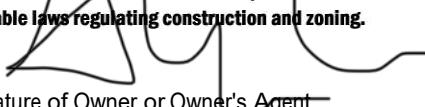
Master Permit #: BLR-20261428

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION	NAME : ALEXIS GARELLI	LEGAL USE/ WORK	Current Use of Property: _____ Job Description _____
	Address: 8752 NW 157 TER		REVISION - TREE RELOCATION
	City, State, Zip MIAMI LAKES FL 33018		
	Phone #: _____ Cell #: _____		JOB COST \$ 0 AREA/LENGTH: _____ SF/LF
	Email Address: garellifamily@gmail.com		Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐ Code in Effect: _____ Occupancy: _____ Construction Type: _____ Flood Zone/B.F.E.: _____ F.F.E.: _____
CONTRACTOR INFORMATION	Company Name: JUVERT BUILT	ARCHITECT/ ENGINEER	Firm Name: _____
	Qualifier Name: DAVID MARTINEZ		A/E of record: _____
	License # CGC1537991		License # _____
	Address 1579 SW 21 RD		Address _____
	City, State, Zip HOMESTEAD FL 33035		City, State, Zip _____
	Phone #: _____ Cell #: _____		Phone #: _____ Cell #: _____
Email Address: _____		Email Address: _____	
Permit Type -- Check only One		Change to Permit -- Check only One	
☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing/Gas ☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W		☐ Extension ☐ Renewal ☒ Revision ☐ Change Contractor ☐ Shop Drawing ☐ Cancellation	

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X  8/11/26 X

Signature of Owner or Owner's Agent

Date

ALEXIS GARELLI

Print Name of Owner or Owner's Agent

Signature of Qualifier 

8/12/2026

Date

david martinez

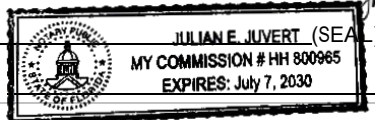
Print Name of Qualifier

STATE OF Florida COUNTY OF Miami-Dade

Sworn to and subscribed before me this 11th day of August 20 26

by Alexis Garelli

Personally known ☐ or I.D. ☒

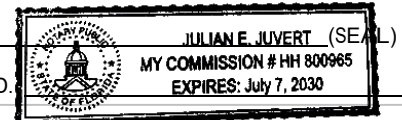


STATE OF Florida COUNTY OF Miami-Dade

Sworn to and subscribed before me this 12th day of August 20 26

by David Martinez

Personally known ☒ or I.D. ☐



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.