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

PROVIDE MUNICIPAL PROCESS NUMBER HERE

LOCATION OF IMPROVEMENTS

Job Address: 15569 Miami Lakeway N.
Folio: 32-2013-019-0011
Lot: _____ Block: _____
Subdivision: Miami Lakes Eagle Ridge SPBpg 127-93
Metes and bounds: _____

CONTRACTOR INFORMATION

Contractor No.: CCC 1328459
Last four (4) digits of Qualifier No.: 1510
Contractor Name: Roofing and Construction Corp
Qualifier Name: Ezequiel Romero
Address: 1111 SW 21st Ave B18
City: Ft Lauderdale State: FL Zip: 33312

TYPE OF IMPROVEMENTS

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

Current use of property: Residential
Description of Work: Re-Roof Tile
Sq. Ft.: 9933 Units: _____ Floors: 3
Value of Work: $90,000

PERMIT TYPE

- [✓] MBLD* Category 107
- [ ] MELE _____
- [ ] MPLU _____
- [ ] MLPG _____
- [ ] MMEC _____
- [ ] FIRE _____

REVIEW STATUS

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

PROPERTY OWNER'S INFO

Owner: Celebration Point Master Association, Inc
Address: 15517 Miami Lakeway N.
City: Miami Lakes State: FL Zip: 33014
Phone: 305-825-9413
Last four (4) digits of Owner's Social Security No.: 5517

PERMIT CONTACT

Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

ARCHITECT / ENGINEER

Owner: N/A
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

FIRE SPECIAL REQUEST PLAN REVIEW (SRI)

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

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

If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application.