MIAMI LAKES
Growing Beautifully

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: 8235 NW 164 ST

Unit #:

Folio #: 32-2015-011-0760 Owner-Builder: ☐

Master Permit #: _____ Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME : ALEJANDRO ACOSTA

Address: 8235 NW 164 ST

City, State, Zip Miami Lakes FL 33016

Phone #: Cell #:

Email Address: jessiegomez@bellsouth.net

LEGAL USE/ WORK

Current Use of Property: SINGLE FAMILY

Job Description RE-ROOF

JOB COST $ 31,500 AREA/LENGTH: 3500 SF/LF

Residential ☑ Multi-Family ☐ Commercial ☐ Industrial ☐

Code in Effect:

Occupancy: SFR

Construction Type: Rc Roof

Flood Zone/B.F.E.: _____ F.F.E.: _____

CONTRACTOR INFORMATION

Company Name: Master Builder Development Group Inc

Qualifier Name: Marco A Espinosa

License # CCC1332973

Address 182 Ponce de Leon Blvd #42

City, State, Zip Coral Gables FL 33134

Phone #: (305) 216 9006 Cell #:

Email Address: jessiegomez@bellsouth.net

ARCHITECT/ ENGINEER

Firm Name:

A/E of record:

License #

Address

City, State, Zip

Phone #: Cell #:

Email Address:

Permit Type -- Check only One

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing/Gas
☐ Paving/Drainage ☐ Sign ☑ Roofing ☐ P/W

Change to Permit -- Check only One

☐ 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

Signature of Owner or Owner's Agent Date 06/06/26

Alejandro Acosta

Print Name of Owner or Owner's Agent

X

Signature of Qualifier Date 06/06/26

Marco A Espinosa

Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this 6 June 06 20 26

by Alejandro Acosta

Personally known ☑ or I.D. _____

NOTARY PUBLIC STATE OF FLORIDA JESSIE GOMEZ Commission # HH 264121 Expires September 12, 2026

(SEAL)

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this 6 June 06 20 26

by Marco A Espinosa

Personally known ☐ or I.D. _____

NOTARY PUBLIC STATE OF FLORIDA JESSIE GOMEZ Commission # HH 264121 Expires September 12, 2026

(SEAL)

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.