



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: 7100 MIAMI LAKESWAY SOUTH

Unit #: ---

Folio #: 32-26230680510 Owner-Builder: ☐

Master Permit #: BLR2025-7550 Sub Permit #: \_\_\_\_\_ Revision #: \_\_\_\_\_

| OWNER INFORMATION                                                                                                                               | LEGAL USE/WORK                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME: <u>NATALY SANTOS</u>                                                                                                                      | Current Use of Property: <u>SFR</u>                                                                                                                           |
| Address: <u>7100 MIAMI LAKESWAY SOUTH</u>                                                                                                       | Job Description: <u>NEW ROOF (METAL ROOF)</u>                                                                                                                 |
| City, State, Zip: <u>MIAMI, FL 33014</u>                                                                                                        |                                                                                                                                                               |
| Phone #: <u>786-493-4898</u> Cell #: _____                                                                                                      | JOB COST \$ <u>17,000.00</u> AREA/LENGTH: <u>1,760</u> SF/LF                                                                                                  |
| Email Address: _____                                                                                                                            | Residential <input checked="" type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> |
|                                                                                                                                                 | Code in Effect: _____                                                                                                                                         |
|                                                                                                                                                 | Occupancy: _____                                                                                                                                              |
|                                                                                                                                                 | Construction Type: _____                                                                                                                                      |
|                                                                                                                                                 | Flood Zone/B.F.E.: _____ F.F.E.: _____                                                                                                                        |
| CONTRACTOR INFORMATION                                                                                                                          | ARCHITECT/ENGINEER                                                                                                                                            |
| Company Name: <u>SLAZAR CONSTRUCTION INC</u>                                                                                                    | Firm Name: _____                                                                                                                                              |
| Qualifier Name: <u>ERIC SALAZAR</u>                                                                                                             | A/E of record: _____                                                                                                                                          |
| License #: <u>CCC1327963</u>                                                                                                                    | License #: _____                                                                                                                                              |
| Address: <u>10381 SW 138 CT</u>                                                                                                                 | Address: _____                                                                                                                                                |
| City, State, Zip: <u>MIAMI, FL 33186</u>                                                                                                        | City, State, Zip: _____                                                                                                                                       |
| Phone #: <u>305-4126355</u> Cell #: _____                                                                                                       | Phone #: _____ Cell #: _____                                                                                                                                  |
| Email Address: <u>slazarco@gmail.com</u>                                                                                                        | Email Address: _____                                                                                                                                          |
| Permit Type -- Check only One                                                                                                                   |                                                                                                                                                               |
| <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas |                                                                                                                                                               |
| <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> P/W |                                                                                                                                                               |
| Change to Permit -- Check only One                                                                                                              |                                                                                                                                                               |
| <input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Revision                                           |                                                                                                                                                               |
| <input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation                          |                                                                                                                                                               |

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

X [Signature]  
Signature of Owner or Owner's Agent

Nataly Santos

Print Name of Owner or Owner's Agent

X [Signature]  
Signature of Qualifier

Eric Salazar

Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this 7/15/2026

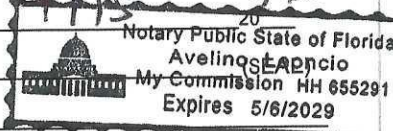
Sworn to and subscribed before me this July 22, 2026

by [Signature]

by Eric Salazar

Personally known ☒ or I.D. ☐

Personally known ☐ or ☐



**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.