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: 8808 NW 152 Ter

Unit #:

Folio #: 32-2021-004-0120 Owner-Builder: ☐

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

OWNER INFORMATION

NAME : Darvin Gonzalez

Address: 8808 NW 152 Ter

City, State, Zip 33018 Miami Lakes FL

Phone #: 305-323-0693 Cell #:

Email Address:

CONTRACTOR INFORMATION

Company Name: Tiger Team Roofing

Qualifier Name: Gary Chester

License # ccc1329360

Address 5311 NW 22 Ave

City, State, Zip Tamarac FL 33309

Phone #: 954-801-7663 Cell #:

Email Address: gigi@tigerteamroofing.com

LEGAL USE/ WORK

Current Use of Property: Single Family

Job Description Roof metal

metal Allcore. Mansard Brown

JOB COST $ 30,500 AREA/LENGTH: 3112 SF/LF

Residential ☐ Multi-Family ☐ Commercial ☐ Industrial ☐

Code in Effect: _____

Occupancy: _____

Construction Type: _____

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

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 _____ 8/21/2026 X _____ 8/21/2026

Signature of Owner or Owner's Agent — Date — Signature of Qualifier — Date

DARVIN GONZALEZ — Gary Chester

Print Name of Owner or Owner's Agent — Print Name of Qualifier

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this August 21 2026

by Darvin Gonzalez (SEAL)

Personally known ☐ or I.D. ☐

BRIAN BOTTING
MY COMMISSION # HH 741346

STATE OF Florida COUNTY OF Broward

Sworn to and subscribed before me this August 21 2026

by Gary Chester (SEAL)

Personally known ☑ or I.D. ☐

BRIAN BOTTING
MY COMMISSION # HH 741346
EXPIRES: January 20, 2030

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.