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: 15769 NW 87 ct
Unit #: Block 5 Lot 13
Folio #: 32- Owner-Builder: ☐

Master Permit #: BLR 2019-2949 Sub Permit #: _____ Revision #: _____

OWNER INFORMATION

NAME : Lennar Homes LLC
Address: 730 NW 107th AVE
City, State, Zip: Miami FL, 33172
Phone #: Cell #:
Email Address:

CONTRACTOR INFORMATION

Company Name: JML Irrigation
Qualifier Name: Jose Guerra
License # 10P000278
Address: 15380 SW 232nd ST
City, State, Zip: Miami FL 33170
Phone #: 786-701-3322 Cell #:
Email Address: gonzalo@jmlirrigation.com

LEGAL USE/ WORK

Current Use of Property: _____
Job Description: install lawn sprinkler system
JOB COST $ 1650.00 AREA/LENGTH: ____ 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 _____
Signature of Owner or Owner's Agent Date

Print Name of Owner or Owner's Agent

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20___

by _____ (SEAL)

Personally known ☐ or I.D. _____

X JML
Signature of Qualifier Date 04/13/20

Jose Guerra
Print Name of Qualifier

STATE OF Florida COUNTY OF miami dade

Sworn to and subscribed before me this April 13th 20 20

by Jose Guerra (SEAL)

Personally known ☒ or I.D. _____

GONZALO CASTELLON
MY COMMISSION # GG 299843
EXPIRES: February 10, 2023
Bonded Thru Notary Public Underwriters

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.