



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		LEGAL USE/WORK	
NAME : <u>Lennar Homes LLC</u>		Current Use of Property: _____ Job Description: _____ <u>install lawn sprinkler system</u>	
Address: <u>730 NW 107th AVE</u>			
City, State, Zip: <u>Miami FL, 33172</u>			
Phone #: _____ Cell #: _____		JOB COST \$ <u>1650.00</u> AREA/LENGTH: _____ SF/LF	
Email Address: _____		Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐	
Company Name: <u>JML Irrigation</u>		Code in Effect: _____	
Qualifier Name: <u>Jose Guerra</u>		Occupancy: _____	
License # <u>10P000278</u>		Construction Type: _____	
Address: <u>15380 SW 232nd ST</u>		Flood Zone/B.F.E.: _____ F.F.E.: _____	
City, State, Zip: <u>Miami FL 33170</u>		Firm Name: _____	
Phone #: <u>786-701-3322</u> Cell #: _____		A/E of record: _____	
Email Address: <u>gonzalo@jmlirrigation.com</u>		License # _____	
		Address _____	
		City, State, Zip _____	
		Phone #: _____ Cell #: _____	
		Email Address: _____	

CONTRACTOR INFORMATION		ARCHITECT/ENGINEER	
Permit Type -- Check only One		Change to Permit -- Check only One	
☐ Building	☐ Electrical	☐ Extension	☐ Renewal
☐ Paving/Drainage	☐ Sign	☐ Change Contractor	☐ Shop Drawing
☐ Mechanical	☒ Plumbing/Gas	☐ Roofing	☐ Revision
☐ P/W		☐ 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

X [Signature]
Signature of Qualifier

Date 04/13/20

Print Name of Owner or Owner's Agent

Print Name of Qualifier

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

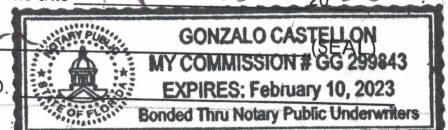
Personally known ☐ or I.D. _____

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this April 13th 2020

by Jose Guerra

Personally known ☒ or I.D. _____



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.