



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: 15757 NW 87th

Unit #: Block 5 Lot 14

Folio #: 32-

Owner-Builder: ☐

Master Permit #: BLR 2019-3790

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION		LEGAL USE/WORK	
NAME :	Lennar Homes LLC	Current Use of Property:	_____
Address:	730 NW 107th AVE	Job Description	_____
City, State, Zip	Miami FL, 33172		install lawn sprinkler system
Phone #:	Cell #:	JOB COST	\$ 1650.00 AREA/LENGTH: _____ SF/LF
Email Address:		Residential ☒ Multi-Family ☐ Commercial ☐ Industrial ☐	
		Code in Effect:	_____
		Occupancy:	_____
		Construction Type:	_____
		Flood Zone/B.F.E.:	_____ F.F.E.: _____
CONTRACTOR INFORMATION		ARCHITECT/ENGINEER	
Company Name:	JML Irrigation	Firm Name:	_____
Qualifier Name:	Jose Guerra	A/E of record:	_____
License #	10P000278	License #	_____
Address	15380 SW 232nd ST	Address	_____
City, State, Zip	Miami FL 33170	City, State, Zip	_____
Phone #:	786-701-3322 Cell #:	Phone #:	Cell #:
Email Address:	gonzalo@jmlirrigation.com	Email Address:	_____
Permit Type -- Check only One		Change to Permit -- Check only One	
☐ Building ☐ Electrical ☐ Mechanical ☒ Plumbing/Gas		☐ Extension ☐ Renewal ☐ Revision	
☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W		☐ 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

X [Signature]

Signature of Qualifier

Date 04/13/20

Print Name of Owner or Owner's Agent

Jose Guerra
Print Name of Qualifier

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

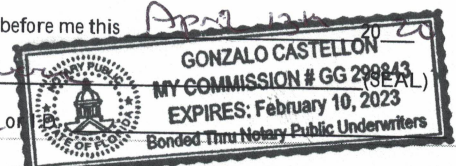
Personally known ☐ or I.D. _____

STATE OF Florida COUNTY OF Miami Dade

Sworn to and subscribed before me this April 12th 2020

by Jose Guerra

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.