MIAMI-DADE COUNTY BUILDING DEPARTMENT
Permitting and Inspection Center
11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2100

PERMIT APPLICATION

C2006017775

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE 2005000767

LOCATION OF IMPROVEMENTS

Job Address 6060 SW 13 ST
Folio 15-4012-000-0100
Lot _____ Block _____
Subdivision _____ PBpg _____
Metes and bounds _____

CONTRACTOR INFORMATION

Contractor No. CGC057734
Qualifier S.S. _____
Contractor Name RAMON GARCIA
Qualifier Name [redacted]
Address [redacted]
City MIAMI State FL Zip 33173

TYPE OF IMPROVEMENTS

[✓] New Construction on Vacant Land
[ ] Alteration Interior
[ ] Alteration Exterior
[ ] Relocation of Structure
[ ] Tent
[ ] New Roof
[ ] Recovery (Roof)
[ ] Enclosure
[ ] Repair
[ ] Repair Due to Fire
[ ] Demolish
[ ] Shell Only
[ ] Addition Attached
[ ] Addition Detached
[ ] Re-Roof

Current use of property SFH
Description of Work Shutters
Sq. Ft. _____ Unit _____ Floors _____
Value of Work _____

PERMIT TYPE

[✓] Building Category 0101
[ ] Electrical
[ ] Mechanical
[ ] Plumbing
[ ] LPGX

CHANGE TO AN EXISTING PERMIT

[ ] Chg. Contractor
[ ] Re-Issue
[ ] Extension
[ ] Supplement
[ ] Reinspection

OWNER'S NAME

Owner ALNALCIO VALDES
Address 11028 SW 13 ST
City MIAMI State FL Zip _____
Phone _____
Social Security _____ - _____ - _____

PERSON TO PICK UP PLANS

Name Jessica Arias
Address [redacted]
City MIAMI State FL Zip 33177
Phone [redacted]

ARCHITECT ENGINEER

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

BONDING

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

MORTGAGE LENDER

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS POOLS, MECHANICAL, WINDOW** and **ROOFING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT. I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING A NOTICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Agent _____
PRINT NAME _____
STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____ 20 _____
day of _____
by _____
(SEAL) _____
Personally known _____
or Produced Identification _____

Signature of Qualifier _____
PRINT NAME Ramon Garcia
Sworn to and subscribed before me this 31st
day of OCT 20 05
by _____
(SEAL) _____
Personally known _____
or Produced Identification _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION # DD 243413
EXPIRES: Feb 28, 2008
Bonded Thru Notary Public Underwriters

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