MIAMI-DADE COUNTY
BUILDING DEPARTMENT
11805 S.W. 26 St., Miami, FL 33175-2474

www.co.miami-dade.fl.us/bldg/ C-20050659 15

LOT 4

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

THIS IS FOR REVISION ONLY. IF YOU ARE REQUIRED TO REISSUE THE PERMIT, SEE PERMIT APPLICATION.
(IF THIS IS A REVISION TO A ROOFING, SHUTTER, WINDOW, FENCE, FIRE ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT, PLEASE PROVIDE THE SPECIFIC PERMIT NUMBER FOR THE SUBSIDIARY PERMIT)

Master Permit Number 2005-000-767
Job Address 16060 SW 13ST
Contractor's Number CBC 059453
Qualifier's Number CBC 057452
Contractor's Name JOSE PARIS
Qualifier's Name JP Builders
Owner's Name SANVAL LLC

Contact Name NANY VALDES
Address
City State Zip Code
Phone Number ([redacted]
Description of Revision ROOF TRUSSES

Residential (Single Family or Duplex) ☑ Commercial ☐

Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)

Is this is a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit?
If so or if you would like all reviews relating to original permit, please check here. ☐
(Note to staff if box above is checked use "A" instead of "R" for revision type)

☐ Building	☐ Electrical	☐ Fire
☐ Impact Fee	☐ Mechanical	☐ Planning
☐ Plumbing	☐ Public Works Concurrency	☐ Public Works
☐ Shop Drawing	☐ Sign	☐ Structural
☐ Zoning	☐ Foundation to Shell (For South Florida Building Code Permits Only)	
☐ Department of Environmental Resources Management (DERM)		

Signature of Owner or Owner's Agent
Print Name ARMANDO VALDES
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 12TH day of OCTOBER
(SEAL)
Personally known
or Produced Identification
Type of Identification Produced

Signature of Qualifier
Print Name JOSE PARIS
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 12TH day of OCTOBER
(SEAL)
Personally known
or Produced Identification
Type of Identification Produced

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