

**Building Department** 

1700 Convention Center Drive, 2nd FL Miami Beach, Florida 33139 305.673.7610 Fax: 305.673.7857

## Work Permit RV1908497

## Revision

Master Permit: B1402997

Status:

Finaled

Date:

1/7/2019

Site Address:

501 N SHORE DR

Applied:

01/07/2019

Parcel #:

Issued:

01/07/2019

0232030072800

Expiration Date:

07/08/2019

Total Job Value:

\$0.00

PIN:

83755

Contractor:

Owner:

SAMUEL MEYER GROSSMAN

**CLAUDIA GROSSMAN** 

501 N SHORE DR MIAMI BEACH, FL 33141

Description:

B1402997/Adding tree detail

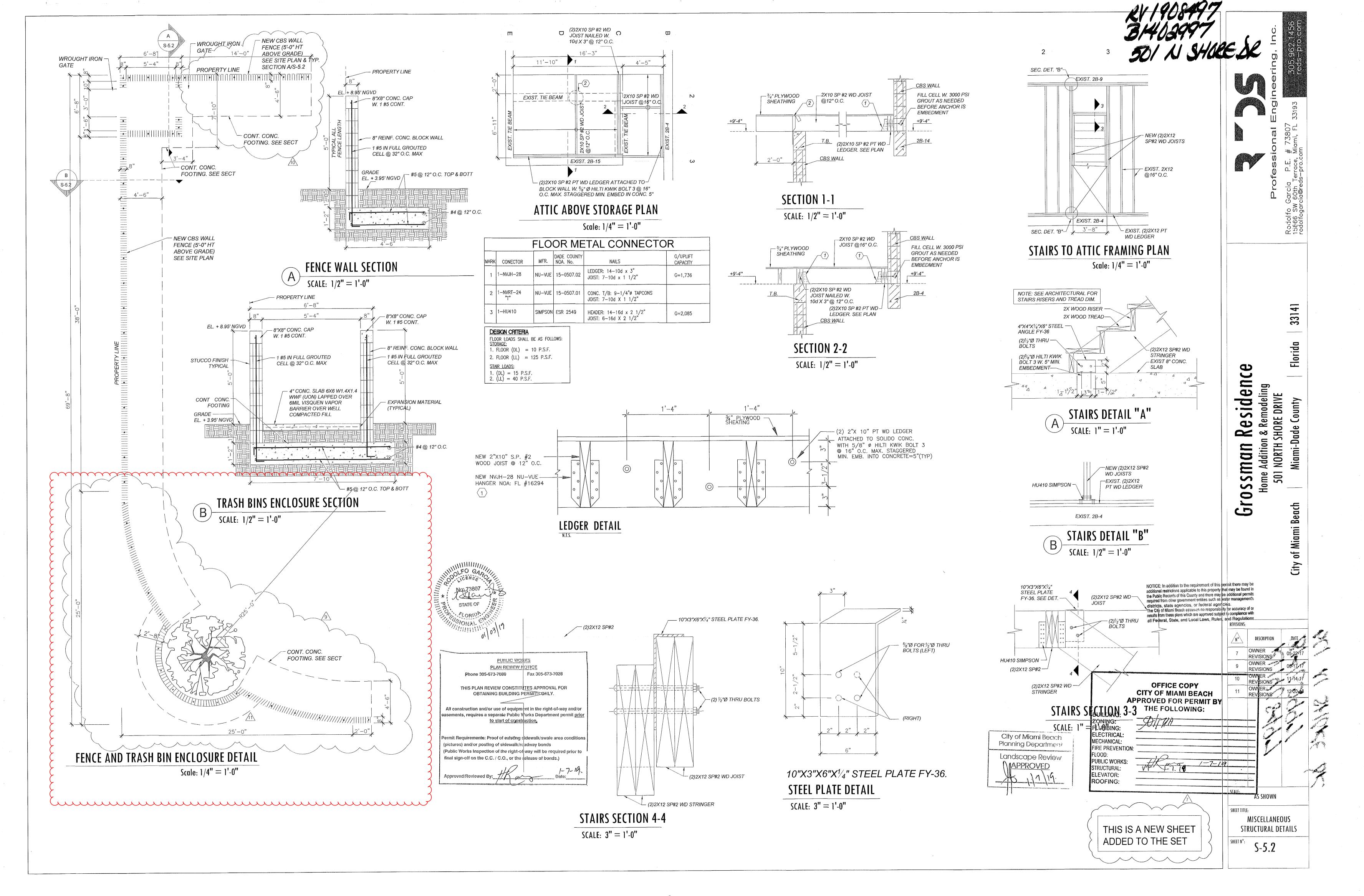
Inspector Area:

Class Code:

Statement of Work	Quantity	Total Fee
Residential Minor Revisions, 1-5 pages - Building	0.00	\$100.00
Total of All Fees:		\$100.00
Total of All Payments:		\$100.00
Balance Due:		\$0.00

## **Permit Application**

11.00000000000000000000000000000000000	<b>≫∺**Applicant Inform</b>	ation (Blue or Black Ink Only)	avsky strong	with the beautiful and the state of the stat	
Office Use Only	Parcel / Folio N	umber:		<b>Building Department</b>	
Submittal Date:			1700 Convention Center Drive, 2 <sup>nd</sup> Floor		
Permit #: <u> </u>			Miami Beach, Florida 33139		
	6/15/15/16/16/16/16/16/16/16/16/16/16/16/16/16/		•	805- 673-7610; Fax: 305-673-7857	
	Caral As	· <del></del>		www.miamibeachfl.gov/building/	
Property Address:	Unit #: M	aster Permit Number (If applica	ible): Violatio	n # (If applicable):	
501 Noeth Shore De MB		3 1402997			
******Permit Type (select one) ************************************					
□ Building □ Demo year built □ New Permit □ Permit Extension □ Commercial					
☐ Electrical ☐ Generator	Change of	Permit Extension	☐ Multi-Family F	Residential	
☐ Mechanical ☐ Temporary	Contractor	Permit Revision	Residential: S	ingle-Family Residential or	
Plumbing Structure	☐ Change of	Change of Use	Duplex		
☐ Roofing ☐ Fire ☐ Shop Drawings	Architect/Engineer ☐ LEED	☐ Private Provider ☐ City Project	Occupancy Clas	ssification:	
E i i i i i i i i i i i i i i i i i i i		Reprieve Permit			
New Construction/Addition ** Alteration/Reconfiguration of Space					
Total Value: Square Foota		IISTUCTION/Addition	Alleration/N	econinguration of Space 3	
Value of Wor	<del></del>		\$		
Description of Work:					
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Named Course Golomo		Name:	2060		
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City: NO Toron 12 Cll State:	Zip Code:	City:	State:	Zip Code;	
man put Te	33141	Hralean	<u> </u>	35014	
Driver's License/ State Identification Number:		State Identification Number/Lice	温りつこ		
E-Mail Address: ) Day	ytime phone:	E-Mail Address	717231	Daytime phone:	
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Architect	ja <del>reggida a</del> gga krásk sekstr	এর এর <u>এর্জনি এর্জনে স্থান ইচ্চিক্রি স্থিতি</u>	Structural Eng	ineer in the comment of the comment	
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	Number:		Structural Eng		
Name: License  E-Mail Address: Daytime	Number: phone:	Name: E-Mail Address		License Number:	
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OFFICE COPY
CITY OF MIAMI BEACH
APPROVED FOR PERMIT BY
THE FOLLOWING: