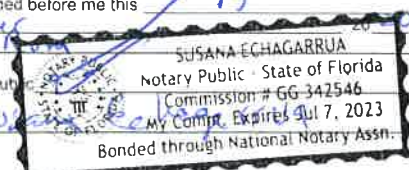


## Permit Application

## Building Department

1700 Convention Center Drive, 2<sup>nd</sup> Floor  
Miami Beach, Florida 33139  
Office: 305.673.7610 Fax: 305.673.7857  
<http://www.miamibeachfl.gov/building/>

Applicant Information (Blue or Black Ink Only)			
Office Use Only		Parcel / Folio Number:	
Submittal Date: _____		02-3202-007-0700	
Permit #: _____			
Property Address 7611 ABBOTT AVE		Unit #	Master Permit Number (If applicable)
		Violation # (If applicable)	
Permit Type (select one)		Permit Request (select all that apply)	
<input checked="" type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demo Yr built _____ <input type="checkbox"/> Generator <input type="checkbox"/> Special Event <input type="checkbox"/> Fire		<input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project	
		Property Information (select one)	
		<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input checked="" type="checkbox"/> Residential: Single-Family Residential or Duplex	
		Occupancy Classification	
New Construction/Addition		Alteration/Reconfiguration of Space	
Total Value \$ 250,000	Square Footage 1070 SF	Value of Work \$ 250,000	
Description of Work DRB Application for addition to an existing space.			
Property Owner		Contractor	
Name Amir Ron		Name TBD	
Address 7611 ABBOTT AVE		Address	
City Miami Beach		City	
State FL		State	
Zip Code 33141		Zip Code	
Owner's License/State Identification Number R500-000-82-414-0 [FLORIDA DL]		State Identification Number/License	
E-Mail Address amirron2000@gmail.com		E-Mail Address	
Daytime phone (786) 443-6750		Daytime phone	
Architect		Structural Engineer	
Name Juan C David		Name	
License Number A.R#15344		License Number	
E-Mail Address juancdavid@jcdarchitect.com		E-Mail Address	
Daytime phone 305-285-4343		Daytime phone	
Notice & Certification			
<p>This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.</p> <p><b>Owner's Affidavit:</b> I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.</p> <p><b>Lessee's Affidavit:</b> Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.</p> <p>In addition to the requirements of this permit, there may be additional restrictions 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 the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water &amp; Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.</p> <p>Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.</p>			
OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.			
<input type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested) <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit change of contractor)			
<p><b>WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2500.00.</b></p>			
Signature of Owner or Owner's Agent _____		Signature of Qualifier _____	
PRINT NAME: Amir Ron		PRINT NAME: _____	
STATE OF FLORIDA COUNTY MIAMI-DADE		STATE OF FLORIDA COUNTY MIAMI-DADE	
Sworn to and subscribed before me this _____ day of _____, 20____		Sworn to and subscribed before me this _____ day of _____, 20____	
by _____		by _____	
Signature of Notary Public _____		Signature of Notary Public _____	
Print Name: _____		Print Name: _____	
			
(SEAL) Personally known _____ or Produced Identification _____		(SEAL) Personally known _____ or Produced Identification _____	
Excellence Miami Beach			