



Permit Application

Office Use Only		Applicant Information (Blue or Black Ink Only)	
Submittal Date: _____ Permit #: _____		Parcel / Folio Number: 02-4203-009-5190	
Property Address: 310 Meridian Ave		Unit #: BC1704920	Building Department 1700 Convention Center Drive, 2 nd Floor Miami Beach, Florida 33139 Telephone: 305- 673-7610; Fax: 305-673-7857 http://www.miamibeachfl.gov/building/
Permit Type (select one) <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 year built _____ <input type="checkbox"/> Generator <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Fire <input type="checkbox"/> Shop Drawings		Permit Request (select all that apply) <input type="checkbox"/> New Permit <input checked="" 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 <input type="checkbox"/> Reprive Permit	
Property Information (select one) <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex Occupancy Classification:		Violation # (If applicable):	
Total Value: \$710,000.00		Square Footage: 8,800 SF	
Value of Work: \$		Alteration/Reconfiguration of Space \$ 710,000.00	
Description of Work: Renovation and remodel of existing apartment bldg. Change of use to hotel.			
Property Owner		Contractor	
Name: Miami Sofi Best LLC Address: 1200 Brickell Avenue City: Miami State: FL Zip Code: 33131 Driver's License/ State Identification Number:		Name: McKenzie Construction LLC Address: 2247 NW 17th Avenue City: Miami State: FL Zip Code: 33142 State Identification Number/License: CGC1516135	
E-Mail Address: pablo@alsamiamigroup.com Daytime phone: 786.223.0393		E-Mail Address: pmassistant@buildmckenzie.com Daytime phone: 305.342.2084	
Architect		Structural Engineer	
Name: _____ License Number: _____ E-Mail Address: _____ Daytime phone: _____		Name: _____ License Number: _____ E-Mail Address: _____ Daytime phone: _____	
Notice & Certification			
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. Owner's Affidavit: I certify that all the foregoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above. Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the above-mentioned work and to hire above captioned contractor. 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 & 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. 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.			
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"/> TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE. <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit / change of contractor).			
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 \$2,500.00.			
Signature of Owner/Agent or GE (for Sub-permits): PRINT NAME: <u>Luis Enrique Navarro</u> STATE OF FLORIDA MIAMI-DADE COUNTY Sworn to and subscribed before me this <u>04</u> day of <u>June</u> , 20 <u>21</u> by <u>Luis Enrique Navarro</u> Signature of Notary Public _____ Print Name: <u>Alejandra Botero</u>		Signature of Qualifier: PRINT NAME: <u>Gavin McKenzie</u> STATE OF FLORIDA MIAMI-DADE COUNTY Sworn to and subscribed before me this <u>02</u> day of <u>June</u> , 20 <u>21</u> by <u>Gavin McKenzie</u> Signature of Notary Public _____ Print Name: <u>Alejandra Botero</u>	
(SEAL) Personally known <u>X</u> or Produced Identification _____		(SEAL) Personally known <u>X</u> or Produced Identification _____	
 Alejandra Botero Comm. #HH003268 Expires: June 23, 2024 Bonded Thru Aaron Notary		 Alejandra Botero Comm. #HH003268 Expires: June 23, 2024 Bonded Thru Aaron Notary	