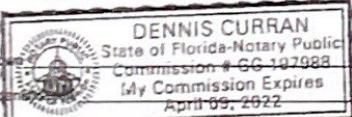


MIAMI BEACH

Permit Application

Office Use Only		Applicant Information (Blue or Black Ink Only)		Building Department	
Submittal Date: _____ Permit #: _____		Parcel / Folio Number: 0242030095190		1700 Convention Center Drive, 2nd Floor Miami Beach, Florida 33139 Telephone: 305- 673-7610; Fax: 305-673-7857 http://www.miamibeachfl.gov/building/	
Property Address: 310 Meridian Ave., Miami Beach, FL		Unit #: BC1704920	Master Permit Number (If applicable): BC1704920	Violation # (If applicable):	
Permit Type (select one)		Permit Request (select all that apply)		Property Information (select one)	
<input 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"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED		<input checked="" 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"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex Occupancy Classification:	
		New Construction/Addition		Alteration/Reconfiguration of Space	
Total Value: _____		Square Footage: _____		Value of Work: \$ _____	
Description of Work: Permit Extension BC1704920					
Property Owner			Contractor		
Name: 310 Meridian LLC			Name: _____		
Address: 50 W. Mashta Drive, Suite: Ste 3A			Address: _____ Suite: _____		
City: Key Biscayne State: FL Zip Code: 33149			City: _____ State: _____ Zip Code: _____		
Driver's License/ State Identification Number: D640-560-86-370-0			State Identification Number/License: _____		
E-Mail Address: martin@marelagroup.com			E-Mail Address: _____		
Daytime phone: 305-439-5299			Daytime phone: _____		
Architect			Structural Engineer		
Name: _____ License Number: _____			Name: _____ License Number: _____		
E-Mail Address: _____ Daytime phone: _____			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 GC (for Sub-permits): <i>[Signature]</i>			Signature of Qualifier: _____		
PRINT NAME: MARTIN URSUQU STATE OF FLORIDA MIAMI-DADE COUNTY Sworn to and subscribed before me this 11 day of NOVEMBER, 2020 by MARTIN URSUQU Signature of Notary Public: <i>[Signature]</i>			PRINT NAME: _____ STATE OF FLORIDA MIAMI-DADE COUNTY Sworn to and subscribed before me this _____ day of _____, 20____ by _____ Signature of Notary Public: _____		
Print Name: DENNIS CURRAN			Print Name: _____		
(SEAL) Personally known or Produced Identification 			(SEAL) Personally known or Produced Identification		