MIAMI-DADE COUNTY BUILDING DEPARTMENT
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2100

PERMIT APPLICATION

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE

LOCATION OF IMPROVEMENTS

Job Address 6231 SW. 94 AV
Folio
Lot Block
Subdivision PBpg
Metes and bounds

CONTRACTOR INFORMATION

Contractor No. 94BS00074
Last four (4) digits of Qualifier No. 0775
Contractor Name EXACTA TECH INC
Qualifier Name CARLOS MANRIQUE
Address 4400 SW 74 AV
City MIAMI State FL Zip 33155

TYPE OF IMPROVEMENTS

[ ] New Construction on Vacant Land
[ ] Alteration Interior
[✓] Alteration Exterior
[ ] Relocation of Structure
[ ] Short Term Event
[ ] New Roof
[ ] Recovery (Roof)
[ ] Permit by Affidavit
[ ] Enclosure
[ ] Repair
[ ] Repair Due to Fire
[ ] Demolish
[ ] Shell Only
[ ] Addition Attached
[ ] Addition Detached
[ ] Re-Roof
[ ] Foundation Only

Current use of property RESIDENCE
Description of Work Install accordion Shutters
Sq. Ft. 342 Units 1 Floors 1
Value of Work $4,364

PERMIT TYPE

[✓] Building* Category 29
[ ] Electrical
[ ] Mechanical
[ ] Plumbing
[ ] LPGX

CHANGE TO AN EXISTING PERMIT

[ ] Chg. Contractor
[ ] Re-Issue
[ ] Extension
[ ] Supplement
[ ] Reinspection

OWNER'S NAME

Owner DANIEL BOLLARD
Address 6231 SW 94 AV
City MIAMI State FL Zip 33173
Phone 305 815 6834
Last four (4) digits of Owner's Social Security No. 3986

PERSON TO PICK UP PLANS

Name Carlos Manrique
Address
City State Zip
Phone 786-303-1852

ARCHITECT ENGINEER

Name
Address
City State Zip
Phone

BONDING

Name
Address
City State Zip
Phone

MORTGAGE LENDER

Name
Address
City State Zip
Phone

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS** and **ROOFING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Agent
PRINT NAME Daniel Bollard
STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 9 day June, 20 10,
by Daniel Bollard
(SEAL)
Personally known
or Produced Identification

Signature of Qualifier
PRINT NAME CARLOS MANRIQUE
STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 1 day June, 20 10,
by
(SEAL)
Personally known
or Produced Identification DL # 1

NOTARY PUBLIC STATE OF FLORIDA Barbara J. Gamble Commission # DD 881210 Expires: APR. 16, 2013 Bonded Thru Atlantic Bonding Co, Inc.

NOTARY PUBLIC STATE OF FLORIDA KEITH E. HOLZEL MY COMMISSION EXPIRES: 08/20/2012 Bonded Thru Atlantic Bonding Co, Inc. Notary Services

Miami-Dade County Building Department - Job Copy
00000 - 0211/2010 9:56:12 PM
P.A.C.0000010.pdf