**PERMITTING HOURS**
**8:00 AM TO 2:00 PM**
**MONDAY – FRIDAY**

**CONTACT INFORMATION**
**T: 305.234.2121 F: 305.234.2133**
**building@pinecrest-fl.gov**
**INSPECTIONS: 305.234.2111**
**INSURANCE RENEWALS: renewals@pinecrest-fl.gov**

VILLAGE OF PINECREST
Building & Planning Department

12645 Pinecrest Parkway,
Pinecrest, Florida 33156

**MASTER PERMIT #_____**

**SUB PERMIT #_____**

## INSTRUCTIONS

**STEP 1. APPLICATION WHICH MUST BE SIGNED BY THE PROPERTY OWNER & QUALIFIER; BOTH SIGNATURES MUST BE NOTARIZED. PERMITS/PLANS DROP OFF CLOSES @ 2:00 P.M.**

**STEP 2. SUBMIT THE COMPLETED APPLICATION WITH ALL NECESSARY DOCUMENTS TO THE BUILDING AND PLANNING DEPARTMENT FOR PROCESSING. REFER TO PERMIT CHECKLIST ONLINE AT:**
**HTTPS://WWW.PINECREST-FL.GOV/Government/Building/Apply-for-a-Permit/All-Permits.**

**STEP 3. PROJECTS OVER $2,500 REQUIRE RECORDED NOTICE OF COMMENCEMENT POSTED AT JOBSITE PRIOR TO COMMENCEMENT OF CONSTRUCTION.**

## APPLICATION

**JOB ADDRESS:** 12700 ROLLING ROAD DR **FOLIO #: 20-**5013-0031-080-

**DESCRIPTION OF WORK:** New Construction S.F.R to include Accessory Structure, Pool, Fence, Driveway & Landscaping **FLOOD ZONE: X AH7 AE7 AE10 AE11**

**VALUE OF WORK:** 3,000,000 **PROJECT SQ. FT.:** 12,808 **NO. OF FLOORS:** 2

**CONTACT:** Yelena Pares **EMAIL:** MVPermits@gmail.com **PHONE:** 3057537631

| PERMIT TYPE | (✓) | PERMIT CHANGE | (✓) | IMPROVEMENT TYPE | (✓) | CATEGORY | (✓) |
|---|---|---|---|---|---|---|---|
| BUILDING | ✔ | REVISION | | NEW CONSTRUCTION | | COMMERCIAL | |
| ELECTRICAL | | RENEWAL | | ALTERATION | | RESIDENTIAL | ✔ |
| MECHANICAL | | CHG OF CONTRACTOR | | ADDITION | | APPRAISED BLDG. VALUE | |
| PLUMBING | | CHG OF ARCH/EGR | | DEMOLITION | | | |
| ZONING | | | | | | $_____ | |

| PROPERTY OWNER | |
|---|---|
| NAME | 12700 ROLLING ROAD LLC |
| | |
| ADDRESS | 8879 SW 131 ST MIAMI, FL 33176 |
| | |
| PHONE | |
| EMAIL | |

| CONTRACTOR | |
|---|---|
| COMPANY | JD ENGINERING & CONSTRUCTION |
| QUALIFIER | YOEL ORTZ |
| ADDRESS | 8879 SW 131 ST MIAMI, FL 33173 |
| LICENSE # | CGC1522799 |
| PHONE | 786-312-6511 |
| EMAIL | YOEL@JD-MIAMI.COM |

| ARCHITECT | |
|---|---|
| NAME | |
| LICENSE # | |
| PHONE | |
| EMAIL | |

| ENGINEER | |
|---|---|
| NAME | |
| LICENSE # | |
| PHONE | |
| EMAIL | |

## OFFICE USE ONLY

☐ *PERMIT CLERK REVIEW COMPLETE.* *UPFRONT FEE AMOUNT PAID $_____ (if applicable)*

| FEES TYPE | AMOUNT | FEES TYPE | AMOUNT |
|---|---|---|---|
| SCAN FEE ($3/PG) | | ZONING/PLANNING | |
| BUILDING FEES | | SOLID WASTE | |
| STORMWATER REVIEW | | MUNICIPAL | |
| MIAMI-DADE COUNTY | | STORM DRAINAGE | |
| FL DBR | | IMPACT ADMIN | |
| FL DCA | | SIDEWALK | |
| FINES | | CONCURRENCY | |
| CERT. OF OCCUPANCY | | EXPEDITE- REWORK | |
| CONSTRUCTION SIGN | | **TOTAL DUE:** | |

| SECTION | BY | DATE |
|---|---|---|
| ZONING/PLANNING | | |
| ELECTRICAL | | |
| MECHANICAL | | |
| PLUMBING | | |
| PUBLIC WORKS | | |
| STRUCTURAL | | |
| STORMWATER | | |
| BUILDING | | |
| BUILDING OFFICIAL | | |

## CONDITIONS OF APPROVAL

☐ *CONDITION DESCRIPTION:*

## IMPORTANT NOTICES

1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION. HOURS OF CONSTRUCTION ARE LIMITED TO MONDAY THROUGH FRIDAY FROM 7:00 A.M. TO 6:30 P.M., SATURDAYS FROM 8:00 A.M. TO 4:00 P.M. NO CONSTRUCTION ON SUNDAYS OR STATE HOLIDAYS. NO INSPECTIONS WILL BE CONDUCTED ON WEEKENDS OR HOLIDAYS.
2. ALL CONSTRUCTION AND/OR DEMOLITION AREAS MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION FREE FROM CONSTRUCTION DEBRIS.
3. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
4. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
5. CONSTRUCTION TRAILERS ARE PROHIBITED ON SINGLE FAMILY RESIDENTIAL CONSTRUCTION SITES. OTHER CONSTRUCTION MAY HAVE A TRAILER, WHICH REQUIRES A SEPARATE PERMIT.
6. PORTABLE TOILETS FOR A CONSTRUCTION SITE REQUIRE A SEPARATE PERMIT.
7. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS WITHOUT APPROVAL FROM THE BUILDING AND PLANNING DEPARTMENT.
8. EQUIPMENT AND MATERIALS SHALL BE STORED WITHIN YOUR PROPERTY, NOT ON PUBLIC RIGHT OF WAY.
9. FLORIDA DEPARTMENT OF HEALTH APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEPTIC TANKS. DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM) AND/OR MIAMI DADE WATER AND SEWER DEPARTMENT (MDWASD) APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEWERS AND WATER.
10. THE ISSUANCE OF A DEVELOPMENT PERMIT BY THE VILLAGE DOES NOT IN ANY WAY CREATE ANY RIGHT ON THE PART OF AN APPLICANT TO OBTAIN A PERMIT FROM A STATE OR FEDERAL AGENCY AND DOES NOT CREATE ANY LIABILITY ON THE PART OF THE VILLAGE FOR ISSUANCE OF THE PERMIT IF THE APPLICANT FAILS TO OBTAIN REQUISITE APPROVALS OR FULFILL THE OBLIGATIONS IMPOSED BY A STATE OR FEDERAL AGENCY OR UNDERTAKES ACTIONS THAT RESULT IN A VIOLATION OF STATE OR FEDERAL LAW. IN ADDITION, ALL APPLICABLE STATE AND FEDERAL PERMITS SHALL BE OBTAINED BY THE APPLICANT BEFORE COMMENCEMENT OF THE DEVELOPMENT.

## AFFIDAVIT

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATION AS INDICATED. I, THE OWNER OF THE PROPERTY, CERTIFY THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGARDING CONSTRUCTION IN THE VILLAGE OF PINECREST. I UNDERSTAND THAT SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL, WINDOW, FENCE, DRIVEWAY, ROOFING, SHUTTERS AND SIGNS AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.

I, THE OWNER OF THE PROPERTY, HAVE DISCLOSED ALL INFORMATION RELATED TO ANY WORK AT THE PROPERTY PERFORMED IN THE PRIOR ONE (1) YEAR TO THE BUILDING OFFICIAL. FURTHER, I AM FULLY AWARE THAT IF THE CUMULATIVE COST OF WORK TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT DURING THE ONE (1) YEAR PERIOD BEGINNING ON THE DATE OF THE FIRST IMPROVEMENT OR REPAIR TO THE STRUCTURE SUBSEQUENT TO JANUARY 1, 2015 EXCEEDS FIFTY PERCENT (50%) OF THE MARKET VALUE OF THE STRUCTURE, THE ENTIRE STRUCTURE MUST MEET THE PRESENT FEDERAL FLOOD CRITERIA FOR FINISHED FLOOR ELEVATION PLUS 1 FOOT. I AM ALSO FULLY AWARE THAT IF THE WORK AREA TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT EQUALS OR EXCEEDS FIFTY PERCENT (50%) OF THE BUILDING AREA, THEN THE ALTERATION MUST CONFORM TO THE CURRENT CODE REQUIREMENTS OF THE FLORIDA BUILDING CODE, EXISTING BUILDINGS SECTION 604 ALTERATION LEVEL 3.

I, THE OWNER OF THE PROPERTY, UNDERSTAND THAT A PERMIT APPLICATION IS SUBJECT TO DENIAL AND A VALIDATED PERMIT OR PERMIT CARD IS SUBJECT TO REVOCATION OR MODIFICATION BASED UPON APPLICABLE DEEDS, COVENANTS, DECLARATIONS, EASEMENTS AND ANY OTHER LEGAL RESTRICTION. BY ISSUING A PERMIT, THE VILLAGE MAKES NO REPRESENTATION AS TO THE EXISTENCE OR VALIDITY OF ANY PROPERTY RESTRICTION.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN $2,500 OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THE NOTICE OF COMMENCEMENT MUST BE RECORDED AT: 22 N.W. 1ST STREET, 1ST FLOOR (305) 275-1155 EXTENSION 6. ONCE RECORDED, THE NOTICE OF COMMENCEMENT MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH SECTION 713.35 OF FLORIDA STATUTES

**STATE OF FLORIDA, COUNTY OF MIAMI-DADE**

Yoel Ortiz

SIGNATURE OF OWNER

Yoel Ortiz

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF March, 2025

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

SEAL:

ANNAILIE IGLESIAS
MY COMMISSION # HH 111807
EXPIRES: March 31, 2025
Bonded Thru Notary Public Underwriters

PERSONALLY KNOWN ✓ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED: _____

**STATE OF FLORIDA, COUNTY OF MIAMI-DADE**

Yoel Ortiz

SIGNATURE OF CONTRACTOR QUALIFIER

Yoel Ortiz

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF March, 2025.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

SEAL:

ANNAILIE IGLESIAS
MY COMMISSION # HH 111807
EXPIRES: March 31, 2025
Bonded Thru Notary Public Underwriters

PERSONALLY KNOWN ✓ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED: _____