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 # BL2022-1876

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: 9321 SW 67 AVE **FOLIO #: 20-**5001-0220-010

DESCRIPTION OF WORK: NEW SEPTIC TANK AND DRAIN FIELD **FLOOD ZONE:** X AH7 AE7 AE10 AE11

VALUE OF WORK: $ 19,000.00 **PROJECT SQ. FT.:** _____ **NO. OF FLOORS:** 2

CONTACT: TONY CARTELLE **EMAIL:** tony.colonialplumbing@gmail.com **PHONE:** 305-269-1181

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	
ADDRESS	
PHONE	
EMAIL	

CONTRACTOR	
COMPANY	COLONIALPLUMBING CONTRACTORS
QUALIFIER	ANTONIO CARTELLE
ADDRESS	7290 NW 7 STREET
LICENSE #	CFC1427736
PHONE	305-269-1181
EMAIL	tony.colonialplumbing@gmail.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

SIGNATURE OF OWNER

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS_____DAY OF _____,20___.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL:

PERSONALLY KNOWN ___ OR, PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED: _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Antonio Castelle.
SIGNATURE OF CONTRACTOR QUALIFIER

Antonio Castelle
PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF FEB 2024

Cindy Correa
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL:

CINDY CORREA
Notary Public-State of Florida
Commission # GG
My Commission Expires
July 25, 2024

PERSONALLY KNOWN ___ OR, PRODUCED IDENTIFICATION 4557
TYPE OF IDENTIFICATION PRODUCED: _____

System #1

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT #: 13-SC-2783071
APPLICATION #: AP1998574
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2001002

Performance-Based Treatment System

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (GOOD MANGOS LLC)

PROPERTY ADDRESS: 9321 SW 67 Ave Miami, FL 33156

LOT: 1 BLOCK: SUBDIVISION:

PROPERTY ID #: 20-5001-022-0010 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [600] GALLONS / GPD NORWECO ATU (13-160-NW1-C3) CAPACITY
A [ ] GALLONS / GPD CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

D [563] SQUARE FEET New D.F. Trench Conf. SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: INTER C/L & P/L SW 67 AVE (W CORNER) - 13.95' NGVD.
I ELEVATION OF PROPOSED SYSTEM SITE [11.20] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [41.28] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [72.00] INCHES

O
T
H
E
R

SYSTEM # 1 SIZED FOR 58 FY OUT OF 98 FU TOTAL
A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.
Norweco TNT-500; (ASTS:10/1050%/10/200); NO BENEFITS
Monitoring: PONDING DEPTH SEMIANNUALLY
1.- Invert elevation and Bottom of drainfield to be no less than 11.01' & 10.51' NGVD respectively.
(Comments Continued on Page 2.)

SPECIFICATIONS BY: Fausto E. Guerrero TITLE:

APPROVED BY: Jose Valdiviesomera TITLE: OPS Environmental Specialist II Dade CHD

DATE ISSUED: 09/27/2023 EXPIRATION DATE: 03/27/2025