

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 #** PL 2024-1665**SUB PERMIT #** PL 2025-0527**INSTRUCTIONS**

- STEP 1. APPLICATION WHICH MUST BE SIGNED BY THE PROPERTY OWNER & QUALIFIER; BOTH SIGNATURES MUST BE NOTARIZED. PERMITS/PLANS DROP OFF CLOSING @ 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](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.

APPLICATIONJOB ADDRESS: 10635 SW 6390e Miami, FL 33176 FOLIO #: 20-5012-004-0530DESCRIPTION OF WORK: Gas scope of work rough set gas FLOOD ZONE: X AH7 AE7 AE10 AE11VALUE OF WORK: 10,000.00 PROJECT SQ. FT.: Fixtures NO. OF FLOORS: 1CONTACT: Oswaldo Javier Leon EMAIL: Coralreef@coralreefplumbing.com PHONE: 305-361-6769

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	<u>GS JPD 10635 LLC</u>
ADDRESS	<u>9461 SW 103 ST</u> <u>MIAMI, FL 33176</u>
PHONE	<u>305-915-2572</u>
EMAIL	<u>Stefano@balli-design.com</u>

CONTRACTOR

COMPANY	<u>Coral Reef Plumbing Inc</u>
QUALIFIER	<u>Oswaldo Javier Leon</u>
ADDRESS	<u>Po Box 524677, Miami, FL 33152</u>
LICENSE #	<u>CFC 1426071</u>
PHONE	<u>305-361-6769</u>
EMAIL	<u>Coralreef@coralreefplumbing.com</u>

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	SECTION	BY	DATE
SCAN FEE (\$3/PG)		ZONING/PLANNING		ZONING/PLANNING		
BUILDING FEES		SOLID WASTE		ELECTRICAL		
STORMWATER REVIEW		MUNICIPAL		MECHANICAL		
MIAMI-DADE COUNTY		STORM DRAINAGE		PLUMBING		
FL DBR		IMPACT ADMIN		PUBLIC WORKS		
FL DCA		SIDEWALK		STRUCTURAL		
FINES		CONCURRENCY		STORMWATER		
CERT. OF OCCUPANCY		EXPEDITE- REWORK		BUILDING		
CONSTRUCTION SIGN		TOTAL DUE:		BUILDING OFFICIAL		

1. 1990年12月25日，在俄罗斯莫斯科市，俄罗斯联邦总统叶利钦在克里姆林宫正式签署《俄罗斯联邦宪法》，宣布俄罗斯联邦正式成为民主国家。

1. The first part of the document is a letter from the President of the United States to the Secretary of the Navy, dated 18th March 1899. The letter is addressed to the Secretary of the Navy, Department of the Navy, Washington, D.C. The letter is signed by William McKinley, President of the United States.

[illegible]

the first two years after the onset of symptoms. The mean age at onset was 60 years (range 47–80). The mean duration of illness was 19 months (range 1–48).

The most common presenting symptom was weight loss, which occurred in 15 patients (75%). Other symptoms included fatigue, weakness, and decreased appetite.

All patients had been treated with corticosteroids prior to admission. The mean duration of treatment was 12 months (range 6–24).

On admission, all patients had a positive tuberculin skin test result. The mean size of the reaction was 15 mm (range 10–20).

All patients had a positive sputum smear for acid-fast bacilli. The mean number of organisms per field was 10 (range 5–20).

All patients had a positive culture for *M. tuberculosis*. The mean time to positivity was 4 weeks (range 2–8).

All patients had a positive interferon- γ release assay (IGRA) result. The mean optical density value was 0.5 (range 0.3–0.7).

All patients had a positive chest X-ray. The mean size of the infiltrate was 10 cm (range 5–15).

All patients had a positive CT scan. The mean size of the lesion was 10 cm (range 5–15).

All patients had a positive PET scan. The mean SUVmax value was 2.5 (range 1.5–3.5).

All patients had a positive MRI scan. The mean T2-weighted signal intensity was 10 (range 5–15).

All patients had a positive histopathological examination. The mean number of granulomas per field was 10 (range 5–20).

All patients had a positive response to treatment. The mean time to clinical remission was 12 months (range 6–24).

All patients were alive at the end of the study. The mean follow-up time was 24 months (range 12–36).

In conclusion, this study shows that patients with HIV/AIDS who have a positive tuberculin skin test result, a positive sputum smear for acid-fast bacilli, a positive culture for *M. tuberculosis*, a positive IGRA result, a positive chest X-ray, a positive CT scan, a positive PET scan, a positive MRI scan, and a positive histopathological examination are more likely to have a positive response to treatment.

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

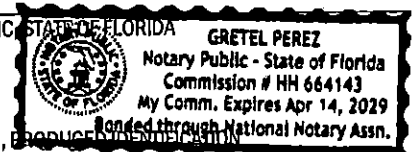
STATE OF FLORIDA, COUNTY OF MIAMI-DADE

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**

SIGNATURE OF CONTRACTOR QUALIFIER

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF December, 2025SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL:PERSONALLY KNOWN X OR, PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED: _____