

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 # B22024-1596
SUB PERMIT # _____

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.

APPLICATION

JOB ADDRESS: 13125 SW 63 AVE, PINECREST FL 33156 **FOLIO #:** 20-5013-005-0307
DESCRIPTION OF WORK: SEPTIC TANK **FLOOD ZONE:** X AH7 AE7 AE10 AE11
VALUE OF WORK: \$ 15,000.00 **PROJECT SQ. FT.:** _____ **NO. OF FLOORS:** _____
CONTACT: _____ **EMAIL:** 4 **PHONE:** _____

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	FERNANDA ROCA, CARLOS MAURICIO
ADDRESS	
	PINECREST FL 33156
PHONE	3059625623
EMAIL	FR@STRONGARHARDWARE.COM

CONTRACTOR	
COMPANY	<u>Rocket Plumbing Corp</u>
QUALIFIER	<u>Rodrigo Garcia</u>
ADDRESS	<u>11310 SW 46th St #1A FL</u>
LICENSE #	<u>CFC 1428827</u>
PHONE	<u>3136 5048</u>
EMAIL	<u>alberto@rocketsepticTank.com</u>

ARCHITECT	
NAME	MATEU ARCHITECTURE
LICENSE #	AA26000522
PHONE	305-233-3304
EMAIL	RJM@MATEU.CO

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		

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

FERNANDA BOCA

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF JULY 2020SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL:

PERSONALLY KNOWN OR, PRODUCED IDENTIFICATION



STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SIGNATURE OF CONTRACTOR QUALIFIER

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OFJULY 2020SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL:

PERSONALLY KNOWN OR, PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED:



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

PERMIT #: 13-SM-3103942
APPLICATION #: AP2206307
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2387063

Performance-Based Treatment System

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: (Jim Consulting Engineers, LLC)
PROPERTY ADDRESS: 13125 SW 63 Ave Miami, FL 33156
LOT: 6 BLOCK: 6 SUBDIVISION: Bay Ridge
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
PROPERTY ID #: 20-5013-005-0370 [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 [750] GALLONS / GPD NORWECO TNT-750 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 [800] 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 [] _____

F LOCATION OF BENCHMARK: C/L SW 132 ST - 12.20' NGVD
I ELEVATION OF PROPOSED SYSTEM SITE [17.70] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [0.24] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [72.00] INCHES

O *A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.*
T *NORWECO TNT-750; (ASTS: 10/10/50%/10/200); NO BENEFITS*
H *Monitoring: PONDING DEPTH SEMIANNUALLY*
E 1.- Invert elevation and Bottom of drainfield to be no less than 12.68' & 12.18' NGVD respectively.
R (Comments Continued on Page 2.)

SPECIFICATIONS BY: Ernesto Santana TITLE: _____

APPROVED BY: JOSE R. VALDIVIESO TITLE: OPS Environmental Specialist II Date: _____ CHD

DATE ISSUED: 06/02/2026 EXPIRATION DATE: 12/02/2027

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC