

BRK
2007 1756
9230 SW 181
33-5033-024-0930



VILLAGE OF PALMETTO BAY
9705 E. HIBISCUS STREET
PALMETTO BAY, FLORIDA 33157
(305) 259-1234 Fax: (305) 259-1290

Approved
[Signature]
Edward Silva, Village Manager
0/26/18
Date

REQUEST FOR PUBLIC RECORDS

Requests are filled in accordance with the provisions of Chapters 119 and 257, Florida Statutes.

DATE: 10-18-2018
NAME: Susan Samole
COMPANY: EWM Healthy Enterprises I
ADDRESS: 9230 SW 181 St, Palmetto Bay FL 33157
PHONE: 305 992-5202 FAX: _____
EMAIL: SusanSamole@gmail.com

REQUEST (Attach additional page, if necessary): Copies of the following documents:

Information on when and who replaced the roof.
Thank you!

FOR USE BY VILLAGE STAFF ONLY TRACKING NO.: 2018-351
DATE FORWARDED: 10-18-18 ASSIGNED DEPT: Building
DATE REQUEST FILLED: 10/20/18 NUMBER OF COPIES: 5 pgs
ESTIMATED TIME (IF APPLICABLE): _____ ESTIMATED COST: _____
HOW WAS REQUEST FILLED? _____
IF NOT FILLED, REASON: Permit Pulled 3/12/07
AD was done as an owner builder
BY: _____

[Handwritten initials]

Village of Palmetto Bay

Building Department
8950 SW 152 St
Palmetto Bay, 33157
(305) 259-1250 / fax (305) 259-1291

Permit Application



Cashier Validation Area

Clerk: Permit # BR-2007-1756 Master Permit: _____ JOB ADDRESS: 9230SW 181st UNIT # _____

1. OWNER INFORMATION Owner <u>Gracy & Jennifer DePaolo-Elias</u> Address <u>9230 SW 181st</u> City <u>Miami</u> St <u>FL</u> Zip <u>33157</u> Driver License No./I.D. _____ Phone <u>(786) 340-7309</u> Owner-Builder <input checked="" type="checkbox"/>		2. CONTRACTOR INFORMATION Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ Lic # _____ Phone () _____	
3. PERMIT TYPE Check only One <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> P/W		4. CHANGE TO AN EXISTING PERMIT Check only One <input type="checkbox"/> Change Contractor <input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Trade Permit Supplmt. <input type="checkbox"/> _____	
6. ARCHITECT/ENGINEER Name _____ Address _____ City _____ St _____ Zip _____ Reg. No. _____ Discipline: _____ Phone1 () _____ Phone2 () _____		5. TYPE OF IMPROVEMENT Check only One <input type="checkbox"/> New Construction <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input checked="" type="checkbox"/> Repair/Replace <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Shutters	
7. LEGAL USE/WORK Folio No <u>33 5033-024-043</u> No. of Units <u>1</u> Lot <u>2</u> Block <u>63</u> Subdivision <u>Dal Air sec 16</u> Pb/Pg <u>92-2</u> Current Use of Property <u>Single Family</u> Description of Work <u>Re Roof</u>		Work Classification: <u>Roof</u> Residential <input checked="" type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Code in Effect: _____ Occupancy: _____ Construction Type: _____	
Improvement Value <u>\$7000</u> Area <u>2100</u>			

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification.

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. -OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X Jennifer Elias Signature of Owner or Owner's Agent
 Print Name Jennifer Elias Clerk: _____
 STATE OF FLORIDA COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this March 8 2007

X Tracy Lee Ricklick Signature of Qualifier
 Print Name Tracy Lee Ricklick Clerk: _____
 STATE OF FLORIDA COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this March 8 2007

by Tracy Lee Ricklick Personally known or I.D. Tracy Lee Ricklick Personally known or I.D.

TRACY LEE RICKLICK
 MY COMMISSION # DD534078 (SEAL)
 EXPIRES: Mar. 28, 2010
 Florida Notary Service.com
 (407) 390-0166 www.flnotary.com

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies

OK Per Natalie MD Fee

R	Discipline	Approved	Date	Disapproved/Date	Zoning Fees	Fees \$	✓
	Zoning						
	Building	<input checked="" type="checkbox"/>	<u>3/8/07</u>			<u>168.00</u>	
	Fire						
	Structural					<u>168.00</u>	
	Electrical						
	Mechanical						
	Plumbing						
	Flood						
	Roofing	<input checked="" type="checkbox"/>	<u>3/8/07</u>				
	Plans Check-out						
1							
2							
3							
Issuing Clerk <u>[Signature]</u> Date <u>3/10/07</u>						TOTAL	<u>172.20</u>

Village of Palmetto Bay
Inspection Report

Permit Number BRF-2007-1756

10

Inspector	Status	Type	Required Steps	Inspector
HENRY WILLIS	Approved	Roofing	TINCAP/DRYIN/BASESHEET/ANCHSHE	HENRY WILLIS
HENRY WILLIS	Approved	Roofing	FINAL	HENRY WILLIS

INS-2007-29843

03/28/07

INS-2007-29818

03/27/07



VILLAGE OF PALMETTO BAY
 8950 SW 152 Street
 Palmetto Bay, Florida 33157
 Phone (305) 259-1250
 Fax (305) 259-1291

OWNER/BUILDER AFFIDAVIT

NAME OF OWNER/BUILDER: Gary Depolo

LEGAL DESCRIPTION/ADDRESS 9230 SW 181 st

Congratulations and good luck with your Owner/Builder project. Please feel free to call on us if the Building department can be of assistance. This affidavit is designed to help you avoid some of the problems that Owner Builders often encounter. Please read and initial each of the following items.

I do hereby certify that, as Owner/Builder, I understand and acknowledge the following:

- 1) I am personally responsible for knowledge of all applicable laws and regulations
- 2) I will personally reside in the house after completion and the issuance of a Certificate of Occupancy.
- 3) Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner/Builder permit or a Certificate of Occupancy based upon an owner/Builder permit (for a single family residence) within the past three (3) years.
- 4) I will be on the premises either supervising or performing the actual work at all times. I will submit an accepted form of identification upon request by the Building Department's agent.
- 5) I understand that if an inspection is not approved after three attempts, the Inspector may place a Stop Work Order on the ~~on~~ job; and require that a licensed contractor complete the work.
- 6) I understand that any person whom I may wish to hire to aid me in the construction of my home, except common laborers, must hold a valid Dade County Certificate of Competency or be a State licensed contractor. All employees hired by me shall be covered by Workers Compensation Insurance. (Typically home-owner's insurance does not provide this coverage; please check with your insurance carrier)
- 7) I understand all the requirements and responsibilities involved in obtaining an owner-builder permit. I have read and understood the foregoing disclosure, and am aware of my responsibilities and liabilities under my application for a building construction work on the above-described property. I further understand that failure to comply with all the required regulations may cause the revocation and /or denial of the permit and/or certificates of occupancy/completion.

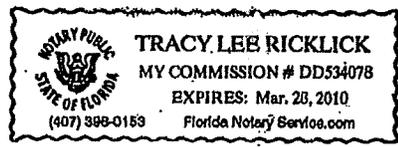
Jennifer Elias
 SIGNATURE OF OWNER

Print Name Jennifer Elias

STATE OF FLORIDA COUNTY OF MIAMI DADE

Sworn to and subscribed before me
 the March 9 2007
 Personally know or
 I.D. _____

By [Signature] (SEAL)



High Velocity Hurricane Zone Uniform Roofing Permit Application Form
MIAMI-DADE COUNTY BUILDING DEPARTMENT ELECTRONIC APPLICATION

Section A (General Information)

Master Permit No.

Process No.

Contractor's Name:

Job Address:

OWNER

9230 SW 81ST

Roof Category

Low Slope

Mechanically Fastened Tile

Mortar/Adhesive Set Tile

Asphaltic Shingles

Metal Panel/Shingles

Wood Shingles/Shakes

Prescriptive BUR-RAS
150

Other:

Roof Type

New Roof

Re-Roofing

Recovering

Repair

Maintenance

Are there Gas Vent Stacks located on the roof? Yes No

If yes, what type? Natural LPGX

Roof System Information

Low slope roof area (ft.²)

Steep Sloped area (ft.²) *1700 2000*

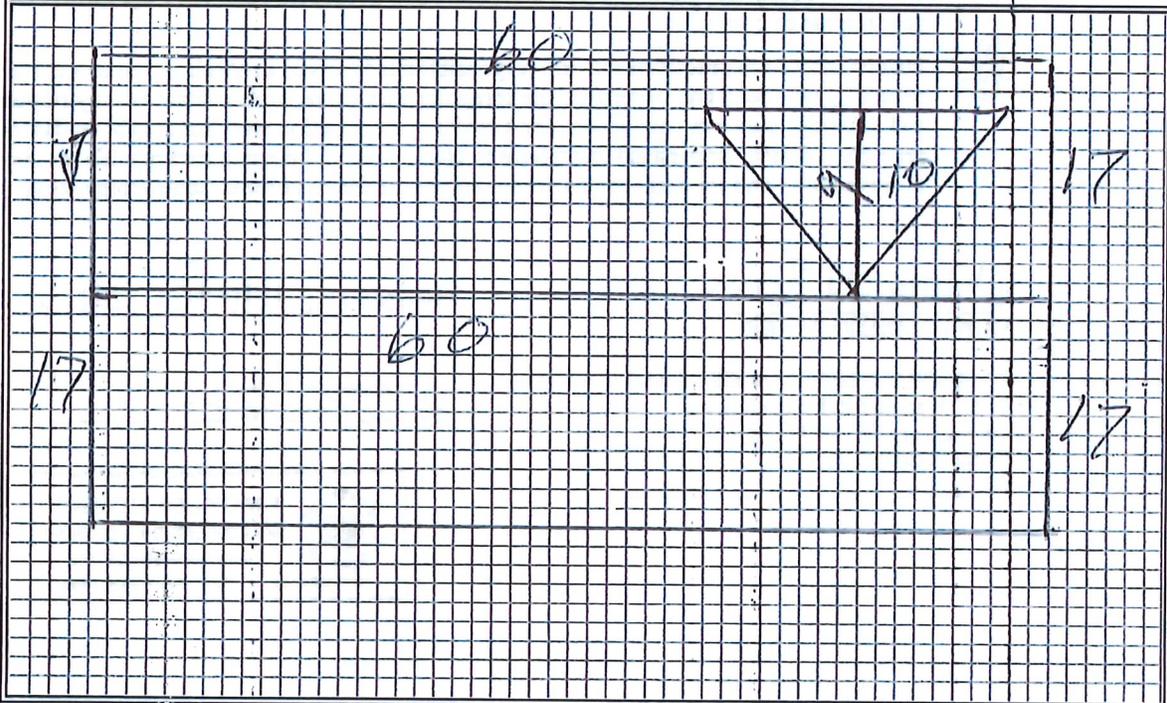
Total (ft.²) *1700 2000*

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.

Perimeter Width (a'):

Corner Size (a' x a'):

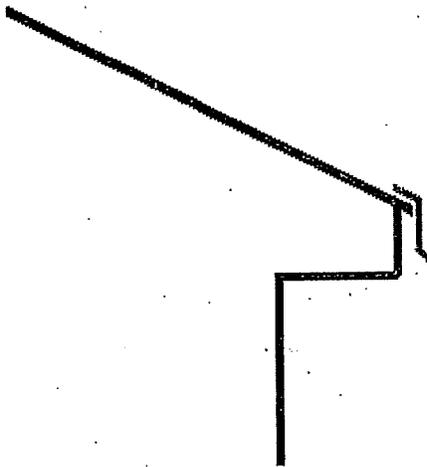


High Velocity Hurricane Zone Uniform Roofing Permit Application Form
MIAMI-DADE COUNTY BUILDING DEPARTMENT ELECTRONIC APPLICATION

Section D (Steep Sloped Roof System)

Roof System Manufacturer: <u>Atlas</u>
Notice of Acceptance Number: <u>05-0120, 05</u>
Minimum Design Wind Pressures, If Applicable (from RAS 127 or Calculations): P 1: <input type="text"/> P 2: <input type="text"/> P 3: <input type="text"/>
Maximum Design Wind Pressures, (From the PCA Specific system): <input type="text"/>

Sloped System Description



Deck Type: Plywood

Alternate Deck Type:

Underlayment type:

Insulation/Fire Barrier Board:

Optional Nailable Substrate:

Fasteners:

Cap Sheet Type/Adhesive Type:

Roof Covering:

Roof Covering Attachment Method:

Drip Edge Size & Gauge: face 26 ga.

Drip Edge Material Type:

Drip Edge Fastener Type:

Hook Strip/Cleat ga. or weight:

Roof Slope:

Roof Mean Height:

Ridge Ventilation:

Method of Tile Attachment:

Alternate Tile Attachment Method:

Clip Spacing for Metal Roof Panels
 Field: Perimeters: Corners:

Perimeter Width:



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**Atlas Roofing Corporation
1100 Georgia Pacific Road
P.O. Box 700
Daingerfield, TX. 75638**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Pinnacle 35

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA consists of pages 1 through 4.

The submitted documentation was reviewed by Mark A. Zehnal, CPRC



**NOA No.: 05-0120.03
Expiration Date: 08/05/10
Approval Date: 08/04/05
Page 1 of 4**

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Material: Laminated

1. SCOPE

This approves Pinnacle 35 manufactured by Atlas Roofing Corp. described in Section 2 of this Notice of Acceptance, designed to comply with Florida Building Code, High Velocity Hurricane Zone.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Pinnacle 35	13- ¹ / ₈ " x 38- ¹³ / ₁₈ "	TAS 110	A heavyweight, fiberglass reinforced, laminated asphalt shingle.

3. EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Asphalt Technologies.	TAS 100	Wind driven rain.	01/31/05
Underwriters Laboratories, Inc.	TAS 107	Wind uplift resistance	03/04/02
PRI Asphalt Technologies.	ASTM 3462	Physical Properties	05/02/05

4. LIMITATIONS

- 4.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 4.2 Shall not be installed on roof mean heights in excess of 33 ft.

5. INSTALLATION

- 5.1 Shingles shall be installed in accordance with Roofing Application Standard RAS 115.
- 5.2 Flashings shall be in accordance with Roofing Application Standard RAS 115.
- 5.3 The manufacturer shall provide clearly written application instructions.
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 5.5 Nailing shall be in compliance with Detail 'B', attached.

6. LABELING

- 6.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County-Dade Product Control Approved".

7. BUILDING PERMIT REQUIREMENTS

- 7.1 Application for building permit shall be accompanied by copies of the following:
 - 7.1.1 This Notice of Acceptance.
 - 7.1.2 Any other documents required by the Building Official or the applicable Building Code in order to properly evaluate the installation of this system.

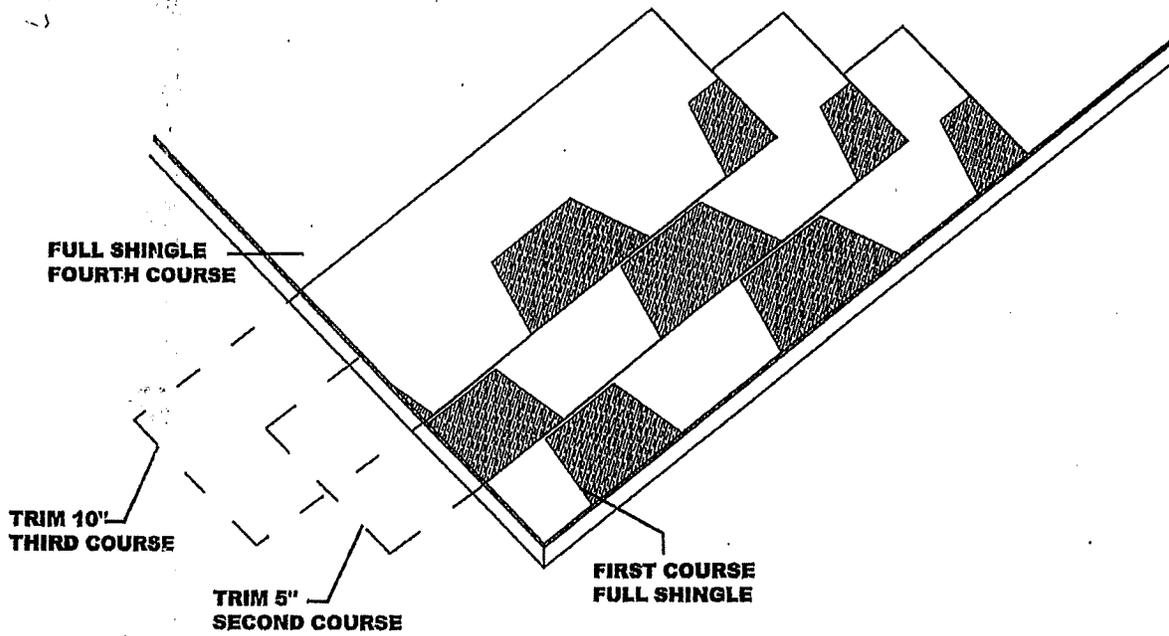


NOA No.: 05-0120.03
Expiration Date: 08/05/10
Approval Date: 08/04/05
Page 2 of 4

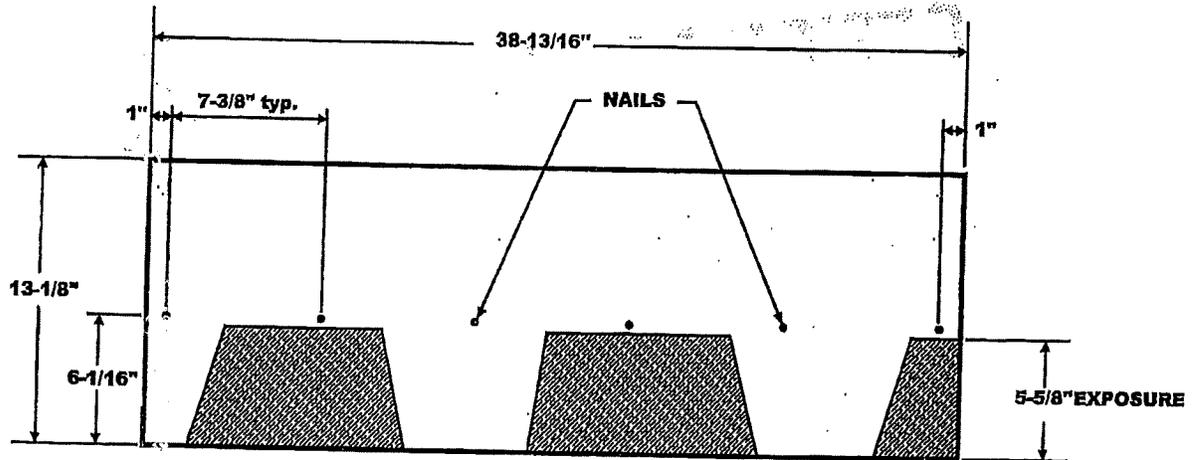
8. MANUFACTURING PLANTS

- 2.1 Daingerfield, TX
- 2.2 Meridian, MS

DETAIL "A"



DETAIL "B"



"PINNACLE 35"

END OF THIS ACCEPTANCE



NOA No.: 05-0120.03
Expiration Date: 08/05/10
Approval Date: 08/04/05
Page 4 of 4