

33-5022-004-0390  
B 2018-7128



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

Approved
Edward Silva, Village Manager
Date

REQUEST FOR PUBLIC RECORDS

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

DATE: 11-1-18

NAME: Maura Rossi

COMPANY: Rossi Interiors, Inc

ADDRESS: 511 SE 5<sup>th</sup> Ave, Ste 1914, Ft. Lauderdale, FL

PHONE: 954-760-7571 FAX: 33301

EMAIL: Maura@RossiInteriors-Inc.com

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

Copy of house plans for  
property address: 8340 SW 149<sup>th</sup> Dr.  
Palmetto Bay, FL  
33158

\*\*\*\*\*

FOR USE BY VILLAGE STAFF ONLY      TRACKING NO.: 2018-371

DATE FORWARDED: 11-1-18      ASSIGNED DEPT: Building

DATE REQUEST FILLED: 11/5/18      NUMBER OF COPIES: 9

ESTIMATED TIME (IF APPLICABLE): \_\_\_\_\_      ESTIMATED COST: \_\_\_\_\_

HOW WAS REQUEST FILLED? \_\_\_\_\_

IF NOT FILLED, REASON: The only plans we have are for  
a kitchen remodel. Original floor plans will  
be with mbc. microfilm. Since home was  
built prior to 2002.

BY: [Signature]

**Melissa Dodge**

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**From:** noreply@civicplus.com  
**Sent:** Thursday, November 01, 2018 3:39 PM  
**To:** Missy Arocha; Melissa Dodge  
**Subject:** Online Form Submittal: Public Records Requests

Public Records Requests

PUBLIC RECORDS  
REQUEST FORM

[Public Records Policy](#)

Date	11/1/2018
Name	Maura Rossi
Company	Rossi Interiors, Inc.
Phone Number	954-760-7571
Email Address	<a href="mailto:Maura@RossiInteriors-Inc.com">Maura@RossiInteriors-Inc.com</a>
Address	511 se 5th ave. Ste 1914 Fort Laud. , Fl. 333 01
Preferred Delivery Method	Electronic (via email- email address required)
Are you a member of the media?	No
Public Record Request(s):	Hello, I need the house plans for my client at the address: 8340 Sw 149th Dr. Palmetto Bay, Fl. 33158

Thank You  
*Please note that there may be a fee associated with your request depending on the extent of the information being requested. If so, the Office of the Village Clerk will contact you about any associated fees. If you have any further questions, please email Village Clerk Arocha at [marocha@palmettobay-fl.gov](mailto:marocha@palmettobay-fl.gov)*

Email not displaying correctly? [View it in your browser.](#)



## Village of Palmetto Bay Permit Application

Building Division  
8950 S.W. 152<sup>nd</sup> Street  
Palmetto Bay, Florida 33157  
(305) 259-1250 Fax:

A division of the Department of Planning, Zoning, and Building Services

**GENERAL INFORMATION: Please read these instructions carefully before submitting the work for review**

This application must be completed and signed by both the property owner and qualifier. Both of these signatures must be notarized. Please print legibly or type in order not to delay your application. For roofing permits, in addition to this permit you must also fill out a roofing permit application. Express permits require an additional fee and will only be accepted between the hours of 8:00 A.M. and 10:00 A.M., Monday through Friday. All other permits/plans must be dropped off before 3:00 p.m. for regular processing. During the processing of your application you may be asked to submit additional information. There may be additional permits and reviews required from other governmental agencies not affiliated with Palmetto Bay.

**APPLICATION:**

Clerk's Initials	Plan Process Number	Master Permit Number	Subsidiary Permit Number(s)	Expiration Date
<i>[Signature]</i>	30008-7128			

Job Address: 8340 SW 149 Dr Palmetto Bay FL 33157  
Address                                      Unit number                                      City                                      State                                      Zip Code.

Folio Number: <u>33-5022-004-0390</u> Lot: _____ Block: _____ Subdivision: <u>Mangwood</u> PB: _____ PG: _____ Current Use of Property: _____ Proposed Use of Property: _____ Description of Work: <u>Replace Kitchen.</u>	Zoning: _____ Square Feet: <u>144</u> Linear Feet: _____ Units: _____ Stories: _____ Value of Proposed Work: <u>10,000</u> Est. Bldg. Value: _____ Tax Assessed Value: _____ Flood Zone: _____ Base Floor Elev.: _____ Homeowner's Association: _____ Tenant Information: _____ Unit Number: _____
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Check Permit Type	Check Permit Change	Check Type of Improvement	
Building <input checked="" type="checkbox"/>	Change of Contractor	New Construction	Deck/Concrete flatwork
Electrical	Permit Renewal	Exterior Alteration	Window Replacement
Mechanical	Plan Revision	Interior Alteration <input checked="" type="checkbox"/>	Shutters
Plumbing	Permit Extension	Attached Addition	Garage Doors
LPGX	Supplement	Detached Addition	Storage Shed
Roofing	Re-Inspection Fee	Repair	Railings
Fence		Repair due to Fire	Stairs
Sign		Demolish <input checked="" type="checkbox"/>	Windows/Doors
Public Works		Screen Enclosure	Roofing
Other		Driveway	Re-Roof
		Fence	
		Pool	

MAKE SURE TO  
 CHECK THE OTHER SIDE OF THE PERMIT  
 8005 E. PALM BLVD. PALMETTO BAY, FL 33157  
 305-259-1250 FAX 305-259-1251

*[Signature]* 11/6/08

Architect Information	Engineer Information
Name: <u>Omelio Arrabal Architect</u>	Name:
License Number: <u>11606</u>	License Number:
Address: <u>305 663-1662</u>	Address:
Telephone Number: <u>4900 SW 74th</u>	Telephone Number:
Fax Number: <u>305-663-9592</u>	Fax Number:
Other:	Other:

Property Owner	Contractor
Name: <u>Darryl and W. La Thelma Schlodt</u>	Company Name
Address: <u>8340 SW 14th Dr</u>	Qualifier
Home Telephone: <u>786-553-7812</u>	License Number
Business Telephone: <u>Same</u>	Address
Other Telephone:	Telephone Number
Fax Number:	Fax Number
Does Property have Homestead Exemption <u>No</u>	Other

Bond Company (if applicable)	Mortgage Lender
Name:	Name:
Address:	Address:
City: State: Zip	City: State: Zip

Classification Of Proposed Work	
Residential <input checked="" type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>	
Effective Code _____ Occupancy _____ Construction Type _____	
Zoning: _____ Variance Number: _____ Remarks: _____	

**OWNER AFFIDAVIT**

Application is hereby made to obtain a permit to do the 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, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, FENCE, DRIVEWAYS and AIR CONDITIONERS, ETC. In addition to the requirements of this permit, there may be additional restrictions found in the Public Records, and there may be additional permits required from other governmental entities.

I, the owner of the property, have disclosed all information related to any work that has been performed in the prior twelve months to the Building Division as part of this application. Further, I am fully aware that if the cumulative cost of work to my home or business under this and any other permit equals or exceeds fifty percent of the fair market value of the structure, the entire structure must meet the present federal flood criteria for finished floor elevation. I am also fully aware that if the cost of work to my home or business under this and any other permit equals or exceeds fifty per cent of the replacement cost of the structure, then the entire structure must conform to current code requirements of the Florida Building Code.

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 of Palmetto Bay makes no representation as to the existence or validity of any property restriction.

I, the owner of the property 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.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Darryl Schlodt  
Signature of Owner/Tenant

\_\_\_\_\_  
Signature of Qualifier

State of Florida, County of DADE

State of Florida, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before this 10th day of Dec, 2009

Sworn to (or affirmed) and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by DAVID A. PARDEMAN  
Notary Public - State of Florida  
My Commission Expires Jan 9, 2009  
Notary Name \_\_\_\_\_  
Bonded By National Notary Assn.

by (print name) \_\_\_\_\_  
Notary Name \_\_\_\_\_

Personally known X or I.D. \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

Personally known or I.D. \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

**IMPORTANT NOTICES**

- Do not begin work without receiving you validated permit and permit card. Applying for a permit does not grant you the right to commence construction. Construction can only occur during the hours of 7:00 a.m. to 7:00 p.m., Monday thru Saturday and from the hours of 9:00 a.m. to 6:00 p.m. on Sundays and Federal holidays.
- All construction sites must be maintained in a clean and orderly condition free from construction debris. Failure to do so will result in a fine and a suspension of inspections until said property is cleaned.
- Streets and neighboring properties shall be kept free from dirt and debris.
- Swales must be protected from damage by equipment or vehicles and sidewalks cannot be blocked.
- Portable Toilets for construction jobs require a separate permit. If toilet is not available the inspection will not be performed.
- Water cannot be discharged into the right of way or storm drains without the approval of the Public Works Department.
- No equipment or materials can be stored on the right of way; they must only be stored on your property.
- Florida Department of Health approval is required for applications involving Septic Tanks. Department of Environmental Resources Management (DERM) and for Miami-Dade Water and Sewer Department approval is required for applications involving sewers and water. The tree section of the Department of Environmental Resources Management (DERM) approval is required on all landscape plans and on all tree removal applications.

**CHECKLIST (OFFICE USE ONLY)**

<input checked="" type="checkbox"/> OWNER-BUILDER FORM (Attached)	<input type="checkbox"/> HEALTH DEPARTMENT APPROVAL (Septic/Sewer)	<input type="checkbox"/> PERMIT CLERK REVIEW By: _____
<input type="checkbox"/> FIRE DEPARTMENT APPROVAL (Commercial/multi (family only))	<input type="checkbox"/> IMPACT FEE (New Construction)	<input type="checkbox"/> Complete Application
<input type="checkbox"/> CONCURRENCY (New Construction)	<input type="checkbox"/> SCHOOL REVIEW (New Construction)	<input type="checkbox"/> Current liability ins.
<input type="checkbox"/> PROOF OF OWNERSHIP (Attached)	<input type="checkbox"/> DERM REVIEW (New Construction/Additions/Tree Removal)	<input type="checkbox"/> Worker's Comp.
<input type="checkbox"/> CONDO ASSOCIATION APPROVAL	<input type="checkbox"/> PUBLIC WORKS	<input type="checkbox"/> Cont. Lic. Check
<input checked="" type="checkbox"/> UPFRONT FEES AMOUNT: <u>110.00</u>		<input type="checkbox"/> OTHER (Specify and Attach)
		<input type="checkbox"/> FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION APPROVAL (RESTAURANTS)

**PERMIT FEES (OFFICE USE ONLY)**

Scanning Fees (3.50 per sheet)	<u>38.50</u>	Certificate of Use and Occupancy	
Village of Palmetto Bay Permit Fees	<u>460.50</u>	Concurrency Fee (7%)	<u>32.43</u>
Miami-Dade County Fees (sq. ft. x \$65//1000x0.60)	<u>6.00</u>	Technology Fee (6%)	<u>30.27</u>
Radon-Inspector State Educational Fund and DCA State fee		Zoning Inspection Fee (150.00 per application)	
Code Enforcement Fine		Administration Fee	
Certificate of Completion		Express Fee (25.00)	
Construction Sign Fee		Public Works Fee	
Roll-off Waste Container Fee (100.00 per container site)		Landscape Review Fee(175.00 per hour)	
Rework Fee		Special Review Fee	
Art in Public Places		Other	

TOTAL \$462.20

**PLAN REVIEWER APPROVAL AREA (OFFICE USE ONLY)**

SECTION	REJECTED DATE NUMBER 1	REJECTED DATE NUMBER 2	REJECTED DATE NUMBER 3	APPROVAL DATE	REVIEWER APPROVAL'S NAME
ZONING					
ELECTRICAL					
MECHANICAL				10/20/08	ES
PLUMBING					
FIRE				10-9-08	DJ
ROOFING					
PUBLIC WORKS					
PLANNING					
FT&I DISTRICT					
STRUCTURAL					
BUILDING					
BUILDING OFFICIAL				11/4/08	ME

**REWORKS:** A fee of \$100.00 may be charged for failure to make required corrections previously indicated. The fee shall be charged after the initial review plus one follow up review per trade. Please note that Florida Statutes 553.80 section 2(b) states "with respect to evaluation of design professionals documents, if a local government finds it necessary, in order to enforce compliance with the Florida Building Code and issue a permit, to reject design documents required by the code three or more times for failure to correct a code violation specifically noted in each rejection, including but not limited to egress, fire protection, structural stability, energy, accessibility, lighting, ventilation, electrical, mechanical, plumbing, and gas systems, or other requirements identified by rule of the Florida Building Commission adopted pursuant to Chapter 120, the local government shall impose, each time after third such review the plans are rejected for that code violation a fee of four times the amount of the proportion of the permit fee attributed to plans review".

**ISSUING OFFICIAL**

FINAL PLAN REVIEWED AND PREPARED FOR ISSUANCE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONDITIONS OF APPROVAL**

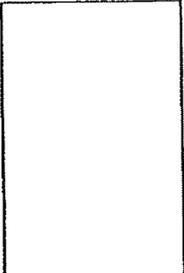
**PLAN TRACKING**

Plans Checked out	Date	Clerk	Plans Checked In	Date	Clerk
DWIGHT L	10/20/08	(Signature)	DWIGHT L	10/21/08	(Signature)

# Village of Palmetto Bay Permit Application



Building Division  
 8950 S.W. 152<sup>nd</sup> Street  
 Palmetto Bay, Florida 33157  
 (305) 259-1250 Fax: (305) 259-1291 Inspections: (305) 259-1253  
 A division of the Department of Planning, Zoning, and Building Services



**GENERAL INFORMATION: Please read these instructions carefully before submitting the work for review.**

This application must be completed and signed by both the property owner and qualifier. Both of these signatures must be notarized. Please print legibly or type in order not to delay your application. For roofing permits, in addition to this permit you must also fill out a roofing permit application. Express permits require an additional fee and will only be accepted between the hours of 8:00 A.M. and 10:00 A.M., Monday through Friday. All other permits/plans must be dropped off before 3:00 p.m. for regular processing. During the processing of your application you may be asked to submit additional information. There may be additional permits and reviews required from other governmental agencies not affiliated with Palmetto Bay.

**APPLICATION:**

Clerk's Initials	Plan Process Number	Master Permit Number	Subsidiary Permit Number(s)	Expiration Date
		B2008-7128		

Job Address: 8340 SW 14902 Palmetto Bay FL 33158  
 Address                      Unit number                      City                      State                      Zip Code

Folio Number: <u>3350220040390</u> Lot: _____ Block: _____ Subdivision: _____ PB: _____ PG: _____ Current Use of Property: <u>Residential</u> Proposed Use of Property: <u>Residential</u> Description of Work: <u>Renewal</u> Zoning: _____ Square Feet: _____ Tenant Information: _____ Unit Number: _____	Linear Feet: _____ Units: _____ Stories: _____ Value of Proposed Work: _____ Est. Bldg. Value: _____ Tax Assessed Value: _____ Flood Zone: _____ Base Floor Elev.: _____ Homeowner's Association: _____ I affirm that there <input type="checkbox"/> are or <input type="checkbox"/> are no restrictive covenants associated with the underlying property that would affect the pending application. Failure to disclose this information shall result in the immediate revocation of any type of permit or certificate of use/occupancy.
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Check Permit Type	Check Permit Change	Check Type of Improvement			
Building	Change of Contractor	<input checked="" type="checkbox"/>	New Construction	<input type="checkbox"/>	Deck/Concrete flatwork
Electrical	Permit Renewal	<input type="checkbox"/>	Exterior Alteration	<input type="checkbox"/>	Window Replacement
Mechanical	Plan Revision	<input type="checkbox"/>	Interior Alteration	<input type="checkbox"/>	Shutters
Plumbing	Permit Extension	<input type="checkbox"/>	Attached Addition	<input type="checkbox"/>	Garage Doors
LPGX	Supplement	<input type="checkbox"/>	Detached Addition	<input type="checkbox"/>	Storage Shed
Roofing	Re-inspection Fee	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Railings
Fence		<input type="checkbox"/>	Repair due to Fire	<input type="checkbox"/>	Stairs
Sign		<input type="checkbox"/>	Demolish	<input type="checkbox"/>	Windows/Doors
Public Works		<input type="checkbox"/>	Screen Enclosure	<input type="checkbox"/>	Roofing
Other		<input type="checkbox"/>	Driveway	<input type="checkbox"/>	Re-Roof
		<input type="checkbox"/>	Fence	<input type="checkbox"/>	Seal-cote
		<input type="checkbox"/>	Pool	<input type="checkbox"/>	Other

Architect Information	Engineer Information
Name:	Name:
License Number:	License Number:
Address:	Address:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Other:	Other:

Property Owner	Contractor
Name: <u>Darryl Schladant</u>	Company Name
Address: <u>8340 SW 149th</u>	Qualifier
Home Telephone: <u>754 553 7607</u>	License Number
Business Telephone:	Address
Other Telephone:	Telephone Number
Fax Number:	Fax Number
Does Property have Homestead Exemption <u>Yes</u>	Phone Number for Pick Up

Bond Company (if applicable)	Mortgage Lender
Name:	Name:
Address:	Address:
City: State: Zip	City: State: Zip

Classification Of Proposed Work		
Residential <input type="checkbox"/>	Duplex <input type="checkbox"/>	Townhouse <input type="checkbox"/>
Multi Family <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
Other <input type="checkbox"/>		
Effective Code _____	Occupancy _____	Construction Type _____
Zoning:	Variance Number:	Remarks:

**OWNER AFFIDAVIT**

Application is hereby made to obtain a permit to do the 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, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, FENCE, DRIVEWAYS and AIR CONDITIONERS, ETC. In addition to the requirements of this permit, there may be additional restrictions found in the Public Records, and there may be additional permits required from other governmental entities.

I, the owner of the property, have disclosed all information related to any work that has been performed in the prior twelve months to the Building Division as part of this application. Further, I am fully aware that if the cumulative cost of work to my home or business under this and any other permit equals or exceeds fifty percent of the fair market value of the structure, the entire structure must meet the present federal flood criteria for finished floor elevation. I am also fully aware that if the cost of work to my home or business under this and any other permit equals or exceeds fifty per cent of the replacement cost of the structure, then the entire structure must conform to current code requirements of the Florida Building Code.

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 of Palmetto Bay makes no representation as to the existence or validity of any property restriction.

I, the owner of the property 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.

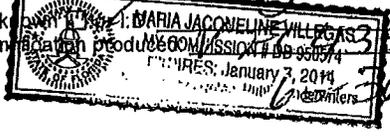
**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Darryl Schladant  
Signature of Owner

State of Florida, County of Dade

Sworn to (or affirmed) and subscribed before this 2 day of Feb, 2010  
by (print name) Darryl Schladant

Notary Name Maria J. Villeras

Personally known or I.D. \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_  


\_\_\_\_\_  
Signature of Qualifier

State of Florida, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
by (print name) \_\_\_\_\_

Notary Name \_\_\_\_\_

Personally known or I.D. \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

**IMPORTANT NOTICES**

- Do not begin work without receiving you validated permit and permit card. Applying for a permit does not grant you the right to commence construction. Construction can only occur during the hours of 7:00 a.m. to 7:00 p.m., Monday thru Saturday and from the hours of 9:00 a.m. to 6:00 p.m. on Sundays and Federal holidays.
- All construction sites must be maintained in a clean and orderly condition free from construction debris. Failure to do so will result in a fine and a suspension of inspections until said property is cleaned.
- Streets and neighboring properties shall be kept free from dirt and debris.
- Swales must be protected from damage by equipment or vehicles and sidewalks cannot be blocked.
- Portable Toilets for construction jobs require a separate permit. If toilet is not available the inspection will not be performed.
- Water cannot be discharged into the right of way or storm drains without the approval of the Public Works Department.
- No equipment or materials can be stored on the right of way; they must only be stored on your property.
- 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 approval is required for applications involving sewers and water. The tree section of the Department of Environmental Resources Management (DERM) approval is required on all landscape plans and on all tree removal applications.

**CHECKLIST (OFFICE USE ONLY)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> OWNER-BUILDER FORM<br>(Attached)                             | <input type="checkbox"/> HEALTH DEPARTMENT APPROVAL<br>(Septic/Sewer)             | <input type="checkbox"/> PERMIT CLERK REVIEW<br>By: _____   |
| <input type="checkbox"/> FIRE DEPARTMENT APPROVAL<br>(Commercial/multi (family only)) | <input type="checkbox"/> IMPACT FEE<br>(New Construction)                         | <input type="checkbox"/> Complete Application   |
| <input type="checkbox"/> CONCURRENCY<br>(New Construction)                            | <input type="checkbox"/> SCHOOL REVIEW<br>(New Construction)                      | <input type="checkbox"/> Current liability ins.   |
| <input type="checkbox"/> PROOF OF OWNERSHIP<br>(Attached)                             | <input type="checkbox"/> DERM REVIEW<br>(New Construction/Additions/Tree Removal) | <input type="checkbox"/> Worker's Comp.   |
| <input type="checkbox"/> CONDO ASSOCIATION APPROVAL                                   | <input type="checkbox"/> PUBLIC WORKS   | <input type="checkbox"/> Cont. Lic. Check   |
| <input type="checkbox"/> UPFRONT FEES AMOUNT: <u>\$230 -</u>                          |   | <input type="checkbox"/> OTHER<br>(Specify and Attach)  |
|   |   | <input type="checkbox"/> FLORIDA DEPARTMENT OF<br>BUSINESS AND<br>PROFESSIONAL REGULATION<br>APPROVAL (RESTAURANTS) |

**PERMIT FEES (OFFICE USE ONLY)**

Scanning Fees Small (1.85 per sheet)	Art in Public Places
Scanning Fees Large (3.50 per sheet) <u>3.67</u>	Certificate of Use and Occupancy
Village of Palmetto Bay Permit Fees	Concurrency Fee (7.35%)
Miami-Dade County Fees (sq. ft. x \$65//1000x0.60)	Technology Fee (6.3%)
Radon-Inspector State Educational Fund and DCA State fee	Zoning Inspection Fee (157.50 per application)
Code Enforcement Fine	Administration Fee
Certificate of Completion	Express Fee ( 25.00)
Construction Sign Fee	Public Works Fee
Roll-off Waste Container Fee (105.00 per container site)	Landscape Review Fee (175.00 per hour)
Rework Fee	Special Review Fee (89.25 per hour)
	Other

*Renewal \$230.00*

**PLAN REVIEWER APPROVAL AREA (OFFICE USE ONLY)**

SECTION	REVIEWER APPROVAL'S NAME	APPROVAL DATE	REJECTED DATE NUMBER 1	REJECTED DATE NUMBER 2	REJECTED DATE NUMBER 3
COMMUNITY DEVELOPMENT					
ZONING					
ELECTRICAL					
MECHANICAL					
PLUMBING					
FIRE					
ROOFING					
PUBLIC WORKS					
PLANNING					
STRUCTURAL					
BUILDING					
BUILDING OFFICIAL					

**REWORKS:** A fee of \$105.50 may be charged for failure to make required corrections previously indicated. The fee shall be charged after the initial review plus one follow up review per trade. Please note that Florida Statutes 553.80 section 2(b) states "with respect to evaluation of design professionals documents, if a local government finds it necessary, in order to enforce compliance with the Florida Building Code and issue a permit, to reject design documents required by the code three or more times for failure to correct a code violation specifically noted in each rejection, including but not limited to egress, fire protection, structural stability, energy, accessibility, lighting, ventilation, electrical, mechanical, plumbing, and gas systems, or other requirements identified by rule of the Florida Building Commission adopted pursuant to Chapter 120, the local government shall impose, each time after third such review the plans are rejected for that code violation a fee of four times the amount of the proportion of the permit fee attributed to plans review".

**ISSUING OFFICIAL**

FINAL PLAN REVIEWED AND PREPARED FOR ISSUANCE BY: \_\_\_\_\_

*AKL* DATE: *2/2/10*

**CONDITIONS OF APPROVAL**

**PLAN TRACKING**

Plans Checked out	Date	Clerk	Plans Checked in	Date	Clerk

# GENERAL NOTES

1. ALL WORK SHALL CONFORM TO THE LATEST EDITION OF THE FLORIDA BUILDING CODE AND ALL OTHER GOVERNMENTAL AND OR REGULATORY AUTHORITIES.
2. GENERAL CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS OF ALL EXISTING WORK AND ANY DISCREPANCIES SHALL BE REFERRED TO THE ARCHITECT OR OWNER PRIOR TO BID. DO NOT SCALE PLANS.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR FAMILIARIZING THEMSELVES WITH THE INTENT OF THE DRAWINGS, FINAL INTERPRETATION OF THE SCOPE OF WORK SHALL BE THAT OF THE OWNER AND ARCHITECT.
4. CONTRACTOR TO PROVIDE ALL BARRICADES, SCAFFOLDING, AND OTHER MEANS OF PROTECTION AS REQUIRED TO COMPLY WITH ALL STATE, LOCAL AND LOCAL MUNICIPAL ORDINANCES TO SAFEGUARD PROPERTY AND PERSONS. OBSTRUCTIONS SHALL BE PLACED SO AS NOT TO DIMINISH THE LIFE SAFETY REQUIREMENTS.
5. THE OWNER AND THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINISHING OF THE WORK.
6. GENERAL CONTRACTOR TO PATCH, REPAIR, AND/OR REPLACE ALL ADJACENT CONSTRUCTION WHICH HAS BEEN DAMAGED DURING DEMOLITION AND/OR NEW CONSTRUCTION.
7. EXISTING CONCRETE SLAB TO BE SMOOTH AND FREE OF ANY GROUTING OPENINGS IN THE SLAB FOR A SOLID SUBSTRATE OF NEW FINISHES.
8. ALL EXISTING FINISHES TO BE STRIPPED FREE FROM EXISTING WALLS, CEILING, AND FLOORS. CONTRACTOR TO VERIFY FOR APPLICATION OF NEW FINISHES PER PROJECT SPECIFICATIONS.
9. THE ARCHITECT SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THESE DRAWINGS AS DATED ON THESE SHEETS.
10. IT SHALL BE THE RESPONSIBILITY OF ALL SUBCONTRACTORS TO HAVE ALL WORK COMPLETED WITHIN THE CONTRACT TIME FRAME AND TO COMPLY WITH ALL LABOR AND MATERIALS FOR THEIR RESPECTIVE AREA OF WORK FOR THE COMPLETE AND FINISHED INSTALLATION IN COMPLIANCE WITH THE INTENT OF THE DRAWINGS AND/OR SPECIFICATIONS. ANY WORK NOT IN COMPLIANCE WITH ALL BUILDING CODES AND ORDINANCES WHICH ARE APPLICABLE TO THE PROJECT.
11. SUBCONTRACTORS SHALL COOPERATE WITH EACH OTHER AND WITH THE ARCHITECT AND OWNER TO COMPLETE THE PROJECT WITHIN THE CONTRACT SCHEDULE. ANY DELAYS OR OTHER WORK AT THE APPROPRIATE TIME SO THAT THE RESPONSIBILITY OF THE CONTRACTORS UNDER WORK IS AFFECTED AS SUCH.
12. ALL WORK SHALL BE PERFORMED BY QUALIFIED CONTRACTORS IN STRICT ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS AND RECOMMENDATIONS.
13. THIS DRAWING PACKAGE IS BASED ON DOCUMENTS, SPECIFICATIONS AND RELATED INFORMATION PROVIDED BY THE OWNER AND/OR OWNER'S AGENT.
14. THE DESIGN INFORMATION INDICATED ON THE PLANS ARE INDICATED TO BE A COMPLETE AND WORKABLE SYSTEM IN ACCORDANCE WITH ALL PRODUCT MANUFACTURERS SPECIFICATIONS, EXISTING AND/OR PROPOSED.
15. THE GENERAL CONTRACTOR OR SUBCONTRACTOR SHALL BE HELD RESPONSIBLE FOR THE REMOVAL AND THE DISPOSAL OF MATERIALS AND ITEMS REFERENCED TO AS "DEMOLISH" OR DETERMINED BY THE ARCHITECT OR OWNER TO BE REMOVED.
16. THE GENERAL CONTRACTOR SHALL HAVE MADE ALL REQUIRED PROVISIONS FOR PROTECTING EXISTING WORK AND ADJACENT AREAS, INCLUDING BUT NOT LIMITED TO, FLOORING, CEILING, PARTITIONS, WALLS, ETC., IN HIS ORIGINAL BID SUBMITTAL.
17. PROVIDE ALL CUTTING AND PATCHING IN EXISTING FLOORS, WALLS AND CEILING AS REQUIRED FOR ALL TRADES, EXCLUDING REMOVAL AND RELOCATED ITEMS AS SHOWN.
18. REMOVE ALL SPECIFIC ITEMS INDICATED ON DRAWINGS, ALSO REMOVE ALL NEW WORK AND/OR REVISION WORK TO EXISTING AREAS AS SHOWN OR DESCRIBED ELSEWHERE IN THE CONTRACT DOCUMENTS.
19. THE GENERAL CONTRACTOR SHALL PROVIDE AND INSTALL SIGN, BARRICADES, FENCES, LIGHTING ETC. AS REQUIRED FOR THE PROTECTION OF THE PERSONNEL, VISITORS TO THE OWNER, ITS EMPLOYEES.

## EXISTING HOOD NOTES

1. GENERAL: Domestic green-top broiler units shall be provided with a metal exhaust hood, not less than 20" depth, with a minimum clearance of 18" above the hood. The hood shall be at least 24" wide as the broiler unit and shall extend over the entire unit. Each exhaust hood shall have a 1" gasketed broiler unit incorporating an integral exhaust system, and listed and labeled for use without an external duct system. The hood shall be constructed of galvanized steel and shall be installed in accordance with the conditions of their listing and label and the manufacturer's installation instructions. The manufacturer's installation instructions shall be provided to the contractor. The hood shall be installed in an approved manner. Flushing shall be at points within the upper one-third and lower one-third of the appliance.

2. HOOD: The hood shall be installed in an approved manner. Flushing shall be at points within the upper one-third and lower one-third of the appliance.

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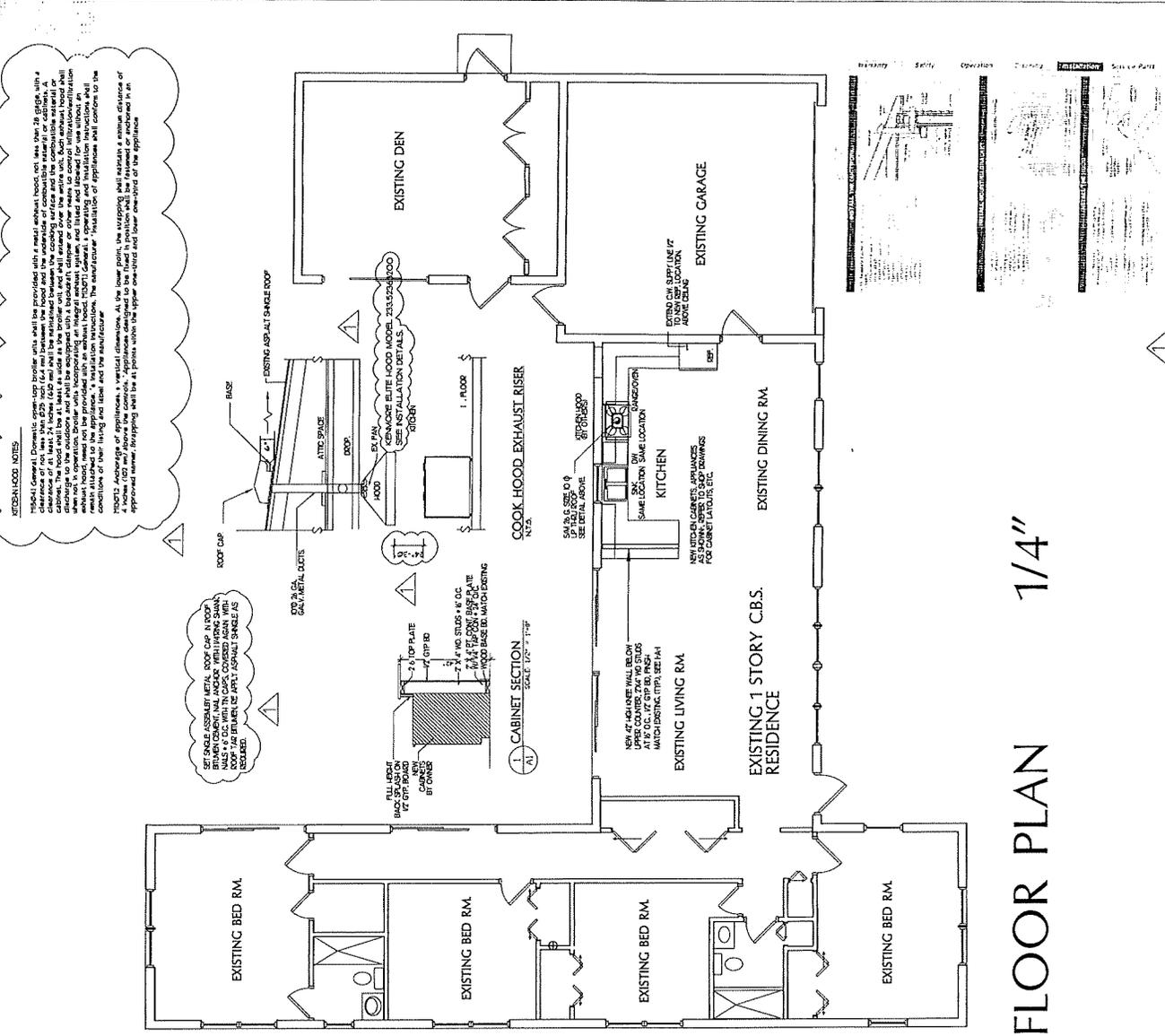
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# FLOOR PLAN 1/4"

SHEET #  
A-1  
OF

OMELIO ARRABAL  
ARCHITECTS  
KITCHEN RENOVATION AT 8340 SW 149TH DRIVE  
PALMETTO BAY, FLORIDA  
4900 SW 74TH COURT #1000, FL 33155 (905) 663-1662

10/20/2008  
RSD

SEAL  
10/20/2008

Architectural details and notes for the hood and kitchen area, including material specifications and installation instructions.



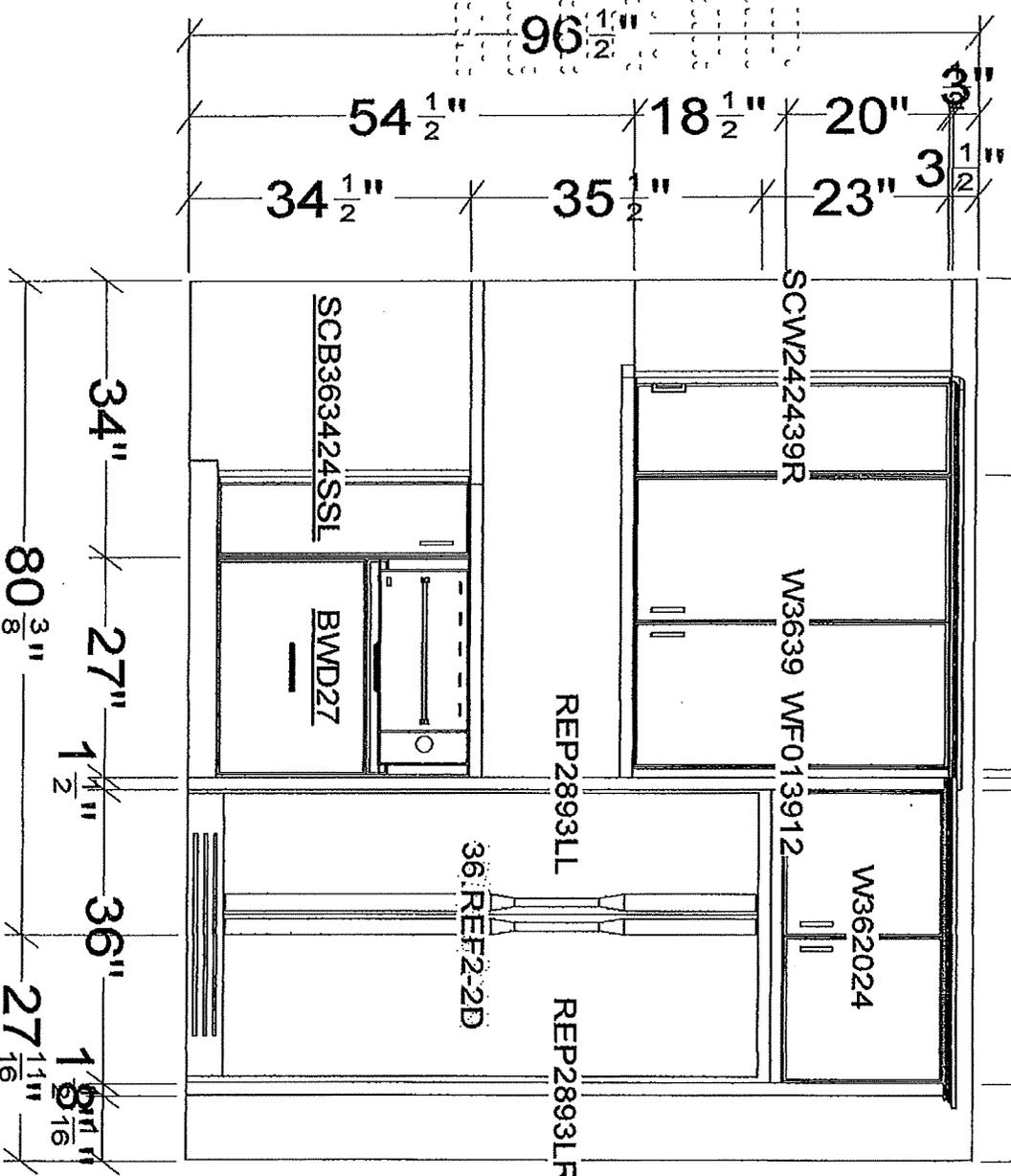








W362024  
 W3639 WF013912  
 SCW242439R  
 BWD27  
 SCB363424SSL  
 REP2893LL  
 REP2893LR  
 36:REF2-2D



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

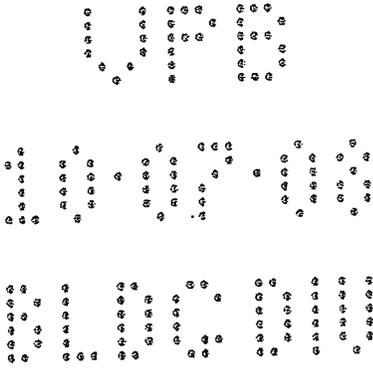
Designed: 6/16/2006  
 Printed: 10/6/2008

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EI 2

Drawing #: 1

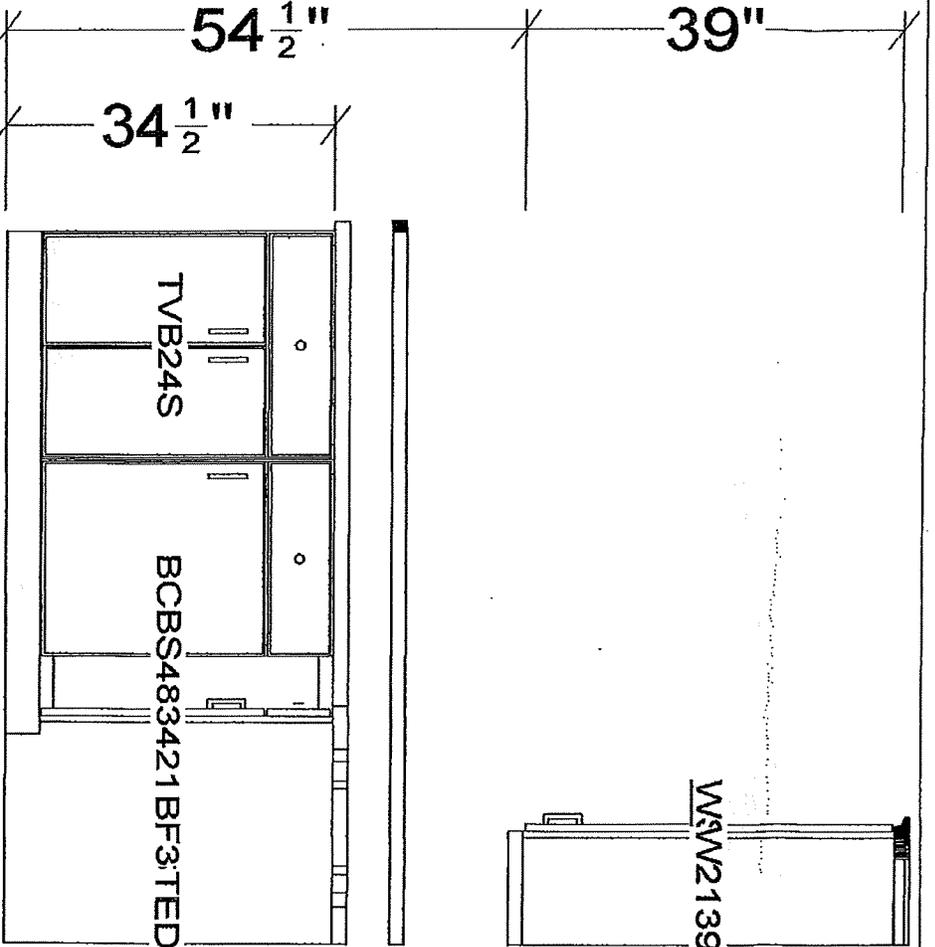




39"

54 1/2"

34 1/2"



1 1/8" 24"

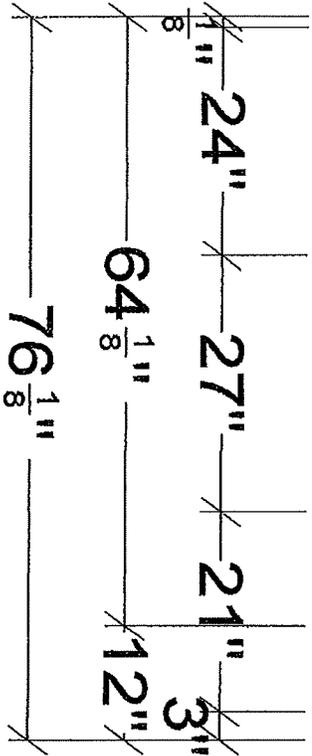
27"

21"

3"

64 1/8"

76 1/8"



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



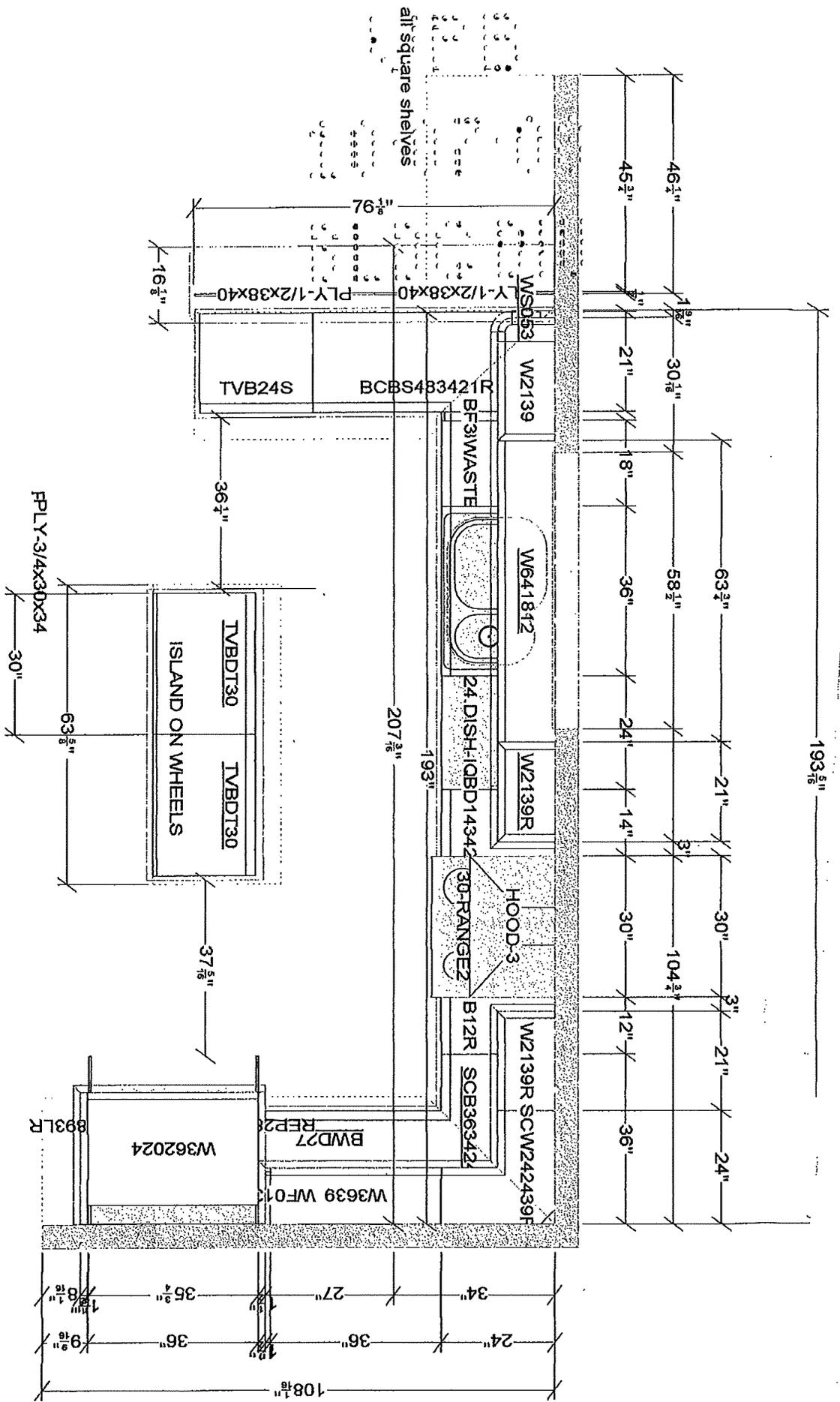
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Printed: 10/6/2008

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EI 3

Drawing #: 1



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 Printed: 10/6/2008

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All

Drawing #: 1