

33-5033-038-0010
17005 SDH
thnft state?
BUD 2014 5547
PUB 2014-1114
10P
9P

Scanned
to 10110

17171 SDH?



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

REQUEST FOR PUBLIC RECORDS

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

DATE: 2/16/18 Zevgiti's
NAME: Atanasios Zevgiti's
COMPANY: T.T.P The Greek House LLC
ADDRESS: 17041 S. Dixie Hw. Palmetto Bay
PHONE: 305 896 8900 FAX: _____
EMAIL: greekhousekitchen@gmail.com

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

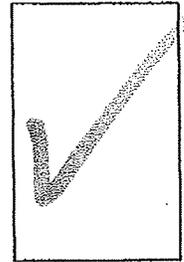
Plans for sewer system in the #
17041 plaza in Palmetto Bay
(17041)

FOR USE BY VILLAGE STAFF ONLY TRACKING NO.: 2018-053
DATE FORWARDED: 2/20/18 ASSIGNED DEPT: Building
DATE REQUEST FILLED: 2/2/18 NUMBER OF COPIES: 2 sheets dable
ESTIMATED TIME (IF APPLICABLE): _____ ESTIMATED COST: _____
HOW WAS REQUEST FILLED? _____
IF NOT FILLED, REASON: _____
BY: [Signature]



Village of Palmetto Bay Permit Application

Department of Building & Capital Projects
 9705 E. Hibiscus Street
 Palmetto Bay, Florida 33157
 Phone: (305) 259-1250 Fax: (305) 259-1201 Inspections: (305) 259-1253



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 4:30 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:

Owner's Initials <i>[Signature]</i>	Plan Process Number <i>PUB-2014-1110</i>	Master Permit Number <i>BLD2014-5547</i>	Subsidiary Permit Number(s)	Expiration Date
Job Address: <i>17005-51 SDIXIE Hwy</i>	<i>Palmetto Bay</i>	<i>FL</i>	<i>33157</i>	
Address	Unit number	City	State	Zip Code

Folio Number: <i>33-5033-038-0010</i>	Linear Feet: <i>175</i> Units: <i>1</i> Stories: <i>1</i>
Lot: <i>1</i> Block: <i>1</i>	Value of Proposed Work: <i>4000</i> Est. Bldg. Value: <i>982,000</i>
Subdivision: <i>170 Cona Sub</i> PB: <i>106</i> PG: <i>87</i>	Tax Assessed Value: <i>2,900,800</i>
Current Use of Property: <i>Commercial</i>	Flood Zone: _____ Base Floor Elev.: _____
Proposed Use of Property: <i>Commercial</i>	Homeowner's Association: <i>N/A</i>
Description of Work: <i>Demo Septic tank & connect to city sewer</i>	I affirm that there <input type="checkbox"/> are or <input checked="" 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.
Zoning: _____ Square Feet: _____	
Tenant Information: _____ Unit Number: _____	

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		Shutters	
Plumbing	<input checked="" type="checkbox"/>	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		Windows/Doors	
Public Works				Screen Enclosure		Roofing	
Other				Driveway		Re-Roof	
				Fence		Seal-cote	
				Pool		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>1770 Center</u>	Company Name: <u>Davis Plumbing</u>
Address: <u>17415 S. Pine Hwy</u>	Qualifier: <u>Stephen C. Davis</u>
Home Telephone: <u>305-238-2164</u>	License Number: <u>CEC 057254</u>
Business Telephone:	Address: <u>4020 Old Cutler Rd.</u>
Other Telephone:	Telephone Number: <u>305 244 5446</u>
Fax Number:	Fax Number:
Does Property have Homestead Exemption <u>NO</u>	Phone Number for Pick Up: <u>305 252 1080</u>

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.

Catherine E Nylund
Signature of Owner

State of Florida, County of MIAMI-DADE

Sworn to (or affirmed) and subscribed before this 11 day of MARCH, 2014.
by (print name)

Notary Name Catherine E Nylund

Personally known or I.D. _____
Type of identification produced: _____

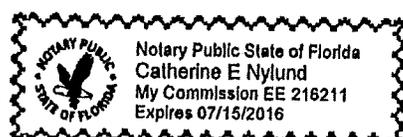
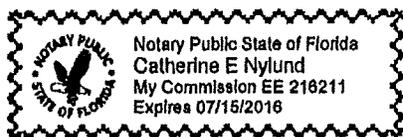
Stephen C Davis
Signature of Qualifier

State of Florida, County of Miami Dade

Sworn to (or affirmed) and subscribed before this 11 day of MARCH, 2014.
by (print name) Stephen C Davis

Notary Name Catherine E Nylund

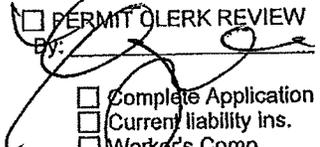
Personally known or I.D. _____
Type of identification produced: _____



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 (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"/> Conf. Lic. Check |
| <input type="checkbox"/> UPFRONT FEES AMOUNT: _____ | | <input type="checkbox"/> OTHER (Specify and Attach) |
| | | <input type="checkbox"/> FLORIDA DEPARTMENT OF BUISNESS AND PROFESSIONAL REGULATION 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)		Certificate of Use and Occupancy	
Village of Palmetto Bay Permit Fees	200.00	Concurrency Fee (7.35%)	
Miami-Dade County Fees (sq. ft. x \$85//1000x0.60)		Technology Fee (6.3%)	
Radon-Inspector State Educational Fund and DCA State fee	3.00	Zoning Inspection Fee (157.50 per application)	
Code Enforcement Fine	3.00	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	

PL 10 - \$100.00

PL 08 100.00

200.00

\$ 200.00

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: _____ DATE: _____

CONDITIONS OF APPROVAL

PLAN TRACKING

Plans Checked out	Date	Clerk	Plans Checked In	Date	Clerk



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

PERMIT #: 13-SC-1548342
APPLICATION #: AP1152878
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR944530

CONSTRUCTION PERMIT FOR: OSTDS Abandonment
APPLICANT: (170 Center)
PROPERTY ADDRESS: 17005-51 S Dixie Hwy Miami, FL 33157
LOT: 12 BLOCK: 33 SUBDIVISION: _____
PROPERTY ID #: 33-5032-004-2480 [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 [] GALLONS / GPD _____ 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 [] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK:
I ELEVATION OF PROPOSED SYSTEM SITE [] [] / [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [] [] / [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
Have the tank abandoned in accordance with the following procedures:(a) The tank shall be pumped out.(b) The bottom of the tank shall be opened or ruptured, or the entire tank collapsed so as to prevent the tank from retaining water, and(c) The tank shall be filled with clean sand or other suitable material, and completely covered with soil. Have the system inspected by the health department after it has been pumped, ruptured, and filled with sand.

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: Nicole P Gumbs TITLE: Engineering Specialist II

DATE ISSUED: 07/09/2014

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC v 1.1.4 AP1152878 SE-1

COPY
Florida Health Miami-Dade County
OS&W Program
EXP. DATE: 10/07/2014
Page 1 of 3

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

PERMIT #: 13-SC-1548341
APPLICATION #: AP1152877
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR944529

CONSTRUCTION PERMIT FOR: OSTDS Abandonment
APPLICANT: (170 Center)
PROPERTY ADDRESS: 17005-51 S Dixie Hwy Miami, FL 33157
LOT: 1,2 BLOCK: 33 SUBDIVISION: _____
PROPERTY ID #: 33-5033-038-0010 [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.

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K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [] TRENCH [] BED [] _____

F LOCATION OF BENCHMARK:

I ELEVATION OF PROPOSED SYSTEM SITE [] [] / [] [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [] [] / [] [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

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SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: Nicole P Gumbs TITLE: Engineering Specialist II Dade CHD

DATE ISSUED: 07/09/2014 EXPIRATION DATE: 10/07/2014

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC v 1.1.4 AP1152877 SE-1

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Water and Sewer
 PO Box 330316 • 3575 S. Lejeune Road
 Miami, Florida 33233-0316
 T 305-665-7471

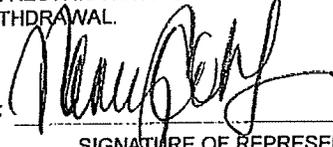
VERIFICATION FORM

THIS FORM IS NOT VALID WITHOUT A PAID INVOICE AND EXPIRES ONE YEAR FROM THE DATE ON FORM

miamidade.gov
 ATLAS PAGE: Q-25 INV#: 152014 FORM #: 201443869 DATE: 6/19/2014

NAME OF OWNER:	170 CENTER INC / M2014007649		
PROPERTY ADDRESS:	17005-51 SOUTH DIXIE HIGHWAY		
PROPOSED USAGE / NO. OF UNITS:	1,270 SF RETAIL; 280 SF OFC; 1,500 SF FF REST; 600 SF SALON; 1,500 SF MED OFC; 1,400 SF TRAIN SCHOOL; 1,800 SF DAYCARE CONNECTING TO SWR /TENANT LIST		
REPLACES: PREVIOUS USAGE / NO. OF UNITS:	1,270 SF RETAIL; 280 SF OFC; 1,500 SF FF REST; 600 SF SALON; 1,500 SF MED OFC; 1,400 SF TRAIN SCHOOL; 1,800 SF DAYCARE /TENANT LIST -WATER ONLY.		
PROPERTY LEGAL:	170 CENTER SUB PB 106-87 LOT 1 BLK 1		
FOLIO NUMBER:	33-5033-038-0010	GALLONS PER DAY INCREASE:	4,600
PROPOSED FLOW:	4,600	PREVIOUS SQUARE FOOTAGE:	29,900 <input type="checkbox"/> NEW CONSTRUCTION
PREVIOUS FLOW:	0	PROPOSED SQUARE FOOTAGE:	29,900 <input checked="" type="checkbox"/> INTERIOR RENOVATION
ADOPTED FLOW:	0		<input checked="" type="checkbox"/> SEWER ONLY

THIS IS TO CERTIFY THAT THE MIAMI-DADE WATER AND SEWER DEPARTMENT DOES HAVE A(N) 12 INCH WATER MAIN ABUTTING THE SUBJECT LEGALLY DESCRIBED PROPERTY. WE ARE WILLING TO SERVE THE SUBJECT PROPERTY, (OR, IF "WILL HAVE", UPON PROPER CONVEYANCE AND PLACEMENT INTO SERVICE OF WATER FACILITIES BY THE DEVELOPER UNDER AGREEMENT WITH THE DEPARTMENT, (AGREEMENT ID # N/A) SUBJECT TO PROHIBITIONS OR RESTRICTIONS OF GOVERNMENTAL AGENCIES HAVING JURISDICTION OVER MATTERS OF WATER SUPPLY OR WITHDRAWAL.

BY: 
 SIGNATURE OF REPRESENTATIVE

Nancy Cobb - New Business Representative
 AUTHORIZED BY

NEW BUSINESS COMMENTS: WTR ONLY CCB# 1500345200 SCC=\$25,760.00 VF=\$75.00 TOTAL=\$25,835.00 VALID WITH PAID INVOICE.

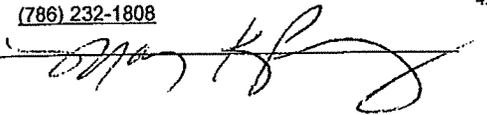
THIS IS TO CERTIFY THAT THE MIAMI-DADE WATER AND SEWER DEPARTMENT DOES HAVE A(N) 8 INCH SEWER MAIN ABUTTING THE SUBJECT LEGALLY DESCRIBED PROPERTY. WE ARE WILLING TO SERVE THE SUBJECT PROPERTY, (OR, IF "WILL HAVE", UPON PROPER CONVEYANCE AND PLACEMENT INTO SERVICE OF SEWER SEWER FACILITIES BY THE DEVELOPER UNDER AGREEMENT WITH THE DEPARTMENT, (AGREEMENT ID # N/A). SUBJECT TO PROHIBITIONS OR RESTRICTIONS OF GOVERNMENTAL AGENCIES HAVING JURISDICTION OVER MATTERS OF SEWAGE DISPOSAL. FURTHERMORE, APPROVAL OF ALL SEWAGE FLOWS INTO THE DEPARTMENT'S SYSTEM MUST BE OBTAINED FROM D.E.R.M. THE ANTICIPATED DAILY WATER AND/OR SEWAGE FLOW FOR THIS PROJECT WILL BE: FOUR THOUSAND SIX HUNDRED [4600] GALLONS PER DAY INCREASE.

BY: 
 SIGNATURE OF REPRESENTATIVE

Nancy Cobb - New Business Representative
 AUTHORIZED BY

NEW BUSINESS COMMENTS: D.E.R.M. SEWER ALLOCATION LETTER DATED: 6-9-14 LT# 2014-01663

THIS VERIFICATION LETTER CERTIFIES THE AVAILABILITY OF A WATER AND/OR SEWER MAIN ONLY, AND IT DOES NOT GUARANTEE THE EXISTENCE OF A WATER SERVICE LINE OR OF A SEWER LATERAL WITH SUFFICIENT DEPTH TO SERVE THE PROPERTY. FOR ADDITIONAL INFORMATION CALL 786-268-5249/5295. SHOULD IT BECOME NECESSARY TO INSTALL A SERVICE LINE AND/OR A SEWER LATERAL WASD REQUIRES THAT THE DEVELOPER RETAINS SERVICES FROM DESIGNERS AND CONTRACTORS WITH SKILL SETS FOR DESIGNING, BUILDING AND CONNECTING TO PUBLIC WATER AND SEWER SYSTEMS.

CONTACT NAME: DUSTIN ANDERSON
 CONTACT PHONE: (786) 232-1808
 AUTHORIZED BY: 

Printed On: 6/30/2014 4:10:40 PM

NB: Nancy Cobb
 PR:

7-2-14



Miami-Dade Water and Sewer Department

New Business Office

P.O. Box 330316

Miami, Florida 33233-0316

3575 South LeJeune Road, Room 114

Miscellaneous Charges

INVOICE #: 157094

DATE: July 03, 2014

CUSTID: 175008

PeopleSoft Acct ID#: 2471640577

Building Process #: X 2014131032

IN ACCOUNT WITH

170 CENTER INC
17415 SOUTH DIXIE HWY

Miami, FL 33157-

REFERENCE

W/S CC FOR 17005-51 S DIXIE HWY: 1270 SF RETAIL/280 SF OFC/1500 SF FF RST/600 SF SALON/1500 SF MED OFC/1400 SF TRAIN SCHL/1800 SF DAYCAR CONN TO SWR/ f3350330380010/M2014007649/ VF201443869

ER WATER: N/A

ER SEWER: N/A

AGMT ID:

DESCRIPTION

QTY GPD	DESCRIPTION	G/L CODE	CIS ADJ CD	UNIT PRICE	AMOUNT
4600	Conn Chg - WASD Sewer	6897501-EW623		5.60	25,760.00
1	Verif Form- non-res exist'g (Sewer)	6436663-EW501		75.00	75.00
TOTAL:					\$25,835.00

WATER DEPOSITS: \$0.00

SEWER DEPOSITS: \$0.00

INVOICE NO. 157094 TOTAL: \$25,835.00

CHECK # (S) : 1436 \$25,835.00

TOTAL : \$25,835.00

CHECK TENDERED : \$25,835.00

TRANSACTION # : 28140703066
PROCESS # : X2014131032

Original Invoice 157094 Printed On 7/3/2014 by: P. C. Hernandez

Distribution: White-Customer, Yellow-General Office, Pink-Local Office, Gold-New Business



2014-ALLOCATION-01663

**Regulatory and Economic Resources
Environmental Plan Review**
11805 S.W. 26 Street (Coral Way) Room 124
Miami, Florida 33175-2474
T 786-315-2800 F 786-315-2919

miamidade.gov/development

6/9/2014

Issued Date: 6/9/2014

170 CENTER INC
17415 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157

RE: Sanitary Sewer Certification of Adequate Capacity

The Miami-Dade County Department of Regulatory and Economic Resources (RER) has received your application for approval of additional sewer flows for the following project which is more specifically described in the attached project summary.

Project Name: 170 CENTER, INC. / M2014007649
Project Location: 17005 - 17051 S DIXIE HWY, PALMETTO BAY, FL 33157
Previous Use: COMMERCIAL BUILDING CONNECTED TO SEPTIC TANK
Proposed Use: COMMERCIAL BUILDING CONNECTING TO PUBLIC SEWER SYSTEM

Previous Flow: 0 GPD
Total Calculated Flow: 6250 GPD
Allocated Flow (additional sewer flows): 6250 GPD
Sewer Utility: UNINCORPORATED DADE COUNTY
Receiving Pump Station: 30 - 1143

RER has evaluated your request in accordance with the terms and conditions set forth in Appendix A of the Consent Decree (CASE No. 1:12-CV-24400-FAM) between the United States of America and Miami-Dade County. RER hereby certifies that adequate treatment and transmission capacity is available for the above described project, pursuant to the criterion stipulated in Appendix A of said Consent Decree.

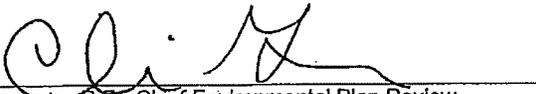
Furthermore, be advised that this approval does not constitute departmental approval for the proposed project and is subject to the terms and conditions set forth in the Consent Decree. Additional reviews and approvals may be required from other sections having jurisdiction over specific aspects of this project. Also, be advised that the gallons per day (GPD) flow determination indicated herein are for sewer allocation purposes only (in compliance with the Consent Decree requirements) and may not be representative of GPD flows used in calculating connection fees by the utility providing the service.

Be advised that this Sanitary Sewer Certification of Adequate Capacity (this letter) will expire within 90 days of the issue date if the applicant does not obtain a building process number from the corresponding building official. However, if the building process number has already been obtained, this letter will expire within 180 days of the expiration date of the process number. Finally, if a Building Permit was secured for this project, this letter will expire within 150 days of the expiration date of the Building Permit.

Should you have any questions regarding this matter, please contact the Miami-Dade Permitting and Inspecting Center (MDPIC) (786) 315-2800 or RER Office of Plan Review Services, Downtown Office (305) 372-6789.

Sincerely,

Lee N. Hefty
Director of Environmental Resources Management

For/By: 
Cristian Guerrero, P.E., Chief Environmental Plan Review
Department of Regulatory and Economic Resources



Regulatory and Economic Resources
 Environmental Plan Review
 11805 S.W. 26 Street (Coral Way) Room 124
 Miami, Florida 33175-2474
 T 305-2800 F 786-315-2919

Sanitary Sewer Certification of Adequate Capacity Project Summary

miamidade.gov/development

Owner's Name: 170 CENTER INC
 Owner's Address: 17415 SOUTH DIXIE HIGHWAY
 PALMETTO BAY, FL 33157

EEOS Allocation Number: 2014-ALLOCATION-01663

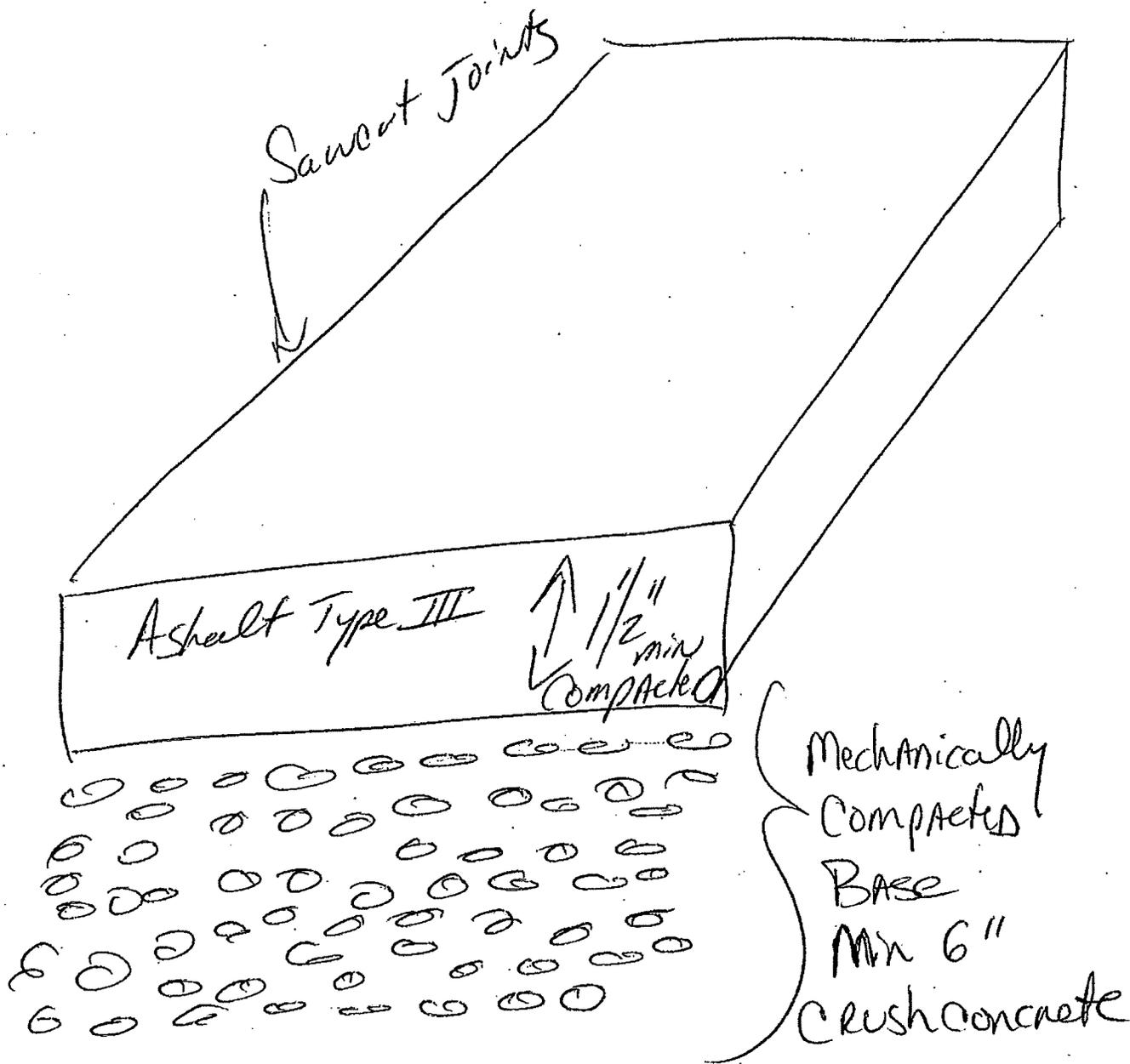
Project: 170 CENTER, INC. / M2014007649

Proposed Use: COMMERCIAL BUILDING CONNECTING TO PUBLIC SEWER SYSTEM

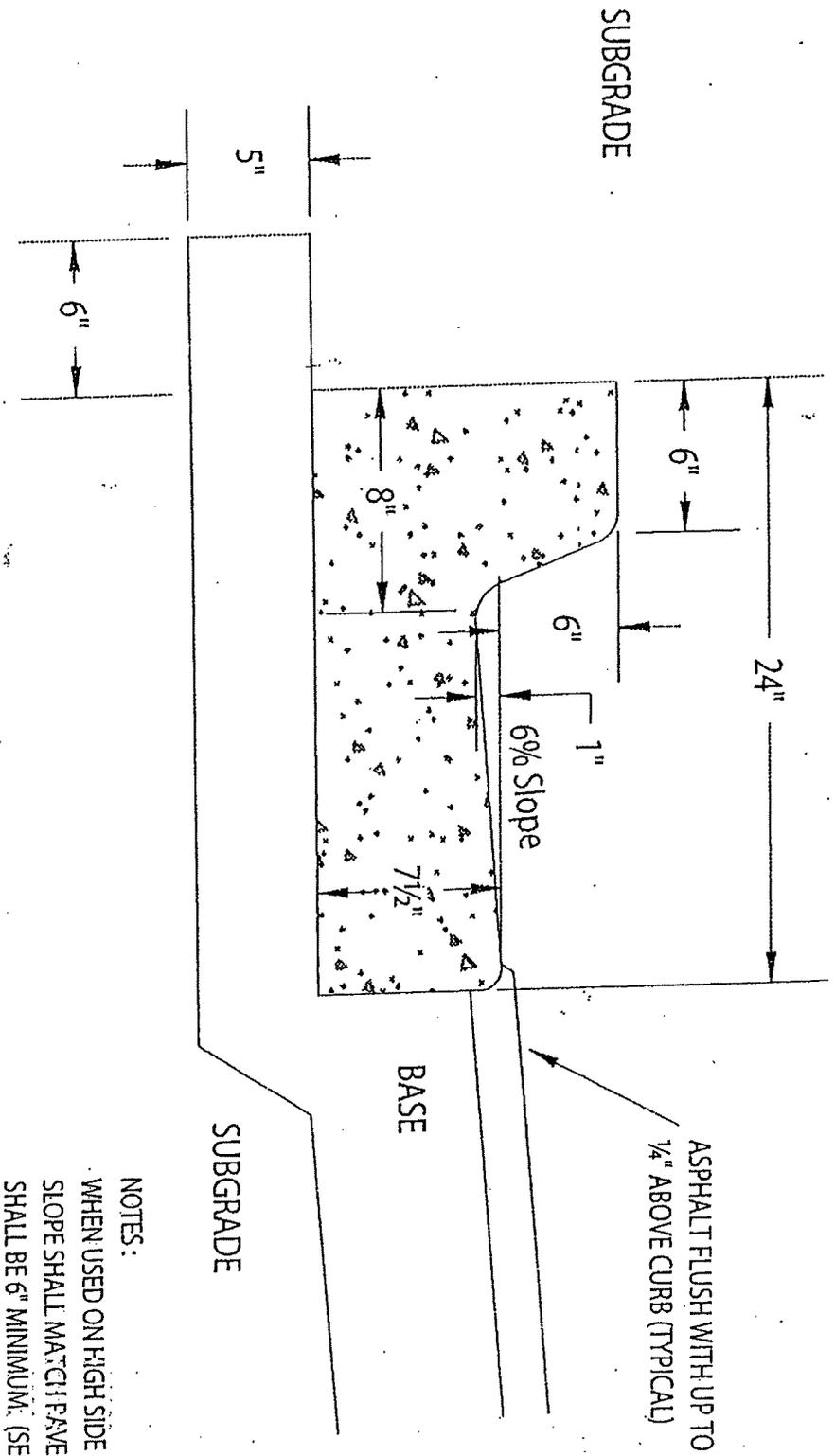
Pump Station: 30-1143
 Projected NAPOT: 0.71

Folio	Lot/Block Bldg Proc #	Address	Flow (GPD)	Sewer Status	Sewer Cert Date	Sewer Recert Date	Exp. Date
3350330380010	/ M2914997649	17005-17051 S DIXIE HWY	6,250	APP	6/9/2014		
Total:			6,250	GPD			

Asphalt Surfaces



Curb Repairs

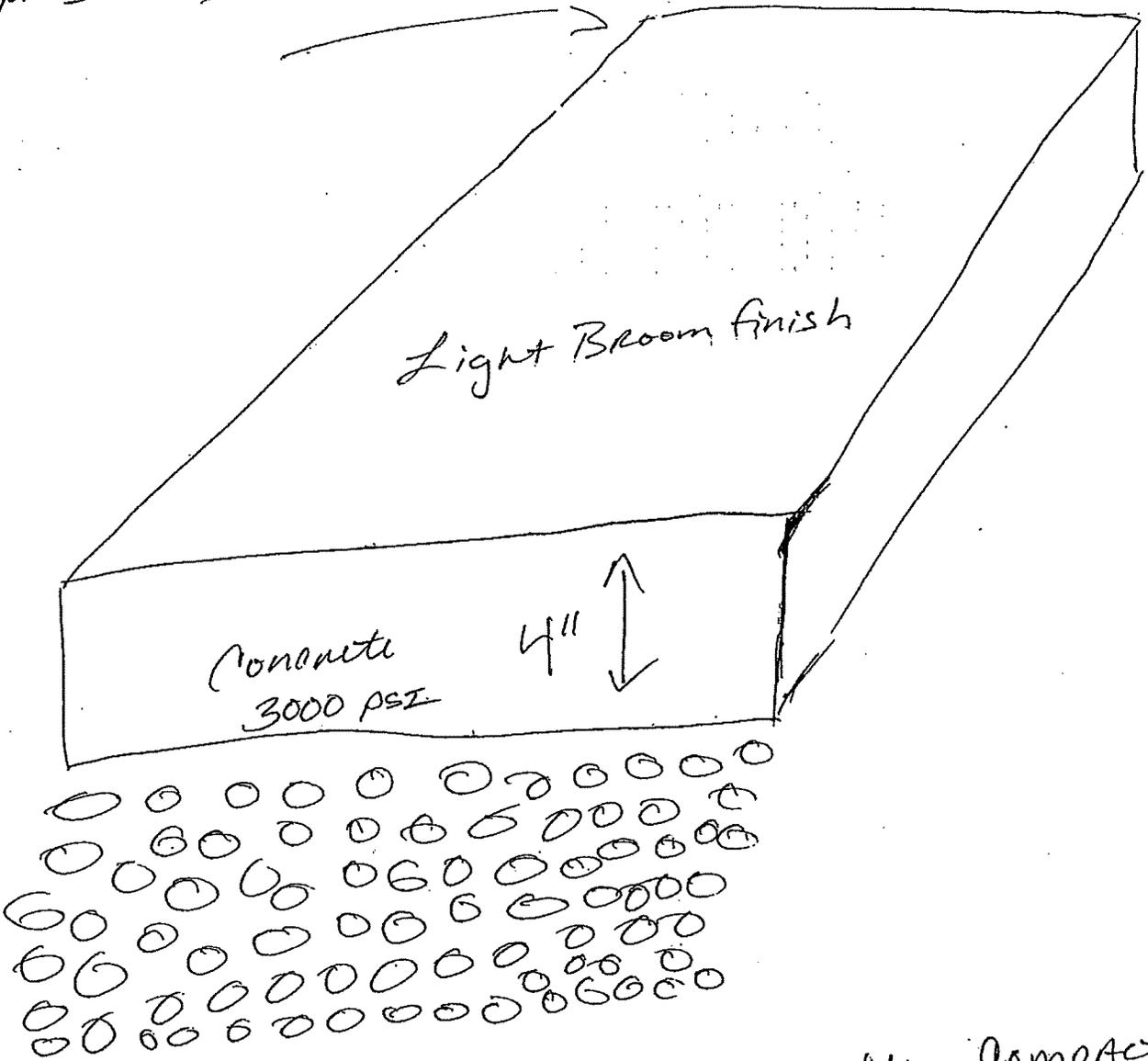


NOTES:
WHEN USED ON HIGH SIDE OF ROADWAYS, THE CROSS
SLOPE SHALL MATCH PAVEMENT SLOPE, AND UP THICKNESS
SHALL BE 6" MINIMUM. (SEE FDOT INDEX 300)

(PICB. 2012-0425.)

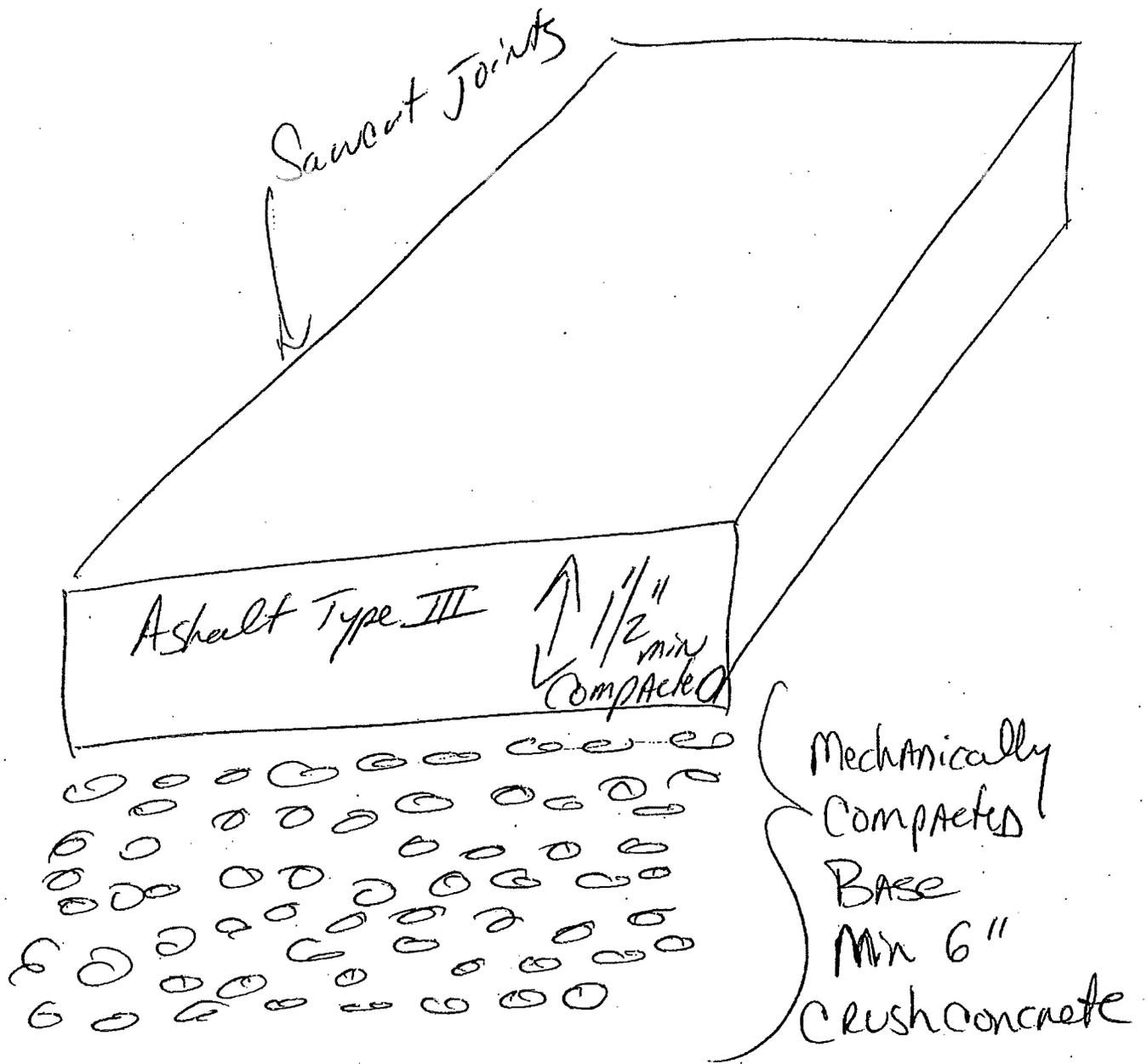
Concrete Repairs

Joints to be sawcut & TRANSVERSE Joints -
equal spacing minimum 4ft
max 5ft



Mechanically Compacted
BASED
CRUSH CONCRETE

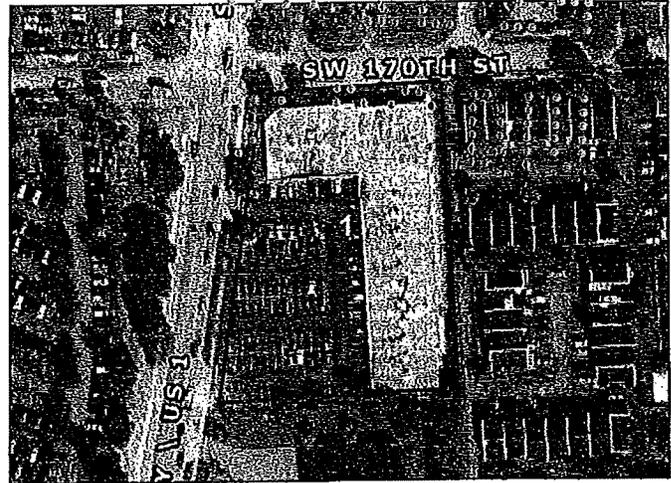
Asphalt Surfaces





MIAMI-DADE COUNTY PROPERTY APPRAISER
Lazaro Solis
 PROPERTY APPRAISER

Property Information:		
Folio	33-5033-038-0010	
Property Address	17005 S DIXIE HWY	
Owner Name(s)	170 CENTER INC	
Mailing Address	17415 SOUTH DIXIE HIGHWAY PALMETTO BAY FL 33157	
Primary Zone	6400 COMMERCIAL - CENTRAL	
Use Code	1111 STORE : RETAIL OUTLET	
Beds/Baths/Half	0/0/0	
Floors	1	
Living Units	0	
Adj. Sq. Footage	31,398	
Lot Size	83,357 SQFT	
Year Built	1977	
Full Legal Description	170 CENTER SUB PB 106-87 LOT 1 BLK 1 LOT SIZE 83357 SQ FT OR 12972-800 0786 1 F/A/U 30-5033-038-0010	
Assessment Information:		
Year	2013	2012
Land Value	\$1,917,211	\$1,917,211
Building Value	\$982,789	\$982,789
Market Value	\$2,900,000	\$2,900,000
Assessed Value	\$2,900,000	\$2,900,000
Benefits Information:		
Benefit	Type	2013 2012



Aerial Photography 2012

Taxable Value Information:			
Year	2013	2012	
	Exemption/ Taxable	Exemption/ Taxable	
County	\$0/\$2,900,000	\$0/\$2,900,000	
School Board	\$0/\$2,900,000	\$0/\$2,900,000	
City	\$0/\$2,900,000	\$0/\$2,900,000	
Regional	\$0/\$2,900,000	\$0/\$2,900,000	
Sale Information:			
Date	Amount	OR Book-Page	Qualification Code
08/13/2010	\$100	27406-0489	Corrective, tax or QCD; min consideration
07/01/1986	\$1,300,000	12972-0800	2008 and prior year sales; Qual by exam of deed
04/01/1980	\$1,680,000	10708-0703	Qual on DOS, but significant phy change since

Disclaimer:

The Office of the Property Appraiser and Miami-Dade County are continually editing and updating the tax roll and GIS data to reflect the latest property information and GIS positional accuracy. No warranties, expressed or implied, are provided for data and the positional or thematic accuracy of the data herein, its use, or its interpretation. Although this website is periodically updated, this information may not reflect the data currently on file at Miami-Dade County's systems of record. The Property Appraiser and Miami-Dade County assumes no liability either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken, or action not taken by the user in reliance upon any information provided herein. See Miami-Dade County full disclaimer and User Agreement at <http://www.miamidade.gov/info/disclaimer.asp>.

Property information inquiries, comments, and suggestions email: pawebmail@miamidade.gov

GIS inquiries, comments, and suggestions email: gis@miamidade.gov

Generated on: Wed Feb 19 2014

170 CENTER, INC.

EDWARD P. LUDOVICI
President

ALEXANDRA SORONELLAS
Asset Manager

7415 South Dixie Highway
(Southbound US1)
Palmetto Bay, FL. 33157-5491

Telephone: 305-235-8720

Fax: 305-235-2250

March 5, 2014

State of Florida
Department of Health

RE: Onsite treatment and disposal system
Application for construction permit
17005-51 South Dixie Highway, Palmetto Bay, Florida 33157

Dear Sir or Madam:

The Miami-Dade Water and Sewer Department recently completed the Palmetto Bay Water and Sewer Improvement Project for Basin A. The above referenced property is located in Basin A and we would like to abandon our Septic tank and connect to the sewer.

We have hired AAA Construction Restoration Services to connect to the sewer and authorize them to do anything necessary to complete the task.

If you have any questions concerning this matter please do not hesitate to call me.

Very truly yours,



EDWARD P. LUDOVICI, PRESIDENT

~~M 2014007155~~

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY BUILDING DEPARTMENT
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street (Coral Way), Miami, Florida 33175-2474 • (786) 315-2100
APPLICATION FOR MUNICIPAL PERMIT APPLICANTS
THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE
AND/OR DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT

PROVIDE MUNICIPAL PROCESS NUMBER HERE

LOCATION OF IMPROVEMENTS	Job Address <u>17005 S Dixie Hwy</u>		CONTRACTOR INFORMATION	Contractor No. <u>CB1251717</u>
	Phone <u>305-33-038-0010</u>			Last four (4) digits of Qualifier No. <u>5542</u>
TYPE OF IMPROVEMENTS	Block _____		CURRENT USE OF PROPERTY	Contractor Name <u>AAA CONSTRUCTION RESTORATION</u>
	Subdivision _____ PBpg _____			Qualifier Name <u>JUSTIN ANDERSON</u>
PERMIT TYPE	Meets and bounds _____		OWNER'S NAME	Address <u>12337 SW 88 Ave</u>
	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire			City <u>MIAMI</u> State <u>FL</u> Zip <u>33176</u>
REVIEW STATUS	<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only		ARCHITECT/ENGINEER	Current use of property <u>Retail outlet</u>
	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-stamp <input type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire			Description of Work <u>Connect to City Sewer</u>
PERSON TO PICK UP PLAN	<input type="checkbox"/> MDED * <input type="checkbox"/> MELE <input type="checkbox"/> MLPG <input type="checkbox"/> MMEC <input type="checkbox"/> FIRE		OWNER'S NAME	Sq. Ft. _____ Units _____ Floors _____
	<input type="checkbox"/> FIRE			Value of Work <u>\$5000</u>
FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	Name <u>JUSTIN ANDERSON</u>		OWNER'S NAME	Owner <u>170 Center Inc</u>
	Address <u>12337 SW 88 Ave</u>			Address <u>17415 S Dixie Hwy</u>
DERM OPTIONAL PLAN REVIEW (OPR)	City <u>MIAMI</u> State <u>FL</u> Zip <u>33176</u>		OWNER'S NAME	City <u>Palmetto Bay</u> State <u>FL</u> Zip <u>33157</u>
	Phone <u>786-232-1608</u>			Phone _____
FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible at the rate of \$190 for the first hour and \$90 per each addition hour in addition to the review fees. Minimum charge one-hour.		OWNER'S NAME	Last four (4) digits of _____
	1 st Request: _____ Date: _____ 2 nd Request: _____ Date: _____ 3 rd Request: _____ Date: _____			Owner's Social Security No. _____
DERM OPTIONAL PLAN REVIEW (OPR)	I am requesting Optional Plan Review (OPR) to be scheduled as soon as possible at the rate of \$75 for each discipline. Additional review fees may apply.		OWNER'S NAME	Name _____
	1 st Request: _____ Date: _____ 2 nd Request: <u>Effective 2/18/2011 DERM is NOT accepting OPR (expedite reviews)</u> Date: _____ 3 rd Request: _____ Date: _____			Address _____

235 8700

**MIAMI-DADE COUNTY WATER & SEWER DEPARTMENT
New Business Section**

MAIN OFFICE
3575 s. LEJEUNE RD
MIAMI, FLORIDA 33146
786-268-5360
8:00 am - 4:00pm

WEST OFFICE
PERMITTING & INSPECTION CENTER (PIC)
11805 SW 26 Street, MIAMI, FLORIDA 33175
786-315-2717
7:30 am - 3:30pm

DOWNTOWN OFFICE
OVERTOWN TRANSIT VILLAGE (2ND FLOOR WEST)
701 NW 1st COURT, MIAMI, FLORIDA 33136
786-469-2026/786-469-2029
8:00am - 4:00pm

Up Front Fee Invoice #



VERIFICATION FORM / ORDINANCE 89-95 LETTER - CUSTOMER INTAKE/DROP-OFF FORM

Project Name: 170 Center	Property/Project Address: 17005 S. Dixie Hwy	Municipality: Palmetto Bay
Property Owner's name: 170 Center Inc	Type of Entity: (http://www.sunbiz.org/)	<input checked="" type="checkbox"/> Verification Form <input type="checkbox"/> Ordinance Letter
SS # of Federal Tax ID#: (IF REFUND IS APPLICABLE) 27-3277740	Phone: Cell Phone: 786-232-1808	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial
Mailing Address: 17415 S. Dixie Hwy Palmetto Bay, FL 33157	Fax: 305-256-1677 email: DDA@AAASPS.com	<input type="checkbox"/> New Construction: <input checked="" type="checkbox"/> Change of use:
	CPP #	<input type="checkbox"/> Renovation/Remodel: <input type="checkbox"/> NORC:

PREVIOUS USE

Number of Units	SQ FT per Unit	Type of Unit: (ex: Restaurant, office, retail, single family residence, duplex). You may attach an additional list if necessary	Previous Gallons Per Day (GPD):
20	see Attached letter for tenant list	uses	

PROPOSED USE - * PLEASE NOTE BELOW

Number of Units	SQ FT per Unit	Type of Unit: (ex: Restaurant, office, retail, single family residence, duplex). You may attach an additional list if necessary	Proposed Gallons per Day (GPD):
20	See Attached letter	same as above no change in use	

Folio #	Lot	Block	Sub-Division
33-5033-038-0010			

Contact Person (RUNNER/EXPEDITER): Name:	Mailing Address:	Phone:	Cell Phone:
Company:		Fax:	email:

ACKNOWLEDGEMENT

The Department shall not render service to said development until after approval of this verification form application, and after payment of applicable connection fees and compliance with Department's Rules and Regulations for service. *NOTICE: CHANGES OF USE MAY CAUSE A CHANGE IN YOUR WATER BILL'S RATE. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

PRINT NAME DUSTIN ANDERSON	TITLE
SIGNATURE X	DATE 6/12/14
CUSTOMER SOURCE: <input type="checkbox"/> Walk-In: <input type="checkbox"/> Drop Off: <input type="checkbox"/> CPP:	NBP: Date: Time:
PROCESS LOCATION: <input type="checkbox"/> LeJeune: <input type="checkbox"/> PIC: <input type="checkbox"/> OTV:	<input type="checkbox"/> Plans Picked Up Date:

1/26/2015

Inspection Schedule for gurgelles
Scheduled for January 26, 2015

Permit# PLB-2014-1116 **Address** 17005 S DIXIE HWY **Folio** 3350330380010 **Contractor** DAVIS STEPHEN PLUMBING
(305) 244-5446

Master Permit# BLD-2014-5547 **Owner** PHILIP F & C L HINSO LUDOVICI

Description
DEMO SEPTIC TAK AND CONNECT TO CITY SEWER MASTER PERMIT BLD-201-5547

Previous: Action	Description	Complete	Result	Staff
308	SEWER CONNECTION	12/24/14 8:01 ε	apprve	gurgelles
327	SEWER CONNECTION APPROVED FINAL PLUMBING	12/24/14 12:19	cancel	gurgelles
	WRONG PERMIT TYPE			
Type: 327	FINAL PLUMBING <i>approved</i>			Time: 11:27
Notes:				
Comments:				
Date: 1/26/15	Signature: <i>[Signature]</i>			



✓
1/15/14

PLANS PROCESSING

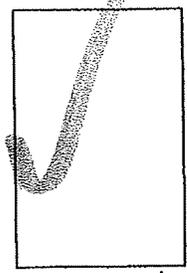
Process Number: 118-2011-1110 118-2011-5547
 Description of Work: Dems Septic Tank 3 connect to sewer
 Property Address: 11805-51 S Dixie

Department	Date In	Date Out	Total Business Days	Approved	Denied	Comments
Zoning	4/3/14	N/A				
Building	02/04/14 7/11/14	4/7/14 5/20/14	1	✓	✓	
Structural						
Electrical						
Mechanical						
Plumbing	7/10/14	4/4/14 7/11/14		✓	✓	
Planning & Zoning						
Public Works						
ADA Review						
Code Enforcement Verification		banding corrections 7/11/14	4/3/14	✓		
Final Signature						
Pricing		7/15/14				
Call for Pick up						



Village of Palmetto Bay Permit Application

Department of Building & Capital Projects
 9705 E. Hibiscus Street
 Palmetto Bay, Florida 33157
 Phone: (305) 259-1250 Fax: (305) 259-1291 Inspections: (305) 259-1253



GENERAL INFORMATION: Please read these instructions carefully before submitting the application 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 4:30 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
WJF	BUD2014-5547			

Job Address: 17005-51 SDIXIE Hwy Palmetto bay FL 33157
 Address Unit number City State Zip Code

Folio Number: <u>33-5033-038-0010</u>	Linear Feet: <u>175</u> Units: _____ Stories: <u>1</u>
Lot: <u>1</u> Block: <u>1</u>	Value of Proposed Work: <u>2000</u> Est. Bldg. Value: <u>982,000</u>
Subdivision: <u>170 Centa Sub</u> PB: <u>106</u> PG: <u>87</u>	Tax Assessed Value: <u>2,900,000</u>
Current Use of Property: <u>Commercial</u>	Flood Zone: _____ Base Floor Elev.: _____
Proposed Use of Property: <u>Commercial</u>	Homeowner's Association: _____
Description of Work: _____	I affirm that there <input type="checkbox"/> are or <input checked="" 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.
Zoning: _____ Square Feet: _____	
Tenant Information: _____ Unit Number: _____	

Check Permit Type		Check Permit Change		Check Type of Improvement			
Building	X	Change of Contractor		New Construction		Deck/Concrete flatwork	
Electrical		Permit Renewal		Exterior Alteration		Window Replacement	
Mechanical		Plan Revision		Interior Alteration		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		Windows/Doors	
Public Works				Screen Enclosure		Roofing	
Other				Driveway		Re-Roof	
				Fence		Seal-cote	
				Pool		Other	

7/27/14

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>170 Center Inc</u>	Company Name: <u>AAA CONSTRUCTION RESTORATION</u>
Address: <u>17415 S DIXIE HWY 33157</u>	Qualifier: <u>DUSTIN ANDERSON</u>
Home Telephone: <u>305-235-2167</u>	License Number: <u>CBC1251797</u>
Business Telephone: <u>305-235-8720</u>	Address: <u>13337 SOUTHWEST 88TH AVE, MIAMI FL, 33176</u>
Other Telephone:	Telephone Number: <u>305-256-4886</u>
Fax Number: <u>305-235-2250</u>	Fax Number:
Does Property have Homestead Exemption: <u>NO</u>	Phone Number for Pick Up: <u>786-232-1808</u> <u>Dustin</u>

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.

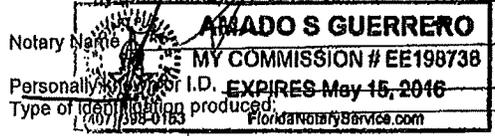
I, the owner of the property, understand that a permit application is subject to denial and a validated permit or permit card is subject to revocation or modification based upon applicable deeds, covenants, declarations, easements and any other legal restriction. By issuing a permit, the Village of Palmetto 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.

BY
 Signature of Owner: [Signature]
 State of Florida, County of Miami Dade
 Sworn to (or affirmed) and subscribed before this 10th day of February, 2014
 by (print name) EDUARDO P. LUDOVICI
 Notary Name: [Signature]

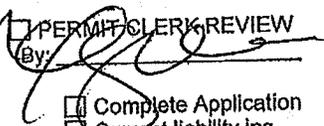
Signature of Qualifier: [Signature]
 State of Florida, County of MIAMI-DADE
 Sworn to (or affirmed) and subscribed before this 6 day of MARCH, 2014
 by (print name) DUSTIN ANDERSON
 Notary Name: ARADO S GUERRERO



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
(Attached) | <input type="checkbox"/> HEALTH DEPARTMENT APPROVAL
(Septic/Sewer) | <input checked="" 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"/> CONCURRENCY
(New Construction) | <input type="checkbox"/> SCHOOL REVIEW
(New Construction) | <input type="checkbox"/> Complete Application
<input type="checkbox"/> Current liability ins.
<input type="checkbox"/> Worker's Comp.
<input type="checkbox"/> Cont. Lic. Check |
| <input type="checkbox"/> PROOF OF OWNERSHIP
(Attached) | <input type="checkbox"/> DERM REVIEW
(New Construction/Additions/Tree Removal) | <input type="checkbox"/> OTHER
(Specify and Attach) |
| <input type="checkbox"/> CONDO ASSOCIATION APPROVAL | <input type="checkbox"/> PUBLIC WORKS | <input type="checkbox"/> FLORIDA DEPARTMENT OF
BUSINESS AND
PROFESSIONAL REGULATION
APPROVAL (RESTAURANTS) |
| <input type="checkbox"/> UPFRONT FEES AMOUNT: <u>125</u> | | |

PERMIT FEES (OFFICE USE ONLY)

Scanning Fees Small (1.85 per sheet)		Art in Public Places	
Scanning Fees Large (3.50 per sheet)		Certificate of Use and Occupancy	
Village of Palmetto Bay Permit Fees	19.30	Concurency Fee (7.35%)	
Miami-Dade County Fees (sq. ft. x \$65//1000x0.80)	1.20	Technology Fee (6.3%)	
Radon-Inspector State Educational Fund and DCA State fee	2.25	Zoning Inspection Fee (157.50 per application)	
Code Enforcement Fine	2.25	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	

\$25.00

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	WJA				
ZONING					
ELECTRICAL					
MECHANICAL	[Signature]	7/10/14	4/19/14		
PLUMBING					
FIRE					
ROOFING					
PUBLIC WORKS					
PLANNING					
STRUCTURAL					
BUILDING	[Signature]	7/11/14			
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: [Signature] DATE: 7/11/14

CONDITIONS OF APPROVAL

PLAN TRACKING

Plans Checked out	Date	Clerk	Plans Checked in	Date	Clerk
[Signature]					

MIAMI-DADE COUNTY WATER & SEWER DEPARTMENT

New Business Section

MAIN OFFICE
3575 S. LEJEUNE RD
MIAMI, FLORIDA 33146
786-268-5360
8:00 am - 4:00pm

WEST OFFICE
PERMITTING & INSPECTION CENTER (PIC)
11805 SW 26 Street, MIAMI, FLORIDA 33175
786-315-2717
7:30 am - 3:30pm

DOWNTOWN OFFICE
OVERTOWN TRANSIT VILLAGE (2ND FLOOR WEST)
701 NW 1st COURT, MIAMI, FLORIDA 33136
786-469-2026/786-469-2029
8:00am - 4:00pm

Up Front Fee Invoice #



VERIFICATION FORM / ORDINANCE 89-95 LETTER - CUSTOMER INTAKE/DROP-OFF FORM

Project Name: 170 Center	Property/Project Address: 17005 S. Dixie Hwy	Municipality: Palmetto Bay
Property Owner's name: 170 Center Inc	Type of Entity: (http://www.sunblz.org/)	<input checked="" type="checkbox"/> Verification Form <input type="checkbox"/> Ordinance Letter
SS # or Federal Tax ID# (IF REFUND IS APPLICABLE): 27-3277740	Phone: 786-232-1808	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial
Mailing Address: 17415 S. Dixie Hwy Palmetto Bay, FL 33157	Fax: 305-256-1677 email: DDA@AAASBS.com	<input type="checkbox"/> New Construction: <input checked="" type="checkbox"/> Change of Use:
	CPP #	<input type="checkbox"/> Renovation/Remodel: <input type="checkbox"/> NORC:

PREVIOUS USE

Number of Units	SQ FT per Unit	Type of Unit: (ex: Restaurant, office, retail, single family residence, duplex). You may attach an additional list if necessary.	Previous Gallons Per Day (GPD):
20		see Attached letter for tenant list & uses	

PROPOSED USE - PLEASE NOTE BELOW

Number of Units	SQ FT per Unit	Type of Unit: (ex: Restaurant, office, retail, single family residence, duplex). You may attach an additional list if necessary.	Proposed Gallons per Day (GPD):
20		See Attached letter same as above no change in use	

Folio #	Lot	Block	Sub-Division
33-5033-638-0010			

Contact Person (RUNNER/EXPEDITER): Name:	Mailing Address:	Phone:	Cell Phone:
Company:		Fax:	email:

ACKNOWLEDGEMENT

The Department shall not render service to said development until after approval of this verification form application, and after payment of applicable connection fees and compliance with Department's Rules and Regulations for service. ***NOTICE: CHANGES OF USE MAY CAUSE A CHANGE IN YOUR WATER BILL'S RATE.** Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

PRINT NAME	Dustin Anderson	TITLE	
SIGNATURE	X	DATE	6/12/14
CUSTOMER SOURCE:	<input type="checkbox"/> Walk-in: <input type="checkbox"/> Drop Off: <input type="checkbox"/> CPP:	NBP:	Date: Time:
PROCESS LOCATION:	<input type="checkbox"/> LeJeune: <input type="checkbox"/> PIC: <input type="checkbox"/> OTV:	<input type="checkbox"/> Plans Picked Up	Date:



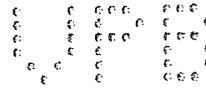
Palmetto Bay Building Department
Comment Sheet

Department: PLUMBING

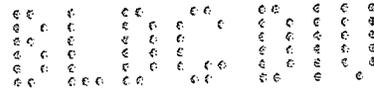
Inspector: JERRY URGELLES

Date: 4/4/14

- ① need copy of Dept of Health Permit
- ② need copy of INVOICE from WASA & ISSUED Letter



Detail by Entity Name



Florida Profit Corporation

170 CENTER, INC.

Filing Information

Document Number P10000065704
 FEI/EIN Number 273277740
 Date Filed 08/09/2010
 State FL
 Status ACTIVE

Principal Address

17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Mailing Address

17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Registered Agent Name & Address

LUDOVICI, EDWARD P
17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Officer/Director Detail

Name & Address

Title PS

LUDOVICI, EDWARD P
17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Title 1VPD

THIELE, CAROLYN
17300 SW 90 AVE
PALMETTO BAY, FL 33157

Title 2VPD

LUDOVICI, PHILIP F
17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Annual Reports

Report Year	Filed Date
2011	03/21/2011
2012	02/21/2012

2013 03/21/2013

Document Images

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- [08/09/2010 -- Domestic Profit](#) [View image in PDF format](#)

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State of Florida, Department of State

170 CENTER, INC.

EDWARD P. LUDOVICI
President

ALEXANDRA SORONELLAS
Asset Manager

17415 South Dixie Highway
(Southbound US1)
Palmetto Bay, FL. 33157-5491
Telephone: 305-235-8720
Fax: 305-235-0250

March 5, 2014

State of Florida
Department of Health

RE: Onsite treatment and disposal system
Application for construction permit
17005-51 South Dixie Highway, Palmetto Bay, Florida 33157

Dear Sir or Madam:

The Miami-Dade Water and Sewer Department recently completed the Palmetto Bay Water and Sewer Improvement Project for Basin A. The above referenced property is located in Basin A and we would like to abandon our Septic tank and connect to the sewer.

We have hired AAA Construction Restoration Services to connect to the sewer and authorize them to do anything necessary to complete the task.

If you have any questions concerning this matter please do not hesitate to call me.

Very truly yours,



EDWARD P. LUDOVICI, PRESIDENT



EXPRESS PERMITS FEE

I understand that an additional fee of \$ 25.00 (per-review) will be applied to my permit at final fee.

Authorization:

[Handwritten Signature]

Date:

7/10/17

EXPEDITED PLAN REVIEW

I understand that an additional fee of \$89.25 (per trade, per review) will be applied to a rush-review for permits with plans. (For example: New Construction, Additions, and Remodeling & Revision to plans.)

Authorization:

Date:

pmPermitActions
4/8/2014 10:25:35AM

Permit Action Report
VILLAGE OF PALMETTO BAY

Permit #: BLD-2014-5547 Permit type: bmis - MISCELLANEOUS REPAIR REE Address: 17005 S DIXIE HWY
 Master permit #: Routing queue: b7 - FLAT ROOF /LOW SLOPE PALMETTO BAY, FL 33157

Group # - Name	Action Code	Action Description	Completion Date	Completion Code	Completed By	Comments
1 - PERMIT COUNTER	intake	APPLICATION INTAKE	3/12/2014		ahewlett	
1 - PERMIT COUNTER	cuff	COLLECT UPFRONT FEE	3/12/2014		ahewlett	
2 - PLANS PROCESSING	routeplans	ROUTE PLANS FOR REVIEW	4/7/2014		soliver	
3 - BUILDING REVIEW	brev	BUILDING REVIEW	4/7/2014	denied	soliver	PROVIDE SPECS ON REPAIRING OF ADJACENT SURFACES
3 - BUILDING REVIEW	zrev	ZONING REVIEW	4/7/2014	n/a	mirodriguez	1. NEED COPY OF DEPT OF HEALTH PERMIT
3 - BUILDING REVIEW	prev	PLUMBING REVIEW	4/7/2014	denied	gurgelles	2. NEED COPY OF INVOICE FROM WASA AND ISSUED LETTER
4 - PLANS PROCESSING	compcomm	COMPLETE COMMENTS				
5 - PERMIT COUNTER	verifycont	VERIFY CONTRACTOR				
6 - PLANS PROCESSING	notifycust	NOTIFY CUSTOMER				
7 - PERMIT COUNTER	collissue	COLLECT FEES/ISSUE PERMIT				
8 - INSPECTIONS	100	SETBACK				
8 - INSPECTIONS	700	NOC				
8 - INSPECTIONS	701	FOUNDATION				
8 - INSPECTIONS	707	SLAB 1 ST FLOOR				
8 - INSPECTIONS	727	FRAMING				
8 - INSPECTIONS	788	ALUMIN ROOF INSTALLATION				
8 - INSPECTIONS	121	FINAL ZONING				
8 - INSPECTIONS	752	ACCESSIBILITY				
8 - INSPECTIONS	758	FINAL STRUCTURAL BUILDING				

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



Palmetto Bay Building Department
Comment Sheet

Department: BUILDING

POD 2014- 5547

Inspector: A. RAMOS

Date: 4/7/14

① PROVIDE SPECS ON REPAIRING OF
ADJACENT SURFACES

Lined area for additional comments.



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