



04



Development Services Department
405 Biltmore Way, 3rd Floor
Coral Gables, Florida 33134
Tel: 305-460-5245
Website: www.coralgables.com
Email:

CITY OF CORAL GABLES
DEVELOPMENT SERVICE DEPARTMENT
Permit Application

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.135

Date: 11/17/2022

Permit Change:	<input checked="" type="checkbox"/>
Change of Contractor	<input type="checkbox"/>
Permit Extension	<input type="checkbox"/>
Permit Renewal	<input type="checkbox"/>
Permit Revision	<input type="checkbox"/>
Permit Supplement	<input type="checkbox"/>

Permit Type:	<input checked="" type="checkbox"/>
Building	<input checked="" type="checkbox"/>
Electrical	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Misc.	<input type="checkbox"/>
App.	<input type="checkbox"/>
Date:	

Master Permit #:	000000
Sub Permit #:	
Project Information:	<input checked="" type="checkbox"/>
Commercial:	<input checked="" type="checkbox"/>
Residential:	<input type="checkbox"/>
Linear Feet: 13.5	<input checked="" type="checkbox"/>
Square Feet: 54	<input checked="" type="checkbox"/>
Cost of Work: 526.25	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):
Recovery Permit for replacement of fabric (same color) for existing awning structure (permit # 98030189). Replacement done by owner, Leslie Riveria, 2019. Violation # NOVI-22-10-1443

Job Address:	73 Edgewater Dr Coral Gables Florida 33133
Folio #:	03-4129-046-0040
Lot:	Block:
Subdivision:	Plat book: Page:

PROPERTY OWNER:
Name: Connie Banko
Address: 73 Edgewater Dr #4
City/State/Zip: Coral Gables/Florida/33133
Telephone No.: 305-665-2439
Email: Susieb1520@gmail.com

CONTRACTOR COMPANY NAME:	
Qualifier Name:	
Address:	
City/State/Zip:	
License No.:	Telephone No.:
Email:	

ARCHITECT:
Name: N/A
Address: N/A

ENGINEER:
Name: N/A
Address: N/A

BONDING:
Name: N/A
Address: N/A

MORTGAGE LENDER:
Name: N/A
Address: N/A

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND ALL CONDITIONS, etc. **AFFIDAVIT OF OWNER/LESSEE/AUTHORIZED AGENT:** Under penalties of perjury and the City of Coral Gables False Claims and Presentations Ordinance, City Code Chapter 39, I certify that I am the owner or that I have the owner's full consent and authorization to sign this application to obtain permit to perform the above-mentioned work; that all the foregoing information is accurate; and that all work will be done in compliance with all applicable law 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 ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. **The Historical Resources & Cultural Art Department's approval is required prior to the issuance of a demolition permit. The Qualifier cannot sign below as Owner/Lessee/Authorized Agent.**

Signature of Owner/Lessee/Authorized Agent: *Connie Banko*
CARMELA CONNIE BANKO
Owner/Lessee/Authorized Agent Name (Print):

Signature of Qualifier: *Carmela Connie Banko*
CARMELA CONNIE BANKO
Qualifier Name (Print):

STATE OF FLORIDA)
SS
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this ___ day of ___, in the year 20___ by ___ who has taken an oath and is personally known to me or has produced ___ as identification.

My Commission Expires:

STATE OF FLORIDA)
SS
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this ___ day of ___, in the year 20___ by ___ who has taken an oath and is personally known to me or has produced ___ as identification.

My Commission Expires:



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**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DEPARTMENT
INSTRUCTIONS TO OWNER-BUILDER**

Pursuant to Florida Statute 489.103 (7) owner of real property when acting as their own contractor and providing all material supervision themselves when building or improving one-family residences or commercial property, shall be provided with the following disclosure statement by the local permitting agency :

State law requires construction to be done by licensed contractors. You have applied for permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a commercial building, provided your cost does not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or, municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A., and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinance, building codes, and zoning regulations.

PROOF OF OWNERSHIP - Prior to a building permit being issued to you, you must submit proof of ownership of the land concerned in the application in the form of a recorded deed, showing you own the property, or a copy of mortgage or warranty deed of the land, or a Dade County tax receipt, statement to contain legal description of property and indicate property is in your name. Legal description and name on document of proof must correspond to the name and legal description on the application.

RESPONSIBILITY - You will be responsible for all work done by your day labor employees, and you must either employ licensed contractors or a person to be paid on hourly or per diem bases. Anyone contracting (including labor) with you, verbally or in writing, on a fixed fee basis for any work, who is not properly licensed, will be subject to a fine \$500 pursuant to Florida Statute 489.127 (4) (c) and/or imprisonment for up to one year pursuant to Florida Statute 489.127.

INSURANCE - You should be advised that if your labor employees cause any damage to persons or property, or if any of your day labor employees are injured on the job, you are liable. Your regular home insurance policy ordinarily does not cover this type of liability.

WITHHOLDING TAXES - You should be advised to investigate your responsibility for withholding Social Security, Federal and State Unemployment Insurance Taxes from wages of employees working for you on the proposed construction, and for making returns thereof to the proper agencies.

DEMOLITION WORK - In addition to meeting Florida Building Code requirements stated above, you are responsible for disconnecting all utilities including water, sewer, septic tank, electrical service, gas, telephone, cable TV, etc., prior to commencing demolition. You are also required to obtain a permit from the State of Florida of Health and Rehabilitative Service in order to abandon any septic tank that is on the property.

Notice: Separate permits are required for electrical, septic tank abandonment, plumbing, roofing and mechanical work.

I, Carwella Cornie Banks the owner of the property described as 73 Edgewater Dr #4, hereby certify that I have read the foregoing information and am aware of my responsibilities and liabilities for a building permit for construction work on the above-described property.

STATE OF FLORIDA)
ss)
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this ____ day of ____ in the year 20__ by _____ who has taken an oath and is personally known to me or has produced _____ as identification.

Signature of Owner Carwella Cornie Banks
Print Name: CARWELLA CORNIE BANKS

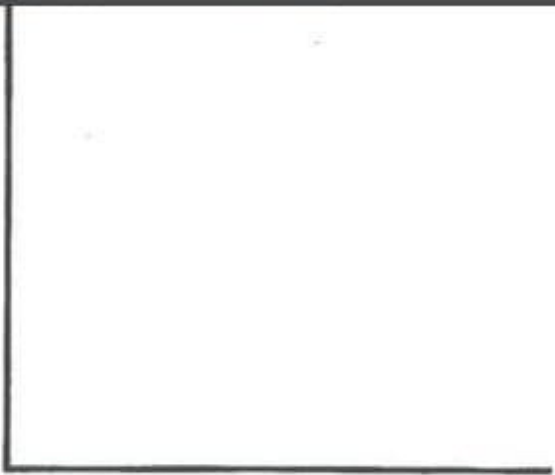
NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. 98030189 TAX FOLIO NO. 03-4129-046-0040

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.



Space above reserved for use of recording office

1. Legal description of property and street/address: 4 Unit Commercial Condominium, 73 Edgewater Dr Coral Gables Florida 33133

2. Description of improvement: Replacement of awning fabric for existing foundation of awning (permit #98030189, 03/1998). Awning fabric was replaced with newer fabric of same color

3. Owner(s) name and address: Connie Banko 73 Edgewater Dr #4 Coral Gables Florida 33133

Interest in property: Owner/ President of Condominium Association

Name and address of fee simple titleholder: _____

4. Contractor's name, address and phone number: Done by owner, Leslie Rivera, 2019. Recovery permit app. is filed out in response to Violation NOV-22-10-1443

5. Surety: (Payment bond required by owner from contractor, if any)
Name, address and phone number: N/A
Amount of bond \$ N/A

6. Lender's name and address: N/A

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes,
Name, address and phone number: Rachel Ranum, 73 Edgewater Dr #3 Coral Gables, Florida, 33133, 208-559-2225

8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Name, address and phone number: Javier Basnuevo 73 Edgewater Dr #2 Coral Gables Florida 33133; 305-794-6381

9. Expiration date of this Notice of Commencement: _____
(the expiration date is 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager
Prepared By Connie Banko Prepared By Rachel Ranum
Print Name Connie Banko Print Name Rachel Ranum
Title/Office Owner/ President of Condominium Association Title/Office Property Manager

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____,

By _____
 Individually, or as _____ for _____
 Personally known, or produced the following type of identification: _____
Signature of Notary Public: _____
Print Name: _____
(SEAL)

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES
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.

Signature(s) of Owner(s) or Owner(s)'s Authorized Officer/Director/Partner/Manager, who signed above:
By Connie Banko By Rachel Ranum