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Development Services Department
 427 Biltmore Way, 1st Floor
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 Email: developmentservices@coralgables.com

CITY OF CORAL GABLES
DEVELOPMENT SERVICE DEPARTMENT
Permit Application

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

Date:	Permit Type: <input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Misc. <input type="checkbox"/> App.	Master Permit #: _____ Sub Permit #: _____
Permit Change: <input checked="" type="checkbox"/>		Project Information: <input checked="" type="checkbox"/>
Change of Contractor <input type="checkbox"/>		Commercial: <input type="checkbox"/> Residential: <input checked="" type="checkbox"/>
Permit Extension <input type="checkbox"/>		Linear Feet: <input type="checkbox"/>
Permit Renewal <input type="checkbox"/>		Square Feet: <input type="checkbox"/>
Permit Revision <input type="checkbox"/>		Cost of Work: <input type="checkbox"/>
Permit Supplement <input type="checkbox"/>		

DESCRIPTION OF WORK (PRINT): Kitchen sink Vanity replacement-BATHS	Job Address: 528 Sevilla Av
	Folio #: 03-4117-008-3420
	Lot: _____ Block: _____
	Subdivision: _____
	Plat book: _____ Page: _____

PROPERTY OWNER: DFC Investments	CONTRACTOR COMPANY NAME: CASPRODE LLC
Name: _____	Qualifier Name: LUIS DELCRITO ESCUDERO VILLALBA
Address: 8428 510 40 ST	Address: 19355 TURBERRY WAY ST 6F
City/State/Zip: Miami, FL 33155	City/State/Zip: AVENTURA /FLORIDA /33180
Telephone No.: 305 366 1879	License No.: 6601527025 Telephone No.: 4074268618
Email: wonesbycosette@aol.com	Email: INFO.CASPRODE@GMAIL.COM

ARCHITECT:	ENGINEER:
Name: _____	Name: _____
Address: _____	Address: _____
BONDING:	MORTGAGE LENDER:
Name: _____	Name: _____
Address: _____	Address: _____

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 AIR CONDITIONERS, 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 a 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 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. The Historical Resources & Cultural Arts 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: [Signature] Signature of Qualifier: [Signature]
 Owner/Lessee/Authorized Agent Name (Print) Liana Castellano Qualifier Name (Print) Luis del Cristo Escudero

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

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this 10 day of 10, 2023, by Alba Escudero who [] is personally known to me or [] who has produced Alba Escudero as identification.

My Commission Expires: 10/16/25

[Signature]
 Notary Public

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

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this 10 day of October, 2023, by Alba Escudero who [] is personally known to me or [] who has produced _____ as identification.

My Commission Expires: _____

Alba Escudero
 Notary Public
 State of Florida
 Comm# HH033329
 Expires 8/17/2024

[Signature]

