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CITY OF CORAL GABLES  
DEVELOPMENT SERVICE DEPARTMENT

Permit Application

Development Services Department  
403 Biltmore Way, 3<sup>rd</sup> Floor  
Coral Gables, Florida 33134  
Tel: 305-460-5245  
Website: www.coralgables.com  
Email: building@coralgables.com

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

|  |  |   |
|--|--|---|
| Date:  | Permit Type:                                 | Master Permit #:  |
| Permit Change: <input checked="" type="checkbox"/> | Building <input checked="" type="checkbox"/> | Sub Permit #:   |
| Change of Contractor <input type="checkbox"/>      | Electrical <input type="checkbox"/>          | Project Information: <input checked="" type="checkbox"/>                              |
| Permit Extension <input type="checkbox"/>          | Mechanical <input type="checkbox"/>          | Commercial: <input checked="" type="checkbox"/> Residential: <input type="checkbox"/> |
| Permit Renewal <input type="checkbox"/>            | Plumbing <input type="checkbox"/>            | Linear Feet: <input checked="" type="checkbox"/>                                      |
| Permit Revision <input type="checkbox"/>           | Misc. <input type="checkbox"/>               | Square Feet: <u>64</u> <input checked="" type="checkbox"/>                            |
| Permit Supplement <input type="checkbox"/>         | App. _____ Date: _____                       | Cost of Work: <u>\$1500</u> <input checked="" type="checkbox"/>                       |

DESCRIPTION OF WORK (PRINT):  
2 EXTERIOR LIGHTS  
2 EXTERIOR LIGHT FIXTURES  
2 EXTERIOR LIGHT STANDS  
2 EXTERIOR LIGHT POSTS

Job Address: 2415 PONCE DE LEON  
BWS CORAL GABLES, FL 33134  
 Folio #: 03-A117-005-075  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Plat book: \_\_\_\_\_ Page: \_\_\_\_\_

PROPERTY OWNER:  
 Name: ANJOHN PERRY SUSTENET CO.  
 Address: 2415 PONCE DE LEON BWS  
 City/State/Zip: CORAL GABLES, FL 33134  
 Telephone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

CONTRACTOR COMPANY NAME:  
 Qualifier Name: Fernando Murzi  
 Address: 175 SW 7 ST, Suite 1717  
 City/State/Zip: Miami / FL / 33130  
 License No.: CGC152662 Telephone No.: 617 415 3709  
 Email: gmurzi@hyconbuild.com

ARCHITECT:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

ENGINEER:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

BONDING:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

MORTGAGE LENDER:  
 Name: \_\_\_\_\_  
 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 before the Owner/Lessee/Authorized Agent.

Signature of Owner/Lessee/Authorized Agent: \_\_\_\_\_

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

Owner/Lessee/Authorized Agent Name (Print):  
 STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE  
 I, John Machin, on this 2<sup>nd</sup> day of August, 2022, do hereby certify that John Machin is personally known to me or has produced his identification to me and is personally known to me or has produced his identification to me.  
 My Commission Expires 6-12-2025  
 \_\_\_\_\_  
 Notary Public

Qualifier Name (Print): Fernando Murzi  
 STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE  
 I, Fernando Murzi, on this 28 day of July, 2022, do hereby certify that Fernando Murzi is personally known to me or has produced his identification to me and is personally known to me or has produced his identification to me.  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

JAVIER VALDES  
 Notary Public - State of Florida  
 Commission # HH 141497  
 My Comm. Expires Jun 12, 2025

Notary Public State of Florida  
 Gerardo Murzi  
 My Commission GG 262643  
 Expires 09/26/2022