



TOWN OF GOLDEN BEACH

BUILDING DEPARTMENT
1 Golden Beach Drive
Golden Beach, FL 33160
Office: 305-932-0744 Fax: 305-933-3825
www.goldenbeach.fl.us

FOR OFFICE USE ONLY

Process No: _____
Date Applied: _____
Clerk: _____

Master Permit Number: _____

PERMIT APPLICATION

☐ Master ☐ Sub-Permit

1. OWNER INFORMATION Owner <u>Isaac Murciano</u> Address <u>405 Centre Island</u> City <u>Golden Beach</u> ST <u>FL</u> Zip <u>33160</u> Job Address <u>405 Centre Island, Golden Beach, FL 33160</u> Phone No. <u>803-546-4008</u>		2. CONTRACTOR INFORMATION Company Name <u>Central Comfort Air Conditioning</u> Qualifier Name <u>Alex Martinez</u> Address <u>12310 SW 129th Ct</u> City <u>Miami</u> ST <u>FL</u> Zip <u>33186</u> Lic. No. <u>CAC057552</u> Phone No. <u>305-598-7575</u>	
3. PERMIT TYPE Choose only One <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscape <input type="checkbox"/> Roofing 4. CHANGE TO AN EXISTING PERMIT <input type="checkbox"/> Revision <input type="checkbox"/> Renewal <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Public Works		4. TYPE OF IMPROVEMENT Choose only One <input type="checkbox"/> New Construction <input type="checkbox"/> Addition Attached <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input checked="" type="checkbox"/> Repair/Replace <input type="checkbox"/> Roof <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Pool <input type="checkbox"/> Gazebo-Pergola <input type="checkbox"/> Demolition/Partial <input type="checkbox"/> Generator	
5. ARCHITECT/ENGINEER INFO Name _____ Address _____ City _____ ST _____ Zip Code _____ Lic. No. _____ Discipline _____ Phone No. _____		7. LEGAL/USE/WORK VALUE Folio No. <u>19-1235-005-1070</u> Lot(s) _____ Block _____ PB _____ Square FT. _____ Linear FT. _____ Estimated Value of the Work: <u>43809.00</u> Description of Work <u>EXACT</u> <u>AC REPLACEMENT / CHANGE OUT (4)</u>	
6. CONTACT INFO Name <u>Alex Martinez</u> E-mail <u>administration@centralcomfortac.com</u> Phone No. <u>305-598-7575</u>			

Application is hereby made to obtain a permit to do the work and/or 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, Plumbing, Mechanical, Windows, Doors, Roofing, Site Walls, Fencing, Driveways, Pools, Spas, Pool Decks, Outdoor Kitchens, Accessory Structures, Irrigation, Landscape and Landscape Lighting work and other categories not mentioned.

Owner's Affidavit: I certify that all the foregoing information is accurate and that work will be done in compliance with all applicable laws regulating construction and zoning.

NOTICE REGARDING BUILDING PERMIT APPLICATIONS

The Completion and submission of a Building Permit Application is a requirement of securing a Building Permit. The Town will rely upon the information contained in the Application in determining whether a Building Permit should be issued. The submission of inaccurate, misleading or misrepresented information in the Application shall subject the Building Permit to denial, suspension or revocation, and the individual applying for the permit, to all appropriate fines, penalties and other punishments authorized by law. KINDLY GOVERN YOURSELF ACCORDINGLY.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

8. OWNER INFORMATION Print Name <u>ISAAC MURCIANO</u> Date <u>12/15/2022</u> Signature _____ Notary Public- State of Florida at Large Johan Sandoval Comm.: HH 154536 My Commission Expires: <u>July 15, 2025</u> Notary Stamp		9. QUALIFIER INFORMATION Print Name <u>Alex Martinez</u> Date <u>12/16/22</u> Signature _____ Notary Public- State of Florida at Large Notary Stamp	
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DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Approvals	APPROVED/DATE	DISAPPROVED/DATE	FEE CATEGORIES:	FEES \$
Building			Permit Fee	
Structural			Street Sweeping	
Electrical			Trash Removal	
Mechanical			Scanning	
Plumbing			Infrastructure	
Landscaping			BCCD	
Zoning			Education	
Building Dir			State Surcharge	
Publics Works			Sub-Total	
Grading / Drainage			Process Fee	
			Total Fees	