# City of North Miami Beach, Florida

## **BUILDING DEPARTMENT**

## NOTICE OF REQUIREMENTS RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB SAFETY ACT

I (We) acknowledge that a new swimming pool, spa or ho	t tub will be constructed or
installed at 1960 NE 180 ST	
North Miami Beach, Florida, and hereby affirm that one of be used to meet the requirements of Chapter 515, Florida Sta	f the following methods will tutes.
(Please initial the method(s) to be used)	
The pool will be isolated from access from the home the pool barrier requirements of Florida Statute 515.2  The pool will be equipped with an approved safet ASTM F13469-91;  All doors and windows providing direct access from equipped with an exit alarm complying with UL 201 pressure rating of 85dBA at 10 feet either battery or the same of the pressure to temporarily decrease.	9; y cover that complies with the home to the pool will be 7 that has a minimum sound plug-in type. The alarm shall
be equipped with a manual means to temporarily deal opening. The deactivation shall last no more than I switch shall be located at least 54" above the thresholof type to be installed)  All doors providing direct access from the home to the self-closing, self-latching devices with release mechanisms.	15 seconds. The deactivation ld of the door. (Provide copy ne pool will be equipped with anisms placed no lower than
I understand that not having one of the above installed at the when pool is completed for contract purposes, will constitute F.S. and will be considered as committing a misdement punishable by fines up to \$500 and/or up to 60 days in jail at F.S.	te a violation of Chapter 515, canor of the second degree,
Estati 9/14/20 ====================================	== 9/14/20
	and Date
Many Ester A (carage December 1)  Contractor's Name (please print)  Owner's Name (please print)	CONTACTOR BANCT
Contractor's Signature and Date  Many Esta A (carage  Contractor's Name (please print)  Notary Public Signature  S/14/20  Date  Owner's Signature  The state of the signature of	#GG 074594
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### **Minutes**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthlast State in the Nation

Ron DeSantis Governor

State Surgeon General

September 01, 2020

(Empire) 15362 SW 36 Terrace Miami, FL 33185

RE: Contingency Letter
Application Document No: AP1553614
Centrax Permit Number: 13-SC-2140435
OSTDS Number:
1960 NE 180 St
Miami, FL 33162

Lot:6

Block: 161

Subdivision: Fulford By The Sea Sec K

Dear Applicant

This will acknowledge receipt of an application dated 08/21/2020 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

No Objection for a new pool.

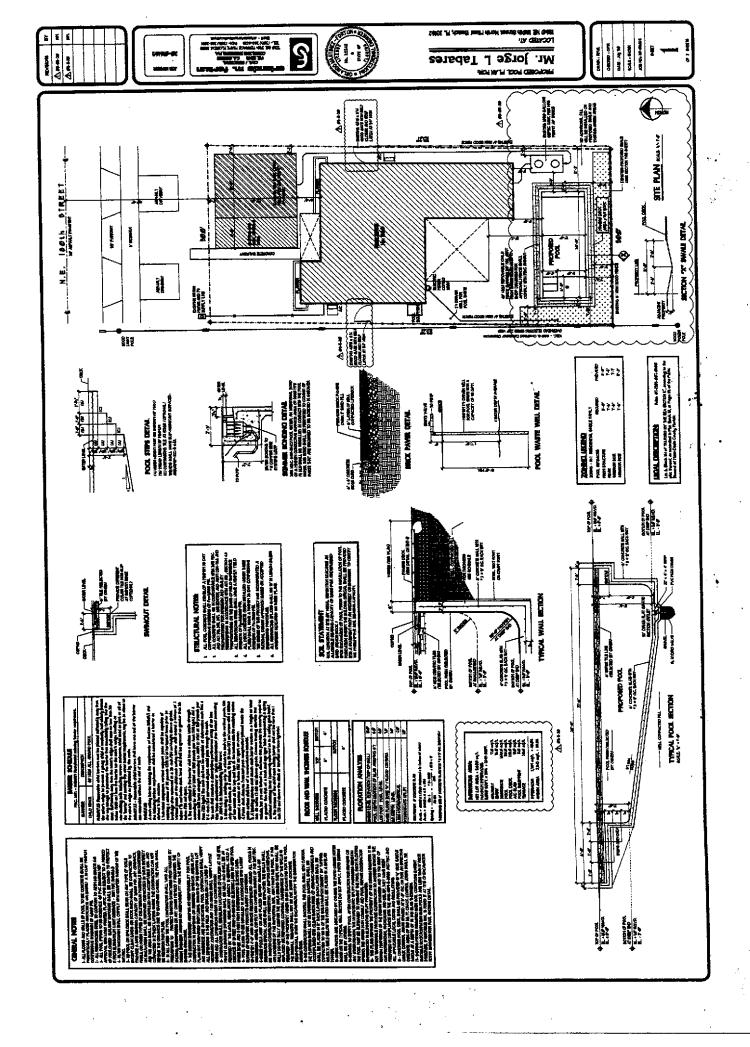
From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the 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 approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

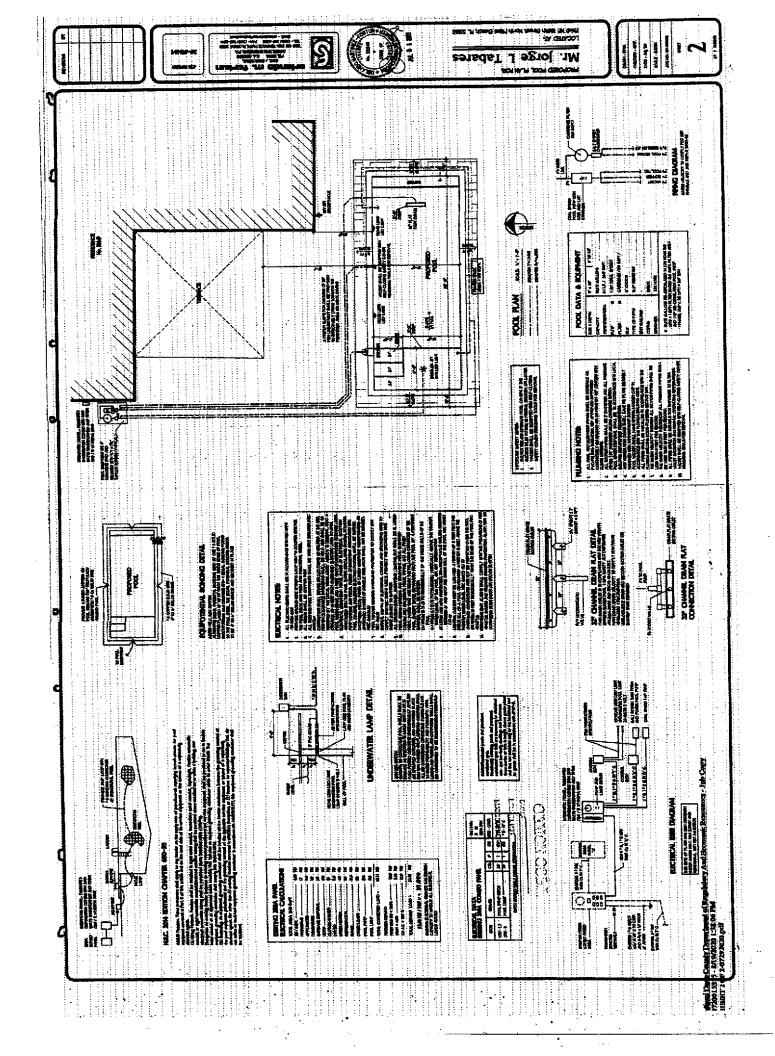
If you have any questions on this matter, please call our office at (786) 315-2414.

Sincerely,

Erick Perera, Environmental Specialist II

Ploride Department of Heelth in DADE COUNTY 1725 NW 187 St, Ope Locks, FL 33056 PHONE: (305) 623-3500 FAX: (305) 623-3645 www.Fteridalfealth.gov TWITTER:HealthyFLA FACEBOOK:FLDepartmentoff-(ealth YOUTUBE: fidoh





### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Erick Perera, Environmental Specialist II

# NOTICE OF COMMENCEMENT MEANING OF THE PERSON OF THE PERSON

GFN: 20200536518 BOOK 32109 PAGE 2923 F ATE:09/22/2020 10:05:09 AM HARVEY RUVIN, CLERK OF COURT, MIA-DADE CTY

PERMIT NO. POM-20 19 TAX POLID NO. 07-2609-007-0180

STATE OF PLORIDA: COUNTY OF MEANS-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 715, Florida Statutes, the following information is provided in this Notice of Constancement.

	Space above reserved for use of recording office
1940	NE 110 IF WATH HIAM
1. Legal description of property and shooted areas: 1700	
1. Legal description of property and SCACH FL 331(). 2. Description of improvement SQUIMM, NC	100 L
2 Description of improvement	
TONGE LIA	BOOK 1960 ME 140/T
Name and arithms of fee sirects tillsholder:	
4. Contractor's name, address and phone number:	DELATION OF CONTRACTION
13540 IN CO IT THAM	DELAFIGENERY & CONTRACTIONS EL 37173 TY6813046
5. Should, Parement board married by owner from contractor, a	<b>44)</b>
Name, address and phone number:	
Amount of bond \$	
6. Lander's name and address:	on whom notices or other documents may be served as provided by
7. Parsons within the State of Parish Completes by Currer up Section 713.13(1)(a)7., Florida Statutes,	Ri marii istaba o com communica and communica an incidental
Name, address and phone turnbur:	
8. In addition to himself, Owners designates the following part	onial to receive a copy of the Lienor's Notice as provided in Section
713 13(1)(b). Florida Statuta.	
Name, address and phone number:	
9. Expiration date of this Notice of Commancement:	
•	replications districts it years from the data of recording unitses in different data is appendicul-
WARRING TO CHROW ANY PROMENTS MADE BY THE CHROW AFT	ER THE EXPUNCTION OF THE NOTICE OF COMMENCEMENT ARE COMMENDED 12.12. FLORIDA STRUTTES, AND CAN RESULT IN YOUR PAYING TWICE FOR
	MAKE MAKE 1985 INCOME AND POSTED ON THE JUST SITE MARKET THE
FRIST IMPRECTION, IF YOU INTEND TO OBTAIN FRANCING, CON	ELET WITH YOUR LENDER OR AN ATTOFNEY BEFORE COMMENCING WORK
OR RECOMMING YOUR NOTICE OF COMMENCEMENT.	
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Prepared By	Properties By
Print Name TOAGE ( TARAACI	Pikt Name
	Tille/Office
STATE OF FLORIDA	
COUNTY OF MAMI-DADE	16 and SEPPENDER 10 (3)
By JOICE L TOBANGI	
Chromotophy or Day	for
Trickledually, or Class.  O Personally issues, or Eliproduced the following type of ide	effication MILLY CONSTRUCT
Signature of Notary Public:	
Print Name:	LOMEA GRADIER
(SEAL)	
VEREFICATION PURSUANT TO SECTION SPANS, FLORIDA	STATUTES 2 COMMENT
Under panalties of parkers, I declare that I have read the foreg	ping and
that the facts stated in it are true, to the best of my knowledg	re and belief.
	ctor/Partner/Manager who stored should be \$ 51075



# orlando m. fortun

consulting engineers, p.a.

7220 s.w. 39th terrace miami, florida 33155

phone: 305-262-6225 fax: 305-262-2014

orlandofortun@bellsouth.net

September 22, 2020

JOB No. 20-016169

CITY OF NORHT MIAMI BEACH BUILDING AND ZONING DEPT.

RE: POOL FOR Mr. Jorge L Tabares 1960 NE 180th Street North Miami Beach, FL 33162

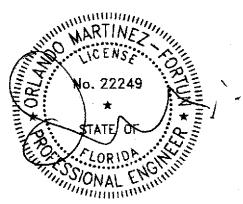
## Permit --POM20-19

### Dear Sirs:

This is to advise you that we visually inspected the soil conditions encountered in the bottom of the excavation of the pool, and found it to be composed of sand and rocks having the required bearing capacity of 2,000 P.S.F. established in our plans.

If you have any further questions, please do not hesitate to call on us at the following numbers: (305)-262-6225, Fax: (305)-262-2014 and/or via electronic mail (e-mail) at <u>ORLANDOFORTUN@BELLSOUTH.NET</u>.

Truly yours,



Orlando M. Fortun, P.E. No.22249 Special Inspector No.369 OMF/ia/20-016169/pool soil

## THIS PERMIT CARD MUST BE DISPLAYED IN FRONT OF JOB

OWNER: JORGE L TABARES	Master Permit POM20-19
CONTRACTOR: PR DEVELOPMENT & CONSTRUCTION INC.	Date Issued:
PARCEL: 1960 NE 180 ST	9/18/2020 Expiration Date:
NODTH BALABAL DE A OLL	3/17/2021
NORTH MIAMI BEACH	Master Permit #:

IU	RIHMI	AN	AI B	E/	ACH	Master Permit #
<b>)</b> C	ol Per	m	it	ei en		
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**INSF	ECTIONS MUST BE SIGNE	D OFF B	EFORE RE	QUESTI	NG NEXT INSPECTION	**
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	Main Drain			1	Food Pant we	2000
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	Final - Electrical					
<u> </u>			1 / /			
包包	Fencing/safeguard	1146	439/			

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