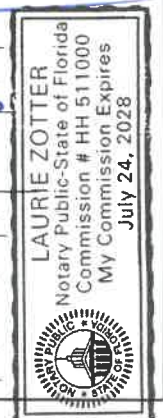
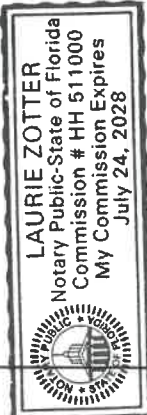


| Applicant Information (Blue or Black Ink Only) | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Office Use Only | | Master Permit Number (If applicable): | | Florida Statute 553.79 (16) regarding permit timelines. Please select one (Required): | |
| Submittal Date: ____/____/____ | | | | <input type="checkbox"/> Opt IN <input checked="" type="checkbox"/> Opt OUT | |
| Permit #: _____ | | Violation # (If applicable): _____ | | | |
| Property Address: 850 Commerce Street Miami Beach, Florida | | Unit #: _____ | Parcel/Folio Number: _____ | For more information, see attached F.S.553.79(16) | |
| Permit Type (select one) | | Permit Request (select all that apply) | | Property Information (select one) | |
| <input checked="" type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demo year-built <input type="checkbox"/> Generator <input type="checkbox"/> Temp Structure <input type="checkbox"/> Fire <input type="checkbox"/> Shop Drawings <input type="checkbox"/> Sub-permit | | <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Arch/Engr <input type="checkbox"/> Change of Owner <input type="checkbox"/> LEED <input type="checkbox"/> Interior, Non-Structural <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project <input type="checkbox"/> Reprieve Permit | | <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residence/Duplex Occupancy Classification: <small>Attach a copy of the construction cost affidavit to this form</small> | |
| Type of Work | | Value of Work (This amount cannot be changed once submitted) | | Area of Work (SqFt) | |
| New Construction/Additions: | | \$ | | | |
| Alterations/Reconfig of space: | | \$ 3,257,084.64 | | 8,162 Square Foot | |
| Description of Work: Interior Restaurant Build Out | | | | | |
| Property Owner | | | Contractor | | |
| Name: Andrew Latchford | | | Name: RCC Associates, Inc. | | |
| Address: 550 West Broadway | | | Address: 255 Jim Moran Blvd | | |
| City: Vancouver | | | City: Deerfield Beach | | |
| State: B.C. Canada | | | State: Florida | | |
| Zip Code: V5Z1E9 | | | Zip Code: 33442 | | |
| Driver's License/State Identification: 5482849 | | | Contractor License Number: CGC 017738 | | |
| E-Mail Address (REQUIRED): andrewlatchford@cactusclubcafe.com | | | E-Mail Address: permits@rccassociates.com | | |
| Daytime phone: 604-787-0892 | | | Daytime phone: 954-429-3700 | | |
| Architect | | | Structural Engineer | | |
| Name: BAI Architecture, Inc | | | Name: McNamara & Salvia Structural Engineers | | |
| License Number: AR102668 | | | License Number: PE54091 | | |
| E-Mail Address: Matthew Hyatt mhyatt@bergmeyer.com | | | E-Mail Address: Andrew P. Sullivan (asullivan@mcsal.com) | | |
| Daytime phone: 617-542-1025 | | | Daytime phone: 305-579-5765 | | |
| Notice & Certification | | | | | |
| <p>This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.</p> <p>Owner's Affidavit: I certify that all the foregoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.</p> <p>Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the above-mentioned work and to hire above captioned contractor. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as: the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs, Water & Sewer Department, Department of Environmental Protection, South Florida Water Management District, Miami-Dade County Impact Fee, water management districts, state agencies, and/or federal agencies. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy. A person who knowingly makes a false declaration is guilty of the crime of perjury by a false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.</p> | | | | | |
| <input checked="" type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested). <input type="checkbox"/> Owner Builder Permit (must complete Owner Builder Affidavit) <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit / change of contractor). | | | | | |
| <p>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 IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.</p> | | | | | |
| Signature of Owner/Agent or GC (for Sub-permits): <i>Andrew Latchford</i> | | | Signature of Qualifier: <i>Richard Rhodes</i> | | |
| PRINT NAME: Andrew Latchford | | | PRINT NAME: Richard Rhodes | | |
| STATE OF <u>FLORIDA</u> COUNTY OF <u>BROWARD</u> | | | STATE OF <u>FLORIDA</u> COUNTY OF <u>BROWARD</u> | | |
| The foregoing instrument was acknowledged before me, by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>9</u> day of <u>JANUARY</u> , 20 <u>25</u> by <u>ANDREW LATCHFORD</u> Signature of Notary Public <u>LAURIE ZOTTER</u> | | | The foregoing instrument was acknowledged before me, by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>9</u> day of <u>JANUARY</u> , 20 <u>25</u> by <u>RICHARD RHODES</u> Signature of Notary Public <u>LAURIE ZOTTER</u> | | |
| PRINT NAME: <u>LAURIE ZOTTER</u> | | | PRINT NAME: <u>LAURIE ZOTTER</u> | | |
| (SEAL) | | | (SEAL) | | |
| Personally known _____ | | | Personally known <u>X</u> | | |
| or Produced Identification <u>DL</u> | | | or Produced Identification _____ | | |



Construction Cost Affidavit

I Andrew Latchford, acting as agent (owner, registered agent, or legal representative) and I (general contractor/ sub-contractor), RCC Associates, Inc. do hereby attest that the construction costs indicated herein for **Permit Number** _____ at property address _____ are accurate for this construction project.

Note: This affidavit is only required for job values that are \$5,000 or greater. The Master Permit - Building Cost requires a minimum value of \$60/SF for Alterations and \$110/SF for New Construction. In order to arrive at the acceptable approximate job value for Building Costs EXCLUDING the cost of any Mechanical, Electrical, and Plumbing calculate the square footage of the area of work and multiply by \$60/SF for Alterations or \$110/SF for New Construction, plus the actual costs of flooring replacement if flooring replacement is in the scope of work. (E.g. Bathroom 40SF X \$60 plus Kitchen 80SF X \$60 = \$7200, plus cost of Flooring wherever replaced).

Master Permits:

Building cost (excludes roofing, windows, doors, railings, other, and Mechanical, Electrical, and Plumbing)\$: 1,188,989.64

Stand alone and sub-permits

| | | |
|----------------------------------|-------------------------------------|-----------------------------------------------------|
| Roofing \$: <u>25,000.00</u> | Windows/Doors \$: <u>104,850.00</u> | Railings \$: <u>153,850.00</u> |
| Electrical \$: <u>440,000.00</u> | Mechanical \$: <u>350,000.00</u> | Plumbing \$: <u>458,500.00</u> |
| Flooring \$: <u>476,395.00</u> | Other \$: <u>59,500.00</u> | Description: <u>Fire Sprinkler & Fire Alarm</u> |

Total Project Cost \$: 3,257,084.64

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Registered Owner/Agent or GC: Andrew Latchford

Registered Contractor: RCC Associates, Inc.

Signature of Owner/Agent or GC (for Sub-permits) Andrew Latchford

Signature of Qualifier: [Signature]

The foregoing instrument was acknowledged before me, **by means of**

The foregoing instrument was acknowledged before me, **by means of**

☒ physical presence or ☐ online notarization,

☒ physical presence or ☐ online notarization,

this 9 day of JANUARY, 20 25

this 9 day of JANUARY, 20 25

by Andrew Latchford who is personally known to me or

by Richard Rhodes who is personally known to me or

who has produced DL
as identification
Notary Public, State of FLORIDA

who has produced _____
as identification.
Notary Public, State of FLORIDA

County of BROWARD

County of BROWARD

Printed Name and Signature

Printed Name and Signature

Commission Number:

Commission Number:

Commission Expires:

Commission Expires:

