BAL HARBOUR

- VILLAGE -

Master Permit # BLC2025-0557

Sub Permit #: SBL2026-0564

Shop Drawing #:

Address: 9700 COLLINS AVE F2256
Folio #: 12-2226-006-0060
MDC Process #:
MDC Tracking #:
MDC Permit #:
Job Description: SCANLAN THEODORE - STOREFRONT 2 WINDOW / 1 DOOR

OFFICE USE ONLY

☐ ZONING / LANDSCAPING	Approved	Date	Disapproved
	Date		
	Initials		

☑ BUILDING	Approved	Date	Disapproved
	Date 7/21/26		
	Initials		

☑ STRUCT.	Approved	Date	Disapproved
	Date 7/21/26		
	Initials		

☐ ROOFING	Approved	Date	Disapproved
	Date		
	Initials		

☐ ELECT.	Approved	Date	Disapproved
	Date		
	Initials		

☐ MECH.	Approved	Date	Disapproved
	Date		
	Initials		

☐ PLUMBING	Approved	Date	Disapproved
	Date		
	Initials		

☐ FLOOD	Approved	Date	Disapproved
	Date		
	Initials		

☐	Approved	Date	Disapproved
	Date		
	Initials		

☐ PUBLIC WORK/ UTILITIES	Approved	Date	Disapproved
	Date		
	Initials		

MDC REQUIRED:

☐ YES
☐ NO

PLANS CHECKED OUT

	DATE	NAME

PLANS CHECKED IN

	DATE	NAME

	AMOUNTS
UPFRONT FEE PAID	
PERMIT FEE	
DBPR SURCH. STATE	
DCA SURCH. BUILDING	
CODE COMPLIANCE FEE	
PUBLIC WORKS FEE	
LANDSCAPE FEE	
UTILITIES FEE	
ZONING FEE	
SCANNING FEE	
REVISION FEE	
RE-WORK REVIEW	
WORK W/O PERMIT FEE	
BALANCE DUE:	662.25

Issuing Clerk: _____ **Date:** ___/___/___

ATTORNEY FEES:
BUILDING PERMIT FEES OVER $1000= WILL PAY 50% OF THE FEE PLUS COUNTY FEES
BUILDING PERMIT FEES LESS THAN $1000= WILL BE PAID IN FULL PLUS COUNTY FEES

BAL HARBOUR VILLAGE

BAL HARBOUR BUILDING DEPARTMENT
655-96TH STREET
BAL HARBOUR, FLORIDA 33154
TELEPHONE: 305.866.4633

Permit Application

Project Type (check one)
Commercial ____
Residential ____

Master Permit: BLC 2025-0557 **FOLIO #:** 12-2226-

Sub Permit Number: ____ **JOB ADDRESS:** 9700 Collins Avenue **Unit** F225

1. Owner Information
Owner: Scanlan Theodore USA
Address: 522 W. 29st. suite 1C
City: New York St: NY Zip: 10001
Email: melindarobertson@scanlantheodore.com
Phone: (917)854-7375 Owner-Builder ○

2. Contractor Information
Company Name: Signature Impact Window & Doors
Qualifier Name: Jennifer Ruiz
Address: 8344 NW 30 terr.
City: Doral St: FL Zip: 33122
Lic #: SCC131152307 Phone: 3|9127493
Email: permits@signatureimpactwindows.net

3. Permit Type *Choose only One*
- [X] Building
- ○ Flooring
- ○ Electrical
- ○ Mechanical
- ○ Plumbing
- ○ Fire Sprinklers
- ○ Windows/ Doors
- ○ Shutters
- ○ Fence
- ○ Pool
- ○ Shed
- ○ Driveway
- ○ Paving
- ○ Gas
- ○ Roofing
- ○ Sign
- ○ Drainage
- ○ Landscaping
- ○ Irrigation
- ○ Right of Way
- ○ Waterproofing
- ○ Railing
- ○ Other
- ○ Violation/Legalization

4. Type of Improvement *Choose only One*
- ○ New Construction
- ○ Addition Attached
- ○ Addition Detached
- ○ Interior Alteration
- ○ Exterior Alteration
- [X] Repair/Replace
- ○ Repair Due to Fire o
- ○ Repair Due to Flood
- ○ Demolition (D)
- ○ Change of Contractor
- ○ Change of Architect/Engineer
- ○ Extension
- ○ Renewal
- ○ Shop Drawing
- ○ Lost permit plans/Permit Card
- ○ Stocking Permit
- ○ Revision

5. Architect
Name: ____
Address: ____
City: ____ St: ____ Zip: ____
Email: ____
Phone: ____

6. Engineer
Name: ____
Address: ____
City: ____ St: ____ Zip: ____
Email: ____
Phone: ____

7. Contact Info
Name: CARLOS PEREZ
Address: 8344 NW 30 Terrace
City: ____ St: ____ Zip: ____
Email: structural pe@aol.com Phone: 305-613-3850

8. Description of work
Sq Footage: ____ **Cost of work:** $ 16,000
2 WINDOWS / 1 DOOR OPENING

NOTICE: 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, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. In Addition to the requirements of this permit, there may be additional restrictions found in the public records, and there may be additional permits required from other governmental entities such as water management districts, or federal agencies. **OWNER AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **Owner's Electronic Submission Statement**: Under penalty of perjury, I declare that all the information contained in this building permit application and the representations made in the required disclosure statement are true and correct. **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 ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature of Owner: ____
Print Name: MELINDA ROBERTSON
State of: FLORIDA
County of: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 26 day of May 20 26, by Melinda Robertson who has taken the oath and is personally known to me or has produced Drivers License as identification.

X ____
Notary Signature
Personally Known or I.D: F.D

JUSTIN GUERRA
Notary Public, State of Florida
Commission No. HH 782434
My Comm. Exp. 3/23/2030
Notary Stamp or Seal

Signature of Qualifier: ____
Print Name: Jennifer Ruiz
State of: Florida
County of: Miami Dade

Sworn to (or affirmed) and subscribed before me this 26 day of May 20 26, by Jennifer Ruiz who has taken the oath and is personally known to me or has produced personally known as identification.

X ____ Raquel Rosales
Notary Signature
Personally Known or I.D: Pers. Known

RAQUEL ROSALES
Notary Public - State of Florida
Commission # HH 608511
My Comm. Expires Feb 28,
Bonded through National Notary
Notary Stamp or Seal

Bal Harbour Village
Building Department
Sub Permit

Sub Permit Number:SBL2026-0564 **Issue Date: 7/22/2026**

Permit Type: BUILDING SUB PERMIT

Permit Sub Type: STOREFRONT

Job Address: 9700 COLLINS AVE F2256

Description: SCANLAN THEODORE - STOREFRONT 2 WIN/1 DOOR

Contractor: Signature Impact Windows & Doors, Llc

8344 Nw 30th Ter

DORALFL,33134

Inspections are scheduled for the following business day
Inspections can be requested on line via our website or by calling 305-865-7525 hours of 8:00AM-3:00PM.
Inspections performed Monday - Thursday

Building Department
655 96th Street
Bal Harbour, Fl. 33154
305-865-7525

SBL2026-0564 **9700 COLLINS AVE F2256**

Inspection Type	Inspector	Approved/Denied	Comments

bal harbour shops

As owner of Bal Harbour Shops with an address of 9700 Collins Avenue, Bal Harbour, Florida 33154, we hereby give authorization for **SCALAN THEODORE** to apply and obtain a building permit for the scope of work described as follows:

Buildout of Space# F-2256

Shop Name (SCALAN THEODORE)

- *Deferred Storefront Submittal Drawings*
- *Master Permit Number BLC2025-0557*

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 OF COMMENCEMENT.

Legal Address of parcel: in the County of Miami-Dade and furthermore described as Folio: 12-226-006-0060, Bal Harbour Business SEC PB 60-39 Area 5 – Area 1 & Easements 1 & 2 Less BEG X SWLY R/W/L Collins Ave & Bal Cross Dr S ALG SAID R/W 356.78FT W 158.52FT TO POB CONT

BAL HARBOUR SHOPS, LLC
By its manager, BAL HARBOUR SHOPS, LLLP

By: _____
Landlord Representative
GERGES GAUTHEROT.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
sworn and subscribed before me by means of ☒ physical presence or ☐ online notarization this 2nd day of June. 2026

- Personally Known
- ○ Produced Identification – Type of Identification _____

_____
Signature of Notary Public

CHRISTIAN GUTIERREZ
MY COMMISSION EXPIRES 02-23-2029
NOTARY PUBLIC
COMM. # HH 624326
STATE OF FLORIDA