GLADES COUNTY

P.O. Box 1527 198 6th Street SW Moore Haven, Florida 33471
Phone: (863) 946-6018 Fax: (863) 946-1535
http://www.MyGlades.com

PERMIT INFORMATION	
Date	04/22/2025
Permit Number	2500245
Permit Type	01 New 2 Family Residence
Jurisdiction	[Jurisdiction]
Project Description	Emerald 3 Story
Applicant	Okeechobee Community Del
Address	Lot # 461 Block 5 Lot 29
Applied Date	04/22/2025
Available Date	
Issued Date	
Expired Date	[Expired Date]
Zoning	PD
fsetback	20
rsetback	20
ssetback	7
Flood Zone	X
Value	225000.00

PROPERTY INFORMATION	OWNER INFORMATION
Parcel#: A35-38-34-A00-0060-0000 OKEECHOBEE COMMUNITY DEVELOPERS LLC STATE RD	OKEECHOBEE COMMUNITY DEVELOPERS LLC 36 AIRPORT RD STE 402 LAKEWOOD, NJ 08701

CONTRACTOR

Name	Address	Phone Number
*New *Ridgeway Plumbing	640 Industrial Avenue	561-732-3176
NEW DGC DEVELOPMENT CORP	601 N MAGNOLIA AVE	407-906-4240

INSPECTION

Date	Type	Description	Scheduled Date	Time	Completed Date	Assigned To	Status
04/22/2025	Underground Plumbing		04/24/2025			Miguel Flores	

FEES

Fee	Description	Notes	Amount
Building Permit Fee			$1,740.00
Electrical Permit - New Dwelling Unit > 2,000 sq ft living space	Enter number of amp		$170.00
Electrical Permits - Temporary Power for New Construction			$50.00
Mechanical Permit - A/C for new construction	per sq ft		$183.65
Plumbing Permit Fee			$220.00
Administrative Fees - Training Surcharge	Enter sqft of new construction only.		$74.16
Plan Review Fee			$261.00
State Surcharge			$65.62
		Total	$ 2,764.43

PAYMENTS

Date	Paid By	Amount	Description	Payment Type	Accepted By
04/22/2025	Yidel Perlstein	$2,764.43	1223707		
	Total	$2,764.43			Amount Outstanding:$ 0.00

NOTES

NEED RECORDED NOC

NOTICE: 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 water management districts, state agencies, or federal agencies.

Signature: _____ Issued By: _____