

MIAMI-DADE COUNTY BUILDING DEPARTMENT

Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2100

PERMIT APPLICATION

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE																				
LOCATION OF IMPROVEMENTS	Job Address _____ Folio _____ Lot _____ Block _____ Subdivision _____ PBpg _____ Metes and bounds _____		CONTRACTOR INFORMATION	Contractor No. _____ Qualifier S S _____ Contractor Name _____ Qualifier Name _____ Address _____ City _____ State _____ Zip _____																
TYPE OF IMPROVEMENTS	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> New Construction on Vacant Land</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Enclosure</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alteration Interior</td> <td style="border: none;"><input type="checkbox"/> Repair</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alteration Exterior</td> <td style="border: none;"><input type="checkbox"/> Repair Due to Fire</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Relocation of Structure</td> <td style="border: none;"><input type="checkbox"/> Demolish</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tent</td> <td style="border: none;"><input type="checkbox"/> Shell Only</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> New Roof</td> <td style="border: none;"><input type="checkbox"/> Addition Attached</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Recovery (Roof)</td> <td style="border: none;"><input type="checkbox"/> Addition Detached</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Recovery (Roof)</td> <td style="border: none;"><input type="checkbox"/> Re-Roof</td> </tr> </table>		<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Alteration Interior	<input type="checkbox"/> Repair	<input type="checkbox"/> Alteration Exterior	<input type="checkbox"/> Repair Due to Fire	<input type="checkbox"/> Relocation of Structure	<input type="checkbox"/> Demolish	<input type="checkbox"/> Tent	<input type="checkbox"/> Shell Only	<input type="checkbox"/> New Roof	<input type="checkbox"/> Addition Attached	<input type="checkbox"/> Recovery (Roof)	<input type="checkbox"/> Addition Detached	<input type="checkbox"/> Recovery (Roof)	<input type="checkbox"/> Re-Roof	Current use of property _____ Description of Work _____ Sq. Ft. _____ Unit _____ Floors _____ Value of Work _____	
<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Enclosure																			
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PERSON TO PICK UP PLANS	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____		ARCHITECT ENGINEER	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____																
BONDING	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____		MORTGAGE LENDER	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____																

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS POOLS, MECHANICAL, WINDOW** and **ROOFING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

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 or Owner's Agent _____
 PRINT NAME _____
 STATE OF FLORIDA COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____
 day of _____, 20_____,
 by _____
 (SEAL) _____
 Personally known _____
 or Produced Identification _____

Signature of Qualifier _____
 PRINT NAME _____
 Sworn to and subscribed before me this _____
 day of _____, 20_____,
 by _____
 (SEAL) _____
 Personally known _____
 or Produced Identification _____