

# NOTE: ALL SHEETS MUST BE REVIEWED

## DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

**Herbert S. Saffir Permitting and Inspection Center**  
 11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

### PERMIT APPLICATION

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IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE						
LOCATION OF IMPROVEMENTS	Job Address _____ Folio _____ Lot _____ Block _____ Subdivision _____ PBpg _____ Metes and bounds _____	CONTRACTOR INFORMATION	Contractor No. _____ Last four (4) digits of Qualifier No. _____ 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  <input type="checkbox"/> Alteration Interior  <input type="checkbox"/> Alteration Exterior  <input type="checkbox"/> Relocation of Structure  <input type="checkbox"/> Short Term Event  <input type="checkbox"/> New Roof  <input type="checkbox"/> Recovery (Roof)  <input type="checkbox"/> Permit by Affidavit                             </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Enclosure  <input type="checkbox"/> Repair  <input type="checkbox"/> Repair Due to Fire  <input type="checkbox"/> Demolish  <input type="checkbox"/> Shell Only  <input type="checkbox"/> Addition Attached  <input type="checkbox"/> Addition Detached  <input type="checkbox"/> Re-Roof  <input type="checkbox"/> Foundation Only                             </td> </tr> </table>	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit	<input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only	Current use of property _____ Description of Work _____ Sq. Ft. _____ Units _____ Floors _____ Value of Work _____		
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PERMIT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <input type="checkbox"/> Building* Category _____  <input type="checkbox"/> Electrical _____  <input type="checkbox"/> Mechanical _____  <input type="checkbox"/> Plumbing _____  <input type="checkbox"/> LPGX _____                             </td> <td style="width: 10%; text-align: center; color: red; font-weight: bold;">CHANGE TO AN EXISTING PERMIT</td> <td style="width: 60%; border: none;"> <input type="checkbox"/> Chg. Contractor  <input type="checkbox"/> Re-Issue  <input type="checkbox"/> Extension  <input type="checkbox"/> Supplement  <input type="checkbox"/> Reinspection                             </td> </tr> </table>	<input type="checkbox"/> Building* Category _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Mechanical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> LPGX _____	CHANGE TO AN EXISTING PERMIT	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection	OWNER'S NAME	Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ Last four (4) digits of Owner's Social Security No. _____
<input type="checkbox"/> Building* Category _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Mechanical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> LPGX _____	CHANGE TO AN EXISTING PERMIT	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection				
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, SHUTTERS 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. I certify that I am not a named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to MiamiDade County pursuant to the provisions of the Code of Miami-Dade County, Florida.

**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.

**"The issuance of the permit** does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation."

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 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 (SEAL)

Personally known \_\_\_\_\_  
 or Produced Identification \_\_\_\_\_

Signature of Qualifier \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE  
 Sworn to and subscribed before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

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