

**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          |  |   |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <b>LOCATION OF IMPROVEMENTS</b>                          | Job Address _____<br>Folio _____<br>Lot _____ Block _____<br>Subdivision _____ PBpg _____<br>Metes and bounds _____  |   | <b>CONTRACTOR INFORMATION</b>                            | Contractor No. _____<br>Qualifier S S _____<br>Contractor Name _____<br>Qualifier Name _____<br>Address _____<br>City _____ State _____ Zip _____ |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <b>TYPE OF IMPROVEMENTS</b>                              | <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"/></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"/> | <input type="checkbox"/> Re-Roof   | Current use of property _____<br>Description of Work _____<br>Sq. Ft. _____ Unit _____ Floors _____<br>Value of Work _____ |  |
| <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"/>                                 | <input type="checkbox"/> Re-Roof   |   |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <b>PERMIT TYPE</b>                                       | <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> Building Category* _____</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>CHANGE TO AN EXISTING PERMIT</b></td> <td style="width: 65%; border: none;"><input type="checkbox"/> Chg. Contractor</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Electrical</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Re-Issue</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mechanical</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Extension</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Plumbing</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Supplement</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LPGX</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Reinspection</td> </tr> </table>   | <input type="checkbox"/> Building Category* _____ | <b>CHANGE TO AN EXISTING PERMIT</b>                      | <input type="checkbox"/> Chg. Contractor  | <input type="checkbox"/> Electrical          |                                 | <input type="checkbox"/> Re-Issue            | <input type="checkbox"/> Mechanical         |  | <input type="checkbox"/> Extension | <input type="checkbox"/> Plumbing |                                     | <input type="checkbox"/> Supplement | <input type="checkbox"/> LPGX              |  | <input type="checkbox"/> Reinspection      | <b>OWNER'S NAME</b>      | Owner _____<br>Address _____<br>City _____ State _____ Zip _____<br>Phone _____<br>Social Security _____ - _____ - _____ |  |  |
| <input type="checkbox"/> Building Category* _____        | <b>CHANGE TO AN EXISTING PERMIT</b>  | <input type="checkbox"/> Chg. Contractor          |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <input type="checkbox"/> Electrical                      |  | <input type="checkbox"/> Re-Issue                 |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <input type="checkbox"/> Mechanical                      |  | <input type="checkbox"/> Extension                |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <input type="checkbox"/> Plumbing                        |  | <input type="checkbox"/> Supplement               |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <input type="checkbox"/> LPGX                            |  | <input type="checkbox"/> Reinspection             |  |   |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <b>PERSON TO PICK UP PLANS</b>                           | Name _____<br>Address _____<br>City _____ State _____ Zip _____<br>Phone _____   |   | <b>ARCHITECT ENGINEER</b>                                | Name _____<br>Address _____<br>City _____ State _____ Zip _____<br>Phone _____  |  |                                 |  |   |  |                                    |                                   |                                     |                                     |  |  |  |                          |  |  |  |
| <b>BONDING</b>   | Name _____<br>Address _____<br>City _____ State _____ Zip _____<br>Phone _____   |   | <b>MORTGAGE LENDER</b>                                   | Name _____<br>Address _____<br>City _____ State _____ Zip _____<br>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 \_\_\_\_\_