

Applicant Information (Blue or Black Ink Only)			
<b>Office Use Only</b> Submittal Date: _____ Permit #: _____	Parcel / Folio Number: _____		<b>Building Department</b> 1700 Convention Center Drive, 2 <sup>nd</sup> Floor Miami Beach, Florida 33139 Telephone: 305- 673-7610; Fax: 305-673-7857 <a href="http://www.miamibeachfl.gov/building/">http://www.miamibeachfl.gov/building/</a>
Property Address: _____	Unit #: _____	Master Permit Number (If applicable): _____	Violation # (If applicable): _____
Permit Type (select one)	Permit Request (select all that apply)	Property Information (select one)	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demo year-built ____ <input type="checkbox"/> Generator <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Fire <input type="checkbox"/> Shop Drawings	<input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Interior, Non-Structural <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> CO Update <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project <input type="checkbox"/> Reprieve Permit	<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex <b>Occupancy Classification:</b> <span style="color: red; font-size: small;">Attach a copy of the construction cost affidavit to this form</span>	
<b>Type of Work:</b>	<b>New Construction/Addition</b>	<b>Alteration/Reconfiguration of Space</b>	
Total Value of work: \$ _____	\$ _____	\$ _____	
Total Area (Square Footage): _____			
Description of Work: _____			
Property Owner		Contractor	
Name: _____		Name: _____	
Address: _____ Suite: _____		Address: _____ Suite: _____	
City: _____ State: _____ Zip Code: _____		City: _____ State: _____ Zip Code: _____	
Driver's License/ State Identification Number: _____		State Identification Number/License: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Architect		Structural Engineer	
Name: _____ License Number: _____		Name: _____ License Number: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Notice & Certification			
This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.			
<b>Owner's Affidavit:</b> I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.			
<b>Lessee's Affidavit:</b> Lessee certifies that he has full consent and authorization from owner of subject property to perform the above-mentioned work and to hire above captioned contractor.			
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: the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs, Water & Sewer Department, Department of Environmental Protection, South Florida Water Management District, Miami-Dade County Impact Fee, water management districts, state agencies, and/or federal agencies. <b>Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.</b>			
<input type="checkbox"/> <b>Owner/Lessee for new permits</b> (Documentation establishing ownership may be requested). <input type="checkbox"/> <b>Owner Builder</b> (must complete Owner Builder Affidavit) <input type="checkbox"/> <b>Master Permit Contractor of Record</b> (For sub-permit / change of contractor).			
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.			
Signature of Owner/Agent or GC (for Sub-permits): _____ PRINT NAME: _____ STATE OF _____ COUNTY OF _____		Signature of Qualifier: _____ PRINT NAME: _____ STATE OF _____ COUNTY OF _____	
The foregoing instrument was acknowledged before me, <b>by means of</b> <input type="checkbox"/> <b>physical presence</b> or <input type="checkbox"/> <b>online notarization</b> , this _____ day of _____, 20_____ by _____ Signature of Notary Public _____		the foregoing instrument was acknowledged before me, <b>by means of</b> <input type="checkbox"/> <b>physical presence</b> or <input type="checkbox"/> <b>online notarization</b> , this _____ day of _____, 20_____ by _____ Signature of Notary Public _____	
Print Name: _____		Print Name: _____	
(SEAL) Personally known _____		(SEAL) Personally known _____	
or Produced Identification _____		or Produced Identification _____	

## Excellence Miami Beach

## Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

<b>Form Name</b>	Permit Application.
<b>Form Purpose</b>	This form is completed if an owner or developer would like to request <b>a permit</b> for a construction or a rehabilitation project within the City of Miami Beach.
<b>Related Forms</b>	Please see the Forms' link below.
<b>Associated Fees</b>	<ol style="list-style-type: none"> <li>1. BOA and Upfront Processing Fee.</li> <li>2. Permit Fees, as applicable based on current <b>Fee Schedule</b>.</li> </ol>
<b>Additional Info</b>	<p>Payments can be made online and at the following locations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Online Quick Pay</a></li> <li>• <b>Kiosks/IPads</b> located at the Building Department, 2<sup>nd</sup> Floor of City Hall, and at the North Beach Office, 962 Normandy Drive, Miami Beach, FL 33141.</li> <li>• <b>Cashier's windows</b>, 1<sup>st</sup> Floor of City Hall.</li> </ul>
<b>Form Process</b>	<ol style="list-style-type: none"> <li>1. Permit Application with BOA payment to be submitted with permit requests in CSS.</li> <li>2. Plans and required documents to be uploaded in CSS.</li> <li>3. Plan Review Process, if applicable, is performed and approved by the City.</li> <li>4. Payment of full permit fees are to be assessed and satisfied.</li> <li>5. Permit is issued.</li> </ol>
<b>For Progress Status</b>	<p>You can apply for and check on applications' status via CSS:</p> <ul style="list-style-type: none"> <li>• <a href="#">CSS (Citizen Self Service) portal</a></li> </ul>
<b>For Assistance</b>	<p>Please contact:</p> <ul style="list-style-type: none"> <li>• <b>Via Telephone:</b> 305-673-7610.</li> <li>• <b>Email:</b> <a href="mailto:Buildinginfo@miamibeachfl.gov">Buildinginfo@miamibeachfl.gov</a></li> <li>• <b>In person:</b> <a href="#">By Appointment Only</a></li> <li>• <b>Online:</b> <a href="http://www.miamibeachfl.gov/city-hall/building/">http://www.miamibeachfl.gov/city-hall/building/</a></li> </ul>

**TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE.**

The Electrical and Structural Inspections' Approval forms must be **emailed** to the Chiefs **prior** to the special event taking place. Failure to do so will incur in a **\$500.00 fine**. [ChiefElectrical@miamibeachfl.gov](mailto:ChiefElectrical@miamibeachfl.gov), [ChiefStructural@miamibeachfl.gov](mailto:ChiefStructural@miamibeachfl.gov)

The original, signed and sealed inspections reports must be submitted to the Building Department, Administration's Office ([buildingadmin@miamibeachfl.gov](mailto:buildingadmin@miamibeachfl.gov)) to close the corresponding Special Event Permit.

A Construction Cost Affidavit must be submitted with permit applications if job value is more than \$5,000 (exceptions: Shop Drawings, Flooring, Fire, Special Events, Portable Toilets, and Total Demolition permits).

Forms: <https://www.miamibeachfl.gov/city-hall/building/forms/>

**ADA Information**

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice), 305-673-7524 (fax), or 305-673-7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

## CONSTRUCTION COST AFFIDAVIT

I \_\_\_\_\_, acting as agent (owner, registered agent, or legal representative) and I (general contractor/ sub-contractor), \_\_\_\_\_ do hereby attest that the construction costs indicated herein for **Permit Number** \_\_\_\_\_ at property address \_\_\_\_\_ are accurate for this construction project.

**Note:** This affidavit is only required for job values greater than \$5,000.

### Master Permits:

Building cost (excludes roofing, windows, doors, railings, other, and MEP)\$: \_\_\_\_\_

### Stand alone and sub-permits

Roofing \$: \_\_\_\_\_ Windows/Doors \$: \_\_\_\_\_ Railings \$: \_\_\_\_\_

Electrical \$: \_\_\_\_\_ Mechanical \$: \_\_\_\_\_ Plumbing \$: \_\_\_\_\_

Other \$: \_\_\_\_\_ Description: \_\_\_\_\_

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

**Registered Owner/Agent or GC:** \_\_\_\_\_ **Registered Contractor:** \_\_\_\_\_

Signature of Owner/Agent or GC (for Sub-permits) \_\_\_\_\_ Signature of Qualifier: \_\_\_\_\_

The foregoing instrument was acknowledged before me, **by means of**

physical presence or  online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_, who is personally known to me or

who has produced \_\_\_\_\_  
as identification

Notary Public, State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

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physical presence or  online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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who has produced \_\_\_\_\_  
as identification.

Notary Public, State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_