

Permit Application

Building Department
 1700 Convention Center Drive, 2nd Floor
 Miami Beach, Florida 33139
 Telephone: 305-673-7610; Fax: 305-673-7857
<http://www.miamibeachfl.gov/building/>

| Applicant Information (Blue or Black Ink Only) | | | |
|---|-------------------|---|------------------------------|
| Office Use Only | | Parcel / Folio Number: | |
| Submittal Date: _____ | | | |
| Permit #: _____ | | | |
| Property Address: | Unit #: | Master Permit Number (If applicable): | Violation # (If applicable): |
| Permit Type (select one) | | Permit Request (select all that apply) | |
| <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"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project | |
| | | Property Information (select one) | |
| | | <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex | |
| | | Occupancy Classification: | |
| | | | |
| | | New Construction/Addition | |
| | | | |
| | | Alteration/Reconfiguration of Space | |
| | | | |
| Total Value: | Square Footage: | | |
| | Value of Work: \$ | \$ | |
| Description of Work: | | | |
| | | | |
| Property Owner | | Contractor | |
| Name: | | Name: | |
| Address: | | Address: | |
| Suite: | | Suite: | |
| City: | | City: | |
| State: | | State: | |
| Zip Code: | | Zip Code: | |
| Driver's License/ State Identification Number: | | State Identification Number/License: | |
| E-Mail Address: | | E-Mail Address | |
| Daytime phone: | | Daytime phone: | |
| Architect | | Structural Engineer | |
| Name: | | Name: | |
| License Number: | | License Number | |
| E-Mail Address: | | E-Mail Address | |
| Daytime phone: | | 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. Owner's Affidavit: 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. Lessee's Affidavit: 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. Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy. | | | |
| OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct. <input type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested). <input type="checkbox"/> TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE. <input type="checkbox"/> Master Permit Contractor of Record (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 <u>NOTICE OF COMMENCEMENT</u> IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00. | | | |
| Signature of Owner/Agent or GC (for Sub-permits): _____ | | Signature of Qualifier: _____ | |
| PRINT NAME: _____ | | PRINT NAME: _____ | |
| STATE OF FLORIDA MIAMI-DADE COUNTY | | STATE OF FLORIDA MIAMI-DADE COUNTY | |
| Sworn to and subscribed before me this _____ | | Sworn to and subscribed before me this _____ | |
| day of _____, 20____ | | day of _____, 20____ | |
| by _____ | | by _____ | |
| Signature of Notary Public _____ | | Signature of Notary Public _____ | |
| Print Name: _____ | | Print Name: _____ | |
| (SEAL) | | (SEAL) | |
| Personally known _____ | | Personally known _____ | |
| or Produced Identification _____ | | or Produced Identification _____ | |