

**City of Miami
Building Department
Permit Application**



Process #: _____
Total Due _____
Permit #: _____

Job Location		Owner Lessee Information	
Folio Number:		Owner:	
Job Address: _____ Zip: _____		Owner's Address: _____	
Legal Address: _____		Phone: _____	E-Mail: _____
Unit No: _____		Lessee: _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Dry Run		Lessee Address: _____	
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee		Phone: _____	E-Mail: _____
Contractor Information		General Information	
Contractor's License/Registration No: _____		Proposed Use of Building: _____	
Contractor's Social Security Number: _____		Current Use: _____	
Qualifier's Name: _____		Job Description: _____	
Company's Name: _____		New Construction Total Cost: _____	
Address: _____		New Construction Sq. Ft: _____	Lineal Ft: _____
City: _____	State: _____	Zip: _____	Remodeling Total Cost: _____
Phone: _____		Remodeling Sq. Ft: _____	Lineal Ft: _____
E-Mail: _____		Units: _____	Floors: _____
If this is related to another permit, you must provide :		Height: _____	Gallons: _____
		Master Permit Number: _____	Plan No: _____
Threshold Inspector		Bonding Company	
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone: _____		Phone: _____	
Permit Type		Engineer/Architect Information	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing		Engineer's Name: _____	
<input type="checkbox"/> Mechanical/AC <input type="checkbox"/> Plumbing/Gas		Address: _____	
<input type="checkbox"/> Electrical <input type="checkbox"/> Roofing		Phone: _____	E-Mail: _____
<input type="checkbox"/> Landscaping <input type="checkbox"/> Sign		Architect's Name: _____	
<input type="checkbox"/> Electrical <input type="checkbox"/> Roofing		Address: _____	
<input type="checkbox"/> Fire <input type="checkbox"/> Mechanical Elevator		Phone: _____	E-Mail: _____
Change to Existing Permit		Building Permit only	
<input type="checkbox"/> Change of Contractor (CR) <input type="checkbox"/> Change of Qualifier (CQ)		<input type="checkbox"/> New Construction <input type="checkbox"/> Addition	
<input type="checkbox"/> Re-certification of Plans (RC) <input type="checkbox"/> Plans revision (RV)		<input type="checkbox"/> General Repair/Remodeling <input type="checkbox"/> Misc. Building	
<input type="checkbox"/> Completion Permit (CP)		<input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Change of Use	

I understand that separate permits must be obtained for other items (i.e. electrical, plumbing, roofing, etc.), unless specifically covered by this permit. In signing this application, I am responsible for the supervision and completion of the construction in accordance with the plans and specifications and for compliance with all federal, state, and county laws applicable.

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.

I have read the information contained in this permit and understand that any misrepresentation may constitutes fraud and could void the permit.

Signature of Owner/Lessee

Signature of Qualifier

Print Name

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,
Type of Identification produced _____

State of Florida, County of Miami-Dade
Sworn to and subscribed before me this _____
Day of _____, 20__.
By _____
(SEAL) _____
Personally known or Produced Identification,
Type of Identification produced _____

FOR BUILDING DEPARTMENT USE ONLY

Job Code: _____	Certificates Required: <input type="checkbox"/> C.O. <input type="checkbox"/> C.C.	Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. Of Sheets: _____
Tracking required			

Application Received by: _____ **Date:** _____ **Permit Authorized by:** _____ **Date:** _____