



City of Miami Gardens
Building Department
 1515 NW 167th Street, Suite #175
 Miami Gardens, FL 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
PERMIT APPLICATION

FOR OFFICE USE ONLY	
Process No.:	_____
Date Applied:	_____
Clerk:	_____
Date Issued:	_____

Applied for under: Florida Building Code

Location of Improvements:		(USE BLACK OR BLUE INK ONLY)	
Job Site Address: _____	_____	Master Permit No.:	_____
Building No.: _____	Suite No.: _____	Tax Folio No.:	_____
Lot: _____	Block: _____	Subdivision: _____	PB Page: _____
Current Use: _____	_____	Proposed Use:	_____

Property Owner Information:			
Name: _____	Address: _____	_____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Work: _____	Other Telephone: _____	_____

Lessee Information:			
Name: _____	Address: _____	_____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Work: _____	Other Telephone: _____	_____

Contractor Information:		License No.: _____	
Name: _____	Qualifier's Name: _____	_____	_____
Address: _____	_____	Email: _____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Fax: _____	Other Telephone: _____	_____

Information of Authorized Person to Pick up Permit:			
Name: _____	Address: _____	_____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Work: _____	Other Telephone: _____	_____

Type of Improvement:							
Detailed Scope of Work: _____							
Zoning:	_____	Construction Cost:	_____	Construction Type:	_____	_____	_____
Square Feet:	_____	Lineal Feet:	_____	Group Occupancy:	_____	_____	_____
No. of Units:	_____	No. of Floors:	_____	Gallons:	_____	Building Height:	_____

<input type="checkbox"/> RESIDENTIAL (R)		<input type="checkbox"/> COMMERCIAL (C)		<input type="checkbox"/> MULTI-FAMILY (M)	
<input type="checkbox"/> Building	<input type="checkbox"/> New Construction (BN)	<input type="checkbox"/> Roofing (RO)	<input type="checkbox"/> Zoning (ZO)	<input type="checkbox"/> Change of Contractor (CC)	<input type="checkbox"/> Change of Qualifier (CQ)
<input type="checkbox"/> Addition (BA)	<input type="checkbox"/> Renovations (BR)	<input type="checkbox"/> Signs (SI)	<input type="checkbox"/> Electrical (SE)	<input type="checkbox"/> Re-Certification of Plans (RC)	<input type="checkbox"/> Revision of Plans (RV)
<input type="checkbox"/> Manufactured/Modular (BM)	<input type="checkbox"/> Mechanical (ME)	<input type="checkbox"/> Public Works (PW)	<input type="checkbox"/> Landscaping (LA)	<input type="checkbox"/> Permit Renewal (PR)	
<input type="checkbox"/> Electrical (EL)	<input type="checkbox"/> Pool (PO)	<input type="checkbox"/> Demolition (DE)	<input type="checkbox"/> Fence (FE)		
<input type="checkbox"/> Plumbing (PL)		<input type="checkbox"/> Shed (SH)	<input type="checkbox"/> Miscellaneous (MI)		
		<input type="checkbox"/> Zip (ZIP)			

Architect Information:			
Name: _____	Address: _____	_____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Fax: _____	Certification No.:	_____

Engineer Information:			
Name: _____	Address: _____	_____	_____
City: _____	State: _____	Zip Code: _____	_____
Telephone: _____	Fax: _____	Certification No.:	_____

Flood Criteria				
Flood Zone _____	F.B.E. _____	Map # _____	Date: _____	_____
Property Market Value	Construction Job Value	Improvement Ratio	Square Footage	Bottom of Lowest Structural Horizontal Member Elevation
_____	_____	_____	_____	_____

ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS

ATTENTION ♦ IMPORTANT NOTICE - PLEASE READ CAREFULLY ♦ ATTENTION

A NOTICE OF COMMENCEMENT MUST BE RECORDED WHEN JOB VALUE EXCEEDS \$ 2,500.00. PERMIT CARD, PLANS AND THE RECORDED NOTICE OF COMMENCEMENT MUST BE VISIBLY POSTED, IN GOOD CONDITION AND ACCESSIBLE AT ALL TIMES ON THE JOBSITE.

Work may begin only after receiving a validated permit and permit card. Application submission alone does not grant the right to begin construction

Owner Agents must have an affidavit on file or one must be submitted with the permit application.

Qualifier's Affidavit: Application is hereby made to obtain a permit to do work and installation as indicated on the form. 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, POOL, EXTERIOR DOOR, MECHANICAL WINDOW, FENCE, DRIVEWAY, ROOFING AND SIGN'S) WORK; and that additional permits may be required by other government agencies.

Lessee's Affidavit: Lessee certified that he/she has full consent and authorization from the owner of subject property to perform the work mentioned and to hire captioned contractor.

Owner's Affidavit: I certified that the forgoing information is correct. Owner certifies that the aforementioned contractor has the authorization to perform the work as specified.

Owner Builder's Hold Harmless: (ONLY VALID FOR OWNER-BUILDER PERMITS)

- _____ I am personally responsible for knowledge of all applicable laws and regulations.
- _____ I will personally reside in the house after completion and have issuance of a Certificate of Occupancy.
- _____ Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner-Builder permit or Certification of Occupancy based on an Owner-Builder permit for a single family residence within the past three (3) years.
- _____ I will be on the premises either supervising or performing the action work at all times. I will submit an accepted form of identification upon request by the Building Department's agent.
- _____ I understand that if an inspection is not approved after three (3) attempts, the Inspector may place a Stop Work Order on the job; and require that a licensed contractor complete the work.
- _____ I understand that any person whom I may wish to hire to aid me in the construction of my home, except common laborers, must hold a valid Dade County Certificate of Competency or be a State Certified contractor. All employees hired by me shall be covered by Workers Compensation Insurance. (Typically home-owner's insurance does not provide this coverage; please check with you insurance carrier.)
- _____ I understand all the requirements and responsibilities involved in obtaining an owner-builder permit.

I, have read and understood the forgoing disclosure, and am aware of my responsibilities and liabilities under my application for a building construction work on the described property. I further understand that failure to comply with all the required regulations may cause the revocation and/or denial of the permit and/or certificate of occupancy.

Notarized Signature of Property Owner/Agent

Signature of Property Owner/Agent
State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

_____	_____	_____
Month	Day	Year

 Personally Known or Identification:

 (Type of ID and expiration date)

Printed Name of Property Owner/Agent

Signature of Notary Public

 Notary Public Stamp:

Notarized Signature of Lessee

Signature of Property Lessee
State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

_____	_____	_____
Month	Day	Year

 Personally Known or Identification:

 (Type of ID and expiration date)

Printed Name of Property Lessee

Signature of Notary Public

 Notary Public Stamp:

Notarized Signature of Qualifier/Owner-Builder

Signature of Property Qualifier
State of Florida, County of Miami -Dade
Sworn and subscribed to me this:

_____	_____	_____
Month	Day	Year

 Personally Known or Identification:

 (Type of ID and expiration date)

Printed Name of Property Qualifier

Signature of Notary Public

 Notary Public Stamp:

FOR OFFICE USE ONLY

PERMIT FEES

Check No.: _____

Permit Fee (BLDG): \$ _____
 BCCO (Dade County): \$ _____
 BCAI (State): \$ _____
 DCA (State): \$ _____
 Upfront Fee: \$ _____
 Structural Fee: \$ _____
 Penalty / Rework Fee: \$ _____

Revision Fee: \$ _____
 Zoning/Lanscaping Fee: \$ _____
 Impact (Park Open Space): \$ _____
 Impact (Police): \$ _____
 City Surcharge 15%: \$ _____
 Total: \$ _____
 Signature: _____ Date: _____

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