

Development Services Department
1515 NW 167th Street, Bldg.5, Suite 200
Miami Gardens, Florida 33169
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Fax: (305) 622- 8857
www.miamigardens-fl.gov



Office Use Only

Date Received: _____

Process No. _____

ZONING IMPROVEMENT PERMIT APPLICATION

TYPE OF APPLICATION:

- | | |
|---|--|
| <input type="checkbox"/> Construction - Typical | <input type="checkbox"/> Real Estate (Residential / Non-Residential) |
| <input type="checkbox"/> Temporary Construction Fence Sign (TCFS) | <input type="checkbox"/> Costume/Mascot/Figurine Sign/s |
| <input type="checkbox"/> Entrance Feature Sign/s | <input type="checkbox"/> Banner Sign/s |
| <input type="checkbox"/> Balloons Sign/s | <input type="checkbox"/> Other |

LOCATION OF IMPROVEMENT:

Folio Number(s): _____

Property Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

PROPERTY'S OWNER INFORMATION:

Owner's Name (Provide name of ALL owners): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

APPLICANT/CONTACT PERSON INFORMATION (if different than Property Owner):

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Fax: _____ Email: _____

OTHER INFORMATION:

Is this application a result of a violation notice? no yes. If yes, explain and attach copy of violation: _____

CHECKLIST SUBMITTAL

The following items must be submitted with this application:

Required	Provided	Description
<input type="checkbox"/>	<input type="checkbox"/>	Application – two (2) original <u>completely</u> filled out and properly executed.
<input type="checkbox"/>	<input type="checkbox"/>	Survey – one (1) copy of a signed and sealed survey no older than one year.
<input type="checkbox"/>	<input type="checkbox"/>	Plans – two (2) set of plans showing all necessary dimensional requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Fees: See fee schedule below.

FEE SCHEDULE

<u>Description</u>	<u>Fee</u>	<u>Applicable</u>
zipbd Zoning Improvement Permit Flat Fee	\$51.50	_____
zmgsur City of Miami Gardens Surcharge	15%	_____
Subtotal		_____
bdadmin Building Department Administrative Processing Fee	\$10.00	_____
Violation	Doubles	_____
Subtotal		_____
Grand Total		_____

NOTE: Please make all checks payable to 'City of Miami Gardens' / Cash, Credit or Debit accepted

PROPERTY OWNER'S AFFIDAVIT

(I)(WE), being first duly sworn, depose and say that (I am) (we are) the owner duly authorized to sign on behalf of the owner of the property herein described and which is the subject matter of the proposed application. (I)(WE) certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

And,

(I) (WE) hereby authorize _____, as the contractor , applicant or contact person to submit and obtain the necessary permit(s).

Property Owner Signature: _____ Print Name: _____

Sworn to and subscribed before me on the _____ day of _____, 20_____.

Personally known to me Produced Identification Type of Identification _____

Notary

(Stamp/Seal)

Commission Expires: