

BUILDING DEPARTMENT

1700 Convention Center Drive | Miami Beach, FL 33139
 Office: 305.673.7610 | Fax: 305.673.7857

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE _____ EDITION

Date:		DATA INFORMATION PLEASE PRINT (USE BLACK OR BLUE INK)				Permit No: (For office use only)		
Parcel/ Folio No.				Job Address:				
If subsidiary or revision; provide the Master Building Permit Number:				Is this permit associated with a violation? If yes, BV #:				
Type of Service: Check Applicable		<input type="checkbox"/> New Permit Application		<input type="checkbox"/> Revision		Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Occupant Content
Type of Permit: Check Applicable Provide permit detail on page 4		<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire	<input type="checkbox"/> Special Events	<input type="checkbox"/> Demolition Year Built: _____
Type of Property: Check Applicable		<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential (SFH or Duplex)		<input type="checkbox"/> Multi – Family		
Type of Improvement: Check Applicable		<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Reconfiguration of space	<input type="checkbox"/> Remove & Replace	
Type of Review: Check Applicable		<input type="checkbox"/> Regular Walk Thru	<input type="checkbox"/> 24 Hour Walk Thru		<input type="checkbox"/> Drop Off	<input type="checkbox"/> Electronic Plan Review	<input type="checkbox"/> Expedited Plan Review (O.T Payment Required)	
Type of Project: Check Applicable		<input type="checkbox"/> City Project	<input type="checkbox"/> Historic	<input type="checkbox"/> Housing Urban Development (HUD)	<input type="checkbox"/> Leadership In Energy & Environmental(LEED)	<input type="checkbox"/> Special Inspector	<input type="checkbox"/> Private Provider	
Type of Occupancy: Check Applicable		<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)		
Square feet for each occupancy type: 1. _____ 2. _____ 3. _____		<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)		
		<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage))		
		<input type="checkbox"/> B – Business		<input type="checkbox"/> M -Gas Station		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage))		
<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> M – Retail/ Warehouse		<input type="checkbox"/> R-1 Residential Transient (Boarding House/ Hotel/Motel)		<input type="checkbox"/> S-2 Storage (Parking Garage)		
Other:		Job Value\$:				Square Ft:		
Description of Work: Please be specific with description								
Extent of Work: Check Applicable		<input type="checkbox"/> Alteration Level I			<input type="checkbox"/> Alteration Level III			
		<input type="checkbox"/> Alteration Level II			<input type="checkbox"/> Change of Occupancy			
Building Information:		Number of Units:			Height of Building:		Number of Stories:	
New Construction/Addition:		Job Value \$:				Sq Ft:		
Alteration/Reconfiguration of space:		Job Value \$:				Sq Ft:		

Architect:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____	Engineer:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____
Bonding Company Name:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____	Fee Simple Title Holder: (If Other Than Owner)	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____
Contractor:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____	Property Owner:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ Driver License No: _____ Office#: _____ Cell#: _____

ATTENTION:
Important Notice
Please Read Carefully

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, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, and Air Conditioners, Etc.**

CONDO CONVERSIONS are a change of use of the building and require a new certificate of occupancy. If this application implies a condo conversion, it shall be clearly stated in the description and on the plans; otherwise, the certificate of occupancy will be denied.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

OWNER'S OR PERSON RESPONSIBLE FOR IMPROVEMENTS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

NOTICE: 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 water management districts, state agencies 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	Tenant (If Applicable)	Qualifier
<p>_____ Signature of Owner of Agent:</p> <p>_____ Printed Name of Owner of Agent:</p> <p>_____ Date of Signature:</p> <p>_____ Signature of Notary Public</p> <p>_____ Identification</p> <p>Swore to and subscribed before me this _____ day of _____ 20 _____</p> <p>(SEAL)</p>	<p>_____ Signature of Tenant:</p> <p>_____ Printed Name of Tenant:</p> <p>_____ Date of Signature:</p> <p>_____ Signature of Notary Public</p> <p>_____ Identification</p> <p>Swore to and subscribed before me this _____ day of _____ 20 _____</p> <p>(SEAL)</p>	<p>_____ Signature of Qualifier:</p> <p>_____ Printed Name of Qualifier:</p> <p>_____ Date of Signature:</p> <p>_____ Signature of Notary Public</p> <p>_____ Identification</p> <p>Swore to and subscribed before me this _____ day of _____ 20 _____</p> <p>(SEAL)</p>

THE SIGNATURE REQUIRED BELOW IS FOR *OWNER/BUILDER APPLICANTS ONLY*. PLEASE DO NOT SIGN BELOW IF THIS IS NOT AN OWNER/BUILDER APPLICATON.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT SHOULD BE FILED AT: 22 NW FIRST STREET, MIAMI, FL

STATE OF FLORIDA _____ COUNTY OF _____

Print Owner' s Name _____ Owner's Signature

Sworn to and subscribed before me this _____ day of _____ 20 _____ , by _____

- Personally
- Produced Identification – Type of Identification _____

Signature of Notary Public (SEAL)

Application Approval By: _____ Permit Clerk Signature _____ Date _____

<p style="text-align: center;">BUILDING: SPECIALTY PERMITS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Solar (Photovoltaic)/Alternate Power <input type="checkbox"/> Swimming Pool, gallons _____ (select one, new and renovation includes equipment) <ul style="list-style-type: none"> <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <ul style="list-style-type: none"> <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) _____ <input type="checkbox"/> Marine <ul style="list-style-type: none"> <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Access control, # devices _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Temporary and Special Events <ul style="list-style-type: none"> <input type="checkbox"/> Platform, select: first or re-approval (circle one) <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary <ul style="list-style-type: none"> <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Irrigation, # zones _____ <input type="checkbox"/> Heaters, <ul style="list-style-type: none"> <input type="checkbox"/> select: gas or electric (circle one) <input type="checkbox"/> select: new or replacement (circle one) <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ If commercial, CFM _____
<p style="text-align: center;">BUILDING: TRADE PERMITS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Painting <input type="checkbox"/> Windows/doors, # openings _____ <input type="checkbox"/> Shutters, # openings _____ <input type="checkbox"/> Storefront, Sq.Ft. _____ <input type="checkbox"/> Moving structures, Sq.Ft. _____ <input type="checkbox"/> Paving/concrete, Sq.Ft. _____ <input type="checkbox"/> Signs (non-electric), Sq.Ft. _____ <input type="checkbox"/> Roofing, re-roofing, waterproofing, Sq.Ft. _____ <input type="checkbox"/> Fences, walls, linear feet _____ <input type="checkbox"/> Awning, canopy or patio cover, Sq.Ft. _____ <input type="checkbox"/> Other _____ 	<p style="text-align: center;">ELECTRICAL: TRADE PERMITS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electrical demolition only <input type="checkbox"/> Electrical safety check for service reconnect <input type="checkbox"/> Electrical alteration/remodeling, Sq.Ft. _____ <input type="checkbox"/> Electrical services, # meters _____ <input type="checkbox"/> Panel replacement, # panels _____ <input type="checkbox"/> Busway installation, linear feet _____ <input type="checkbox"/> Signs (electric), # signs _____ <input type="checkbox"/> Low voltage, # devices _____ <input type="checkbox"/> Empty conduit, # openings _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Other _____
<p style="text-align: center;">PLUMBING: TRADE PERMITS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plumbing only demolition <input type="checkbox"/> Fixtures <ul style="list-style-type: none"> <input type="checkbox"/> Rough, # units _____ <input type="checkbox"/> Sets, # sets _____ <input type="checkbox"/> Interceptors, # units _____ <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Water drainage, # inlets _____ <input type="checkbox"/> Condensation drains <input type="checkbox"/> Dry or discharge wells, # wells _____ <input type="checkbox"/> Water/gas mains, linear feet _____ <input type="checkbox"/> Sanitary, storm or collector lines, linear feet _____ <input type="checkbox"/> Backflow protection, # devices _____
<p style="text-align: center;">MECHANICAL: TRADE PERMITS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <ul style="list-style-type: none"> <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <ul style="list-style-type: none"> <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____
<p style="text-align: center;">FIRE: PERMITS</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cooking hood suppression, # systems _____ <input type="checkbox"/> Room fire suppression, # systems _____ <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Minor work on existing fire alarm <input type="checkbox"/> Electrical smoke detector, # devices _____ <input type="checkbox"/> Other _____ 	<p style="text-align: center;">ELEVATOR: TRADE PERMITS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Installation or major revamping <ul style="list-style-type: none"> <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____ <input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use <input type="checkbox"/> Other _____