Clerk: _____

Permit No. 2013 - _ _ - _ _ _ _

Instructions
Complete Job Address, Sections 1-11, and appropriate signatures on back.

PUBLIC WORKS DEPARTMENT

PERMIT APPLICATION

Permit No.	Type

Master Permit: **JOB ADDRESS:** **Unit #:**

1. Information Owner/Tenant
Name _____
Address _____
City _____ St _____ Zip _____
E-mail _____
Driver Lic. No./I.D. _____
Phone (____) _____ Owner-Builder ❍

2. Contractor Information
Company Name _____
Qualifier Name _____
Address _____
City_____ St_____ Zip _____
E-mail _____
Lic #_____ Phone (____) _____

3. Permit Type *Choose only One:*
❍ Building
❍ Electrical
❍ Mechanical
❍ Plumbing/Gas
❍ Public Works
❍ Sign
❍ Roofing

4. Change to an Existing Permit *Choose only One:*
❍ Change Contractor
❍ Extension
❍ Renewal
❍ Shop Drawing
❍ Permit Supplement
❍ Lost Plans
❍ _____

5. Type of Improvement *Choose only One:*
❍ New
❍ Addition Attached
❍ Addition Detached
❍ Alteration Interior
❍ Alteration Exterior
❍ Repair/Replace
❍ Demolish

Type Specific:
❍ Re-roof
❍ Driveway
❍ Fence
❍ Pool
❍ Shed
❍ Shutters
❍ Repair Due to Fire
❍ _____

6. Architect/ Engineer
Name _____
Address _____
City _____ St _____ Zip _____
Phone (___) _____ Reg. No. _____
Email _____

7. Legal/Use/ Work/Value
Folio No._____ No. of Units_____
Lot _____ Block _____
Subdivision _____ Pb/Pg ____
Current Use of Property _____
Description of Work _____
Est. Value: **Area:** **Length:**

8. Prop. Owner
Name _____
Add: _____
E-mail _____Ph:_____

9. Contact
Name _____
Phone 1 (___) _____ Phone 2 (___) _____
E-mail _____

DO NOT WRITE BELOW THIS LINE

R	Discipline	Approved / Date	Disapproved / Date
	Zoning		
	Building		
	Fire		
	Structural		
	Electrical		
	Mechanical		
	Plumbing		
	Flood		
	Public Works		

#	Checked Out	Date Out/In	Clerk	#	Checked Out	Date Out/In	Clerk
1		/		5		/	
2		/		6		/	
3		/		7		/	
4		/		8		/	

Application Approved by: **Date:**

Application Includes	Fee Code	Fees $ .00
Base Permit		
(#)Violation	200	
(#Shts) Scanning Fee	800	
Certificate of: ❍Occupancy ❍Completion		
Code Compliance	300	
State Surcharge	400	
City Parks/Police Impact		
6% Concurrency	700	
City Roadway Fee	900	
TOTAL PERMIT FEE		
Up-Front Fee	100	(-)
Balance Due		

8401 NW 53rd Terrace, 2nd Floor, Doral, Florida 33166 Tel.: (305) 593-6740 Facsimile: (305) 406-6737 Website: www.cityofdoral.com

Process No._____ **Job Address:** _____

10. Bond Co.		11. Mort. Lend.	
	Name _____		Name _____
	Address _____		Address _____
	City _____ St _____ Zip _____		City _____ St _____ Zip _____

NOTICE: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. In addition to the requirements of this permit, there may be additional restrictions found in the public records, and there may be additional permits required from other governmental entities such as water management districts or federal agencies.

OWNER 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Owner/Tenant
STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____day of_____20____,
by (Print Name)_____

Notary Name _____
Personally known ❍ or I.D. _____

X _____
Signature of Qualifier
STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____day of _____20____,
by (Print Name)_____

Notary Name _____
Personally known ❍ or I.D._____

OFFICE USE ONLY:

Checklist

❍ Owner-Builder Form	❍ Fire Department Approval	❍ Sub-permit Take-offs
❍ Condo Association Approval	❍ DERM / HRS Approval	❍ Lien Notice Mailing
❍ Proof of Ownership	❍ County Impact Fees	❍ Copy of Permit to County
❍ Contractor License Check	❍ Code Compliance Fee	❍ Other: _____
❍	❍ State Surcharge	
	❍	

Work Classification: _____	Zoning: _____ Variance: _____
❍Residential ❍Multi-Family ❍Commercial ❍Industrial	Conditions: _____
Code in Effect: _____ Occ. Load: _____	Area (sq.ft.)_____ Length (ft.) _____
Occupancy: Construction Type:	Remarks:

F.I.R.M. Zone _____ Min. Elev. _____ Proposed Elev. _____ Ordinance Date: _____

Improvement Value $ _____ Bldg. Market Value $_____10 Year Improve Value $ _____

Conditions of Approval