

JOB ADDRESS: _____
MASTER PERMIT #: _____



OWNER'S INITIALS: _____
APPLICANT'S INITIALS: _____

BUILDING DEPARTMENT MASTER, SUB OR REVISION PERMIT APPLICATION

DIRECTIONS: Use this form to apply for a **BUILDING OR TRADE (SUB) PERMIT** or **REVISION** only. Please refer to **Public Works** or **Planning & Zoning** for work specific to those departments. Fill out form completely for faster processing. All **RED (*) asterisks** are required. **PLEASE SUBMIT ALL PAGES OF APPLICATION.**

*SELECT APPLICATION TYPE: MASTER/PRIMARY PERMIT TRADE/SUB PERMIT or SHOP DWG
 REVISION RENEWAL (See Admin Box next page)

MASTER PERMIT NUMBER: (Required when submitting for a trade, sub or revision to permit) _____

*FOLIO #: (13-digits) _____ (See Property Appraiser at <https://www.miamidade.gov/pa/>)

*JOB ADDRESS: _____ UNIT #: _____ ZIP: _____

LOT: _____ BLOCK: _____ PLAT BOOK/PAGE: _____ SUBDIVISION: _____



STOP! If property does not have a physical address, please complete a **PZ Request for Address** with the Planning & Zoning Department via www.cityofdoral.com/permitting. Must have Folio # to move forward.

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.

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 HAVING TO PAY 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.

REQUIRED:

OWNER'S/TENANT'S SIGNATURE

Print Owner's Name _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20_____, by

NOTARY SEAL

NOTARY SIGNATURE _____

Personally Known OR Produced Identification

Type of Identification Produced _____

REQUIRED:

QUALIFIER'S SIGNATURE

Print Qualifier's Name _____

Qualifier's Company Name _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20_____, by

NOTARY SEAL

NOTARY SIGNATURE _____

Personally Known OR Produced Identification

Type of Identification Produced _____

LOCATION
SIGN & NOTARIZE

JOB ADDRESS: _____

OWNER'S INITIALS: _____

MASTER PERMIT #: _____

APPLICANT'S INITIALS: _____

DIRECTIONS: Use the checklist and items below to gather information **PRIOR** to submitting for a permit. You will enter this information in the electronic permitting system at www.cityofdoral.com/permitting.

WORK

BUILDING PERMIT TYPE: (Select **master/sub** permit type. See below for REVISION DISCIPLINES.)

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> MECHANICAL/ FIRE | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING / GAS | <input type="checkbox"/> FLOODPLAIN |

WORK CLASS: (Pick one type based on scope of work. Leave BLANK for sub/trade permits. Select above.)

- | | | |
|--|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> DEMOLISH RE-ROOF | <input type="checkbox"/> SHUTTERS |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> DRIVEWAY / PAVERS / SLAB | <input type="checkbox"/> SHOP DRAWING |
| <input type="checkbox"/> ALTERATION – INTERIOR | <input type="checkbox"/> FENCE / WALL | <input type="checkbox"/> ELECTRICAL WALL SIGN |
| <input type="checkbox"/> ALTERATION - EXTERIOR | <input type="checkbox"/> POOL / SPA | <input type="checkbox"/> FLOODPLAIN DEVELOPMENT |
| <input type="checkbox"/> REPAIR/REPLACE | <input type="checkbox"/> SHED/ACCESSORY BLDG | |

REVISION TYPE: (Select ALL trades affected.)

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING / GAS | <input type="checkbox"/> STRUCTURAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> ROOFING | <input type="checkbox"/> ZONING |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> FLOODPLAIN | <input type="checkbox"/> PUBLIC WORKS |

REVISION DESCRIPTION: _____

CURRENT USE/OCCUPANCY OF PROPERTY OR SPACE: _____

See Chapter 3 – www.floridabuilding.org

JOB DESCRIPTION/ SCOPE OF WORK: _____

IS THIS A REPAIR DUE TO FIRE? YES NO

\$ ESTIMATED VALUE OF WORK (Enter "0" for no change in value)
(OR CHANGE IN VALUE): \$ _____

AREA OF WORK (sf): _____ **LENGTH (lf):** _____
(Square footage for new construction or area of work for interior alteration) (Length of wood, chain-link or CMU fences, walls, etc.)

FLOODPLAIN

FLOODPLAIN INFORMATION:

FIRM PANEL _____ Blank	LOMC # & DATE: _____
FLOOD ZONE _____ Blank	SURVEYOR NAME: _____
BASE FLOOD ELEVATION _____	SURVEY DATE: _____
LOWEST FLOOR ELEVATION _____	BENCHMARK LOCATION _____
LOWEST MACHINERY ELEVATION _____	BENCHMARK ELEVATION _____
LOWEST MACHINERY DESCRIPTION: _____	SURVEY DATUM _____ Unknown
CONDITIONAL LETTER # & DATE: _____	

ADMIN

OTHER ADMINISTRATIVE PROCESSES:

- | | | |
|---|---|--|
| <input type="checkbox"/> PROCESS EXTENSION | <input type="checkbox"/> CHANGE OF CONTRACTOR
10-day waiting period, unless signed by both Qualifiers | <input type="checkbox"/> PRIVATE PROVIDER
BO approval & insurance threshold requirements. Register online. |
| <input type="checkbox"/> PERMIT EXTENSION | <input type="checkbox"/> CHANGE OF ARCHITECT/ENGINEER New Plans to be submitted | PRIV # _____ |
| <input type="checkbox"/> PERMIT RENEWAL | | <input type="checkbox"/> Insp Only <input type="checkbox"/> Plans & Insp |
| <input type="checkbox"/> LOST PLANS | | |

City of Doral Building Department
8401 NW 53rd Terrace, 2nd Floor, Doral, FL 33166 – Tel: (305) 593-6700 – Fax: (305) 593-6614
www.cityofdoral.com/building or www.cityofdoral.com/permitting

JOB ADDRESS: _____

OWNER'S INITIALS: _____

MASTER PERMIT #: _____

APPLICANT'S INITIALS: _____



JOB CONTACTS: Fill out this section completely. This information will be used to connect a contact in the E-Permitting System. Fill out additional forms as needed for as many contacts as you wish to add to this permit.

ALL CONTACTS MUST REGISTER at www.cityofdoral.com/permitting for a Citizen Self-Service user account.

***OWNER/TENANT** Must provide corporation documents listing authorized signers from www.sunbiz.com.

NAME (as listed in PROPERTY APPRAISER or on LEASE AGREEMENT): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL (Required for system notifications): _____

PHONE: _____

APPLICANT (if other than Owner or Tenant; Please include Expediting Consultant, Permit Runner, etc.)

NAME(S): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL (Required for system notifications): _____

PHONE: _____

***CONTRACTOR/ QUALIFIER, SUB CONTRACTOR or OWNER/BUILDER**

COMPANY NAME: _____

LICENSEE/QUALIFIER NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL (Required for system notifications): _____

PHONE: _____

DBPR OR CTQB LICENSE NUMBER(S): _____

Important Note:

Each contact, qualifier, owner, etc. should have their own CSS login. Runners, consultants, expeditors, etc. should NOT use the SAME email login address for multiple owners, addresses or projects.



PROFESSIONAL LICENSE/CONTRACTOR REGISTRATION NUMBER W/ CITY OF DORAL:

STOP! Have you registered with the City of Doral as a contractor OR owner/builder? Please follow the instructions at <https://www.cityofdoral.com/all-departments/building/contractor-registration/> or <https://www.cityofdoral.com/all-departments/building/forms-building/owner-builder-affidavit>. **RESTRICTIONS APPLY.**

RENEWALS

Last Approved Inspection: _____

Expiry Date: _____

Base Permit _____

MDC 300 _____

DBPR 400C _____

New Application Required / Code Change

BUILDING RECERTIFICATION / STR. GLAZING

Renewal Case Created

Renew Date: _____

OTHER _____

CHANGE OF CONTRACTOR / PROFESSIONAL

Form received

Date Notice Sent _____

New contractor updated in system

Revised plans submitted (design professional only)

PRIVATE PROVIDER

Insurance Requirement

License(s) verified _____

Registration # _____

INTERNAL USE ONLY



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 OR local homeowner's associations or landlord authorization. See Forms: **DORAL Affidavit for HOA or Landlord Auth Limited Work** at: <https://www.cityofdoral.com/all-departments/building/forms-building/>.

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