

Date _____

Clerk: _____

Permit No: _____

Master Model: _____



Instructions
Complete Job
Address, Sections
I-II, and
appropriate
signatures on back.

BUILDING DEPARTMENT PERMIT APPLICATION

Office Use: Signature	Type
	W / D

Master Permit:

JOB ADDRESS:

Unit #:

Zip Code:

1. Information Owner/Tenant	Name _____		2. Contractor Information	Company Name _____	
	Address _____			Qualifier Name _____	
3. Permit Type Choose only One:	4. Change to an Existing Permit Choose only One:	<input type="radio"/> Building	5. Type of Improvement Choose only One:	<input type="radio"/> New	<input type="radio"/> Re-roof
		<input type="radio"/> Electrical		<input type="radio"/> Addition Attached	<input type="radio"/> Driveway
		<input type="radio"/> Mechanical		<input type="radio"/> Addition Detached	<input type="radio"/> Fence
		<input type="radio"/> Plumbing/Gas		<input type="radio"/> Alteration Interior	<input type="radio"/> Pool
<input type="radio"/> Public Works	<input type="radio"/> Shop Drawing	<input type="radio"/> Alteration Exterior	<input type="radio"/> Shed	<input type="radio"/> Shutters	
<input type="radio"/> Sign	<input type="radio"/> Permit Supplement	<input type="radio"/> Repair/Replace	<input type="radio"/> Demolish	<input type="radio"/> Repair Due to Fire	
<input type="radio"/> Roofing	<input type="radio"/> Lost Plans	<input type="radio"/> _____			
6. Architect/ Engineer	Name _____		7. Legal/Use/ Work/Value	Folio No. _____ No. of Units _____	
	Address _____			Lot _____ Block _____	
8. Prop. Owner	City _____ St _____ Zip _____		9. Contact	Subdivision _____ Pb/Pg _____	
	Phone (____) _____ Reg. No. _____			Current Use of Property _____	
	Email _____			Description of Work _____	
Name _____		Est. Value: _____ Area: _____ Length: _____			
Add: _____		Name _____			
E-mail _____ Ph: _____		Phone 1 (____) _____ Phone 2 (____) _____			
		E-mail _____			

DO NOT WRITE BELOW THIS LINE

R	Discipline	Approved / Date	Disapproved / Date	Application Includes	Fee Code	Fees \$.00
	Zoning						
	Building						
	Fire						
	Structural						
	Electrical						
	Mechanical			Base Permit			
	Plumbing			(# _____) Violation	200		
	Flood			(#Shts _____) Scanning Fee	800		
	Public Works			Certificate of:			
				<input type="radio"/> Occupancy <input type="radio"/> Completion			
				Code Compliance	300		
				State Surcharge	400		
#	Checked Out	Date Out/In	Clerk	#	Checked Out	Date Out/In	Clerk
1		/		5		/	
2		/		6		/	
3		/		7		/	
4		/		8		/	
				TOTAL PERMIT FEE			
				Up-Front Fee			
				Balance Due			

Application
Approved by:

Date:

Permit No. _____ Job Address: _____

10. Bond Co.	Name _____	11. Mort. Lend.	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.

<p>X</p> <p>Signature of Owner/Tenant STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by (Print Name) _____</p> <p>Notary Name _____ Personally known <input type="radio"/> or I.D. _____</p>	<p>X</p> <p>Signature of Qualifier STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by (Print Name) _____</p> <p>Notary Name _____ Personally known <input type="radio"/> or I.D. _____</p>
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OFFICE USE ONLY:

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

<p>Work Classification: _____ <input type="radio"/> Residential <input type="radio"/> Multi-Family <input type="radio"/> Commercial <input type="radio"/> Industrial Code in Effect: _____ Occ. Load: _____ Occupancy: _____ Construction Type: _____</p>	<p>Zoning: _____ Variance: _____ Conditions: _____ Area (sq.ft.) _____ Length (ft.) _____ Remarks: _____</p>
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Flood Section	
<input type="radio"/> New Structure <input type="radio"/> Renovation of existing <input type="radio"/> Residential <input type="radio"/> Non – Residential FIRM Zone _____ BFE _____ Panel _____ Back of Sidewalk _____ Crown of Road _____ Minimum Required Elevation _____ Ordinance Date _____	Lowest Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed Garage Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed Proposed improvement value _____ Existing Building Market value _____ 5 year cumulative improvement total _____ 5 year cumulative improvement percentage _____

Conditions of Approval

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. _____ TAX FOLIO NO. _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street address: _____

2. General description of improvement: _____

3. Owner(s) name and address: _____

Interest in property: _____

Name and address of fee simple titleholder (if other than owner): _____

4. Contractor's name, address, and phone number: _____

5. Surety: (Payment bond required by owner from contractor, if any)

Name and address: _____

Amount of bond: \$ _____

6. Lender's name, address, and phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

Name, address, and phone number: _____

8. In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

Name, address, and phone number: _____

9. Expiration date of the Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

Print Name

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____
_____ as _____ (type of authority, e.g. officer, trustee, attorney in fact) for
_____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification _____ Type of Identification Produced: _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp

Commissioned Name

of Notary Public:

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above

Turn Over for Instructions

INSTRUCTIONS FOR COMPLETING AND RECORDING A NOTICE OF COMMENCEMENT

Completion of Form:

- ◆ All information must be typewritten or legibly printed.
- ◆ All applicable line numbers must be completed. Items 1, 2, and 3 are always to be filled in. Items 4 through 9 are to be completed as applicable. For lengthy descriptions, attach a separate page and indicate on the form that the legal description is attached. Should line 5 apply, a photocopy of the Payment Bond must be attached to the instrument when recorded.
- ◆ The property owner or owner's authorized agent must sign in the presence of a Notary Public, who must then complete the acknowledgement portion of the form and affix notary public's seal. The Miami-Dade County Recorder's Office does not have notaries that may provide this service. This portion needs to be completed before hand.

Recording Information:

- ◆ Prepare a self-addressed, stamped envelope with the name and address of whom the recorded notice is to be returned.
- ◆ Count the total number of pages in the document. Fees are \$10.00 for the first page and \$8.50 for subsequent pages.
- ◆ Your document takes about four to six weeks to process and return, should you need it any sooner you may walk it in and take a certified copy that same day.
- ◆ Payments are accepted in the form of Cash, Certified or Cashier's Check, or Money Order made payable to the Clerk of Courts. MasterCard and Visa are accepted subject to a \$15.00 minimum.
- ◆ Walk in Address: Miami-Dade County Recorder Office
22 NW 1 Street
Miami, Florida 33128
- ◆ Hours of Operation: 9:00 a.m. – 4:00 p.m.
- ◆ Telephone: (305) 275-1155
Press 1 for English, 2 for Spanish, then;
Press 6 for Recorder Office, then;
Press 1 for Documents, then;
Press 0 for Operator
- ◆ Mailing Address: Miami-Dade County Recorder Office
P.O. Box 011711
Flagler Station
Miami, Florida 33101