



## PERMIT APPLICATION

<b>MASTER PERMIT #:</b>				<b>SUBSIDIARY PERMIT #:</b>			
Owner's Name			Tax Folio #				
Owner's Address					Telephone		
Contractor/Company			Telephone				
Contractor's Address							
Qualifier's Name			State License #				
Job Address							
Architect/Engineer			Telephone				
Mailing Address							
<b>PERMIT CATEGORY</b>		BUILDING <input type="checkbox"/>	ROOF <input type="checkbox"/>	ELECTRIC <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	
Present Use of Property				Proposed Use			
Square Footage/Dimensions				Units/Dimensions			
Value of New Work				Existing Building Value			
<b>I HEREBY MAKE THIS APPLICATION FOR THE FOLLOWING WORK (Be Specific):</b>							
<b>FEE CALCULATION</b>							
SQUARE FEET X 1% =		\$ _____	Minimum New Construction Cost or Job Value				
JOB VALUE X 1% =		\$ _____	B.H. Permit Fee (minimum \$100.00)				
JOB VALUE X .60 PER \$1000.00 =		\$ _____	Code Compliance Fee				
ENGINEER REVIEW =		\$ _____	(Leave blank for processor)				
RADON GAS =		\$ _____	(Leave blank for processor)				
DOUBLE PERMIT FEE =		\$ _____	(Leave blank for processor)				
TOTAL =		\$ _____					



**NOTICES**

- 1. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of laws regulating construction in this jurisdiction. I UNDERSTAND THAT SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, AND ROOFING WORK, AND THAT ADDITIONAL PERMITS MAY BE REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.
- 2. You must record a "Notice of Commencement" with Metropolitan Dade County. Failure to do so may result in you paying twice for improvements to your property.

A "Notice of Commencement" shall be filed, and posted at the building site, in accordance with Section 713.35 of the Florida Statutes. If you are planning to spend more than \$2500 on building or improvement, you may wish to consult an attorney before recording your notice of commencement.

- 3. Do not begin any work until you have received your validated permit and permit card. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION.
- 4. The owner of the above property shall provide disclosure to the Building Official of any work done at the property in the prior twelve months. Further, I am fully aware that if the cumulative cost of all repairs to my home or business under this and any other permit issued in the last five years equals or exceeds fifty percent (50%) of the FAIR MARKET VALUE of said structure then the entire building must meet the present federal flood criteria for finished floor elevation. Further, I am fully aware that if the total cost of all repairs exceeds fifty percent (50%) of the REPLACEMENT COST of said structure, then the entire structure must conform to the current code provisions of the Florida Building Code.
- 5. Portable toilets for a construction site require a separate permit.

**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 regulation construction and zoning. Furthermore, I authorize the above named Contractor to do the work stated.

**BOTH NOTARIZED SIGNATURES ARE REQUIRED PRIOR TO PROCESSING PERMIT APPLICATION. (PLEASE READ ABOVE NOTICES FOR IMPORTANT INFORMATION.)**

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Signature of Qualifier

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary (as to Owner)

\_\_\_\_\_  
Notary (as to Qualifier)

Commission Expires:

Commission Expires:

**NOTE: ONCE A MASTER PERMIT HAS BEEN OBTAINED THE OWNER'S SIGNATURE IS NOT REQUIRED ON SUBSEQUENT APPLICATIONS**

**Permit applications/Permits Issued  
8:00 am – 4:00 pm  
Monday – Friday**

**Inspection Requests Accepted Daily by Building Dept.  
Inspection Performed Within Two Business Days  
(One Business Day Notice Required)**



**IF A MASTER PERMIT HAS BEEN OBTAINED, THE OWNER'S NOTORIZED SIGNATURE NEED NOT BE PRESENT ON SUBSEQUENT APPLICATIONS. AN APPLICATION FOR BUILDING PERMIT MUST ACCOMPANY THIS ADDENDUM.**

Electrical		Mechanical		Plumbing	
Item	Units	Item	Units	Item	Units
Air Conditioners		A/C Window		Area Drain	
Antenna/Cable		Above Ground Tanks		Backflow Device	
Appliance Outlets		Central Heating		Bath Tub	
Burglar Alarm		Cooling Towers		Bidet	
Master		Duct Work		Catch Basin	
Devices		Elevators/Escalators		Clothes Washer	
Prewire		Fireplace		Discharge Well	
Fixtures		Fire Sprinkler System		Drinking Fountain	
Generators/Transformers		Hot Water Boilers		Fire Standpipe	
Light Outlets		Mechanical Ventilation		Floor Drain	
Motors, H.P.		Procs. & Press Piping		Gas Range	
Oven		Refrigeration		Gas Piping	
Pool/Spa – Commercial		Space Heaters		Grease Trap	
Pool/Spa – Residential		Steam Generator		Indirect Waste Water	
Range Top		Steam Boilers		Interceptor	
Receptacles		Transporting Assembly		Laundry Tray	
Service – Temporary		U.F. PRSRE Vessel		Lavatory	
Service Size, In Amps		Underground Tanks		Lawn Sprinkler System	
Service Repair, MTR				Meter Set (Gas)	
Sign Time Clock				Pool Piping	
Signs, Square Feet				Roof Inlet	
Special Purpose				Sewer Connections	
Strip Heater, K.W.				Shower	
Switch Outlets				Sink Pot/3 Comp	
Water Heater				Sink Residence	
				Sink Slop	
				Soakage Pit (CU. FT.)	
				Solar water heater	
				Temp. Water Closet	
				Urinal	
				Utility – Tank	
				Utility – Sewer	
				Water Closet	
				Water Piping	
				Water Supply To:	
				A/C Condensate Drain	
				Fire Sprinkler	
				Fountain	
				HTR – Replacement	
				HTR – New Installation	
				Water Service	

**NO GARBAGE DISPOSALS ALLOWED**



## **BUILDING DEPARTMENT REQUIREMENTS TO ISSUE A PERMIT**

### **LICENSES**

STATE LICENSE OR DADE COUNTY LICENSE WITH CC#

AND

**IF STATE CERTIFIED**, NEED OCCUPATIONAL LICENSE FROM COUNTY OR CITY WHERE THE COMPANY OFFICE IS LOCATED

**IF STATE REGISTERED, OR IF REGISTERED WITH DADE COUNTY**

NEED MUNICIPAL CONTRACTOR'S OCCUPATIONAL LICENSE FROM DADE COUNTY

### **INSURANCE**

NEED CERTIFICATE OF INSURANCE WITH THE NAME OF YOUR COMPANY LISTED AS THE NAMED INSURED, AND **WITH BAL HARBOUR VILLAGE, 655-96<sup>TH</sup> ST, BAL HARBOUR, FL 33154 AS THE CERTIFICATE HOLDER.**

AND PROOF OF

GENERAL LIABILITY

WORKERS COMPENSATION (IF EXEMPT, MUST HAVE EXEMPT FORM FROM THE STATE STAMPED "PURGED" AND SHOWING THE EFFECTIVE AND EXPIRATION DATES)

**CHECK ALL LICENSES AND INSURANCE FOR VALID EFFECTIVE DATES  
MAKE A COPY OF ALL DOCUMENTS FOR  
THE BUILDING DEPARTMENT.**