



City of North Miami

WINDOWS PERMIT SUBMITTAL REQUIREMENTS

CHECKLIST

In order to perform a uniform and consistent review of window permit applications, as a minimum, the following documents are required to be submitted:

- _____ 1. Complete permit application.
- _____ 2. In accordance with the Product Control Notice of Acceptance, submit two (2) copies of the following:
 - a. Product Control Notice of Acceptance for each proposed window,
 - b. Product Control Notice of Acceptance for each proposed Mullion,
 - c. Completely dimensioned elevation drawing showing size and location, including height above grade of openings to receive mullion and windows, mean roof height, length and width of building.
- _____ 3. For each opening shown on the elevation drawing, indicate the Product Control Notice of Acceptance (NOA) number for the proposed windows.
- _____ 4. For each opening shown on the elevation drawing as having multiple window installations, indicate the size of the proposed mullion and its Product Control Notice number, as well as the proposed anchoring method of the mullion to the supporting structure.
- _____ 5. For each opening shown on the elevation drawing, indicate the calculated negative and positive wind pressures in accordance with ASCE-7-02 (required for 2 stories or more).
- _____ 6. For each opening shown on the elevation drawing, indicate impact resistance device (if required).
- _____ 7. Windows used for second means of escape, or second means of egress, shall comply with FBC 2004 HVZ.
- _____ 8. Any modification that requires rational analysis to the product control must be approved by Chief Code Compliance Officer.
- _____ 9. Condominiums and townhouses require Association approval.

PERMIT APPLICATION FOR MUNICIPALITIES OF DADE COUNTY (NORTH MIAMI)

Date _____ Job Address _____ Tax Folio _____

Legal Description _____ Master Permit # _____

Owner _____ Tenant _____

Owner's Address _____ Day-Time Phone _____

Contracting Co. _____ Address _____

Qualifier _____ SS# _____ - _____ - _____ Phone _____

State # _____ Competency # _____ Ins. Co. _____

Architect/Engineer _____ Address _____

Bonding Company _____ Address _____

Mortgagor _____ Address _____

Permit Type: ROOFING BUILDING ELECTRICAL PLUMBING MECHANICAL PAVING
 FENCE SIGN DOCK PAINT SHED POOL

Application is hereby made for a permit to do work & installation as indicated. I understand that separate permits are required for Electrical, Plumbing, Signs, Pools, Roofing, & Mechanical work.

WORK DESCRIPTION: Circle One of the following: COMMERCIAL RESIDENTIAL

Square Ft. _____ Estimated Cost _____

WARNING TO OWNER: YOU MUST RECORD A **NOTICE OF COMMENCEMENT** AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THE NOTICE. **A BACKFLOW PREVENTION DEVICE PERMIT AND CERTIFICATION TEST** MAY BE REQUIRED IN ACCORDANCE WITH ORDINANCE #825. CALL THE PUBLIC WORKS DEPT. AT (305) 787-1001 OR VISIT THEIR OFFICE AT 1815 NE 150 ST.

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. Furthermore, I authorize the above-named contractor to do the work stated.

Signature of Property Owner or Condo President

Signature of Contractor

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Onwer/Condo President

Signature of NOTARY to Contractor

(Print, Type, or Stamp Commissioned Name)

(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Personally Known _____ or Produced I.D. _____

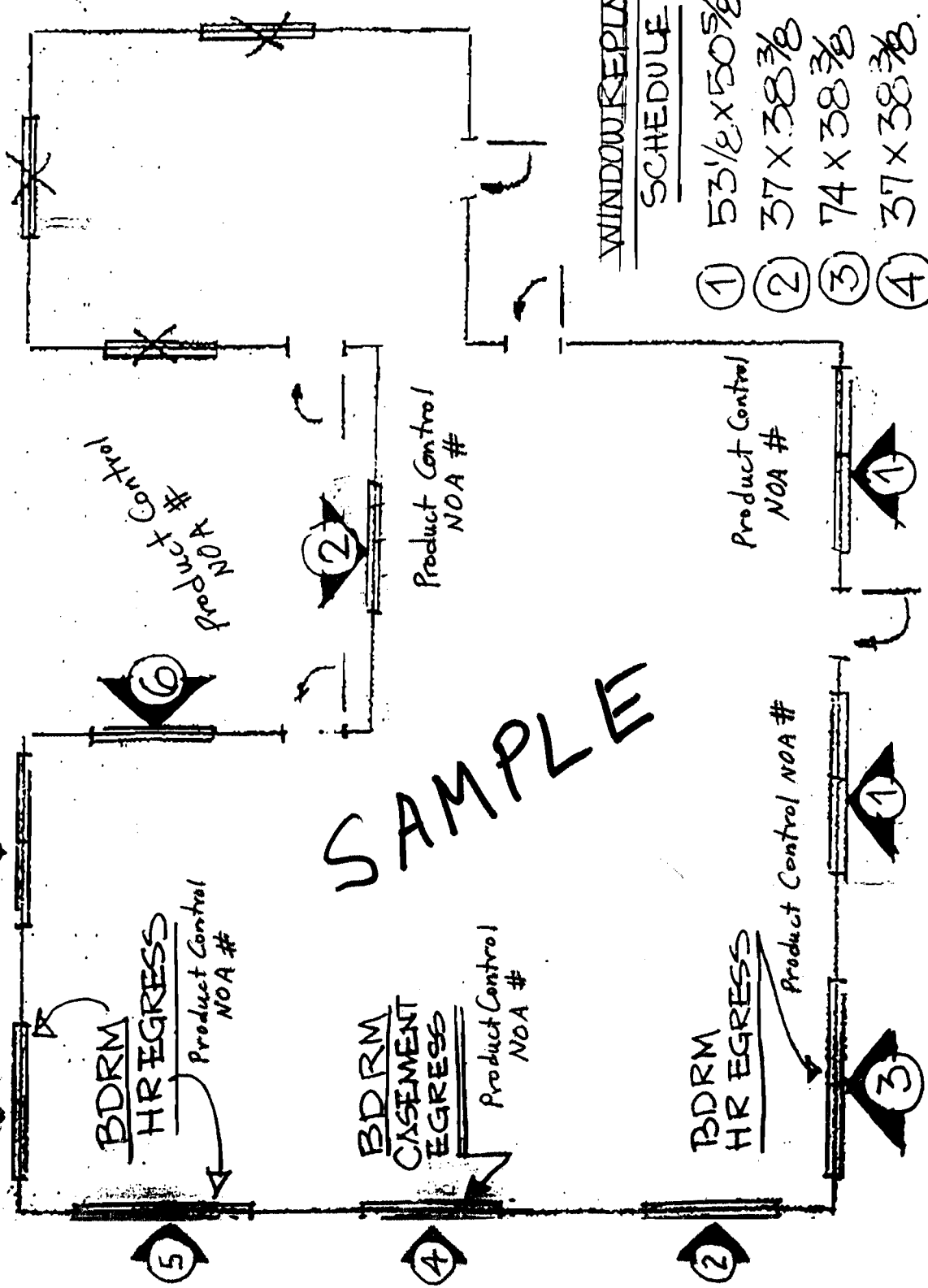
Type of I.D. produced _____

Type of I.D. produced _____

FEE _____ Zoning _____ Building _____ Electrical _____

_____ Mechanical _____ Plumbing _____ Engineering _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.



SAMPLE

WINDOW REPLACEMENT SCHEDULE:

- ① 53 1/2 x 50 5/8 HR
- ② 37 x 38 3/8 HR
- ③ 74 x 38 3/8 HR EGRESS
- ④ 37 x 38 3/8 CASEMENT EGRESS
- ⑤ 74 x 50 5/8 EGRESS
- ⑥ 36 x 50 5/8

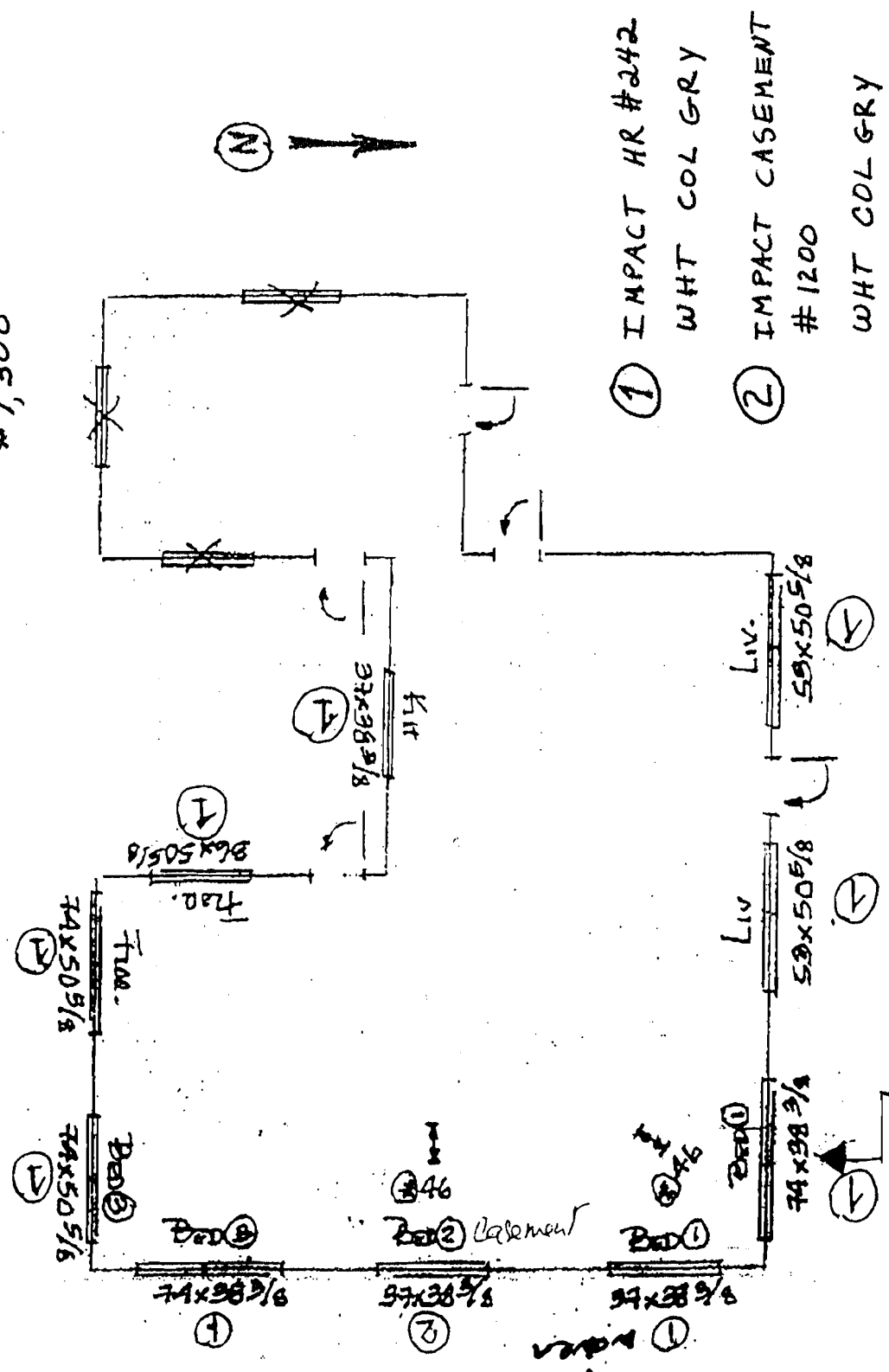
FRONT

ADDRESS: _____

ESTIMATE:

5266 WINDOWS
 1600 }
 400 } INSTALL
 \$7,300

ADDRESS:



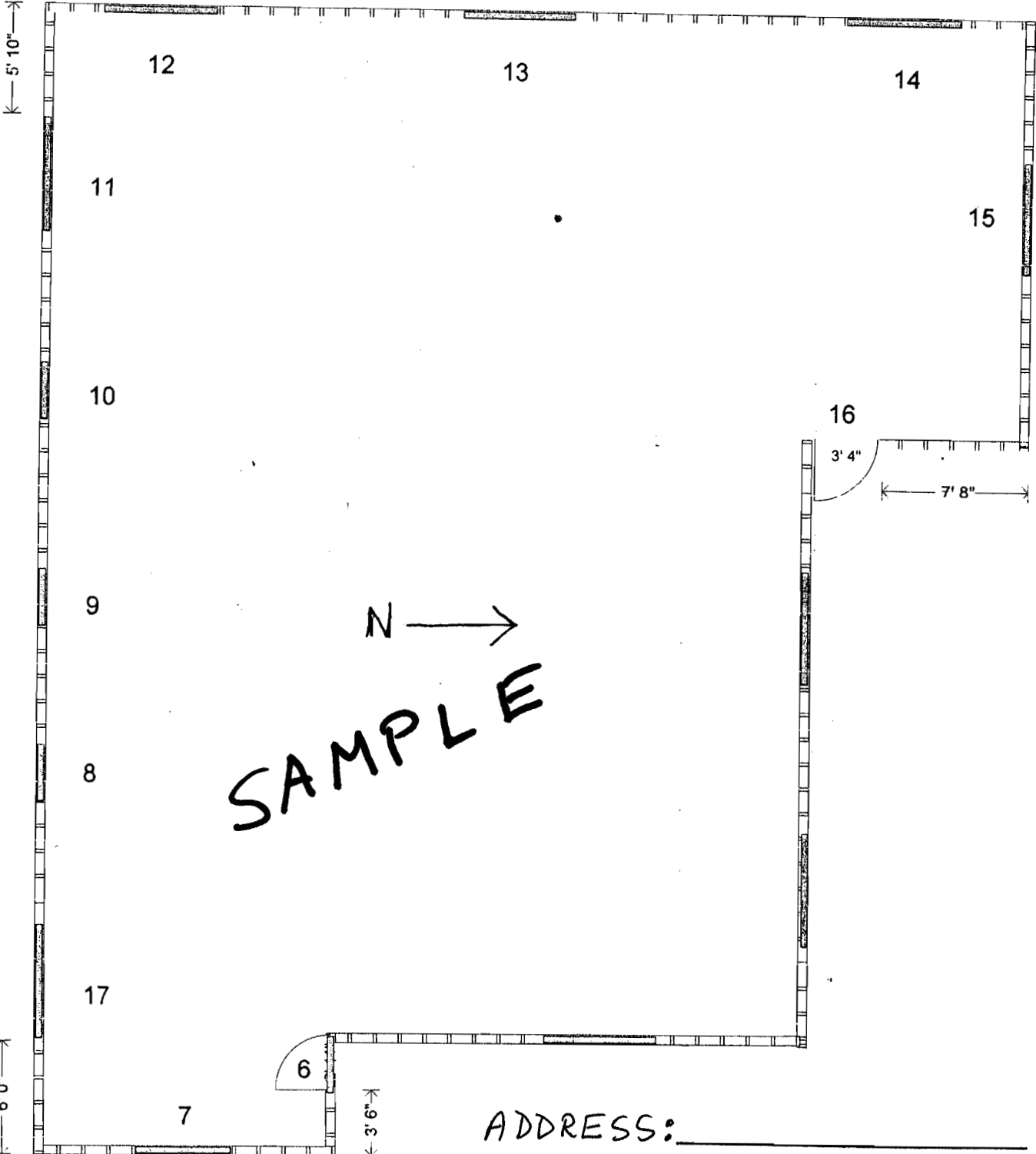
FRONT

MEASURE HEIGHT FROM FLOOR = 44" MAX @ EGRESS

SAMPLE

2' 11"

3' 10"



N →
SAMPLE

ADDRESS: _____
 NORTH MIAMI, FL _____

**HIGHLIGHT
+
CIRCLE**

Kd = 1.00

FLORIDA BUILDING CODE 2001
ASCE 7-98 WIND CODE

DESIGN WIND LOADS (LBS/SQFT)

FOR **146** MPH ZONE

Interior & Exterior Zones (485 - Walls) Positive Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
15	54.7	52.3	50.8	49.8	49.0	48.4
20	58.0	55.3	53.8	52.7	51.9	51.2
25	60.5	57.8	56.2	55.1	54.2	53.5
30	63.1	60.3	58.6	57.4	56.5	55.8
40	67.0	64.0	62.2	60.9	60.0	59.2
50	70.2	67.0	65.2	63.9	62.8	62.0
60	72.8	69.5	67.6	66.2	65.2	64.3

Interior Zone (4 - Walls) Negative Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
15	-59.4	-56.9	-55.5	-54.4	-53.6	-53.0
20	-62.9	-60.3	-58.7	-57.6	-56.9	-56.1
25	-65.7	-62.9	-61.3	-60.2	-59.3	-58.6
30	-68.5	-65.6	-63.9	-62.8	-61.9	-61.1
40	-72.6	-69.6	-67.9	-66.6	-65.6	-64.8
50	-76.1	-73.0	-71.1	-69.8	-68.8	-68.0
60	-78.9	-75.7	-73.7	-72.4	-71.3	-70.5

Exterior Zones (5 - Walls) Negative Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
15	-73.3	-68.4	-65.5	-63.4	-61.8	-60.5
20	-77.6	-72.4	-69.3	-67.2	-65.5	-64.1
25	-81.0	-75.6	-72.4	-70.1	-68.4	-66.9
30	-84.5	-78.8	-75.5	-73.1	-71.3	-69.8
40	-89.7	-83.6	-80.1	-77.6	-75.7	-74.1
50	-94.0	-87.7	-84.0	-81.3	-79.3	-77.6
60	-97.4	-90.9	-87.0	-84.3	-82.2	-80.5

Length of End Zone (a): 10% of least horizontal dimension or .4 h, whichever is smaller, but not less than 4% of least horizontal dimension or 3 ft. (h = mean roof height in feet.)

AN 8% REDUCTION OF LOADS SHOWN ABOVE MAY BE TAKEN FOR FLAT ROOFS.

SAMPLE

ADDRESS:

North Miami, FL

2nd Floor

Opening #	W"	H	Mount	Hardware
6	19 ½	35 ½	C direct	#10 panelmate 6" o.c
7	72	100	E trap - 3" build out	#4 angle #3 Studded angle 2x3 reinforcing @ center
8 & 9	37	57	C direct	#10 panelmate 6" o.c
10	37	44 ½	C direct,	#10 panelmate 6" o.c
11	74	69	A wall	H Header F track
12, 13 & 14	72	100	E trap - 3" build out	#4 angle #3 Studded angle 2x3 reinforcing @ center
15	37	57	C direct	#10 panelmate 6" o.c
16	40	19 ½	C direct horizontal	#10 panelmate 6" o.c
17	74	69	A wall	H Header F track

SAMPLE

OWNER-BUILDER AFFIDAVIT

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, this day personally appeared _____,
(Owner's Name)
who, being by me first duly sworn, deposes and says that he is qualified to do, and he will do the

_____ (Description of Work)
himself, or with the assistance of a qualified person or persons, on the building or premises located at:
_____ (Address)

The undersigned also affirms that he is the owner of the property at the above address, and that the work done is for his own use and occupancy only, and not intended for resale, and that this work will conform to the requirements of the Florida Building Code and the Ordinances of the City of North Miami. The responsibilities normally assumed by the licensed Contractor are hereby assumed by the undersigned. (Proper insurance must be maintained for workmen's compensation.)

(Owner's signature)

Administered Oath []

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

Notary Public, State of Florida

Personally Known [] or
Produced I.D. []

(Print, Type, or Stamp Commissioned Name)

Type of I.D. Produced:

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

OWNER-BUILDER AFFIDAVIT

DATE: _____

FROM: _____

License # _____

TO: City of North Miami
12340 NE 8 Avenue
North Miami, FL 33161
ATTN: Mr. John Jackson

Sir:

This letter will confirm that we shall not employ any workers on the following listed project other than myself and properly licensed and insured subcontractors.

Project Description: _____

Project Location: _____

North Miami, FL _____
ZIP

Signature

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200____.

Signature of NOTARY

Print, Type, or Stamp Commissioned Name

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____