



Building Permit Application

12340 NE 8 AVE North Miami, FL 33161
 Phone: 305-895-9820 Fax: 305-895-9822
 Permitting Hours: 7:30-3:00 Monday to Friday
 Website: www.northmiamifl.gov
 Inspection Request: inspect@northmiamifl.gov

Issuing Permit Officer: _____
Date Issued: _____

Contact Person: _____ Phone # _____ E-mail: _____

Job Site Address:	Permit Number:
Folio Number: 06-	Application Date:
Contractor:	Engineer' Name:
Contractor's Address: Phone:	Engineer's License:
	Phone:
Property Owner's Name:	Architect's Name:
Owner's Address:	Architect's License:
	Phone:
Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	Square Footage: _____ Estimated Construction Cost: _____
Work Description	

ALL INFORMATION MUST BE FILLED IN BY APPLICANT IN ACCORDANCE WITH F.S. 713.135

Application has been made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of permit and that all work will be performed to meet the standards of all laws regulating construction in the City of North Miami, Florida. I understand that a separate application/sign off will be required to secure Electrical, Plumbing, Signs, Pools, Boilers, Tanks, Air Conditioners, Roofing, Shutters, Windows, Doors, etc.

<input type="checkbox"/>	Building	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Pool	<input type="checkbox"/>	Fence	<input type="checkbox"/>	Roof	<input type="checkbox"/>	Dock	<input type="checkbox"/>	Shed	<input type="checkbox"/>	Driveway	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Window/Door
<input type="checkbox"/>	Change of Contractor	<input type="checkbox"/>	Revision	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Shop Drawing	<input type="checkbox"/>	Right of Way Permit	<input type="checkbox"/>	Other:												
Discipline	Approval Date		Discipline	Approval Date		Discipline	Approval Date		Discipline	Approval Date		Discipline	Approval Date										
Zoning /Land			Building			Structural			Electrical			Flood											
Plumbing			Mechanical			Engineering			Flood														

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT 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 YOUR NOTICE OF COMMENCEMENT

Contractor	Property Owner
Notification E-Mail: _____	Notification E-Mail: _____
Print Name of Qualifier: _____	Print Name of Owner: _____
License Number: _____	Owner's Address: _____
Signature of Qualifier: _____	Signature of Owner: _____
On this ____ day of _____, 20____ before me the undersigned Personally appeared and whose name is subscribed to and within the Instrument, and that he/she acknowledges that he/she executed it.	On this ____ day of _____, 20____ before me the undersigned Personally appeared and whose name is subscribed to and within the Instrument, and that he/she acknowledges that he/she executed it.
Notary Public State of Florida	Notary Public State of Florida

Company Name: _____

Job Site Address: _____

Scope of Work: _____

Electrical Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Plumbing Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Mechanical Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Other Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Estimated Construction Value shall be based on actual cost including profit and overhead using recognized construction estimating methods. The Building Official shall, in cases where supplied estimate numbers are deemed to be low, require that a detailed itemized estimate be submitted or he/she can utilize R.S. Means as a recognized estimating method to compile a cost of the construction value for purposes of figuring permit valuation.