12340 NE 8 AVE
NORTH MIAMI, FL 33161
PHONE: 305-895-9820 FAX: 305-895-9822
PERMITTING HOURS 7:30-3:00 MON-FRI
WEBSITE: WWW.NORTHMIAMIFL.GOV

PLUMBING CONTRACTOR APPLICATION FOR CITY OF NORTH MIAMI

***MUST BE ACCOMPANIED BY A BUILDING APPLICATION, (IF RELATED)**

CHECK LIST FOR PERMIT SUBMITALS:
(YOU MUST HAVE ALL OF THE FOLLOWING INFORMATIN EACH TIME YOU SUBMIT A NEW APPLICATION)
☐ COMPLETED APPLICATION
☐ FILL OUT OWNER/CONTRACTOR INFO, SIGNED AND NOTARIZED
☐ ALL OF THE CONTRACTORS LICENSES AND INSURANCE WITH AUTHORIZATION LETTER(S)
☐ **FEE SHEET**(S) NO EXCEPTIONS WILL BE MADE
☐ PERMIT DESCRIPTION AND JOB COST

Job Address		**Apt.**	
Company Name		**License No**	
Qualifier Name		**Phone**	
Address		**Email**	
Work Description			
		Est. Job Cost	

Authorized person's contact: #: **Related Permit #:**

I, _____, qualifier, authorize _____ to pick up and drop off permits on my behalf. **(YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)**

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

_____ _____

Signature of Qualifier **Print Name**

Sworn to and subscribed before me this ____ day of _____20_____.

_____

Signature of Notary Public – State of Florida

Personally known ___OR Type of ID: _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

_____ _____

Signature of Owner **Print Name**

Sworn to and subscribed before me this ____ day of _____20_____.

_____

Signature of Notary Public – State of Florida

Personally known ___OR Type of ID: _____

OFFICE USE ONLY	Discipline	Aprvd/Date	PERMIT FEE
	PLUMBING_____		_____

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.

NORTH MIAMI
FLORIDA

*ATTENTION APPLICANT; YOU ARE RESPONSIBLE FOR FILLING OUT THIS APPLICATION CORRECTLY. IF YOU HAVE ANY QUESTIONS CONCERNING WHAT CATEGORY YOUR WORK FALLS UNDER, PLEASE SEE AND INSPECTOR OR PROCESSOR FOR YOUR TRADE. REFUNDS WILL NOT BE GIVEN IN CASE OF ERROR ON YOUR PART AND YOU WILL BE CHARGED A DOUBLE FEE PLUS $100 FOR DOING WORK WITHOUT A PERMIT.

PLUMBING FEE SHEET

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE FACTS STATED IN THIS DOCUMENT ARE TRUE AND THAT PERJURY IS A FELONY OF THE THIRD DEGREE. QUALIFIER SIGNATURE: _____

INSTRUCTIONS: Please indicate the type of work being performed and quantities in the space provided below.

TYPE	QTY	TYPE	QTY		QTY
MINIMUM FEE (for all other work not in a specific category) **Description:**_____		**P017 #** of outlets Natural Gas/ LP outlets		**P036 #** of Wells Residential	
P001 # of Sq.Ft. New Single Family Residence		**P019 #** of Outlets Natural Gas/ LP commercial		**P037 #** of Wells Commercial	
P002 # of Sq.Ft. Addition to single Family Residence		**P018 #** of Appliances/Set		**P040 #** of Plants / Water Treatment	
P003 Estimated Cost Alteration/Repairs Sgl. Fam.,Duplex		**P020 #** of Fixtures Appliances/Set commercial		**P041 #** of Plants Sewer Treatment Plant	
P004 # of outlets Rough/Plug (incl. Roof inlet)		**P022 #** of Repairs to Gas Pipes		**P042 #** of Ejectors Sewage	
P005 # of Sewer capping		**P023 #** of Zones Irrigation System/ Underground		**P043 #** of Feet, Water & Gas Mains, Storm & Sanitary Collector Lines	
P006 # of outlets for Condensate Drain		**P024 #** of Toilets 1st Temporary		**P045 #** of Manholes Site Utilities	
P007 # of meters for Water Service Connection / Repairs		**P025 #** of Additional Temporary Toilets		**P046 #** of Interceptors, Site Utilities	
P009 # of Sump Pumps		**P027 #** of Items Septic Tanks/ Relay/ Abandonment		**P047 #** of Connections Building Water Service, Ext. Rough only	
P010 # Est. cost Repairs to Water Piping		**P028 #** of Interceptors		**P048 #** of Connections Trailer of Mfg. Home, Ext. Rough only	
P011 # of Fixtures/ Set (incl. Roof inlet, Floor drain)		**P029 #** of Installations Solar Water Heater		**P049 #** of Lift Stations	
P012 # of Assemblies 2" or less water service back flow assembly		**P030 #** of Replacements Solar Panels or add		**P051#** of Sewer Connection to Public System	
P013 # of Assemblies 2 ½" or larger water service back flow assembly		**P032 #** of Pools / Pool Piping Residential		**P052 #** of Sewer Connection to Private System	
P014 # of systems Dental Vacuum system		**P033 #** of Pools/ Pool Piping Commercial		**P054 #** of Meters/ Re-metering	
P015 # of feet Sanitary pipelines		**P034 #** of Fountains Piping		**P055** Estimated Cost Medical Gas Installation	
P016 # of Grease Traps		**P035 #** of Heaters package Pool Heater		**P062 #** of Tanks Underground / Above Ground LP Tanks	

AFTER THE FACT ☐ PERMIT #_____ PLAN REVIEWER INTIAL_____