YARD SALE PERMIT APPLICATION

REGULATIONS PER LAND DEVELOPMENT REGULATIONS (LDRS) CHAPTER 29, ARTICLE 5, DIVISION 15, SEC. 5-1905
OF THE CITY OF NORTH MIAMI CODE OF ORDINANCES:

• NO YARD SALE SHALL BE CONDUCTED UNLESS A RESIDENTIAL OCCUPANT OBTAINS A YARD SALE PERMIT FROM THE COMMUNITY PLANNING AND DEVELOPMENT DEPARTMENT. ONLY THE OWNER OR LESSEE OF THE PROPERTY UPON WHICH THE YARD SALE IS BEING CONDUCTED MAY OBTAIN SUCH PERMIT.
• ONLY THE PERSONAL PROPERTY OWNED BY THE SELLER AND USUAL TO A HOUSEHOLD MAY BE SOLD OR OFFERED FOR SALE BY THE OWNER OR LESSEE OF THE RESIDENCE.
• NO MORE THAN TWO (2) YARD SALES SHALL BE HELD FROM THE SAME PROPERTY WITHIN ANY CALENDAR YEAR.
• NO MORE THAN TWO (2) CONSECUTIVE DAYS SHALL BE PERMITTED FOR ANY YARD SALE, NOT INCLUDING LEGAL HOLIDAYS. CONSECUTIVE DAYS SHALL COUNT AS ONE (1) SALE.

PERMIT FEE: $12

*Payment shall be made in person with a check or money order ONLY made out to the City of North Miami. Cash/Credit Cards are NOT accepted.*

APPLICANT’S NAME: ___________________________________________ DATE: ____________________________

ADDRESS: __________________________________________________________________________________________________________

PHONE NUMBER: ____________________________

EMAIL ADDRESS: ____________________________________________

APPLICANT’S SIGNATURE: _______________________________________________________________________________________

DATES OF SALE: FROM ____________________________ TO ____________________________

ZONING APPROVAL: ____________________________________________ DATE: ____________________________

PERMIT NUMBER: ____________________________________________________________________________________________

YOU ARE REQUIRED TO POST THIS PERMIT DURING THE DAYS OF YOUR YARD SALE.
THIS PERMIT IS ONLY VALID FOR THE DAYS APPROVED FROM THE ISSUANCE DATE. AS A COURTESY, A RAIN-CHECK MAY BE ISSUED TO THE APPLICANT IN THE CASE OF INCLEMENT WEATHER. BUT AT NO TIME SHALL THE PERMIT FEE BE REFUNDED.

RECEIVED BY: ____________________________________________ DATE: ____________________________