

Office Use Only
Submittal Date: _____
Permit Number: _____

Permit Application

Applicant Information (Blue or Black Ink Only)			
Property Address		Unit Number	Parcel/Folio Number
If sub-permit or revision, please indicate the Master Permit Number	Elevator I.D. number	If associated with violation, indicate BV#	Please note that outstanding expired permits must be resolved prior to the issuance of a work permit

Permit Type (select one)		Permit Request (select all that apply)		Property Information (select one)	
<input type="checkbox"/> Building	<input type="checkbox"/> Demolition -	<input type="checkbox"/> New Permit	<input type="checkbox"/> Permit Extension	<input type="checkbox"/> Commercial	Total Value of Work: \$ _____ Attach a copy of the contract to this form
<input type="checkbox"/> Electrical	Year built _____	<input type="checkbox"/> Change of Contractor	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> Multi-Family Residential	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Generator	<input type="checkbox"/> Change of Architect/Engineer	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Residential: Single-Family Residential or Duplex	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Special Event	<input type="checkbox"/> LEED	<input type="checkbox"/> Change of Use		
<input type="checkbox"/> Roofing	<input type="checkbox"/> Fire		<input type="checkbox"/> Private Provider		
<input type="checkbox"/> Phased Permit	<input type="checkbox"/> Elevator		<input type="checkbox"/> City Project		

New Construction/Addition		Alteration/Reconfiguration of Space	
Square Footage	SF	Square Footage	SF
Value of Work	\$	Value of Work	\$
<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall) <input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar) <input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall) <input type="checkbox"/> B - Business <input type="checkbox"/> D/E -Daycare & Educational <input type="checkbox"/> I-1 Institutional (Ambulatory) <input type="checkbox"/> I-2 Institutional (Non Ambulatory)	<input type="checkbox"/> M -Department Store / Drug Store <input type="checkbox"/> M -Gas Station <input type="checkbox"/> M - Retail/ Warehouse <input type="checkbox"/> R-1 Residential Transient (Boarding House/ Hotel/Motel) <input type="checkbox"/> R-2 Residential Permanent (Apartment/Dormitory/ Timeshare)	<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes) <input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person) <input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage) <input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage) <input type="checkbox"/> S-2 Storage (Parking Garage)	

Description of Work	
Provide a summary of work to be done.	

Responsible Parties			
Property Owner		Contractor	
Name		Name	
Address	Suite	Address	Suite
City	State Zip Code	City	State Zip Code
Driver's License/ State Identification Number		State Identification Number/License	
E-Mail Address		E-Mail Address	
Daytime phone	Cell Phone	Daytime phone	Cell Phone
Architect		Structural Engineer	
Name		Name	
Address	Suite	Address	Suite
City	State Zip Code	City	State Zip Code
Professional License Number		Professional License Number	
E-Mail Address		E-Mail Address	
Daytime phone	Cell Phone	Daytime phone	Cell Phone

Notice & Certification

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a **separate permit** must be secured for **Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners**, etc.

Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.

Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water & Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

- Owner/Lessee for new permits** (Documentation establishing ownership may be requested)
- Master Permit Contractor of Record** (For sub-permit change of contractor)

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2500.00.

Print Name

Signature

STATE OF FLORIDA , COUNTY OF MIAMI-DADE

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

- Personally
- Produced Identification – Type of Identification _____

Signature of Notary Public

(SEAL)

- Contractor** (Proof of licensure may be required if not on file)

Print Qualifier's Name

Qualifier's Signature

STATE OF FLORIDA , COUNTY OF MIAMI-DADE

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

- Personally
- Produced Identification – Type of Identification _____

Signature of Notary Public

(SEAL)

Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

Form Name	Permit Application
Form Purpose	This form is completed if an owner or developer would like to request a permit for a construction or rehabilitation project within the City of Miami Beach.
Related Forms	Please see Document Submission Checklist on page 4
Associated Fees	<ol style="list-style-type: none">1. Upfront Processing Fee2. Permit Fees, as applicable
Additional Info	Payments can be made at following locations: <ul style="list-style-type: none">• Kiosk located in Building Department lobby, 2nd Floor City Hall• Cashier's window, 1st Floor City Hall• Online to view or make payments: https://eservices.miamibeachfl.gov/EnerGovProd/CitizenAccess/Site/Public/Main
Form Process	<ol style="list-style-type: none">1. Permit Application and project plans submitted with upfront fee.2. Plan Review Process is performed by the City, if applicable.3. Payment of permit fees assessed.4. Permit is issued.
For Progress Status	You can check on this application's status in the City's system via: https://eservices.miamibeachfl.gov/EnerGovProd/CitizenAccess/Site/Public/Main
For Assistance	Please contact: <ul style="list-style-type: none">• In – person: Building Department, Miami Beach City Hall, 2nd Floor 1700 Convention Center Drive, Miami Beach, Florida 33139• Via Telephone: 305-673-7610• Online: www.miamibeachfl.gov

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305.604.2489 (voice), 305.673.7524 (fax) or 305.673.7218 (TTY) five (5) days in advance to initiate your request. TYY users may also call 711 (Florida Relay Service).

Our Mission

The Building Department is dedicated to serving the public by the efficient and effective supervision of construction activities to safeguard the public health, safety and general welfare of the City's residents and visitors by assuring compliance with the Florida Building Code

Document Submission Checklist

- Completed Permit Application
- A copy of the contract for the work being preform
- Owner/Builder Affidavit
- Flooring Permit Affidavit
- Soundproofing specifications (Multifamily building for unit above first floor)
- Two (2) sets of plans for Review
- Two (2) Elevation Certificates
- Two (2) Surveys of Property
- Two (2) Energy Calculation Forms
- Two (2) Heating and Cooling Load Calculation Forms
- Asbestos Report
- Owner/Qualifier/Contractor Estimate Construction Cost Affidavit
- Recorded Warranty Deed
- Corporation Documentation/Articles of Incorporation
- Original Power of Attorney
- Original Authorization Letter from Owner to Tenant
- Contractor's State or Municipal License
- Contractor's Business Tax Receipt
- Contractor's Municipal Contractor Business Tax Receipt
- Contractor's Local Business Tax Receipt
- Contractor's Liability Insurance
- Contractor's Workman's Compensation Insurance
- Contractor's Workman's Compensation Insurance Exemption
- Roofing Appendix Sections A,B,C,D,E as applicable
- Soil Density Letter
- Special Inspector Form (pilings, lightweight insulating concrete, soil compaction, precast units and attachments, steel bolted and welded connections, truss spans over 35 ft long or over 6 ft high)
- Swimming Pool Safety Act Form
- Temporary Electrical Service for Testing Hold Harmless Form
- LEED Certification Registration (if applicable)
- Photographs of existing conditions
- FPL Disconnection Letter
- People/TECO Gas Disconnection Letter
- Telephone Company Disconnection Letter
- Other (Please Specify): _____
- Other (Please Specify): _____

Plans Checklist

- Civil drawings
- Site Plan
- Elevation drawings
- Demolition plans
- Proposed floor plans
- Electrical plans
- Fire alarm plans
- Fire protection plans
- Irrigation plans
- Landscape plans
- Life safety plans
- Mechanical plans
- Plumbing plans
- Structural plans and calculations
- Miami Dade County Product Control Notice of Acceptance (windows, doors, waterproofing, truss connectors, equipment stands)
- Miami Dade County Impact Fee Stamp
- Miami Dade County DERM Approval
- State of Florida Division of Hotels and Restaurants Approval

Revised January 2014

Revised April 2017