



Building Department
1700 Convention Center Dr., 2nd Fl
Miami Beach, FL 33139
(305) 673-7857 Fax (305) 673-7610 Office

REQUEST FOR RENEWAL OF BUILDING PERMIT

Date Requested to Building Official _____

Permit Number _____ Jobsite Address _____

Permit holder (Owner/Contractor) _____

Telephone Number _____

Contractors License Number _____ Qualifiers Name _____

(Signature of Qualifier, Owner-Builder or Owner's Agent)

If this document is being signed by the owners agent, power of attorney will be required.

STATE OF FLORIDA

COUNTY DADE

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

Printed Name of Signer

[] Personally known to me; [] or Produced Identification.

Type of Identification:

[] Did take oath [] Did not take oath

Signature of Notary Public

FOR OFFICE USE ONLY

Approved By: _____

Permit Expiration Date: _____

Permit Issued Date: _____

Project/Master Permit Number: _____

Last Inspection Date: _____

Date Issued: _____

Fee Paid \$ _____