



# City of North Miami Beach \* Building Department

## PERMIT APPLICATION

Master Permit No.: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Date Submitted: _____	Date Issued: _____
Process No.: _____	Permit No.: _____

**\*LOCATION OF IMPROVEMENTS**

Street: _____			
Building No.	Suite No.	Folio No.	
Lot	Block	Subdivision	P.B. Page
Current Use of Property		Proposed Use of Property	

**\*OWNER INFORMATION**

Name		Address	
City		State	Zip
Home Telephone ( )	Work Telephone ( )	Fax ( )	

**\*BONDING COMPANY**

**\*MORTGAGE COMPANY**

Name	Name
Address	Address

**\*CONTRACTOR INFORMATION**

Contractor Name:		Qualifier Name:	
Contractor Address:			
City	State	Zip	E-mail
License No.	Certification No.	Phone Number ( )	Fax Number ( )

**\*TYPE OF IMPROVEMENT**

Description of Work (Be Specific)		<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL
Value of all Work	Zoning Designation	Type of Construction:	No. of Units
Square Feet	Linear Feet	Gallons	No. of Floors
			Bldg. Height

<b>Check all the items below that apply (PERMIT WILL COVER CHECKED ITEMS ONLY)</b>		<b>*Permit Type</b>	<b>Change to Existing Permit</b>
<input type="checkbox"/> New construction on vacant land	<input type="checkbox"/> Emergency Generator: Mechanical systems shall be either placed 1' above flood plain or protected.	<input type="checkbox"/> Building	<input type="checkbox"/> Change of Contractor
<input type="checkbox"/> Alteration, Interior	<input type="checkbox"/> Awning/Canopy	<input type="checkbox"/> Fence	<input type="checkbox"/> Revision
<input type="checkbox"/> Alteration, Exterior	<input type="checkbox"/> Roofing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Extension
<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Screen Enclosure	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Reinspection
<input type="checkbox"/> Doors and Windows	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Permit Renewal
	<input type="checkbox"/> Addition Attached	<input type="checkbox"/> Sign	
	<input type="checkbox"/> Addition Detached	<input type="checkbox"/> Pool	
	<input type="checkbox"/> Shed/Prefab	<input type="checkbox"/> Roof	
		<input type="checkbox"/> Driveway	
		<input type="checkbox"/> Landscaping	

Architect Name		Address	
Telephone ( )	Fax ( )	Certification No.	

**FLOOD CRITERIA**

Flood Zone	F.B.E.	Panel	Map#	Date
Total Permit Value (6 months)	Value of this Job Square Footage	Improvement Ratio	Bottom of Lowest Horizontal structural member elevation	



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**IMPORTANT NOTICES - Please Read**

1. **Work may begin only after receiving a validated permit and permit card.** Applying for a permit does not grant the right to begin construction
2. Hours of Operation - Generally - No loud or annoying noise between the hours of 8:00 pm and 7:00 am the following day.  
*Special Equipment* - No performance of work between the hours of 5:00 pm and 7:00 am weekdays and 5:00 pm and 9:00 am Sundays, except by written permission of the City Building Inspector and then only in cases of emergency.  
*Weekend Restrictions in residential districts* - In addition to the above restrictions, no offensive noises between the hours of 7:00 pm and 9:00 am on Saturdays, Sundays and legal holidays.
3. All construction of demolition areas must be maintained in a clean, neat and sanitary condition free from construction debris.
4. Streets and neighboring properties surrounding the construction site shall be kept free from dirt and debris.
5. Swales must be protected from being damaged by equipment or vehicles.
6. Do not discharge water into the right of way or storm drains without approval from the Building, Planning and Zoning Department.
7. Portable toilets for a construction site require a separate permit.
8. Department of Health and Rehabilitative Services (HRS) approval is required for applications involving septic tanks. Department of Environmental Resources Management (DERM) and/or Miami-Dade Water and Sewer Department (MDWASD) approval is required for applications involving sewers.
9. Equipment and materials shall be stored at least 10 feet from the edge of the right-of-way.
10. Permit Card, Permit and Plans must be kept on site, be visible at all times, and be in good condition
11. Condo Association Letter of Approval must be brought with permit application.
12. For Authorized Agent/Tenant improvements, copy of lease or letter from owner required authorizing work.

**AFFIDAVITS - Please read carefully**

**WARNING TO OWNER:**

Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property. If you are spending more than \$2,500 or intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. The Notice of Commencement must be recorded at: Miami-Dade County, 44 West Flagler Street, 8th Floor, Miami; 305-372-7777. Once recorded, the Notice of Commencement must be posted at the Job Site in accordance with Section 713.135 of Florida Statutes. Reminder: Failure to comply with this mechanics lien law can result in the property owner paying twice for the building improvements.

**OWNER AFFIDAVIT:**

**QUALIFIER'S AFFIDAVIT:**

I, the owner of the property, have disclosed all information regarding any work at the property performed in the prior 12 months to the Building Official. I understand that if the cumulative cost of the work to my home or business under this and any other permit meets the following criteria:

- equals or exceeds 50% of the fair market value of the structure, the entire structure must meet the present federal flood criteria for finished floor elevation.
- equals or exceeds 50% of the replacement cost of the structure, then the entire structure must conform to the current code requirements of the Florida Building Code. I certify that all the foregoing information is accurate and that all work will be done in compliance with the applicable laws regulating construction and zoning. I certify that I am the owner of the property described in this application and that the qualifier for the contracting firm listed on this form is authorized to act as my agent to obtain a building permit for the work described herein. Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. I understand that perjury is a felony of the third degree.

Application is hereby made to obtain a permit to do work and installation as indicated on this form. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL, WINDOW, FENCE DRIVEWAY ROOFING AND SIGN WORK; and that additional permits may be required by other governmental agencies [F.S. 553.79(10)]; under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. I understand that perjury is a felony of the third degree.

I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I fully understand that all construction debris must be removed from the construction site by a hauler licensed by the City and properly disposed of. Additionally, I understand that no final inspection will be performed until the site is cleared of all construction debris.

I certify that no work or installation has commenced prior to the issuance of a permit.

**OWNER**  
**Notarized Signature of Property Owner or Authorized Agent/Tenant**

Signature of Owner \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (year) 20\_\_\_\_ by \_\_\_\_\_

Check one:  Personally Known  Produced Identification

Type of Identification (if any) \_\_\_\_\_

Notary Signature \_\_\_\_\_

NOTARY STAMP

**CONTRACTOR**  
**Notarized Signature of Qualifier**

Signature of Applicant \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (year) 20\_\_\_\_ by \_\_\_\_\_

Check one:  Personally Known  Produced Identification

Type of Identification (if any) \_\_\_\_\_

Notary Signature \_\_\_\_\_

NOTARY STAMP