

Miami Shores Village Building Department

10050 N.E.2nd Avenue, Miami Shores, Florida 33138
Tel: (305) 795.2204 Fax: (305) 756.8972
INSPECTION'S PHONE NUMBER: (305) 762.4949

BUILDING PERMIT APPLICATION FBC 20

Permit No. _____

Master Permit No. _____

Permit Type: **MECHANICAL**

OWNER: Name (Fee Simple Titleholder): _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Tenant/Lessee Name: _____ Phone#: _____

Email: _____

JOB ADDRESS: _____

City: Miami Shores County: Miami Dade Zip: _____

Folio/Parcel#: _____

Is the Building Historically Designated: Yes _____ NO _____ Flood Zone: _____

CONTRACTOR: Company Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Qualifier Name: _____ Phone#: _____

State Certification or Registration #: _____ Certificate of Competency #: _____

Contact Phone#: _____ Email Address: _____

DESIGNER: Architect/Engineer: _____ Phone#: _____

Value of Work for this Permit: \$ _____ Square/Linear Footage of Work: _____

Type of Work: Address Alteration New Repair/Replace Demolition

Description of Work: _____

*****Fees*****

Submittal Fee \$ _____ Permit Fee \$ _____ CCF \$ _____ CO/CC \$ _____

Scanning Fee \$ _____ Radon Fee \$ _____ DBPR \$ _____ Bond \$ _____

Notary \$ _____ Training/Education Fee \$ _____ Technology Fee \$ _____

Double Fee \$ _____ Structural Review \$ _____

TOTAL FEE NOW DUE \$ _____

Bonding Company's Name (if applicable) _____
Bonding Company's Address _____
City _____ State _____ Zip _____

Mortgage Lender's Name (if applicable) _____
Mortgage Lender's Address _____
City _____ State _____ Zip _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, ETC.....

OWNER'S AFFIDAVIT: 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.

“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.”

Notice to Applicant: As a condition to the issuance of a building permit with an estimated value exceeding \$2500, the applicant must promise in good faith that a copy of the notice of commencement and construction lien law brochure will be delivered to the person whose property is subject to attachment. Also, a certified copy of the recorded notice of commencement must be posted at the job site for the first inspection which occurs seven (7) days after the building permit is issued. In the absence of such posted notice, the inspection will not be approved and a reinspection fee will be charged.

Signature _____
Owner or Agent

Signature _____
Contractor

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____, who is personally known to me or who has produced _____ As identification and who did take an oath.

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

NOTARY PUBLIC:

Sign: _____
Print: _____
My Commission Expires:

Sign: _____
Print: _____
My Commission Expires:

APPROVED BY _____ Plans Examiner _____ Zoning
_____ Structural Review _____ Clerk



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AIR CONDITIONING REPLACEMENT DATA

PERMIT NUMBER: MC _____

This form must accompany ALL air conditioning replacement permit applications. Each unit change-out must be on its own data sheet. Multiple units on single sheets are not acceptable.

Job Address (where the work is being done): _____

City: Miami Shores Village

County: Miami Dade

Zip Code: _____

ALL CONDENSING UNITS MUST BE ON A 4 INCH SOLID CONCRETE SLAB

ALL UNITS MUST COMPLY WITH F.E.M.A MINIMUM FLOOD ELEVATION

A COPY OF THE CONTRACT IS REQUIRED WITH ALL SUBMITALS

ARI (AHRI) DATA SHEET REQUIRED

Change Disconnecting means: YES NO ARHI Sheet Attached: YES NO Contract Attached: YES

UNIT BEING REPLACED	DATA	NEW UNIT
	MANUFACTURER	
	AHU or PKG. UNIT MODEL #	
	COND. UNIT MODEL #	
	KW HEAT	
	NOM TONS	
AHU CU PKG	1) M.C.A	AHU CU PKG
AHU CU PKG	2) M.O.P	AHU CU PKG
AHU CU PKG	3) VOLTS	AHU CU PKG
PKG UNIT / /		PKG UNIT / /
	EER/SEER	
YES NO	REPLACING DUCTS	YES NO
YES NO	REPLACING THERMOSTAT	YES NO
YES NO	NEW 4"CONCRETE SLAB	YES NO
YES NO	NEW ROOF STAND	YES NO
YES NO	NEW RETURN PLENUM BOX	YES NO

1. Minimum Circuit Ampacity (Wire Size): _____

2. Maximum Overcurrent Protection (Fuse/Breaker Size): _____

3. Voltage of Circuit (208/240/480): _____

4. Size Disconnecting Means: _____

Contractor's Company Name: _____ Phone: _____

State Certificate or Registration N. _____ Certificate of Competency N. _____

Signature _____

(Qualifier's signature only)

Date: _____