

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: **PAINT**

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: _____

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

Description of Work: _____

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.....

“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 an inspection fee will be charged.

*****Fees*****

Permit Fee \$ _____ CCF \$ _____ Notary \$ _____ Training/Education Fee \$ _____

Technology Fee \$ _____ Double Fee \$ _____ TOTAL FEE NOW DUE \$ _____

PAINT COLOR APPROVAL AND AGREEMENT

All elements on the site must be listed and indicate the color to be painted

DIRECTIONS: Please circle corresponding number to appropriate color sample.

Walls:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Fascia:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Drip edge:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Soffit:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Roof:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Flower Bins:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Shutters:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Awnings:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Chimney:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Doors & Jambs:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Garage Doors:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Railings:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Fences:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
All Brick:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Stucco Bands:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Other Stucco Feature:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Accessory Bldg:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Attach color sample with name and number

1.

2.

3.

4.

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.

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: _____

Sign: _____

Print: _____

Print: _____

My Commission Expires:

My Commission Expires:

 APPROVED BY: _____ Code Official
 _____ Preservation Board