

# Miami Shores Village Building Department

10050 N.E.2nd Avenue, Miami Shores, Florida 33138  
Tel: (305) 795-2204 Fax: (305) 756-8972  
INSPECTION LINE PHONE NUMBER: (305) 762-4949

**FBC 20**

## BUILDING PERMIT APPLICATION

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

Sub Permit No. \_\_\_\_\_

- BUILDING     ELECTRIC     ROOFING     REVISION     EXTENSION     RENEWAL  
 PLUMBING     MECHANICAL     PUBLIC WORKS     CHANGE OF CONTRACTOR     CANCELLATION     SHOP DRAWINGS

JOB ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ Miami Shores    County: \_\_\_\_\_ Miami Dade    Zip: \_\_\_\_\_

Folio/Parcel#: \_\_\_\_\_ Is the Building Historically Designated: Yes \_\_\_\_\_ NO \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Load: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ BFE: \_\_\_\_\_ FFE: \_\_\_\_\_

OWNER: Name (Fee Simple Titleholder): \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tenant/Lessee Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

CONTRACTOR: Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

State Certification or Registration #: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

DESIGNER: Architect/Engineer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Type of Work:     Addition     Alteration     New     Repair/Replace     Demolition

Description of Work: \_\_\_\_\_

**Specify color of color thru tile:** \_\_\_\_\_

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

Scanning Fee \$ \_\_\_\_\_ Radon Fee \$ \_\_\_\_\_ DBPR \$ \_\_\_\_\_ Notary \$ \_\_\_\_\_

Technology Fee \$ \_\_\_\_\_ Training/Education Fee \$ \_\_\_\_\_ Double Fee \$ \_\_\_\_\_

Structural Reviews \$ \_\_\_\_\_ Bond \$ \_\_\_\_\_

**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 ELECTRIC, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, 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

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:**

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Seal:

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.

**NOTARY PUBLIC:**

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Seal:

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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**  
**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 No. \_\_\_\_\_ Certificate of Competency No. \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Qualifier's signature)