7331 NW 74TH Street
Miami, FL 33166-2488
Tel: (305) 887-6913
Fax: (305) 884-4827

VALIDATION:
CHECK NO. _____
DATE _____
AMOUNT _____

PROCESS NO. _____
BUILDING PERMIT NO. _____
TAX FOLIO NO. _____
RECEIVED BY: _____ DATE _____

BUILDING PERMIT APPLICATION

OWNER'S NAME _____
OWNER'S ADDRESS _____
FEE SIMPLE TITLE HOLDER'S NAME _____
(IF OTHER THAN OWNER)
FEE SIMPLE TITLE HOLDER'S ADDRESS: _____
(IF OTHER THAN OWNER)
CITY: TOWN OF MEDLEY, FLORIDA, 331 ____
CONTRACTOR'S NAME: _____
CONTRACTOR'S ADDRESS: _____
CITY:_____ STATE:_____ ZIP: _____
CONTRACTOR'S PHONE NO. _____
JOB NAME: _____
JOB ADDRESS: _____
CITY:_____Medley_____COUNTY: Dade zip: _____
LEGAL DESCRIPTION: _____
_____
_____
_____
BONDING COMPANY: _____
BONDING COMPANY ADDRESS: _____
CITY:_____ STATE:_____ ZIP: _____
ARCHITECT/ ENGINEERS NAME: _____
ARCHITECT/ ENGINEER'S ADDRESS: _____
CITY:_____ STATE:_____ ZIP: _____
MORTGAGE LENDER'S NAME: _____
MORTGAGE LENDER'S ADDRESS: _____
CITY_____ STATE:_____ ZIP: _____

NOTE: The Applicant and Owner who has contracted for the improvements may subject their right title or interest in the Property to foreclosure. Applicant is under Florida's Construction Lien Law. The Applicant, if not the Owner, shall provide a copy of this application to the owner. further, prior to the first inspection either a certified copy of the recorded Notice Commencement or a notarized statement that the Notice recording, with a copy thereof delivered to the Town of Medley.

I HEREBY MAKE APPLICATION FOR PERMIT TO ERECT ☐ ALTER ☐ DEMOLISH ☐ ADD ☐
REPAIR ☐ REMOVE ☐ REMODEL ☐ A_____ STORY RESIDENTIAL ☐ COMMERCIAL ☐
INDUST ☐ STRUCTURE WITH CBS ☐ FRAME 0 OTHER_____CONSTRUCTION
FOR THE FOLLOWING SPECIFIC USE AND OCCUPANCY
_____
_____

Additional items shown on the plans and covered by this permit:
WALL ☐ FENCE ☐ PAVING ☐ SCR'N ENCL. ☐ SOAKAGE PIT ☐ OTHER_____

NO. OF LIVING UNITS _____ NO OF BEDROOMS _____ NO. OF STORE UNITS _____ HOTEL PERMIT NO. _____

WATER CO NAME OF WELL _____ SEWAGE CO. NAMEOF SEPTIC TANK _____

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS INDICATED.

APPLICANT CLASSIFICATION -- OFFICE USE ONLY

QUALIFIED TO DO THIS WORK YES ☐ NO ☐

MINIMUM FLOOR ELEVATION ABOVE FINISHED GRADE OR DADE COUNTY FLOOD CRITERIA WHICHEVER IS HIGHER _____

GREEN TAG ☐ SHOP DWGS. ☐ CONCRETETEST_____

WELDING INSPEC11ON ☐ ENG. SUPER. ☐ PILE DRIVER SUPER ☐ SEAL ☐

GROUPAND DIVISION _____ MIN TYPE CONST._____ SQUARE FEET _____

THIS PERMIT INCLUDES:		EST. VALUE	FEE
PRINC. BLDG.	☐	$	$
ACCESSORY BLDG.	☐	$	$
EXCAVATION	☐	$	$
WALL	☐	$	$
FENCE	☐	$	$
FILL	☐	$	$
PAVING	☐	$	$
STRUCTURALCAL.	☐	$	$
RADON GAS 1% OF S.F.	☐	$	$
CODE COMPLIANCE	☐	$	$
TOTAL		$	$

ZONE NEW ☐ _____
INFO. EXIST ☐ _____
_____
ZONE _____ % LOT COVER _____ CUBE REQUIRED _____
OFFICIAL ROAD WIDTH _____
_____
LOT DIMENSION _____ LOTAREA_____
DEED RESTR & RESOLUTIONS CHECKED _____ Y_____ N _____
SWALE SODDING YES ☐ NO ☐
_____
PROOF OF OWNERSHIP _____ CHECKED BY: _____
VIOLATIONS CHECK: _____ CHECKED BY: _____ DATE: _____
CONTR. CERT. # _____ CLASS _____ CHECKED BY _____
_____
ISSUED BY: _____ DATE: _____
_____

I HEREBY 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 ELECTRICALWORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, andAIR CONDITIONERS, etc.

OWNER'$ 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. UPON RECORDING, A COPY OF THE NOTICE OF COMMENCEMENT MUST BE POSTED UPON THE JOB SITE.

_____
OWNER OR AGENT

DATE:_____

_____
NOTARY AS TO OWNER OR AGENT

_____
CONTRACTOR

DATE:_____

_____
NOTARY AS TO CONTRACTOR

(CERTIFICATE OF COMPETENCY HOLDER)
Contractors's State Certificate or Registration No._____Contractor's Certificate of Competency No. _____
APPLICATION APPROVED BY _____
CONDITIONS UNDER WHICH APPROVED **PERMIT OFFICER** **MAYOR**

	APPROVED	DATE	DISAPPROVED	DATE	REMARKS
ZONING					
PLUMBING					
ELECTRICAL					
STRUCTURAL					
MECHANICAL					
FIRE DEPT					