



V I L L A G E O F K E Y B I S C A Y N E

88 West McIntyre Street • Key Biscayne, FL 33149 • Phone: (305) 365-5511 • FAX: (305) 365-5556

Building Division

PERMIT APPLICATION

(Application is two pages - please fill out completely)

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

GENERAL INFORMATION

Job Address \_\_\_\_\_ Description of Work \_\_\_\_\_

Folio \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision \_\_\_\_\_ PB \_\_\_\_\_ PG \_\_\_\_\_ Sq.Ft. \_\_\_\_\_ Units \_\_\_\_\_ Floors \_\_\_\_\_

Current use of Property \_\_\_\_\_ Value of Work \_\_\_\_\_ Bldg. Value \_\_\_\_\_

Proposed use of Property \_\_\_\_\_ Tax Assessed/Appraised Value \_\_\_\_\_

Tenant Info \_\_\_\_\_ Flood Zone \_\_\_\_\_ Base Flood Elev. \_\_\_\_\_

Mall Unit Number \_\_\_\_\_

PERMIT TYPE PERMIT CHANGE CONTRACTOR INFORMATION

<input type="checkbox"/>	Building	<input type="checkbox"/>	Chg. Contractor	Contractor Lic. No. _____
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Renewal	Contractor Name _____
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Revision	Address _____
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Extension	City _____ ST _____ Zip _____
<input type="checkbox"/>	LPGX	<input type="checkbox"/>	Supplement	Contractor Phone No. _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Reinspection	Qualifier Name _____

TYPE OF IMPROVEMENT OWNERSHIP

<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Enclosure	Owner _____
<input type="checkbox"/>	Alteration Exterior	<input type="checkbox"/>	Repair	Address _____
<input type="checkbox"/>	Alteration Interior	<input type="checkbox"/>	Demolish	City _____ ST _____ Zip _____
<input type="checkbox"/>	Relocation of Structure	<input type="checkbox"/>	Shell Only	Phone _____
<input type="checkbox"/>	Foundation Only	<input type="checkbox"/>	Add'n. Attach.	_____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Add'n. Detach.	_____

ARCHITECT ENGINEER

Name \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\*\*\*\*\*CONTINUED ON REVERSE SIDE\*\*\*\*\*

VILLAGE OF KEY BISCAYNE  
 BUILDING, ZONING AND PLANNING  
**\*\*\*FOR OFFICE USE ONLY\*\*\***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> OWNER BUILDER FORM<br>(attach)                    | <input type="checkbox"/> PROOF OF OWNERSHIP<br>(attach)        | <input type="checkbox"/> CONDO ASSOCIATION<br>APPROVAL (attach)                |
| <input type="checkbox"/> FIRE DEPT. APPROVAL<br>(commercial/ multi-family) | <input type="checkbox"/> HR/S/DERM APPROVAL<br>(septic/ sewer) | <input type="checkbox"/> BPR APPROVAL (restaurants)<br>DACs APPROVAL (grocery) |
| <input type="checkbox"/> CONCURRENCE<br>(new construction)                 | <input type="checkbox"/> IMPACT FEE<br>(new construction)      | <input type="checkbox"/> CONTRACTOR REGISTRATION<br>(on file)                  |
| <input type="checkbox"/> SWIMMING POOL<br>CERTIFICATION (attached)         | <input type="checkbox"/> OTHER _____<br>(specify and attach)   | <input type="checkbox"/> OTHER _____<br>(specify and attach)                   |

**PERMIT FEES:**

**ISSUING OFFICIAL:**

Village of Key Biscayne: \$ \_\_\_\_\_ Name: \_\_\_\_\_  
 Threshold Inspection Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 (\$.15/SQ.FT. OF F.A.R.)

Scanning Fee: (\$5.00/sheet) \$ \_\_\_\_\_  
 Metro-Dade County: \$ \_\_\_\_\_  
 (0.6 x Cost/1000)  
 Radon: (\$.005/SQ.FT.) \$ \_\_\_\_\_  
 Concurrency: \$ \_\_\_\_\_  
 (0.06 x VKB Fee)  
 State D.C.A.: (\$.005/SQ.FT.) \$ \_\_\_\_\_  
 (If adding new sq. footage)  
 Code Enforcement Fine: \$ \_\_\_\_\_  
 Permit Software Fee: \$ \_\_\_\_\_ 6.00  
 (Flat Fee)  
 TOTAL \$ \_\_\_\_\_

**\*\*\*CONDITIONS OF APPROVAL\*\*\***

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