

City of Hialeah

Building Department

501 Palm Avenue, 2nd FL, Hialeah, FL 33010

(305) 883-5825 Fax: (305) 883-8082

www.hialeahfl.gov



Plan Revision Application

Permit # / Type	Clerk:	Master Permit:	JOB ADDRESS	Unit #:																
1. Owner Information	Owner: _____ Address: _____ City: _____ St: _____ Zip: _____ Driver License No./I.D: _____ Email: _____ Phone: _____ Owner-Builder <input type="checkbox"/>		2. Contractor Information	Company Name: _____ Qualifier Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Lic #: _____ Phone : _____ Email: _____																
6. Architect/Engineer	Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Reg. #: _____ Discipline: _____ Phone: _____		9. Contact Info	Name _____ Email _____ Phone: _____																
CHOOSE ONE: Residential Commercial Multi-family Institutional																				
Type of Revision	The revision affects the following disciplines*: (Applicant check all that apply)																			
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Building</td> <td style="width:33%;"><input type="checkbox"/> Fire Sprinkler</td> <td style="width:33%;"><input type="checkbox"/> Plumbing/Gas</td> </tr> <tr> <td><input type="checkbox"/> Structural</td> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Paving/Drainage</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Roofing</td> </tr> <tr> <td><input type="checkbox"/> Accessibility</td> <td><input type="checkbox"/> Energy</td> <td><input type="checkbox"/> Sign</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Zoning</td> <td><input type="checkbox"/> _____</td> </tr> </table>						<input type="checkbox"/> Building	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Plumbing/Gas	<input type="checkbox"/> Structural	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Paving/Drainage	<input type="checkbox"/> Fire	<input type="checkbox"/> Electrical	<input type="checkbox"/> Roofing	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Energy	<input type="checkbox"/> Sign		<input type="checkbox"/> Zoning	<input type="checkbox"/> _____
<input type="checkbox"/> Building	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Plumbing/Gas																		
<input type="checkbox"/> Structural	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Paving/Drainage																		
<input type="checkbox"/> Fire	<input type="checkbox"/> Electrical	<input type="checkbox"/> Roofing																		
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Energy	<input type="checkbox"/> Sign																		
	<input type="checkbox"/> Zoning	<input type="checkbox"/> _____																		
DESCRIPTION	<p style="text-align: center;">*** (Plans must have revisions clouded-in and property numbered in the title block) ***</p> Provide a brief description of what is being revised. The Plan examiner has the authority to modify required reviews based upon examination of the plans. _____ _____ _____ _____ _____ _____																			

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. **OWNER'S ELECTRONIC SUBMISSION STATEMENT:** UNDER PENALTY OF PERJURY, I DECLARE THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION AND THE REPRESENTATIONS MADE IN THE REQUIRED DISCLOSURE STATEMENT ARE TRUE AND CORRECT.

NOTE: CONTRACTOR PLEASE READ CAREFULLY:

APPLICATION IS HEREBY MADE FOR PLAN REVISION AS INDICATED HEREIN. I CERTIFY THAT I AM THE CONTRACTOR FOR THE MASTER PERMIT AND ACKNOWLEDGE THIS REVISION. I FURTHER UNDERSTAND THE REQUIREMENT AND PROVISIONS IN THIS DOCUMENT.

X	_____ Signature of Qualifier Print Name: _____
STATE OF FLORIDA, COUNTY OF MIAMI DADE Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	
X	_____ Notary Signature Notary Stamp or Seal Personally Known or I.D: _____