City of Hialeah
Community Development Department
501Palm Avenue, 2nd floor, Hialeah, Florida 33010
P:305.883.5825 F:305.883.8082 www.hialeahfl.gov

Revision Application

Clerk: ☐

Permit Type: **Master Permit:** **Job Address:** **Unit:**

1. Owner Information

Owner: _____
Address: _____
City: _____ State: _____ Zip Code:_____
Driver License No./ID: _____
Phone: _____ Owner-Builder ○

2. Contractor Information

Company Name_____
Qualifier Name_____
Address: _____
City: _____ State: _____ Zip Code: _____
Lic. #: _____ Phone: _____

The plan revision affects the following disciplines**: (Applicant check all that apply)

3. Type of Revision

○ Building	○ Mechanical	○ Roofing
○ Structural	○ Fire Sprinkler	○ Electrical
○ Accessibility	○ Energy	○ Zoning
○ Fire	○ Plumbing/Gas	○_____

4. Description

★ **(Plans must have revisions clouded-in and properly number in the title block)**

Provide a brief description of what is being revised.

Applicant please read carefully:
Application is hereby made for plan revision as indicated herein. I certify that all information is accurate. I understand that only the review disciplines indicated and those required by the review agencies will review my plans. (See Table of Required Reviews for Plan Revisions on the back of this sheet). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays.

X _____

Signature of Qualifier
Print Name: _____ Clerk: _____
State of Florida County of Miami-Dade
Sworn to and subscribed before me this ____ day of _____ 20____
by _____
Personally known ○ or I.D._____
Signature of Notary Public: _____ (Seal)

Issuing Clerk _____ Date _____

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Application Includes	Code	Fees	.00
Base Permit			
State Radon	400		
Code Compliance	300		
Initial Processing Fee	(-)		
TOTAL			