

# City of Hialeah

## Building Department

501 Palm Avenue, 2<sup>nd</sup> FL, Hialeah, FL 33010

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

www.hialeahfl.gov



# Permit Application

<b>Permit # / Type</b>		<b>Clerk:</b>		<b>Master Permit:</b>		<b>JOB ADDRESS</b>		<b>Unit #:</b>		
1. Owner Information	Owner: _____ Address: _____ City: _____ St: _____ Zip: _____ Driver License No./I.D.: _____ Email: _____ Phone: _____ Owner-Builder <input type="radio"/>				2. Contractor Information	Company Name: _____ Qualifier Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Lic #: _____ Phone : _____ Email: _____				
3. Permit Type	Choose only One <input type="radio"/> Building <input type="radio"/> Electrical <input type="radio"/> Mechanical <input type="radio"/> Plumbing/Gas <input type="radio"/> Paving <input type="radio"/> Drainage <input type="radio"/> Sign <input type="radio"/> Roofing		4. Change to an Existing Permit	Choose only One <input type="radio"/> Change Contractor <input type="radio"/> Extension <input type="radio"/> Renewal <input type="radio"/> Shop Drawing <input type="radio"/> Duplicate <input type="radio"/> Lost Plans <input type="radio"/> Early Start		5. Type of Improvement	Choose only One <input type="radio"/> New Construction <input type="radio"/> Addition Attached <input type="radio"/> Addition Detached <input type="radio"/> Alteration Interior <input type="radio"/> Alteration Exterior <input type="radio"/> Repair/Replace <input type="radio"/> Repair Due to Fire <input type="radio"/> Demolition		<input type="radio"/> Driveway <input type="radio"/> Fence <input type="radio"/> Pool <input type="radio"/> Shed <input type="radio"/> Shutters <input type="radio"/> Windows <input type="radio"/> Doors <input type="radio"/> _____	
6. Architect/Engineer	Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Reg. #: _____ Discipline: _____ Phone: _____				7. Legal/Use/Work/Value	Folio No. _____ No. of Units: _____ Lot: _____ Block: _____ Subdivision: _____ Pb/Pg _____ Current Use of Property: _____ Description of Work: _____ <b>Est. Value: _____ Area: _____ Length: _____</b>				
10. Bond CO	Name _____ Address _____ City _____ St _____ Zip _____				9. Contact Info	Name _____ Email _____ Phone: _____				

**NOTICE:** 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 ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. In Addition to the requirements of this permit, there may be additional restrictions found in the public records, and there may be additional permits required from other governmental entities such as water management districts, or federal agencies. **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. **WARNING TO OWNER. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

X _____ <b>Signature of Owner</b> Print Name: _____  <b>STATE OF FLORIDA, COUNTY OF MIAMI DADE</b> Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by _____  X _____ <b>Notary Signature</b> <b>Notary Stamp or Seal</b> Personally Known or I.D.: _____	X _____ <b>Signature of Qualifier</b> Print Name: _____  <b>STATE OF FLORIDA, COUNTY OF MIAMI DADE</b> Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by _____  X _____ <b>Notary Signature</b> <b>Notary Stamp or Seal</b> Personally Known or I.D.: _____
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FOR OFFICIAL USE ONLY	
Work Classification: _____ <input type="radio"/> Residential <input type="radio"/> Multi-Family <input type="radio"/> Commercial <input type="radio"/> Industrial Code in Effect: _____ Occupancy: _____ Const. Type: _____ Remarks: _____	FIRM Zone _____ Est. Bldg. Value _____ Imp. Value \$ _____ Zoning _____ Min. Elev. _____ Prop Elev. _____ GFE _____ Remarks: _____

