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 ○

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)

- ○ Building
- ○ Structural
- ○ Fire
- ○ Accessibility
- ○ Fire Sprinkler
- ○ Mechanical
- ○ Electrical
- ○ Energy
- ○ Zoning
- ○ Plumbing/Gas
- ○ Paving/Drainage
- ○ Roofing
- ○ Sign
- ○ _____

DESCRIPTION

***** (Plans must have revisions clouded-in and property numbered in the title block) *****

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 PLESE 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: _____

Cashier Validation Area

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R	Discipline	Approved/Date	Disapproved/Date
	ZONING		
	BUILDING		
	FIRE		
	FIRE 2		
	STRUCTURAL		
	ELECTRICAL		
	MECHANICAL		
	ENERGY		
	PLUMBING		
	FLOOD		
	ROOFING		

ACTIVITY LOG

CONDITIONAL APPROVAL (FOR OFFICIAL USE ONLY)

Application Includes	Account #	Fee Code	Fees
Flood	141.4300.322116	FL00	
Structure	141.4300.322114	ST00	
Bldg. Surcharge	141.4300.322150		
Technology Fee (11%)	141.4300.322172	903	
Scanning (Small Pg.)	141.4300.322173	904	
Scanning (Large Pg.)	141.4300322173	906	
Fire Dept. Fees	108.2000.342210		
Fire Rescue Impact	109.0000.363200		
Rework		803	
Roofing	141.4300.322111		
Electrical	141.4300.322130		
Mechanical	141.4300.322160		
Plumbing	141.4300.322120		
Base Permit	141.4300.322110		
Radon	141.0000.220177	400	
Code	141.0000.220178	300	
Violation	141.4300.322115	200	
Energy	141.4300.322160	909	
City Parks Impact	115.0000.363270	600	
Concurrency	001.4400.322115	700	
Cert. of Completion	141.4300.322110		
Cert. of Occupancy/Use	141.4300.322110		
INITIAL FEE (-)		(-)	
BALANCE			

Issued By: **Date:**