



Town of Cutler Bay

Building Department
 10720 Caribbean Blvd., Suite 110
 Cutler Bay, Florida 33189
 Tel:(305)234-4193 Fax (305)234-5873

PERMIT APPLICATION

Permit No.
 Master Permit:

Job Address:

Unit No.

1. Owner Information

Owner Name: _____
 Address: _____
 City _____ ST _____ Zip _____
 Phone No. _____
 Driver's License No. _____
 Owner Builder _____ Yes _____ No

2. Contractor Information

Company Name: _____
 Qualifier Name: _____
 Address: _____
 City _____ ST _____ Zip _____
 Phone No. _____
 License No. _____

3. Permit Type: (Check One Only)

- BUILDING
- ELECTRICAL
- MECHANICAL
- PLUMBING/GAS
- PAVING/DRAINAGE
- ROOFING
- PUBLIC WORKS
- CHANGE CONTRACTOR
- EXTENSION
- RENEWAL
- SHOP DRAWING
- SIGN
- OTHER

4. Type of Improvement: (Check One Only)

- NEW CONSTRUCTION
- ADDITION DETACHED
- ALTERATION EXTERIOR
- ADDITION ATTACHED
- ALTERATION INTERIOR
- REPAIR/REPLACE

5. Architect/Engineer:

Name: _____
 Address: _____
 City _____ ST _____ Zip _____
 License No. _____
 Phone No. _____
 Estimated Value: _____
 Square Footage: _____

6. Legal/Use/Work:

Folio No: _____ No. of Units: _____
 Lot: _____ Block: _____
 Subdivision: _____ PB/PG: _____
 Current Use of Property: _____
 Description of Work: _____
 Work Classification: _____
 Residential _____ Multi-Family _____ Commercial _____

Application is hereby made to obtain a permit to do work and installation 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. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification. **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. **Owner/Contractor 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.

Signature of Owner

Print Name _____
 State of Florida, Miami-Dade County
 Sworn to and subscribed before me this _____ day of _____ 20 ____.
 By _____ (Seal)
 Personally known or ID _____

Signature of Qualifier

Print Name _____
 State of Florida, Miami-Dade County
 Sworn to and subscribed before me this _____ day of _____ 20 ____.
 By _____ (Seal)
 Personally known or ID _____

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as Water Management Districts, state agencies or federal agencies.

DISCIPLINE	APPROVED		DATE	DISAPPROVED		DATE	ZONING FEES	FEES \$	(v)
Zoning									
Building									
Fire									
Structural									
Electrical									
Mechanical									
Plumbing									
Roofing									
P/Works							(#)Violation		
Plans out	Date	Clerk	Check -in	Date	Clerk		Base Permit		
							State Radon		
							Code Compliance		
							(% Concurrency)		
							Total		

Issuing Clerk:

Date: