| Nuls Co                              |
|--------------------------------------|
| <u>-Cutler_Bay-</u>                  |
| (F L O R I D A)<br>INCORPORATED 2005 |

TOWN OF CUTLER BAY Department of Community Development Building Division (305) 234-4193 Permit No: \_\_\_\_\_

Intake Clerk: \_\_\_\_\_

Code Case: \_\_\_\_

# PERMIT APPLICATION

|   | AL DMECHANICAL D<br>DUBLIC WORKS D<br>ENSION DPERMIT RENE | SHOP DRAWING                          | FING SIGN<br>RMIT REVISION |
|---|---|---------------------------------------|----------------------------|
| Property Information: (If th  | e property is unaddressed, Zoning                         | g must assign the address prior to pe | ermitting.)                |
| Primary Address:  |   |                                       |                            |
| Folio No.:  |   |                                       |                            |
| Project Information:<br>□ NEW CONSTRUCTION □<br>□ REPAIR/REPLACE □ FENC | ADDITION DALTERATION                                      |                                       | ON (EXTERIOR)              |
| Description of Work:  |   |                                       |                            |
|   |   |                                       |                            |
| Current Use of Property: Value of Work:                                 |   |                                       |                            |
| Square Footage:   | Work Classi   | fication:                             |                            |
| No. of Units: Linear  | r Footage: 🛛 R  | esidential 🛛 Multi-Family             | □ Commercial               |
| Applicant Information: 🗆  | Check here if applicant is p                              | property owner                        |                            |
| Applicant Name:   |   |                                       |                            |
| Applicant Address:  |   |                                       |                            |
| Applicant Email:  |   |                                       |                            |
| • •   |   |                                       |                            |
| Applicant Telephone Numb  | Der   | _ Applicant License No                |                            |
| Floodplain Information:   |   | Permit F                              | ees                        |
| FIRM Panel:   | Flood Zone:   |                                       |                            |
| Base Flood Elevation:   | _ Lowest Floor Elevation: _                               | Flood Review                          |                            |
| Lowest Machinery Elevation: _   |   | Zoning Review                         |                            |
| Lowest Machinery Desc.:   |   | Landscape Review                      |                            |
| Conditional Letter No. & Date:  |   | T dblie Wolks Kev.                    |                            |
|   |   | · · · ·                               |                            |
| LOMC No. & Date:  |   |                                       |                            |
| Surveyor Name:  |   | Base Fee State Radon                  |                            |
| Survey Date:  | _ Survey Datum:   | Code Violation                        |                            |
| Benchmark Location:   |   |                                       |                            |
| Benchmark Elevation:  |   | Rework Fee TOTAL FEE DUE              |                            |
|   |   |                                       |                            |



Permit No: \_\_

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### Property Owner Information:

| Name:             |  |
|-------------------|--|
| Company Name:     |  |
| Address:          |  |
| Email:            |  |
| Telephone Number: |  |

#### **Contractor Information:** Check here if same as Applicant

| Name:             |              |
|-------------------|--------------|
| Company Name:     |              |
| Address:          |              |
| Email:            |              |
| Telephone Number: | _ License No |
|                   |              |

#### Architect Information: Check here if same as Applicant

| Name:             |              |
|-------------------|--------------|
| Company Name:     |              |
| Address:          |              |
| Email:            |              |
| Telephone Number: | _ License No |

#### Engineer Information: Check here if same as Applicant

| Name:             |            |  |
|-------------------|------------|--|
| Company Name:     |            |  |
| Address:          |            |  |
| Email:            |            |  |
| Telephone Number: | License No |  |
|                   |            |  |

### Disclaimers and Waivers:

Application is hereby made to obtain a permit to do work and installation as indicated herein. 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 standards of all laws regulating construction in Cutler Bay. I understand that a separate permit must be secured for ELECTRICAL, MECHANICAL, PLUMBING, SIGNS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, 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 approved plans and specifications.

**WARNING TO OWNER:** 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.

Homeowners Associations/Other Approvals: 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 Miami-Dade County, and there may be additional permits required from other governmental entities such as the South Florida Water Management District, and state or federal agencies.

Waiver of Statutes (§§ 125.022, 166.033, 553.79 et seq.): By initialing this section, Applicant hereby waives standard time limitations imposed by the aforementioned sections of Florida Statutes, including, but not limited to timelines for completeness and other substantive review, limitations on requests for additional information, deadlines regarding

Initial Here reviews, inspections, and certificates of completion and occupancy, and fee adjustments associated with same.

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.



Permit No: \_\_\_\_\_

Intake Clerk: \_\_\_\_\_

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# Applicant Signatures

| Applicant/Property Owner Signature  | Qualifier Signature   |
|---|---|
| Print Name:   | Print Name:   |
| State of Florida, Miami-Dade County<br>Sworn to and subscribed before me this<br>day of, 20 | State of Florida, Miami-Dade County<br>Sworn to and subscribed before me this<br>day of, 20 |
| Ву:   | Ву:   |
| Personally Known or ID:   | Personally Known or ID:   |

|                        | APPROVED | DATE | REJECTE                      |                    |   |                |
|------------------------|----------|------|------------------------------|--------------------|---|----------------|
| Zoning                 |          |      | (INITIAL/DA                  | TE) (INITIAL/DATE  | E) (INITIAL/DATE)                           | (INITIAL/DATE) |
| Zoning<br>Public Works |          |      |                              |                    |   |                |
| Building               |          |      |                              |                    |   |                |
| Floodplain             |          |      |                              |                    |   |                |
| Roofing                |          |      |                              |                    |   | -              |
| Structural             |          |      |                              |                    |   |                |
| Electrical             |          |      |                              |                    |   |                |
| Mechanical             |          |      |                              |                    |   |                |
| Plumbing               |          |      |                              |                    |   |                |
| Public Works           |          |      |                              |                    |   |                |
|                        |          |      |                              |                    |   |                |
|                        |          |      |                              |                    |   |                |
| CONDITIONS O           |          |      |                              |                    |   |                |
|                        |          |      |                              |                    |   |                |
| ADMINISTRATI           |          |      |                              |                    |   |                |
| Process External       | ension   |      | ge of Cont                   |                    | Private Prov                                |                |
| Permit Exter           | nsion    |      | waiting perio<br>Jualifiers. | d unless signed by | BO approval & insur-<br>requirements. Regis |                |
| Permit Rene            | wal      |      |                              | tect/Engineer      | PRIV #                                      |                |
| Lost Plans             |          |      | Plans must be                |                    | Applicable Code Year                        |                |
|                        |          |      |                              |                    |   |                |
| PLAN TRACKING          |          | _    |                              |                    |   |                |
| Checked Out To         | Clerk    | Da   | ate                          | Return Date        | Clerk                                       | Note           |
|                        |          |      |                              |                    |   |                |
|                        |          |      |                              |                    |   | <u> </u>       |
|                        |          |      |                              |                    |   |                |
|                        |          |      |                              |                    |   | 1              |

## Permit Issuance:

Final plan reviewed and prepared for issuance by:

Signature:

Date:\_\_\_\_\_

| Town of Cutler Bay | y Permit Application |
|--------------------|----------------------|
|--------------------|----------------------|