





Permit No: _____
Intake Clerk: _____
Code Case: _____

**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 \_\_\_\_\_ 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.



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### Applicant Signatures

\_\_\_\_\_  
 Applicant/Property Owner Signature  
 Print Name: \_\_\_\_\_  
 State of Florida, Miami-Dade County  
 Sworn to and subscribed before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_.  
 By: \_\_\_\_\_  
 Personally Known or ID: \_\_\_\_\_

\_\_\_\_\_  
 Qualifier Signature  
 Print Name: \_\_\_\_\_  
 State of Florida, Miami-Dade County  
 Sworn to and subscribed before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_.  
 By: \_\_\_\_\_  
 Personally Known or ID: \_\_\_\_\_

	APPROVED	DATE	REJECTED 1 (INITIAL/DATE)	REJECTED 2 (INITIAL/DATE)	REJECTED 3 (INITIAL/DATE)	REJECTED 4 (INITIAL/DATE)
Zoning						
Public Works						
Building						
Floodplain						
Roofing						
Structural						
Electrical						
Mechanical						
Plumbing						
Public Works						

**CONDITIONS OF APPROVAL**

\_\_\_\_\_

**ADMINISTRATIVE NOTES**

<input type="checkbox"/> Process Extension	<input type="checkbox"/> Change of Contractor 10-day waiting period unless signed by both qualifiers.	<input type="checkbox"/> Private Provider BO approval & insurance threshold requirements. Register Online.
<input type="checkbox"/> Permit Extension	<input type="checkbox"/> Change of Architect/Engineer New Plans must be submitted.	PRIV # _____
<input type="checkbox"/> Permit Renewal		Applicable Code Year _____
<input type="checkbox"/> Lost Plans		

**PLAN TRACKING**

Checked Out To	Clerk	Date	Return Date	Clerk	Note

**Permit Issuance:**

Final plan reviewed and prepared for issuance by:

Signature: \_\_\_\_\_

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