

City of Hialeah

Community Development Department
 501 Palm Avenue, 2nd Floor, Hialeah, FL 33010
 (305) 883-5825 Fax: (305) 883-8082
 www.hialeahfl.gov



Permit Application

Clerk:

Permit	Type

Master Permit:

JOB ADDRESS:

Unit #:

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"/> Permit Supplement <input type="radio"/> Lost Plans <input type="radio"/> _____
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"/> Demolish <input type="radio"/> Re-roof <input type="radio"/> Driveway <input type="radio"/> Fence <input type="radio"/> Pool <input type="radio"/> Shed <input type="radio"/> Shutters <input type="radio"/> _____		
6. Architect/Engineer	Name _____ Address _____ City _____ St _____ Zip _____ Reg. No. _____ Discipline: _____ Phone1 (____) _____ Phone2 (____) _____	7. Legal/Use/Work/Value	Folio No. _____ No. of Units _____ Lot _____ Block _____ Subdivision _____ Pb/Pg _____ Current Use of Property _____ Description of Work _____ Est. Value: _____ Area: _____ Length: _____
8. Tenant Info	Name _____ Email _____ Phone1 (____) _____ Phone2 (____) _____	9. Contact Info	Name _____ Email _____ Phone1 (____) _____ Phone2 (____) _____
10. Bond Co	Name _____ Address _____ City _____ St _____ Zip _____	9. Mort Lend.	Name _____ Address _____ City _____ St _____ Zip _____

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 Signature of Owner Print Name _____ Clerk: _____ STATE OF FLORIDA COUNTY OF MIAMI-DADE Sworn to and subscribed before me this ____ day of _____ 20__	X Signature of Qualifier Print Name _____ Clerk: _____ STATE OF FLORIDA COUNTY OF MIAMI-DADE Sworn to and subscribed before me this ____ day of _____ 20__
by _____ (SEAL) by _____ (SEAL) Personally known <input type="radio"/> or I.D. _____	by _____ (SEAL) by _____ (SEAL) Personally known <input type="radio"/> or I.D. _____

Permit #: _____

Job Address: _____

DO NOT WRITE BELOW THIS LINE

Work Classification: _____ ○-Residential ○-Multi-Family ○-Commercial ○-Industrial Code In Effect: _____ Occupancy: _____ Construction Type: _____	Zoning: _____ Variance: _____ Conditions: _____ Area (sq.ft.) _____ Length (ft.) _____ Remarks: _____
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FIRM Zone _____ Min. Elev. _____ Prop Elev. _____ Est. Bldg. Value \$ _____
 Improvement Value \$ _____ CC Value \$ _____ 5 Year Improvement Value \$ _____

R	Discipline	Approved	Date	Disapproved/Date	Application Includes	Fee Code	Fees \$.00		
	Zoning									
	Building									
	Fire 1									
	Fire 2									
	Structural									
	Electrical				Technology Fee					
	Mechanical				Bldg. Standard Srchrg					
	Plumbing				Rework Fees					
	Flood				Fire Dept Fees					
	Roofing				Fire Rescue Impact					
					Violation#	200				
					Cert:○-Occ. ○-Comp. ○-Use					
					Base Permit					
#	Checked Out	Date Out/In	Clerk	#	Checked Out	Date Out/In	Clerk	State Radon	400	
1		/		5		/		Code Compliance	300	
2		/		6		/		City Parks Impact	600	
3		/		7		/		(%)Concurrency	700	
4		/		8		/		Initial Processing Fee	(-)	
Issuing Clerk					Date			TOTAL		

CONDITIONS OF APPROVAL