

Miami-Dade County • Building Department
Herbert S. Saffir Permitting and Inspection Center • 11805 S.W. 26th Street
Miami, FL 33175 • (786) 315-2000

REQUEST FOR LIFTING OF A STOP WORK ORDER

Date _____

Permit Number _____ Project Name _____

Property Address _____

Property Owner _____ Title _____

Company _____

Address _____

Telephone Number _____ E-mail Address _____

Contractor Name _____ Contractor License Number _____

Qualifier Name _____

Address _____

Telephone Number _____ E-mail Address _____

The undersigned hereby requests the lifting of the Stop Work Order issued in accordance with Miami-Dade County Ordinance 09-10. Enclosed is the required extension fee.

Signature of Property Owner

Signature of Qualifier

Print Name

Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20____,
By _____
Personally Known _____
Produced ID _____
(SEAL) _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20____,
By _____
Personally Known _____
Produced ID _____
(SEAL) _____