

MIAMI-DADE COUNTY
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
Herbert S. Saffir Permitting and Inspection Center
11805 S.W. 26 St., Miami, FL 33175-2474
Phone: (786) 315-2000

miamidade.gov/permits/

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

THIS IS FOR REVISION ONLY. IF YOU ARE REQUIRED TO REISSUE THE PERMIT, SEE PERMIT APPLICATION.

(IF THIS IS A REVISION TO A ROOFING, SHUTTER, WINDOW, FENCE, FIRE ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,
PLEASE PROVIDE THE SPECIFIC PERMIT NUMBER FOR THE SUBSIDIARY PERMIT)

Master Permit Number _____	Contact Name _____
Job Address _____	Address _____
Contractor's Number _____	City _____ State _____ Zip Code _____
Last (4) digits of Qualifier No. _____	Phone Number (_____) _____
Contractor's Name _____	Description of Revision _____
Qualifier's Name _____	_____
Owner's Name _____	_____

Residential (Single Family or Duplex) Commercial

Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)

Is this a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit? If so, or if you would like all reviews relating to original permit issued please check here .

*****(Note to staff if box above is checked use "A" instead of "R" for revision type)*****

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Impact Fee | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Works Concurrency | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Shop Drawing | <input type="checkbox"/> Sign | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Foundation to Shell (Note to staff: use "H" for revision type) | |
| <input type="checkbox"/> Environmental Services (DERM) | <input type="checkbox"/> Foundation to Complete Structure (Note to staff: use "N" for revision type) | |

Signature of Owner or Owner's Agent

Print Name

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20 _____

by _____

Signature of Notary Public

Print Name

(SEAL)

Personally known _____

or Produced Identification _____

Type of Identification Produced

Signature of Qualifier

Print Name

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20 _____

by _____

Signature of Notary Public

Print Name

(SEAL)

Personally known _____

or Produced Identification _____

Type of Identification Produced

TABLE OF REQUIRED REVIEWS FOR PLAN REVISIONS

PLAN REVISION DISCIPLINE REQUESTED

REQUIRED REVIEWS GENERATED

Zoning	Zoning, Building, Impact Fee
Environment Services (DERM)	DERM, Zoning, Plumbing
Fire	Fire, Building, Zoning, DERM
Public Works	Public Works, DERM, Zoning
Building	Building, Zoning, Fire, DERM
Structural	Structural
Plumbing	Plumbing, DERM
Mechanical	Mechanical, Fire
Sign	Sign, Structural, Building, Electrical
Electrical	Electrical, Fire
Impact Fee	Impact Fee
Shop Drawing	Shop Drawing
Foundation to Shell	All Required Reviews
Foundation to Complete Structure	All Required Reviews

Please note that a plans examiner has the authority to require additional reviews based upon his or her examination of the plans.