

**Miami-Dade Department of Regulatory and Economic Resources**  
**CONTACT INFORMATION FOR PERMIT APPLICATION**

FIRST NAME <i>(print clearly)</i>	LAST NAME <i>(print clearly)</i>
MOBILE PHONE	OFFICE/HOME PHONE
EMAIL <i>(required so you can be notified on the status of your plans)</i>	
COMMENTS	

*If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans.*

**PLANS (check all that apply)**

**Please indicate if plans are:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GOV'T PROJECT/DEPT _____      | <input type="checkbox"/> GREEN BLDG* <i>(new construction only)</i> | <input type="checkbox"/> PACE PROJECT* |
| <input type="checkbox"/> AFFORDABLE/WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE*                     | <input type="checkbox"/> CONCIERGE     |
- (\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)*

**REQUESTED PLAN REVIEWS (check all that apply for rework)**

- |   |   |                               |                               |                               |                               |
|---|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL                    | <input type="checkbox"/> BLDG/HCAP                  | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> ROOF                   | <input type="checkbox"/> LANDSCAPING                | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> SIGN                   | <input type="checkbox"/> STRU                       | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF | <input type="checkbox"/> LPGX |
| <input type="checkbox"/> PERMIT AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT |                               |                               |                               |                               |

**OPTIONAL PLAN REVIEWS (check all that apply)**

- |                               |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> BLDG | <input type="checkbox"/> ELEC | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> STRU |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

**OPR DERM INITIAL REVIEWS (check all that apply)**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM SPECIALTY <i>(You will be notified after core review is complete for additional fees)</i> |
|------------------------------------|---|

**OPR DERM REWORK (OPR for specialty only available at PIC)**

- |                                |  |                                   |                                       |                               |
|--------------------------------|--|-----------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> TREE  | <input type="checkbox"/> GREASE            | <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> COASTAL      | <input type="checkbox"/> AIR  |
| <input type="checkbox"/> TANKS | <input type="checkbox"/> INDUSTRIAL        | <input type="checkbox"/> WETLAND  | <input type="checkbox"/> PRETREATMENT | <input type="checkbox"/> CORE |
| <input type="checkbox"/> FLOOD | <input type="checkbox"/> PAVING & DRAINAGE |                                   |                                       |                               |

**FOR OFFICE USE ONLY**

*To be completed by Permit and Occupancy Representative or Plans Processing Specialist*

APPLICATION DATE	CLERK NAME	ARRIVAL TIME
PROCESS NUMBER	PROCESS NUMBER	PROCESS NUMBER
PROCESS NUMBER	PROCESS NUMBER	PROCESS NUMBER

- |                                   |  |                                 |                                       |
|-----------------------------------|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> RE-ISSUE | <input type="checkbox"/> PLAN REVISION | <input type="checkbox"/> REWORK | <input type="checkbox"/> SHOP DRAWING |
|-----------------------------------|--|---------------------------------|---------------------------------------|

