

PUBLIC WORKS PERMIT APPLICATION



Miami Dade County (SPCC)
111 NW First Street, Miami, FL 33128
Phone (786) 315-2708, Fax (305) 375-2178

Process No. _____
 Trans No. _____
 Date: _____
 Clerk: _____

LOCATION INFORMATION

Job Address _____
 Folio _____
 Lot _____ Block _____ PB _____ PG _____
 Along _____ From _____ To _____
 Along _____ From _____ To _____

OWNER INFORMATION

Name _____
 Address _____
 City _____, FL Zip _____
 Phone _____ Email _____

CONTRACTOR INFORMATION

Contractor No. _____ NAICS Code _____
 Contractor's Name _____
 Address _____
 City _____, FL Zip _____
 Phone _____ Email _____

PROJECT INFORMATION

Name _____
 Job No. _____ Bond No. _____
 Subdivision Comm Warehouse Multi Family Res Single Family Res.

PERSON TO PICK UP PERMIT/PLANS *

Name _____
 Address _____
 City _____, FL Zip _____
 Phone _____

TYPE OF WORK	DIMENSIONS	# of MH,HH, Poles
Driveway Approach	EA _____	
Driveway (interior)	SqFt _____	
Sidewalk	LF _____	
Curb & Gutter	LF _____	
Paving (Parking Lot)	SqFt _____	
Paving (Street)	LF _____	
Seal Coating	SqFt _____	
Drainage	LF _____	_____
Electric	LF _____	_____
Gas	LF _____	
Telecommunication	LF _____	_____
Water	LF _____	_____
Sewer	LF _____	_____
Traffic Sign	EA _____	
Other		

CGC not registered with Miami Dade County Building Department must provide proof of insurance, workman's compensation insurance and status of license.

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

* An authorization letter on Company letter head from the qualifier will be required for any other person picking up the permit/plans.

WARNING TO OWNER: The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation.

OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate.

_____ 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_____ (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_____ (SEAL) _____ Personally known _____ or Produced Identification _____ Type of Identification Produced _____
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