Miami-Dade Department of Regulatory and Economic Resources

REQUEST FOR EXPIRED PERMIT CHECK

(Form must be signed and notarized by owner or contractor)

DATE	OPEN/EXPIRED PERMIT NUMBER

PERMIT TYPE: ☐ BUILDING ☐ ZIPS ☐ ROOFING ☐ MECHANICAL ☐ ELECTRICAL ☐ PLUMBING/LPGX

All open/expired permit numbers issued prior to 1998 will require an expired permit check inspection to verify the scope of work for that year's Florida Building Code (FBC) / National Electrical Code (NEC).
If a recent permit was pulled for the same scope of work of the open/expired permit number, then this form is not needed. You will need to complete a Request for Permit Cancellation form and utilize the "Superseded by Another Permit" option.

Person Requesting Cancellation

SELECT ONE ☐ PROPERTY OWNER ☐ CONTRACTOR

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

NAME OF PERSON REQUESTING CANCELLATION

MAILING ADDRESS | CITY | STATE | ZIP

TELEPHONE NUMBER | E-MAIL ADDRESS *(required)*

SIGNATURE OF PERSON REQUESTING CANCELLATION | PRINT NAME

State of Florida, County of Miami-Dade

Sworn to and subscribed before me by means of ❑ physical presence OR ❑ online notarizations

this_____day of _____,20_____, by_____

Individual identified by ❑ personal knowledge ❑ satisfactory evidence _____

NAME OF INDIVIDUAL SWEARING OR AFFIRING

SIGNATURE OF NOTARY PUBLIC _____

PRINT NAME _____

TYPE OF IDENTIFICATION PROVIDED _____

PRODUCED IDENTIFICATION _____

(SEAL)

FOR OFFICE USE ONLY *(to be completed by permitting staff)*

PROCESS NUMBER ISSUED	E-MAIL TO CUSTOMER SENT ON
REQUEST RECEIVED BY	TITLE

Original set of approved plans for Expired/Open Permit(s): ☐ RECEIVED IN OFFICE ☐ ARE NOT REQUIRED ☐ WILL BE ON JOBSITE

COMMENTS

Trade Inspection Section, 11805 SW 26th Street, Room 137, Miami, Florida 33175-2474 T 786-315-2000 rerpercan@miamidade.gov

MIAMI-DADE COUNTY