

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 qualify for the following expedited plan reviews:

- | | | |
|--|---|--|
| <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.)*

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. I further acknowledge that any application that contains any materially false or fraudulent statements may subject me to additional permitting fees including fees for expedited plan review services.

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

- | | | | | | |
|--------------------------------------|--|---|---|--|---|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG/HCAP | <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"/> SHOP DRAWING |
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM AIR | <input type="checkbox"/> DERM AIRPORT | <input type="checkbox"/> DERM ASBESTOS | <input type="checkbox"/> DERM COASTAL | <input type="checkbox"/> DERM FLOOD |
| <input type="checkbox"/> DERM GREASE | <input type="checkbox"/> DERM INDUSTRIAL | <input type="checkbox"/> DERM PAVING & DRAINAGE | <input type="checkbox"/> DERM POLLUTION | <input type="checkbox"/> DERM PRE-TREATMENT | <input type="checkbox"/> DERM SOLID WASTE |
| <input type="checkbox"/> DERM TANKS | <input type="checkbox"/> DERM TREES | <input type="checkbox"/> DERM WATER TREATMENT | <input type="checkbox"/> DERM WETLANDS | <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK |
| <input type="checkbox"/> DOH/HRS | <input type="checkbox"/> DERM OSTD | | | | |

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"/> PAVING & DRAINAGE |
| <input type="checkbox"/> TANKS | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> WETLAND | <input type="checkbox"/> PRE-TREATMENT | <input type="checkbox"/> CORE | <input type="checkbox"/> FLOOD |

FOR OFFICE USE ONLY *(to be completed by Permitting Staff)*

APPLICATION DATE	CLERK NAME	ARRIVAL TIME
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		

