

6601 Main St • Miami Lakes, Florida, 33014 Office: (305) 827-4015 • Fax: (305) 558-9884

Master Permit #:

NAME:

Address:

Phone #:

City, State, Zip

Email Address:

Company Name:

Qualifier Name:

City, State, Zip

Email Address:

Permit Type -- Check only One

☐ Paving/Drainage ☐ Sign ☐ Roofing ☐ P/W

License # Address

Phone #:

☐ Building

NFORMATION

CONTRACTOR

Website: www.miamilakes-fl.gov

Cell #:

Cell #:

☐ Electrical ☐ Mechanical ☐ Plumbing/Ga

Sub Permit

	Job Address:				
	Unit #: Folio #: 32-	Owner Build	der: \Box		
<u> </u>	Revi	sion #:			
	Current Use of Property: Job Description				
WORK					
N N	JOB COST \$	AREA/LENGTH:_			
	Residential Multi-Family Code in Effect: Occupancy:	ommercial Industr	ial _		
	Construction Type:Flood Zone/B.F.E.:	F.F.E.:			
ARCHITECT/ ENGINEER	Firm Name:				
	A/E of record:				
	License #				
	License # Address				
	City, State, Zip				
	Phone #:	Cell #:			
	Email Address:				
	Change to Permit Check only One				
	☐ Extension☐ Change Contractor☐ Shop	wal Revision			
tior JTTE	tify that no work or installation has commen in this jurisdiction. I understand that a sej RS, WINDOWS, FURNACES, BOILERS, HEATI mpletion of the construction including sche	arate permit must be secure RS, TANKS, and AIR CONDITI	d for IONERS,		

Application is hereby made to obtain a permit to do work and installation as indicated. and that all work will be performed to meet the standards, of all laws regulating constru ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SH etc. I understand that in signing this application I am responsible for the supervision a final inspections in accordance with the plans and specification WARNING TO OWNER: PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FIN NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the fo

X		X		
Signature of Owner or Owner's Agent	Date	Signature of Qualifier	Date	
Print Name of Owner or Owner's Agent		Print Name of Qualifier		
STATE OFCOUNTY C)F	STATE OFCOUNTY OF		
Sworn to and subscribed before me this	20	Sworn to and subscribed before me this	20	
by	(SEAL)	by	(SEAL)	
Personally known or ID		Personally known ar I D		

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.



6601 Main St • Miami Lakes, Florida, 33014

Office: (305) 827-4015 • Fax: (305) 558-9884 Website: www.miamilakes-fl.gov

HOMEOWNER'S ASSOCIATION/COMMERCIAL/ARCHITECTURAL CONTROL COMMITTEE ("HOA/ACC") AFFIDAVIT

NOTE: Whether you have an HOA or not, it is a requirement to complete this affidavit as part of your permit application submittal package.

Th	e undersigned individual, being duly sworn, deposes and says that:
1.	He/She is the owner of property located at
2.	He/She is owner of property which may be subject to certain conditions and deed restrictions; and
	He/She is fully informed regarding any applicable deed restrictions and HOA/ACC requirements for building on or making anges to their property; and
4.	He/She is aware that the Town recommends, although not required, that the he/she secure any required approvals from their HOA/ACC, prior to submitting this building permit application; and
	He/She acknowledges that the issuance of a building permit does not independently satisfy any applicable HOA/ACC proval requirements and that the Town does not enforce any deed restrictions upon said property.
Sig	gnature
Pri	int Name
Da	ite
	ATE OF FLORIDA)) SS: DUNTY OF MIAMI-DADE)
me	FORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appearedas owner of said property described herein, on this date executed the foregoing Affidavit for the purposes entioned in the Affidavit. He/She is personally known to me or has producedas entification.
	WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this day of, 200
Му	Commission Expires:
	Notary Public, State of Florida

*Note: Please be advised that in addition to any written recommendations from your homeowners association (HOA) this affidavit <u>must</u> be filled out.