

Development Services Department
 405 Biltmore Way, Third Floor
 Coral Gables, Florida 33134
 Tel: 305-460-5235
 Fax: 305-460-5261
 www.coralgables.com



CITY OF CORAL GABLES
DEVELOPMENT SERVICES DEPARTMENT

Permit Application

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date:	Permit Type: <input checked="" type="checkbox"/>	Master Permit #:
Permit Change: <input checked="" type="checkbox"/>	Building <input type="checkbox"/>	Sub Permit #:
Change of Contractor <input type="checkbox"/>	Electrical <input type="checkbox"/>	Project Information: <input checked="" type="checkbox"/>
Permit Extension <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>
Permit Renewal <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Linear Feet: <input checked="" type="checkbox"/>
Permit Revision <input type="checkbox"/>	Misc. <input type="checkbox"/>	Square Feet: <input checked="" type="checkbox"/>
Permit Supplement <input type="checkbox"/>	App. <input type="checkbox"/> Date: _____	Cost of Work: <input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):

JOB ADDRESS:

Folio #:
Lot: _____ Block: _____
Subdivision: _____
Plat book: _____ Page: _____

PROPERTY OWNER:

Name:
Address:
City/State/Zip:
Telephone No.:

CONTRACTOR COMPANY NAME:

Address:
City/State/Zip:
License No.: _____ Telephone No.: _____

ARCHITECT:

Name:
Address:

ENGINEER:

Name:
Address:

BONDING:

Name:
Address:

MORTGAGE LENDER:

Name:
Address:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND AIR CONDITIONERS, etc. **OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

Signature of Owner _____
 Owner's Name (Print): _____

Signature of Qualifier _____
 Qualifier's Name (Print): _____

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this _____ day of _____, in the year 20____
by _____ who has taken an oath and is
personally known to me or has produced _____
as identification.
My Commission Expires:
Notary Public

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this _____ day of _____, in the year 20____
by _____ who has taken an oath and is
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