

# City of Hialeah

## Building Department

501 Palm Avenue, 2<sup>nd</sup> FL, Hialeah, FL 33010  
 (305) 883-5825 Fax: (305) 883-8082  
 www.hialeahfl.gov



# Permit Application

<b>Permit # / Type</b>	<b>Clerk:</b>		<b>Master Permit:</b>		<b>JOB ADDRESS</b>		<b>Unit #:</b>
<b>1. Owner Information</b>	Owner: _____ Address: _____ City: _____ St: _____ Zip: _____ Driver License No./I.D.: _____ Email: _____ Phone: _____ Owner-Builder <input type="checkbox"/>			<b>2. Contractor Information</b>	Company Name: _____ Qualifier Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Lic #: _____ Phone : _____ Email: _____		
<b>3. Permit Type</b>	Choose only One <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving <input type="checkbox"/> Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing	<b>4. Change to an Existing Permit</b>	Choose only One <input type="checkbox"/> Change Contractor <input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Duplicate <input type="checkbox"/> Lost Plans <input type="checkbox"/> Early Start _____	<b>5. Type of Improvement</b>	Choose only One <input type="checkbox"/> New Construction <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolition	<input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Shutters <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> _____	
<b>6. Architect/Engineer</b>	Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Reg. #: _____ Discipline: _____ Phone: _____			<b>7. Legal/Use/Work/Value</b>	Folio No. _____ No. of Units: _____ Lot: _____ Block: _____ Subdivision: _____ Pb/Pg _____ Current Use of Property: _____ Description of Work: _____ <b>Est. Value: _____ Area: _____ Length: _____</b>		
<b>10. Bond CO</b>	Name _____ Address _____ City _____ St _____ Zip _____			<b>9. Contact Info</b>	Name _____ Email _____ Phone: _____		

**NOTICE:** 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, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. In Addition to the requirements of this permit, there may be additional restrictions found in the public records, and there may be additional permits required from other governmental entities such as water management districts, or federal agencies. **OWNER 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. **Owner's Electronic Submission Statement:** Under penalty of perjury, I declare that all the information contained in this building permit application and the representations made in the required disclosure statement are true and correct. **WARNING TO OWNER. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

X \_\_\_\_\_  
**Signature of Owner**  
 Print Name: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF MIAMI DADE**  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

X \_\_\_\_\_  
**Notary Signature**                      **Notary Stamp or Seal**  
 Personally Known or I.D.: \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Qualifier**  
 Print Name: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF MIAMI DADE**  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

X \_\_\_\_\_  
**Notary Signature**                      **Notary Stamp or Seal**  
 Personally Known or I.D.: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Work Classification: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial Code in Effect: _____ Occupancy: _____ Const. Type: _____ Remarks: _____	FIRM Zone _____ Est. Bldg. Value _____ Imp. Value \$ _____ Zoning _____ Min. Elev. _____ Prop Elev. _____ GFE _____ Remarks: _____
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**Permit**

**Job Address** **Unit #:**

Discipline	Approved/Date	Disapproved / Date	Review	Account #	Code	Permit Fees	
Zoning			City Parks Impact	115.0000.363270	600		
			Concurrency (%)	001.4400.322115	700		
Flood							
Building							
				Rework		803	
				Technology (10%)	141.4300.322172	903	
				Scanning Fee	141.4300.322173	904	
				Scanning Fee	141.4300.322173	906	
				Bldg. Subcharge	141.4300.322150		
				Base Permit	141.4300.322110		
				Radon	141.0000.220177	400	
				Code Compliance	141.0000.220178	300	
				Violation	141.4300.322110	200	
				Energy	141.4300.322160	909	
				Cert of Comp.	141.4300.322110		
				Cert of Occ.	141.4300.322110		
				Initial Fee	141.4300.322110	(-)	
Fire			Fire Department	108.2000.342210			
			Fire Plans Review	108.2000.342220			
			Fire Dept. Impact	109.0000.363200			
Roofing			Base Permit	141.4300.322111			
Electrical			Base Permit	141.4300.322130			
Mechanical			Base Permit	141.4300.322160			
Energy			Base Permit	141.4300.322160			
Plumbing			Base Permit	141.4300.322120			
Structural			Base Permit	141.4300.322114			

**Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Balance** \$ \_\_\_\_\_