

Applicant Information (Blue or Black Ink Only)			
Office Use Only Submittal Date: _____ Permit #: _____	Parcel / Folio Number: _____		Building Department 1700 Convention Center Drive, 2 nd Floor Miami Beach, Florida 33139 Telephone: 305- 673-7610; Fax: 305-673-7857 http://www.miamibeachfl.gov/building/
Property Address: _____	Unit #: _____	Master Permit Number (If applicable): _____	Violation # (If applicable): _____
Permit Type (select one)	Permit Request (select all that apply)	Property Information (select one)	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demo year built ____ <input type="checkbox"/> Generator <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Fire <input type="checkbox"/> Shop Drawings	<input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Interior, Non-Structural Only <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project <input type="checkbox"/> Repeive Permit	<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex Occupancy Classification:	
New Construction/Addition		Alteration/Reconfiguration of Space	
Total Value: _____	Square Footage: _____	Value of Work: \$ _____	
Description of Work: _____			
Property Owner		Contractor	
Name: _____		Name: _____	
Address: _____ Suite: _____		Address: _____ Suite: _____	
City: _____ State: _____ Zip Code: _____		City: _____ State: _____ Zip Code: _____	
Driver's License/ State Identification Number: _____		State Identification Number/License: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Architect		Structural Engineer	
Name: _____ License Number: _____		Name: _____ License Number: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Notice & Certification			
This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners , etc. Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above. Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the above-mentioned work and to hire above captioned contractor. In addition to the requirements of this permit, there may be additional restrictions 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: the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs, Water & Sewer Department, Department of Environmental Protection, South Florida Water Management District, Miami-Dade County Impact Fee, water management districts, state agencies, and/or federal agencies. Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.			
OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.			
<input type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested). <input type="checkbox"/> TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE.* <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit / change of contractor).			
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 IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.			
Signature of Owner/Agent or GC (for Sub-permits): _____		Signature of Qualifier: _____	
PRINT NAME: _____		PRINT NAME: _____	
STATE OF FLORIDA MIAMI-DADE COUNTY		STATE OF FLORIDA MIAMI-DADE COUNTY	
Sworn to and subscribed before me this _____ day of _____, 20____		Sworn to and subscribed before me this _____ day of _____, 20____	
by _____		by _____	
Signature of Notary Public _____		Signature of Notary Public _____	
Print Name: _____		Print Name: _____	
(SEAL) Personally known _____		(SEAL) Personally known _____	
or Produced Identification _____		or Produced Identification _____	

Excellence Miami Beach

Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

Form Name	Permit Application.
Form Purpose	This form is completed if an owner or developer would like to request a permit for a construction or a rehabilitation project within the City of Miami Beach.
Related Forms	Please see the Permit Application Submittal Checklist on the link below: <ol style="list-style-type: none"> 1. Permit Application Submittal Checklist
Associated Fees	<ol style="list-style-type: none"> 1. Upfront Processing Fee. 2. Permit Fees, as applicable based on current Fee Schedule.
Additional Info	<p>Payments can be made at following locations:</p> <ul style="list-style-type: none"> • Kiosks/IPads located at the Building Department, 2nd Floor of City Hall and at the North Beach Office, 962 Normandy Drive, Miami Beach, FL 33141. • Cashier's window, 1st Floor City Hall. • Online Quick Pay
Form Process	<ol style="list-style-type: none"> 1. Permit Application and project plans submitted with paid upfront fees. 2. Plan Review Process is performed by the City, if applicable. 3. Payment of full permit fees are assessed and satisfied. 4. Permit is issued.
For Progress Status	<p>You can check on an application's status in the City via the CSS system:</p> <ul style="list-style-type: none"> • CSS (Citizen Self Service) System
For Assistance	<p>Please contact:</p> <ul style="list-style-type: none"> • In person: Permit Counter at the Building Department's Main Office 1700 Convention Center Drive, 2nd Floor, Miami Beach, FL 33139, or • North Beach Office located at 962 Normandy Drive, Miami Beach, FL, 33141. • Via Telephone: 305-673-7610. • Email: bpi@miamibeachfl.gov • Online: http://www.miamibeachfl.gov/city-hall/building/

TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE.
 *The Electrical and Structural Inspection Approval Forms must be **emailed** to the corresponding chiefs **prior** to the special event taking place. Failure to do so will incur in a **\$500.00 fine.**
ChiefElectrical@miamibeachfl.gov
ChiefStructural@miamibeachfl.gov

The original, signed and sealed inspections reports must be submitted to the Building Department, Administration's Office (2nd floor of City Hall) to close the corresponding Special Event Permit.

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice), 305-673-7524 (fax), or 305-673-7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).