7777 N.W. 72ND AVENUE
MEDLEY, FLORIDA 33166
305-887-6913
FAX 305-884-4827

VALIDATION:
CHECK NO. _____
DATE _____
AMOUNT _____

PROCESS NO. _____
BUILDING PERMIT NO. _____
TAX FOLIO NO. _____
RECEIVED BY: _____ DATE _____

BUILDING PERMIT APPLICATION

OWNER'S NAME _____
OWNER'S ADDRESS _____
FEE SIMPLE TITLE HOLDER'S NAME _____
(IF OTHER THAN OWNER)
FEE SIMPLE TITLE HOLDER'S ADDRESS _____
(IF OTHER THAN OWNER)
CITY: TOWN OF MEDLEY, FLORIDA, 331____
CONTRACTOR'S NAME: _____
CONTRACTOR'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTRACTOR'S PHONE NO. _____
JOB NAME: _____
JOB ADDRESS: _____
CITY: Medley COUNTY: Dade ZIP: _____
LEGAL DESCRIPTION: _____
_____
_____
_____
BONDING COMPANY: _____
BONDING COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ARCHITECT / ENGINEER'S NAME: _____
ARCHITECT / ENGINEER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MORTGAGE LENDER'S NAME: _____
MORTGAGE LENDER'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NOTE: The Applicant and/or Owner who has contracted for the improvements may subject their right title or interest in the Property described herein to Attachment under Florida's Construction Lien Law. The Applicant, if not the Owner, shall provide a copy of this application to the Owner. Further, prior to the first inspection either a certified copy of the recorded Notice Of Commencement or a notarized statement that the Notice Of Commencement has been filed for recording, with a copy thereof delivered to the Town of Medley.

I HEREBY MAKE APPLICATION FOR PERMIT TO ERECT ☐ ALTER ☐ DEMOLISH ☐ ADD ☐
REPAIR ☐ REMOVE ☐ REMODEL ☐ A_____ STORY RESIDENTIAL ☐ COMMERCIAL ☐
INDUST. ☐ STRUCTURE WITH CBS ☐ FRAME ☐ OTHER _____ CONSTRUCTION
FOR THE FOLLOWING SPECIFIC USE AND OCCUPANCY

_____
_____

Additional items shown on the plans and covered by this permit:
WALL ☐ FENCE ☐ PAVING ☐ SCR'N ENCL. ☐ SOAKAGE PIT ☐ OTHER_____

NO. OF LIVING UNITS _____ NO. OF BEDROOMS NO. OF STORE UNITS _____ HOTEL PERMIT NO. _____

WATER CO. NAME OF WELL _____ SEWAGE CO. NAME OF SEPTIC TANK _____

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK INDICATED.

APPLICANT CLASSIFICATION - OFFICE USE ONLY

QUALIFIED TO DO THIS WORK YES ☐ NO ☐

MINIMUM FLOOR ELEVATION ABOVE FINISHED GRADE OR DADE COUNTY FLOOD CRITERIA WHICHEVER IS HIGHER _____

GREEN TAG ☐ SHOP DWGS. ☐ CONCRETE TEST_____

WELDING INSPECTION ☐ ENG. SUPER ☐ PILE DRIVER SUPER ☐ SEAL ☐

GROUP AND DIVISION _____ MIN TYPE CONST. _____ SQUARE FEET _____

THIS PERMIT INCLUDES:		EST.VALUE	FEE
PRINC. BLDG. _____	☐	$ _____	$ _____
ACCESSORY BLGD. _____	☐	$ _____	$ _____
UP FRONT FEE _____	☐	$ _____	$ _____
CIVIL _____	☐	$ _____	$ _____
FILL _____	☐	$ _____	$ _____
IMAGING _____	☐	$ _____	$ _____
STRUCTURAL CAL. _____	☐	$ _____	$ _____
RADON GAS 1% OF S.F. _____	☐	$ _____	$ _____
CODE COMPLIANCE _____	☐	$ _____	$ _____
_____	☐	$ _____	$ _____
TOTAL _____		$ _____	$ _____

ZONE INFO. NEW ☐ _____ EXIST ☐ _____

ZONE _____ % LOT COVER _____ CUBE REQUIRED _____
OFFICIAL ROAD WIDTH _____
DEDICATED WIDTH _____
LOT DIMENSION _____ LOT AREA _____
DEED REST'R & RESOLUTIONS CHECKED _____ Y _____ N _____
SWALE SODDING YES ☐ NO ☐

PROOF OF OWNERSHIP: _____ CHECKED BY:_____
VIOLATIONS CHECK: _____ CHECKED BY:_____ DATE: _____
CONTR. CERT.# _____ CLASS _____ CHECKED BY:_____

ISSUED BY: _____ DATE: _____

I HEREBY 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.

_____ OWNER OR AGENT
DATE: _____

_____ NOTARY AS TO OWNER OR AGENT

_____ CONTRACTOR
DATE: _____

_____ NOTARY AS TO CONTRACTOR

(CERTIFICATE OF COMPETENCY HOLDER)
Contractor's State Certificate or Registration No. _____ Contractor's Certificate of Competency No. _____
APPLICATION APPROVED BY _____
PERMIT OFFICER MAYOR
CONDITIONS UNDER WHICH APPROVED

	APPROVED	DATE	DISAPPROVED	DATE	REMARKS
ZONING					
PLUMBING					
ELECTRICAL					
STRUCTURAL					
MECHANICAL					
FIRE DEPT.					