

7331 NW 74th Street
Medley, Florida 33166



Building & Zoning Dept
(305) 887 - 6913

APPLICATION FOR REVISION

Master Permit # _____ Contact Name: _____
 Job Address: _____ Address : _____
 Contractor Number: _____ City _____ State _____ ZIP _____
 Qualifiers Number: _____ Phone Number () _____
 Contractor Name: _____ Description of Work: _____
 Qualifiers Name: _____ Value of the Work: \$ _____
 Owner's Name: _____ S.F., L.F., or Units: _____
 Review Fee: _____

____ New Construction ____ Addition ____ Alteration ____ Repair

I certify that the information provide is accurate, and that I can not commence with the work unt review is complete, approved and paid for.

- | | | |
|-----------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> License Trades | <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Shop Drawings |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Storm Shutters | <input type="checkbox"/> Metal Stairs & Railing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Truck Canopy Metal | <input type="checkbox"/> Exterior Fence |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Canvas Canopy | <input type="checkbox"/> Barrier Arms |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Gates |
| <input type="checkbox"/> Paving & Drainage | <input type="checkbox"/> Garage Doors | <input type="checkbox"/> Awnings |
| <input type="checkbox"/> Fire Protection Sprinklers | <input type="checkbox"/> Precast Tilt Panels | <input type="checkbox"/> Exterior Signage |
| <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Precast Double Tees | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Irrigation Well | <input type="checkbox"/> Exterior Glass & Glazing | <input type="checkbox"/> Others _____ |

ARCHITECT / ENGINEER INFORMATION

Project Name: _____

Name: _____
 Address: _____
 City: _____ State _____ ZIP _____
 Phone Number: () _____

Signature of Owner or Owner's Agent

Signature of Qualifier

Print Name: _____

Print Name: _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this

Sworn to and subscribed before me this

day of _____, 20____

day of _____, 20____

(SEAL) _____

(SEAL) _____

Personally known _____
or Produced Identification

Personally known _____
or Produced Identification