



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.

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

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