

Town of Medley, Florida

7777 NW 72 Avenue Medley, FL 33161

Phone: 305-887-6913

Permit #: _____

APPLICATION for PLAN REVISION

Date Paid: _____

☺ **Please fill out completely** ☺

Check #: _____

Date: _____

Amount: _____

Contact Name: _____ Contact Phone: _____

Job Name: _____ Job Address: _____

Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's State or County License Number: _____

Qualifier's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Description: _____

New Construction Addition Alteration Repair / SF, LF, or Units: _____ Total Job Value: _____

A narrative of the revisions must be submitted; also indicate the pages that have been revised.

Please Cloud the revised areas & show a Delta "Δ" with consecutive numbers for all revisions on each page.

Licensed Trades

- Electrical _____
- HV/AC-Mechanical _____
- Plumbing _____
- Roofing _____
- Paving & Drainage _____
- Fire Protection Sprinklers _____
- Irrigation Systems _____
- Irrigation Well _____

Shop Drawings

- Awnings _____
- Barrier Arms _____
- Canvas Canopy _____
- Exterior Fence _____
- Exterior Glass & Glazing _____
- Exterior Signage _____
- Garage Doors _____
- Gates _____

Shop Drawings

- Metal Stairs & Railings _____
- Precast Double Tees _____
- Precast Tilt Panels _____
- Storm Shutters _____
- Structural Steel _____
- Truck Canopy Metal _____
- Other _____
- Other _____

Architects/Engineer Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

I certify that the information provided is accurate; also I shall not commence work until all reviews are completed, approved and paid in full.

Signature of Owner or Owner's Agent

Print Name: _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20 _____

Signature of Qualifier

Print Name: _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20 _____

(SEAL)

Personally known or produced Identification
Identification

(SEAL)

Personally known or produced