TOWN OF MEDLEY, FLORIDA

APPLICATION FOR A SUBSIDIARY PERMIT

Phone: 305.887-6913

****** Please fill out completely ******

Master Permit # _____ Contact Name: _____

Job Address: _____ Address : _____

Contractor Number: _____ City: _____ State: _____ ZIP: _____

Qualifiers Number: _____ Phone Number ( ) _____

Contractor Name: _____ Description of the Work: _____

Qualifiers Name: _____ Value of the Work: $ _____

Owner's Name: _____ SF, LF, or Units: _____

____ New Construction ____ Addition _____ Alteration ____ Repair

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

License Trades	**Shop Drawings**	**Shop Drawings**
☐ Electrical	☐ Storm Shutters	☐ Metal Stairs & Railings
☐ Plumbing	☐ Truck Canopy Metal	☐ Exterior Fence
☐ HVAC	☐ Canvas Canopy	☐ Barrier Arms
☐ Roofing	☐ Structural Steel	☐ Gates
☐ Paving & Drainage	☐ Garage Doors	☐ Awnings
☐ Fire Protection Sprinklers	☐ Precast Tilt Panels	☐ Exterior Signage
☐ Irrigation System	☐ Precast Double Tees	☐ Others_____
☐ Irrigation Well	☐ Exterior Glass & Glazing	☐ Others_____

ARCHITECT / ENGINEER INFORMATION

Name: _____

Address: _____

City:_____ State _____ ZIP _____

Phone Number: ( ) _____

Project Name: _____

_____
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 _____

(SEAL) _____

Personally known _____

or Produced Identification

Type of Identification Produced _____

_____
Signature of Qualifier

Print Name: _____

Sworn to and subscribed before me this ____

day of _____, 20_____

(SEAL) _____

Personally known _____

or Produced Identification

Type of Identification Produced _____

_____

Official's Approval Signature