



**TOWN OF MEDLEY**

**BUILDING DEPARTMENT**

7777 NW 72<sup>nd</sup> Avenue

Medley, Florida 33166

Office 305-887.9541 • Fax 305-885-6928

**PERMIT APPLICATIONS**

PLANS REVISIONS  SHOP DRAWINGS

(Select one)

Date:		Additional Value (\$)	
Master Permit #:		Subsidiary Permit #:	
Contractor's Name:			
Project Address:			
Contact Email:		Number of Sheets:	

Trades	Shop Drawings
<input type="checkbox"/> Building <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC / Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Drainage <input type="checkbox"/> Fire Protection / Sprinklers <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Awnings <input type="checkbox"/> Canvas / Canopy <input type="checkbox"/> Exterior Glass / Glazing <input type="checkbox"/> Fence: _____ <input type="checkbox"/> Garage / Overhead doors <input type="checkbox"/> Gates <b>Stairs:</b> <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Tilt Panels <input type="checkbox"/> Railings <input type="checkbox"/> Storm Shutters <input type="checkbox"/> Structural Steel <b>Trusses:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____

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

**AFFIDAVIT**

X \_\_\_\_\_  
 Signature of Property Owner/Authorized Agent  
 STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

NOTARY SEAL

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: \_\_\_\_\_  
 \_\_\_\_\_ Notary Name \_\_\_\_\_ Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
 (Type / Print qualifier Name)

**(NOTARY'S SIGNATURE)** \_\_\_\_\_  
 (Print, Type or Stamp Notary's Name)

**AFFIDAVIT**

X \_\_\_\_\_  
 Signature of Qualifier  
 STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

NOTARY SEAL

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: \_\_\_\_\_  
 \_\_\_\_\_ Notary Name \_\_\_\_\_ Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
 (Type / Print qualifier Name)

**(NOTARY'S SIGNATURE)** \_\_\_\_\_  
 (Print, Type or Stamp Notary's Name)