



# Town of Cutler Bay

Building Department  
 10720 Caribbean Blvd., Suite 110  
 Cutler Bay, Florida 33189  
 Tel:(305)234-4193 Fax (305)234-5873

## PERMIT APPLICATION

Permit No.  
 Master Permit:

Job Address:

Unit No.

### 1. Owner Information

Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Owner Builder \_\_\_\_\_ Yes \_\_\_\_\_ No

### 2. Contractor Information

Company Name: \_\_\_\_\_  
 Qualifier Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 License No. \_\_\_\_\_

### 3. Permit Type: (Check One Only)

- BUILDING
- ELECTRICAL
- MECHANICAL
- PLUMBING/GAS
- PAVING/DRAINAGE
- ROOFING
- PUBLIC WORKS
- CHANGE CONTRACTOR
- EXTENSION
- RENEWAL
- SHOP DRAWING
- SIGN
- ZONING
- OTHER

### 4. Type of Improvement: (Check One Only)

- NEW CONSTRUCTION
- ADDITION DETACHED
- ALTERATION EXTERIOR
- ADDITION ATTACHED
- ALTERATION INTERIOR
- REPAIR/REPLACE

### 5. Architect/Engineer:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Estimated Value: \_\_\_\_\_  
 Square Footage: \_\_\_\_\_

### 6. Legal/Use/Work:

Folio No: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ PB/PG: \_\_\_\_\_  
 Current Use of Property: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 Work Classification: \_\_\_\_\_  
 Residential \_\_\_\_\_ Multi-Family \_\_\_\_\_ Commercial \_\_\_\_\_

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification. **WARNING TO OWNER:** Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your attorney or lender before recording your notice of commencement. **Owner/Contractor Affidavit:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

### Signature of Owner or Authorized Agent

Print Name \_\_\_\_\_  
 State of Florida, Miami-Dade County  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.  
 By \_\_\_\_\_ (Seal)  
 Personally known or ID \_\_\_\_\_

### Signature of Qualifier

Print Name \_\_\_\_\_  
 State of Florida, Miami-Dade County  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.  
 By \_\_\_\_\_ (Seal)  
 Personally known or ID \_\_\_\_\_

**NOTICE:** In addition to the requirements of this permit, there may be additional deed restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as Water Management Districts, state agencies or federal agencies.

DISCIPLINE	APPROVED		DATE	DISAPPROVED		DATE	ZONING/PW FEES	FEES \$	(v)
Zoning									
Building									
Fire									
Structural									
Electrical									
Mechanical									
Plumbing									
Roofing									
P/Works									
Flood									
							(# )Violation		
Plans out	Date	Clerk	Check -in	Date	Clerk		Base Permit		
							State Radon		
							Code Compliance		
							(% Concurrency)		
							<b>Total</b>		

Issuing Clerk:

Date: