

TOWN OF BAY HARBOR ISLANDS

9665 Bay Harbor Terrace, Bay Harbor Islands, FL 33154

Tel.: 305-993-1786 Fax: 305-861-1130

PERMIT APPLICATION

INSTRUCTIONS - The following steps must be taken to obtain a permit from the Town of Bay Harbor Islands.

- Step 1. Complete the attached permit application which must be signed by the property owner and qualifier. Both signatures must be notarized. Please print or type to allow for a more accurate processing of your application. All permits/plans must be dropped off and may take up to 15 working days to be processed. Building Department hours of operation are Monday - Friday from 8:00 a.m. 3:30 p.m.
- Step 2. Submit the completed application with all necessary documents to the Building, Planning and Zoning Department for processing. During the processing of your application, you may be asked to submit additional information.

APPLICATION

| | | |
|---------------------------|---------|---------------------------------------|
| JOB ADDRESS: | UNIT #: | PROCESS NUMBER: |
| FOLIO NUMBER: | | |
| LOT: | BLOCK: | TOWN OF BAY HARBOR ISLANDS PB 46 PG 5 |
| MASTER PERMIT # | | |
| PROPOSED USE OF PROPERTY: | | CURRENT USE OF PROPERTY: |
| TENANT INFORMATION: | | |
| JOB COST: | | SQUARE FOOTAGE: |
| DESCRIPTION OF WORK: | | |

| PERMIT TYPE (✓) | |
|-----------------|--------------------------|
| Building | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> |
| Mechanical | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> |
| LPGX | <input type="checkbox"/> |
| Roofing | <input type="checkbox"/> |
| Fence | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

| PERMIT CHANGE (✓) | |
|-------------------|--------------------------|
| Chg. Contractor | <input type="checkbox"/> |
| Renewal | <input type="checkbox"/> |
| Revision | <input type="checkbox"/> |
| Extension | <input type="checkbox"/> |
| Supplement | <input type="checkbox"/> |
| Reinspection | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

| TYPE OF IMPROVEMENT (✓) | | | |
|-------------------------|--------------------------|------------------|--------------------------|
| New Construction | <input type="checkbox"/> | Enclosure | <input type="checkbox"/> |
| Alteration Exterior | <input type="checkbox"/> | Repair | <input type="checkbox"/> |
| Alteration Interior | <input type="checkbox"/> | Demolish | <input type="checkbox"/> |
| Relocation of Structure | <input type="checkbox"/> | Shell Only | <input type="checkbox"/> |
| Foundation Only | <input type="checkbox"/> | Add'l Attachment | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | Add'l Detachment | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | | <input type="checkbox"/> |

| | |
|-----------------------|--------------|
| PROPERTY OWNER | |
| Name: | |
| Address: | |
| Home Telephone: | Work Number: |

| | |
|---------------------|--|
| ENGINEER | |
| Name: | |
| License No.: | |
| Address: | |
| Business Telephone: | |
| Fax: | |

| | | |
|-----------------------------------|--------|-----------|
| CONT. REGISTRATION # CONT- | | |
| Company Name: | | |
| Qualifier Name: | | |
| License No.: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone: | Fax: | |
| Email Address: | | |
| Contact Person/Permit Expediter: | | |

| | |
|------------------|------|
| ARCHITECT | |
| Company Name: | |
| License No.: | |
| Address: | |
| Telephone: | Fax: |

IMPORTANT NOTICES

1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. Applying for a permit does not grant the right to begin construction. HOURS OF CONSTRUCTION are limited to: Monday through Saturday from 8:00 a.m. to 6:00 p.m. No inspections will be conducted on weekends and holidays.
2. All construction of demolition areas MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION free from construction debris.
3. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
4. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
5. Construction trailers are prohibited on single family residential construction sites. Other construction may have a trailer, which requires a separate permit.
6. PORTABLE TOILETS for a construction site require a separate permit and must be screened from view.
7. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS without approval from the Building Department.
8. EQUIPMENT AND MATERIALS SHALL BE STORED at least 10 feet from the edge of pavement.

AFFIDAVIT - Please read carefully

Application is hereby made to obtain a permit to do work and installation as indicated. I, the OWNER of the property, certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL, WINDOW, FENCE, DRIVEWAY, ROOFING, SHUTTERS and SIGNS. There may be additional permits required from other governmental agencies.

I, the OWNER of the property, have disclosed all information related to any work at the property performed in the prior twelve months to the Building Official. Further, I am fully aware that if the cumulative cost of work to my home or business under this and any other permit equals or exceeds fifty percent (50%) of the fair market value of the structure, the entire structure must meet the present federal flood criteria for finished floor elevation. I am also fully aware that if the total cost of work to my home or business under this and any other permit exceeds fifty percent (50%) of the replacement cost of the structure, then the entire structure must conform to the current code requirements of the Florida Building Code.

WARNING TO OWNER: Your failure to record a NOTICE OF COMMENCEMENT may result in your paying twice for improvements to your property. If you are spending more than \$2,500 or intend to obtain financing, you may wish to consult with your attorney or lender before recording your Notice of Commencement. The Notice of Commencement must be recorded with the Clerk of Courts, for additional information please call 305-372-7777. Once recorded, the Notice of Commencement must be POSTED AT THE JOB SITE in accordance with Section 713.35 of Florida Statutes.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Signature of Owner

Signature of Contractor Qualifier

Print Name

Print Name

Sworn to and subscribed before me this ____ Day of _____, _____

Sworn to and subscribed before me this ____ Day of _____, _____

Signature of Notary Public-State of Florida

Signature of Notary Public-State of Florida

SEAL:

SEAL:

Personally known OR, Produced Identification

Personally known OR, Produced Identification

Type of Identification Produced: _____

Type of Identification Produced: _____

INSTRUCTIONS: Please indicate the type of work being performed and quantity(ies) in the space provided below.

| ELECTRICAL | | | | | | | |
|-------------------|------|-----------------------|------|-------------------------|------|-------------------------|------|
| Type | Qty. | Type | Qty. | Type | Qty. | Type | Qty. |
| Minimum Fee | | Fixture - Fluorescent | | Motor, Equipment outlet | | Repair Circuits | |
| Air Conditioners | | Fixture - Light | | Special Purpose Outlet | | Service, Number of Amps | |
| Chiller | | Flood Lights | | Outlet | | Signs | |
| Clear Violations | | FPL - Load Control | | Oven | | Space Heater (kw) | |
| Compactor | | Generators, etc. | | Parking Lot Lights | | Spas/Hot Tubs | |
| Deep Freezer | | Heat recovery | | Plugmold/Strip | | Subfeeds, No. Of Amps | |
| Demolition | | Low-volt Burglar | | Posts | | Swim Pool, Commercial | |
| Dishwasher | | Low-volt, Fire | | Range/Range Top | | Swim Pool, Residential | |
| Dryer | | Low-volt, | | Recept. Outlet | | Switchboards | |
| Fan | | Low-volt, Television | | Refrigerator, Comm. | | Temp Serv, Construction | |
| Fire Pump | | Motor, Equipment | | Refrigerator, Domestic | | Temp for Test - 30 days | |
| | | | | Renew - Temp Service | | Utility Wiring | |

| MECHANICAL | | | | | | | |
|--------------------|------|------------------------|------|--------------------------|------|-------------------|------|
| Type | Qty. | Type | Qty. | Type | Qty. | Type | Qty. |
| Minimum Fee | | Condensate Drain | | Heating Strips, each | | Ventilation, Cost | |
| A/C Central, Tons | | Cooling Tower | | Piping, Flammable Liquid | | | |
| A/C Wall/Win, Tons | | Dryer Vents, Number of | | Process/Pressure Piping | | | |
| Air Handler, Tons | | Ductwork, Cost of | | Pressure Vessel | | | |
| Barbecue | | Fireplaces, Number of | | Refrigerator, Tons | | | |
| Bath Fan-Vented, # | | Generator | | Vent Hood, Resident | | | |

| PLUMBING | | | | | | | |
|-----------------|------|-------------------|------|-------------------|------|------------------|------|
| Type | Qty. | Type | Qty. | Type | Qty. | Type | Qty. |
| Minimum Fee | | Demolition | | Sprinkler Pump | | Ice Maker | |
| Supply A/C Well | | Fountain | | Pool Pump Replace | | Indirect Wastes | |
| A/C Condensate | | Filter Replace | | Sump Pump | | Laundry Tray | |
| Discharge Well | | Pool Piping | | Gas - Natural | | Lavatory | |
| Area Drains | | Fire Pump | | Gas - Propane | | Shower | |
| Backflow | | Sprinkler Zones | | Gas - Appliance | | Sink | |
| Roof Drains | | Sprinkler Heads | | Misc. Repairs | | Urinal | |
| Catch Basin | | Sprinkler Repair | | Temporary Toilet | | Vacuum Pump | |
| French Drain | | Supply Well | | Bath Tub | | Water Closet | |
| Soakage Pit | | Sewer Connection | | Bidet | | Water Heater | |
| Grease Trap | | Jockey Pump | | Clothes Washer | | Water Heater New | |
| Interceptor | | Misc. Equipment | | Dental Chair | | Water Re-pipe | |
| Cap Fixture | | Pump and Abandon | | Dishwasher | | Water Service | |
| Cap - Water | | Domestic Pump | | Floor Drain | | | |
| Cap - Sewer | | Re-circulate Pump | | Drinking Fountain | | | |

TO ALL HOMEOWNERS AND/OR CONTRACTORS

Be advised that construction hours are between 8:00 a.m. and 6:00 p.m. Monday through Saturday (excluding holidays)

For all inspections the permits and paperwork (plans, etc.) must be posted at the job site during completion of work. Inspectors must have access to all paper work as they do make notations on the permit and/or permit card. Non-compliance will result in a re-inspection fee being charged (\$55.00). Any inspection requiring a ladder must have an OSHA approved ladder provided at the site.

Inspections are to be scheduled a minimum of 24 hours in advance. Any cancellation must be made by 9:00 a.m. The Building Department is open from 8:00 a.m. to 3:30 p.m. When calling in an inspection have all information ready - permit number, name of owner, address (and any information on how to access building).

BUILDING DEPARTMENT - 305-993-1786 **FAX NUMBER - 305-861-1130**

Electrical, Plumbing and Mechanical inspections are scheduled for:
Monday, Wednesday and Fridays

Building inspection are scheduled for: _____
Monday, Tuesday, Wednesday and Thursdays