The Village of Biscayne Park

600 NE 114th St., Biscayne Park, FL 33161
Telephone: 305-899-8000 Facsimile: 305 891 7241

PERMIT APPLICATION

DATE: _____ JOB ADDRESS: _____

OWNER'S INFO:	CONTRACTOR'S INFO:
NAME:_____	NAME:_____
ADDRESS:_____	ADDRESS:_____
ZIP CODE:_____CITY:_____ST:_____	ZIP CODE:_____CITY:_____ST:_____
PHONE: _____	PHONE: _____
EMAIL: _____ MUST BE OWNER'S EMAIL. NOT CONTRACTOR OR PERMIT RUNNER	LICENSE #: _____

PERMIT TYPE:

□ BUILDING	□ ELECTRICAL	□ MEHCANICAL	□PLUMBING	□ DEMOLITION
□ DRIVEWAY	□ DUMPSTER	□ FENCE	□ POOL/SPA	□GUTTER
□ ROOF	□ WINDOWS/DOORS	□ SHOP DRAWING	□OTHER	

TYPE OF WORK: (CHECK ONLY *ONE*)

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

FOR PROJECTS USE COST AFFIDAVIT TO BREAK DOWN COSTS*

TOTAL JOB VALUE	SQ FT

Description of Work: _____

Application is hereby made to obtain a permit to do the work and installations 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, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X_____

Signature of Property Owner or Agent

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to (or affirmed) and subscribed before me this _____day of_____, 20_____by

(Type / Print Property Owner or Agent Name)

_____

NOTARY'S SIGNATURE as to Owner or Agent's Signature Notary Name

_____

(Print, Type or Stamp Notary's Name) Personally Known _ or Identification ____Type of Identification Produced -

_____

X_____

Signature of Qualifier

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to (or affirmed) and subscribed before me this day of_____, 20_____by

_____

(Type / Print Qualifier's Name)

_____

NOTARY'S SIGNATURE as to Qualifier's Signature Notary Name

_____

(Print, Type or Stamp Notary's Name) Personally Known or Identification ____Type of Identification Produced

_____

OPTIONAL: I hereby waive the processing timeframes established in F.S. 553-792

Owner Signature: _____

PLANNING & ZONING BOARD REVIEW
DATE: _____
□ APPROVED
□ DENIED
BY: _____

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Website: www.biscayneparkfl.gov

CONSTRUCTION COST AFFIDAVIT

I _____, acting as agent (owner, registered agent, or legal representative) and I (general contractor/ sub-contractor), _____ do hereby attest that the construction costs indicated herein for **Permit Number** _____ at property address _____ are accurate for this construction project.

PROJECT Total Value: **$** _____
(MUST INCLUDE: Labor/Materials/Finishes/Fixtures/Profits)
Building cost (excludes roofing, windows, doors, railings, other, and MEP)$: _____

Stand alone and sub-permits

Roofing $: _____ Windows/Doors $: _____ Railings $: _____

Electrical $: _____ Mechanical $: _____ Plumbing $: _____

Other $: _____ Job Description: _____

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as porvided in s. 775.085, s. 775.083, or s. 775.084.

Registered Owner/Agent: _____
Signature of Owner/Agent: _____
The foregoing instrument was acknowledged before me, **by means of**

☐ **physical presence or** ☐ **online notarization,**

this _____ day of _____, 20_____

by _____, who is personally known to me or

who has produced _____
as identification

Notary Public, State of _____

County of _____

_____
Notary Signature

Stamp:

Registered Contractor: _____
Signature of Qualifier: _____
the foregoing instrument was acknowledged before me, **by means of**

☐ **physical presence or** ☐ **online notarization,**

this _____ day of _____, 20_____

by _____, who is personally known to me or

who has produced _____
as identification.

Notary Public, State of _____

County of _____

_____
Notary Signature

Stamp: