



Town of Bay Harbor Islands
 Building Department
 9665 Bay Harbor Terrace, 2nd Floor
 Bay Harbor Islands, Florida 33154
 Tel: (305) 993-1786 Fax: (305) 861-1130

OFFICE USE ONLY	
<input type="checkbox"/> Master	<input type="checkbox"/> Sub
Process No. _____	
Date Submitted _____	
Type Code _____	
Permit Clerk _____	

Location of Improvements

Owner Information

Job Address		Name	
Folio Number	Master Permit No.	Address	
Lot	Block	Telephone Number	Fax Number
Current Use of Property	Proposed Use Of Property	Proposed Use of Property	

Contractor Information

Company Name	Qualifiers' Name	Complete Address		
License Number	E-Mail Address	Phone Number	Fax Number	

Type of Improvement

Description of Work (BE SPECIFIC)

Zoning Designation	Value of all Work	Type of Construction:	No. of Units	Group Occ.
Square Feet	Linear Feet	Gallons	No. of Floors	Bldg. Height

Check all the items below that apply (PERMIT WILL COVER CHECKED ITEMS ONLY)

				Permit Type	Change to Existing Permit
<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Screen Enclosure	<input type="checkbox"/> Shell Only	<input type="checkbox"/> Signs	<input type="checkbox"/> Building	<input type="checkbox"/> Change Contractor
<input type="checkbox"/> Alteration, Interior	<input type="checkbox"/> Repair	<input type="checkbox"/> Addition Attached	<input type="checkbox"/> Roofing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Revision
<input type="checkbox"/> Alteration, Exterior	<input type="checkbox"/> Demolition	<input type="checkbox"/> Addition Detached	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Extension
<input type="checkbox"/> Emergency Generator:	<input type="checkbox"/> Shed/Prefab	<input type="checkbox"/> Awning/Canopy	<input type="checkbox"/> Hurricane Shutters	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Upgrade
	<input type="checkbox"/> Seawall	<input type="checkbox"/> Fencing	<input type="checkbox"/> Doors and Windows	<input type="checkbox"/> Public Works	<input type="checkbox"/> Supplement
			<input type="checkbox"/> Shop Drawing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Re-inspection
					<input type="checkbox"/> Permit Renewal

Architect/ Engineer Information

Flood Criteria

Name	Flood Zone	F.B.E.	Panel	Map No.	Date
Address	Improvement Ratio			Zip	
Telephone ()	Fax ()		Certification No.		

Affidavits – Please read carefully

Warning to Owner: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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 ATTORNEY OR LENDER BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Reminder: "The issuance of the permit does not relieve the property owner from obtaining homeowner/condominium association's approval (if applicable) prior to beginning any work and in no way authorizes work that is in violation of any association's rule or regulation"

Owner's Affidavit: I, the owner of the property, have disclosed all information regarding any work at the property performed in the prior 12 months to the Building Official. I understand that if the cumulative cost of the work to my home or business under this and any other permit meets the following criteria:

- equals or exceeds 50% of the fair market value of the structure, the entire structure must meet the present federal flood criteria for finished floor elevation.
- equals or exceeds 50% of the replacement cost of the structure, then the entire structure must conform to the current code requirements of the Florida Building Code.

I certify that all of the foregoing information is accurate and that all work will be done in compliance with the applicable laws regulating construction and zoning. I certify that I am the owner of the property described in this application and that the qualifier for the contracting firm listed on this form is authorized to act as my agent to obtain a building permit for the work described herein.

Qualifier's Affidavit: Application is hereby made to obtain a permit to do work and installation as indicated on this form. I 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 and SIGNS WORK; and that additional permits may be required by other governmental agencies.

Notarized Signature of Property Owner or Authorized Agent		Notarized Signature of Qualifier	
<input checked="" type="checkbox"/> Signature of Property Owner or Authorized Agent:		<input checked="" type="checkbox"/> Signature of Qualifier	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____		Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____	
Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification		Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification	
Type of Identification (if any) _____		Type of Identification (if any) _____	
Notary Public	Notary Stamp	Notary Public	Notary Stamp
My Commission Expires		My Commission Expires	