

Miami Shores Village Building Department

10050 N.E.2nd Avenue, Miami Shores, Florida 33138
Tel: (305) 795-2204 Fax: (305) 756-8972
INSPECTION LINE PHONE NUMBER: (305) 762-4949

FBC 20

BUILDING PERMIT APPLICATION

Master Permit No. _____

Sub Permit No. _____

- BUILDING ELECTRIC ROOFING REVISION EXTENSION RENEWAL
 PLUMBING MECHANICAL CHANGE OF CONTRACTOR CANCELLATION SHOP DRAWINGS

JOB ADDRESS: _____

City: _____ Miami Shores County: _____ Miami Dade Zip: _____

Folio/Parcel#: _____ Is the Building Historically Designated: Yes _____ NO _____

Occupancy Type: _____ Load: _____ Construction Type: _____ Flood Zone: _____ BFE: _____ FFE: _____

OWNER: Name (Fee Simple Titleholder): _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Tenant/Lessee Name: _____ Phone#: _____

Email: _____

CONTRACTOR: Company Name: _____ Phone#: _____

Address: _____

Email: _____

Qualifier Name: _____ Phone#: _____

State Certification or Registration #: _____ Certificate of Competency #: _____

DESIGNER: Architect/Engineer: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Value of Work for this Permit: \$ _____ Square/Linear Footage of Work: _____

Type of Work: Addition Alteration New Repair/Replace Demolition

Description of Work: _____

Specify color of color thru tile: _____

Submittal Fee \$ _____ Permit Fee \$ _____ CCF \$ _____ CO/CC \$ _____

Scanning Fee \$ _____ DCA Fee \$ _____ DBPR \$ _____ Notary \$ _____

Technology Fee \$ _____ Training/Education Fee \$ _____ Double Fee \$ _____

Structural Reviews \$ _____ P&Z Review \$ _____ Bond \$ _____

TOTAL FEE NOW DUE \$ _____

Bonding Company's Name (if applicable) _____

Bonding Company's Address _____

City _____ State _____ Zip _____

Mortgage Lender's Name (if applicable) _____

Mortgage Lender's Address _____

City _____ State _____ Zip _____

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 ELECTRIC, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.”

Notice to Applicant: As a condition to the issuance of a building permit with an estimated value exceeding \$2500, the applicant must promise in good faith that a copy of the notice of commencement and construction lien law brochure will be delivered to the person whose property is subject to attachment. Also, a certified copy of the recorded notice of commencement must be posted at the job site for the first inspection which occurs seven (7) days after the building permit is issued. In the absence of such posted notice, the inspection will not be approved and a reinspection fee will be charged.

Signature _____

OWNER or AGENT

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

Sign: _____

Print: _____

Seal:

Signature _____

CONTRACTOR

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

Sign: _____

Print: _____

Seal:

APPROVED BY _____ Plans Examiner _____ Zoning

_____ Structural Review _____ Clerk



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AIR CONDITIONING REPLACEMENT DATA

PERMIT NUMBER: MC _____

This form must accompany ALL air conditioning replacement permit applications. Each unit change-out must be on its own data sheet. Multiple units on single sheets are not acceptable.

Job Address (where the work is being done): _____

City: Miami Shores Village County: Miami Dade Zip Code: _____

ALL CONDENSING UNITS MUST BE ON A 4 INCH SOLID CONCRETE SLAB
ALL UNITS MUST COMPLY WITH F.E.M.A MINIMUM FLOOD ELEVATION
A COPY OF THE CONTRACT IS REQUIRED WITH ALL SUBMITALS
AHRI DATA SHEET REQUIRED

Change disconnecting means: YES NO ARHI Sheet Attached: YES NO Contract Attached: YES

UNIT BEING REPLACED	DATA	NEW UNIT
	MANUFACTURER	
	AHU or PKG. UNIT MODEL #	
	COND. UNIT MODEL #	
	KW HEAT	
	NOM TONS	
AHU CU PKG	1) M.C.A	AHU CU PKG
AHU CU PKG	2) M.O.P	AHU CU PKG
AHU CU PKG	3) VOLTS	AHU CU PKG
PKG UNIT / /		PKG UNIT / /
	EER/SEER	
YES NO	REPLACING DUCTS	YES NO
YES NO	REPLACING THERMOSTAT	YES NO
YES NO	NEW 4" CONCRETE SLAB	YES NO
YES NO	NEW ROOF STAND	YES NO
YES NO	NEW RETURN PLENUM BOX	YES NO

1. Minimum Circuit Ampacity (Wire Size): _____
2. Maximum Overcurrent Protection (Fuse/Breaker Size): _____
3. Voltage of Circuit (208/240/480): _____
4. Size Disconnecting Means: _____

Contractor's Company Name: _____ Phone: _____

State Certificate or Registration No. _____ Certificate of Competency No. _____

Signature _____ Date: _____

(Qualifier's signature)



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305-795-2204 www.msvfl.gov

AIR-CONDITIONING EMERGENCY REPLACEMENT FORM

The State of Florida's Building code Sec. 105.2.1 allows contractors to replace equipment in an emergency situation and submit the permit application the following business day without penalty.

PROCEDURE:

A contractor replacing an air-conditioning system in an emergency must first call the Building Department or complete the attached form and submit to a Permit Technician or email to: inspections@msvfl.gov.

Once the form has been completed and submitted to the Building Department, the contractor can then proceed with the replacement process.

The permit application must be submitted the next business day after the completion of the replacement has been made with the following supporting documentation:

- Air-conditioning replacement data sheet [two (2) copies]
- Engineered anchoring detail.
- NOA FBCM-301.15 or wind load calculation with anchoring detail unit to curb, slab, or stand and unit paneling.

A contractor who fails to contact the Building or Mechanical Department prior to replacing an air conditioning system and performs the work without a permit will be subject to a permit fee of two (2) times the current fee.

CONTRACTOR INFORMATION

Company Name _____ Contact

Person _____ Phone

Number _____

ADDRESS WHERE AIR CONDITIONING IS BEING REPLACED

Address _____

Suite/apt# _____ Zip Code _____