

Development Services Department  
 405 Biltmore Way, Third Floor  
 Coral Gables, Florida 33134  
 Tel: 305-460-5235  
 Fax: 305-460-5261  
 www.coralgables.com



**CITY OF CORAL GABLES**  
**DEVELOPMENT SERVICES DEPARTMENT**

**Permit Application**

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date:	<b>Permit Type:</b> <input checked="" type="checkbox"/>	Master Permit #:
<b>Permit Change:</b> <input checked="" type="checkbox"/>	Building <input type="checkbox"/>	Sub Permit #:
Change of Contractor	Electrical <input type="checkbox"/>	<b>Project Information:</b> <input checked="" type="checkbox"/>
Permit Extension	Mechanical <input type="checkbox"/>	Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>
Permit Renewal	Plumbing <input type="checkbox"/>	Linear Feet: <input checked="" type="checkbox"/>
Permit Revision	Misc. <input type="checkbox"/>	Square Feet: <input checked="" type="checkbox"/>
Permit Supplement	App. <input type="checkbox"/> Date: _____	Cost of Work: <input checked="" type="checkbox"/>

**DESCRIPTION OF WORK (PRINT):**


**JOB ADDRESS:**

Folio #:
Lot: _____ Block: _____
Subdivision: _____
Plat book: _____ Page: _____

**PROPERTY OWNER:**

Name:
Address:
City/State/Zip:
Telephone No.:

**CONTRACTOR COMPANY NAME:**

Address:
City/State/Zip:
License No.: _____ Telephone No.: _____

**ARCHITECT:**

Name:
Address:

**ENGINEER:**

Name:
Address:

**BONDING:**

Name:
Address:

**MORTGAGE LENDER:**

Name:
Address:

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. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

Signature of Owner \_\_\_\_\_  
 Owner's Name (Print): \_\_\_\_\_

Signature of Qualifier \_\_\_\_\_  
 Qualifier's Name (Print): \_\_\_\_\_

STATE OF FLORIDA )
ss
COUNTY OF MIAMI-DADE )
Sworn to or affirmed and subscribed before me this _____ day of _____, in the year 20____
by _____ who has taken an oath and is
personally known to me or has produced _____
as identification.
My Commission Expires:
_____ Notary Public

STATE OF FLORIDA )
ss
COUNTY OF MIAMI-DADE )
Sworn to or affirmed and subscribed before me this _____ day of _____, in the year 20____
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