Property Address:

BAL HARBOUR
FLORIDA'S PARADISE

Building and Zoning Department
Permit Application Submittal Checklist

- ☐ Permit Application
  - ☐ Owner Info.
  - ☐ Folio Number
  - ☐ Contractor Info.
  - ☐ Architect Info.
  - ☐ Engineer Info.
  - ☐ New Application
  - ☐ Description of Work
  - ☐ Owner/Lessee Signatures notarized and original
  - ☐ Qualifier Signature notarized and original
- ☐ Proof of Ownership
  - ☐ Recorded Warranty Deed
  - ☐ Article of Incorporation listing managing members/officers/directors or State of Florida Annual Corporate report filed with the Division of Corporations
  - ☐ Original Power of Attorney

  Note: Only managing members/officers/directors are authorized to sign the permit application
- ☐ Contractor Information
  - ☐ Liability Insurance
  - ☐ Workman's Compensation Insurance of State of Florida Exemption
  - ☐ State License
  - ☐ Certificate of Competency
  - ☐ Local Business Tax License
  - ☐ Municipal Contractor Occupational License
  - ☐ Expired Permits – No permits shall be issued if contractor has expired permits.

  Note: Insurance certificates must be addressed to the Village of Bal Harbour with correct address.
- ☐ Property Information
  - ☐ Violations on Property – No permits shall be issued.
  - ☐ Expired Permits on Property – No permits shall be issued.
- ☐ Plans
  - ☐ Two sets
- ☐ Construction contract signed by Owner and Contractor
- ☐ Hold Harmless – Electrical permits for Temporary Service for Test
- ☐ Change of Architect/Change of Engineer – Hold harmless for Change of Architect/Engineer received.

Bal Harbour Village Hall • 655 96th Street, Bal Harbour • FL 33154 • Phone: 305-865-7525 • Fax: 305-868-0141

BAL HARBOUR
FLORIDA'S PARADISE

PERMIT APPLICATION

MASTER PERMIT #:		**SUBSIDIARY PERMIT #:**	
Owner's Name		Tax Folio #	
Owner's Address		Telephone	
Contractor/Company		Telephone	
Contractor's Address			
Qualifier's Name		State License #	
Job Address			
Architect/Engineer		Telephone	
Mailing Address			

PERMIT CATEGORY	BUILDING ☐	ROOF ☐	ELECTRIC ☐	MECHANICAL ☐	PLUMBING ☐

Present Use of Property		Proposed Use	
Square Footage/Dimensions		Units/Dimensions	
Value of New Work		ExistingBuilding Value	

I HEREBY MAKE THIS APPLICATION FOR THE FOLLOWING WORK (Be Specific):

FEE CALCULATION

SQUARE FEET X 1% =	$	Minimum New Construction Cost or Job Value
JOB VALUE X 1% =	$	B.H. Permit Fee (minimum $100.00)
JOB VALUE X .60 PER $1000.00 =	$	Code Compliance Fee
ENGINEER REVIEW =	$	(Leaveblank for processor)
RADON GAS =	$	(Leaveblank for processor)
DOUBLE PERMIT FEE =	$	(Leaveblank for processor)
TOTAL =	$	

BAL HARBOUR
FLORIDA'S PARADISE

NOTICES

1. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of laws regulating construction in this jurisdiction. I UNDERSTAND THAT SEPARTE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, AND ROOFING WORK, AND THAT ADDITIONAL PERMITS MAY BE REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.

2. You must record a "Notice of Commencement" with Metropolitan Dade County. Failure to do so may result in you paying twice for improvements to your property.

   A "Notice of Commencement" shall be filed, and posted at the building site, in accordance with Section 713.35 of the Florida Statues. If you are planning to spend more than $2500 on building or improvement, you may wish to consult an attorney before recording your notice of commencement.

3. Do not begin any work until you have received your validated permit and permit card. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION.

4. The owner of the above property shall provide disclosure to the Building Official of any work done at the property in the prior twelve months. Further, I am fully aware that if the cumulative cost of all repairs to my home or business under this and any other permit issued in the last five years equals or exceeds fifty percent (50%) of the FAIR MARKET VALUE of said structure then the entire building must meet the present federal flood criteria for finished floor elevation. Further, I am fully aware that if the total cost of all repairs exceeds fifty percent (50%) of the REPLACEMENT COST of said structure, then the entire structure must conform to the current code provisions of the Florida Building Code.

5. Portable toilets for a construction site require a separate permit.

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 regulation construction and zoning. Furthermore, I authorize the above named Contractor to do the work stated.

BOTH NOTARIZED SIGNATURES ARE REQUIRED PRIOR TO PROCESSING PERMIT APPLICATION. (PLEASE READ ABOVE NOTICES FOR IMPORTANT INFORMATION.)

Signature of Owner/Agent	Signature of Qualifier
Print Name	Print Name
Date	Date
Notary (as to Owner)	Notary (as to Qualifier)
Commission Expires:	Commission Expires:

NOTE: ONCE A MASTER PERMIT HAS BEEN OBATINED THE OWNER'S SIGNATURE IS NOT REQUIRED ON SUBSEQUENT APPLICATIONS

Permit applications/Permits Issued
8:00 am – 4:00 pm
Monday – Friday

Inspection Requests Accepted Daily by Building Dept.
Inspection Performed Within Two Business Days
(One Business Day Notice Required)

BAL HARBOUR
FLORIDA'S PARADISE

IF A MASTER PERMIT HAS BEEN OBATAINED, THE OWNER'S NOTORIZED SIGNATURE NEED NOT BE PRESNET ON SUBSEQUENT APPLICATIONS. AN APPLICATION FOR BUILDING PERMIT MUST ACCOMPANY THIS ADDENDUM.

Electrical		Mechanical		Plumbing	
Item	Units	Item	Units	Item	Units
Air Conditioners		A/C Window		Area Drain	
Antenna/Cable		Above Ground Tanks		Backflow Device	
Appliance Outlets		Central Heating		Bath Tub	
Burglar Alarm		Cooling Towers		Bidet	
Master		Duct Work		Catch Basin	
Devices		Elevators/Escalators		Clothes Washer	
Prewire		Fireplace		Discharge Well	
Fixtures		Fire Sprinkler System		Drinking Fountain	
Generators/Transformers		Hot Water Boilers		Fire Standpipe	
Light Outlets		Mechanical Ventilation		Floor Drain	
Motors, H.P.		Procs. & Press Piping		Gas Range	
Oven		Refrigeration		Gas Piping	
Pool/Spa – Commercial		Space Heaters		Grease Trap	
Pool/Spa – Residential		Steam Generator		Indirect Waste Water	
Range Top		Steam Boilers		Interceptor	
Receptacles		Transporting Assembly		Laundry Tray	
Service – Temporary		U.F. PRSRE Vessel		Lavatory	
Service Size, In Amps		Underground Tanks		Lawn Sprinkler System	
Service Repair, MTR				Meter Set (Gas)	
Sign Time Clock				Pool Piping	
Signs, Square Feet				Roof Inlet	
Special Purpose				Sewer Connections	
Strip Heater, K.W.				Shower	
Switch Outlets				Sink Pot/3 Comp	
Water Heater				Sink Residence	
				Sink Slop	
				Soakage Pit (CU. FT.)	
				Solar water heater	
				Temp. Water Closet	
				Urinal	
				Utility – Tank	
				Utility – Sewer	
				Water Closet	
				Water Piping	
				Water Supply To:	
				A/C Condensate Drain	
				Fire Sprinkler	
				Fountain	
				HTR – Replacement	
				HTR – New Installation	
				Water Service	

NO GARBAGE DISPOSALS ALLOWED

BAL HARBOUR
FLORIDA'S PARADISE

BUILDING DEPARTMENT
REQUIREMENTS TO ISSUE A PERMIT

LICENSES

STATE LICENSE OR DADE COUNTY LICENSE WITH CC#

AND

IF STATE CERTIFIED, NEED OCCUPATIONAL LICENSE FROM COUNTY OR CITY WHERE THE COMPANY OFFICE IS LOCATED

IF STATE REGISTERED, OR IF REGISTERED WITH DADE COUNTY
NEED MUNICIPAL CONTRACTOR'S OCCUPATIONAL LICENSE FROM DADE COUNTY

INSURACE

NEED CERTIFICATE OF INSURANCE WITH THE NAME OF YOUR COMPANY LISTED AS THE NAMED INSURED, AND **WITH BAL HARBOUR VILLAGE, 655-96TH ST, BAL HARBOUR, FL 33154 AS THE CERTIFICATE HOLDER.**

AND PROOF OF

GENERAL LIABILITY

WORKERS COMPENSATION (IF EXEMPT, MUST HAVE EXEMPT FORM FROM THE STATE STAMPED "PURGED" AND SHOWING THE EFFECTIVE AND EXPIRATION DATES)

CHECK ALL LICENSES AND INSURANCE FOR VALID EFFECTIVE DATES
MAKE A COPY OF ALL DOCUMENTS FOR
THE BUILDING DEPARTMENT.

BAL HARBOUR

Bal Harbour Building Department
655 96th Street
Bal Harbour, FL 33154
Phone: (305)865-7525 Fax: (305)868-0141

Air-Conditioning Replacement Sheet

Address: _____ Process No. _____

Please specify location for the new A/C unit to be install

- ☐ Same location _____
- ☐ Different location _____

EXISTING UNIT TO BE REPLACED

Make: _____
Package Model No. _____
Heat Pump _____

AHU Model No. _____
KW Strip Heat _____

Condensor Model No. _____

PACKAGE

Min. Circuit Amps or Compressor H.P. _____

AHU Min. Circuit Amps _____

Cond. Min. Circuit Amps or H.P. _____

Max Overcurrent Protection: _____

Max. Overcurrent Protection: _____

Max. Overcurrent Protection: _____

ERR: _____

NEW UNIT TO BE INSTALL

Make: _____
Package Model No. _____
Heat Pump _____

AHU Model No. _____
KW Strip Heat _____

Condensor Model No. _____

PACKAGE

Min. Circuit Amps or Compressor H.P. _____

AHU Min. Circuit Amps _____

Cond. Min. Circuit Amps or H.P. _____

Max Overcurrent Protection: _____

Max. Overcurrent Protection: _____

Max. Overcurrent Protection: _____

ERR: _____

1. House service size Amps _____
2. Show wire size _____ (Amp rating) Type _____ (TW or THW)
3. Show size of disconnect switch, circuit breaker, fuse or knife switch _____ Amps
4. Is local disconnect switch within sight or readily accessible? YES or NO

_____ Signature of Qualifier

_____ Certificate #

BAL HARBOUR
FLORIDA'S PARADISE

Issued Permit Number:		
Job Address:		Unit No.
Folio:		
Date Received:		

☐ Certificate of Occupancy

☐ Certificate of Completion

Date:	Occupancy/Use:

Owner Information	Name:		Phone Number:	
	Address:	City	State FL	Zip
	Email Address:			
Contractor Information	Name:		Phone Number:	
	Address:	City	State FL	Zip
	Email Address:			
Contact Person Information	Name:		Phone Number:	
	Email Address:			

Reason for Temporary Certificate of Occupancy, Temporary Certificate of Completion, or Extension request:

Office Use Only	
Approved:	Raul Rodriguez:

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO._____ TAX FOLIO NO._____

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Space above reserved for use of recording office

1. Legal description of property and street/address: _____

2. Description of improvement: _____

3. Owner(s) name and address: _____
Interest in property: _____
Name and address of fee simple titleholder: _____
4. Contractor's name, address and phone number: _____

5. Surety: (Payment bond required by owner from contractor, if any)
Name, address and phone number: _____
Amount of bond $_____
6. Lender's name and address: _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes,
Name, address and phone number: _____

8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Name, address and phone number: _____

9. Expiration date of this Notice of Commencement: _____
(the expiration date is 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13. FLORIDA STATUTES, AND CAN 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.

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager

Prepared By _____ Prepared By _____
Print Name _____ Print Name _____
Title/Office _____ Title/Office _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
The foregoing instrument was acknowledged before me this _____ day of _____, _____
By _____
☐ Individually, or ☐ as _____ for _____
☐ Personally known, or ☐ produced the following type of identification: _____
Signature of Notary Public: _____
Print Name: _____
(SEAL)

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES
Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

Signature(s) of Owner(s) or Owner(s)'s Authorized Officer/Director/Partner/Manager who signed above:

By _____ By _____

CONTRACTOR REGISTRATION

Miami-Dade County Contractors:

a. Certificate of Competency
b. State of Florida Registration (if holding a Master License)
c. Liability and Worker's Compensation Certificate of Insurance, addressed to Bal Harbour Village
d. A copy of the Qualifiers Driver's License.
e. Notarized letter of Authorization of pick up permits on behalf of the qualifier

State Contractors:

a. State License.
b. Liability and Worker's Compensation Certificate of Insurance, addressed to Bal Harbour Village
c. A copy of the Qualifiers Driver's License.

All permit applications require the qualifiers notarized signature.
We will no longer accept faxed licenses; originals must be submitted in person.

_____
Name of the Contracting Firm (PRINT)

Sworn to and subscribed before me this day of _____ 20

_____
Qualifier's Signature

_____
Print or type name of notary

_____
Qualifiers Name (PRINT)

_____
Notary Signature

_____

My Commission Expires:

Business Address (PRINT)

_____

Personally known to me or,

Produced identification, type

Business Phone Number/Cell _____

Business email _____

BAL HARBOUR

- VILLAGE -

AIR-CONDITIONING REPLACEMENT SHEET

Address: _____ Process No. _____

Please specify location for new A/C unit to be installed

- ☐ Same location _____
- ☐ Different location _____

EXISTING UNIT TO BE REPLACED

Make:	Package Model No.:	AHU Model No.:
Condenser Model No.:	Heat Pump:	KW Strip Heat:
PACKAGE		
Min. Circuit Amps Or Compressor H.P.:	AHU Min. Circuit Amps:	Cond. Min. Circuit Amps or H.P.:
Max Overcurrent Protection:	Max Overcurrent Protection:	Max Overcurrent Protection:
ERR:		

NEW UNIT TO BE INSTALLED

Make:	Package Model No.:	AHU Model No.:
Condenser Model No.:	Heat Pump:	KW Strip Heat:
PACKAGE		
Min. Circuit Amps Or Compressor H.P.:	AHU Min. Circuit Amps:	Cond. Min. Circuit Amps or H.P.:
Max Overcurrent Protection:	Max Overcurrent Protection:	Max Overcurrent Protection:
ERR:		

1. House service size Amps _____
2. Show wire size _____ (Amp rating) Type _____ (TW or THW)
3. Show size of disconnect switch, circuit breaker, fuse or knife switch _____ Amps
4. Is local disconnect switch within sight or readily accessible? ☐ YES ☐ NO

_____ _____

Signature of Qualifier Certificate #