



CITY OF WEST MIAMI

Building Department

901 SW 62nd Ave • West Miami, FL 33144 • Ph: (305) 266-4214 • Fax: (305) 266-6574

ZONING IMPROVEMENT PERMIT APPLICATION

(Please fill out completely)

LOCATION OF IMPROVEMENTS	Job Address _____ Folio _____ Lot _____ Block _____ Subdivision _____ PBpg _____ Metes and bounds _____	CONTRACTOR INFORMATION	Contractor No. _____ Last four (4) digits of Qualifier No. _____ Contractor's Name _____ Qualifier Name _____ Address _____ City _____ State _____ Zip _____
PERMIT TYPE	ZONING IMPROVEMENT PERMIT [] 0008 Chickees by Miccoussukee or Seminole Indians [] 0001 Paving, Drainage of Existing Facilities. Estab. landscape, tennis, basketball courts, guardrails and bollards [] 0009 Above Ground Pools [] 0002 Driveway [] 0010 Chain link fence, residential* [] 0002A Circular [] 0011 Picket, Iron, Other Fences Non-Wind Resistant* [] 0003 Interior residential repair *fences with concrete columns require BLDG 18 permit [] 0004 Awnings, Canopies, Fabric Covered Framework, Trellis and Pergola, residential [] 0012 Decorative Pools, Ponds, residential only [] 0005 Exterior Residential repair [] 0013 Paver Driveways or Patios [] 0006 Painting [] 0015 Resurfacing [] 0007 Patio Slab [] 0016 Sealing, stripe painting of existing parking lots [] 0017 Portable Mini Storage [] 0018 Dumpster	CHANGE TO AN EXISTING PERMIT	Current use of property _____ Description of Work _____ Sq. Ft. _____ Unit _____ Floors _____ Value of Work _____ [] Extension [] Chg. Contractor [] Revision [] Reissuance
		OWNER'S NAME	Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ Last four (4) digits of Owner's SSN _____
		ARCHITECT ENGINEER	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
PERSON TO PICK UP PLANS	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	MORTGAGE LENDER	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

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 all laws regulating construction in this jurisdiction.

OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate. I certify that I am not a named violator with unpaid civil penalties; unpaid administrative cost of hearing; unpaid County investigative, enforcement, testing, or monitoring cost; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Signature of Owner or Owner's Agent _____
 PRINT NAME _____
 STATE OF FLORIDA COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____
 day of _____, 20_____,
 by _____
 (SEAL) _____
 Personally known _____
 or Produced Identification _____
 Type of Identification Produced _____

Signature of Qualifier _____
 PRINT NAME _____
 STATE OF FLORIDA COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____
 day of _____, 20_____,
 by _____
 (SEAL) _____
 Personally known _____
 or Produced Identification _____
 Type of Identification Produced _____