

FOR OFFICE USE ONLY

FEES:	PERMIT _____	FILING _____	SA <input type="checkbox"/>	SUB <input type="checkbox"/>	MASTER <input type="checkbox"/>
	BCCO _____	FLDCA _____	Permit # _____		
	DBPR _____	TOTAL: _____			
	OTHER _____				



VILLAGE OF EL PORTAL

500 NE 87th Street
 El Portal, FL 33138
 PHONE 305-795-7880 FAX 305-795-7884

PERMIT APPLICATION

Owner's/Lessee's Name:	Date:
Job Address:	Phone #
Owner's Address: (if different than Job address)	

CONTRACTOR INFORMATION		
Name:	License #	Phone #
Address:	Qualifier's name:	
Work Description:		

Permit Type	BLDG <input type="checkbox"/>	ELEC <input type="checkbox"/>	PLUM <input type="checkbox"/>	MECH <input type="checkbox"/>	POOL <input type="checkbox"/>
AREA		SQ. FT.	Job Value	\$	

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.

Application is hereby made to obtain a permit to do work and installations as indicated above, and on the attached addendum (if applicable). I certify that all work will be performed to meet the standards of the laws regulating construction in this jurisdiction. I understand that separate permits are required for **Windows/Doors, Shop Drawings Electrical, Plumbing, Signs, Pools, Roofing & Mechanical Work.**

OWNER'S AFFIDAVIT: By signing this application, I certify that I am the legal owner of the above mentioned property and that all the information provided herein is accurate and true. Furthermore, I authorize the above named contractor to do the work stated under this application.

NOTARY SEAL AND VERIFICATION

<i>Signature of Owner</i>	<i>Signature of Contractor</i>
x	x

The foregoing instrument was acknowledged before me under oath this ____ day of _____ 20__ by _____ who: () is personally known to me. () has produced a _____ as identification. State of Florida, County of Miami-Dade. NOTARY PUBLIC (SEAL) Notary signature:	The foregoing instrument was acknowledged before me under oath this ____ day of _____ 20__ by _____ who: () is personally known to me. () has produced a _____ as identification. State of Florida, County of Miami-Dade. NOTARY PUBLIC (SEAL) Notary signature:
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CONSTRUCTION COST AFFIDAVIT

I _____, acting as agent (owner, registered agent, or legal representative) and I (general contractor/ sub-contractor), _____ do hereby attest that the construction costs indicated herein for **Permit Number** _____ at property address _____ are accurate for this construction project.

Master Permit Total Value: \$ _____

Building cost (excludes roofing, windows, doors, railings, other, and MEP)\$: _____

Stand alone and sub-permits

Roofing \$: _____ Windows/Doors \$: _____ Railings \$: _____

Electrical \$: _____ Mechanical \$: _____ Plumbing \$: _____

Other \$: _____ Description: _____

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.085, s. 775.083, or s. 775.084.

Registered Owner/Agent: _____

Registered Contractor: _____

Signature of Owner/Agent: _____

Signature of Qualifier: _____

The foregoing instrument was acknowledged before me, **by means of**

the foregoing instrument was acknowledged before me, **by means of**

physical presence or online notarization,

physical presence or online notarization,

this _____ day of _____, 20_____

this _____ day of _____, 20_____

by _____, who is personally known to me or

by _____, who is personally known to me or

who has produced _____
as identification

who has produced _____
as identification.

Notary Public, State of _____

Notary Public, State of _____

County of _____

County of _____

Printed Name and Signature

Printed Name and Signature

Commission Number: _____

Commission Number: _____

Commission Expires: _____

Commission Expires: _____



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PERMIT APPLICATION

TO ALL CONTRACTORS

Listed below are requirements for obtaining permits:

1. Dade County O/L (or wherever business is located)
2. State License
OR
3. Certificate of Competency or Registration
4. Certificate of Insurance
 - A. Worker Compensation
AND
 - B. General Liabilities
5. Complete Set of Plans
6. **PERSONAL/COMPANY CHECKS ARE NOT ACCEPTED. WE ACCEPT ALL MAJOR CREDIT CARDS, MONEY ORDERS/CASHIER CHECK.**

NOTICE TO ALL CONSTRUCTION PLANS APPLICANTS

Certain applications for construction activities within this jurisdiction require other permits from the state for stormwater management purposes.

If your project includes two acres or more of impervious area, you will need an Environmental Resource Permit (ERP). In Miami Dade County, this ERP is issued by the Regulatory and Economic Resources (RER) Division of DERM, unless wetlands are involved. If wetlands are part of the permit, the South Florida Water Management District will review and issue the ERP.

RER can be reached at 305.372.6789.

The South Florida Water Management District can be reached at 800.432.2045

If your project disturbs one or more acres of land, you will need a Construction Generic Permit (CGP) from the State Department of Environmental Protection (DEP). This Permit is part of the rules governing the National Pollutant Discharge Elimination System (NPDES).

DEP can be reached toll free at 866.336.6312.

Email: NPDES-stormwater@dep.state.fl.us

Thank you!