

Tel: 305 899 8000
 Fax: 305 891 7241

VILLAGE OF BISCAYNE PARK
PERMIT APPLICATION

Fees set October 7, 2014



Village of Biscayne Park
 640 NE 114th Street
 Biscayne Park, FL 33161
 building@biscayneparkfl.gov

DATE:

PERMIT #:

JOB ADDRESS:

PROPERTY OWNER INFORMATION	CONTRACTOR INFORMATION
Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ ST _____ Zip: _____	City: _____ ST _____ Zip: _____
Telephone: _____ - _____ - _____	Telephone: _____ - _____ - _____
E-Mail: _____	License No.: _____

PERMIT TYPE (Check ONLY one)	TYPE OF WORK (Check ONLY one)	
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING/GAS <input type="checkbox"/> PAVING/DRAINAGE <input type="checkbox"/> ROOFING	<input type="checkbox"/> CHANGE CONTRACTOR <input type="checkbox"/> EXTENSION <input type="checkbox"/> RENEWAL <input type="checkbox"/> SHOP DRAWING <input type="checkbox"/> PAINTING (exterior only) <input type="checkbox"/> FENCE	ESTIMATED JOB COST SQUARE FOOTAGE
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION DETACHED <input type="checkbox"/> ALTERATION EXTERIOR <input type="checkbox"/> REPAIR / REPLACE <input type="checkbox"/> ALTERATION INTERIOR <input type="checkbox"/> ADDITION ATTACHED		

Architectural plans must be provided in both hard copy and electronic format.

ARCHITECT / ENGINEER INFORMATION	PROPERTY INFORMATION
Name: _____	FOLIO NO: 17 - _____ - _____ - _____
Address: _____	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER: _____
City: _____ ST _____ Zip: _____	
Telephone: _____ - _____ - _____	
License No.: _____	

DESCRIPTION OF WORK

APPLICATION IS HEREBY submitted to obtain a PERMIT to do work and installations as indicated. I certify that no work 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 the Village of Biscayne Park. If work has commenced without such permit, a double fee will be applied to the permit cost. I understand that separate permits must be secured for each permit type. **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. Furthermore, I authorize the above-named contractor to do the work stated. **AGENT'S AFFIDAVIT:** If an agent is representing the owner, a separate affidavit must be completed and attached herewith authorizing this substitution. A tenant can submit on behalf of the owner with a notarized letter of acknowledgement. **WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in paying twice for improvements to your property. If you intend to obtain financing, you must consult with your lender or an attorney BEFORE recording your Notice of Commencement.

Signature of Owner or Agent _____ Date _____ Print Name (Owner or Agent) _____ STATE OF FLORIDA, COUNTY OF _____ Sworn to and subscribed before me this _____ day of _____ 20 _____. NOTARY FOR OWNER OR AGENT ___ Personally Known OR Provided ID _____	Signature of Qualifier _____ Date _____ Print Name (Qualifier) _____ STATE OF FLORIDA, COUNTY OF _____ Sworn to and subscribed before me this _____ day of _____ 20 _____. NOTARY FOR QUALIFIER ___ Personally Known OR Provided ID _____
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PLANNING & ZONING BOARD REVIEW FEE \$25.00 Date: _____, 20 ____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">TOTAL FEE</td> <td style="text-align: center;">Discipline</td> <td style="text-align: center;">AP</td> <td style="text-align: center;">DAP</td> </tr> <tr> <td>Electrical</td> <td></td> <td></td> </tr> <tr> <td>Mechanical</td> <td></td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td></td> </tr> <tr> <td>Roofing</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">\$ _____.</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Bldg Official</td> <td></td> <td></td> </tr> </table>	TOTAL FEE	Discipline	AP	DAP	Electrical			Mechanical			Plumbing			Roofing			\$ _____.					Bldg Official		
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	Mechanical																								
	Plumbing																								
	Roofing																								
\$ _____.																									
	Bldg Official																								

Company Name: _____

Job Site Address: _____

Scope of Work: _____

Electrical Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Plumbing Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Mechanical Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Other Contractor: _____

Address: _____

License Number: _____ Estimated Cost: _____

Phone: _____

E Mail: _____

Qualifier Signature: _____

Print Name: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____; by the above named person who is personally known to me or who has produced _____ as identification who did/did not take an oath .

Notary _____ Public: _____

My Commission Expires: _____

Estimated Construction Value shall be based on actual cost including profit and overhead using recognized construction estimating methods. The Building Official shall, in cases where supplied estimate numbers are deemed to be low, require that a detailed itemized estimate be submitted or he/she can utilize R.S. Means as a recognized estimating method to compile a cost of the construction value for purposes of figuring permit valuation.



Village of Biscayne Park

640 NE 114 STREET
BISCAYNE PARK, FL 33161
PHONE: 305-899-8000 - FAX: 305-891-7241

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

The undersigned Affiant, _____, does hereby attest that the attached survey, performed by _____ performed on _____, is an accurate representation of the existing conditions and locations of all structures on the property as of this date.

The purpose of this affidavit is to induce the Village of Biscayne Park to issue a building permit for the property without first providing a survey less than six (6) months old. The Affiant, as property owner, further agrees to remove or obtain permits for any structure which now may exist on the property which are not permitted or which may violate zoning or building code regulation. The Affiant further understands that the existence of any structure may affect final inspection as applicable to this or other permit.

Further, Affiant sayeth naught,

Affiant/ Property owner

Witness (sign and print)

Witness (sign and print)

Sworn to and subscribed before me his ____ day of _____.

Affiant is ____ personally known to me, ____ produced _____ as identification.

Notary Signature

Notary Seal:



The Village of Biscayne Park

640 NE 114th St., Biscayne Park, FL 33161

Telephone: 305 899 8000 Facsimile: 305 891 7241

IMPERVIOUS & PERVIOUS SPACE CALCULATION

(Not for Driveways)

Type of Improvement: ADDITION POOL DECK/PATIO SLAB

Owner Name: _____

Contractor Name: _____

Job Address: _____

Biscayne Park, FL 33161

	AREA (SQ FT.)
TOTAL LOT AREA	_____
PRIMARY BUILDING (HOUSE)	_____
PORCHES / PATIOS / WALKWAYS / CONCRETE SLABS* <i>*No wood decks.</i>	_____
POOL	_____
OTHER _____	_____

TOTAL IMPERVIOUS AREA: _____

CALCULATION:
TOTAL IMPERVIOUS AREA / TOTAL FRONT
YARD X 100 = IMPERVIOUS PERCENTAGE

Impervious Percentage: _____ %
(Percentage cannot exceed 40%)

Pervious Percentage: _____ %

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.

Property Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____