

CITY OF FLORIDA CITY
 Building and Zoning Department
 404 West Palm Drive Florida City, FL 33034
 305-247-8222

WINDOW PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

<p align="center">Location of Improvements</p> Address _____ Unit _____ Folio _____	<p align="center">Contractor Information</p> Cert.No. _____ Contractor Name _____ Qualifier Name _____ Qualifier SS _____ 999-99- _____ Address _____ City _____ St _____ Zip _____ Phone _____
<p align="center">Use of Property</p> Current Use _____ Description of Work _____ Value of Work _____	<p align="center">Owner Information</p> Name _____ Address _____ City _____ St _____ Zip _____ Phone _____
<p align="center">Architect/ Engineer</p> Name _____ Address _____ City _____ St _____ Zip _____ Phone _____	

Type of Improvements

() New Construction () Alteration Interior () Change of Contractor () Repair () Repair due to Fire () Renewal

Number of Openings

2 copies of an Opening layout must be submitted with the permit application

2 copies of Miami-Dade County Product Approval must be submitted with the permit application

Application is hereby made to obtain a permit to do the 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. I understand that separate permits are required for Building Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other governmental agencies.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for ther improvements to your property. If you intrend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owner's Agent _____ Print Name _____	Signature of Qualifier _____ Print Name _____
Sworn to and subscribed to me this ____ day of _____ 20____ Personally known () Produced Identification () Type of Identification Produced _____	Sworn to and subscribed to me this ____ day of _____ 20____ Personally known () Produced Identification () Type of Identification Produced _____