

CITY OF Opa-locka

BUILDING DEPARTMENT
780 Fisherman St
Opa-locka, FL 33054
Office: 305-953-2868

www.opalockafl.gov



Date: _____ Clerk: _____

Master Permit _____

Sub-Permit _____

JOB ADDRESS _____

PERMIT APPLICATION

1. OWNER INFORMATION	Owner _____ Address _____ City _____ ST _____ Zip _____ Driver License No. /I.D. _____ Phone No. _____			2. CONTRACTOR INFORMATION	Company Name _____ Qualifier Name _____ Address _____ City _____ ST _____ Zip _____ Lic. No. _____ Phone No. _____		
3. PERMIT TYPE	Choose only One <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Sign <input type="checkbox"/> Roofing	4. CHANGE TO AN EXISTING PERMIT	Choose only One <input type="checkbox"/> Change Contractor <input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Lost Plans	5. TYPE OF IMPROVEMENT	Choose only One <input type="checkbox"/> New Construction <input type="checkbox"/> Addition Attached <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolition/Partial <input type="checkbox"/> Re-roof <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Shutters <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other: _____		
6. ARCHITECT/ENGINEER INFO	Name _____ Address _____ City _____ ST _____ Zip Code _____ Lic. No. _____ Discipline _____ Phone No. _____			8. LEGAL/USE/WORK VALUE	Folio No. 08- _____ No. of Units _____ Lot Block Subdivision _____ Current Use of Property _____ Description of Work _____ Square FT. _____ Linear FT. _____ Work Value _____ Building Value _____ Flood Zone _____ Base Flood Elevation _____		
7. CONTACT	Name _____ E-mail _____ Phone No. _____						

Application is hereby made to obtain a permit to do the work and/or installations as indicated. I certify that no work or installation 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 this jurisdiction. I understand that a separate permit must be secured for Electrical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioning, Driveways, Portable Storage Units, etc.

Owner's Affidavit: I certify that all the foregoing information is accurate, and that work will be done in compliance with all applicable laws regulating construction and zoning.

NOTICE REGARDING BUILDING PERMIT APPLICATIONS

The Completion and submission of a Building Permit Application is a requirement of securing a City Building Permit. The City will rely upon the information contained in the Application in determining whether a City Building Permit should be issued. The submission of inaccurate, misleading, or misrepresented information in the Application shall subject the Building Permit to denial, suspension or revocation, and the individual applying for the permit, to all appropriate fines, penalties and other punishments authorized by law. KINDLY GOVERN YOURSELF ACCORDINGLY.

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 LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER INFORMATION	PRINT NAME _____ OWNERS SIGNATURE _____ SWORN TO AND SUBSCRIBED BEFORE ME BY: (PRINT OWNER NAME) BY MEANS OF [<input type="checkbox"/>] PHYSICAL PRESENCE OR [<input type="checkbox"/>] ONLINE NOTARIZATION AND PRODUCED _____ OR IS PERSONALLY KNOWN. As identified on this _____ day of _____ 20____ Notary's Signatures _____ Printed Name of Notary _____	QUALIFIER INFORMATION	PRINT NAME _____ OWNERS SIGNATURE _____ SWORN TO AND SUBSCRIBED BEFORE ME BY: (PRINT QUALIFIER NAME) BY MEANS OF [<input type="checkbox"/>] PHYSICAL PRESENCE OR [<input type="checkbox"/>] ONLINE NOTARIZATION AND PRODUCED _____ OR IS PERSONALLY KNOWN. As identified on this _____ day of _____ 20____ Notary's Signatures _____ Printed Name of Notary _____
--------------------------	---	------------------------------	---

DONOT WRITE BELOW - FOR OFFICE USE ONLY

✓	TRADE	APPROVED/DATE	DISAPPROVED/DATE	APPLICATION INCLUDES	FEES \$.00
	Zoning			Zoning		
	Structural			Structural		
	Building			Base Fee		
	Electrical			Scanning		
	Mechanical			Technology		
	Plumbing			Rework		
	Roofing			Violation		
	Flood			DBPR/DCA		
	Publics Works			Code Compliance		
				(-) Upfront Fee		
				Balance Due		