

Building & Zoning Department  
405 Biltmore Way, Third Floor  
Coral Gables, Florida 33134  
Tel: 305-460-5235  
Fax: 305-460-5261  
www.coralgables.com



**CITY OF CORAL GABLES**  
**BUILDING AND ZONING DEPARTMENT**  
*Permit Application*

MCOL # \_\_\_\_\_

**ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35**

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

| Permit Change:       | <input checked="" type="checkbox"/> |
|----------------------|-------------------------------------|
| Change of Contractor |                                     |
| Permit Extension     |                                     |
| Permit Renewal       |                                     |
| Permit Revision      |                                     |
| Permit Supplement    |                                     |

| Permit Type: | <input checked="" type="checkbox"/> |
|--------------|-------------------------------------|
| Building     |                                     |
| Electrical   |                                     |
| Mechanical   |                                     |
| Plumbing     |                                     |
| Roofing      |                                     |
| Misc.        |                                     |
| App.         |                                     |

Date \_\_\_\_\_

Master Permit #: \_\_\_\_\_

Control #: \_\_\_\_\_

| Project Information: | <input checked="" type="checkbox"/> |
|----------------------|-------------------------------------|
| Commercial:          |                                     |
| Residential:         |                                     |
| Linear Feet:         | <input checked="" type="checkbox"/> |
| Square Feet:         | <input checked="" type="checkbox"/> |
| Value of Work:       | <input checked="" type="checkbox"/> |

**DESCRIPTION OF WORK (PRINT):**

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|  |
|  |

**PROPERTY LOCATION:**

Address: \_\_\_\_\_

Folio #: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Plat book: \_\_\_\_\_ Page: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**CONTRACTOR:**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

License No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**ARCHITECT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Tel.: \_\_\_\_\_

**ENGINEER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Tel.: \_\_\_\_\_

**BONDING:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**MORTGAGE LENDER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Application is hereby made 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 the construction in the City of Coral Gables. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, BOILERS, TANKS, AIR CONDITIONERS, ROOFING, AWNINGS, ETC. **The Historical Resources Department's approval is required prior to the issuance of a demolition permit.**

**WARNING TO OWNER:** 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'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.

Signature of Owner \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

( ) is personally known to me,

( ) has produced a \_\_\_\_\_ as identification,

Signature of Qualifier \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

( ) is personally known to me,

( ) has produced a \_\_\_\_\_ as identification,