

PLEASE NOTE: THIS FORM MUST BE PRINTED OUT ON YELLOW PAPER OR IN THE BACKGROUND COLOR SHOWN HERE!



*Building and Code Compliance Department
201 Westward Drive
Miami Springs, FL 33166-5289
Phone: (305) 805-5030
Fax: (305) 805-5036*

APPLICATION FOR PLAN REVISIONS

PLEASE FILL OUT COMPLETELY
THIS IS FOR REVISIONS ONLY.

Master Permit Number _____ Home Owner's Name _____
Job Address _____ Address _____
Contractor's Phone # _____ City _____ State _____ Zip _____
Contractor's Name _____ Phone # _____
Description of Revision _____

Residential (Single-Family or Multiple Family) Commercial

Application is hereby made for plan revisions as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or may cause inspection delays. The plan revisions affect the following disciplines. (Check all that apply.)

Is this a revision to a roofing, shutter, sign, window, or fence, permit? If so, or if you would like all reviews relating to original permit issued please check here .

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Planning <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Shop Drawing |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Foundation to Shell <input type="checkbox"/> Structural |

Signature of Owner

Print Name

Signature of Qualifier

Print Name

SWORN TO AND SUBSCRIBED before me this
____ day of _____, 20____,
Who: ____ is personally known to me OR has produced
_____ as identification
and who executed the foregoing instrument freely and
voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this
____ day of _____, 20____,
Who: ____ is personally known to me OR has produced
_____ as identification
and who executed the foregoing instrument freely and
voluntarily for the purposes therein expressed.

NOTARY PUBLIC-Signature Notary-Printed Name
State of Florida At Large

NOTARY PUBLIC-Signature Notary-Printed Name
State of Florida At Large

MY COMMISSION EXPIRES: _____

MY COMMISSION EXPIRES: _____

Approvals: Bldg Zoning Structural Plumbing Electrical Mech.